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LIST OF ACRONYMS

AAEM	Afghanistan's Agricultural Extension Model	IDLG	Independent Directorate of Local Governance
AAEP	Afghanistan Agricultural Extension Project	IP	Implementing Partner
ADCC	Afghan Social Outreach Program District Community Council	ISD	Infrastructure Services Directorate (MoED)
ADCUS	Agricultural Data Collection and Utilization System	JSDF	Japan Social Development Fund
AFMIS	Afghanistan Management Information Systems	KII	Key Informant Interview
AFN / AFA	Afghan Afghanis (currency)	LM	Line Ministry
AGRED	Afghan Agricultural Research and Extension Development Program	LOTFA	Law and Order Trust Fund for Afghanistan
AMIS	Agriculture Management Information Systems	M&E	Monitoring and Evaluation
AMS	Afghan Mortality Survey	M16	Payment Order form
ANDS	Afghan National Development Strategy	M20	Control Ledger form
ARTF	Afghanistan Reconstruction Trust Fund	M3	Purchase order form
ASOP	Afghan Social Outreach Program	M7	Goods Received note
ASR	Agricultural Sector Review	MAIL	Ministry of Agriculture, Irrigation and Livestock
BCSD	Binding Constraints to Service Delivery assessment	MHT	Mobile Health Team
BHC	Basic Health Centre	MIAR	Monthly Integrated Activities Report
BPHS	Basic Packages of Health Services	MIS	Management Information Systems
BSC	(Johns Hopkins) Balanced Score Card	MoED	Ministry of Education
CBE	Community Based Education	MoF	Ministry Of Finances
CBR	Capacity Building for Results	MoHE	Ministry of Higher Education
CCDC	Cluster of Community Development Councils	MoPH	Ministry of Public Health
CDC	Community Development Council	MRRD	Ministry of Rural Rehabilitation and Development
CHA	Coordination for Humanitarian Assistance	NESP	National Education Strategic Plan for Afghanistan
CHC	Comprehensive Health Centre	NGO	Non-Governmental Organization
CHS	Community Household Survey	NHLP	National Horticulture and Livelihood Project
CMAM	Community Management of Acute Malnutrition	NMC	National Monitoring Checklist
CoA	Chart of Accounts	NPP	National Priority Program
COG	Community Observation Grid	NRVA	National Risk and Vulnerability Assessment
CPS	Community Perception Survey	NSP	National Solidarity Program
CRW	Crisis Response Window	O&M	Operations and Maintenance
CSO	Central Statistics Organization	OB	Operating Budget
DAD	District Agricultural Department	OPD	Out Patient Department
DAP	Diammonium phosphate	PAA	Provincial Administrative Assembly
DB	Development Budget	PAD	Provincial Agricultural Department
DDA	District Development Assembly	PAR	Public Administrative Reform
DED	District Education Department	PBU	Provincial Budgeting Unit
DFID	Department For International Development	PCH	Partnership Contracts for Health
DG	District Governor	PDC	Provincial Development Committee
DGO	District Governor's Office	PDP	Provincial Development Plan

LIST OF ACRONYMS

DHD	District Health Department	PED	Provincial Education Department
DLD	District Line Department	PFM	Public Financial Management
EMIS	Education Management Information System	PG	Provincial Governor
EOI	Expression Of Interest	PGC	Performance-based Grant Contracts
EPHS	Essential Packages of Hospital Services	PGO	Provincial Governor's Office
EPI	Expanded Program of Immunization	PHCC	(Provincial) Public Health Coordination Committee
EQUIP	Education Quality Improvement Program	PHD	Provincial Health Department
EU	European Union	PIU	Program Implementation Unit
FAO	Food and Agriculture Organization of the United Nations	PLD	Provincial Line Department
FFS	Farmers Field School	PPU	Procurement Policy Unit
FOG	Facilities Observation Grid	PRT	Provincial Reconstruction Team
FSR	Facility Status Report	RFP	Request for Proposal
GAVI	Global Alliance for Vaccines and Immunization	RFQ	Request for Quotation
GCMU	Grants Contract & Management Unit	SBA	Skilled Birth Attendance
GD	General Directorate	SEHAT	System Enhancement for Health Action in Transition
GDP	Gross Domestic Product	SHARP	Strengthening Health Activities for the Rural Poor
GER	Gross Enrolment Ratio	SM	Strengthening Mechanism
GIRoA	Government of the Islamic Republic of Afghanistan	SNGP	(Afghan) Sub-National Governance Policy
GWS	Goods, Works, and Services	SSP	Single Source Procurement
HEFD	Health Economics and Financing Directorate	TAF	The Asia Foundation
HIV	Human Immunodeficiency Virus infection	TB	Tuberculosis
HLP	Horticulture and Livelihood Project	TED	Teacher Education Department
HMIS	Health Management Information System	TMAF	Tokyo Mutual Accountability Framework
HQ	Headquarters	TTC	Teacher Training Centre
HR	Human Resources	TVET	Technical and Vocational Education Training
HSS	Health Systems Strengthening	UN	United Nations
IARCSC	Independent Administrative Reform and Civil Service Commission	USAID	United States Agency for International Development
IC	International Community	USD	United States Dollars
IDA	International Development Association	USDA	United States Department of Agriculture
IDI	In-Depth Interview	XB	External Budget
PC	Provincial Council		

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NOTE

This report aims to identify **administrative constraints** in three key sectors of public service delivery, education, health and agricultural extension services. That is, it aims to identify impediments that exist in the administrative processes of government ministries and their respective sub-national administrative units. The analysis follows the service delivery chain, from central to provincial, through district to community level, and is particularly concerned to examine service delivery in these three sectors through the window of sub-national governance and its relations to the service delivery mandates of line ministries.

Other constraints (e.g., security, economy, fiscal, geography, cultural beliefs, and seasonal constraints) are not the explicit subject of this study. Furthermore the report's main findings are based on **qualitative research**. The key findings are based on existing literature and reports as well as field visits to 5 provinces and 10 districts and qualitative analyses of over 171 key-informant interviews on different levels of service delivery administration, 68 in-depth interviews with community leaders and a community household survey in 20 communities spread over 5 provinces and 55 service facilities (e.g. schools and clinics) were assessed. The report aims to contribute to the wider policy debate on sub-national governance, and the use of different modalities in service delivery and public sector administration.

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CRITICAL ADMINISTRATIVE CONSTRAINTS TO SERVICE DELIVERY

Improving Public Services in Afghanistan's
Transformational Decade

1. EXECUTIVE SUMMARY

A significant extension of basic services has taken place in Afghanistan since 2001.

Services, in particular health and education, are being delivered to even remote communities across the country. The way in which public services are delivered, in terms of administrative arrangements vary, both within and between sectors. These include 'off budget' arrangements implemented directly by NGOs and donors with often little connection to government ministries and policies, as well as 'on budget' flagship national programs, such as EQUIP and BPHS in the education and health sectors respectively, that have been primarily responsible for the wide extension of basic services achieved over the last decade. These programs are being implemented both through contracting NGOs and directly by government.

Different modalities for service delivery have strengths and weaknesses. For example, the majority of public health services are provided by contracted NGOs. Most recurrent costs (e.g. salaries) in the public health sector are covered by the development budget and are mostly funded by donors. As such, most public health service providers are not considered regular civil servants. This contrasts with the bulk of public education expenditures, which are covered by the operating budget and largely funded by government revenue, and where teachers are considered public servants. An obvious strength of the contracted out modality of health service provision is that NGOs can pay higher salaries to their staff, as they are not bound by government pay scales. At the same time, they are not directly subject to government administrative processes and bureaucracy. Relations tend to be directly with the central Ministry of Health by-passing the Provincial Health Departments. This contrasts with the provision of education services where Provincial Education departments have much greater responsibility for service provision.

The implications of these different modalities are wide ranging. Evidence in this report suggest that the contracting out of services directly to service providers in the health sector allows for more effective service provision without necessitating capacity development of sub-national staff or intervention of sub-national entities. Yet, at the same time, accountability tends to be shifted outwards and upwards to the Grants Management Unit of the central Ministry rather than to local bodies and sub-national units. This contrasts with the education sector, where accountability rests largely within the community and to provincial departments of education. These contrasting modalities therefore have very different implication for sub-national governance. In the one, sub-national government is almost an irrelevance and in the other intrinsic to its success.

This raises issues with respect to state building. If services can be delivered effectively, outside the sub-national framework, then what is the service delivery rationale of greater delegation of budget and planning to sub-national entities? This may be relevant where service delivery is 'contracted in' by the state but becomes more attenuated when services are 'contracted out'. These questions are important to pose, and arise directly out of the evidence in this report. To answer the question satisfactorily we need additional information about the relevance of other factors, e.g.

the question of state legitimacy, of cost, and access, and whether a ‘mixed modality’ approach to service delivery interventions is sensible to spread risk. A BPHS approach is clearly vulnerable to withdrawal of NGOs and of donors’ resources in general as it assumes the availability of resources and contracting agencies. At the same time the Ministry of Education has the headache of having to pay an ever increasing number of teachers at the same time as domestic revenues are falling. In respect of agricultural extension there is no all-encompassing vision but rather a patchwork of interventions, some ‘contracted in’ and others ‘contracted out’.

Given that Afghanistan’s public expenditure requirements far exceed its public revenue-against the backdrop of declining donor resources- the government will need to decide what is the most cost-effective way of delivering services across different sectors that achieves the ends it is looking for, and, in particular, the tradeoff between building capacity within government to deliver services itself or contracting out services to NGOs and the private sector. Clearly, in the immediate aftermath of conflict when there is little capacity in government to deliver services, contracting out these services and using parallel systems may make eminent sense. But 12 years on the balance of argument may be different. This report offers only a partial set of answers to these questions, but the evidence certainly points to the strength of the contracting out modality (at least in the example of the health sector) in terms of achieving desirable outcomes.¹ What is clear however is that by strengthening sub-national government we are not necessarily strengthening service delivery-how sub-national governance interacts with service delivery depends largely on its mode of delivery.

Key findings

Public sector regulation has been significantly strengthened in recent years. Legislation has improved regarding sub-national roles and responsibilities e.g. the provincial council law, and public financial management e.g. the procurement law. However, **considerable ambiguity in the *de jure* public service delivery framework remains.** The functional responsibilities assigned to central ministries and provincial administrations are unclear. Provincial line departments exercise a critical role in the service delivery chain of some key sectors, particularly education. However it is unclear if these departments are primarily managed by and accountable to central ministries or provincial level authorities. Furthermore, it is unclear which of the former two has the authority to appoint, evaluate and remove the senior management of the provincial line departments.

The gap between *de jure* regulations and *de facto* processes across administrative processes is sizeable. In practice, most provincial line departments do not exercise the authority and decision-making powers formally delegated to them. Minor HR and financial management processes cannot be finalized by line departments independently i.e. without the approval of the provincial governor. **At the sub-national level, the**

¹ The report does not go into the relative costs of the different modalities which may be an important factor in determining the most appropriate approach in the future in a more constrained fiscal environment and should be the focus of any future investigation.

informal power of the governor over line departments appears to come at the cost of the line ministries.

CROSS-SECTOR CONSTRAINTS

Two critical constraints were identified in all three sectors included in this study. These constraints apply to public education services, agricultural extension services and to segments of the public health sector. Contracted-out public health services appear to be less affected by these constraints than those services provided directly by the ministries.

1. Current provision for operations and maintenance (O&M) of infrastructure, administration and service facilities is inadequate. Ministries do not have defined O&M policies, or communicated transparent guidelines for O&M allocation and distribution. Resources do not reach the service delivery levels (i.e. below the province level), impacting the quality of services. This is in part due to the lack of budget sub-coding and allocations to district levels.

The lack of O&M resources also negatively impacts essential administrative processes of provincial line departments and district line departments. In particular, the lack of resources for transportation impedes key functions of administration, including management, monitoring, and the facilitation of accounting and procurement processes.

With the exception of public health contracted NGO employees, almost all public service providers at the community level complained about the limited available O&M resources. **Service providers were often unaware of any O&M budget availability, and existing request based systems function poorly.**

2. Weak accountability critically impedes services across the different sectors. Accountability appeared strongest in the public health sector, where the contracting-out modality appears to have resulted in the clear definition of service standards and requirement, and a transparent system to address underperformance. Accountability seems almost absent with regards to MAIL's discretionary activities. The public education sector best illustrates both the causes and the impact of weak accountability.

PUBLIC EDUCATION

Weak accountability and poor teacher planning and recruitment were identified as critical constraints to education service delivery.

Minimum service standards are not clearly defined, making structured evaluation of education quality and education services difficult. Although policies and defined standards exist, they are not collated and shared, and education officials express limited knowledge of service standards.

Formal monitoring and evaluation systems exist, but are implemented poorly and irregularly, and do not result in the data required to strengthen accountability. As a result, there is limited awareness on education service performance and limited data available to evaluate services or hold service providers accountable.

