



# **Children of Uruzgan**

**AidWorks Initiative Number INJ857**

## **Mid Term Review Report**

February 2014

## Initiative Summary

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AidWorks initiative number	INJ857		
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## Disclaimer:

This report reflects the views of the Mid Term Review team, rather than those of the Government of Australia or the Government of Afghanistan

*Front Cover Photo: Shah Mansoor Village, Tarin Kowt, Uruzgan  
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# Abbreviations

ARTF	Afghanistan Reconstruction Trust Fund
ACTD	Afghanistan Center for Training and Development
AHDS	Afghan Health and Development Services
AusAID	Australian Agency for International Development
AuD	Australian Dollars
BPHS	Basic Package of Health Services
CoU	Children of Uruzgan Program
CBE	Community Based Education
CHW	Community Health Worker
DAC	Development Assessment Committee
DFAT	Department of Foreign Affairs and Trade
DFID	Department for International Development (UK)
ECD	Early Childhood Development
GIRoA	Government of the Islamic Republic of Afghanistan
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation)
GPS	Global Positioning System
HADAAF	Humanitarian Assistance and Development Association for Afghanistan
HPRO	Health Protection and Research Organization
ICRC	International Committee of the Red Cross
IR	Intermediate Result
KAP	Knowledge, Attitude and Practice
MAEPA	Malaysia Australia Education Project for Afghanistan
M&E	Monitoring and Evaluation
MCH	Maternal, Child Health
MEF	Monitoring and Evaluation Framework

MIS	Management Information System
MoE	Ministry of Education
MoPH	Ministry of Public Health
MTR	Mid Term Review
NGO	Non Government Organisation
OECD	Organisation for Economic Co-operation and Development
PED	Provincial Education Directorate/Director
PPP	Public Private Partnerships
PRT	Provincial Reconstruction Team
QPEP	Quality Primary Education Project
STC	Save the Children Fund
TK	Tarin Kowt
ToR	Terms of Reference
UMEP	Uruzgan Monitoring and Evaluation Program
UNICEF	United Nations International Children's Fund
USAID	United States Agency for International Development
USD	US Dollars

# Executive Summary

## Background and context

Uruzgan is one of the most under-served provinces in Afghanistan, with development indicators far below the national average. Of a population of 386 000, 95% live in poverty, and only 7% of men and 0.6% of women are literate. The population is distributed extremely sparsely, the terrain is very rugged and available roads are generally in very poor condition.

The Children of Uruzgan (CoU) program was started in May 2011 and aims 'to enhance access, quality and use of basic health and education services in the seven districts of Uruzgan Province in Afghanistan'. The program primarily focuses on basic health and education activities. It also includes small-scale community development projects, cross-cutting activities and research.

Health activities are largely carried out through local Afghan NGO partners, while education activities are largely directly implemented by Save the Children. CoU is the latest and largest (AUD35.7M) of a number of programs carried out with Australian Government funding by Save the Children in Uruzgan; the most notable previous program being the 2010/11 Quality Primary Education Project (QPEP) that focused on school construction and teacher training.<sup>1</sup> While establishment of a permanent DFAT (Australian Aid) office in Afghanistan is regarded as a relatively recent event by some stakeholders, it has been supplying personnel support to the Uruzgan Provincial Reconstruction Team (PRT) and working through multinational, NGO and other contracted partners in the country for over a decade. Save the Children has been working in Afghanistan since 1976 and has operated specifically in Uruzgan for more than 15 years.

The first important point to make about aid efforts in Uruzgan, including the Children of Uruzgan program, is that they have never been simple 'development' exercises. This is appropriate as, despite some improvements in the security situation in the province, from March 1st to August 31st 2013 there were 273 significant security incidents reported there. This included 117 bombings of one form or another. Two CoU staff have already been killed in this general violence since program start up<sup>2</sup> and a similar number of DFAT staff/contractors have been seriously injured in targeted attacks in Uruzgan. An estimated 35-45% of the province remains outside government control and only is accessible to local district/community-based staff.<sup>3</sup> It therefore remains inappropriate to consider work in this context as anything but a 'complex emergency' or 'transitional' effort.<sup>4</sup> Just as transitional and development contexts differ markedly, very significant differences exist between appropriate transitional approaches to aid delivery and appropriate development responses to aid delivery.

The key implication of operating in a 'complex emergency' or 'transitional' context is the need to ensure that programs are able to cope with unpredictability. This means ensuring that programs adopt those delivery mechanisms that are most resilient to change and incorporate a significant level of rapidly accessible flexibility in programming and forward-planning models. Such considerations are well set out by DFAT's framework for working in fragile and conflict affected states.<sup>5</sup>

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<sup>1</sup> The majority of funding for this project came from the Dutch (approximately USD8.5M), but DFAT contributed approximately USD2.5M.

<sup>2</sup> Though it is believed that they were not specifically targeted due to their association with CoU (see also recommendation 20).

<sup>3</sup> Save the Children, *Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy*, August 2013 Revision.

<sup>4</sup> In this report the term 'transitional' will be used for convenience.

<sup>5</sup> See: 'C.3.4 Flexibility' of <http://www.ausaid.gov.au/Publications/Documents/aid-fragile-conflict-affected-states-staff-guidance.pdf>

## Purpose of the Mid Term Review (MTR)

The primary objective of the MTR is to 'independently assess the progress of the Children of Uruzgan program in improving availability and quality of health and education and identify recommendations for improved development outcomes in program out-years'.<sup>6</sup> The MTR captures the effects of the program on beneficiaries where possible, but follows DFAT's standard format for a MTR and is not designed to serve the purposes of an outcome or impact evaluation.

## Overview of findings

Based on the evidence gathered at this point of project implementation, the MTR considers the Children of Uruzgan program to date to have been a qualified success story.

The qualification arises from the development and approval of some questionable approaches to aid delivery in the context of Afghanistan and Uruzgan. This qualification is not directed at the Provincial Reconstruction Team's role of 'Winning Hearts and Minds', which is recognised as a necessary component of any military intervention. Rather, it is drawn from problems identified in the context of standard aid delivery and includes significant examples, such as developing and approving a Do No Harm Strategy (including 2013 revisions) and program gender targets that largely failed to consider harm to beneficiaries<sup>7</sup>, and a level of conflict insensitivity that allowed a disproportionate number of Hazara girls to be used as teacher trainees to boost compliance with such gender targets (without having put appropriate safeguard agreements with MoE in place). One of the intended uses of these trainees was for deployment by MoE as contract teachers, when it is well recognised that the program cannot now control the locations of such deployments and a significant aspect of the conflict in the Pashtun-dominated province of Uruzgan involves active targeting of Hazaras by Pashtuns along Shiite-Sunni lines. This oversight occurred despite some strong risk assessment work,<sup>8</sup> although such risk assessment was also heavily focussed on CoU staff rather than participants.

The report maintains that the program has been a success, in deference to the fact that significant achievements have undeniably been made, largely due to the dedicated and often brave efforts of DFAT, Save the Children and local NGO staff in the field. To ignore these efforts and on-the-ground achievements would fail to do justice to the program as a whole. Additional contributing factors to this success have been the pragmatic policy frameworks provided by both MoE and MoPH, especially in relation to their recognition of community-based options for service delivery.

The level of success is particularly impressive given the extremely difficult operational environment. The key to its success has been an uncommonly adaptive approach to revising the program design during implementation, both by DFAT and Save the Children.

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<sup>6</sup> DFAT, Terms of Reference, Children of Uruzgan Program: August-September 2013, Mid Term Review, July 2013. The full TOR can be found in Annex 1.

<sup>7</sup> Apart from mandatory 'child protection' inclusions.

<sup>8</sup> See: Save the Children, *Threat and Risk Assessment, Uruzgan Framework Agreement Afghanistan V3.0 2012 & Afghanistan risk management review May 2013*.

**Table A. Overview of program achievements**

Year 1	Year 2
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• 88 community health workers fully trained</li> <li>• 65 new health posts established</li> <li>• 5 health sub-centres established</li> <li>• 2 mobile health teams established</li> <li>• 349 health workers trained in C-IMCI summer and winter modules</li> <li>• 2503 children screened for malnutrition</li> <li>• 439 health workers trained in basic nutrition assessments and nutrition education and rehabilitation sessions</li> <li>• 24 community midwives in training</li> <li>• 62 trained Family Health Action group members and CHWs</li> <li>• 75 health staff trained in IPCC</li> <li>• 116 health shura members trained</li> </ul>	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• 144 new female and male CHWs fully trained (all 3 phases)</li> <li>• 23556 home visits conducted by CoU-trained CHWs</li> <li>• 72619 consultations provided through HSCs and MHTs</li> <li>• 3 mobile health teams established</li> <li>• 737 CHWs and CHSs trained on summer or winter module of C-IMCI</li> <li>• 1078 children with severe acute malnutrition cured</li> <li>• 5895 children screened for malnutrition</li> <li>• 1212 caregivers attended nutrition education and rehabilitation sessions</li> <li>• 24 students attending midwifery school (all female)</li> <li>• 23 students attending nursing school (all female)</li> <li>• 127 female CHWs and FHA group members trained on maternal and newborn care</li> <li>• 101 drug addicts treated in CoU-supported drug rehabilitation programs</li> <li>• 42 NGO and health facility staff trained in IPCC</li> <li>• 333 CHWs and CHSs trained on the use of IEC materials</li> <li>• 27 private clinics supported with Public Private Partnerships</li> <li>• 90 religious leaders trained in Health Issues</li> <li>• 82 health post/facility shuras reorganised or established</li> </ul>
<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• 51 CBE classes established</li> <li>• 500 women enrolled in literacy groups</li> <li>• 25 women's literacy classes</li> <li>• 1000 children enrolled in early childhood development classes</li> <li>• 50 ECD classes established</li> <li>• 20 schools receiving latrine and borehole upgrades</li> <li>• 12 schools supported with school health and nutrition activities</li> <li>• 21 student groups established – schools</li> <li>• 35 student groups established – CBE</li> <li>• 228 school shura and CEC members trained</li> <li>• 1419 children enrolled in CBE classes</li> <li>• 20934 consultations delivered by HSCs</li> <li>• 9303 consultations delivered by MHTs</li> </ul>	<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• 130 school shuras or CECs established and supported</li> <li>• 5 fully constructed and 8 refurbished schools</li> <li>• 2,775 (573 girls) students enrolled in CBE classes</li> <li>• 20 high school girls being trained as teachers</li> <li>• 1,010 (583 women) women and men enrolled in literacy classes</li> <li>• 1,240 (565 girls) children enrolled in ECD classes</li> <li>• 24 schools with ongoing school health and nutrition program</li> <li>• 225 teachers received at least 15 days of training</li> <li>• 129 schools and CBE classes with student groups set up</li> </ul>
<p><b>Community Development</b></p> <ul style="list-style-type: none"> <li>• 34 religious leaders trained</li> </ul>	<p><b>Community Development</b></p> <ul style="list-style-type: none"> <li>• 42 small-scale community development projects completed</li> </ul>

Table A. shows the key achievements of the program to date. While it is true that for Year 1 these achievements fell short of initial targets in relation to a number of aspects of both health and education activities<sup>9</sup>, these targets were highly ambitious given the extremely difficult operational environment, and the formal design offered little in the way of adaptive flexibility to cope with highly likely and significant impediments to implementation.

DFAT and Save the Children responded by adopting ad-hoc, but innovative, approaches to incorporating greater flexibility into the program. Without the input of this necessary flexibility, performance against both Year 1 and Year 2 targets would have been much less impressive. DFAT's and Save the Children's flexibility has also allowed the program to move from not meeting many of its Year 1 targets to now being on track to meet or exceed most Year 2 targets, especially in regard to core activities in health and education. The evidence for this conclusion is clearly provided by the agreed program Monitoring and Evaluation Framework (MEF) indicators. In the first year of operation, the program failed to meet many of its Year 1 targets and was very significantly underspent.<sup>10</sup> Many of these shortfalls were the result of unpredictable change in security and other operational environment issues rendering completion of planned activities either temporarily impossible from a logistical perspective or permanently unwise from a 'Do No Harm' perspective.

The program therefore attempted to adapt at two levels. For temporary setbacks, simple scheduling changes were proposed. For more permanent issues, Save the Children approached DFAT with a comprehensive range of proposed adjustments; incorporating more significant changes to activities aimed at better progressing the program over the upcoming three years. DFAT staff, particularly those in Tarin Kowt and Kabul recognised the validity of implementation constraints encountered and undertook to proactively seek approval for these changes. While some simple rescheduling options were able to be approved in a matter of days or weeks, due to a valid requirement for Canberra staff to ensure due diligence in relation to accountability issues, the budget approval for a number of significantly changed (or additional) activities was not received until month 5 of Year 2, delaying their progress<sup>11</sup>.

Despite some delays, the application of this flexibility has resulted in the Year 2, third quarter MEF indicators appearing to be far more on track to meet or exceed the Year 2 targets of many more program components than for Year 1.<sup>12</sup> Of the components that remain unlikely to meet stated design targets, there are clear cases in which it is arguably unsafe or ineffective to proceed with these types of activities in the prevailing operational environment.

There is an important caution inherent in the success to date. While DFAT's response to developing and approving adaptations to the program was proactive and flexible, it was still largely ad hoc. The program design itself therefore does not provide sufficiently flexible implementation mechanisms in this context, as is suggested by DFAT's *Framework for Working in Fragile and Conflict Affected States*<sup>13</sup>. Hence, the adaptive approach has been implemented *despite* the program design, rather than in accordance with it. There is a significant risk that possible further deterioration in the operating environment<sup>14</sup> will outstrip the assumptions made by Save the Children in proposing the current

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<sup>9</sup> See Table 1 and Figure 1 in main body of report.

<sup>10</sup> See Table 1 and Figure 1 in main body of report.

<sup>11</sup> E.g. Drug rehabilitation centres, school refurbishment activities, public private partnerships (health clinics) While the MTR does not dispute the need for due diligence in this setting and applauds the Agency's flexibility in considering the changes, means of avoiding repetition of such delays in future need to be considered.

<sup>12</sup> See Table 2 in main body of report.

<sup>13</sup> See 'C.3.4 Flexibility' of <http://www.ausaid.gov.au/Publications/Documents/aid-fragile-conflict-affected-states-staff-guidance.pdf>

<sup>14</sup> Associated with the withdrawal of Australian forces from the province by the end of 2013 and the planned conduct of a potentially divisive National election in the first half of 2014. Note while elections may have a stabilizing influence in the longer term, in the short-term they are predominantly divisive and provide multiple and convenient opportunities for campaigns of disruptive action by disaffected groups. Where results are legitimately or traditionally disputable, such action can extend well beyond election dates.

(revised) raft of activities, thereby requiring another round of adaptation<sup>15</sup>. In a worsened context, the implications of even small delays in adaptation will be far more serious. Some simple but effective means of at least partially 'pre-approving' potential contingency activities (and their budgets) needs to be put in place as soon as possible, given the high risk of a deterioration in the security and logistical aspects of the already difficult operating environment associated with closure of the PRT, the withdrawal of foreign forces and the upcoming national election. In this way, appropriate due diligence procedures can be carried out in anticipation of a need for change, rather than as an urgent reaction to it; thereby allowing more consistent execution rates and effectiveness of the program in the face of unpredictability. It is hoped such contingencies will not need to be used, but not planning for them would amount to a significant failure in risk management<sup>16</sup>.

The recommendations of this MTR therefore focus on risk management issues that will better position the program to be able to cope with potential changes in operational environment deemed most likely over the next 12 to 18 months<sup>17</sup>. The measures suggested are intended to improve the resilience of the program over this period and thereby improve execution rates and associated impacts of the program as a whole<sup>18</sup>.

Another means of achieving greater resilience would be to rationalise the program to better focus on core health and education activities, such as Community-based Education and Community Health Workers. The many components of the program<sup>19</sup> carry a large administrative and logistical overhead. Reducing the number of different types of activities would reduce this overhead. Both field workers and beneficiaries indicated huge unmet demand in these core areas, as well as significant, and sometimes critical, opportunities for improvements within core activities.<sup>20</sup> M&E data for the program also suggests that it is the core activities that are having the clearest effects on the ground.

The MTR identified community-based approaches and community enablement exercises<sup>21</sup> as a key means of promoting resilience to date.<sup>22</sup> Field workers and beneficiaries consistently regarded community-based approaches as being both safer to participate in during periods of insecurity and more effective given that communities do not have to rely entirely on public workers with scarce resources, who are often perceived as corrupt, to progress activities.<sup>23</sup> MTR survey data clearly demonstrates that credible threats are still commonly made to staff and participants of CoU activities, especially women and girls.<sup>24</sup> As continued participation, and hence resilience, is strongly influenced by beneficiary perceptions of personal safety, all available options for removing such risk<sup>25</sup> must be progressed as a matter of urgency.<sup>26</sup>

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<sup>15</sup> Perhaps including rationalization of current programming and contingencies of humanitarian work.

<sup>16</sup> The stated approach of Save the Children to "hope for the best, but plan for the worst" is already in line with this risk management perspective, but without agreed contingencies readily available little can be done to realise this proposition in regard to programming.

<sup>17</sup> See Save the Children *Risk Management Review, May 2013*, <http://www.afghanistan-analysts.org/transition-in-uruzgan-2-power-at-the-centre>; <https://crawford.anu.edu.au/news/135/australian-aid-afghanistan>, etc. (-see also survey results in Annex A)

<sup>18</sup> Though it should be noted that an underspend is likely to remain, given some recognised over-budgeting in the original design.

