

RECONSTRUCTING AFGHANISTAN SERIES



Sector Reform in Public Health, Education, and
Urban Services
Evidence from Kabul and Herat

Afghanistan Public Policy Research Organization

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Acknowledgements

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About APPRO

The Afghanistan Public Policy Research Organization (APPRO) is an independent social research organization promoting social and policy learning to benefit development and reconstruction efforts in Afghanistan. APPRO is registered with the Ministry of Economy (Registration Number: 1212) as a non-for-profit organization and headquartered in Kabul, Afghanistan.

APPRO's mission is to measure development progress against strategic reconstruction objectives and provide insights on how to improve performance against the milestones set by the government of Afghanistan and the international donors. APPRO is staffed by personnel with many years of collective experience in various facets of development and scientific research.



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LIST OF ACRONYMS

APEP - Afghanistan Primary Education Program

CRA - Cooperation for the Reconstruction of Afghanistan

DABM - De Afghanistan Breshna Moasesa

ECG - Electrocardiograph

EPHS - Essential Package of Hospital Services

GCMU - Grants and Contracts Management Unit within the Ministry of Public Health

NGO - non-governmental organization

KURP - Kabul Urban Reconstruction Program

MoE - Ministry of Education

MoPH - Ministry of Public Health

MoUD - Ministry of Urban Development

NRVA - National Risk and Vulnerabilities Assessment

PBHS - Basic Package of Health Services

UNAMA - United Nations Assistance Mission to Afghanistan

UNICEF - United Nations Child Fund

WHO - World Health Organization

USAID - United States Agency for International Development

1. INTRODUCTION

Since the fall of the Taliban in 2001, the people of Afghanistan have had high expectations about gaining access to improved social services. However, despite high levels of foreign assistance, the government's capacity to deliver these services remains very limited. This has led to some innovations in service delivery models, often using private and non-governmental agents (e.g., in health and through NSP). Five years on, this is now a good time to assess the effectiveness of these different models, to see whether they could be extended into other areas (e.g. education, urban services), or whether alternative models might be considered as government capacity is enhanced. This analysis in turn might give us some pointers on where to concentrate efforts to improve government capacity – both at the center and at sub-national levels.

This study examines the current state of service delivery in education, health and municipal services. Given the time constraints in preparing this report, the study focused on service delivery in the two municipalities of Kabul and Herat. The two municipalities were selected due to their contrasting recent histories, a relative ease of access to key informants from the three sectors, and the availability of secondary sources of information. In addition, the two municipalities embodied a potentially useful opportunity to examine contrasts: whereas Kabul and its surrounds have felt the brunt of the two decades of intermittent internal strife and civil war, during the same period Herat and its adjacent areas have benefited from a period of relative stability and far less physical and socio-economic destruction. This key difference has had profound implications for service delivery capacity and outcomes, and worth close examination for drawing lessons for current and future service delivery policies.

The following questions guided this research:

- What types of service delivery models currently exist in these sectors, and how widely are they used across the country?
- What functions are currently performed by the government (center and sub-national), private sector (formal and informal) and non-governmental agencies?
- What evidence exists on the effectiveness of these models in terms of delivering services to the people of Afghanistan?
- What lessons can be drawn in terms of the appropriateness of these models for delivering social services in the future?

- What are the implications for the future roles and capacities of government (including for planning, financing, implementation, and monitoring)?

This report serves as a background analysis for the World Bank study of public administration reforms in Afghanistan. The report characterizes the service delivery models adopted, formally or informally, by line ministries in Afghanistan to meet their objectives in public health, education, and municipal services provision. The characterization is used as the basis on which to make recommendations for future pathways to be pursued by the line ministries and the international donors to strengthen the accomplishments and overcome obstacles to further improvements in service provision.

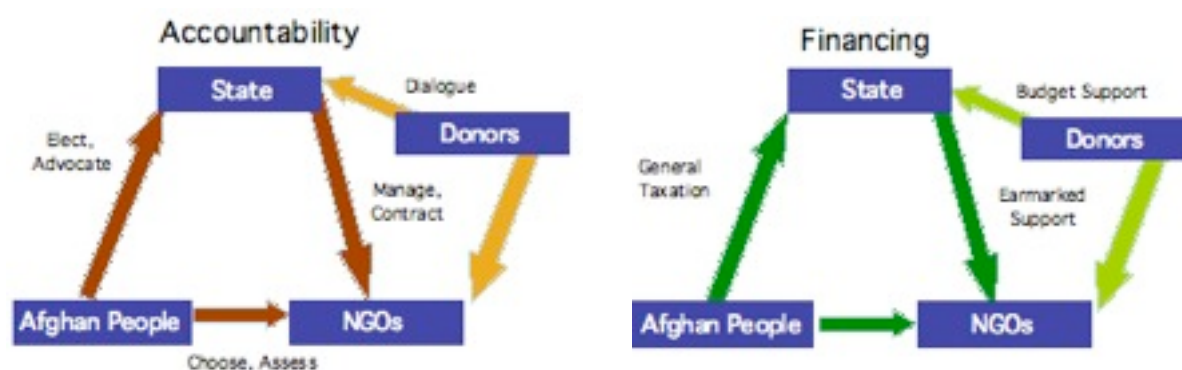
A case study approach was adopted for this report to conduct an empirical inquiry to investigate the models of service delivery in three sectors within their “real-life” contexts. Data were obtained from multiple sources including official reports, other documented research, and key informants. The information from these sources was converged to generate the findings. The field work consisted of developing a “close dialogue” with key informants drawn from first tier recipients of services such as medical staff, teachers, and municipal figures familiar with and embedded in municipal service delivery. The dialogue was established through in-depth, semi-structured interviews. A total of 27 key informant interviews were carried out in Kabul and Herat Municipalities during April and May 2007 to capture the state of each service sector from the viewpoints of the policymakers and service recipients.¹ The information from 23 interviews is used in this report. The key informants and their institutional affiliations are listed in Table A1.

The next section is a synthesis of the known service delivery models as articulated by the World Bank (2005). Section 3 provides a synthesis of the policy discourses and the institutional context in which public sector reforms have been conducted in the cases of public health, education, and municipal services provision. Section 4 reports on how public sector reform is experienced by key informants from the three sectors in the Herat and Kabul Municipalities and how the evidence from these two municipalities compares to stated reform objectives for public health, education, and municipal services. Section 5 highlights the key achievements and shortcomings of reform initiatives in the three sectors as experienced by the key informants and assesses the consistency of reform outcomes against the known models as synthesized in Section 2. Section 6 makes a series of recommendations for improving service delivery based on the available information and the responses from the interviewees.²

2. SERVICE DELIVERY MODELS

The relationships between the Government of Afghanistan, its international donors, civil society organizations, and the general public have been synthesized by the World Bank (2005) for six sectors (Figure 1) which include Municipal Services, Education, and Public Health (Figures 2, 3, and 4).

Figure 1. Service Delivery Framework



Source: World Bank (2005)

There are 4 main actors in these models: the people (citizens and consumers), the state (political body and policymaker), the donors (funding and advice) and the service providers. As in any network arrangement, the nodes in these three models are connected through the movements of information, funds, and people. The manner in which information and money, licitly and illicitly, flow between the nodes is often a good indicator of the level of formality and thus the degree of accountability in different sets of links (Figure 1). Also, the flow of funds, particularly if it is unidirectional, can indicate where the controlling power rests and in what manner it could be employed by one actor over others. People are connected to service providers as service recipients and to the state as tax payers and voters.

Since the fall of the Taliban in 2001 the international donor community has played, and is likely to continue to play, a key role in defining Afghanistan's development and reconstruction agenda and providing the bulk of the funding for it. As such, the donors' control in the networks that represent the three sectors will be significant as far as the organization of service delivery and the direction and magnitude of changes proposed through public administration reform policies. The models in Figures 2-4 indicate that service delivery varies from sector to sector and is somewhat dependent, among other

things, on the nature of the service being provided and the evolution of the sector over time. For example, during the years of conflict a major part of basic health care was being provided by numerous NGOs in the form of emergency healthcare in the systemic chaos created by a succession of short-lived and impotent states. Basic, emergency assistance was also being provided by NGOs and others in education (sometimes clandestinely) and in basic municipal services such as drinking water provision.

In the beginning of 2002 the Government of Afghanistan and the international donors were faced with a socio-economy that lacked capacity in general service provision, had badly damaged infrastructure, and had a weak state with little or no control over the activity of NGOs which had grown to fill the void to varying degrees in public health, education, and municipal services as unfilled state functions. As part of the state building efforts, the Government and the international donors had to find ways of managing NGOs, while maintaining their positive contributions.