Lines of authority and accountability are ambiguous; it is unclear which agency (MoED, provincial governor or provincial council) has the primary responsibility to hold

the PEDs accountable, and the central ministry has limited authority or tools to address underperformance at sub-national levels. Further, provincial level capacity to hold the PEDs accountable seems to be weak.

Centralized decision-making appears to dilute responsibilities and significant underperformance is not adequately addressed. Within both the central ministry and the provincial administrations little authority is delegated. Directors do not have control, and thus do not feel fully responsible for the (under)performance of their own departments. As a result underperformance and abuse is not adequately addressed.

Poor teacher planning and non-transparent teacher recruitment critically constrains the quality of education services delivered. Remote and rural areas continue to lack qualified teachers. Enrolment in Teacher Training Colleges was described by interviewees as only partially correlated to needs for trained teachers. Furthermore, despite the formalization of HR procedures, recruitment is widely perceived as corrupt. Interviewees indicated that HR needs in the education sector were not properly addressed, and many HR appointments were based on favouritism rather than merit. The poor planning and recruitment of teachers directly impacts the quality of education.

PUBLIC HEALTH

When compared to the other two sectors covered in this study, the overall performance of the public health sector appears strong. The two main constraints in public health were identified as:

1. The weak link between central MoPH and the Provincial Health Departments (PHDs); and
2. Lax pharmaceutical regulation combined with poor drug supply management.

The link between the MoPH and its provincial administrative departments is currently weak. This is often manifested in poor information flows between Kabul and the provinces, weak management and accountability mechanisms at the PHDs, and little support for the PHDs in implementing government policy.

During interviews, senior officials in Kabul often gave the impression that the PHDs and their directors are not an intrinsic part of the ministry. Most officials interviewed were very critical of the performance of the PHDs. Within the MoPH it is also unclear which department or directorate should take the lead in managing the PHDs. PHDs also fail to play a role in the information flows that occur within the sector.

Directors of provincial health departments expressed limited understanding of government policy, including core programmes such as the Basic Packages of Health Services and Essential Packages of Hospital Services. This limited understanding contributes to a lack of ownership, and constrains the ability to properly implement such policies.

The lack of pharmaceutical regulation and effective management of the drug supply have a negative impact on the effectiveness of, and trust in, the health sector. Drug shortages significantly hinder the performance of individual health facilities. Weak regulation and awareness of pharmaceuticals undermines trust in the

health sector. The MoPH's capacity effectively to regulate existing medicines, both in the private and public sectors, appears weak. There are no effective structures or mechanisms in place for pharmaceutical quality assurance.

Several clinics visited for this study lacked essential drugs that should be available, according to the requirements of the BPHS policy. The issue of drug stock-outs can be partly explained by the intrinsic characteristics of free drug provision. Community leaders and service receivers interviewed, suspected public health officials of stealing pharmaceuticals and reselling them in their privately-owned pharmacies. NGO officials and health workers who were questioned on the matter attributed drug stock-outs to structurally-miscalculated catchment areas or incidental regional supply fluctuations.

AGRICULTURAL EXTENSION SERVICES

The two critical constraints identified for agricultural extension services are:

1. The lack of clearly defined strategic objectives; and
2. The poor technical and dissemination skills of most extension workers.

The absence of clearly defined strategic objectives and agreed service standards constrains service delivery. As a result, it seems a patchwork of uncoordinated activities across central directorates and PADs has developed. There appears to be little coordination, coherence and consistency between the activities of MAIL across different provinces.

The lack of minimum service standards inhibits basic performance based management, since it is effectively impossible to measure or compare the performance of agricultural extension services.

At all levels of service delivery, MAIL officials indicated that the available budgets were insufficient to implement all plans and programs set by the ministry. They indicated being uncertain on how to prioritize their limited resources.

The poor technical capacity of most extension officers and their limited capacity to disseminate their agricultural skills severely constrain agricultural extension. Many officers lack the knowledge and skills themselves, and do not apply effective dissemination techniques. Community leaders and farmers indicated that extension officers were unable to reach the farmers, and community leaders were critical of the extension officers' technical capacity. Furthermore, there seems to be no coordinated or structural effort to strengthen the dissemination techniques used by extension services, or efforts to improve their training skills.

RECOMMENDATIONS²

Policy recommendations that apply to all sectors include:

- Ministries to develop and disseminate clearly defined policies for O&M budgeting, distribution and guidelines for prioritization.

² This is not intended as a comprehensive nor exhaustive list but intended to highlight important areas identified in this report

- The central level to support and monitor O&M expenditures *within* provinces to improve distribution, and identify sub-national capacity building needs.
- The sub-national governance framework should be clarified so that roles and responsibilities regarding management and accountability of the provincial line department are clear.
- Ministries to develop clear, comprehensive and measurable service standards for their services, and communicate these standards to sub-national levels so that awareness is raised, and sub-national accountability is strengthened.
- Improve financial information flows and disaggregation of district budgeting and expenditure data through adoption of district location codes in the Chart of Accounts.

Public Education

- Increase the scope of indicators included in the EMIS self-reporting system.
- Strengthen existing internal monitoring and reporting systems.
- Verify monitoring and reporting accuracy through regular third party evaluations independent of the Ministry.
- Improve the correlation between provincial teacher training plans and provincial needs.
- Improve the transparency of teacher recruitment and appointment processes.
- Develop a targeted incentive program to improve teacher capacity in the most remote and insecure districts.

Public Health

- Strengthen MoPH management authority over its provincial line departments including discretion over appointment and removal of provincial directors.
- Strengthen and intensify HMIS verification systems and improve data organization.
- Create a ‘citizen’s public health policy’, a simplified BPHS policy, and communicate to sub-national levels.
- Strengthen pharmaceutical regulation and monitoring.
- Decrease the occurrence of prolonged drug stock-outs in public health.

Agricultural Extension Services

- Develop a strategy including feasible objectives and measurable indicators that recognizes the flat and even reducing budget environment.
- Strengthen role of the Ministry as a sector regulator through the development of minimum standards and the use of a ‘contracted out’ modality for key extension services.
- Develop a joint work plan for the research and extension directorates to strengthen technical and dissemination capacity.
- Design a national program for extension directorates to use radio and TV broadcasting to share knowledge with farmers.

Create communication material for agricultural extension to be applied selectively across provinces in farmer trainings as well as campaigns in bazaars.

2. INTRODUCTION

This study was initially intended to investigate the *binding constraints*³ to service delivery in three key sectors in Afghanistan: agriculture extension, public education and public health, with the objective of providing recommendations on ways to alleviate these impediments.

Since 2001, the Afghan population's access to basic services has greatly improved in nearly all sectors. School enrolment has increased sharply, with over eight million children currently enrolled in school, of which 39% are girls. Primary healthcare coverage expanded from 9% in 2001 to 80% in 2011. Rural development programs, such as the National Solidarity Program (NSP), have delivered basic infrastructure to tens of thousands of communities.

Much of this progress in the last decade has been made with the support of the international community. Afghanistan now faces the likely challenge of a more restrained fiscal future⁴. While international aid and military expenditures are expected to decline in the coming years, the demand for public services will continue to grow. In this environment, it is crucial for the Government of Afghanistan to ensure the sustainability and efficiency of services provision.

Current strategies for improving sub-national service delivery focus on delegating greater authority to provincial and district administrations⁵.

Past studies have shown that impediments to service delivery include some combination of: weak human resources (HR) and public financial management (PFM) capacities; a lack of discretion over the management of financial and human resources; supply-side constraints on the availability of scarce HR; and weak accountability structures⁶. This study builds on past studies by the World Bank related to sub-national governance and/or service delivery, and provides a link between these two interlinked issues, in order to understand the constraints to public service delivery.

There is an on-going dialogue at GIRoA and among donors on the future of public services delivery in Afghanistan. While some services may be delivered better at the local level, others may be better left for the regional or even national levels. At the same time, past service delivery success stories may not necessarily be suitable for the more constrained financial and economic climate after 2014. The push to consolidate off-budget sources of service delivery into on-budget support through the Afghan

³ During the design and data collection phase of the project, great effort was put into researching ways to study binding constraints in their generally accepted definition. Binding constraints are defined as those constraints that define the limit to the outcome of the service delivery intervention (Based on *Growth Diagnostics*, Hausmann, R., Rodrik, D. & Velasco, A., 2005). Binding constraints prevent outcomes from increasing or growing beyond a certain level, no matter the investment made in other areas. Furthermore, in economics, binding constraints are often assumed to causally come first, or are a 'higher order' impediment to growth. Thus, addressing binding constraints is assumed to have the greatest net result in terms of growth of outcomes.

However, early in the process of collecting service delivery data from existing databases, it became clear that a strict economic study of binding constraints would not be feasible. Primarily because of the poor quality and reliability of existing service delivery data, the absence of accurate off-budget expenditure data, and the overall weak relation between public administrative performance and service delivery outputs due to varying degrees of government discretion. In this report therefore the term *binding constraint* has been replaced by *critical constraint*. In this case, critical constraints are those constraints that prevent the further improvement of service delivery outcomes. They are presumed to sequentially come first, and alleviating critical constraints has the largest net result in improving service delivery.

⁴ *Afghanistan in Transition: Looking Beyond 2014*. Hogg, R. et al, World Bank, 2013, p.90.

⁵ *Sub-National Governance Policy*, GIRoA (IDLG), 2010.

⁶ See for example: *Public Expenditure Tracking Survey, Afghanistan: Education Sector*, Altai Consulting, 2011; *Strengthening District Level Accountability and Service Delivery Outcome in Afghanistan*, Altai Consulting, 2011. Also, *Sub-National Governance Policy* (2010); Tokyo Mutual Accountability Framework; and many donor policy frameworks.

government has led to considerable questions about the capacity of provincial- and district-level civil servants. It is unclear whether they can absorb responsibilities that are currently largely executed through off-budget sources of technical assistance. In such an environment, it is critical to understand the major constraints to service delivery, with the objective of finding strategies to mitigate their effects and enhance efficiency. While considerable resources have been spent to enhance technical capacity, less time has been spent analysing the structural and organisational capacity of provincial- and district-level service delivery actors. Moreover, little empirical evidence exists about the causes of difficulties faced in service delivery.

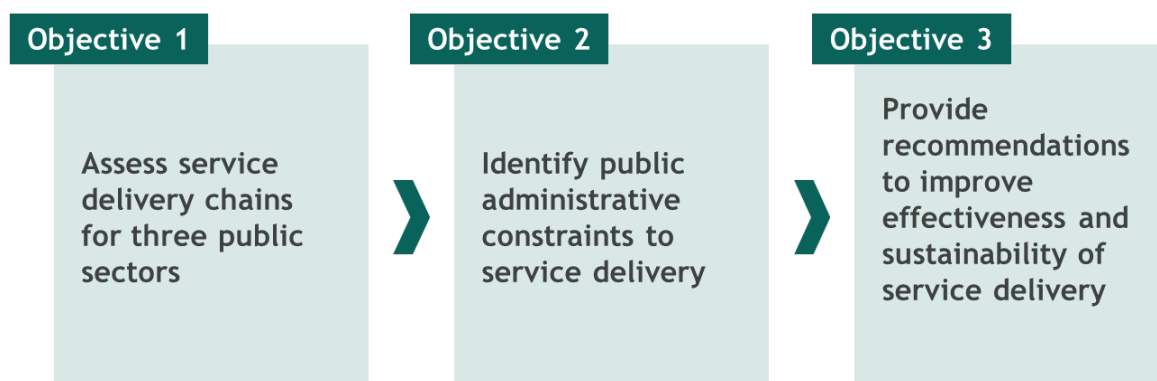
This report is split into six further sections: section two (this section) provides a brief introduction to the study objectives and clarifies some key definitions; section three outlines the methods used to perform the analysis; sections four, five, and six provide in-depth discussions of education, health, and agriculture extension respectively; section seven provides recommendations and concludes. The over-arching governance structures and further methodological details can be found in appendix 1. All references and research tools are included in annexes.

2.1 STUDY OBJECTIVES

This study provides the Government of Afghanistan with recommendations on how to alleviate critical constraints to service delivery at sub-national levels on a sustainable basis, in the context of an expected restrained fiscal future.

The study's main aim can be subdivided into three objectives. First, the report provides an assessment of service delivery chains – from central level to service delivery level – focussing on input, output, and desired outcome indicators. Secondly, the report identifies public administrative constraints that impede service delivery outcomes. Finally, there is an analysis of the underlying structures and causes of constraints in order develop specific and targeted policy recommendations for alleviating them.

Figure 1: Study Objectives



2.2 DEFINITIONS AND DEMARCATIONS

This report focuses on three key service sectors, identified by the World Bank for investigation: public health, public education and agricultural extension services. The three central ministries responsible for each of these sectors were targeted for data collection and analysis: the Ministry of Education (MoED), the Ministry of Agriculture Irrigation and Livestock (MAIL), and the Ministry of Public Health (MoPH). The administrative structure and key processes (HR, PFM) of these ministries, and the processes in affiliated government and non-government entities are described and analysed in appendix 1.