<sup>19</sup> There are over 30 separate activities, depending upon how relevant components are split.

<sup>20</sup> See section 3.3 of the main report.

<sup>21</sup> I.e. resulting in social change critical to allowing health and education activities to be conducted effectively.

<sup>22</sup> See also B.3 '*Building resilient communities and cohesion*' of <http://www.usaid.gov/Publications/Documents/aid-fragile-conflict-affected-states-staff-guidance.pdf>

<sup>23</sup> See section 3.2 of the main report.

<sup>24</sup> See section 3.8 of the main report.

<sup>25</sup> Including contingency planning for rationalization of the range of activities to safest options.

<sup>26</sup> See also A.3.4 '*Doing no harm*' of <http://www.usaid.gov/Publications/Documents/aid-fragile-conflict-affected-states-staff-guidance.pdf>

Another key finding of the MTR is that the upcoming transitional period presents serious risks that have the potential to negate any sustainability gains made so far by the program, and that the likelihood of benefits continuing in the absence of the program is low. This finding is largely based on the evidence provided by the in-situ fieldworkers and beneficiaries of the program<sup>27</sup>, and provides a strong case for a continuation of some Australian aid to the province, particularly in core health and education areas, after completion of the CoU program. Without such a continuation of the intervention, the considerable benefits delivered by the CoU program to date will quickly disappear. This finding is consistent with DFAT's own assessment of the context.<sup>28</sup>

Many of the government officials consulted with during the MTR expressed some dissatisfaction with the way the program is currently managed, but they also displayed untenable expectations regarding their agencies' involvement in the program. This included desires to directly control design formats, current programming and budgets, as well as requests for access to commercial-in-confidence contractual matters between DFAT and Save the Children. Broad publicization of overall funding levels also exacerbated these expectations and generated very significant political and probity issues that have undermined coordination with government agencies both at national and provincial levels. While some efforts to delineate the CoU program as the civil society component of Australian aid to Afghanistan have been made, this effort clearly needs to be intensified among government stakeholders<sup>29</sup>. Given that the clear majority of Australian aid to Afghanistan is directed to government, including through 'on-budget' contributions to the Afghanistan Reconstruction Trust Fund, the civil society focus of the CoU program is reasonable<sup>30</sup>, and further efforts in presenting the program in this light could help allay expectations that result in time consuming, but ultimately unproductive negotiations.

The MTR was also exposed to many allegations of corruption. Many of these were not directly relevant to the CoU program. Given the endemic nature of corruption in Afghanistan, there is potential for corrupt practices to exist within the many layers of stakeholders involved in the program. However, the MTR does recognise that the strong audit and other financial procedures put in place by Save the Children are a strong deterrent to such practices. In addition, the MTR is not itself an audit or legal investigation, and it is therefore inappropriate for this document to make unsubstantiated accusations of corruption against any individual. The approach adopted to this matter has therefore been to verbally report any potential corruption issues raised with the MTR team to DFAT in Kabul.

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<sup>27</sup> See section 3.6 of the main report.

<sup>28</sup> See <http://www.aisaid.gov.au/countries/southasia/afghanistan/Pages/home.aspx>: '*Afghanistan's development path will be an extended one, requiring sustained commitment and leadership from the Afghan Government as well as international donors.... Sustained engagement and support is important to protect the gains of the past decade and to build upon these*'. See also [http://www.aisaid.gov.au/Publications/Documents/aisaid\\_peace.pdf](http://www.aisaid.gov.au/Publications/Documents/aisaid_peace.pdf): '*Sustainable, broad-based growth is impossible in countries which cannot guarantee public safety*'

<sup>29</sup> At both national and provincial levels.

<sup>30</sup> Especially with appropriate government linkages maintained as they are now.

## Lessons and Recommendations

The key lesson learnt to date is that rapid adaptive flexibility is a necessary approach to working in the highly unpredictable transitional environments of Uruzgan province. This need and related design shortcomings are clearly evident from the currently ad-hoc approval systems often used to obtain such flexibility. Partial or full pre-approval of a range of contingency activities<sup>31</sup> would appear to be a simple and sensible approach to enable rapid flexibility, while also providing sufficient time for due diligence to be conducted in relation to any changes to programming. This is seen as an urgent priority given the high risk of deterioration in the Uruzgan operating environment<sup>32</sup>.

### **The key strategic recommendations made by the MTR are:**

Recommendation 1: Save the Children should immediately implement rolling forward planning approaches that incorporate a more significant proportion of contingency options in each planning period that would allow general progress of the program to continue if initially prioritised programming becomes unsafe or untenable. DFAT should review these options and provide full or partial pre-approval of their implementation under appropriate circumstances. While it is recognised that due diligence considerations may limit further devolution of approval processes, such devolution should also be implemented to the extent possible. As far as is possible without lengthy contract or design variations, approaches to pre-approval of contingency options must also be accompanied by correspondingly streamlined and flexible budget structures and reporting mechanisms.

Recommendation 2: DFAT and Save the Children should immediately agree on a substantial contingency plan of rationalisation of the number and scope of components of the program. This rationalization plan should have a strong 'Do No Harm' focus<sup>33</sup> and where feasible expand program effort/expenditure on core community engagement, health and education activities, such as provision of wells, Community Health Workers and Community Based Education.<sup>34</sup> This plan of rationalisation should be formulated as soon as possible so that it may be implemented as soon as evidence of further deterioration in security and other operational factors arise.

Recommendation 3: In executing recommendation 2 above, DFAT and Save the Children should boost community engagement projects and community-based approaches and better recognise achievements in this area at an outcome level,<sup>35</sup> and include improved risk reporting mechanisms for beneficiaries.

Recommendation 4: DFAT should consider initiating design of a follow-on program to CoU to ensure gains made to date are not lost. This and other future designs in this type of transitional context need to have significantly more pre-approved adaptive flexibility incorporated from their outset.

Recommendation 5: DFAT should further strengthen its presentation of the program to key government stakeholders to clarify that while DFAT makes the vast majority of aid contributions to government (including 'on-budget' contributions through the Afghanistan Reconstruction Trust Fund), the CoU program is a Civil Society focused program.<sup>36</sup>

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<sup>31</sup> Still firmly focused on core areas, except in the case of more extreme humanitarian options.

<sup>32</sup> See Save the Children *Risk Management Review, May 2013*, <http://www.afghanistan-analysts.org/transition-in-uruzgan-2-power-at-the-centre>; <https://crawford.anu.edu.au/news/135/australian-aid-afghanistan>, etc. (-see also survey results in Annex A)

<sup>33</sup> For both staff and beneficiaries, and especially for females in both groups.

<sup>34</sup> Both of which form part of formal government systems and therefore directly contribute to government legitimization agendas.

<sup>35</sup> Given that in this context social change is not just an essential precursor to success of health and education components, but is also an appreciable end in itself in regard to cross-cutting efforts, particularly those related to improvement in the status of women and girls.

<sup>36</sup> Which proactively links to formal government systems whenever appropriate.

The MTR also recognises a number of higher-level issues that DFAT as an institution may wish to take on board, including that the standard OECD DAC evaluation criteria used in many DFAT instruments<sup>37</sup> are not well suited to this type of transitional context and should be revised before being applied in such cases and that future designs for such contexts should contain a greater level of inherent flexibility, in line with DFAT's *Framework for Working in Fragile and Conflict Affected States*.

**The MTR also provides 16 contextually focussed recommendations (see justifications in main body of report):**

Recommendation 6: IR1.2.2 should be amended to make it clear that community-based approaches to provision of education services often form part of formal government systems.

Recommendation 7: As far as is possible, the program should strengthen existing focus on community-based approaches to core health and education activities, including Public Private Partnerships and general precursor activities aimed at generating community acceptance (and thereby effectiveness) of these core activities. Any rationalization of the program should maintain this focus as far as 'Do No Harm' considerations permit<sup>38</sup>.

Recommendation 8: A strong focus on integrated, applied research should be maintained (under IR4) over the upcoming transitional period.

Recommendation 9: Issues associated with insufficient or late supply of medicines should be urgently investigated, particularly in relation to community health workers in areas in which demand for such medicines are validly high. The program and DFAT should use program resources to work with MoPH to enable augmentation of Basic Package of Health Services (BPHS) supplies, either by more frequent restocking or allowances for greater stock levels to be supplied in response to validly high demand. Timely supply of all medicines also needs to be made a key priority for local implementing partners in future.

Recommendation 10: Specifically in relation to malnutrition supplements, mechanisms for program acquisition and distribution of adequate supplies should be established (either through UNICEF or directly with MoPH approval), with immediate pre-positioning of some supplies undertaken as a contingency measure: to be used in the event of humanitarian crises. DFAT may need to assist the program to negotiate acquisition of such supplies through UNICEF, or to obtain MoPH permission for the program to directly acquire supplies.

Recommendation 11: MoPH and the program should investigate issues with community health system referrals and where appropriate, strengthen recognition of community health worker referrals to government health centres.

Recommendation 12: DFAT and Save the Children should agree on an informal rewording of IR3 to better capture the full range of supportive social change achieved by the program and recognize such social change as a valid, 'stand-alone' outcome of the program.

Recommendation 13: DFAT and Save the Children should investigate options for program-facilitated dialogue between provincial and national agencies, particularly PED and MoE.

Recommendation 14: Save the Children's attention should continue to be given, and increased as necessary, in relation to ensuring structural integrity and 'finishing' of structures.

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<sup>37</sup> Including evaluations and internal Quality at Entry (QAE) and Quality at Implementation (QAI) reporting.

<sup>38</sup> E.g. if the security situation declines further the risk exposure of female volunteers in Family Health Action Group activities (IR2.1.1 - which require significant travel), may become too great for this to be a viable or responsible option. Similar issues are also often raised in relation to Mobile Health Teams (IR1.1.1), so a careful and ongoing cost-benefit-risk analysis should also be conducted in relation to this component.

Recommendation 15: The Ministry of Education should note feedback from contractors that school designs may not be sufficient to cope with earthquake or high snow-loading environments and that it should seek advice from engineers on the suitability of the designs.

Recommendation 16: The recently adopted approach of shifting from school construction to only refurbishing existing structures should be rendered permanent.

Recommendation 17: The engagement conditions of low-level field workers, particularly voluntary workers, should be reviewed. While care must be taken not to create remuneration differentials between equivalent program and government workers, some innovative forms of inducements to stay engaged with the program in the face of worsening economic difficulties should be considered and, where necessary, negotiated with MoPH or MoE, otherwise short-term sustainability issues may begin to negate longer term ones. (Note: it is not appropriate to use such inducements to encourage workers to remain engaged in the face of worsening security issues)

Recommendation 18: Efforts associated with identifying appropriate remote monitoring options need to continue and, where feasible, valid remote monitoring options should replace human verification; even if this means use of proxies in place of direct measurement.

Recommendation 19: The issue of using a disproportionate number of female Hazara teacher trainees in order to meet gender targets aimed to “increase the number of women teachers in the province”, should be reviewed as a matter of urgency and Save the Children should work with MoE to take steps to ensure the affected trainees are used only in areas where their personal safety is not compromised. Such steps must be explicitly articulated in both activity-level documentation and the program’s Do No Harm Strategy for these teacher trainees (and all other female field workers) and necessary implementive actions taken before program completion. DFAT also needs to reconsider the setting of blanket gender targets in all transitional and conflict contexts, such as Uruzgan, to avoid potentially dangerous unintended consequences, including increasing personal risk to participants. Softer targets along the lines of ‘women and girls should be actively encouraged to participate in activities, provided this does not place them at significantly increased personal risk’ need to be incorporated in design documents.

Recommendation 20: Save the Children should ensure all staff-related security incidents, especially those involving death or serious injury, are independently and thoroughly investigated and documented; and that systems for reporting and assessing similar significant incidents should be extended to include beneficiaries. In all cases, specific attention should be given to identifying any gender related aspects of incidents.

Recommendation 21:

(a) Urgent revisions to the current Inclusive Development and Do No Harm Strategy for the program be made to at least explicitly address:

- Potential risks to female and male beneficiaries of violence targeted at externally- funded activities/government associated activities or specific vulnerable groups
- Potential risks to female and male beneficiaries of incidental conflict-related violence (e.g. meeting places near potential targets, travel on insecure routes, etc.)
- A ‘no names, no faces’ approach to reporting and communications policy and practice.

(b) DFAT also needs to amend its aid-related communication policy to recognise that in certain contexts, obtaining a signed release from a beneficiary is not a valid or appropriate risk management or ‘Do No Harm’ approach.

## Evaluation Criteria Ratings

Evaluation Criteria <sup>39</sup>	Rating * (1-6)	Explanation
Relevance	5	The program remains very relevant to the context. This is not a '6' because the huge demand in Uruzgan for basic health and education services is such that the program is likely to have even greater impact if it rationalises its activities to remove peripheral efforts that draw resources away from the core activities such as CBE and CHWs.
Effectiveness	5	While the program has not always fully met all original output targets and objectives, DFAT and Save the Children has worked proactively to ensure that attempts are made to achieve as much as possible in the difficult operational environment. This rating cannot be a '6' because starting with a design that included more pre-approved flexibility (as opposed to relying on current ad-hoc approaches to acquiring flexibility) would have arguably improved Effectiveness even more.
Efficiency	4	The program has achieved a great deal in a very difficult and dangerous operating environment. It struggled to meet targets in Year 1, but this situation has improved in Year 2. While more work needs to be done in relation to risk management, the quality of some deliverables and adaptive decision making has been a strong supporting factor to date. Much of the success to date has also directly depended on the 'courage' of program staff and volunteers to work in essentially unsafe environments. While safety should always be optimised in such environments (and Save the Children Security Plans for staff are already of very high quality), without 'Force Protection' it cannot be assured. While it may seem utilitarian to place a monetary value on such courage, it must be recognised that in its absence, attempts to apply force protection would be prohibitively expensive. From this perspective alone the program therefore undoubtedly represents value for money.
Sustainability	2	<p>The benefits delivered to date are still highly dependent on the presence of the program. The lack of resources available to Afghan government agencies, both at National and Provincial levels (and the opportunities for corrupt practices diluting any available resources) mean that their ability to fully subsume program outputs is highly questionable.</p> <p>Note: consideration of the low level of this rating should be mitigated by a recognition that the concept of 'sustainability' is poorly suited to highly unpredictable transitional contexts<sup>40</sup>. A much more relevant concept in these contexts is 'resilience' (the likelihood of benefits surviving change), and the community based focus of many program activities and their strong</p>

<sup>39</sup> If impact is included, a rating is not expected to be applied.

<sup>40</sup> I.e. it is very difficult to sustainably solve a problem, when the nature of the problem itself keeps changing.

Evaluation Criteria <sup>39</sup>	Rating * (1-6)	Explanation
		focus on initial community enablement (the social change required to render activities acceptable) would have earned the program <u>at least a '4' if rated against 'resilience'</u> .
Monitoring and Evaluation	5	Save the Children has very strong M&E systems, including a well-developed MIS. They have investigated options for 'remote monitoring' and there remains some potential to partially replace current approaches with careful application of selected remote monitoring techniques.
Gender equality	3	While the program has not met a number of its gender targets and has had to broaden the targeting of some initially gender specific activities, these adjustments are largely (with a few notable exceptions; e.g. use of a disproportionate number of Hazara girls as teacher trainees) sound from a 'Do No Harm' perspective, however, the Do No Harm Strategy needs urgent revision to address serious omissions in relation to beneficiaries in general and women in particular. The community engagement activities the program has undertaken are achieving considerable social change in regard to both acceptability of women's education and healthcare. They therefore ultimately reflect a sincere and sophisticated approach to gender issues. However, MTR survey results reveal that specific and credible threats are still commonly made to both staff and beneficiaries of CoU activities, particularly women and girls, so the setting of blanket gender targets which could lead to potentially dangerous unintended consequences needs urgent reconsideration and there is still work to be done on improving the overall impacts of such activities on females.
Analysis and learning	4	The adaptive flexibility demonstrated in delivery of the program so far is both highly commendable and critical to success. It now needs to be better formalised as 'pre-approved' contingencies in forward planning to reduce delays and meet the additional unpredictability and security issues likely to occur in Uruzgan over the next 18 months.

\*Ratings: 6 = very high quality; 5 = good quality; 4 = adequate quality; 3 = less than adequate quality; 2 = poor quality; 1 = very poor quality.