Figure 2. Service Delivery by Outsourcing to NGOs (Public Health services)



Source: World Bank (2005)

In public health, the MOPH reached an agreement with the major donors to separate the payer and provider functions and to use a system of contracting with NGOs. After an initial phase of emergency funding, a more formalized and comprehensive set of contracting mechanisms were put in place. USAID provided funding to NGOs through Management Sciences for Health as an intermediary from 2002 to 2005. Since 2006 the funds have been given directly to Ministry of Public Health (MoPH) with the World Health Organization acting as the fiduciary. Within MoPH, the Grants and Contracts Management Unit (GCMU) is responsible for managing grants and releasing funds to the NGOs based on performance. GCMU was initially funded by the World Bank. Since 2006, with backing

from almost all donors GCMU has been made responsible for managing all contracts. The funds for GCMU are channeled through the Ministry of Finance. The World Bank provides MoPH with support for their "Strengthening Mechanism" scheme through which the MoPH essentially contracts its own staff, in the provincial health offices for example, on the same terms as it contracts with NGOs (MoPH 2007:6). Based on the success of the performance-based approach employed by GCMU, the European Commission, which so far has funded NGOs directly, is also considering working through GCMU.

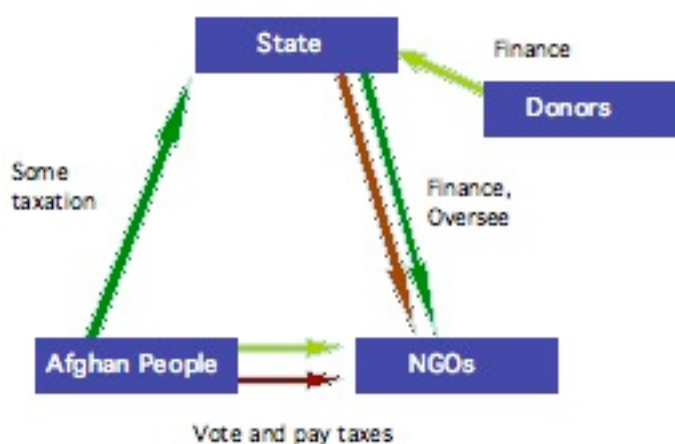
Figure 3. Service Delivery by Central Government (Education)



Source: World Bank (2005)

In education, despite similar NGO involvement in providing different forms of education, the Ministry of Education (MoE) has tended to sign agreements with international agencies such as UNICEF to provide basic education as well as teacher training and retraining programs to increase the quantity of teachers and improve teaching skills levels. CARE International is contracted by MoE to support the "Accelerating Education Program" while USAID has provided funds for the Afghan Primary Education Program (APEP, ended in 2005) and Community-based Schools. CARE International also has recently been contracted to support the Education Infrastructure Development in 17 provinces, funded in part by USAID.³ Despite calls for Government-NGO partnerships in reconstruction efforts, the Education sector has not been as systematically managed as the Public Health sector.⁴ Recently, the MoE is said to be considering contract management through a dedicated mechanism such as that offered by GCMU.⁵

Figure 4. Service Delivery by Municipalities



Source: World Bank (2005)

The situation is rather more complex and complicated in municipal services. Since 2002 significant assistance in urban development has been provided by international agencies including the United Nations Assistance Mission in Afghanistan (UNAMA), UN-Habitat, the World Bank, the European Commission, and the governments of the United States, Japan, Sweden, and Switzerland. There has also been various forms of assistance from the German Development Bank, the Aga Khan network of organizations, CARE, and others. A major challenge for the Government of Afghanistan and the municipalities has been the oft-cited poor coordination among the international agencies providing assistance in urban reconstruction.⁶

Among the three sectors, Public Health has been the most successful in dealing with the most urgent needs of the population, followed by Education. For a variety of reasons, Municipal Services sector lags far behind Public Health and Education. Key to understanding the differences in the evolution of the three sectors is an appreciation of the very different characteristics of the three sectors as well as the decision making dynamics that led to policies and actions that shaped each sector.⁷ Some of these dynamics are discussed in further detail in the next section.

3. POLICY DISCOURSES AND INSTITUTIONAL CONTEXT⁸

Based on information from secondary sources, this section provides a brief overview of the policy and institutional context for each sector.

PUBLIC HEALTH

Like every other sector in Afghanistan, the public health service sector suffered from extensive damage to its infrastructure as a result of decades-long wars. The situation was compounded by food insecurity, human displacement, severe droughts, drain of health personnel, and destruction of rural health infrastructure. In 2002, Afghanistan was assessed as having one of the worst health profiles in the World.⁹ Standard health indices such as infant mortality rate (165/1000 live birth/year), maternal mortality rate (1,700/100,000 live birth/year), and life expectancy (46 years), are among the lowest in the world. There are also high rates of malnutrition: about half of the children under 5 years of age are stunted due to chronic malnutrition and up to 10 % have acute malnutrition. Every year there are approximately 72,000 new cases of tuberculosis with more than 15,000 deaths, over 13 million people at risk of malaria, and there are more than 270,000 cases of active leishmaniasis. Mental health has been underlined as a main issue and there are numerous cases of depression, anxiety, and other trauma-related mental ailments (Cardozo et al. 2004) while disability stands at more than 4% of the Afghan population (WHO 2002). In 2002 the sector was described as having:¹⁰

- grossly deficient, even absent, infrastructure
- top-heavy structure with doctors who are not trained to deal with priority, community-level problems, and who lack public health expertise
- poorly distributed resources
- health care provision delivered on a project basis by many distinct, relatively uncoordinated service providers, as opposed to health care delivered in accordance with clear and coherent national health policy
- lack of practical, useful and coordinated management system for decision-making.

Significant changes have taken place since 2002. The percentage of the communities who have access to hospital services has increased throughout the country but there are significant variations from area to area. For example, in Herat around 55 percent of the

population has access to hospital services. This compares with around 17 percent in Kabul. Considering a higher number of Hospitals in Kabul, this significant difference might be a result of smaller size population of Herat. However, Basic Health Centers (clinics without beds) are located close to more communities in Kabul (close to 50 percent) than in Herat (32 percent). The number of communities with community health workers is slightly higher in Herat at 82 percent versus 74 percent for Kabul (NRVA 2005).

There are clear signs that significant progress has been made in public health provision. Recent assessments of the sector have been largely positive but cautious (e.g., Waldman et al. 2007). Key to the relative success of the public health sector was the early realization that the Ministry could be at its most effective through stewardship with “a singular focus on regulating the sector and monitoring health service delivery, while actual delivery of those services has been, for the most part, contracted out to non-state providers” (MoPH 2007:2). The intervention tools assisting the Government in its stewardship efforts have been the Basic Package of Health Services (BPHS) for primary health care and the Essential Package of Hospital Services (EPHS) for hospital level health care.

Faced with financial constraints and staff shortages, the Ministry prioritized the areas of public health provision where assistance was most needed. Having set its objectives for the prioritized areas, the Ministry then used a contracting mechanism through GCMU to award service provision contracts to state and non-state service providers. GCMU currently manages about \$125 million worth of contracts and grants. The Ministry also took important steps toward

Box 1. Strategic Goals – Ministry of Public Health

In order to focus on technical and managerial leadership of the sector, the Ministry of Public Health has identified the following priorities in its strategy:

Improving planning capacity: To strengthen administrative capacities including financial management, procurement, logistics, human resource management, and other general administration tasks at all levels of the sector.

Strengthening coordination: To develop stronger inter- and intra-ministerial coordination with partners, particularly the donors.

Setting technical standards: To institute a quality assurance management system in public health provision complete with clearly defined standards and procedures to meet them.

Strengthening the monitoring and evaluation capacity: To review organizational structures with a view to improve performance in service delivery.

Regulating the for-profit private sector: To institute a legal framework that enables private sector to provide maximum contribution to service delivery.

Improving access to health services: To increase capacity in service provision by making extensive use of Community Health Workers, increasing capacity in the Provincial Health Departments, making further administrative reform to improve performance, and expanding BPHS to provide greater access to reproductive health services.

Source: MoPH (draft, 2007)

instituting monitoring mechanisms and data collection systems for “evidence-based decision making”. The “Balanced Scorecard” consisting of around 30 performance indicators including information on patients and community, staff, capacity for service provision, service provision, financial systems, and overall vision.

According to the Balanced Scorecard reports from 2004-2006, national scores for a large majority of indicators show upward trends while a large majority of provinces have improved their overall performance: There is more availability of drugs and family planning supplies, improved quality of patient care, increased provision of antenatal care for pregnant women, upgraded scales among health workers, increases in the number of female health workers, and relatively high patient satisfaction. However, the 2006 Scorecard also reports that BPHS facilities across the country have low levels of performance in keeping tuberculosis registers, provision of delivery care, laboratory functionality, infrastructure availability, provision of information and counseling, and time spent with patients. The Ministry is currently reporting that it provides basic health services to around 82 percent of the Afghan population.¹¹

The initial success in addressing some of the key issues in public health have identified additional, new challenges that merit focused attention and innovative solutions, given the current limitations. Some of the key concerns are discussed in further detail in the later sections of this report.

EDUCATION

Afghanistan remains one of the least educated countries in the world with a literacy rate of around 33 percent. This number is substantially lower for women. Starting with the March 2002 “back to school campaign”, parents have been sending their children to schools in increasing numbers. This response underlined significant shortcomings in physical and human capacity in the provision of education. There are currently serious shortages of buildings for schools, textbooks, and teachers causing overcrowding and thus conditions not conducive to learning. The number of female students remains substantially lower than male students with the difference increasing in rural areas and at higher grades. In part, this difference is due to a shortage of female teachers. These deficiencies are also subject to regional variations.