Given the broad scope of activities and services provided by these ministries, the data collection and analysis focus on two specific services provided by each of the three ministries. For the public health sector, Skilled Birth Attendance (SBA) and the Expanded Program for Immunization (EPI) were

selected; for the education sector, Teacher Training Colleges (TTCs) and Operations and Maintenance (O&M); and for the agricultural extension sector, the analysis focuses on the provision of improved (certified) seeds to farmers, and the control of endemic plant diseases.

The report focuses specifically on *public administrative constraints* to service delivery i.e. on administrative bottlenecks that exist in the government ministries, and their respective sub-national administrative units. Other constraints, outside the realm of the three selected Ministries (e.g., security, economy, geography, cultural beliefs, and seasonal constraints), are considered in the analysis, but are not the explicit subject of this study. As such, these contextual impediments are referred to as *external constraints*.

This report focuses on *critical constraints*, which are considered to be at the core of impeding progress. If unaddressed, critical constraints will inhibit the impact of alleviating other constraints, such that focus here will have the largest impact on improving outcomes. Although a wide range of potential inhibitors to service delivery will be discussed and tested in the analysis, the study concentrates on these critical constraints.

At this point, because of the extensive reference to administrative entities at different levels of the Government of Afghanistan, it may be helpful to provide an overview of the main acronyms used throughout the report, and the relationship of one entity to another:

Table 1: Acronyms and Naming Conventions for Administrative Entities

Level \ Sector	Public Health	Education	Agriculture	Finance	Generic
Central level (Kabul)	MoPH Ministry of Public Health	MoED Ministry of Education	MAIL Ministry of Agriculture Irrigation and Livestock	MoF Ministry of Finance	LM Line Ministry
Provincial level	PHD Provincial Health Department	PED Provincial Education Department	PAD Provincial Agriculture Department	PFD Moustafiat	PLD Provincial Line Department
District level	- ⁷ -	DED District Education Department	DAD District Agriculture Department	- ⁸ -	DLD District Line Department
Community level	(Health) Clinic	School	Agricultural Extension Facility	-	Service Facility

⁷ MoPH does not have a formal representative structure at the district level, nor district level administrative infrastructure (e.g. office buildings). Semi-formal district health officials do exist in approximately half of Afghanistan's districts. These positions are often held by senior health facility managers (e.g. district hospital directors).

⁸ MoF does not have formal representation below the provincial level. Similarly there is no accounting level below the provincial Moustafiat. MoF's chart of accounts does not include district codes, and budget and allotments are not specified at the district level. However, expenditure codes registered in AFMIS do include district location codes.

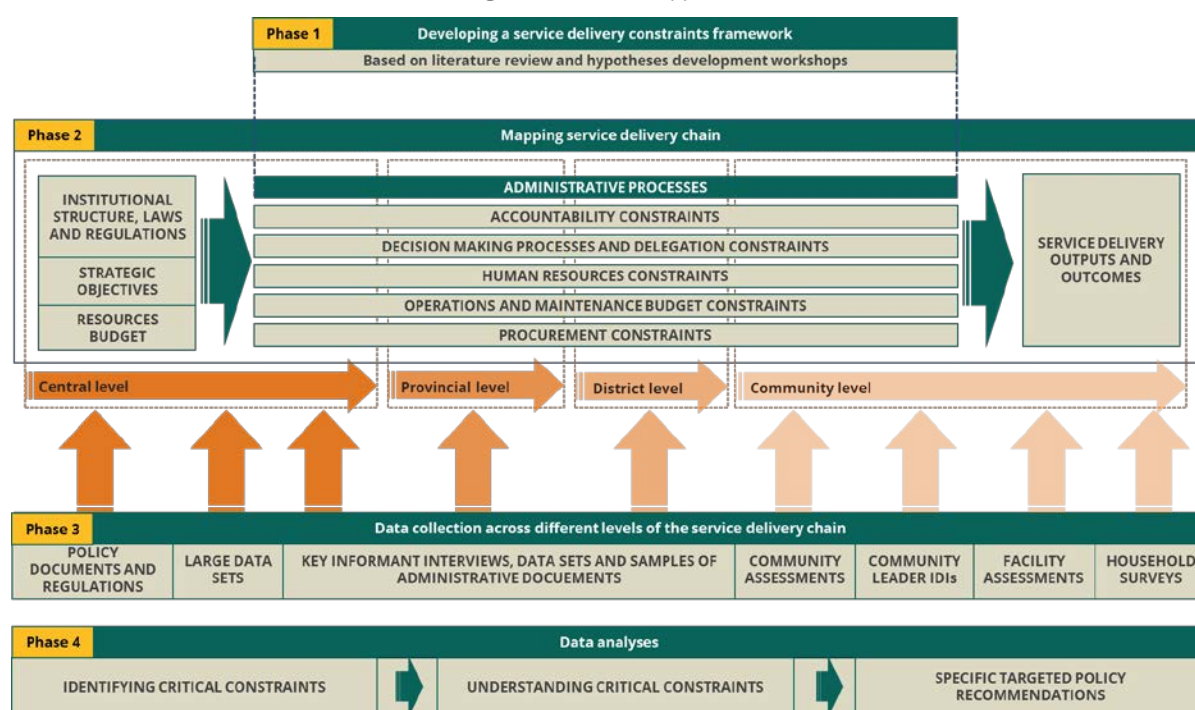
3. METHODOLOGY

The research approach for this study focussed on analysing where constraints exist in the service delivery chain and how they impact service outcomes. The research approach can be described by the following four phases:

1. Developing a service delivery constraints framework to be tested through data collection and analysis;
2. Mapping each sector's service delivery chain in order to understand the regulatory framework for public service delivery, the public policy objectives, and how and which services are provided;
3. Collecting data across different levels of the service delivery chain, on administrative processes, constraints, and service delivery performance; and
4. Constructing a data analysis process in order to identify and prioritise critical constraints and develop specific and targeted policy recommendations.

The diagram below illustrates the research approach followed during the course of this study.

Figure 2: Research Approach



The remainder of this section describes each of the research phases in more detail. This section ends with a discussion of the research constraints and limitations.

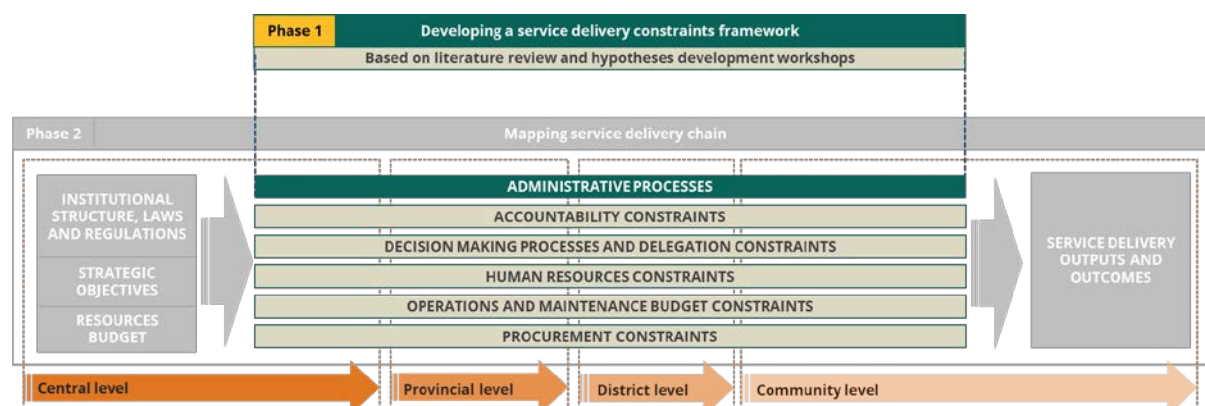
3.1 DEVELOPING A SERVICE DELIVERY CONSTRAINTS FRAMEWORK

The service delivery constraints framework used for this study was based on a literature review and extensive input from government officials and stakeholders.

Constraints mentioned in the numerous studies were listed, categorized, and logically organized in order to draft a first list of hypotheses on constraints to service delivery. (A full list of the literature reviewed for this study is included in the Appendix).

Second, *hypotheses development workshops* were organized in each of the respective ministries to develop up-to-date and sensitized hypotheses for key constraints in each ministry. Participants of the workshops typically included senior officials from various directorates (e.g., Admin & Finance, Procurement, HR, Planning & Policy, M&E / MIS, and programmatic and technical departments), as well as donors and facilitating partners. Participants were asked to illustrate typical administrative constraints and rank them in order of most critical to service delivery outcomes. Discussions were held on the nature and causes of these constraints, and participants were asked to suggest feasible policy reform options.

Figure 3: Developing a Service Delivery Constraints Framework



Based on findings from these exercises, five main categories of constraints were identified:

- (i) Accountability constraints;
- (ii) Decision-making processes and delegation constraints;
- (iii) Human resources constraints;
- (iv) Operations and maintenance budget constraints; and
- (v) Procurement constraints.

Table 2 presents the basis of the *service delivery constraints framework* used in the fieldwork for this report, and proposes a number of hypotheses for each category of constraint.

Table 2: Service Delivery Constraints Framework

SERVICE DELIVERY CONSTRAINTS FRAMEWORK	
1	ACCOUNTABILITY CONSTRAINTS
Hypothesis	<i>Lower administrative levels do not provide adequate feed-back upwards</i>
Examples	Inadequate monitoring of service delivery; poor budget planning at lower levels; no feedback on discrepancies between supply and demand; no adequate feedback for planning and policy; poor understanding of program objectives and targets; poor understanding of responsibilities.
Hypothesis	<i>There is an overall lack of basic performance-based management</i>
Examples	Data on service delivery quality and effectiveness is not used for decision-making; performance assessments (staff / directorates) are not used for decision-making; sub-national budget plans are not used for budget planning; contracting-out limits the possibilities for performance-based management.
Hypothesis	<i>Monitoring is of poor quality, irregular and not focused on quality output/outcome indicators</i>
Examples	Overlap of monitoring responsibilities; focus of monitoring on input and access to service delivery; poor monitoring quality, irregular and based on self-reporting; community based monitoring ineffective and not used; and lack of quality / outcome monitoring.
2	DECISION-MAKING PROCESSES AND DELEGATION CONSTRAINTS
Hypothesis	<i>Decision-making processes are overall slow, complex, centralized, and include procedures not laid-out in formal regulations</i>
Examples	Simple approvals at a single entity take too much time; too many signatures and officials involved in decision-making; tendency to involve senior officials, although not consistent with formal guidelines; horizontal interference in decision-making outside of formal responsibilities; centralized decision-making on trivial issues; absenteeism of senior official causes delays; unwillingness to delegate authority to lower levels.
3	HUMAN RESOURCES CONSTRAINTS
Hypothesis	<i>Not enough qualified staff can be hired / retained to effectively provide the service</i>
Examples	No supply of qualified staff; salaries not competitive.
Hypothesis	<i>HR management is not conducive to performance of staff and improving quality of service delivery</i>
Examples	Limited HR discretion at lower levels; HR management is not enacted according to formal regulations; hiring, promotion, and firing not based performance assessments; salary payments often delayed; interference of governor / senior official in HR management; low staff motivation and high rates of absenteeism.
4	OPERATIONS AND MAINTENANCE BUDGET CONSTRAINTS
Hypothesis	<i>The lack of O&M budget availability at district and community levels constrain service delivery</i>

SERVICE DELIVERY CONSTRAINTS FRAMEWORK

Examples No O&M allowances at lower levels; or ineffective distribution, no earmarking for lower levels.

Hypothesis *Poor O&M budget planning and inefficient O&M spending constrain service delivery*

Examples Poor budget planning capacity and understanding of O&M requirements; no budget planning for replacement of equipment or maintenance of assets; lack of asset registries; O&M mostly spent on fuel and transportation, rather than on maintenance; lack of monitoring and contracting capacity of maintenance works.