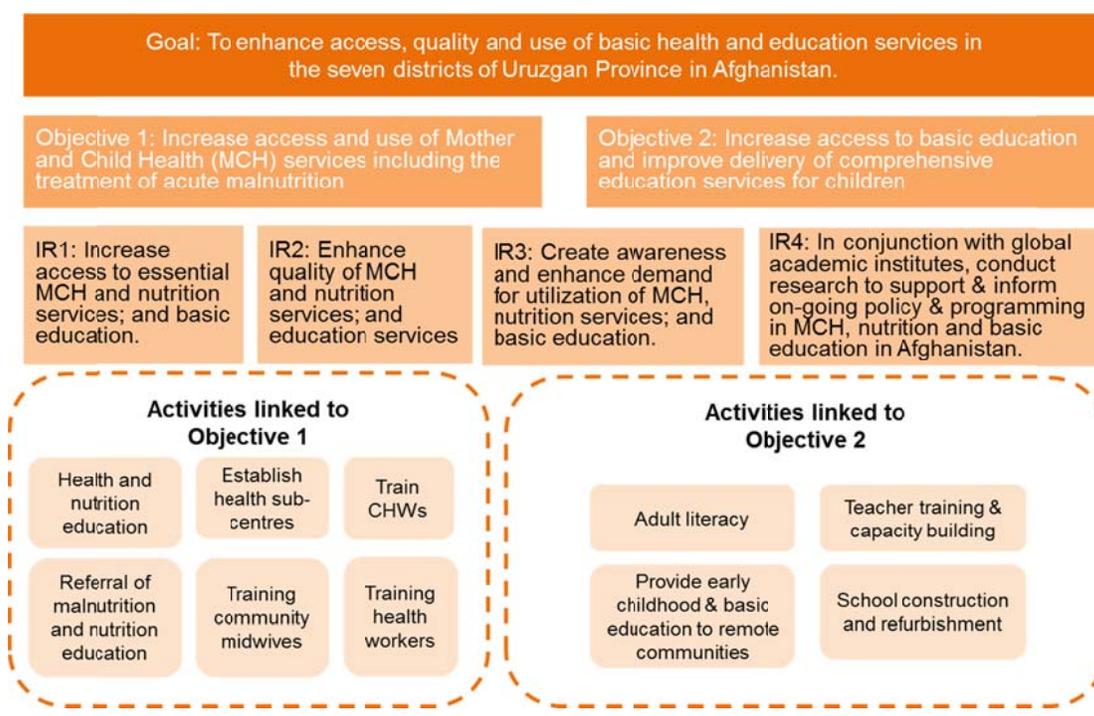
# 1 Introduction

## 1.1 Initiative Background

Uruzgan is one of the most under-served provinces in Afghanistan, with development indicators far below the national average. Of a population of 386,000, 95% live in poverty, and only 7% of men and 0.6% of women are literate<sup>41</sup>. The population is distributed extremely sparsely, the terrain is very rugged and available roads are generally in very poor condition.

The Children of Uruzgan (CoU) program was started in May 2011 and aims to ‘enhance the access, quality and use of basic health and education services in the seven districts of Uruzgan Province in Afghanistan’. Figure 1 below depicts how the 11 activity areas contribute to the Program’s overarching goal. Health activities are largely carried out through local Afghan NGO partners, while education activities are directly implemented by Save the Children. CoU is the latest and largest (AUD35.7M) of a number of programs carried out with DFAT funding by Save the Children in Uruzgan; the most notable previous program being the 2010/11 Quality Primary Education Project (QPEP) that focused on school construction and teacher training.<sup>42</sup> While DFAT’s physical presence in Afghanistan is relatively recent, it has been supplying personnel support to the Uruzgan Provincial Reconstruction Team (PRT) and working through multinational and NGO partners in the country for over a decade. Save the Children has been working in Afghanistan since 1976 and has operated specifically in Uruzgan for more than 15 years.

**Figure 1: Depiction of the CoU goals and objectives**



<sup>41</sup>, Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy, August 2013 Revision; Save the Children, Uruzgan Provincial Development Plan; GIRoA, Afghanistan Health and Development Services Data; The Liaison Office.

<sup>42</sup> The majority of funding for this project came from the Dutch (approximately USD8.5M), but DFAT contributed approximately USD2.5M.

The first important point to make about aid efforts in Uruzgan, including the CoU program, is that they have never been simple 'development' exercises. This is appropriate as, despite some improvements in the security situation in the province, from March 1<sup>st</sup> to August 31<sup>st</sup> 2013 there were 273 significant security incidents reported there. This included 117 bombings of one form or another. Two CoU staff have already been killed in this general violence since program start up<sup>43</sup> and a similar number of DFAT staff/contractors have been seriously injured in targeted attacks in Uruzgan. An estimated 35-45% of the province remains outside government control and only is accessible to local (district/community-based) staff.<sup>44</sup>

It therefore remains inappropriate to consider work in this context as anything but a 'complex emergency' or 'transitional' effort.<sup>45</sup> Just as transitional and development contexts differ markedly, very significant differences exist between appropriate transitional approaches to aid delivery and appropriate development responses to aid delivery.

The key implication of operating in a 'complex emergency' or 'transitional' context is the need to ensure that programs are able to cope with unpredictability and changes in the operational environment. This means ensuring that programs adopt those delivery mechanisms that are most resilient to change and incorporate a significant level of rapidly accessible flexibility in programming and forward-planning models. Such considerations are well set out by DFAT's *Framework for Working in Fragile and Conflict Affected States*.<sup>46</sup>

## 1.2 Evaluation Purpose and Questions

### 1.2.1 Purpose

The primary objective of the MTR is to independently assess the progress of the CoU program in improving availability and quality of health and education and identify recommendations for improved development outcomes in program out-years.

### 1.2.2 Evaluation Questions

In achieving the primary objectives, issues that will be explored include:

- The extent to which CoU has achieved its objectives and outcomes by rating activities identified in Annex 1 against the eight evaluation criteria provided by the OECD DAC and DFAT for evaluation of aid activities.
- The effectiveness of CoU's approaches and methodologies for activities identified in Annex 1.
- The effectiveness of the community-based model in improving skills and knowledge in the Uruzgan health and education system.
- The impact of CoU on strengthening capacity of the Provincial Government, in particular the Provincial Education Directorate and the Teacher Training College.
- The extent to which the CoU program is meeting its cross-cutting gender objectives.

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<sup>43</sup> Though it is believed that they were not specifically targeted due to their association with CoU.

<sup>44</sup> Save the Children, *Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy*, August 2013 Revision

<sup>45</sup> In this report the term 'transitional' will be used for convenience.

<sup>46</sup> See 'C.3.4 Flexibility' of <http://www.usaid.gov.au/Publications/Documents/aid-fragile-conflict-affected-states-staff-guidance.pdf>

- The integrity of the program’s monitoring and evaluation framework.
- Whether the program represents ‘value for money’.

A particular focus of the review should examine the sustainability of the program in the context of the challenging Uruzgan operating environment by answering the following questions:

- Do provincial authorities and local communities understand what is required of them to maintain infrastructure, particularly school infrastructure, delivered by the program?
- Have recruitment delays been resolved, and is the CoU office in Tarin Kowt well-positioned to deliver the program following security transition?
- Are relationships with local partners robust and is there confidence in their ability to scale up in out-years?

In order to maintain consistency with the designated DFAT template for evaluative exercises such as this MTR, these questions will be answered in relation to the required evaluative criteria as follows:

Criteria	ToR Question
Relevance	As per standard template guidance: To what extent is the initiative contributing to the higher-level objective of the aid program outlined in the country and thematic strategies? <sup>47</sup>
Effectiveness	The extent to which CoU has achieved its objectives and outcomes. The effectiveness of Children of Uruzgan’s approaches and methodologies for activities identified in Annex 1 (of the ToR). The effectiveness of the community-based model in improving skills and knowledge in the Uruzgan health and education system.
Efficiency	Whether the program represents ‘value for money’.
Impact	The impact of CoU on strengthening capacity of the Provincial Government, in particular the Provincial Education Directorate and the Teacher Training College.
Sustainability	Do provincial authorities and local communities understand what is required of them to maintain infrastructure, particularly school infrastructure, delivered by the program? Have recruitment delays been resolved, and is the CoU office in Tarin Kowt well-positioned to deliver the program following security transition? Are relationships with local partners robust and is there confidence in their ability to scale up in out-years?
M&E	The integrity of the program’s monitoring and evaluation framework.

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<sup>47</sup> This is in line with the DFAT, Tool: Evaluation Report Template, Registered number 155, effective December 2012 – 2013.

Criteria	ToR Question
Gender Equality	The extent to which the program is meeting its cross-cutting gender objectives.
Analysis and Learning	Whether the program has attempted to learn contextual lessons and incorporate these into future practice

## 2 Mid Term Review Scope and Methods

### 2.1 Scope of the Mid Term Review (MTR)

The MTR assessed the progress of the CoU program from its inception in May 2011 to August 2013. The Program is made up of many different activities, all at different stages of implementation. In order to focus the Review, DFAT prioritised the activities as high, medium and low priority. A full list of activities by priority area is provided in Annex 2.

### 2.2 Method

In response to the requirements of the key evaluation questions and evaluation criteria set out by the Terms of Reference and other guidance, this MTR gathered data from three main sources:

- A desk review of relevant documents (including past UMEP surveys)
- Stakeholder interviews (individually and as focus groups)
- Stakeholder surveys

A full explanation of the review's approach is provided in Annex 3 – the detailed Mid Term Review Plan.

### 2.3 Limitations

The key limitation on this MTR is that it cannot fulfil the role of an impact evaluation. This is partially due to the fact that all MTRs occur before program efforts come to fruition, but in this case this is exacerbated because significant changes were made to the Program at the end of Year 1, and the Program has not yet completed its second year. Most effectiveness considerations are therefore limited at this stage to examination of performance against output targets rather than outcomes.

The review faced many other constraints, mostly relating to the operational environment. Due to security constraints, the team leader was limited to directly conducting interviews in Canberra, Kabul, Uruzgan PRT Headquarters and within the township of Tarin Kowt. A detailed Security Plan was developed for operation of all staff in insecure locations (Annex 4). The review engaged a local survey contracting firm and a number of local individuals to conduct interviews and surveys in insecure rural and remote areas that were beyond the reach of the team leader. Details of the primary research conducted can be found in Annex 5 and 6. Annex 7 contains a full list of data sources.

The survey conducted by the review encompassed a sample of 337 individuals (this includes members of 27 focus groups), but valid stratification of this sample across different stakeholder types proved difficult due to accessibility issues<sup>48</sup>. Ability to demonstrate statistical significance of results is therefore compromised due to the non-representativeness of this sample. This problem was recognised at the outset of the review and the survey was therefore designed to collect more robust forms of qualitative data rather than simple 'satisfaction/agreement-type' ratings, as extrapolation from the latter form of information is far more dependent on statistical validity of the sampling regime. The survey used more 'open' investigative techniques that requested unprompted 'raising' of issues: in recognition of the fact that any issues independently raised by a reasonable proportion of respondents are more likely to have some 'significance', even in the absence of a fully stratified sample.

### **Important note on interpreting unprompted vs. prompted survey results**

The majority of the questions in the MTR survey were open and did not prompt responses regarding specific issues. This is in contrast to other common survey techniques that actively require a response (often along a rating scale) against highly specific questions. These more prompted approaches are highly dependent on rigorous sampling frameworks to produce meaningful results. The MTR survey did not have the option of applying a rigorous sampling framework. However, unprompted issues raised by respondents of the MTR survey can be regarded as 'carrying more weight' than prompted responses. This is simply because in a prompted question about a specific issue, the respondent is effectively forced, or at least encouraged, to have an opinion on an issue. In an open question the respondent must themselves identify issues they think are important before reporting them. Hence, any issue that is independently identified by a significant proportion of respondents should be considered important. Generally, an issue raised in an unprompted setting by more than 20% of respondents should likely be considered quite significant. This is partially due to the fact that cultural effects mean many respondents often feel reluctant to put forward their own opinions, particularly criticisms, and that a reasonable proportion of respondents were willing to do so means that it is a fairly strongly held opinion within the sample. This applies to both benefits and problems supported by MTR survey results in this document.

## **2.4 Assumptions**

In assessing the likelihood of change in the future operational environment in Uruzgan, especially in relation to the imminent withdrawal of Australian and other foreign military forces from the province, and the upcoming 2014 national election, the MTR has simply taken the most commonly held views from a range of credible sources. This included the MTR's own survey results that found 54% of all respondents expected the security and/or economic conditions in the province to get markedly worse during the upcoming transition period that will cover the remaining implementation period of the CoU program. Only 16% definitely expected it to remain the same or get better. 22% stated any improvement in conditions would be conditional on the upcoming elections being conducted in a free and fair manner and/or other corruption issues being solved (8% stated they did not know what would happen). Women were more pessimistic than men with 71% of women expecting the situation to get markedly worse. Some respondents also made notes to point out that withdrawal of foreign forces had already occurred in their localities, and in every case such a note was included, it was also stated that security had already begun to markedly decline.

This finding is consistent with the program's own risk assessments:

*"The country is in the midst of a worsening security and political situation. 2014 will see the withdrawal of the International Security Assistance Force (ISAF) as well as Presidential Elections, two events with the potential for massive further destabilisation. The overall national context is extremely fluid and uncertain. Such a context demands sophisticated analysis of the impact of CoU interventions."<sup>49</sup>*

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<sup>48</sup> And a validly random sampling regime was logistically impossible and beyond the scope of this review.

<sup>49</sup> Save the Children, Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy, August 2013 Revision

# 3 Mid Term Review Findings

## 3.1 Overview

While the timing of this review precludes it from evaluating impacts or outcomes, the MTR considers the Children of Uruzgan program to date to have been a qualified success story.

The qualification arises from the development and approval of some questionable approaches to aid delivery in the context of Afghanistan and Uruzgan. This qualification is not directed at the Provincial Reconstruction Team's role of 'Winning Hearts and Minds', which is recognised as a necessary component of any military intervention. Rather, it is drawn from problems identified in the context of standard aid delivery and includes significant examples, such as developing and approving a Do No Harm Strategy (including 2013 revisions) that largely failed to consider harm to beneficiaries<sup>50</sup>, and a level of conflict insensitivity that allowed a disproportionate number of Hazara girls to be trained as teachers (to boost compliance with gender targets), when it is well recognised that the program does not fully control their potential deployment locations and a significant aspect of the conflict in the Pashtun-dominated province of Uruzgan involves active targeting of Hazaras by Pashtuns along Shiite-Sunni lines. This oversight occurred despite some strong risk assessment work,<sup>51</sup> although such risk assessment was also heavily focussed on CoU staff rather than participants.

The report maintains that the program has been a success, in deference to the fact that significant achievements have undeniably been made, largely due to the dedicated and often brave efforts of both DFAT and Save the Children staff in the field. To ignore these efforts and on-the-ground achievements would fail to do justice to the program as a whole.

The level of success is particularly impressive given the extremely difficult operational environment. The key to its success has been an uncommonly adaptive approach to revising the program design during implementation, both by DFAT and Save the Children. This flexibility has allowed the program to move from failure to meet many of its Year 1 targets to now being on track to meet or exceed most Year 2 targets, especially in regard to core activities in health and education.

The evidence for this conclusion is clearly provided by the agreed program Monitoring and Evaluation Framework (MEF) indicators. In the first year of operation, the program failed to meet many of its Year 1 targets and was very significantly underspent.<sup>52</sup> Many of these shortfalls were the result of unpredictable change in security and other operational environment issues rendering completion of planned activities either temporarily impossible from a logistical perspective or permanently unwise from a 'Do No Harm' perspective.

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<sup>50</sup> Apart from mandatory 'child protection' inclusions.

<sup>51</sup> See: Save the Children, *Threat and Risk Assessment, Uruzgan Framework Agreement Afghanistan V3.0 2012 & Afghanistan risk management review May 2013*.

<sup>52</sup> See Table 2 and Figure 2.

**Table 1: Performance against stipulated year 1 targets<sup>53</sup>**

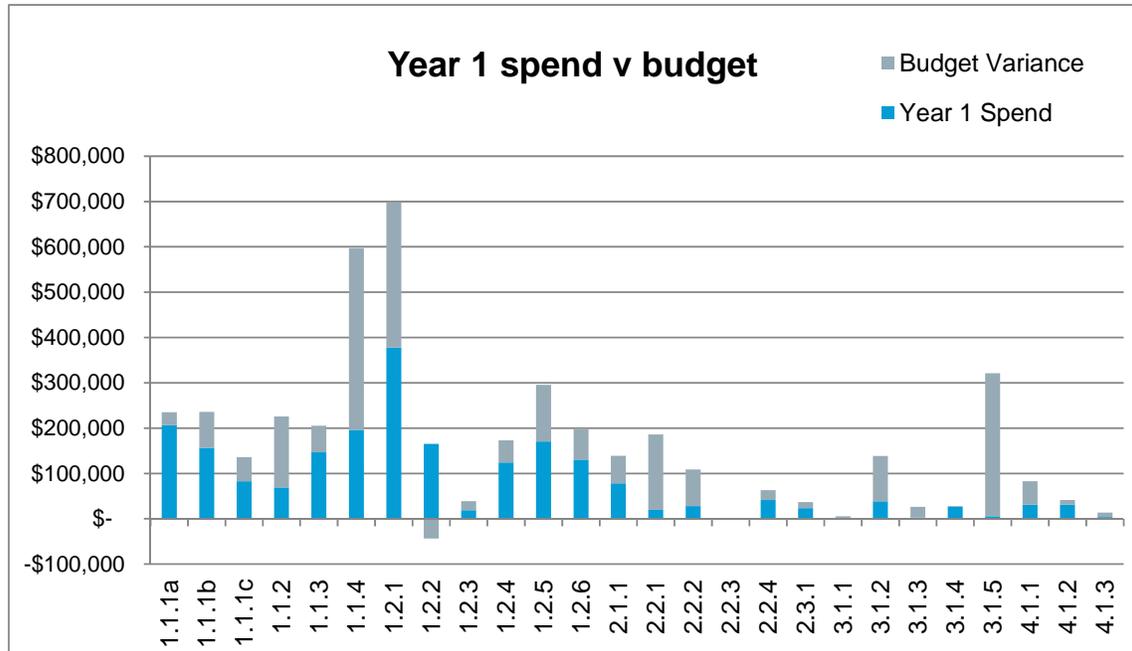
IR	Description	Year 1 target	Total Year 1 Achieved	% of Target	% budget spent
1.1.1a	# of community health workers fully trained	160	88	55%	88%
1.1.1b	# of health sub-centres established	5	5	100%	66%
1.1.1c	# of mobile health teams established	2	2	100%	61%
1.1.2	# of health workers trained in C-IMCI summer module	226	233	103%	31%
1.1.3	# of health workers trained in basic nutrition assessments and nutrition education and rehabilitation sessions	391	439	112%	72%
1.1.4	# of community midwives in training	25	24	96%	33%
1.2.1	# of schools constructed	8	0	0%	54%
1.2.2	# of CBE classes established	25	51	204%	136%
1.2.4	# of women enrolled in literacy groups	500	500	100%	72%
1.2.6	# of schools supported with school health and nutrition activities	12	12	100%	66%
2.1.1	# of trained Family Health Action group members and CHWs	94	62	66%	57%
2.2.1	# of teachers trained	200	0	0%	11%

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<sup>53</sup> Data taken from the Dec 2011 to Nov 2012 Annual report.