For example, NRVA (2005) indicated a wide gap between the number of children 6-13 years of age enrolled in and attending school in Herat and Kabul. While more than 65 percent of this age range attended school in Herat, the percentage was reported as being close to 42 percent for Kabul. Among those attending school, only about 2 percent in Kabul and close to 5 percent in Herat had absence periods of more than a week in the month before the survey. Not being allowed by the family and lack of interest in education were the two primary reasons for not enrolling in and attending school in both cities (55-60 percent). According to NRVA data (2003 and 2005), there has been an increase in the enrollment of children in the preliminary school from 57 percent in 2003 to 70 percent in 2005 nationally.

The sector is confronted with major structural challenges. For example, teachers are poorly paid, with salaries ranging from \$32 to \$88. There is contractual differentiation between the teachers recruited by the Ministry (permanent employment status) and those recruited at the provincial level (limited term contracted). The sector has been described as being "beset by corruption and nepotism and the presence on the payroll of 'ghost' employees" (MoE 2007:3). There is no functional system of monitoring for problem identification and providing support to teachers to perform better.

Box 2. Strategic Goals – Ministry of Education

To address the many issues confronted by the sector, the Ministry's strategic plan has identified eight priority programs. These are:

General Education: To increase access to primary and secondary education, improve the quality of general education, and improve the management of schools and the overall system of formal education. In so doing, the Ministry will seek cooperation with international development partners and private sector interests.

Teacher Education and Working Conditions: To increase the number of facilities for training and upgrading teachers. Also, to establish a housing scheme to attract women to teaching and to more generally encourage taking up the teaching profession in rural areas.

Construction of Educational Facilities: To rehabilitate, construct, and reconstruct schools and other types of educational facilities to meet the very high demand for educational spaces.

Curriculum Development and Learning Materials: To develop curricula and learning materials sensitive to the country's heritage and current needs.

Islamic Education: To improve and develop Islamic education for boys and girls by building new structures for madrassas and training teachers in Islamic education.

Technical and Vocational Education and Training: To institute a program to train technicians, skilled workers, and civil servants.

Literacy and Non-formal Education: To implement literacy programs.

Management and Capacity Building: To overcome the Ministry's serious shortcomings through developing institutional, financial, human, physical, and technological capacity within the Ministry.

Source: MoE Strategy (draft, 2007)

In the beginning of 2002 the education sector was characterized as having:

- No enrolled female students throughout the country (except for 8% of the total students in Badakhshan and Takhar)
- Destroyed or seriously damaged school buildings and other educational facilities
- Insufficient number of qualified teachers
- Closed-down or neglected libraries
- Insufficient number of textbooks or low quality of available, often duplicated, textbooks
- A much weakened and disempowered Ministry

As recently as 2005, out of 8,397 schools surveyed, only 25 percent were categorized as usable and just over 50 percent had a building. Access to water and sanitary facilities is also very limited. Learning space is acquired through rented premises, using tents, and setting up classes in open air. There is an acute shortage of adequately trained and qualified teachers. In 2005 only 22 percent of the teachers had a minimum of 14 years of education. Also, teachers training programs have been concentrated in urban areas. The Ministry is additionally challenged because, unlike the Ministry of Public Health, for example, it has been experiencing a high rate of turnover among its senior staff losing many of its experienced managers and failing to modernize its functions through acquiring information and other technology. Because of a weak ministry, the sector is now riddled with

“virtually uncontrolled and inappropriate recruitment of teachers; the low standard of teachers employed; very low fractions of operating budget resources available for non-salary overheads; very low levels of expenditure of core budget and off-budget funds on priority projects; generally poor coordination; and lack of visibility of the extent and the effectiveness of donor/NGO participation in the ...sector” (MoE 2007:4).

MUNICIPAL SERVICES¹²

Like most cities in Afghanistan Kabul and, to a much lesser extent, Herat were subjected to much destruction and suffering during the years of conflict and turmoil. Kabul, more than Herat, has been the destination of choice for hundreds of thousands of returnees from Iran and Pakistan and poor rural economic refugees in search of sustained incomes. The existing Master Plans for the two Cities are from the 1960s and could not have possibly accounted for the massive in-migration of the recent years that has fundamentally transformed the two Cities and put great pressure on the municipalities,

the inhabitants, and natural resources such as water. A recent study suggests that Kabul's rechargeable (through precipitation) water sources are sufficient for a maximum population of 2 millions. This compares with the current population estimate of over 4 millions, projected to grow at an annual rate of 4 to 5 percent (RECS 2006).

The long period of fighting over Kabul as the capital city following the departure of the Soviet troops in 1989 left the City in ruins and largely dysfunctional. There was extensive damage to roads, schools, hospitals, waterworks, the electricity distribution network and generating equipment, and other infrastructure necessary for the delivery of various services. Much of this damage still remains amid much frustration felt by Kabul residents, businesses, visitors, and some politicians. An estimated 60-70 percent of the population lives in informal settlements, i.e., homes built on land whose title is contested or vacant government or privately owned land (Beall and Esser 2005, RECS 2006, World Bank 2006). The informal settlements have little or no access to utilities and urban services such as sanitation, drinking water, or electricity.¹³

Drinking water supply: Almost two thirds (63 percent) to the population in Herat city rely on shallow open wells (26 percent on public and 37 percent on in-compound wells), another 15 percent on piped municipal water and about 4 percent on Hand pumps. In Kabul, shallow open wells make up about 25 percent of the source of drinking water (2.4 percent public, 23 percent in-compound). Hand pumps are more popular in Kabul than in Herat. 41 percent of drinking water in Kabul comes from hand pumps, compared to less than 4 percent in Herat. The availability of piped municipal water in both cities is very limited at close to 15 percent in Herat and around 18 percent in Kabul.¹⁴

Toilet facilities: The two cities are similar with respect to their usage of different types of toilet facilities. However, the working mechanism of the "traditional covered latrines" (see Box), which make around 60 percent of the toilet facilities in both cities, is different in Herat and Kabul's. Herat does a more effective job of sealing the latrines and hiding them from public view while in Kabul the latrines are less widely sealed and empty out to open ditches outside homes.¹⁵

Electricity sources: Around 26 percent of the households in both cities do not have access to electricity. Publicly supplied electricity is available to almost 70 percent of the population in Herat, compared to less than 60 percent in Kabul. In Kabul, however, the supply is subject to seasonal variation due to reservoir water (to power electricity generating turbines) level fluctuations. Another 12 percent of the households in Kabul

are relying on personal generators for electricity. These figures need to be adjusted to account for the changes, since 2005, in the sources of electricity in Herat, higher precipitation (resulting in higher water reserves in reservoirs), and electricity prices in Kabul.

Herat also has experienced significant in-flows of refugees from Iran and elsewhere but appears to have managed better in absorbing them. Whereas Kabul received many displaced migrants from rural areas and had insufficient physical and service provision capacity to accommodate them, Herat benefited from having relatively good infrastructure, a stable (and capable) municipal government and supporting institutions, and investments by wealthier Afghan returnees and foreign investors in communications, transport, and property (Beall and Esser 2005). In addition, Herat has benefited from being in close proximity to major trading routes to and from Turkmenistan and Iran: the City has had a steady flow of revenue from the collection of customs, estimated at US\$1 million per day.¹⁶ In relative terms, Herat has a more efficient municipal government bureaucracy, more reliable electricity, better roads, and a better organized sanitation and waste management system.

Kabul, in contrast, has not had significant revenue sources apart from the partial collection of taxes from some of its residents. To raise revenue, the Municipality has been selling scarce land the stock of which is fast diminishing given the physical geography of Kabul.¹⁷ An added concern is that construction on sold government lands is rarely regulated and takes place in an ad hoc manner. This has resulted in construction forms which are at once aesthetically unsightly and unsustainable from a planning perspective since no account appears to have been taken of the service needs of the new constructions.

Box 3. Strategic Goals – Ministry of Urban Development

The Ministry of Urban Development has identified the following strategic goals:

Capacity building for the Ministry and municipalities to enhance governance: to initiate a program of institutional reform and development of capacity for urban management; to improve governance arrangements for more effective delivery of civic services, particularly to the poor; to review fiscal arrangements and financial management; and to revise planning processes and fast-track dealing with urgent issues.

Land management and land security including titling and new urban developments: to comprehensively review urban and housing policies; reform land management systems including phased regularization of informal settlements; strengthen capacity for land management; and plan for future urban land initiatives.

Shelter development: To develop housing stock for a wide range of users including the urban poor; provide water sanitation, urban transport and power; upgrade informal housing by providing access to services; and release more land for shelter for the less privileged.

Heritage protection: To safeguard and rehabilitate historic urban fabrics

Source: MoUD (draft, 2007)

The provision of public services and utilities is made all the more difficult by the fact that the two Cities have exceeded their respective carrying capacity in terms of infrastructure, natural resources such as water and land, and professionals necessary for the provision of many of the services. These problems are compounded, particularly in Kabul, by a lack of capacity to generate or distribute electricity as a basic utility. Insufficient external funds, often cited as a key cause of the snail's pace at which Kabul's reconstruction efforts have moved since 2001, can have little impact in the long-term without sufficient carrying capacity. To varying degrees, similar conditions are also present in other large metropolitan centers such as Jalalabad and Mazar-e-Sharif.