5 PROCUREMENT CONSTRAINTS

Hypothesis *Slow procurement processes constrain service delivery*

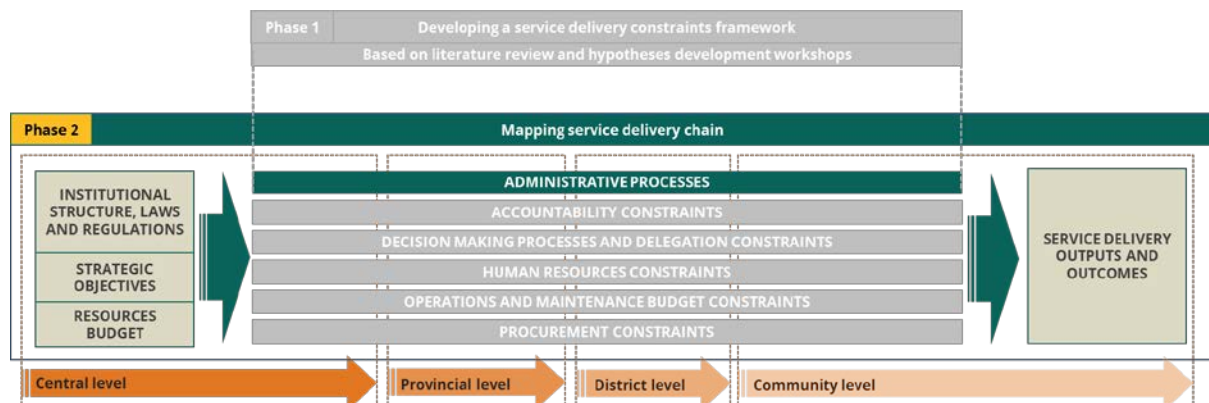
Examples Delays are caused by poor procurement capacity, complicated procurement requirements and procedures, uncooperative Moustafiats⁹, senior interference and private disputes, and the process cycle itself.

⁹ A provincial line department of the Ministry of Finance is called a *Moustafiat*.

3.2 MAPPING THE SERVICE DELIVERY CHAIN

Mapping the service delivery chain included a review of policy and legislative documents that describe the institutional structure and laws and regulations applicable to public administration and public service provision. Strategic and policy documents were assessed in order to understand what goals and outcomes the Government of Afghanistan is trying to achieve, and what kind of services it aims to provide, to whom and how. Furthermore, datasets were collected on service delivery expenditures, outputs and outcomes, to understand what is currently being achieved in each sector. Lastly, during data collection, interviewees were asked to illustrate parts of the service delivery chain in order to attain a more in-depth understanding of its process flows.

Figure 4: Mapping the service delivery chain



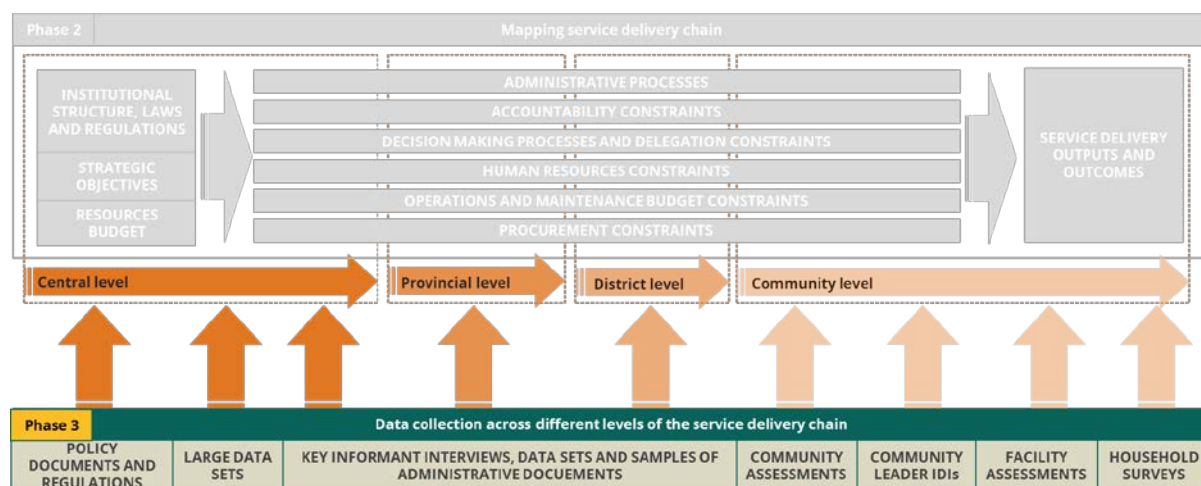
The institutional structure, laws and regulations applicable to service delivery are described in detail in section 8 of the appendix (appendix 8.1). This includes a discussion of the administrative structure of the Government of Afghanistan, civil service procedures, and the public financial management framework.

The remaining key features of the service delivery chain, including objectives, policies, resources, output and outcomes, will be presented in sections 4, 5, and 6, in combination with the analysis of administrative process constraints.

3.3 DATA COLLECTION

The data collection process started with the selection of research locations and the creation of research instruments, followed by the actual data collection in the field. This section describes this process and ends with a summary of the data collected.

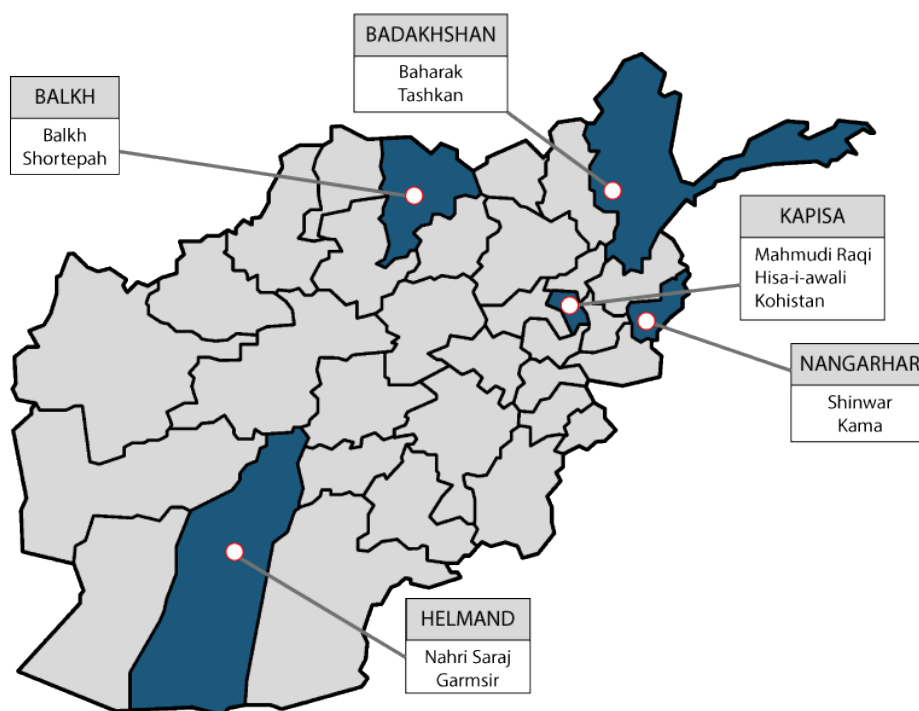
Figure 5: Data Collection across different levels of the service delivery chain



3.3.1 RESEARCH LOCATIONS

Besides data collection in Kabul, five provinces were selected for this study: Badakhshan, Balkh, Helmand, Kapisa and Nangarhar. This selection was based on multiple criteria and considerations that are presumed to impact sub-national administration and service delivery, including: different levels of insecurity; different degrees of urbanization and rural distribution; different levels of economic development and available infrastructure; and different implementation modalities for the public health sector.

Figure 6: research locations



In addition to data collection at the provincial administrative level, data was collected in two districts in each province. The districts selected included one district with a relatively large population and with district-level service facilities (e.g., hospitals, high schools, and agricultural facilities); and one district with a relatively small population, and often in a more remote area without these facilities. Within each district, two communities were selected, one being the district centre or a nearby community, and the other being a rural or semi-rural village more removed from urban centres.

The selection of research locations aimed to include the full variety of factors affecting service delivery implementation and its administrative processes. It reflects the diversity of challenges found in Afghan public administration, and will allow an examination of how they interact with service delivery outcomes and administrative constraints.

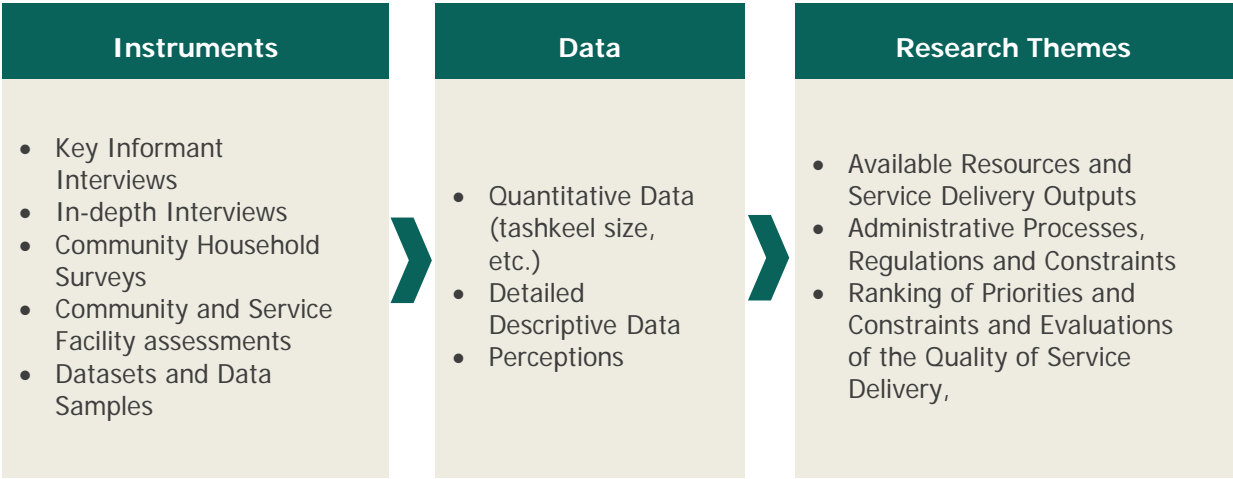
3.3.2 FIELD TEAMS

Fieldwork for this study was conducted from June to October 2013. International consultants conducted interviews at the central level. A team of national researchers, including surveyors at the community level, conducted fieldwork in the provinces. Provincial supervisors checked community household surveys daily. Provincial supervisors also conducted interviews at the district level. Within each district, a random sample of interviewees was called afterwards to verify the integrity of the survey and interviews. National and international consultants, with over seven years of research experience, managed and supervised the process, while also conducting interviews at the provincial level.

3.3.3 RESEARCH INSTRUMENTS

The research instruments for this study consisted of key informant interviews, community household surveys, community and service facility assessments, and data collection on service delivery and administrative processes.

Figure 7: Overview of Research Instruments, Types of Data, and Themes



Data collected from the fieldwork consists of quantitative data on available resources (e.g. tashkeel, budget, and infrastructure) and service delivery outputs (e.g. enrolled students) and detailed descriptive data on administrative processes, regulations and constraints. In addition, participants were asked their perceptions of priorities and constraints and their evaluations of the quality of service delivery.

Interviews were conducted at four different levels: central (Kabul), provincial, district, and community (service delivery). The questionnaire guidelines for these interviews were developed based on the

constraints framework to test the identified hypotheses, and consisted of open-ended, semi-structured, and structured questions.

CENTRAL LEVEL KEY INFORMANT INTERVIEWS

50 key informant interviews were conducted in Kabul. Besides interviews with officials from the three Ministries selected for this study (MoPH, MoED, and MAIL), interviews were conducted with:

- Affiliated government officials e.g., at the Ministry of Finance, the Independent Directorate of Local Governance, the Independent Administrative Reform and Civil Service Commission, the Ministry of Rehabilitation and Rural Development;
- Facilitating partners e.g., NGOs providing public services;
- Donors supporting the three service delivery sectors; and
- Subject experts on service delivery, sub-national governance and public financial management.

PROVINCIAL LEVEL KEY INFORMANT INTERVIEWS

76 key informant interviews were conducted with semi-structured interview guidelines at the provincial level. These interviews covered a broad range of actors at the provincial level, including:

- Selected provincial line directorates;
- Provincial governors' offices;
- Moustafiats;
- Provincial council members;
- Program implementers;
- Provincial representatives of the IARCSC and the IDLG;
- Donors; and
- UN agencies.

DISTRICT LEVEL KEY INFORMANT INTERVIEWS

51 key informant interviews were conducted with semi-structured interview guidelines at the district level. Interviews were held with:

- Officials at the district governors' offices;
- District line directorates; and
- District representative bodies e.g. District Development Assemblies and Afghanistan Social Outreach Program shuras.

Table 3: Number of Key Informant Interviews across levels and sectors

KIIs	MoED	MoPH	MAIL	PGO / DGO	Affiliated*	Other	Total
Central Level	9	12	9	-	8	12	50
Provincial Level	12	10	10	5	10	29	76
District Level	13	11	11	6	-	10	51

* Affiliated: Ministry of Finance, IDLG and IARCSC

The guidelines for key informant interviews were developed according to the constraints identified in the *service delivery constraints framework* (see Table 2). Questions were asked about administrative processes in HR, procurement, O&M, accountability, decision-making and delegation. Besides descriptions and illustrations, interviewees were also asked to evaluate specific administrative

processes in the service delivery chain and rank them in order of most critical to service delivery outcomes. In addition, interviews included questions on inter-administrative relations and processes e.g. roles and responsibilities and information flows, and priorities for public administrative reform. Furthermore, the interview guidelines sought to gauge awareness and knowledge of the government's strategic priorities, policies, and regulations, and perceptions of control, authority and ownership. An overview of research tools and themes specified by interviewees and levels can be found in appendix 9.4.