2.2.1	# of principals trained	10	0	0%	11%
2.2.4	# of student groups established - schools	40	21	53%	66%
2.2.4	# of student groups established - CBE	40	35	88%	66%
3.1.1	# of health staff trained in IPCC	125	75	60%	34%
3.1.5	# of community development projects completed	200	0	0%	2%
1.2.2	# of children enrolled in CBE classes	750	1419	189%	136%
<b>Year 1 IR</b>	<b>Indicators With No Targets Specified</b>	<b>Total Year 1 achieved</b>			
1.1.1b	# of new health posts established	65			
1.1.2	# of health workers trained in C-IMCI winter module	116			
1.1.3	# of children screened for malnutrition	2503			
1.2.3	# of high school girls trained as teachers	0			
1.2.4	# of women's literacy classes	25			
1.2.5	# of children enrolled in early childhood development classes	1000			
1.2.5	# of ECD classes established	50			
1.2.6	# of schools receiving latrine and borehole upgrades	20			
3.1.1	# of religious leaders trained	34			
3.1.2	# of health sub-centres received IEC materials	0			
3.1.2	# of health shura members trained	116			
3.1.2	# of school shura and CEC members trained	228			
1.1.1b	# of consultations delivered by HSCs	20934			
1.1.1c	# of consultations delivered by MHTs	9303			

**Figure 1: Year 1 Budget Variance**



The program therefore attempted to adapt at two levels. For temporary setbacks, simple scheduling changes were proposed. For more permanent issues, Save the Children approached DFAT with a comprehensive range of proposed adjustments; incorporating more significant changes to activities aimed at better progressing the program over the upcoming three years. DFAT staff, particularly those in Tarin Kowt and Kabul recognised the validity of implementation constraints encountered and undertook to proactively seek approval for these changes. While some simple rescheduling options were able to be approved in a matter of days or weeks, due to a valid requirement for Canberra staff to ensure due diligence in relation to accountability issues, the budget approval for a number of significantly changed (or additional) activities was not received until month 5 of Year 2, delaying their progress date.<sup>54</sup>

Despite some delays, the application of this flexibility has resulted in the Year 2 third quarter MEF indicators appearing to be far more on track to meet or exceed the Year 2 targets of many more program components than for Year 1.<sup>55</sup> Of the components that remain unlikely to meet stated design targets, there are clear cases in which it is arguably unsafe or ineffective to proceed with these types of activities in the prevailing operational environment.

<sup>54</sup> E.g. Drug rehabilitation centres, school refurbishment activities, public private partnerships (health clinics). While the MTR does not dispute the need for due diligence in this setting and applauds the Agency’s flexibility in considering the changes, means of avoiding repetition of such delays in future need to be considered.

<sup>55</sup> See Table 3.

**Table 2: Performance against stipulated year 2 targets (up to end of Q3 only)**

IR	Indicators	Year 2 target	Total Yr 2 achieved by end Q3	%Total Yr 2 achieved by end Q3
1.1.1	# of new female and male CHWs fully trained (all 3 phases)	176	144	82%
1.1.1	# of mobile health teams established	3	3	100%
1.1.2	# of CHWs and CHSs trained on summer or winter module of C-IMCI	643	524 (winter) 213 (summer)	81% (winter) 33% (summer)
1.1.3	# of children screened for malnutrition	80% of 6-9 month olds in selected areas screened	5,895	n/a
1.1.3	# of caregivers attended nutrition education and rehabilitation sessions	2,000	1,212	61%
1.1.4	# of students attending midwifery school (all female)	24	24	100%
1.1.4	# of students attending nursing school (all female)	26	23	88%
2.1.1	# of female CHWs and FHA group members trained on maternal and newborn care	190	127	67%
3.1.2	# drug addicts treated in CoU-supported drug rehabilitation programs	170	101	59%
3.1.3	# of NGO and health facility staff trained in IPCC	100	42	42%
3.1.4	# of CHWs and CHSs trained on the use of IEC materials	420	333	79%
3.1.5	# of private clinics supported with Public Private Partnerships	30	27	90%
1.2.1	# of schools fully constructed or refurbished	6 constructed 30 refurbished	5 constructed 8 refurbished	83% constructed 27% refurbished
1.2.2	# of students enrolled in CBE classes	2,500	2,775 (573 girls)	111%
1.2.3	# of high school girls being trained as teachers	15-20	20	100%

IR	Indicators	Year 2 target	Total Yr 2 achieved by end Q3	%Total Yr 2 achieved by end Q3
1.2.4	# of women and men enrolled in literacy classes	1,625	1,010 (583 women)	62%
1.2.5	# of children enrolled in ECD classes	1,200	1,240 (565 girls)	103%
1.2.6	# of schools with ongoing school health and nutrition program	24	24	100%
2.2.1	# of teachers received at least 15 days of training	390	225	58%
2.2.4	# of schools and CBE classes with student groups set up	80	129	161%
3.1.1	# of religious leaders trained in:			
	- Health	89	90	101%
	- Child rights under Islam	89	0	0%
	- Gender under Islam	89	0	0%
3.1.2	# of health post/facility shuras reorganised or established	90	82	91%
3.1.2	# of school shuras or CECs established and supported	130	130	100%
3.1.5	# of small-scale community development projects completed	120	42	35%

Year 2 IR	Indicators With No Targets Specified	Total Yr 2 achieved by end Q3
1.1.1	# of home visits conducted by CoU-trained CHWs	23,556
1.1.1	# of consultations provided through HSCs and MHTs	72,619
1.1.3	# of children with severe acute malnutrition cured	1,078

There is an important caution inherent in the success to date. As evident from the need to develop proactive, but still largely ad-hoc, administrative systems for developing and approving adaptations, the program design of itself clearly does not provide sufficiently flexible implementation mechanisms in this context, as suggested by DFAT's *Framework for working in fragile and conflict affected states*.<sup>56</sup> Hence, the adaptive approach has been implemented *despite* the program design, rather than in accordance with it. There is a significant risk that possible further deterioration in the operating environment<sup>57</sup> will outstrip the assumptions made by Save the Children in proposing the current (revised) raft of activities, thereby requiring another round of adaptation.<sup>58</sup> In a worsened context, the implications of even small delays in adaptation will be far more serious. Some simple but effective means of at least partially 'pre-approving' potential contingency activities (and their budgets) needs to be put in place as a matter of urgency. In this way, appropriate due diligence procedures can be carried out in anticipation of a need for change, rather than as a hurried reaction to it; thereby allowing more consistent execution rates and effectiveness of the program in the face of unpredictability. It is hoped that such contingencies will not need to be used, but not planning for them would amount to a significant failure in risk management.<sup>59</sup>

The recommendations of this MTR therefore focus on better positioning the program to be able to cope with the changes in operational environment deemed most likely by the MTR over the next 12 to 18 months.<sup>60</sup> The measures suggested are intended to improve the resilience of the program over this period and thereby improve execution rates and associated impacts of the program as a whole.<sup>61</sup>

Another means of achieving greater resilience would be to rationalise the program to better focus on core health and education activities, such as Community-based Education and Community Health Workers. The many components of the program<sup>62</sup> carry a large administrative and logistical overhead. Reducing the number of different types of activities would reduce this overhead. Both field workers and beneficiaries indicated huge unmet demand in these core areas, as well as significant, and sometimes critical, opportunities for improvements within core activities (see 3.3). M&E data for the program also suggests that it is the core activities that are having the clearest effects on the ground.

The MTR identified community-based approaches and community enablement exercises<sup>63</sup> as a key means of promoting resilience to date.<sup>64</sup> Field workers and beneficiaries consistently regarded community-based approaches as being both safer to participate in during periods of insecurity and more effective given that communities do not have to rely entirely on public workers with scarce resources, who are often perceived as corrupt, to progress activities (see 3.2). MTR survey data clearly demonstrates that credible threats are still commonly made to staff and participants of CoU

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<sup>56</sup> See 'C.3.4 Flexibility' of <http://www.usaid.gov/PressRoom/PressReleases/13-04>

<sup>57</sup> Associated with the withdrawal of Australian forces from the province by the end of 2013 and the planned conduct of a potentially divisive National election in the first half of 2014. Note while elections may have a stabilizing influence in the longer term, in the short-term they are predominantly divisive and provide multiple and convenient opportunities for campaigns of disruptive action by disaffected groups. Where results are legitimately or traditionally disputable, such action can extend well beyond election dates.

<sup>58</sup> Perhaps including rationalization of current programming and contingencies of humanitarian work.

<sup>59</sup> The stated approach of Save the Children to "hope for the best, but plan for the worst" is already in line with this risk management perspective, but without agreed contingencies readily available little can be done to realise this proposition in regard to programming.

<sup>60</sup> See Save the Children *Risk Management Review, May 2013*, <http://www.afghanistan-analysts.org/transition-in-uruzgan-2-power-at-the-centre>; <https://crawford.anu.edu.au/news/135/australian-aid-afghanistan>, etc. (-see also survey results in Annex A)

<sup>61</sup> Though it should be noted that an underspend is likely to remain, given some recognised over-budgeting in the original design.

<sup>62</sup> With over 30 separate activities, depending upon how relevant components are split.

<sup>63</sup> I.e. resulting in social change critical to allowing health and education activities to be conducted effectively.

<sup>64</sup> See also B.3 '*Building resilient communities and cohesion*' of <http://www.usaid.gov/PressRoom/PressReleases/13-04>

activities, especially women and girls (see 3.8). As continued participation, and hence resilience, is strongly influenced by beneficiary perceptions of personal safety, all available options for removing such risk<sup>65</sup> must be progressed as a matter of urgency<sup>66</sup>.

Another key finding of the MTR is that the upcoming transitional period presents serious risks that have the potential to negate any sustainability gains so far made in relation to the program, and that the likelihood of benefits continuing in the absence of the program is low. This finding is largely based on the evidence provided by the in-situ fieldworkers and beneficiaries of the program (see 3.6), and provides a strong case for a continuation of some Australian aid to the province, particularly in core health and education areas, after completion of the CoU program. Without such a continuation of the intervention, the considerable benefits delivered by the CoU program to date will quickly disappear. This finding is consistent with DFAT's own assessment of the context:

*"Afghanistan's development path will be an extended one, requiring sustained commitment and leadership from the Afghan Government as well as international donors. While much focus has been placed on the length of the international mission in Afghanistan, analysis by the World Bank indicates that over the course of the 20th century, even the fastest performing conflict-affected countries took, on average, between 15 and 30 years to move from situations of fragility to the development of an institutions-based state. Sustained engagement and support is important to protect the gains of the past decade and to build upon these."<sup>67</sup>*

*"Sustainable, broad-based growth is impossible in countries which cannot guarantee public safety"<sup>68</sup>*

Many of the government officials consulted during the MTR expressed some dissatisfaction with the way the program is currently managed, but they also displayed untenable expectations regarding their agencies' involvement in the program. This included desires to directly control design formats, current programming and budgets, as well as requests for access to commercial-in-confidence contractual matters between DFAT and Save the Children. Broad publicisation of overall funding levels also exacerbated these expectations and generated very significant political and probity issues that have undermined coordination with government agencies both at national and provincial levels. While some efforts to delineate the CoU program as the civil society component of Australian aid to Afghanistan have been made, this effort clearly needs to be intensified among government stakeholders<sup>69</sup>. Given that the clear majority of Australian aid to Afghanistan is directed to government, including through 'on-budget' contributions to the Afghanistan Reconstruction Trust Fund, the civil society focus of the CoU program is reasonable<sup>70</sup>, and further efforts in presentation of the program in this light could help allay expectations that result in time consuming, but ultimately unproductive negotiations.

The MTR was also exposed to many allegations of corruption. Many of these were not directly relevant to the CoU program. Given the endemic nature of corruption in Afghanistan, it would be naïve to believe that potential for corrupt practices does not exist within the many layers of stakeholders involved in the program. However, the MTR does recognise that the strong audit and other financial procedures put in place by Save the Children is a strong deterrent to such practices. In addition, the MTR is not itself an audit or legal investigation, and it is therefore inappropriate for this document to make or repeat unsubstantiated accusations of corruption against any individual. The approach adopted has therefore been to verbally report any potential corruption issues raised with the MTR team to DFAT in Kabul.

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<sup>65</sup> Including contingency planning for rationalization of the range of activities to safest options.

<sup>66</sup> See also A.3.4 'Doing no harm' of <http://www.usaid.gov/Publications/Documents/aid-fragile-conflict-affected-states-staff-guidance.pdf>

<sup>67</sup> See <http://www.usaid.gov/countries/southasia/afghanistan/Pages/home.aspx>

<sup>68</sup> [http://www.usaid.gov/Publications/Documents/usaid\\_peace.pdf](http://www.usaid.gov/Publications/Documents/usaid_peace.pdf)

<sup>69</sup> At both national and provincial levels.

<sup>70</sup> Especially with appropriate government linkages maintained as they are now.

It is also inappropriate for such accusations be given credence on the basis of hearsay alone. Both DFAT and Save the Children has, on a number of occasions, provided opportunities for those making such claims to provide substantiation and Save the Children has very rigorous auditing procedures that render some of the accusations unlikely. It should also be noted that accusations of corruption in this context can either be a positive or negative indication of probity-related performance. Failure to provide bribes or other inducements often leads to accusations of corruption as a retaliatory or negotiative strategy. In these cases, such accusations may be taken as a positive indicator. Of course, in this context, there is also ample opportunity and precedent for real corruption to occur, and credible cases must be properly investigated. The obvious problem is how to tell the difference between vexatious and sincere accusations, especially as the prevalence of such accusations is such as to render precautionary investigation of all such claims effectively impossible.

In recognition of these overarching issues, 5 strategic recommendations are made.

**The key strategic recommendations made by the MTR are:**

Recommendation 1: Save the Children should immediately implement rolling forward planning approaches that incorporate a more significant proportion of contingency options in each planning period that would allow general progress of the program to continue if initially prioritised programming becomes unsafe or untenable. DFAT should review these options and provide full or partial pre-approval of their implementation under appropriate circumstances. While it is recognised that due diligence considerations may limit further devolution of approval processes, such devolution should also be implemented to the extent possible. As far as is possible without lengthy contract or design variations, approaches to pre-approval of contingency options must also be accompanied by correspondingly streamlined and flexible budget structures and reporting mechanisms.

Recommendation 2: DFAT and Save the Children should immediately agree on a substantial contingency plan of rationalization of the number and scope of components of the program. This rationalisation plan should have a strong 'Do No Harm' focus<sup>71</sup> and where feasible expand program effort/expenditure on core community engagement, health and education activities, such as provision of wells, Community Health Workers and Community Based Education.<sup>72</sup> This plan of rationalisation should be formulated as soon as possible so that it may be implemented as soon as evidence of further deterioration in security and other operational factors arise.

Recommendation 3: In executing recommendation 2 above, DFAT and Save the Children should boost community engagement projects and community-based approaches and better recognise achievements in this area at an outcome level,<sup>73</sup> and include improved risk reporting mechanisms for beneficiaries.

Recommendation 4: DFAT should consider initiating design of a follow-on program to CoU to ensure gains made to date are not lost. This and other future designs in this type of transitional context need to have significantly more pre-approved adaptive flexibility incorporated from their outset.

Recommendation 5: DFAT should further strengthen its presentation of the program to key government stakeholders to clarify that while DFAT makes the vast majority of aid contributions to government (including 'on-budget' contributions through the Afghanistan Reconstruction Trust Fund), the CoU program is a Civil Society focused program.<sup>74</sup>

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<sup>71</sup> For both staff and beneficiaries, and especially for females in both groups.

<sup>72</sup> Both of which form part of formal government systems and therefore directly contribute to government legitimization agendas.

<sup>73</sup> Given that in this context social change is not just an essential precursor to success of health and education components, but is also an appreciable end in itself in regard to cross-cutting efforts, particularly those related to improvement in the status of women and girls.

<sup>74</sup> Which proactively links to formal government systems whenever appropriate.

## 3.2 Relevance Rating: 5

The strategic health and education focus of DFAT's programming in Afghanistan, and the CoU program in particular, remains highly relevant to the critical needs of Uruzgan province.

*"Uruzgan remains one of the most underserved provinces in Afghanistan with development indicators far below the national average. Recent years have seen some increases in access to basic services, but efforts of government and non-government actors have been hampered by insecurity, remoteness and limited infrastructure. Relative to other provinces, Uruzgan is remote, poor, rural, minimally educated, conservative and violent, even by Afghan standards... 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. 39% of children are in school (7% girls) compared with a national average of 58% (44% girls)".<sup>75</sup>*

In addition, 96% of people live in rural areas. Of children under five years of age 64% of are stunted, 32% are underweight and 7% of are acutely malnourished. Only 17% of births are attended by a skilled birthing attendant. Only 7% of men and 0.6% of women are literate<sup>76</sup>.