4. PUBLIC SECTOR REFORM IN PRACTICE: THE CASES OF HERAT AND KABUL

The descriptive contents under the headings Public Health, Education, and Municipal Services in this section are based on interviews conducted with key informants in Kabul and Herat. Section 5 provides a synthesis and further analysis of the key findings from the review of the available information (Section 3) and the interviews reported in this section.

4.1 PUBLIC HEALTH

After the fall of the Taliban the donor community and the Interim Government designed the Basic Package of Health Services (BPHS) as a means to establish health centers which could provide basic health services to the Afghan population. Each center was to have one doctor, one midwife and two guards. Due to a shortage of trained doctors, some centers have had to manage with a general nurse instead of the doctor, plus a midwife and two guards. There continues to be an urgent need for more doctors and other trained health professionals, particularly in remote rural areas where access to health services is hampered by a highly dispersed population and unwillingness by many trained professionals to be stationed in remote areas.

Because of population dispersion in rural areas, members of some communities have to travel 80-100 km over very rough terrain before they can see a doctor, be it for a sick child or giving birth. The nature of some treatments necessitates that they be administered over a period of a few days. Treatments for diseases such as tuberculosis require a number consecutive days of care, for example. For work and family reasons, most rural residents do not want to, or cannot, stay away from home for extended periods of time or travel long distances, sometimes on two consecutive days, in order to

Box 4. Availability of Medicine

There is a serious medicine shortage at most clinics. The medicine rations are not based on treatment needs but on what is available – often insufficient – to be distributed to these clinics. Some diseases require weeks of medication and prescribing medicine for a shorter period can cause all kinds of problems. It is not medically sound and ethically appropriate to dispense medicine knowing that the full course cannot be given to the patient. It is also morally wrong not to help people in need of treatment. This situation creates a dilemma for the caregiver.

Source: Medical Doctor and Shura member – Herat

are sometimes expected to make medical decisions that can only be made by a doctor. Yet, ironically, as one interviewee put it, there are currently “too many doctors for the number of clinics and hospitals that are available”. The number of health provision facilities continues to be insufficient.

The Government and the international donors are aware of the acute shortage in trained personnel. An interviewee from the Herat province expressed concern that attempts to fast-track training programs to increase the number of trained professionals can create new problems for the sector. The example given was the recent drive by WorldVision to increase the number of midwives. Concurrent with the existing 4-year university midwifery program, WorldVision set up a 2-year program for training midwives at a faster pace. The interviewee, trained as a midwife through the 4-year program, argued that those trained through the 2-year program could not be as adequately trained as those who went through the 4-year program. Yet, the 2-year program trainees are paid the same salary. This causes friction between the two groups of midwives. In addition, those with 2 years training and the re-trained traditional midwives are sent to remote rural areas, effectively creating a two-tiered system of health provision.

Some interviewees felt that there was a degree of complacency among the public health sector decision makers and donors because of all the achievements in relative and absolute terms. One interviewee felt that there

get treatment. There are also concerns by rural public health practitioners about the shortage and inadequacy of medicines (see Box 4).

Lack of adequate infrastructure and insufficiency in the numbers of trained personnel continue to present health providers with work overloads and inefficiencies in service provision.

Midwives are used as nurses and nurses

Box 5. Public Health Policymaking

At the moment there is consultation in the beginning of the policy process. But we as professionals feel that this is done in a tokenistic kind of way: we make our suggestions and recommendations but, by the time the policy is enacted, there is no trace of any of our various inputs into the initial consultation process. The policy is then simply dropped on us and we are expected to meet its objectives, however inadequate and unrealistic these objectives might be.

Source: MoPH official – Herat

Box 6. Public Health and Infrastructure

This hospital was modernized about 4 years ago. The construction crew, contracted by 3 UN agencies, pitched tents on our property and started work. They charged \$800,000 for the cost of pitching tents since they had to pay another contractor to provide the tent equipment. They worked on this building for a long time but the results are shameful. They planned to put a new wiring system and cables to support our electrical and electronic equipment. The cable system does not work and the electrical wiring needs major overhaul. We have air conditioning units in our offices (points to one in his room) but they do not work because of the problem with wiring. Same with using computers (points to his desk), I don't yet have a computer because our cable system does not work.

...We are less than 20 kilometers from the Ministry of Public Health and have all these problems. Imagine a rural clinic somewhere and the kinds of difficulties it would have in getting what it needs from the Ministry. Having said that, the rural clinics are probably better off because they work directly with the donors and put up with less red tape.

Source: Medical Doctor and Hospital Administrator – Kabul

was a little too much “showing off” about how well the sector has done: “The health sector maybe doing much better than before when it practically didn’t exist, but this doesn’t mean that we should become complacent and too pleased about how well we have done. We need to do a lot better.” Attention, the interviewee argued, should be paid to cross-training of existing professionals through specialization programs, increasing transparency in the decision making process, eliminating nepotism in the appointment system, and developing programs to increase human capacity and good organizational ethics within the sector.

Because there are insufficient numbers of trained public health personnel, there is a tendency to resort to using the next best available person: Midwives can be put on nursing duties while specialists may be forced to fill in as General Practitioners. The shortage of trained personnel is aggravated by the high demand for medical help, possibly fueled in part by the expectation of free service. As a specialist surgeon put it, “because of the high demand we are constantly acting like firefighters putting out fires rather than do preventive work. We do not have a system of prioritization: Everyone comes here regardless of the type or the severity of their (sometimes imagined) ailment and we have to attend to them. So we use whoever is available to provide that help.”

The sector also seems to suffer from bad organization and inadequate division of responsibilities. At one hospital, a senior official complained that the hospital receives only 60,000 Afghanis as its budget for purchasing medicines for 3 months. The hospital dispenses this medicine in one month. Similarly, there is insufficient budget allocated to the hospital for its housekeeping needs: “We never have enough disinfectant and resort to using shredded rags for mops that we can’t afford to purchase. As far as food, we don’t even get to choose the type of meat that we want. It is purchased for us and usually it is more expensive than what we can buy ourselves and the quality is inferior or sometimes we get rotten meat. Why can’t the hospital purchase its own food?”

4.2 EDUCATION

The education system inherited from the Taliban was severely damaged and dysfunctional. There were less than 1 million students registered in the total system during the Taliban rule. In 2002 this number increased to an estimated 4-5 million students. Current estimate stands at around 5.5 million students, or slightly higher than 50% of all eligible students in Afghanistan. Currently, the potential number of students stands at between 7-8 millions and there is a shortage of about 40-50,000 teachers. The current teaching capacity and available infrastructure will not be able to cope if all students were to register for schooling.

The capacity to deal with these problems systematically is lacking. For example, before the Taliban, Herat University had 35 instructors with PhDs. By the end of 2001 this number had come down to 3. Schools and high schools experienced similar losses of qualified teachers. One outcome of these developments has been poorly trained high school graduates who enter universities to be taught by inadequately qualified instructors. According to one key informant, some of the students entering the university system cannot even read and write properly, presenting the already overstretched and ill-prepared teaching staff with an insurmountable challenge.

Afghanistan has been fortunate in having a number of qualified nationals return to work in professional capacities in the reconstruction efforts, including in education. A recurring problem with many of the qualified returnees who wish to teach at the university level is that they come with high expectations about how the system works and how they should be looked up to and respected, even though some have never worked in academia despite having masters or PhD degrees. This problem is compounded by the feeling, prevalent among many Afghan professionals in the public sector, that their services are underappreciated and undervalued: teachers are generally paid between 2,500-3,000 Afghanis per month. The low pay demotivates the teachers who often have to take on 2nd and 3rd jobs to make ends meet.

Also, there has been a tendency to view teaching as a lowly profession because for many it is often the last career choice, attracting "rejects" as teachers because they have not excelled in any other profession. As one interviewee put it, "In many countries teachers are to be revered, but in this country this could not be further from the truth. ... in Afghanistan we make university and school teachers out of failures."

As in other sectors, there are insufficient buildings and equipment at schools and universities. Many schools do not have sufficient room for all the students enrolled and have to house them in temporary tents. In many cases schools lack latrines for girls and drinking water. There have been attempts by well-to-do benefactors and international agencies to provide for some of these basic infrastructure needs. However, overcoming these needs underlines another serious need: shortage of teachers and the resources to maintain infrastructure and equipment after they have been provided. Since 2001 the World Bank, UNICEF, and USAID have been providing the bulk of the funds for building and operating schools and universities, either directly or indirectly via government line ministries. Education at all levels has been provided free of charge to the students. While the rationale for free and accessible educational services is justified in the early stages of post-conflict reconstruction, the foundation needs to be laid for some degree of self sufficiency as far as revenue generation from sustainable sources within and outside the sector. Free education can also make education look like an option to be pursued only when nothing else works out. As one university official pointed out, "We want students who want to be students!"