COMMUNITY LEVEL IN-DEPTH INTERVIEWS

68 in-depth interviews with semi-structured guidelines were held with community leaders e.g. Maleks, Mullahs, Community District Council members, doctors, and school principals.

These interviews included an additional focus on understanding the dynamics between service receivers and service providers. Community-based accountability mechanisms were explored, as were typical ways that community members interact with service providers and the government in general. Moreover, the interviews assessed the responsiveness of service providers and the government to community feedback.

COMMUNITY HOUSEHOLD SURVEY

A community household survey was conducted through interviews with the heads of 20 households in each of the 20 communities selected for this study – a total of 400 surveyed community households. The household survey explored perceptions and usage of public services, as well as access to them. Interviewees were asked to prioritize their needs in order to improve service delivery and evaluate the performance of public service providers. Awareness of the government's policies was explored, as well as cultural beliefs affecting specific services (e.g., girls' education, skilled birth attendance, and immunization programs).

COMMUNITY ASSESSMENTS

Moreover, surveyors for this study completed 20 *community observation grids*. These assessments include basic information on the communities surveyed, such as available infrastructure, available service facilities, and the main sources of income for residents, the largest sectors of employment, ethnic composition, security indicators and the distance to the provincial administrative centre.

The community assessments were developed based on multiple data sources, including direct observations, discussions with community representatives and consulting aggregated datasets. These assessments aimed to provide additional information on factors influencing service delivery outcomes and administrative performance (e.g. security, infrastructure, and rural context) that were not included in the service delivery constraints framework. In addition, they served as a way to double-check the national service delivery datasets, to assess whether services are indeed available and accessible in these communities.

SERVICE FACILITY ASSESSMENTS

Furthermore, in each community, 55 service delivery facilities were visited and assessed. *Facility observation grids* include information on staff and client presence/absenteeism, ratings of the quality of the available infrastructure, maintenance needs, available equipment, staffing, supplies in stock e.g. drugs, seeds, etc., awareness of budget availability and access to resources.


The assessments were typically developed based on a tour of the facility and interviews with the director or school principal and some of the staff present during the visit. Besides a head count of the staff and service receivers present during the visit, the assessment also involved checking attendance sheets, stock supplies, the availability of equipment and an inspection of the facility and its maintenance needs. Last, the facility assessment allowed for discussions with service providers at the service delivery level, which then allowed for collecting data on their perceptions of constraints and needs for improvements.

SAMPLES OF ADMINISTRATIVE DOCUMENTS

Besides interviews and assessments, data was collected from *samples of administrative documents*. Typically, photocopies were requested of HR recruitment documents, timesheets, job descriptions and performance assessments, monitoring and evaluation plans and reports, budget plans, procurement documents, maintenance requests, and stock reports.

Although this data was often unavailable and could only be partially retrieved, the samples indicated how administrative procedures are understood and followed and how sub-national administrations deviated from national guidelines and regulations. Moreover, it gave a more in-depth view into the nature and quality of information flows between the different administrative levels, and the timeliness and complexity of certain administrative processes.

Table 4: Samples of Administrative Documents

Administrative Documents	Samples of Photo copies	Analyses
HR documents		Understanding of regulations
Monitoring reports		Adherence to regulations
Budget plans		Nature and quality of information flows
Procurement documents		Timeliness of processes
Maintenance requests		Complexity of processes
Stock (inventory) reports		

3.3.4 RESEARCH OVERVIEW

Table 5¹⁰ provides a summary of interviews conducted for this study. Research tools, including questionnaire guidelines and observations grids, and a full list of interviewees for the central level key informant interviews are included in the Annexes.

Table 5: Research Overview

Research Location	Provincial Capital / District	Key Informant Interviews	Community / Village	Community Leader In-depth Interviews	Community Household Surveys	Community Observation Grids	Facility Observation Grids
Central Level	Kabul	50					
Badakhshan	Fayzabad	15					
	Baharak	7	Sarband	3	20	1	5
			Dashte Farakh	4	20	1	1
	Tashkan	6	Maghzar	3	20	1	2
			Hawza-e-Shahri	3	20	1	2
Balkh	Mazar-e-Sharif	17					
	Balkh	6	Bandar Balkh	4	20	1	3

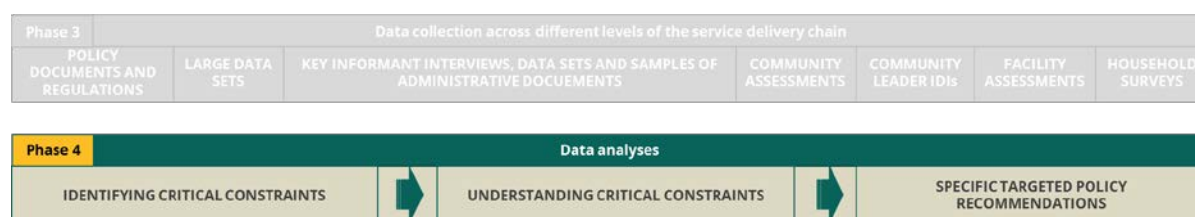
¹⁰ Table 5 does not disaggregate the number of interviewees by gender. With the exception of the community household survey, all interviewees were functionally targeted. That is, they were selected to be interviewed because of their formal or informal position (e.g. General Director of Human Resources, or village leader). Furthermore, the community household survey did not aim to reach a gender balance in respondents. As a result, almost all interviewees, at the central-, provincial-, district-, and community level were male

			Yalqachi Bala	3	20	1	2
	Shortepah	6	Guzar-e-Markazi	3	20	1	3
			Aregh-e-Batur	4	20	1	1
Helmand	Lashkargah	17					
	Nahri Saraj	6	Qul Gawmish	4	20	1	1
			Tajikano Kaly	3	20	1	3
	Garmsir	6	Quri Kaly	5	20	1	2
			Dehwala	3	20	1	1
Kapisa		13					
	Mahmud-e-Raqi		Danguk	3	20	1	3
			Darow Khail	3	20	1	5
	Hisa-i-awali Kohestan	5	Khum Zargar	4	21	1	4
			Khona Deh	4	20	1	6
Nangarhar	Jalalabad	14					
	Shinwar	4	Shergar	4	20	1	4
			Anarbagh	4	20	1	2
	Kama	5	Chahar Qala	3	21	1	3
			Sangar Sarai	1	20	1	2
Total		171		68	402	20	55

3.4 DATA ANALYSIS

The data analysis process was guided by two objectives: to separate the administrative constraints that are *critical* to service delivery outcomes, and to develop an in-depth understanding of the nature, causes and dynamics of these critical constraints.

Figure 8: Overview of the Data Analysis Process



Analysis proceeded by both qualitative and quantitative methods. Data collected in each sector from interviews, household surveys, community and facilities assessment, analyses of administrative documents, and that retrieved from national datasets (e.g., AFMIS¹¹, HMIS¹², EMIS¹³, AMIS¹⁴, NRVA¹⁵, Johns Hopkins BSC¹⁶ etc.), was complemented by in-depth analysis of processes and anecdotal illustrations.

It is important to note that the size and scope of this study do not allow for statistical analyses or generalized statements holding statistical significance. Instead, trends and causal relations presented in this study are of a descriptive nature. **Although large existing data sets were consulted**

¹¹ Afghanistan Financial Management Information System

¹² Health Management Information System

¹³ Education Management Information System

¹⁴ Agriculture Management Information System

¹⁵ *National Risk and Vulnerability Assessment 2007/8*, ICON Institute, 2008.

¹⁶ *Afghanistan: Basic Package of Health Services, Balanced Score Card National Report 2011-12*, Johns Hopkins Bloomberg School of Public Health, 2012.

during the course of this study, the study's approach and methodology are ethnographic rather than statistical, and key findings should be treated as such.

3.4.1 IDENTIFYING CRITICAL CONSTRAINTS

Given the challenges to quantitative data analysis (see Section 3.5.2), critical constraints could not be identified based on assessing the size of their impact on service delivery outcomes. Instead, the identification of critical constraints has been led by analyses of the key-informant interviews and assessments conducted in the fieldwork. Furthermore, the process of identifying critical constraints was supported by logical deduction. In other words, qualitative data was used for cause and effect, sequential order, and 'higher-ranking order' analysis, to understand which constraints lie at the core of impeding outcomes and are 'more critical' than others.

In addition, based on the synthesis of interviews, descriptions and existing data sets, detailed descriptions of critical constraints were developed. The aim of the descriptions is to provide an in-depth understanding of the nature, causes, and dynamics of these constraints. Constraints were qualified in terms of the location in the service delivery chain i.e., at what administrative level, unit, and process, and classified in terms of their causes e.g., institutional structure, resources, skills and capacity, control mechanisms, behavioural and incentive structures, and contextual.

3.4.2 DEVELOPMENT OF A REFORM AGENDA

Specific and targeted policy recommendations were developed for each sector, based on the prioritization and in-depth knowledge gained from the analysis. Based on the analysis of the nature and causes of constraints, reform recommendations specify the part of the service delivery chain that should be targeted and the kind of reform required. Furthermore, comparisons between education, health, and agriculture help identify best practices and effective reform measures that apply across sectors. The recommendations are described in sequential order and specify which administrative level, or which stakeholder, holds what responsibilities during the reform process.

3.5 RESEARCH CONSTRAINTS AND LIMITATIONS

This section describes some of the key constraints and limitations to the research, as well as the measures that were developed to mitigate their effects.

3.5.1 CHALLENGES TO DATA COLLECTION

Collecting data on public service delivery and administrative processes in the Afghan context is a challenging exercise. Although considerable progress has been made in recent years to digitise databases (both expenditure and output datasets of AFMIS, HMIS, EMIS, and AMIS), much of the information collected by ministries has not yet gone through this transformative process, and is still paper-based. Moreover, ministries are at different stages of maturity in terms of information management. Data collection is often not centralized and collated, nor is data adequately archived.

Typically, HR data, monitoring reports, distribution sheets, and accounting documents could only partially be retrieved. In many cases, government officials were very supportive but unable to obtain complete datasets. In some cases, officials felt they were not authorized to share the information, despite authorization letters from their respective ministers. To collect as much accurate data as possible, researchers for this study invested a substantial amount of time 'chasing' datasets and verifying their accuracy through corroboration with other sources.

In addition, data collection was impeded by a widespread reluctance to speak out. Although many interviewees spoke frankly about what they perceived as ineffective or poor performance, some felt uncomfortable in expressing their opinions or pointing out weaknesses in the administrative system. This was observed especially at sub-national levels, where personal affiliations and loyalties appear stronger, and the administrative power structure is seemingly more homogenous. To combat this potential problem, many interviews were conducted with informants alone, and interviewees could stipulate that they preferred to remain anonymous.

3.5.2 CHALLENGES TO QUANTITATIVE DATA ANALYSIS

There are three key challenges to quantitative data analysis in the context of this study.

LIMITED AVAILABILITY OF OUTPUT AND OUTCOME DATA ON SERVICE DELIVERY

Data availability on service delivery output and outcome varies considerably across the three different sectors. While there is a significant amount of output data and some outcome data available in the health sector, there is limited output and almost no outcome data available in the education sector: e.g. EMIS does not have easily accessible data on success rates of graduation. In the agricultural sector, there is no output or outcome data available on MAIL's discretionary programs. Furthermore, some service delivery datasets appear inaccurate and have limited verification mechanisms. Because these datasets are based on self-report forms, some interviewees suggested the possibility of systematic biases. The service facility assessments of schools, health clinics, and agricultural extension facilities collected in the fieldwork therefore served as a significant complementary data source on outputs.

CHALLENGES TO QUANTIFYING ADMINISTRATIVE PROCESSES AND CONSTRAINTS

Due to the qualitative nature of many administrative processes and constraints e.g. decision-making processes, accountability, or HR management, it is challenging to develop adequate quantitative proxy indicators that accurately reflect these processes. The research team developed numerical indicators that represent qualitative processes, or parts thereof, where possible. This involved creating indicators for the timeliness of processes, quantitative grading of qualitative descriptions of the processes, and collecting perceptions of the quality of the processes.

WEAK RELATIONSHIP BETWEEN PUBLIC ADMINISTRATION AND PUBLIC SERVICES

In the health sector the majority of public services are contracted out to NGO health providers. These services are procured centrally in Kabul, with provincial health directorates having only a limited role in service provision. Provincial administrative constraints will thus have only a limited impact on service delivery outcomes.

Similarly, in the agricultural sector, many extension service programs, although on-budget, function more or less independently through program implementation units (PIUs) at the sub-national level. More broadly, civilian off-budget donor support to Afghanistan outsizes on-budget expenditures in the public sector, resulting in many 'public' services that are not actually administered by the Afghan government.