The community-based focus of many components (e.g. IR1.1.1, IR1.1.2, IR1.1.3, IR2.1.1, IR3.1.4, IR1.2.2, 3.1.5 & IR3.1.2) is particularly well suited to the Uruzgan context.

The province is characterized by a sparsely distributed population and significant security and infrastructural limitations on travel. In the education field, distance to schools has been identified as the primary constraint on rural families in Uruzgan sending their children to be educated<sup>77</sup>. The second most significant constraint on enrolments in official schools is parents' concerns over security issues for their children, generally associated with either travel to, or attendance of, such schools<sup>78</sup>. Similar constraints on access to health services, particularly for women, can be reasonably assumed. While they do not completely address these constraints, community-based options such as Community-Based Education (CBE) and Community Health Workers (CHWs) significantly reduce the need for travel and substantially mitigate other security risks. Given the current limitations on potential for increased government investment in transport, education and health infrastructure, it is arguably impossible for the very poor and very sparse populations of Uruzgan to be reasonably serviced by government health and education facilities in the foreseeable future.

While the reduction in travel requirements by provision of in-situ education is obvious, the security benefits of community-based approaches can be further clarified. Improved community ownership of the education of children not only imparts benefits, it also passes back some responsibility for issues such as security. The incentive in this case is simply that parents are more responsible for the safety of their own children. In addition, by being more connected with the community (including through use of locally recruited teachers and CHWs), any threats or warnings that are known to individuals within the community are more likely to be openly or candidly passed on to those responsible for community-based education or health services. While risks still exist with community-based approaches, and efforts to continuously reduce such risks must be ongoing (see also recommendation 16), 70% of respondents to the MTR survey stated that community-based activities were the safest approaches for both workers and beneficiaries. The most common (realistic) suggestion for further improving the safety of activities was to include community elders and/or religious leaders in design and operation of these activities<sup>79</sup>. CoU capacity building of religious

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<sup>75</sup> Save the Children, Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy, August 2013 Revision

<sup>76</sup> Figures from Uruzgan Provincial Development Plan/Afghanistan Health and Development Services /The Liaison Office.

<sup>77</sup> UMEP survey data.

<sup>78</sup> UMEP survey data.

<sup>79</sup> Made by 22.6% of MTR survey respondents

leaders to support and champion social change associated with acceptance and uptake of health and education services (IR3.1.1) is already in line with such suggestions. These leaders are in a key position in their communities to influence such change. The staged approach to implementation of this activity, with the first round of participant religious leaders selected by government and the second round selected by the community, has imparted both legitimacy and ownership at a number of levels of society.

It is also important to note that community-based approaches in both education and health sectors form part of the Afghan government's formal systems. Both the Ministry of Education and the Ministry of Public Health incorporate community-based delivery as recognised parts of their formal systems. So use of community-based approaches does not represent development of parallel or unrecognised services, and students and patients are considered to be directly participating in government education and health services. CoU community-based activities in education and health are already designed to be compliant with related government standards. For example, CBE students receive education that is accredited at a national level and there is a formal referral system in place between Community Health Workers and government health centres (see also 3.3, recommendation 11).

Note that the fact that these community-based services are part of formal government systems is currently misrepresented by the existing IR1.2.2 ('Increase access to non-formal education opportunities for girls and boys in targeted communities').

**Recommendation 6:** IR1.2.2 should be amended to make it clear that community-based approaches to provision of education services often form part of formal government systems.

There are limitations to community-based approaches. The level of education or health services that may be offered through such approaches remains basic. However, given the low health and education service baselines in Uruzgan, the level of need for even basic services is effectively unlimited at this point in time, and the impact of broadly spread basic services is likely to be far greater than provision of more isolated, higher levels of service. The findings of the MTR survey supports this position. 90% of individual and focus group responses indicated that a huge and still unmet demand existed within the province for the services provided by the program, particularly provision of core health and education services. This finding did not vary markedly with district (TK 91%, Outside TK 90%) but males were more likely to recognize this immediate additional demand (Males 94%, Females 83%).

This demand for core services provides a partial argument for rationalization of program activities. The program currently has over 30 separate activities, and while some diversification in activities is useful to ensure flexibility, this level of diversification may be extreme. Given most impact will be achieved through provision of core basic health and education services, diversification into any activities that do not directly contribute to provision of such services will reduce the program's overall effectiveness. An important exception to this point is those activities that generate the trust and acceptance of this type of outside assistance within communities. This groundwork is essential to eventually enable entry and effectiveness of education and health service provision provided to communities. The '*small-scale community improvement program to support the community engagement process*' activity (Save the Children directly implemented activity - under IR 3.1.5) has proven particularly important in this regard and should continue to be considered an essential precursor to core health and education activities. For example, 22% of MTR survey respondents identified not having clean, safe water available for health and education initiatives as a significant constraint on provision of services.

Save the Children's work (through HADAAF) with Public Private Partnerships (PPPs – under IR3.1.5) also provides a very sensible and relatively safe alternative for providing localised health services in remote or difficult to access communities. In at least one case, HADAAF has commendably adjusted standard policy to allow support to be given to a female doctor in private practice. This has resulted in a much needed service to women and girls in that location.

Recommendation 7: As far as is possible, the program should strengthen existing focus on community-based approaches to core health and education activities, including Public Private Partnerships and general precursor activities aimed at generating community acceptance (and thereby effectiveness) of these core activities. Any rationalization of the program should maintain this focus as far as 'Do No Harm' considerations permit<sup>80</sup>.

The other extremely important role of this IR3.1.5 activity is that of initiating general social change, especially in attitudes towards female education and healthcare. Uruzgan is a very conservative province, even by Afghanistan standards. The MTR team were exposed to many fears regarding outsider assistance, including that vaccination programs had 'other motives'; that education programs would be anti-Islam or even pro-Christian; and that women or youth focused activities were aimed at generating disharmony within communities. By allaying such fears, the initial community engagement offered under this activity<sup>81</sup>, reduces such obstructive attitudes. Without this social change, conducting education and health activities would be ineffective, and/or very dangerous from a 'Do No Harm' perspective. This social change alone also brings significant benefits, as even without further intervention, vulnerable groups may become more able to access the limited services that already exist. In a transitional environment it is therefore valid to identify (and claim credit for) constructive and participatory social change as an *outcome*. The current design of CoU does not fully do this (see 3.3). While the MTR recognises that significant design or contractual amendments are not practical for CoU given its limited remaining implementation period, it is strongly suggested that even if changes are not made immediately, future DFAT designs in such contexts recognise this point (see also recommendation 12).

As evident from the need to develop largely ad-hoc administrative systems for developing and approving adaptations, another key relevance issue associated with the current design is that the program design of itself clearly does not provide sufficiently flexible implementation mechanisms in this context, as proposed in DFAT's *Framework for working in fragile and conflict affected states*<sup>82</sup>. Hence, the adaptive approach has been implemented *despite* the program design, rather than in accordance with it (see strategic recommendation 1).

While in line with DFAT's *Framework for working in fragile and conflict affected states*, the research-oriented components of the program do present a risk in this context. While integrated, applied research is unlikely to be a problem<sup>83</sup>, there is always a risk of external researchers, who may inadvertently use culturally insensitive approaches, generating increased suspicion and ill-feeling in communities in which the program has spent considerable effort gaining trust.<sup>84</sup> Hence, the MTR suggests a strong focus on integrated, applied research, especially over the upcoming transitional period. Given the relevant Intermediate Result for the research component (IR4), explicitly includes the wording 'In conjunction with global academic institutes', in practice this may mean encouraging such academics to become interested in applied research integrated into the program, rather than inviting them to develop their own research topics.

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<sup>80</sup> E.g. if the security situation declines further the risk exposure of female volunteers in Family Health Action Group activities (IR2.1.1 - which require significant travel), may become too great for this to be a viable or responsible option. Similar issues are also often raised in relation to Mobile Health Teams (IR1.1.1), so a careful and ongoing cost-benefit-risk analysis should also be conducted in relation to this component.

<sup>81</sup> Combined with more targeted later approaches to these perceptual problems under education and health activities.

<sup>82</sup> See 'C.3.4 Flexibility' of <http://www.aisaid.gov.au/Publications/Documents/aid-fragile-conflict-affected-states-staff-guidance.pdf>

<sup>83</sup> E.g. comparisons of harvested health centre data in areas with and without community-based education inclusive of preventative health awareness.

<sup>84</sup> Stakeholders reported that this problem has already been experienced to some extent with a recent Conflict Sensitivity Study conducted for CoU by the Peace Training and Research Organisation (PTRO) (unpublished report).

**Recommendation 8.** A strong focus on integrated, applied research should be maintained (under IR4) over the upcoming transitional period.

### 3.3 Effectiveness Rating: 5

While this review has been limited primarily to considerations of results at the output level, there is no doubt that the program is already producing positive higher-level results. The MTR survey found strong support for nascent outcomes in existing activities, especially core education and health service provision. This support is clear in that ‘more of the same’ was consistently requested by beneficiaries. 90% of individual and focus group responses indicated that a huge and still unmet demand existed within the province for the services provided by the program, particularly provision of core health and education services. This finding did not vary markedly with district (TK 91%, Outside TK 90%) or but males were more likely to recognize this immediate additional demand (Males 94%, Females 83%). 36% of individual and focus group responses also wanted the program to continue past the currently planned project completion date. In this case there were some differences based on both district (TK 51%, Outside TK 30%) and sex (Males 35%, Females 39%), with females more likely to recognize shortfalls in the longer-term needs.

As already discussed this MTR cannot be an impact evaluation, but the MTR survey did attempt to collect information about benefits realised to date. The table below show the most common benefits identified on an unprompted basis:

**Table 3: Benefits Breakdown**

<b>Education Benefits</b>	<b>As % of All Respondents</b>	<b>As % of Education Activity Respondents</b>
Increased awareness/support of benefits of education	22%	77%
Benefits of being able to offer localised educational opportunities	7%	23%
Benefits of provision of free education	4%	14%
Benefits of provision of stationary to students	5%	20%
Improvements in general education	12%	43 %
Improvements in childhood education	12%	43%
Decrease in general illiteracy	6%	20%
Improved geographic coverage of educational opportunities	2%	9%

Community management has improved security for students	5%	17%
<b>Health Benefits</b>	<b>As % of All Respondents</b>	<b>As % of Health Activity Respondents</b>
Increased level of breastfeeding	4%	17%
Increased levels of general cleanliness	12%	15%
Increased availability of clean water	8%	10%
Benefits of being able to access to localised healthcare opportunities	6%	7%
Maternal and child health improvements	16%	20%
Benefits of provision of free healthcare	14%	17%
Increased awareness/support of benefits of healthcare	21%	27%
Reduced malnutrition in young children	7%	9%
Increased treatment of illness and injuries	20%	26%
Reduced use of unprofessional health care providers	4%	5%
Increased levels and acceptance of vaccination*	27%	34%
Improved referral system from community to official healthcare facilities	10%	12%
Reduced incidence of disease	31%	39%
<b>General Benefits</b>	<b>As % of All Respondents</b>	
Changes in Community Attitudes (other than on Health & Education)	7%	NA

Improved employment and capacity development	16%	NA
Improved community responsibility and interaction within communities and/or with government	13%	NA

\* 9% of health respondents also reported community suspicion of vaccination programs as a problem.

In relation to meeting of the Goal, Strategic Objectives and Intermediate Results of the program:

### Goal

*To enhance access, quality and use of basic health and education services in the 6 districts of Uruzgan Province in Afghanistan.*

Even at this early stage, the survey results provided in Table 1 present considerable evidence of nascent positive outcomes in relation to both basic health and education services (discussed further below).

### Strategic Objectives:

1. *Increase access and use of Mother and Child Health (MCH) services including the treatment of acute malnutrition*

The MTR survey results provide evidence of perceived improvements in general MCH (reported by 20% of health workers or health beneficiaries), and some perception of improvement in malnutrition (reported by 9% of health workers or health beneficiaries).

2. *Increase access to basic education and improve delivery of comprehensive education services for children*

The survey results provide considerable evidence of perceived improvements to both general education and childhood education, with both types of improvement reported by 43% of education workers or education beneficiaries.

### Intermediate Results (IR's)

*IR1: Increase access to essential MCH and nutrition services; and basic education.*

As stated above, a considerable proportion of health workers or health beneficiaries (20%) reported benefits associated with improvements to MCH in unprompted questioning. A reasonable proportion (9%) also raised improvements in child nutrition. The survey results also provide strong evidence of perceived improvements to both general education and childhood education (both types of improvement reported by 43% of education workers or education beneficiaries).

While these are not small percentages when obtained in an unprompted setting, it must also be remembered that the program remains only around half way through its implementation period, so these early results are particularly encouraging.

*IR2: Enhance quality of MCH and nutrition services; and education services*

In the case of many communities in Uruzgan Province, especially amongst the most vulnerable groups, basic health and education services were effectively absent or unobtainable prior to the

intervention. Appreciation of the quality of services delivered by the program is evident in the fact that 'more of the same' was consistently requested (see above).

Particular aspects of health and education services provided by the program were also commonly raised. 14% of education respondents raised benefits associated with free education and 17% of health respondents raised benefits associated with free healthcare. 23% of education respondents raised benefits associated with local (nearby) provision of basic education services and 7% of health respondents raised benefits associated with local (nearby) provision of basic health services. In these unprompted enquiries, 17% of education respondents also reported that community-based approaches to service delivery have improved the safety of educating their children. In response to a more specific (prompted) question in the MTR survey, 70% of respondents stated that community-based health and education activities were the safest approaches for both workers and beneficiaries. 23% thought it was safest to have both communities and government involved in activities. Only 7% saw wholly government initiatives as the safest approach.

Some flaws in quality of core health services provided by the program were also identified by the MTR survey, including insufficient or late supply of required medicines. While a very substantial 37% of all respondents reported this problem, perhaps the most concerning figure is that 88% of the community health workers surveyed reported this as an urgent issue that was not only reducing the effectiveness of the program, but was also creating intense ill-feeling in the community towards them personally and the program (given that untreated or partially treated patients often failed to recover from diagnosed illnesses). The MTR therefore strongly suggests this problem be investigated and where appropriate supplies of basic medicines be increased. It is acknowledged that MoPH regulations exist governing supplies of medicines under the Basic Package of Health Services (BPHS), but these regulations were never designed to intentionally limit available healthcare in areas of valid need, so the program and DFAT need to work with MoPH to overcome any bureaucratic issues associated with increasing supply of such medicines where it is validly needed.

Recommendation 9: Issues associated with insufficient or late supply of medicines should be urgently investigated, particularly in relation to community health workers in areas in which demand for such medicines are validly high. The program and DFAT should use program resources to work with MoPH to enable augmentation of Basic Package of Health Services (BPHS) supplies, either by more frequent restocking or allowances for greater stock levels to be supplied in response to validly high demand. Timely supply of all medicines also needs to be made a key priority for local implementing partners in future.

Issues with supplies of malnutrition feeding supplements were also commonly raised in the interview-based component of MTR information gathering. Supply of most supplements is now dependent on UNICEF, and there is a considerable risk that changes in the operating environment in the province could threaten this agency's ability to ensure supply of quantities sufficient to meet program needs. Tentative evidence of such shortfalls is already provided by MTR survey data (see above). It is unwise to remain dependent on external supplies, as the inability to ensure supply of supplements to program-diagnosed cases of malnutrition directly undermines community confidence in the program. It is acknowledged that it is currently planned that the program will soon move away from directly treating childhood malnutrition, with the handover of 18 feeding centres to MoPH scheduled for January 2014. However, childhood malnutrition is likely to be an increasing problem if the situation in the Province deteriorates, so pre-positioning of such supplies may be a sensible action to support potential humanitarian assistance contingency options. The MTR therefore strongly suggests that the program and DFAT work with appropriate agencies to establish mechanisms for acquiring and distributing supplements, so that these may be implemented in the event of a humanitarian requirement for such activities

Recommendation 10: Specifically in relation to malnutrition supplements, mechanisms for program acquisition and distribution of adequate supplies should be established (either through UNICEF or directly with MoPH approval), with immediate pre-positioning of some supplies undertaken as a contingency measure: to be used in the event of humanitarian crises. DFAT may need to assist the program to negotiate acquisition of such supplies through UNICEF, or to obtain MoPH permission for

the program to directly acquire supplies.

A number of community health workers also suggested that the MoPH recognised referral systems from them to government health centres were often not respected. Feedback they received from patients included that in some cases there was little value to obtaining such referrals. While some of this feedback may be due to inappropriate expectations, it cannot be assumed that this is the only issue. If a problem with such referrals exists, this again undermines confidence in the role of community-health workers and needs to be addressed.

Recommendation 11: MoPH and the program should investigate issues with community health system referrals and where appropriate, strengthen recognition of community health worker referrals to government health centres.

A number of government officers interviewed, particularly within MoPH, suggested that the costs associated with the delivery of certain activities significantly exceeded the levels they would expect if they delivered the activities themselves. However, there is reasonable evidence to show that this perspective may not take into account the higher quality standards often maintained by the program, and may also be partially explained by the current unreasonably high expectations of government agencies in relation to their administering the program (see recommendation 5).