Some interviewees expressed concerns that the current education model is not fully suited to the Afghan context: "We have imported 'the model' from Japan and Germany which tells us that we should not exceed certain limits on the number of students per class in order to maximize learning. Instead of 30 students, maximum, per class we

Box 7. A Teacher's Perspective

One of the main problems with the quality of education provided is the way in which we admit students to schools. The schools were mostly closed during the Taliban years. We have a large number of students with inadequate schooling or without any schooling who want to be admitted. The current procedure evaluates these students as having at least grade 3, regardless of their ability and despite the fact that some of them have never been to school. The first problem is that most of these students do not have a foundation on which to build training at higher grades. A student can go through the current system and still be illiterate at much higher grades like 11 or 12. The second problem is that we end up with classes that have a wide range of ages. For example, my grade 7 class of about 70 students has an age range of 14-23 years old. We are also very, very ill-equipped. For that many students I have about 6 textbooks. It is close to impossible to keep control in a class this size with only a few textbooks.

The over-age students can be much better provided for at night school (Eshpeh). But, night schools have rules that dictate only students who have failed the same grade three times consecutively can be admitted. Because of this there is stigma attached to going to night school. Even if they could, over-age students would be unwilling to register for night school for fear of becoming stigmatized as failures. Our evaluation system [for returnee students] is flawed and arbitrary. For example, students who have had schooling in Iran and have returned to Afghanistan are under-evaluated despite the fact that their standard of education is much higher than the average Afghan student. Unless these students come back with a full high school diploma, they are usually registered at one full grade lower than what they have already been accredited for in Iran. This does not make any sense – they should be registered at one grade higher on being registered in Afghanistan, not lower.

Source: School Teacher – Herat

Box 8. Civil Society Input into Education

One way to make education the issue is to use every possible forum to talk about it. We should reach out to those who go to Friday prayers by making the case that the future of this country depends on how capable it is to train tomorrow's generations. We need to talk about education and to increase our capacity to provide it. We need to ask for help from the community and its leaders. We also need to engage parents and make them interested in how their children are doing in our schools and what is being done to improve the quality of the teaching that they receive from us. We need to know how the parents want the schools to run so the children benefit the most. At the moment there is some interest from certain people in the community. Some wealthy merchants have built schools with their own money, for example. We need to build on this and involve more wealthy citizens in building schools or helping out with our various expenses.

Source: School Principal – Herat

lack of coordination and poor policymaking. Overcrowded schools, insufficient and inadequate infrastructure, insufficient number of qualified teachers, inadequate remuneration and evaluation systems, insufficient funds, and poor provision of educational tools such as text books were pointed to as the major tasks that continued to dog the sector and those who were attempting to rebuild it. There appears to have been little sense of priority in the reconstruction efforts. Some of tasks, e.g., providing adequate and sufficient number of textbooks, which are easier than others, e.g., training of sufficient number of teachers, continue to remain unfulfilled.

The teachers interviewed complained bitterly about the insufficient number of textbooks and the number of mistakes found in them. For example, one of the teachers questioned the wisdom of using religious education textbooks that come from Pakistan when everyone knows that in Pakistan the Quran is interpreted significantly differently than in Afghanistan. Another teacher pointed to numerous "embarrassing" mistakes in textbooks, which "could be overlooked if in a novel one reads but not in a textbook to be used to teach group after group of students".

In the Herat province security was highlighted as a very serious issue. The recent bombing near a school that killed 4 very young school children was cited as an event that encouraged some parents, already skeptical about sending their children to school, to keep their children at home. This fear extends even more to girls going to school and women becoming teachers.

have 50 or more. The problem is aggravated by having a wide age range in the same grade". Similarly, the programs to evaluate, retrain or upgrade teachers are causing new problems because they are being applied under pressure to increase the number of trained and upgraded teachers in a very short space of time. This results in rushed and inadequate assessment of skills and certifying teachers who are ill-equipped to take on teaching responsibilities.

To varying degrees the interviewees expressed concern that some of post-Taliban momentum had been lost due to

Despite the many problems, the general state of the sector can be described as improving both in terms of the quality of teaching and the number of enrollments. Schools are built on a regular, though not systematic, basis to meet the very strong demand. There are high hopes for the sector but there are also many problems such as acute shortage of teachers, books, and buildings as well as a host of administrative issues. Many of these issues are rooted to a political system described by some as being in a state of paralysis. State agencies cannot even implement bad ideas properly, to paraphrase one key informant, because they are weak, corrupt, lack professionalism, have underpaid employees, and are alienated from the people they are supposed to serve.

Box 9. Problems of Teacher Training

There is a very strange and counterproductive approach to training new teachers (of whom we need around 50,000 new ones). Only those who fail to enter the university system through the national exam are passed on to be trained as teachers. The children that these teachers will train are supposed to be tomorrow's generation and saviours of this country. If we are training tomorrow's generations, why are we teaching them by people who have failed at everything else? There are even some unemployed fighters from the various previous conflicts who opt for becoming teachers. These people are trained and sent off to rural areas to "teach" young children. People's children deserve more than this. ...Our current staff of teachers has 6 shifts per day with, sometimes, up to 70 students in one classroom. It is a miracle if any of these students learns anything.

Source: School Principal – Herat

4.3 MUNICIPAL SERVICES

Both Herat and Kabul appear to be magnets for numerous returnees and repatriated refugees from the neighbouring countries. The new wave of repatriation of Afghans by the tens of thousands from Iran is going to seriously challenge the two municipalities as far as jobs, shelter, and a host of other amenities needed to accommodate the new arrivals. Even Herat, endowed with a more cohesive municipal government, is experiencing difficulties in absorbing the new arrivals. In Kabul the challenge will be all the more difficult because of a continuing lack of coordination and bad planning, two features that seem to have defined the Municipality's performance since reconstruction efforts began in 2002.

The Master Plans of Herat and Kabul are over 30 years old. Master Plans are usually renewed every 20 years. In Herat the first official Master Plan was released in 1963. The population catered for by the Plan was 200,000 and the overall objective was to create a "green city". The relatively high number of trees in Herat today is a product of that objective. By the early 1980s the focus was much more on building open malls and markets without adequate planning for services. For example, markets were built

without sewage disposal systems or consideration for the draw on the available electricity or water. Today the City has limited capacity to deliver municipal services. Currently, there is capacity to manage 200 tons of garbage per day whereas the amount produced is 300 tons per day. This means that 100 tons of garbage per day accumulates in the City. The traditional method of garbage disposal was summed up by one interviewee as “very simple: throw it away to the nearest convenient place and let it rot or taken away by someone else.”

In the older parts of Herat , the streets and alley ways are very narrow and not suited to access by collection trucks. To collect the garbage from less accessible areas, smaller trucks have to be sent in time after time. This is not very efficient. Some households pay a cart mover to collect and remove the waste for them to a municipally designated collection point (or not, as the actions of the cart owner are not controlled). The charge is around 10 Afghanis, depending on the amount of garbage hauled. There are insufficient municipal collection points, resulting in a lot of garbage being discarded by cart movers and households in a variety of areas including the drainage channels, the river, and the *khandaq*s (sewage collection ponds) located in various areas of the City.

The Municipality is not helping matters by refusing to cooperate with aid and humanitarian agencies that work on sanitation and are able help the City with its unmanaged waste. One interviewee reported that data collected on water quality, sanitation, and waterborne diseases, for example, are not shared with the various agencies. The City does not have reliable information on the soundness of its ancient

Box 10. Traditional Latrines and Sewage Management in Herat and Kabul

The traditional toilets comprise a movable collection bucket that stands above the ground resting on a 4-legged frame. The bucket has a sieve-like metal bottom that holds back the solids while letting through liquids that run off and are discharged via a pipe to a (usually) open drainage ditch outside the house. The liquid is sometimes used for watering plants. Periodically the bucket is emptied out for a fee by haulers who may use or sell it as (untreated) fertilizer or simply discard it. There are not many traditional toilets left in Herat or Kabul.

The drainage ditches are sloped toward the *khandaq*s throughout the City, which are monitored regularly and emptied when full. The contents from the *khandaq*s are hauled away and discarded in fields surrounding the City. When

drainage ditches are blocked or overflow, the liquid is spread over the road surface to dry. Kabul and Herat do not have fully functioning drainage systems. Both Cities experience recurring overflowing of their drainage ditches, which is caused by heavy rains and overloading through excessive household discharges. Dry wells are also used by households and property owners to dispose of household sewage. This option is only available to those with extra land in which to construct dry wells.

Serious health risks are associated with unmanaged waste in urban areas. Many dry wells leach into drinking wells and cause numerous ailments ranging from salmonella poisoning to the spread of diseases like cholera and E-coli. In summer months the cases of disease increase significantly.

Source: City Planner – Herat

water delivery pipe network, significant sections of which are reported to have leaks that allow drinking water contamination (e.g., salmonella) from leached, untreated human waste. The increased use of PVC piping to draw drinking water also increases the risk of contamination from breakages of the piping located too close to the surface. In the intense summer heat the piping becomes brittle and prone to being damaged by the weight of passing traffic.

Box 11. Linking Services

Inadequate municipal services have an impact on service provision in public health and education. We cannot address the problems of public health and education without addressing the shortcomings of municipal service provision. Similarly, the quality of the education we provide has a bearing on how effectively we deal with our various problems in public health and municipal services since the education sector is where our future professionals are to be trained.