4. EDUCATION SERVICE DELIVERY

Since 2001, significant gains have been made in providing public education services to the Afghan people. Whereas in 2001 only about 900,000 children were enrolled in school, today this number has increased to over eight million, of which 3.1 million are girls¹⁷. The increased access to education and the enrolment of children, especially girls, is widely seen as a major achievement of the new Afghan government. However, **the rapid expansion of the public education sector has placed pressure on government's resources and administrative capacity**, and significant challenges to the quality of education services remain.

The Ministry of Education (MoED), responsible for primary and secondary education, employs over 200,000 teachers, both tashkeel and contracted, making it the largest single civilian employer in the country. The annual increase in enrolment has strained the education service considerably, with over a million students enrolled in first grade in 2011. In 2011, student enrolment increased by 14%; however, the Ministry of Finance provided only 4.6% additional funding for 10,000 new positions, including teachers and support staff¹⁸. Each year, the MoED needs to hire at least an additional 8,000 teachers to maintain its current pupil/teacher ratio. Moreover, the ministry estimates 68% of all general education teachers do not meet standard qualifications for professional teachers (i.e. are graduates of 14th grade or Teacher Training Colleges). Moreover, about half of Afghanistan's 412 districts do not have qualified female teachers, reducing retention rates of girls, especially in secondary and upper secondary grades¹⁹.

Finally, nearly a thousand schools must be established each year to respond to the increasing demand for education. A considerable proportion of schools are already operating without buildings or classrooms, teaching in tents or courtyards. In urban centres, it is not uncommon for schools to hold two or even three shifts a day. The MoED pays a considerable amount each year to rent private premises that are used as school buildings, further straining available resources in the sector.

This section will describe the public education sector in more detail, including its current performance and critical constraints to service delivery. The section proceeds as follows:

- Section 4.1 provides an overview of MoED Strategic Framework;
- Section 4.2 describes the current state of education service delivery;
- Section 4.3 gives details on public financial management in the education sector;
- Section 4.4 describes monitoring, evaluation and reporting systems;
- Section 4.5 describes Human resources management;
- Section 4.6 outlines critical constraints to education service delivery.

4.1 MOED STRATEGIC FRAMEWORK

The MoED's policies and objectives are clearly outlined in the National Education Strategic Plan for Afghanistan 2010-14 (NESP). The plan is structured on five priority programs:

1. General and Islamic Education;
2. Curriculum Development; Teacher Education and Science and Technology Education;
3. Technical and Vocational Education and Training;
4. Literacy; and
5. Education Management.

The NESP clearly defines objectives for each sub-program and identifies over 200 measurable targets to achieve by 2014. This includes the number of schools the MoED aims to establish over the four-

¹⁷ Ministry of Education 1390/2011 Annual Progress Report, MoED, 2011, p.2.

¹⁸ Ibid. p.9.

¹⁹ Ibid. p.9, girls' retention rates decrease significantly after the age of 12.

year period, and the number of new teachers that should be recruited for each educational program. Although some targets set in the NESP appear overly ambitious, it provides a clear framework of measurable outcome indicators for the education sector.

A selection of the main objectives articulated in the NESP will be used as a framework to measure service delivery performance. These objectives are to:

- Increase student enrolment;
- Improve student teacher ratios;
- Improve teacher and student gender ratios;
- Increase the number of competent teachers; and
- Increase the number of schools with usable buildings and classrooms.

Teacher Training Colleges (TTCs) and Operations and Maintenance (O&M) will be analysed in greater detail, since these are the two focus areas for the education sector in this study.

4.2 CURRENT STATE OF EDUCATION SERVICE DELIVERY

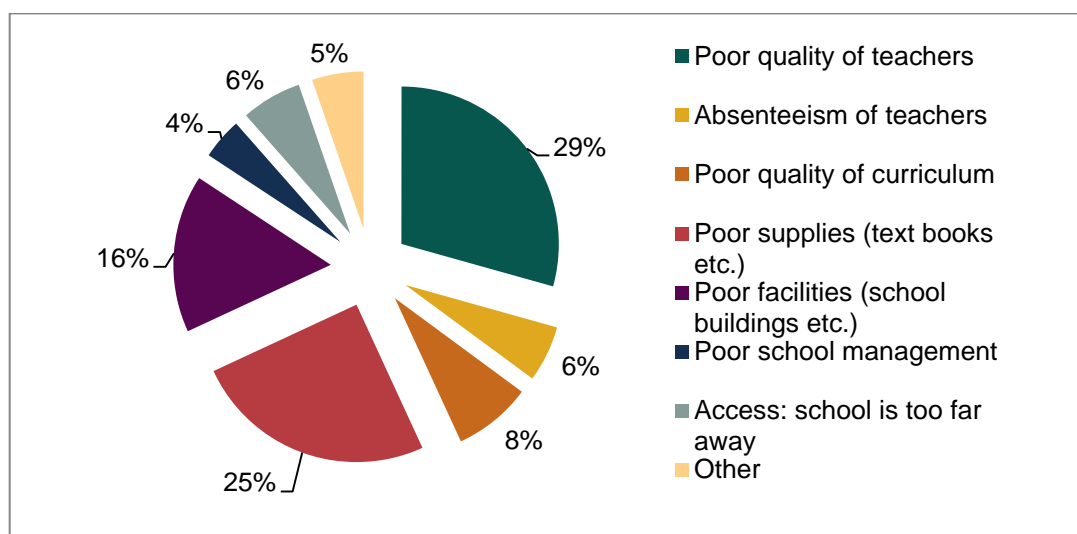
Ten years ago, the MoED had limited capacity and resources to supply the basic input components for education, such as teachers, textbooks, materials and buildings²⁰. Since then, access to education has expanded significantly, penetrating remote and rural communities in the country. Expansion of education services has happened in a fairly standardized pattern. Across the districts surveyed, the distribution of schools, teachers and students appeared uniform and consistent.

However, the quality of the available infrastructure, such as school buildings and furniture, and the distribution of textbooks varied considerably across the schools surveyed for this study. Schools appeared to benefit from their proximity to the provincial or district centres, which seems to create access to public resources. **In more remote districts or villages, the quality of school infrastructure was often considerably poorer than in those schools closer to administrative centres.** Furthermore, all schools surveyed indicated not receiving enough textbooks, although in varying degrees, and in some case with considerable delay.

In the community household survey conducted in the five selected provinces, community members (n=333) were asked to express their biggest concerns regarding education services. **The poor quality of teachers is the primary concern for communities;** *textbooks* were the second most-mentioned problem, and the third most-mentioned issue is the *poor quality of the facilities*, as shown in Figure 9 below.

²⁰ *A Guide to Government in Afghanistan*, AREU & The World Bank, 2004

Figure 9: Community-Level Perceptions of Problems in Education Service Delivery (n=333)



Source: Altai, Community Household Survey

4.2.1 STUDENT ENROLMENT

Increasing student enrolment and improving the student gender ratio (ratio of female students to male students) are two of the main objectives of the MoED. Analysis of Education Management Information System (EMIS) data over 2009-2013 in the surveyed provinces shows an **improvement of enrolment overall**, except notably in Helmand, where there has been prolonged insecurity.

Figure 10: Changes in the Number of Students from 1388-1391

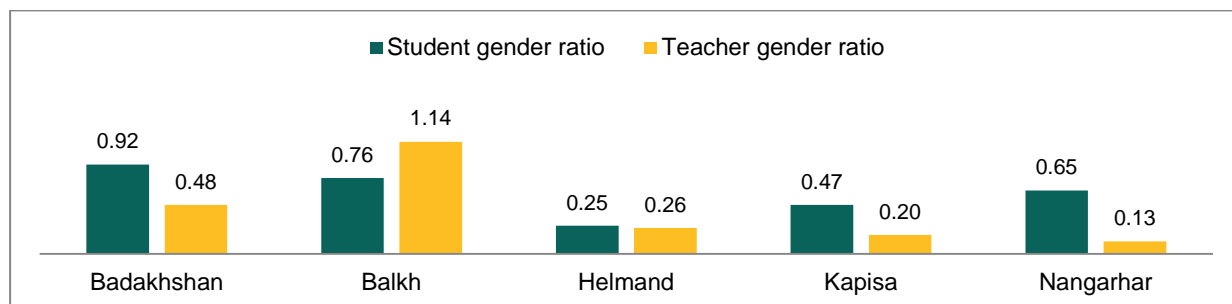
Students 1391	Badakhshan	Balkh	Helmand	Kapisa	Nangarhar
Total Students	339,929	536,187	119,132	131,667	728,104
<i>Trend 88-91</i>	+16%	+26%	8%	+18%	+34%
Gender ratio	0.92	0.76	0.25	0.47	0.65
<i>Trend 89-91</i>	+5%	4%	+6%	-1%	+5%
Gross Enrolment	79%	91%	29%	33%	110%

Sources: CSO, EMIS, 1391

The two provinces with the highest teacher gender ratios also have the highest student gender ratios. However, there are substantial discrepancies between the two indicators, most notably in Nangarhar, where teacher gender ratios are extremely low, but student gender ratios are average²¹, see Figure 11.

²¹ A full analysis of nation-wide multiyear data would be required to reveal more about the impact of teacher gender ratios on student gender ratios.

Figure 11: Teacher and Student Ratios in Selected Provinces



Source: EMIS, 1391

4.2.2 TEACHERS

On average, there is one teacher for every 43 students in Afghanistan (EMIS, 1391). The student/teacher ratio is highest in Nangarhar province (59). Despite a tremendous increase in enrolment of students in Nangarhar, this ratio has slightly decreased in the past years. Helmand has been the most successful in decreasing the student/teacher ratio, although this may be attributed to the low increases in student enrolment. Badakhshan's enrolment data appears to be the most unreliable²².

Table 6: Changes in Teacher Numbers and Gender Ratios 1388-1391

Teachers 1391	Badakhshan	Balkh	Helmand	Kapisa	Nangarhar
Absolute change 88-91	418	1,508	572	408	2,683
Trend 88-91	4%	13%	24%	14%	22%
Gender ratio	0.48	1.14	0.26	0.20	0.13
Trend 88-91	4%	3%	3%	4%	0%
Student/Teacher ratio	35	48	51	45	59
Trend 88-91	-4%	-7%	-11%	-2%	-9%

Source: EMIS, 1391

Across Afghanistan's provinces, the average teacher gender ratio is 0.44. Although Helmand and Kapisa have fairly low teacher gender ratios – for every 100 male teachers there are only 26 female teachers in Helmand and 20 in Kapisa – these two provinces were quite successful in increasing their teacher gender ratios in the past three years (+3% and +4%, respectively).

In absolute terms, Nangarhar and Balkh provinces were the most successful in hiring new teachers in the past three years, with 2,683 and 1,508 new teachers, respectively. The other three provinces hired around 400 to 500 new teachers each. However, compared to the baseline (Year 1388) Helmand and Nangarhar provinces were the most successful in increasing their pool of teachers. Helmand increased its number of teachers by 24% in the past three years, and Nangarhar increased its number by 22%.

Current teacher gender ratios in Balkh are very high (1.14); indeed, there are more female teachers than male teachers. The gender ratio is extremely low in Nangarhar (0.13), which is broadly the same as three years ago. This appears to indicate that the Nangarhar provincial education department has put little effort into – or has been unsuccessful in – hiring more female teachers.

²² EMIS enrolment data indicated increases and decreases of over 100,000 students in a 4 year dataset.

4.2.3 INFRASTRUCTURE

Improving school infrastructure is one of MoED's main objectives. However the MoED has been unsuccessful in achieving its NESP target to provide 75% of all schools with an adequate building by 2014. Although the number of school buildings and classrooms has increased, the increase of students and the related demand for infrastructure has increased faster.

Figure 12: Changes in the Number of School Buildings, 1388-1391

Classrooms	National	Badakhshan	Balkh	Helmand	Kapisa	Nangarhar
New classrooms 1388-1391	7,988	925	1,441	205	360	1,276
<i>Trend 1388-1391</i>	12%	33%	53%	26%	39%	42%
Students per classroom 1391	115.0	92	129	122	102	169
<i>Trend 1388-1390</i>	11%	0.5%	0.4%	-4.8%	-9.0%	2.7%
Buildings						
New buildings 88-91	1,929	60	102	43	17	130
<i>Trend 88-91</i>	34%	18%	38%	58%	15%	46%
Percentage of schools that have school buildings 1391	48%	56%	70%	38%	62%	55%

Source: EMIS, 1391

The school facility assessments revealed significant variance between the schools surveyed in terms of infrastructure. Differences were observed between provinces and districts, however substantial differences in the available infrastructure also exist within districts. School buildings in Badakhshan were particularly poor, often lacking surrounding walls, latrines, wells and electricity.

The Education Quality Improvement Program (EQUIP) supports the construction of school buildings, classrooms, and the provision of furniture across Afghanistan. However, interviewees reported problems with the completion of school buildings. In several cases school construction had not met minimum construction standards. Because EQUIP officials are not always able to monitor construction, some construction companies abandoned schools before completion, leaving buildings without windows, as was reported in Kapisa.