*IR3: Create awareness and enhance demand for utilization of MCH, nutrition services; and basic education*

MTR survey data suggests the program is generating increased awareness and demand for these services. 77% of education respondents reported increased awareness and acceptance of the value of education and 27% of health respondents reported increased awareness and acceptance of the value of healthcare. Of healthcare respondents, 17% also reported improved acceptance of breastfeeding and 34% reported improved acceptance of vaccination programs (although 9% still raised suspicion of vaccination programs as a serious problem).

The program is also creating changes in a number of other attitudes, including rights of children and women, and trust of external (including government) assistance. The MTR therefore suggests that consideration be given to rewording this IR to better capture and take credit for these important existing outcomes.

Recommendation 12: DFAT and Save the Children should agree on an informal rewording of IR3 to better capture the full range of supportive social change achieved by the program and recognize such social change as a valid, 'stand-alone' outcome of the program.

In relation to enhancing demand for basic health and education services, 43% of education respondents reported improvements in general education levels and 26% of health respondents reported increased levels of treatment of illnesses or injuries.

Again, while these are not small percentages when obtained in an unprompted setting, it must also be remembered that the program remains only around half way through its implementation period, so these early results are particularly encouraging.

*IR4: In conjunction with global academic institutes, conduct research to support and inform on-going policy and programming in MCH, nutrition and basic education in Afghanistan*

Research studies that have been **completed** include

- Access Restricted: Review of Remote Monitoring Practices in Uruzgan (Save the Children)
- Early grade reading and numeracy assessments of community based education, Uruzgan (Save the Children)

- Children of Uruzgan: Reflecting on conflict-sensitive education approaches in a conflict zone (Save the Children)
- Early Childhood Care and Development in Uruzgan (KAP Survey by Save the Children)
- Maternal and Newborn Care in Uruzgan (KAP Survey by Save the Children)
- Health, Hygiene and Nutrition among school-aged children in Uruzgan (KAP Survey by Save the Children)
- Newborn care, breastfeeding and childhood illnesses among mothers and children 0-23 months in Uruzgan (KAP Survey by Save the Children)
- Survey of Formal Schools in Uruzgan (Save the Children)

Ongoing research is currently underway in the following areas:

- Girls / Education / Conflict / Context of illiteracy – Question being determined (Dr Dana Burde, NYU)
- Voices of Children of Uruzgan (priorities according to the children) (Save the Children)
- Evaluating the effectiveness of the Drug Treatment Centre (HPRO) – Ongoing
- Health Seeking Behaviours / Utilization of health facilities in Uruzgan province (Burnet Institute)
- Understanding the risks of delivering aid in Uruzgan as perceived by staff engaged in the Children of Uruzgan (CoU) project (Save the Children)
- What it takes for women in Uruzgan province to access education: examples of successful community mobilization efforts in southern Afghanistan
- Endline survey of Maternal and Newborn Care
- Endline survey of Newborn care, breastfeeding and childhood illnesses among mothers and children 0-23 months in Uruzgan.

As discussed under 3.2, the applied and integrated elements of this research are encouraged, (including the useful ongoing research conducted into contextually appropriate remote monitoring options (see also recommendation 17), whereas other research including field activities by external researchers should be regarded with caution at this point in time.

In relation to specific questions posed by the Terms of Reference (see 1.2.2 above):

## **The effectiveness of Children of Uruzgan’s approaches and methodologies for high priority activities**

### **IR 1.1.4 Community Midwifery Education**

Tables 2 and 3 demonstrate that the approaches used for IR1.1.4 have been successful in meeting output targets. The community-based aspects of this activity are discussed further under 3.2.

Issues raised by stakeholders in relation to this component of the program included fear expressed by trainees at being housed in easily targeted dormitory style accommodation while in Tarin Kowt, and the more general safety and security issues associated with women working in the highly conservative context of Uruzgan. The trainees who expressed fear of dormitory style accommodation suggested that billeting arrangements (with relations when available) may be a safer option (see also 3.8).

### **IR 1.2.1 School Construction and Refurbishment**

Tables 2 and 3 demonstrate that the approaches used for IR1.2.1 have been only partially successful in meeting output targets. However, Year 2 performance in school construction is significantly improved over Year 1, as might be reasonably expected for projects requiring substantial construction time, but refurbishment targets remain largely unmet to date.

Issues raised by stakeholders in relation to this component of the program included delays in acceptance of completed schools, accusations of poor construction and finishing standards, and inconsistencies between interpretation of standards between MoE and PED (see also 3.5 and 3.6, including associated recommendations).

As a result of such issues the program has recently adopted a shift to only refurbishing existing structures, and the MTR supports this shift being made permanent (see also 3.6, including associated recommendations).

#### **IR 1.2.4 Establish young women / mother's literacy groups**

Tables 2 and 3 demonstrate that the approaches used for IR1.2.4 have been successful in meeting output targets.

Issues raised by stakeholders in relation to this component of the program included community resistance to programs specifically targeting young women. The program response has been to open literacy group membership to a much broader range of male and female members. This approach is strongly supported by the MTR, as attempts to maintain the current focus of groups would have put young mothers at unacceptable risk.

#### **IR 1.2.5 Establish Early Childhood Development (ECD) groups**

Tables 2 and 3 demonstrate that the approaches used for IR1.2.5 have been successful in meeting output targets.

Issues raised by stakeholders in relation to this component of the program included poor understanding of the value of early childhood education and logistical issues associated with the responsible NGO rendering the groups fully operational in more remote locations.

#### **IR 1.2.6 School Health and Nutrition**

Tables 2 and 3 demonstrate that the approaches used for IR1.2.6 have been successful in meeting output targets.

Issues raised by stakeholders in relation to this component of the program included strong uptake of preventative health and nutrition messages among participating children, strong communication of preventative health and nutrition messages from children to other family members, the need to incorporate health and nutrition training into community-based education (as well as official schools) and the need to better research impacts of this activity on health by coordination with health initiatives of the program (both at community and official school levels).

#### **IR 2.2.2 Improved relationship with and increased capacity of MoE**

This IR is difficult to assess in terms of specific outputs. General issues are discussed below (and in the referenced sections and recommendations). Overall impressions at this stage suggest that the relationship with, and capacity-building of, MoE could be significantly improved through action by both DFAT and Save the Children. However, for any success to be realised, stakeholders such as PED need to be willing to accept such support from CoU. In the past, the PED appears not to have always been receptive to feasible levels of CoU support, which has made progressing IR2.2.2 and the education components of the program highly problematic.

Issues raised by stakeholders in relation to this component of the program included unrealistic MoE expectations of directing both CoU programming and budgets; the existing strengths of MoE in relation to recognised community-based approaches to education; the existing strengths of MoE in relation to potentially conducting joint Monitoring and Evaluation; and the lack of coordination between

MoE and the PED in relation to both education policy and practice (see also 3.5 and 3.6 including recommendations).

### **IR 3.1.2 Community support for health and education and IR 3.1.5 Small-scale community development projects**

These activities are closely related in that they both seek to improve community acceptance of the program's core health and education activities. As can be seen from Table 4 performance against indicators associated with these IRs has been patchy, with some matching targets and some substantially below targets (where imposed). Community development projects have certainly improved from the zero base of Year 1, but still seem to be projecting below target for Year 2.

**Table 4. IR3.1.2 & IR3.1.5 Performance**

<b>Year 1 Indicators</b>	<b>Performance</b>	<b>% of target</b>
3.1.2 # of health sub-centres received IEC materials	0	n/a
3.1.2 # of health shura members trained	116	n/a
3.1.2 # of school shura and CEC members trained	228	n/a
3.1.5 # of community development projects completed	0	0% <sup>85</sup>
<b>Year 2</b>	<b>Performance (to end Q3)</b>	<b>% of target</b>
3.1.2 # drug addicts treated in CoU-supported drug rehabilitation programs	101	59%
3.1.2 # of health post/facility shuras reorganised or established	82	91%
3.1.2 # of school shuras or CECs established and supported	130	100%
3.1.2 # of small-scale community development projects completed	42	35%

Relevant issues are associated with the sensitive negotiations and associated long lead times required to engage communities before activities can take place. The MTR does not suggest 'short-cutting' of such engagement in order to improve performance against targets as doing so could generate unacceptable risks to staff security and activity effectiveness. The importance of this requisite groundwork and these activities are strongly recognised by both the MTR and program beneficiaries (see discussion and associated recommendations under IR3 above). Beneficiaries also

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<sup>85</sup> The target set for this indicator was 200 projects.

regularly reported the benefits of small-scale community development projects in relation to supporting health and education, especially through the provision of clean, safe water.

### **The effectiveness of the community-based model in improving skills and knowledge in the Uruzgan health and education system**

This question is addressed under 3.2 (Relevance), as it also involves significant discussion of the appropriateness of the model.

#### **3.4 Efficiency Rating: 4**

In the first year of operation, the program failed to meet many of its year one targets and was very significantly underspent<sup>86</sup>. Many of these shortfalls were the result of unpredictable change in security and other operational environment issues rendering completion of planned activities either temporarily impossible from a logistical perspective or permanently unwise from a 'Do No Harm' perspective.

The program therefore attempted to adapt at two levels. For temporary setbacks, simple scheduling changes were proposed. For more permanent issues, Save the Children approached DFAT with a comprehensive range of proposed adjustments incorporating more significant changes to activities aimed at better progressing the program over the upcoming three years. DFAT staff, particularly those in Tarin Kowt and Kabul recognised the validity of implementation constraints encountered and undertook to proactively seek approval for these changes. While some simple rescheduling options were able to be approved in a matter of days or weeks, due to a valid requirement for Canberra staff to ensure due diligence in relation to accountability issues, the budget approval for a number of significantly changed (or additional) activities was not received until month 5 of Year 2, delaying their progress<sup>87</sup>.

Despite some delays, the application of this flexibility has resulted in the Year 2, third quarter MEF indicators appearing to be more on track to meet or exceed the Year 2 targets of many more program components than for Year 1<sup>88</sup>. Of the components that remain unlikely to meet stated design targets, there are clear cases in which it is arguably unsafe or ineffective to proceed with these types of activities in the prevailing operational environment.

#### **Whether the program represents 'value for money'**

Given the extremely difficult operating environment, the considerable benefits and achievements produced<sup>89</sup> and the significant underspend to date. The program clearly represents 'value for money'.

It should also be explicitly acknowledged that much of the success of CoU to date has also directly depended on the 'courage' of program staff and volunteers to work in essentially unsafe environments. The fact that two CoU workers have already been killed in apparently untargeted incidents, puts this view beyond dispute. While safety of staff should always be optimised in such environments (and Save the Children Security Plans for staff are already of very high quality), without resorting to some form of 'force protection' it cannot be assured. While it may seem utilitarian to place a monetary value on such courage, it must be recognised that in its absence, all approaches aimed at applying force protection would be impractical or prohibitively expensive. If viewed from this perspective alone, the program therefore undoubtedly represents value for money.

It should be noted that the program also commendably attempts to maintain a low profile and foster a perception of independence from foreign military forces. However, in reality these goals are very difficult to achieve in a context where even organizations formally-mandated as neutral, such as the ICRC, are targeted. The high levels of illiteracy in the province do not in any way prevent word-of-mouth dissemination of real, perceived or vexatious claims of foreign associations of local NGOs and international NGOs such as Save the Children are routinely regarded as serving 'foreign' interests.

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<sup>86</sup> See Table 1 and Figure 1.

<sup>87</sup> E.g. Drug rehabilitation centres, school refurbishment activities, public private partnerships (health clinics) While the MTR does not dispute the need for due diligence in this setting and applauds the Agency's flexibility in considering the changes, means of avoiding repetition of such delays in future need to be considered.

<sup>88</sup> See Table 2.

<sup>89</sup> See Tables 1 & 2.

Given that in many circumstances it is also dangerous to be associated with government agencies, field workers have often adopted the position of stating only very generic associations beyond communities, but questions continue to be asked about where they are obtaining their resources. Maintaining a low profile and disassociation from military intervention does assist fieldworker safety and needs to be continued, but it cannot be regarded as a foolproof approach. Unfortunately, the concept of 'humanitarian space' has proven to be no longer respected in Afghanistan; even in relation to health sector activities<sup>90</sup>.

### **3.5 Impact (Unrated)**

As stated under section 2.3, one of the limitations on this MTR is that it cannot be an impact evaluation. The program is only about halfway through implementation and MTR security/logistical constraints precluded extensive data collection against impact criteria. In so far as any early data obtained has implications for impact consideration, it is reported in relation to the Effectiveness heading (see 3.3).

#### **The impact of CoU on strengthening capacity of the Provincial Government, in particular the Provincial Education Directorate and the Teacher Training College**

Capacity building of provincial government agencies has been significantly hampered by changes in provincial personnel, particularly at high levels including the Provincial Governor and Provincial Education Director (PED). These changes in personalities have brought with them significant changes in management style and interpretation of national guidelines on standards in the health and education fields. This has led to some unfortunate delays in activities, most notably acceptance of the newly constructed Mirabad School. Given the hierarchical relationships involved (that CoU staff have no definite place in), perhaps the most efficient and productive way of capacity-building provincial agencies would be to facilitate improved dialogue between provincial and national agencies. National agencies, including the MoE and MoPH have very well developed systems and policies, including strong community-based approaches and M&E capacity, whereas provincial agencies have far better understanding of local conditions. MoE and PED budget constraints and some interpersonal factors currently limit interaction between the two levels, and any program assistance that could be made available to facilitate greater coordination between these players would be beneficial.

**Recommendation 13:** DFAT and Save the Children should investigate options for program-facilitated dialogue between provincial and national agencies, particularly PED and MoE.

Program assistance to the Teacher Training College had only just begun delivery during the information-gathering phase of this MTR. A comprehensive needs assessment has been carried out by Save the Children, but resultant expectations of assistance may be unreasonably high given the funding allocated to this purpose. However, it is clear that college staff have already benefited significantly from opportunities offered under the DFAT funded Malaysia Australia Education Project for Afghanistan (MAEPA). It should also be noted that DFAT has also recently undertaken to carry out refurbishment work on the college through GIZ. This may help remove some expectations from the CoU program.

### **3.6 Sustainability Rating: 2**

A key finding of the MTR is that the upcoming transitional period presents serious risks that have the potential to negate any sustainability gains so far made in relation to the program, and that the

<sup>90</sup> See <http://www.usip.org/sites/default/files/PB%2059%20-%20Humanitarian%20Space%20Shrinking%20in%20Afghanistan%20and%20Pakistan.pdf>

likelihood of benefits continuing in the absence of the program is low. This finding is largely based on the evidence provided by the in-situ fieldworkers and beneficiaries of the program. For respondents who were directly engaged to implement the program, either as paid staff or specific purpose volunteers, 20% indicated that they would have to stop working for the program if either their personal security or personal economic situations deteriorated further. Given information was proffered without prompting, this is a somewhat concerning finding. Females were more likely to indicate the potential need to quit the program (Males 17%, Females 23%) and this potential increased outside of Tarin Kowt District (Males 17%, Females 28%).

36% of individual and focus group responses also pointed out that the program benefits are unlikely to be sustained if this or a similar program is not continued past the currently planned project completion date. In this case there were differences based on both district (TK 51%, Outside TK 30%) and sex (Males 35%, Females 39%), with females more likely to recognize shortfalls in the longer-term needs.

Such findings provide a strong case for a continuation of some Australian aid to the province, particularly in the core health and education fields, after completion of the CoU program. Without such a continuation of intervention, the considerable benefits delivered by the CoU program to date are likely to quickly disappear. This finding is consistent with DFAT's own assessment of the context<sup>91</sup>:

The lack of resources available to Afghan government agencies, both at national and provincial levels (and the opportunities for corrupt practices diluting any available resources) mean that their ability to fully subsume existing program outputs is also questionable.

Note: consideration of the low level of this rating should be mitigated by recognition that the concept of 'sustainability' is poorly suited to highly unpredictable transitional contexts<sup>92</sup>. A much more relevant concept in these contexts is 'resilience' (the likelihood of benefits surviving change), and the community based focus of many program activities and their strong focus on initial community enablement (the social change required to render activities acceptable and effective) would have earned the program at least a '4' if rated directly against 'resilience'. In other words, while not fully 'sustainable', it is the assessment of the review team that many of the community-based services delivered through the CoU program are likely to be the last of the current external interventions in the province to succumb to any deterioration of security or other adverse changes in the province.

### **Do provincial authorities and local communities understand what is required of them to maintain infrastructure, particularly school infrastructure, delivered by the program?**

Understanding among both provincial authorities and communities regarding the requirements for maintenance of infrastructure is very high. However, financial and security/logistical constraints are regarded as likely to defeat good intentions regarding maintenance. Due to the low level of infrastructure requirements involved, community-based approaches tended to be more proactive and successful in taking responsibility for ongoing maintenance of infrastructure or equipment. 13% of all respondents indicated an improvement in communities taking responsibility for protection and maintenance of community-based health and education services.

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<sup>91</sup> See section 3.1

<sup>92</sup> I.e. it is very difficult to sustainably solve a problem, when the nature of the problem itself keeps changing.