Source: Member of Anjoman-e-Moshaweran - Herat

Despite the numerous problems faced by Herat, the Municipality is still seen by many as a success story, at least in relative terms and in the Afghan context. A lot of Herat's success in rebuilding is attributed to the monumental role played by Ismael Khan as the champion. While his style of governing was criticized within and outside the province, few could argue against his dedication to rebuild Herat. There are also other factors that explain Herat's relative success. Despite the criticisms leveled against the municipal government for its lack of transparency and arbitrariness, a number of interviewees suggested that Herat, in comparison to Kabul, was endowed with a better institutional heritage. Reference was made to Anjoman-e-Moshaweran as a key actor in Herat's municipal affairs since the mid 1960s (see Box 13).

A number of interviewees expressed concerns about weak government at all levels. Governing officials are all appointed starting with the Mayor who is appointed by the President's office. The Mayor then appoints the district level Raiis-e-Mantagheh who will in turn appoint a number of Wakil-e-Gozars who have responsibility for sections in Districts. The interviewees felt that the system in its current state was not accountable and transparent and therefore prone to corruption and nepotism. According to one interviewee, "the way to fix this chaos is to have Mayoral, District, and Gozar level

Box 12. Jobs for Sale

There is a well known practice now of certain governmental positions being "sold" for a price to people who can afford them. The price varies depending on the extortion potential of the position. It seems, this is one area where the market principles have been very effectively used to determine the price of a much in demand commodity.

Source: City Planner - Herat

elections to increase accountability and cut through the current nepotism. Officials need to be reminded that holding elections is legislated in the Municipal Law."

One of the main problems with Kabul is that there are no safeguards to separate the decision makers from the contractors.

Municipality officials can, and some do, have commercial development or construction interests. Contracts are sometimes handed out to friends and business associates. If the work is substandard there is little or no recourse for corrective measures or annulment of contracts.

International donors have been aware of the crisis-like situation in Kabul and have taken a series of initiatives to effect change through public administration reform and through urban reconstruction projects. The ongoing discussions on the “corporatization” of De Afghanistan Breshna Moasessa (DABM, the main entity responsible for energy distribution in Afghanistan) have been a major priority for the international donors as a means to address the acute energy situation in Kabul and many other major population centers. Similarly, on recognition that key personnel need to be appointed and retained in service providing state-owned entities, the recent appointment of 11 qualified personnel remunerated at competitive rates is seen by the donors as a step toward the corporatization of the National Water Utility.

These measures, while necessary for creating the required capacity, will not have immediate impact on how service is provided in the two Municipalities, however. The sentiment expressed by a number of interviewees from Kabul was that for the most part, residents of Kabul are tired of waiting for things to improve. One explanation for the slowness of pace in attending to Kabul’s many problems was said to be the very tense relationship between the Mayor’s office and the Ministry of Urban Development. The situation was reported by all those interviewed as being much more favourable to collaboration in 2007 than it had been at any other time. One interviewee suggested that “the urban sector is now finally on track. We could say, a corner has been turned with the recent developments.”

Box 13. Importance of Local Institutions

Since the 1964 Anjoman-e-Moshaweran has acted as a voluntary organization of Herati experts with a key role in Herat’s municipal affairs. The Group has maintained its role despite the turbulent political environment of the last few years. Many of its members have fled the City from time to time but the Group has maintained its consultative / advisory role to the municipality regardless of the political regime. It is not clear how the Group came to be but some of the leading members suggested that the Group is a product of the fact that Herat has a long-established professional class that cares about the City, its history, and arts. According to the members of the Group interviewed there has been more cohesion between the people of the City and their local government when the Group has had a central role in role in municipal affairs. The Group has not been very involved in decision making processes in the Municipality since 2002 because of a political environment not favouring anything that resembles Soviet-style planning in a formal way. In its heyday the Group used to set prices which provided a high degree of predictability for the inhabitants. This practice is no longer acceptable politically.

Source: Based on interviews with members of Anjoman-e-Moshaweran – Herat

Box 14. Coordination in Urban Reconstruction

There are now 21 Districts in Kabul. 60 percent of the settlements in Kabul are informal. The Master Plan only covers the remaining 40 percent of formal / legal settlements. We need to have street lighting, clean drinking water, proper drainage, sewage works, a functioning waste disposal system, and properly surfaced roads. These should not be seen as luxuries or issues that can wait.

...Emphasis on private sector involvement has increased favoritism and corruption. Contractors are lining up their pockets by doing projects that are poorly coordinated with the rest of what is going on in Kabul: What is the point of building one kilometer of drainage channels in Kabul when the channels come to a dead end? Why can't we have a plan put together by engineers that helps coordinate such activities?

Source: Urban Planner (NGO) – Kabul

approval of the Ministry of Finance.¹⁹ But, the situation is more complicated. As one senior official from the Kabul Municipality put it, "Municipalities are expected to raise their own revenues and be self-sufficient financially. This expectation is thrown at us time and again by almost all the donors. But, the City is so devastated and disorganized that there does not exist a reliable base for revenue collection. We have to put functional systems in place before we start talking about cost recovery." For example, there is a fee for using water supplied by the City. But, taking water from a self-dug well does not cost anything apart from the cost of digging.

The City is also suffering from an inefficient division of labor. For example, the Department of Sanitation, Kabul deals with street cleaning, cleaning storm drains and ditches, and solid waste. Each one of these tasks would have its own department in other parts of the world. Also, because there are so many service related problems in Kabul, the average person does not care to differentiate between energy provision as a utility and waste collection as a service.

Kabul's recent population growth has led to an alarming rate of peripheral land being taken over for new communities. The vast expanse of land along the new Bagram road is being developed by a variety of national and international actors. The local Khawar development company has been selling land in this

Kabul has also had a strained relationship the Ministry of Finance. Whereas Kabul collects taxes and generates some revenue, it has to surrender all revenues to the Ministry of Finance which then determines what Kabul needs. The Ministry of Finance has been said to "take its time" before releasing funds to the Municipality. Also, the funding released to the Municipality is often insufficient.¹⁸ Some have suggested that since the City raises its own revenue, it should be allowed to spend it without having to get the

Box 15. Kabul in a Snapshot

The situation in Kabul is desperate. So much construction is going on but a lot of it is in subdivisions which are badly planned and likely to put stress on service provision in Kabul. There are also settlements built on vacant lots around Kabul by poorer people who need shelter. There is little planning in all of these activities. Everything is very haphazard and disorganized from an urban planning perspective. Unless we start planning, things are just going to get worse.

Source: Urban Planner (NGO) - Kabul

Box 16. Lost Capacity

20 years ago I had about 20 people with degrees in planning and engineering to work on urban issues. Now I have none. How am I supposed to keep experienced, committed, and qualified staff for 3,000 Afs per month? How can I remain motivated myself when I am being paid 10,000 Afghanis, knowing that my international advisor makes closer to \$10,000? There is not one thing that this Municipality has done that I feel proud about.

Source: Municipal Official – Kabul

Box 17. Words and Action

Six years [since 2001] is a long time for a traumatized people to wait for change. We keep hearing pronouncements by government officials about how they are going to change things. Making pronouncements is ok but we need to hear from honest government people who are capable of doing things and are prepared to do things.

Source: School Principal – Herat

drainage channels, and most importantly, drinking water above and beyond what groundwater wells can provide on a sustainable basis. Water consumption at an unsustainable rate will ultimately undermine rural livelihoods in the surrounding areas which for generations have depended on the groundwater for drinking and farming.

In both Municipalities, particularly in the central parts of the two Cities, there are patchworks of activity. In Herat, the Aga Khan Trust for Culture is very active in the old city and currently runs a number of restoration projects. The projects are also used to train locals in traditional brick and mosaic making skills. However, these projects are exclusively (and necessarily, given the limited resources) focused on selected old buildings and, as such, cannot be seen as a solution to the systemic and most pressing needs of the population. The Kabul Urban Reconstruction Program (KURP, funded by the World Bank)

area from stocks of land whose precise origin and ownership are unclear. Bar-e-Koh, also along the new Bagram road, has been taken over by the Ministry of Refugees to build new homes for returnees with funding assistance from international donors. Housing for returning refugees is also being built by the Australian Government through the Aleskan project. It is expected that the new officially sanctioned developments in this area will attract a sizable number of informal settlements who will put additional drain on municipal services in the area.

The ongoing and proposed housing along the new Bagram road will require basic municipal services such as electricity, waste collection and disposal, sewage treatment or removal,

Box 18. A Critic's View of Kabul

After the fall of the Taliban in 2001 people with influence or strongmen came into Kabul and took over green spaces and other people's properties to build informal settlements. The lack of planning in Kabul, mixed with the immigration has made a caricature of a City out of Kabul. If people are coming into Kabul to live, we have to house them. Because of limited space, people are building informal settlements on the hillsides in Kabul. Houses that are supposed to be sufficient for a family of 5 are being used by 3 families of 5. If we extrapolate these ratios for all other urban needs, and you get a sense of what is wrong with Kabul. Nothing works here: roads, electricity, garbage collection, sewage works, and green space are all major issues in Kabul.