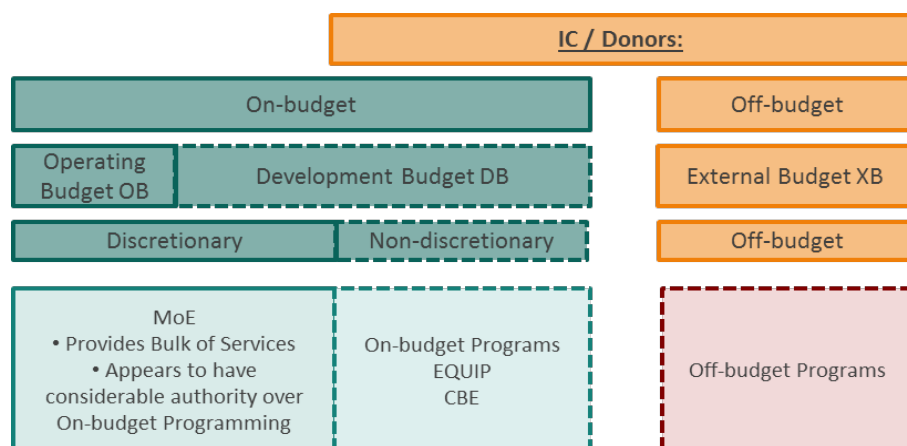
Many challenges related to school construction were already identified by EQUIP teams during a technical assessment in 2010²³. Rising costs were found to prevent contractors from building schools according to original requirements. Original cost estimates for schools are not always made by qualified engineers, which can lead to underestimating the costs of construction. As a result, many schools lack basic infrastructure facilities such as wells, latrines, boundary walls, and electricity.

4.3 PUBLIC FINANCIAL MANAGEMENT

Like other ministries, the MoED's budget is divided between the operating budget, largely at the Ministry's discretion, and the development budget, which is mostly earmarked by donors. However, the MoED appears to have more discretion over its development budget expenditures than the other two ministries included in this study. That is, different directorates of MoED's Central Ministry are involved in the planning and prioritization of the development budget. This arrangement is summarized in Figure 13 below.

²³ EQUIP II AF Implementation Support Mission Aide Memoire, 2012

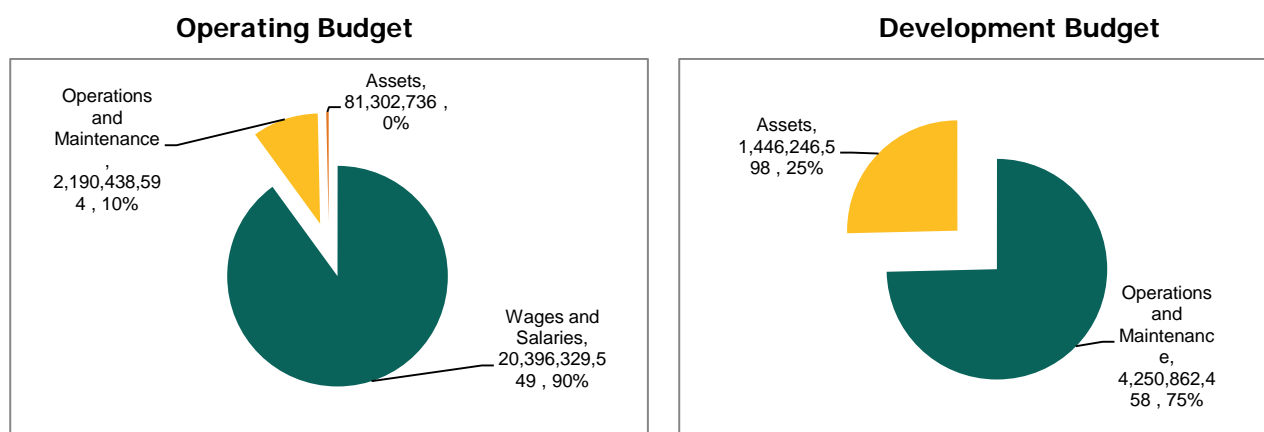
Figure 13: Public Education Budget and Discretion



4.3.1 BUDGET DISTRIBUTION AND EXECUTION

The total budget (OB+DB) of the MoED was a little over \$750 million USD for fiscal year 1392 (2013), with \$591 million USD for the operating budget and \$165 million USD for the development budget. **Salaries dominate the operating budget of the Ministry of Education** (90.2% of OB), see Figure 14. This is significantly higher than the other two ministries included in this study (77.9% for MAIL and 70.1% for MoPH). Wage bill expenditures are generally fixed, whereas O&M²⁴ and asset expenditures can be prioritized. Moreover, the pressure on the MoED's wage bill is rising, with substantial annual increases in tashkeel as a result of hiring extra teachers to meet increasing demand for education.

Figure 14: Budget allotments to MoED (1392, in AFN)

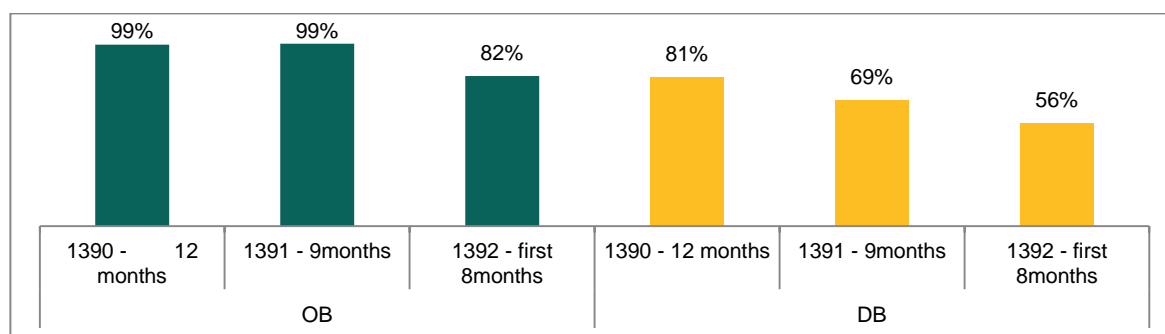


Source: AFMIS

The Ministry of Education's OB execution rates stand at 99% on average (for 1390 and 1391); whereas DB execution rates are 75% on average (for 1390 and 1391). Absolute OB expenditures are rising slightly year after year, whereas DB expenditures appear stable in the past years (e.g., 4.6 billion AFN in 1390, and 3.2 billion AFN in the first eight months of 1392).

²⁴ Code 22 in the government budget

Figure 15: Budget execution rates of MoED, 1390-1392



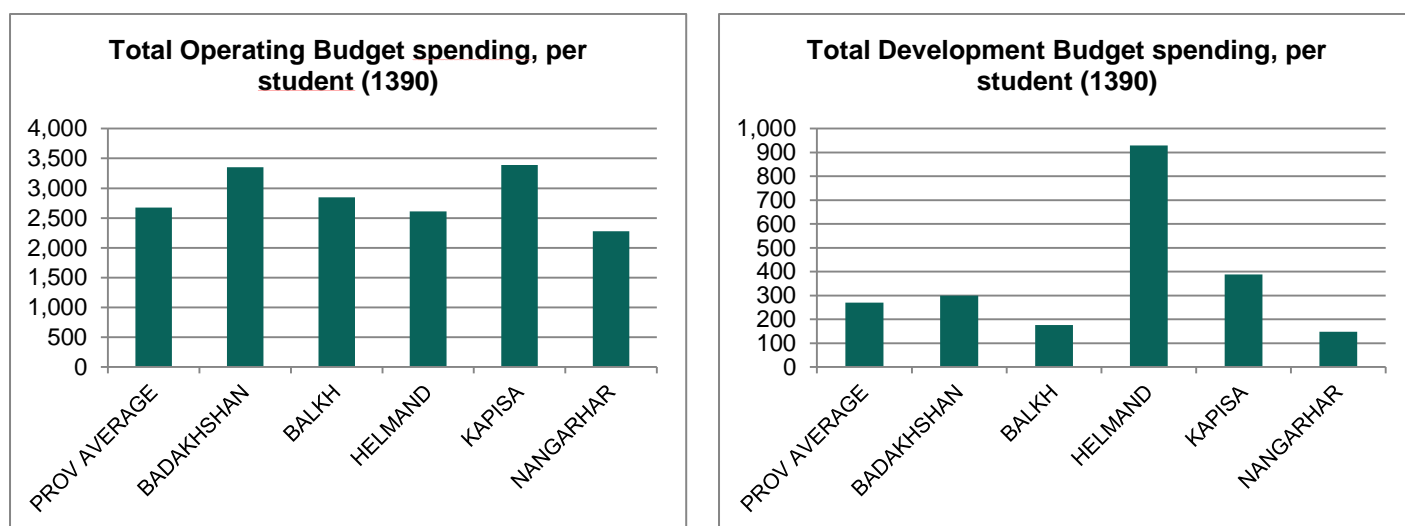
Source: AFMIS updated August 2013

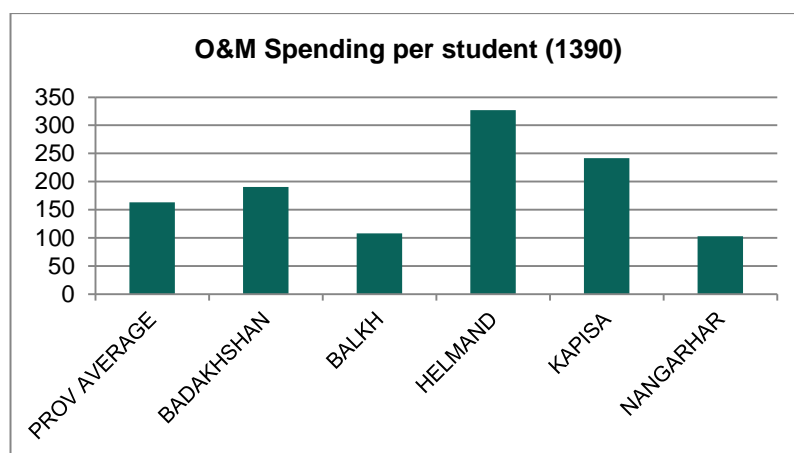
It was not possible to retrieve budget plans from the provincial education departments.

Although most PEDs indicated that they had a budget plan, they could not provide the study's surveyors with a copy. It is important to note here that most PEDs only spend OB (with EQUIP as an exception), and play a minor support role in processing DB. As such, the bulk of PED expenditures cover salaries. Besides this, PEDs also cover O&M costs from the OB. With very little asset budget (Code 25), budget plans for the OB thus mostly cover planning for salary and O&M costs.

Overall OB budget allocation and expenditure per student appears fairly equal across provinces, but DB budget expenditures vary considerably. Annual OB expenditure per student varied from 2,280 AFN in Nangarhar to 3,390 AFN in Kapisa, see Figure 17. However, *O&M expenditures per student per year* varied more across provinces with 329 AFN spent for each student enrolled in Helmand and only 103 AFN per student spent on O&M in Nangarhar. Development Budget expenditures also varied considerably across provinces. DB expenditures per student were six times higher in Helmand (929 AFN) than in Nangarhar (149 AFN).

Figure 16: Comparisons of Provincial-Level Spending Per Student (in AFN)





Source: AFMIS/EMIS

There appears to be little awareness on norms or guidelines for budget distribution across central directorates and provinces. Most officials at the MoED could not identify which provinces received comparatively more or less budget than others. Neither could they explain the norms or principles on which allocations are based. Furthermore, some officials expressed their belief that the provincial budget allocation was at the discretion of the senior management (e.g. the minister and deputy ministers) and the General Directorate of Finance and Administration. For these officials, the distribution of resources was unrelated to needs or plans developed at the central or provincial level.

"We collect provincial reports here and develop plans based on our assessment of provincial needs. However, it is at finance and admin where they decide which plans will be funded, they determine the policy and strategy of this ministry."

Senior MoED official

4.3.2 PROCUREMENT

Procurement was often cited in interviews as a key challenge to improving education service delivery. Despite budget availability through EQUIP, slow procurement processes have delayed school construction in previous years. As a result, the MoED was unable to meet its targets regarding the construction of new school buildings. Currently, a slight majority of schools are operating without a MoED-owned school building. In addition, enrolment rates are increasing faster than schools are being built, further weakening this ratio.

Delays in contract procurement are caused in part by the multiple donor regulations and requirements applied to DB procurement processes, and in part by poor procurement capacity at the central and provincial level. Specific procurement-related constraints include:

- Limited experience in procurement processes in general, and a lack of knowledge on donor procurement guidelines and the Afghan Procurement Law specifically, inhibits the performance of procurement departments.
- Multiple donor regulations as well as multiple languages (contracts are often in English) challenge procurement departments with already limited experience and capacity.
- Engineering capacity is limited, and is required for providing specifications for construction and monitoring construction progress.
- Procurement committee members are often unaware of guidelines and further delay processes by their absenteeism.
- At the provincial level, procurement departments are often unable to find qualified staff, leaving tashkeel positions vacant.