In regard to ongoing maintenance issues, the Provincial Education Directorate (PED) strongly urged the MTR to review the dangers of long chains of contractors in procurement of construction, leading to significant discounting of the final construction cost on the ground, and resulting in very unsafe practices such as using sub-standard concrete mixes. It is uncertain whether this criticism makes a distinction between the CoU program and the preceding Quality Primary Education Project (QPEP), which was also partially funded by DFAT and delivered by Save the Children. However, the risks associated with structural failure of any concrete school building are sufficiently serious to warrant a strong focus on ensuring quality construction, particularly in earthquake prone areas. Save the Children systems for checking structural integrity of new school buildings built under CoU appear very strong on paper, although it should be noted that the MTR did not have the opportunity to verify the practice (see also comments on 'human verification' under 3.7).

The PED also raised the issue of 'poor finishes' to completed structures, and this seems to be partially confirmed in at least one case by a later PRT inspection. Poor finishes, especially if this extends to incomplete waterproofing of roofs,<sup>93</sup> can result in more rapid deterioration of a structure as a whole, but also provide a potential for minor, but delay-causing disputes between PED and CoU staff.

**Recommendation 14:** Save the Children's attention should continue to be given, and increased as necessary, to ensuring structural integrity and 'finishing' of structures.

Some construction contractors raised concerns about the adequacy of standard school designs in coping with special (i.e. earthquake-prone or heavy snow loading) environments. However, as the standard school designs are externally imposed upon the program by the Ministry of Education, this issue can only be referred on for their consideration.

**Recommendation 15:** The Ministry of Education should note feedback from contractors that schools designs may not be sufficient to cope with earthquake or high snow-loading environments and that it should seek advice from engineers on the suitability of the designs.

In recognition of the many issues associated with construction and ongoing maintenance of school buildings, the program has recently adopted a shift to only refurbishing existing structures. In the circumstances, the MTR regards this as a very wise course of action and strongly suggests the change be rendered permanent.

**Recommendation 16:** The recently adopted approach of shifting from school construction to only refurbishing existing structures should be rendered permanent.

### **Have recruitment delays been resolved, and is the CoU office in Tarin Kowt well-positioned to deliver the program following security transition?**

Save the Children acknowledge that staff turnover was problematic during the early stages of the program, particularly at Chief of Party level in Kabul and within middle management levels of Tarin Kowt staff. A new Chief of Party is now in place and the MTR had the opportunity to interview most middle management staff in Tarin Kowt and found them to be well established in their positions and competent to undertake them.

Some potential risks relating to staff turnover were raised by MTR survey data in relation to lower level field staff. For respondents who were directly engaged to implement the program, either as paid staff or specific purpose volunteers, 20% indicated that they would have to stop working for the program if either their personal security or personal economic situations deteriorated further. Given information was proffered without prompting (i.e. not in response to a specifically posed question, but rather as a respondent initiated example of a general 'weakness'), this is a somewhat concerning finding. Females were more likely to indicate the potential need to quit the program (Males 17%,

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<sup>93</sup> This problem was reported as a general issue to the MTR team, but the team was able to confirm it as a specific issue with CoU constructions.

Females 23%) and this potential increased outside of Tarin Kowt District (Males 17%, Females 28%). The MTR therefore suggests the conditions of these workers be investigated further and appropriate action taken, where necessary. In more general terms, respondents who were directly engaged to implement the program, either as paid staff or specific purpose volunteers, 76% stated that their personal economic situation was already impeding their ability to carry out their functions properly. As heads of most households are male, it is unsurprising that this problem was reported more commonly by males (81%) than females (69%). For unpaid volunteers, such as Community Health Workers, the frequency of reporting of severe economic problems was 82%.

Recommendation 17: The engagement conditions of low-level field workers, particularly voluntary workers, should be reviewed. While care must be taken not to create remuneration differentials between equivalent program and government workers, some innovative forms of inducements to stay engaged with the program in the face of worsening economic difficulties should be considered and, where necessary, negotiated with MoPH or MoE, otherwise short-term sustainability issues may begin to negate longer term ones. (Note: it is not appropriate to use such inducements to encourage workers to remain engaged in the face of worsening security issues).

One of the defining factors of the Uruzgan context is the very low availability of suitably qualified local staff, especially at district level. While many of its middle management staff are from outside the province, Save the Children has adopted the approach of employing lower-skilled, district-level workers directly from the areas in which they will be working, and then actively attempting to improve their capacity with on-the-job and other training. Given the considerable effectiveness and security benefits of having people from within communities provide health and education services, this approach is regarded by the MTR as not just a sensible investment, but as the only viable option for success.

The ability of the CoU office in Tarin Kowt to deliver the program following security transition is highly dependent on the severity of the changes that occur during transition. Most credible sources, including the program's own risk assessments expect significant deterioration in the operating environment (see 2.3). From interviews conducted by the MTR, it appears that this deterioration is now broadly expected to be sufficient to override the 'status-quo' assumptions made by Save the Children when proposing the current round of changes made to Year 2 programming. Particularly concerning aspects of the transition period are the high risk of closure of the Tarin Kowt airfield, and the implications of such a closure on a wide range of management issues such as Kabul staff access and financial disbursements.

Many logistical contingency options are under consideration. One obvious, but not necessarily appropriate, option in response to possible closure of the Tarin Kowt airfield might be using the Kandahar airfield and road transport from there to Tarin Kowt. However, while the Kandahar to Tarin Kowt road is currently experiencing a period of relatively low numbers of security incidents, when general security is poor, this land route is well recognised as one of the most dangerous in all of Afghanistan. If the security situation in Uruzgan (and elsewhere in Afghanistan) declines as predicted, this could easily become the case again; rendering this contingency option problematic.

The extension of the formal banking system into Uruzgan is currently tenuous, and reliable capacity for significant transfers of funds is expected to decline with closure of the ISAF Base in Tarin Kowt. Hence, more reliance on less formal money transfer systems will be necessary.

Save the Children has recognised these challenges, and is currently investigating 'remote management' options, but in practice all options appear problematic to some extent. The Tarin Kowt Office is therefore likely to become more isolated and such isolation will render staff much more prone to unwelcome pressure and influence from local power brokers. Such power brokers are already well versed in using such isolation to make it difficult for local staff to resist inappropriate pressures. Hence, not only will a worsened transitional environment make it more difficult for Kabul staff to oversee the Tarin Kowt Office (including through audit-related and other currently routine visits), it will also make the roles of Tarin Kowt and field staff more politically difficult and dangerous. Obviously, a decline in operating environment will also bring a raft of heightened logistical and security issues for field staff, and if the decline is dramatic, a point may be reached where 'business as usual' becomes untenable.

The effects of deterioration in the situation on beneficiaries also needs to be considered, as this will have direct impacts on their ability to participate in the program. UMEP and MTR survey results strongly suggest that further reductions in security, and the economic impacts this brings, will make potential beneficiaries more reluctant to allow women and children to participate in a range of program activities (see 3.2). 57% of MTR survey respondents reported beneficiaries' personal economic situations were already impeding their ability to participate fully in the program properly. Males (60%)<sup>94</sup> seem more affected than females (49%), although this difference decreases outside of Tarin Kowt District (Males 56%, Females 53%). Many parents are already known to keep children at home so they can take part in immediate income generation or food production for the family (reported as an issue by 11% of MTR survey respondents).

While continued investigation of 'remote management' contingencies by Save the Children is encouraged by the MTR, so is a move to more flexible and pre-approved, programming contingencies in line with recommendation 1; including provision for some more extreme humanitarian contingencies in case of more dramatic declines in the situation or natural disasters in Uruzgan.

### **Are relationships with local partners robust and is there confidence in their ability to scale up in out-years?**

Of the five local implementing partners used to date, two have displayed some under-performance issues. However, Save the Children's mechanisms for identifying poor performance and working with partners to fix problems (or changing local partners, when necessary) appear to be effective and ongoing.

A key strength brought to the program through local partners is that of 'entrée' to local communities. This is particularly true of HADAAF, AHDS and ACTD that all have staff with high reputational status within different parts of Uruzgan Province. This substantially eases the considerable burden on the program in relation to establishing community trust for entry of certain health activities.

Most local NGO partners, including the three referred to above, demonstrate few signs of stress at current workloads although a notable specific exception exists for those organisations charged with adequate and timely delivery of medical supplies to Community Health Workers (see 3.3 above). Given their familiarity with the context and ability to draw on local human resources, it is reasonable to assume some capacity to scale up their activities, but this remains dependent on potential changes in the operational environment not applying excessive constraints.

## **3.7 Monitoring and Evaluation Rating: 5**

### **The integrity of the program's monitoring and evaluation framework (MEF)**

The existing MEF of the program is considered very strong, but also very ambitious in the context. All activities have appropriate indicator coverage and data collection regimes. The program MIS is very well designed and includes features allowing real time access to newly collected data. The program is actively investigating contextually appropriate remote monitoring options (see also 3.3). While it is acknowledged that such options are not readily obvious in the context, this effort needs to continue and, where feasible, valid remote monitoring options should replace human verification.

Human verification is not only high risk for the personnel involved in this context<sup>95</sup>. Given that only local staff can realistically make verification trips, it unavoidably remains largely a trust-based mechanism. While the MTR has seen no evidence whatsoever of any falsification of M&E data within the CoU program and sincerely does not intend to imply any such wrongdoing, trust-based systems

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<sup>94</sup> Possibly as most common heads of households.

<sup>95</sup> It should be noted that risk is not just passive, some parties may actively seek to prevent accurate information reaching funding agencies.

not only remain open to questions of independence when verifiers are intimately connected to communities, but also put such verifiers in difficult and potentially dangerous positions, including exposing them to vexatious accusations of corruption and other malpractice.

Hence, whenever feasible, valid remote monitoring options should be substituted for human verification; even if this comes at the cost of using proxy indicators rather than direct measurement. Remote sensing offers some unexplored potential, especially in relation to progress and usage patterns of facilities<sup>96</sup>. Other 'gadget-based' remote monitoring options, including GPS-equipped or other special purpose cameras, GPS watches and specific applications on smart phones need to be treated with extreme caution in this context. The possession of such items by either beneficiaries or field workers can cause dangerous and unproductive levels of suspicion to be generated<sup>97</sup>. Note that the use of 'gadget-based M&E' is not only a security issue, bureaucratic issues can also arise. For example, when CoU attempted to map GPS coordinates of classes with cameras in the Chora District, the Governor of Chora halted all efforts pending his official clearance.

It is fully acknowledged that, in practice, compromises will always need to be made and these will usually require some form of human verification. The challenge is therefore to find the best compromise that allows adequate and truly independent verification/measurement and minimum exposure of field personnel or beneficiaries to risk.

**Recommendation 18:** Efforts associated with identifying appropriate remote monitoring options need to continue and, where feasible, valid remote monitoring options should replace human verification; even if this means use of proxies in replace of direct measurement.

In conjunction with recommendation 12 made in relation to modifying the wording of IR3 to more fully recognise social change as a specific outcome of the program (see 3.3), it is noted that the MEF would also need amendment to accommodate reporting of such success.

### **3.8 Gender Equality Rating: 3**

#### **The extent to which the program is meeting its cross-cutting gender objectives**

With some notable exceptions, the program has struggled to meet gender targets in the extremely conservative context of Uruzgan Province.<sup>98</sup>

One notable exception is in relation to Save the Children directly implemented activity aimed at increasing the number of female teacher trainees (IR1.2.3). Advantage has been taken of the fact that the Hazara community is well known for valuing education of women to disproportionately increase the number of Hazara girls in teacher training programs<sup>99</sup>:

“The Hazara community is well known for valuing education for women and the UFA [*DFAT-Save the Children Uruzgan Framework Agreement*] has taken advantage of this to recruit Hazara

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<sup>96</sup> Usage patterns (tracks, etc.) around well used facilities such as schools and wells can be easily distinguished from unused or inoperative facilities, and such patterns can also give strong indications of where usage is originating from.

<sup>97</sup> Not only related to conflict; in a recent case UMEP field researchers were mistaken by police as agents of a mining company carrying out unauthorised surveys and they were temporarily detained, in another recent case a in a culturally similar region of Pakistan a young mother was accused of infidelity and stoned to death because of possession of a cellphone – see: <http://www.opposingviews.com/i/religion/islam/arifa-bibi-stoned-death-pakistan-possessing-cell-phone>

<sup>98</sup> “Politically and tribally Uruzgan is part of ‘greater Kandahar’ and the origin of many of the Taliban’s original leaders” - Save the Children, *Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy, August 2013 Revision*

<sup>99</sup> In fact, advice from Save the Children suggests that only Hazara girls have been used.

Women into teacher training programs such as the FT3 program to increase the number of female teachers in the province”.<sup>100</sup>

A serious question remains as to the viability, appropriateness and ‘Do No Harm’ issues of this use of female Hazara trainees, many of whom are young adolescent or pre-adolescent girls. Note that no consideration is given to the risks of such an approach by the current Do No Harm Strategy, even under the mandatory Child Protection provisions.

There are three intended pathways for participants of the fast track program: to open Community Based Education classes in their village; enrol for higher level study in a Teacher Training Centre or to become a contract teacher with the MOE. The MTR has serious concerns about the possible deployment of beneficiaries as contract teachers and this is described below. The MTR has fewer concerns about the other intended outcomes of the activities.

While the fast track program is a means of facilitating trainees to become contract teachers, the program currently has no agreement with MoE governing deployment of such contract teachers, and it remains possible that some of these Hazara girls could be deployed in the predominately Pashtun districts of Uruzgan. This would put these girls at high personal safety risks especially while a Sunni – Shi’a aspect of conflict in the region remains active. Such a practice, especially when resulting directly from program gender approaches, is therefore highly conflict insensitive and at odds with the DFAT framework of guidance for working in such contexts. Predictable and significant personal safety issues would appear to arise for these young Hazara women if they are sent into Pashtun communities. The MTR suggests that this issue be reviewed as a matter of urgency and steps taken to ensure the affected trainees are used only in areas where their personal safety is not compromised. It is recognised that this may be difficult to achieve, given that the Ministry of Education and Provincial Education Directorate have dominant roles in selecting where these trainees are sent.<sup>101</sup> However, given their recruitment was a strategy actively used to address gender targets, the program retains substantial responsibility for their safe deployment and substantive efforts must be made in association with MoE to avoid a highly gender insensitive and individually hazardous outcome.

While the MTR treats this as a very serious issue, it also recognises dilemma of the program when faced with blanket gender targets in relation to female teacher trainees and other activities. In this case, trainees are selected from girls studying at grade 12 in the province and Save the Children report that there are simply no girls studying at grade 12 level in Pashtun areas. Hence the problem here is not just with the means used to meet gender targets, but that gender targets are set in the first place. While blanket gender targets may be appropriate in some ‘standard development’ contexts, they are never appropriate in transitional or conflict settings, as they are entirely at odds with the need to conduct case-by-case conflict sensitivity assessments.

It is recognised that DFAT has been flexible in enforcing adherence to these stated gender targets for CoU, but their existence generates a strongly perceived donor preference which may easily encourage implementers, especially local partners, to achieve them despite the risks to participants.

Gender targets have generally been more consistently met in relation to health and community mobilization activities, but these are often again the result of compromises in field worker selection. In the only other case able to be investigated by the MTR (HADAAF activities associated with training of community health workers (IR1.1.1 & IR2.1.1), which involved the innovative use of Husband-Wife or Brother-Sister pairs as field workers, these compromises were considered acceptable and did not create ‘Do No Harm’ issues beyond the norm for any female program workers.

While, all other approaches to meeting gender targets also need to be reviewed and referenced in the program’s Do No Harm Strategy, a key issue here remains that the setting of blanket gender targets in contexts like Uruzgan is not appropriate and is a dangerous approach to promoting program

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<sup>100</sup> Save the Children, *Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy, August 2013 Revision (working draft)* –Italics inserted

<sup>101</sup> Although the high remaining demand for teachers within Hazara areas would suggest that limiting the deployment of these Hazara girls to Hazara areas may be feasible.

benefits to women; which can easily have extremely perverse and counter-productive outcomes for the very women and girls that the program is attempting to assist.

Recommendation 19: The issue of using a disproportionate number of female Hazara teacher trainees in order to meet gender targets aimed to “increase the number of women teachers in the province”, should be reviewed as a matter of urgency and Save the Children should work with MoE to take steps to ensure the affected trainees are used only in areas where their personal safety is not compromised. Such steps must be explicitly articulated in both activity-level documentation and the program’s Do No Harm Strategy for these teacher trainees (and all other female field workers) and necessary implementive actions taken before program completion. DFAT also needs to reconsider the setting of blanket gender targets in all transitional and conflict contexts, such as Uruzgan, to avoid potentially dangerous unintended consequences, including increasing personal risk to participants. Softer targets along the lines of ‘women and girls should be actively encouraged to participate in activities, provided this does not place them at significantly increased personal risk’ need to be incorporated in design documents.

That heightened risks exist for female program workers and beneficiaries in this context is beyond dispute. In response to a specific (prompted) question, 89% of all MTR survey respondents indicated that females face a level of danger significantly above that faced by males when participating in the program. Females overwhelmingly supported this view (98% of female respondents). Differences in this opinion were not marked between Tarin Kowt respondents and those from outer districts (TK Females 100%, other district females 95%), but this may be because many females interviewed in Tarin Kowt were often actually students from outer districts.