Source: Reporter (Municipal Affairs) - Kabul

has “beautification” projects in parts of Kabul. KURP has also contracted the NGO “Cooperation for the Reconstruction of Afghanistan” (CRA) to work through the Ministry of Urban Development in consultation with the Ministry Finance. CRA is active in Districts 2 and 3, working with the communities in the two districts on restoration of drainage and waste management systems. The French private consultancy firm, FKH, is responsible under the same KURP program for districts 5, 1, and 8.

5. ACHIEVEMENTS, SHORTCOMINGS, BARRIERS, AND BRIDGES

A more in-depth understanding of how public sector reforms have worked in practice since inception in the post 2001 period requires close examination of the connections depicting the movement of funds, information, and personnel between the different “nodes” in Figures 1-4. Interviews with key informants were aimed at establishing the outcomes of these connections as experienced by intermediaries responsible for delivering services to the general public on behalf of the state and its donors. This section summarizes the main conclusions based on an analysis of the interviews conducted for this report and the available information from secondary sources.

PUBLIC HEALTH: By all accounts, the Public Health Sector has fared better than all other sectors. Given the “life-and-death” nature of service delivery in this sector and the alarming state of public health in Afghanistan (see Section 3) as evident in at the beginning of the reconstruction efforts, it is perhaps not too surprising that performance in relative terms has been much better in this sector as compared to all others. Increasing public health services was without a doubt was a high priority and possibly only second to security concerns in the reconstruction period. But, to attribute the relative successes in the sector only to the sector’s nature would be to overlook some of the accomplishments, including but not limited to innovation in forming private-public partnerships and managing donor and state funds. It would also be shortsighted to assume that the challenges for the sector have been fully and effectively addressed. There remain serious issues with insufficient investment in infrastructure and equipment, insufficient trained personnel, and uneven access to healthcare with rural areas having the least access. To build on its accomplishments and to address the remaining challenges, the sector needs to look forward and effect a shift from emergency health provision to a sustainable system of public health capable of (at least partially) funding itself.

Box 19. Building Sustainable Urban Livelihoods

What needs to be done in any type of housing development is to consider the needs and assess the available resources including things like water availability. The decision makers must opt for solutions that will not lead to a whole new set of problems for which solutions cannot be found without adversely affecting another segment of the community. Building houses haphazardly without proper plans to provide municipal services will encourage irresponsible behaviour on the part of the citizens, who would only throw their wastes "away" from the house, and onto the streets to create new problems like rodent and insect infestation and the spread of various diseases.

This rush to build new houses in "New Kabul" (along the new Bagram Road) is not about building sustainable housing for people in need. It is really to come up with projects in order to tap into funds from international donors and make lots of money while developing areas that in the not so

distant future will present a huge problem for policymakers and donors alike. I know from experience that if peripheral areas of a city are not developed thoughtfully, they are very likely to become the breeding grounds for discontented citizens who are a target audience for anti-governmental elements. Who wants a Kabul surrounded by a lot of discontented people?

It is possible to provide sustainable livelihoods in urban areas but it requires planning. When assessment is being made of the available local resources such as water, serious thought needs to be given to water harvesting (from rain run-offs), recycling and composting, and the use of renewable energy. All of this is possible, given the amounts of money being spent in reconstruction. Even if the costs are higher than normal, it is should be seen as an investment in community building.

Source: Engineer with the Civil-Military Cooperation Operations (CIMIC) - Kabul

The strategic plan for the sector (MoPH 2007), while exuding with confidence based on its accomplishments to date, is also realistic about the challenges ahead. The objectives as set out in the strategic plan (Box 1) are an accurate reflection of the needs as identified by the key informants interviewed for this report and what has been reported in the Balanced Scorecards from 2004 through to 2006. The key challenge in meeting these objectives is, of course, sustained funding and staying the course in training health professionals and maintaining monitoring and evaluation activities while expanding the infrastructure to serve the citizens, particularly in rural areas.

EDUCATION: Afghanistan continues to have one of the highest rates of illiteracy in the world despite concerted efforts to rebuild the sector by the Government and its international donors. A major part of the challenge for the sector is the cumulative effect of years of not having a cohesive education system. Many prospective students, particularly females, were deprived of their right to education. With the inception of reconstruction reports, limited infrastructure was provided to house the many students of varying age ranges who had never attended schools. This cumulative effect has been compounded by the low esteem at which education and working in education are held traditionally and institutionally. The needs are great: an additional 40-50,000 new teachers is needed to teach all the eligible students. At the same time the profession is viewed by many as "lowly" and undesirable as a career choice. This situation creates and almost insurmountable challenge in attempts to reform and rebuild the sector.

The Education Sector's strategic plan (MoE 2007) is reasonably clear about the administrative challenges the sector faces. However, the plan is not sufficiently specific on how it intends to change the common (negative) perception of education, particularly in remote areas, and the education profession in general. Turnover rates remain high in the sector while there are a host of administrative inefficiencies that slow down the pace of reform in the sector. Low pay for teachers, inadequate training programs, low standards for selecting prospective teachers and education professionals, serious shortage of buildings (including the absence of sanitary utilities for girls in many schools), and shortage and inadequacy of available textbooks are among the factors that undermine efforts by policymakers and dedicated education professionals to improve the sector.

MUNICIPAL SERVICES: Since only two municipalities were studied for this report, it is more difficult to report generalized findings and conclusions about the status of administrative reforms in the sector. However, it is reasonable to suggest that, because of the very localized nature of municipal affairs, a wider base of municipal case studies would not have necessarily led to generalized findings above and beyond what was found in the assessment of Herat and Kabul.

Substandard and inadequate municipal services are a defining characteristic of many urban centers in developing countries. Insufficient energy, inadequate supply of water, badly serviced or neglected roads, unplanned settlements, and a general lack of sanitary facilities are common in population centers in less developed countries. These problems were compounded in Herat and Kabul through many years of neglect, lack of investment, and destruction due to conflict. Massive in-migration of people from rural areas and returnees from neighbouring countries put additional pressure on the already inadequate municipal services systems and various necessary resources such as water and energy. Added to this already complex situation has been the relative autonomy of certain regions and urban municipalities including Herat and Kabul, underpaid municipal personnel, and unclear lines of communication for policy design and implementation.

It is not surprising that, of the three strategic plans reviewed for this report, the plan by the Ministry of Urban Development is the weakest, confining its strategic goals to "capacity building to enhance governance", "land management", "shelter development", and "heritage protection" (Box 3). Both Cities have had unprecedented population growth in recent years while in the case of Kabul there are already concerns that the City may require imported water if it is to continue to grow at the current estimated rate of

4-5 percent per year. A key observation from the interviews is that much could and should have been done in Kabul as the Capital City much earlier, perhaps starting in 2002. There is general frustration that many of the "low hanging fruits" remain to be picked, e.g., re-surfacing and maintaining of city roads, adequate power supply, and sanitation.

Many have attributed this slowness to the system of governance which characterizes urban municipalities: the lines of political control and accountability are not clearly defined and, despite having the ability to raise some revenues, municipalities have to abide by the Ministry of Finance decisions on funding and thus have no legal control over how they spend the collected revenue. Revenue collected in municipalities has to be handed over to the Ministry of Finance which then decides on how to disperse funds based on requests from municipalities. Municipal officials in Kabul and, to a lesser extent, Herat complained that the system was unfair and that there was always a shortage of funds at the municipality level. Despite its implicit tone, it is notable that the subject of governance and distribution of power, and therefore funds, features prominently in the strategic plan for the sector (Box 3).

6. RECOMMENDATIONS

Given the status in each sector and the many constraints, each of the key informants were asked what concrete steps needed to be taken to overcome the many challenges that remain. The responses were combined with the available information from secondary sources to generate the recommendations in this section.

MONITORING AND EVALUATION

- Quality, Evaluation, and Monitoring: For continual improvement, service provision needs to be assessed for its impact. Similar monitoring and evaluation mechanisms such as the periodic "Balanced Scorecard Report" in Public Health need to be instituted for other service delivery sectors.
- Oversight Committees: To maximize effectiveness, management systems need to be instituted and charged with the responsibility to report on performance of different sectors. The reporting line should utilize the Office of Ministerial Reform which reports directly to the President's Office.

PRIVATE-PUBLIC PARTNERSHIPS / CONTRACTING OUT

- Private-public partnerships / collaboration: Increase collaboration between the service providers in the private and the public sectors through incentives and regulatory reforms. The reforms will need to be based on recognition that Afghan businesses are currently at a disadvantage in competing with their international counterparts. Every attempt needs to be made to “grow” an indigenous business class capable of providing services in Afghanistan first.
- Contracting out: As much as possible and where appropriate, a mechanism similar to the GCMU in Public Health needs to be attempted in other sectors where there are similarities in the role of NGOs and other actors in service provision. In the long-run, however, contracting as now exercised by GCMU will not be sustainable since transition will need to be made from emergency service provision to more permanent arrangements for service delivery through establishing capable ministries.
- Engage Local Entrepreneurs: In Herat and Kabul numerous schools have been built by local entrepreneurs using their own money. There should be a conscious effort to take advantage of this willingness in building additional schools, purchasing textbooks, or carrying out maintenance or improvement work on existing structures.

PUBLIC EDUCATION / AWARENESS CHANGING MEASURES

- Health Seeking Behaviour / Culture of Dependency: Efforts need to be made to address the “health seeking behaviour” of many Afghans and minimize wasteful prescription of drugs.
- Health Awareness Campaign: Awareness raising programs need to be initiated to draw attention to such issues as the importance of hygiene and workplace health and safety, for example. In particular, young children should be targeted through health and environmental education programs while increased use of radio and television needs to be made to promote new services, their availability, and how best to utilize them.

PUBLIC SERVICE PAY STRUCTURE

- Adequate Remuneration: To build capacity and retain professional personnel, public service employees need to be adequately remunerated. Teachers and municipal personnel are particularly poorly paid, with no recourse to generate

additional income from their profession as is the case with many medical staff such as doctors, nurses, and midwives. Currently, public sector employees take on second and third jobs to make ends meet. Adequate remuneration is also likely to reduce petty corruption in the public sector.

INVESTMENT AND FUNDING

- Donor Funding: Donor funding is essential for maintaining what has been accomplished to date and to build on it, particularly in Public Health and Education. There is still a need to build new, adequately funded organizations and agencies that can coordinate service provision in urban and rural areas. The number of drop-in clinics will need to be increased as a way to reduce the weight on specialist institutions such as children's hospital.
- Increase Investment in Medical Equipment: There is serious shortage of medical equipment for treatments and for training specialists. Some hospitals are training their specialist interns on print outs from machines that the hospitals cannot afford to purchase. These conditions are not conducive to train a future professional class in the sector.
- Increase Operations and Maintenance Budgets: Hospitals and clinics do not have sufficient funds to purchase medicines and much needed equipment, schools have serious shortages of textbooks and infrastructure, and municipalities have insufficient funds for providing a host of basic services. Baseline conditions need to be established as the basis for revised (and increased) budgeting in service provision.

PARTICIPATORY DECISION / POLICY MAKING

- Professional Associations: Private clinics should be encouraged to form associations as part of formalizing service provision. Similarly, the establishment of teachers and municipal service trade unions at provincial and national levels is likely to increase decision making capacity.
- Community Participation: Shuras and other existing traditional forms of organization should be used to engage the community on public service provision. Where appropriate, additional capacity needs to be provided through careful introduction of new organizations to increase community involvement in the decision making process and needs assessment exercises.

- Consultation: Simple consultation in the beginning of the policymaking process is insufficient for sound policies or policies that resonate with the people they are supposed affect. To maximize policy impact the process should be as follows: Consult, design policy, consult, implement, consult.

COST RECOVERY

- Revenue Generation – Public Health: To sustain itself over the long-run, service provision needs to recoup a substantial portion of its costs. In the Public Health sector, for example, there needs to be a 70% cost recovery rate. Mechanisms for cost recovery will need to be introduced in all sectors since, in its current form, service provision is not sustainable without substantial foreign aid. Moves toward a cost recovery system could be made by instituting minimal, and largely symbolic, fees for doctor / hospital visitations and medicine.
- Revenue Generation – Education: Encourage universities to generate additional revenue by offering some of their services commercially. Introduction of school and university fees will also need to be investigated in the near future.
- Revenue Generation – Municipal Services: Identify sources of revenue, e.g., waste collection fees, that are fair and which can be used to provide new infrastructure and services.

INTEGRATED POLICY MAKING AND POLICY IMPLEMENTATION

- Integrated Policymaking: When making a policy on municipal services, for example, linkages need to be made to education and public health. Similarly, there are numerous direct links between environmental wellbeing and the state of public health. The education system could be used to make these links explicit and formalize them through policy.

ACCOUNTABILITY

- Minimize Bureaucratic Hurdles: Procedures need to be revised to minimize the amount of time required to obtain approval for purchasing equipment or building structures. One Hospital reported that it had to collect 19 signatures over a period of about 20 months for an ECG machine and still had not collected all the signatures necessary. This process must be simplified.
- Municipal Government: The Constitution calls for elected the Mayors, who are currently appointed.

LEGISLATIVE AND REGULATORY REFORM

- **Optimal Size for Municipalities:** The Cities of Herat and Kabul have grown beyond their carrying capacity and difficult to govern in all respects, including public service provision, by one centralized authority. Consideration needs to be given to a federation of municipalities replacing the single municipal government as a means to more efficient decision making processes.
- **Procurement:** Purchasing arrangements by line ministries for service providers such as hospitals, schools, and municipal agencies need to be devolved to service provider organizations which have more accurate knowledge of their needs and better means of addressing these needs through local arrangements.

KNOWLEDGE TRANSFER / CAPACITY BUILDING

- **Vocational Training:** As part of the nation-wide curriculum development program, more vocational university courses need to be established to train skilled professionals and build the national skills base.
- **Joint Ventures with Foreign Universities:** Joint ventures with established universities and medical institutes internationally should be used as a means to gain international accreditation and skills transfer, particularly in the medical profession. Similarly, exchange and specialization programs with foreign universities need to be established for instructors and students.
- **Regional Cooperation:** Neighbouring countries such as Pakistan and Iran should be enlisted to help with printing expertise and other tasks for which Afghanistan does not have sufficient capacity. For political reasons the purchase of textbooks and other resources from Iran is discouraged by some key donors. Lack of open access to readily available resources and expertise from Iran to rebuild the education, public health, and municipal services sectors is having a detrimental effect on the quality and effectiveness of the services provided. Reconstruction efforts need to be prioritized over politics.

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END NOTES

1. "Service recipient" is used here to refer to personnel working in entities that deliver a given service to the general public, i.e., schools and universities, clinics and hospitals, and municipal agencies. Members of the general public were not interviewed for this research.
2. See Appendix for the list of key informants interviewed.
3. A recent news item reported a USAID contribution of US\$52 million for this program.
4. See, for example, American Institute for Research (2006), available at: <http://www.equip123.net/docs/e1-RoleofNGOsAfghanistan.pdf> , accessed May 16, 2007.
5. This was stated by two key informants from the Ministry of Education, interviewed on April 17, 2007.
6. See, for example, Beall and Esser (2005). This point was also raised by a number of interviewees from the two municipalities of Herat and Kabul.
7. Understandably, saving lives since reconstruction programs and reforms commenced has taken priority over providing education and municipal services. Part of the relative success of the Public Health as compared to Education and Municipal Services is due to this prioritization.
8. The contents of this section are drawn largely from the three (draft) Ministerial strategy documents released during March and April 2007.
9. The figures in this section are drawn from WHO (2001, 2002).
10. AREU (2002)
11. The 82% figure is used to refer to the population "covered" by a contract for health services. The extent and the quality of this cover is a topic of much debate among the various stakeholders.
12. Due to time and resource limitations only two Municipalities (Herat and Kabul) were selected for this study. While the Public Health and Education sectors are guided and funded almost entirely through national policies and measures, municipalities enjoy a significant degree of autonomy and have the capacity and the legal right to collect municipal taxes. This autonomy and increased variation due to other factors such as local the conditions, make the task of drawing generalized conclusions more difficult than in the cases of Public Health and Education.
13. The provision of electricity and water are the responsibility of the Ministry of Water and Energy and, as such, are not strictly speaking "municipal services". The availability of these two services does have a direct impact on wellbeing, particularly in urban municipal settings.
14. NRVA 2005
15. NRVA 2005
16. Beall and Esser (2005:14).
17. Selling land to generate revenue is also practiced by the Herat Municipality but with less intensity than Kabul.
18. Recently the Ministry of Finance released \$18 million US to the Municipality for resurfacing Kabul's roads. The estimated cost of this work is over \$100 million US.
19. In a recent broadcast (Negah-e-Sewom, May 2, 2007) on the Ayneh television network, Dr. Bashardost, a member of the Wolusee Jirga, Kabul City, thought it was "shameful for a municipality which raises its own revenues to go begging to the Ministry of Finance for money".

APPENDIX 1: LIST OF INTERVIEWEES

Table A1. Key Informants and Institutional Affiliations*

Interviewee	Function	Organization
1	Senior Advisor	MoE, Kabul
2	University Lecturer, Advisor to Herat Municipality	Faculty of Education, Herat University; Member of Anjoman-e-Moshaweran, Herat
3	School Principal	Herat
4	Senior Manager – Academic	Herat University
5 and 6	ICT Specialists (Schools and Universities)	Private Consultants
7	Manager	GCMU, MoPH, Kabul
8	Health Services Management Information Systems	MoPH, Kabul
9	Senior Manager	Guzara Hospital, Herat
10	Senior Manager	MoPH, Herat
11	Senior Manager	MoPH, Herat
12 and 13	Midwives	HRPA, Herat
14	Project Manager	Move, Herat
15	Senior Manager	Khairkhana Hospital, Kabul
16	Senior Manager	Child Health Institute, Kabul (Indira Gandhi Hospital)
17	Engineer	Member of Anjoman-e-Moshaweran, Herat
18	Engineering Consultant	Member of Anjoman-e-Moshaweran, Herat
19	Medical Doctor	Member of Anjoman-e-Moshaweran, Herat
20	Consultant	AKTC, Herat
21	Senior Manager	Kabul Urban Regeneration Programme (KURP)
22	Planning	Kabul Municipality
23	Water and Sanitation Specialist	World Bank, Kabul

* Numbers and less revealing position titles are used in this list to maintain confidentiality