For responses relating specifically to program beneficiaries, 91% of respondents reported serious security issues affecting participation in the program. Female beneficiaries were more likely to be affected than males (Males 89%, Females 95%), and this trend for females increases in districts outside of Tarin Kowt (Males 91%, Females 100%). When reporting these security problems for beneficiaries, respondents most commonly reported issues regarding generally hostile family or traditional settings or more credible threats or abuse.<sup>102</sup> A considerable number also reported beneficiaries feeling fear while participating, including in reaction to specific death threats. Reporting levels of generally hostile family or traditional settings for beneficiaries were: Overall 66%; Males 68% and Females 63%. Reporting levels of credible threats or abuse for beneficiaries were: Overall 52%; Males 49% and Females 59%. Female program workers were much more likely to report feeling fear while at work (Males 5%, Females 51%). The more serious problems for females increased outside of Tarkin Kowt district (reporting of specific threats or abuse and the feeling of fear, by females in other districts, were both 61% if TK was removed from the sample).

Save the Children has clearly recognised these gender related risks, as they have already initiated a specific research initiative (under IR4) pertaining to:

*‘Exploration into the juxtaposition of including women and girls in programming and avoiding upsetting the status-quo and thereby actively instigating harm to women and girls. (The International Network for Education in Emergencies [INEE] guidelines encourage female participation as a way to mitigate conflict – whereas in a context such as Uruzgan, the effect is potentially the opposite)’ (see also 3.3).*

However, significant gaps in the otherwise exhaustive ‘Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy’ do remain. For example under the ‘Safety and Security’ heading of this document it is stated:

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<sup>102</sup> Including actual verbal and physical abuse.

*“Safety and security of staff and partners is a serious consideration. Within the volatile context of Uruzgan, regular updates of security approaches will be undertaken, both by Save the Children as well as all partners. The Uruzgan Safety and Security Plan was recently updated and will continue to be updated as required. Partner organizations will be provided with training for their own security focal points and strategies to fortify their premises will be undertaken. Ongoing improvements in security protocols for Save the Children and partners will be adopted as required.”*

While the MTR recognises that the *Uruzgan Safety and Security Plan* mentioned above is a very high quality document in relation to local and international personnel safety, the Do No Harm Strategy needs to also explicitly address safety and security issues for beneficiaries (both female and male), and particularly the most ‘at risk’ groups, such as women and minority ethnic groups.<sup>103</sup> This is necessary on a number of levels. Firstly, from the perspective of an Anderson-style interpretation of ‘Do No Harm’, focussing on not exacerbating conflict,<sup>104</sup> inadvertently providing opportunities for improved ‘soft targeting’ or for more effective untargeted (generally disruptive) violence is clearly likely to have a deleterious effect on existing contextual tensions (and future participation in this or similar programs). Secondly, the broader OCHA-driven humanitarian or ‘protection’ interpretation of ‘Do No Harm’ also applies to this (and all) aid, and this interpretation firmly focuses on safeguarding recipients from potential harm that may be associated with conducting program activities:

*“The idea of do-no-harm is critical here – humanitarian activities (and actors) are obligated to ensure that their actions do not harm communities”.*<sup>105</sup>

Additional explicit inclusions in the CoU Inclusive Development and Do No Harm Strategy need to at least address risks associated with both:

Potential risks to beneficiaries of violence targeted at externally- funded activities/government associated activities or specific vulnerable groups

Potential risks to beneficiaries of incidental conflict-related violence (e.g. meeting places near potential targets, travel on insecure routes, etc.).

The MTR therefore strongly recommends that both DFAT and Save the Children ensure that these serious omissions in both documentation and practice are urgently corrected, before the program finishes.

As already noted, two CoU staff have already been killed in this general violence since program start up, so very real risks exist. In line with Save the Children’s *Uruzgan Safety and Security Plan*, security incidents, especially in relation to death or injury of staff need to be independently and thoroughly investigated and documented. In recognition of ‘Do No Harm’ principles, similar assessments of incidents affecting beneficiaries need to be undertaken. It is recognized that, due to resource constraints, Save the Children will largely have to rely on information provided by police investigations and other existing sources, and use this to draw its own conclusions. Whether in relation to either staff or beneficiaries, such investigations and assessments should include a specific focus on detecting any gender-related aspects of such incidents.

While a formal system for capturing staff related incidents is in place, a similar system is needed to allow beneficiaries to report incidents and for these to be appropriately assessed and addressed. Anticipating, avoiding and addressing unintended program consequences (for both staff and beneficiaries) is an important part of operationalizing the principles of ‘Do No Harm’ and of ensuring

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<sup>103</sup> E.g. Hazara women and girls.

<sup>104</sup> See M. B. Anderson, *Do No Harm How Aid Can Support Peace –Or War* (1999)

<sup>105</sup> *OCHA Occasional Policy Briefing Series Brief No. 7: Peacebuilding and Linkages with Humanitarian Action: Key Emerging Trends and Challenges* (2011).

the continuous improvement of the program. This is the only way certain 'Do No Harm' issues may be identified, so that they may be addressed or avoided in future.

Recommendation 20: Save the Children should ensure all staff-related security incidents, especially those involving death or serious injury, are independently and thoroughly investigated and documented; and that systems for reporting and assessing similar significant incidents should be extended to include beneficiaries. In all cases, specific attention should be given to identifying any gender related aspects of incidents.

As a further beneficiary safety measure, it is also strongly suggested that communications and reporting strategies adopt a 'no names, no faces' policy for beneficiaries (and preferably also field workers). Once released to local NGO or government partners, the circulation of reports and publications cannot be contained, so their potential use for identifying staff or beneficiaries of external or government associated assistance needs to be mitigated. Save the Children has already adopted the practice of using substitute names in reports, so only more careful selection of photographic illustrations is required. This does not mean not using photos in reports and publications, just that portrait style photographs and photographs that may be used to identify individuals (either by face or setting), need to be avoided. Note that this policy should also extend to research reports or publications to ensure they do not publicly identify persons consulted or survey participants (- although confidential lists can be provided to donors on request, where this does not compromise basic respondent confidentiality principles). This issue is particularly important for females and is a well-recognised 'Do No Harm' requirement:

*"The humanitarian principle of 'Do No Harm' entails protecting beneficiaries from such risks by incorporating privacy considerations into the design and implementation of humanitarian and development aid programmes. Safeguards around privacy should be implemented and respected, particularly when working with vulnerable groups such as ethnic minorities, disaster survivors or those living in conflict-stricken areas. These should include only collecting necessary data and putting in place effective data security measures".<sup>106</sup>*

Many other programs and government agencies in similar contexts have already adopted such measures<sup>107</sup> and the Uruzgan context would also appear to strongly warrant this approach. Note that in these types of extreme poverty, conflict contexts obtaining a signed release is not a valid or conflict sensitive form of risk management. This is because, in such contexts, a beneficiary will always feel extremely disinclined to refuse the request of a benefactor, even when this creates significant personal risk to them.

Recommendation 21:

(a) Urgent revisions to the current Inclusive Development and Do No Harm Strategy for the program be made to at least explicitly address:

- Potential risks to female and male beneficiaries of violence targeted at externally- funded activities/government associated activities or specific vulnerable groups
- Potential risks to female and male beneficiaries of incidental conflict-related violence (e.g. meeting places near potential targets, travel on insecure routes, etc.)
- A 'no names, no faces' approach to reporting and communications policy and practice.

(b) DFAT also needs to amend its aid-related communication policy to recognise that in certain

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<sup>106</sup> <https://www.privacyinternational.org/issues/development-and-humanitarian-aid?page=1>

<sup>107</sup> USAID Somalia and Yemen Performance Management Plans (PMPs), 2011/10, FATA Authority Policy (Pakistan)

contexts, obtaining a signed release from a beneficiary is not a valid or appropriate risk management or 'Do No Harm' approach.

### 3.9 Learning and Analysis Rating: 4

The ad-hoc adaptive flexibility demonstrated by both DFAT and Save the Children in delivery of the program so far is highly commendable and has been critical to success to date. The risk of further deterioration in operating conditions means this flexibility now needs to be better formalised as 'pre-approved' contingencies in forward planning to reduce delays and meet the additional unpredictability and security issues likely to occur in Uruzgan over the next 18 months (see also recommendation 1 and 3.2).

The program has undertaken many relevant applied research activities to date, including into 'remote monitoring' and 'remote management' options, conflict sensitivity and contextual analysis, and an exploration into the juxtaposition of including women and girls in programming and avoiding upsetting the status-quo and thereby actively instigating harm to women and girls (see also 3.3).

## 4 Conclusions

While the timing of this review precludes it from fulfilling the role of an impact or outcome evaluation, the MTR considers the Children of Uruzgan program to date to have been a qualified success story.

The qualification relates to:

- Design shortcomings which have had to be circumvented by ad-hoc approval practices to provide sufficient flexibility to successfully operate in the very difficult context of Uruzgan.
- Certain questionable approaches to implementation, such as developing and approving a Do No Harm Strategy (including 2013 revisions) that largely failed to consider harm to beneficiaries; the setting of contextually inappropriate and thereby potentially dangerous gender targets; and a level of conflict insensitivity that allowed a disproportionate number of Hazara girls to be used as teacher trainees to boost compliance with such gender targets (without having put appropriate safeguard agreements with MoE in place to prevent their deployment as contact teachers in Pashtun communities).

The report maintains that the program has been a success, in deference to the fact that significant achievements have undeniably been made. These achievements can largely be attributed to the dedicated, and often brave, efforts of DFAT, Save the Children and local NGO staff in the field and the pragmatic policy frameworks provided by both MoE and MoPH, especially in relation to their recognition of community-based options for service delivery.

To ignore these efforts and on-the-ground achievements would fail to do justice to the program as a whole. The level of success is particularly impressive given the extremely difficult operational environment.

The keys to its success have been:

- An adaptive approach to proactively proposing revisions to programming during implementation by Save the Children.
- An flexible approach to approving adaptive revisions to programming during implementation by DFAT.

This adaptability and flexibility has allowed the program to move from not meeting many of its Year 1 targets to now being on track to meet or exceed most Year 2 targets.

If there is a key lesson to be drawn from these considerations it is that:

*Rapid, adaptive flexibility is a necessary approach to working in the highly unpredictable transitional environments of Uruzgan province.*

The need for this adaptive flexibility and current design shortcomings are clearly evident from the ad-hoc approval systems used to obtain such flexibility to date. Partial or full pre-approval of a range of contingency activities<sup>108</sup> would appear to be a simple and sensible approach to enable rapid flexibility, while also providing sufficient time for due diligence to be conducted in relation to any changes to programming. Given program documentation already recognises the high risk of deterioration in the Uruzgan operating environment<sup>109</sup>, developing such contingencies and obtaining pre-approvals for them must be addressed as a matter of urgency.

The recommendations of this MTR therefore focus on risk management issues that will better position the program to be able to cope with potential changes in the operational environment over the next 12 to 18 months. The measures suggested are intended to improve the resilience of the program over this period and thereby improve execution rates and associated impacts of the program as a whole<sup>110</sup>.

### **The effectiveness of Children of Uruzgan's approaches and methodologies for high priority activities.**

These high priority activities include:

- IR 1.1.4 Community Midwifery Education
- IR 1.2.1 School Construction and Refurbishment
- IR 1.2.4 Establish young women / mother's literacy groups
- IR 1.2.5 Establish Early Childhood Development (ECD) groups
- IR 1.2.6 School Health and Nutrition
- IR 2.2.2 Improved relationship with and increased capacity of MoE

While all of these activities have faced their own specific problems and issues (see 3.3), in general all but IR 1.2.1 and IR 2.2.2 can be considered to have been reasonably to highly successful. IR1.2.1 has struggled to meet output targets, although performance against Year 2 outputs has significantly improved over Year 1, as might be reasonably expected with projects requiring substantial construction time. IR2.2.2 is listed as an exception because a distinction needs to be made between MoE and PED, with little evidence of capacity building of PED identified and an already strong capacity of MoE noted at national level.

### **The effectiveness of the community-based model in improving skills and knowledge in the Uruzgan health and education system.**

The community based model is considered not only to be highly effective, but also the most feasible in the context of the sparsely distributed and often remote populations of Uruzgan; the safest for beneficiaries; and the most likely to show resilience in the face of deteriorating operating conditions

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<sup>108</sup> Still firmly focused on core areas, except in the case of more extreme humanitarian options.

<sup>109</sup> See Save the Children *Risk Management Review, May 2013*, <http://www.afghanistan-analysts.org/transition-in-uruzgan-2-power-at-the-centre>; <https://crawford.anu.edu.au/news/135/australian-aid-afghanistan>, etc. (- see also survey results in Annex A)

<sup>110</sup> Though it should be noted that an underspend is likely to remain, given some recognised over-budgeting in the original design.

(see 3.2). It is also noted that ‘community-based approaches’ do not imply ‘informal approaches’ with community-based approaches to both health and education firmly incorporated in formal government service delivery systems.

### **Whether the program represents ‘value for money’.**

Given the extremely difficult operating environment, the considerable benefits and achievements produced<sup>111</sup> and the significant underspend to date, the program clearly represents ‘value for money’ (see 3.3). The extremely difficult operating environment renders any approach to aid delivery in Uruzgan comparatively expensive, but for the CoU program, particularly with activities that focus on community-based approaches, additional costs have been kept fairly minimal. While steps have been taken to increase perceptions of ‘independence’ of the program, it must be noted that some of these cost savings have relied on the courage of both field workers and beneficiaries.

### **The impact of CoU on strengthening capacity of the Provincial Government, in particular the Provincial Education Directorate and the Teacher Training College**

Capacity building of provincial government agencies has been significantly hampered by changes in provincial personnel, particularly at high levels including the Provincial Governor and Provincial Education Director. These changes in personalities have brought with them significant changes in management style and interpretation of national guidelines on standards in the health and education fields. This has led to some unfortunate delays in certain activities. Given the hierarchical relationships involved, CoU staff have difficulty in influencing capacity or decision making processes within government. National agencies, including the MoE and MoPH, have very well developed systems and policies, including strong community-based approaches and M&E capacity, whereas provincial agencies have far better understanding of local conditions. MoE and PED budget and communications constraints currently limit interaction between the two levels, and any program assistance that could be made available to facilitate greater coordination would be beneficial (see 3.5).

### **Do provincial authorities and local communities understand what is required of them to maintain infrastructure, particularly school infrastructure, delivered by the program?**

Understanding among both provincial authorities and communities regarding the requirements for maintenance of infrastructure is very high. However, financial, security and logistical constraints are regarded as likely to defeat good intentions regarding maintenance (see 3.6). Due to the low level of infrastructure requirements involved, community-based approaches tended to be more proactive and successful in taking responsibility for ongoing maintenance of infrastructure or equipment.

### **Have recruitment delays been resolved, and is the CoU office in Tarin Kowt well-positioned to deliver the program following security transition?**

Save the Children acknowledge that staff turnover was problematic during the early stages of the program, particularly at Chief of Party level in Kabul and within middle management levels of Tarin Kowt staff. A new Chief of Party is now in place and the MTR had the opportunity to interview most middle management staff in Tarin Kowt and found them to be well established in their positions and competent to undertake them. Some potential risks relating to staff turnover were raised by MTR survey data in relation to lower level field staff, usually in regard to deteriorating security or economic conditions (see 3.6).

### **Are relationships with local partners robust and is there confidence in their ability to scale up in out-years?**

Of the five local implementing partners used to date, two have displayed some under-performance issues. However, Save the Children’s mechanisms for identifying poor performance and working with

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<sup>111</sup> See Tables 1 & 2.

partners to fix problems (or changing local partners, when necessary) appear to be effective and ongoing. Most local NGO partners, including the three referred to above demonstrate few signs of stress at current workloads. A notable specific exception exists for those organisations charged with adequate and timely delivery of medical supplies to Community Health Workers (see 3.3). Given their familiarity with the context and ability to draw on local human resources, it is reasonable to assume some capacity to scale up their activities, but this remains dependent on potential changes in the operational environment not applying excessive constraints.

### **The integrity of the program’s monitoring and evaluation framework (MEF)**

The existing MEF of the program is considered very strong, but also very ambitious in the context. All activities have appropriate indicator coverage and data collection regimes. The program MIS is very well designed and includes features allowing real time access to newly collected data. The program is actively investigating contextually appropriate remote monitoring options. While it is acknowledged that such ‘gadget-based’ options may be dangerous in this context (see 3.7) and other approaches are not readily obvious, this effort needs to continue and, where feasible, valid remote monitoring options should replace human verification.

### **The extent to which the program is meeting its cross-cutting gender objectives**

With some notable exceptions, the program has struggled to meet gender targets in the extremely conservative context of Uruzgan Province<sup>112</sup>.

One notable exception is in relation to the Save the Children directly implemented activity aimed at increasing the number of female teachers (IR1.2.3). Advantage seems to have been taken of the fact that the Hazara community is well known for valuing education of women to disproportionately increase the number of Hazara women in teacher training programs. A serious question remains as to the viability, appropriateness and ‘Do No Harm’ issues of using these young female trainees in the predominately Pashtun districts of Uruzgan, especially while a Sunni – Shi’a aspect of conflict in the region remains active.

Health sector activities tend to be somewhat more successful and more ‘Do No Harm’ and conflict sensitive in meeting gender targets, but a key issue that requires urgent reconsideration is the inappropriateness of setting unrealistic and potentially dangerous gender targets in such context.

Significant gaps in the ‘Uruzgan Framework Agreement – Inclusive Development and Do No Harm Strategy’ also remain; especially in relation to ensuring ‘Do No Harm’ principles are met in relation to females and all other beneficiaries (see 3.8).

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<sup>112</sup> “Politically and tribally Uruzgan is part of ‘greater Kandahar’ and the origin of many of the Taliban’s original leaders” - Save the Children, *Uruzgan Framework Agreement –Inclusive Development and Do No Harm Strategy, August 2013 Revision*