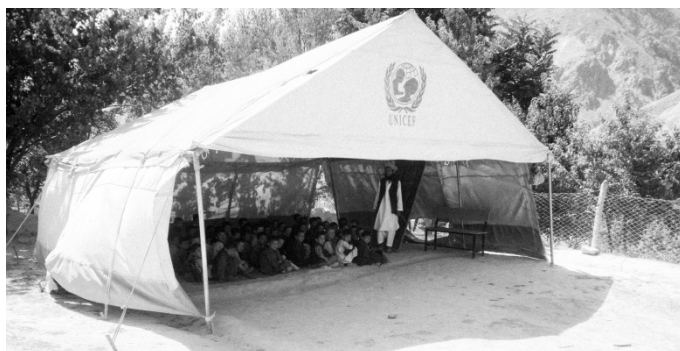


Photo 1: Class held under a tent in Tashkan district (Badakhshan)

Many interviewees indicated that financial management processes are overly complex and time-consuming.

In addition, many internal processes, not prescribed by donor guidelines or the law, are unnecessary, cause additional delays, and encourage rent-seeking behaviour. Too many signatures are needed for approvals, and too many entities are involved in each of the processes. Procurement officers reported that it is not uncommon to see procurement requests with 40 signatures at the provincial level. Different departments

duplicate some procedures, and coordination between directorates involved is poor and time consuming. **Senior official approval is often needed even when it is not a formal requirement in the process.** Centralized approval of small disbursements, combined with the high absenteeism of senior officials, causes significant delays in the process.

At the provincial level, formal procurement ceilings for education directorates are set at 100,000 AFN (approximately \$1,800 USD). For larger expenditures the process is considerably longer and involves the Provincial Governor and the Moustafiat. **Interviewees specifically mentioned inter-department delays.** PED directors cannot force other provincial level entities (i.e. the Provincial Governor, and the Moustafiat) to work faster or prioritize their requests. In most cases, informal rules require the Governor's approval for even small expenditures that are below the ceiling. In all of the provinces surveyed with the exception of Balkh, PEDs required the governor's approval for small expenditures. That is, **in Kapisa, Badakhshan and Nangarhar the PEDs require the signature of the Governor even for procurement requests below 500 AFN (\$10).** Without the Governor's signature, the Moustafiat would not process the request. In Helmand the Governor has set the PED procurement threshold at 3,000 AFN (a little over \$50 USD). Personal disputes between the provincial education director and the Moustufi can cripple the entire process, effectively halting all procurement. In some provinces, Moustafiat are perceived as hindering the process, through being slow, and creating erratic requirements.

4.3.3 OPERATIONS AND MAINTENANCE

A major impediment to effective distribution of O&M budget appears to be the lack of a clear and defined O&M policy of the MoED. Currently such a policy does not exist. Although officials indicated that national (MoED) guidelines on how to distribute O&M budget existed, the research team was unable to obtain an example or copy in spite of significant effort to do so. The MoED is currently working with the World Bank and the Ministry of Finance to develop an O&M manual for education facilities, specifying expenditure ceilings and decision-making authority, and an asset registry system, which should improve O&M budget planning capacity.

PEDs do not have any written guidelines on how to distribute O&M across district and schools, or written criteria for approving maintenance budget requests. Most PEDs reported that the O&M budget is distributed *'based on needs'* or *'based on requests'* from schools. Asked how they prioritize between maintenance needs, and how they decide which request to approve, most

PEDs indicated this was based on the urgency of the matter. Urgency was not defined by a set of standards or criteria. As such, O&M budget distribution appears to be fully at the discretion of provincial authorities.

Most PEDs indicated they are aware of their current budget allotments and referred to AFMIS

CRITICAL ADMINISTRATIVE CONSTRAINTS TO SERVICE DELIVERY

Improving Public Services in Afghanistan's Transformational Decade



Photo 2: A poorly equipped and maintained classroom in Baharistan High School, Baharak district centre (Badakhshan)

for exact numbers. In some PEDs surveyed for this study there appeared to be a habit of keeping the budget a 'secret' from most directorates because 'that would prevent corruption'. **Below the provincial level, there was, almost without exception, no awareness of budget availability.** None of the DEDs knew how much O&M budget, or OB budget in general, was available for their districts. DEDs indicated that O&M budget expenditures were approved on an ad hoc basis, with most DEDs assuming budget levels and approvals to be similar to previous years. Schools and DEDs reported that maintenance approval processes often took several months up to half a year. Furthermore, some DEDs reported they often do not submit their requests, assuming they would be rejected after a long and cumbersome process.

O&M REQUESTS

Most maintenance requests are submitted directly by the schoolmaster to the DED or PED. In some cases PED or DED monitoring officers submit the maintenance request after visiting the school. Of the 32 schools surveyed, only ten reported that government officials had visited the school during the past year to assess its inventory and maintenance needs. All of these schools are located in Helmand and Kapisa, whereas in the other provinces no such visits were reported.

The director of a school in Balkh reported that the school rarely submitted requests for maintenance because they were almost always denied based on budget limitations. However, the school was in a good condition because parents and students themselves maintained the buildings. Parents provided money to buy paint, and students took a day off to paint their classrooms. In this particular school, the utilities bill was sent to and paid by the PED. This was the only type of O&M expenditure covered by the PED, however. Several other schools surveyed in this study also reported having access to alternative resources (e.g. money donated by PRTs, business men or civil society organizations) for maintenance. However, some schools visited appeared unable to mobilize resources and their facilities were in very poor condition.

Many provincial, district, and community level officials interviewed for this survey indicated that they lack sufficient O&M resources to effectively deliver education services. Several EQUIP activities are currently on going to improve the infrastructure and maintenance condition of schools. These programs appear well targeted to address some of the main O&M priorities. However, in addition to challenging maintenance, infrastructure and utility conditions, **many PED and DED officials indicated that the lack of operational budget, and travel allowance specifically, prevented them from doing their job, and supporting the administration of education services.** In addition many interviewees expressed their belief that too much O&M resources were spent in the provincial capital, and too little was distributed to lower levels.

4.4 MONITORING, EVALUATION AND REPORTING SYSTEMS

4.4.1 EDUCATION MANAGEMENT INFORMATION SYSTEM

The Education Management Information System (EMIS) is the most comprehensive input and output dataset in the education sector. EMIS includes data on the number and gender of students in each province and in each grade, and data on absenteeism. It also stores data on the educational qualification and gender of teachers. Finally, there is data on the available infrastructure, such as school buildings, classrooms, surrounding walls, and toilet facilities. The dataset itself is disaggregated by facility (e.g., school) and is based on self-report forms submitted by school directors. The forms are collated at district and provincial EMIS departments and submitted to the central ministry. According to the EMIS central directorate, EMIS officers visited a random sample of 10% of the facilities and verified the self-report forms' accuracy. They did not report significant discrepancies.

However, in multiple *education facility assessments* conducted for this study, school directors admitted not reporting on teacher or student absenteeism. Timesheets and attendance lists were also found to be completed two weeks in advance. **Several officials and stakeholders interviewed**

for this study were sceptical about the accuracy of the self-reported EMIS data. Some suggested a structural 'positive bias', indicating that on every level of the service delivery chain, officials were incentivised to report high enrolment numbers and low absenteeism. Last, several EMIS monitoring officers interviewed at the provincial level indicated that they lacked resources (i.e. travel allowances) to verify the reports they received, and that such checks were rarely performed.

4.4.2 OTHER M&E AND REPORTING SOURCES

Besides EMIS, there are multiple datasets in different departments in the ministry, including data on:

- Infrastructure at the Infrastructure Services Department (ISD);
- Teachers' educational levels at the teachers department;
- Teacher performance appraisals at the HR department; and
- *Concours* exam results at the Ministry of Higher Education providing an indication on learning outcomes.

Despite the research team's best efforts, none of these datasets could be fully retrieved to develop proxy indicators on national- or province-specific service delivery performance.

Other than the EMIS and ministry datasets, nationwide surveys or data on education service delivery are limited. The National Risk and Vulnerability Assessment provides some outcome data on literacy for students over the age of 15, as well as net enrolment and gender ratios. The most recent NRVA (2011-12)²⁵ includes more data on education output/outcome indicators.

4.4.3 CONSTRAINTS TO MEASURING PERFORMANCE IN THE EDUCATION SECTOR

A major constraint to measuring service delivery performance is the lack of reliable and comprehensive data on the *quality* of education. EMIS has a strong emphasis on quantity, but has no quality indicators besides student/teacher and student/classroom ratios. The EMIS data focuses mostly on the *weight* of the education sector in terms of students, teachers and infrastructure.

In addition, **the Ministry of Education data is not effectively collated.** EMIS does not have data on *actual test scores* of students or the average test scores of schools. Neither does it have data on performance appraisals of teachers or assessments of the academic supervision department's monitors. In addition, the *Concours* exam scores are not compared or analysed in relation to the EMIS datasets.

EMIS holds some data on the distribution of school equipment, however it does not collect information on school inventories, the condition of equipment, or maintenance requirements (besides information on non-functional toilets). **School inventories are still managed on paper registries**, and are often up-to-date, but this **data is not collated at the national or sub-national levels.**

4.5 HUMAN RESOURCES MANAGEMENT

Many interviewees across all five surveyed provinces expressed their belief that HR management is a key challenge in the public education sector. Although HR processes have been formalized and are monitored by the provincial civil service committee, **HR processes are still widely perceived as corruptible.** Numerous cases of nepotism and corruption in the hiring process were reported during the interviews. Key informants noted that people selected not on the basis of merit did not generally perform well, but could not get fired because their appointment was sanctioned by influential powerbrokers.

PEDs appear to have limited HR discretion; all hiring decisions need the approval of the Provincial Governor, including for teachers and administrative officials. The **centralized decision-making, both at the central level and at the provincial level, dilutes responsibility for individual**

²⁵ The NRVA 2011-12 was still in draft during the time of writing.

underperformance, and appears to strengthen the perception that personal affiliation to powerbrokers is more important than merit or performance.

A significant proportion of current teachers and principals received in-service and school management training through the EQUIP program. However, interviewees indicated that the shortage of competent teachers remains an important challenge to the quality of education services. Some provinces, particularly in remote and insecure areas, have trouble finding qualified teachers. Moreover some districts do not have any qualified female teachers.

The firing process for absentee teachers is well defined. When a teacher is absent more than 20 days, the school director sends a letter to the DED, which it transfers to the PED, in order to launch a layoff procedure. The PED and the school wait a period of three months for the teacher to return to his/her position. If the teacher is still absent afterwards, the PED sends a layoff request to the provincial governor, who has final approval authority over the process.

Although PED and DED management staff knows the procedure, it is rarely applied and fairly easy for teachers to circumvent. Some teachers who are regularly absent return to schools before the 20-day deadline, in order to avoid being reported for absenteeism. Moreover, some district and provincial officials mentioned that they do not want to fire teachers in rural areas because it is too difficult to hire new teachers and place them in schools where they are needed most.

Interviewees along the service delivery chain indicate that nowadays most teachers get their salaries on or close to the right time. Salary disbursements need to be justified before the next allotment can be made, which can slow the process. In extreme cases teachers received their salaries only twice a year, however late submission of timesheets was often a contributing factor to delayed payment.

HR data management is weak at the provincial administrative level. EMIS and the General Directorate for Teacher Education Department (TED) maintain databases about teachers' qualifications, but there is **no comprehensive HR management system to deal with teachers' professional careers.**

Although there exists a planning system for recruiting new teachers, there are still considerable gaps between teacher supply (TTC graduates) and demand. Furthermore, some students at Teacher Training Colleges (TTC) complained about corruption and favouritism in the appointment of new TTC lecturers.

4.5.1 TEACHER TRAINING

As seen previously (Figure 9) the (poor) quality of teachers is one of the main concerns of community members. **Significant investments have been made to improve the quality of teachers, and the number of TTCs and students enrolled in them has increased.** But TTCs face challenges in the recruitment of female faculty members, the attendance of faculty members, and student satisfaction with the training²⁶.

All TTCs are managed and monitored by the TED in Kabul, and not by the PEDs. For example, all lecturers hired in the TTCs need to be approved by the TED. Several interviewees indicated that PEDs were legally not allowed to monitor the TTCs, although TTCs depend on the PEDs for their financial management and accounting processes. In several provinces, interviewees indicated that the working relationship between the PED and the TTC appeared uneasy and uncooperative.

Overall, monitoring tools developed by the TED look strong and comprehensive. The monitoring team, based in Kabul, appears to be qualified and motivated, and the monitoring reports are upfront on the many challenges facing the TTCs. **However, monitoring takes place in very long cycles, in some cases only once a year.** The monitoring of TTCs seems to face the same shortcomings seen

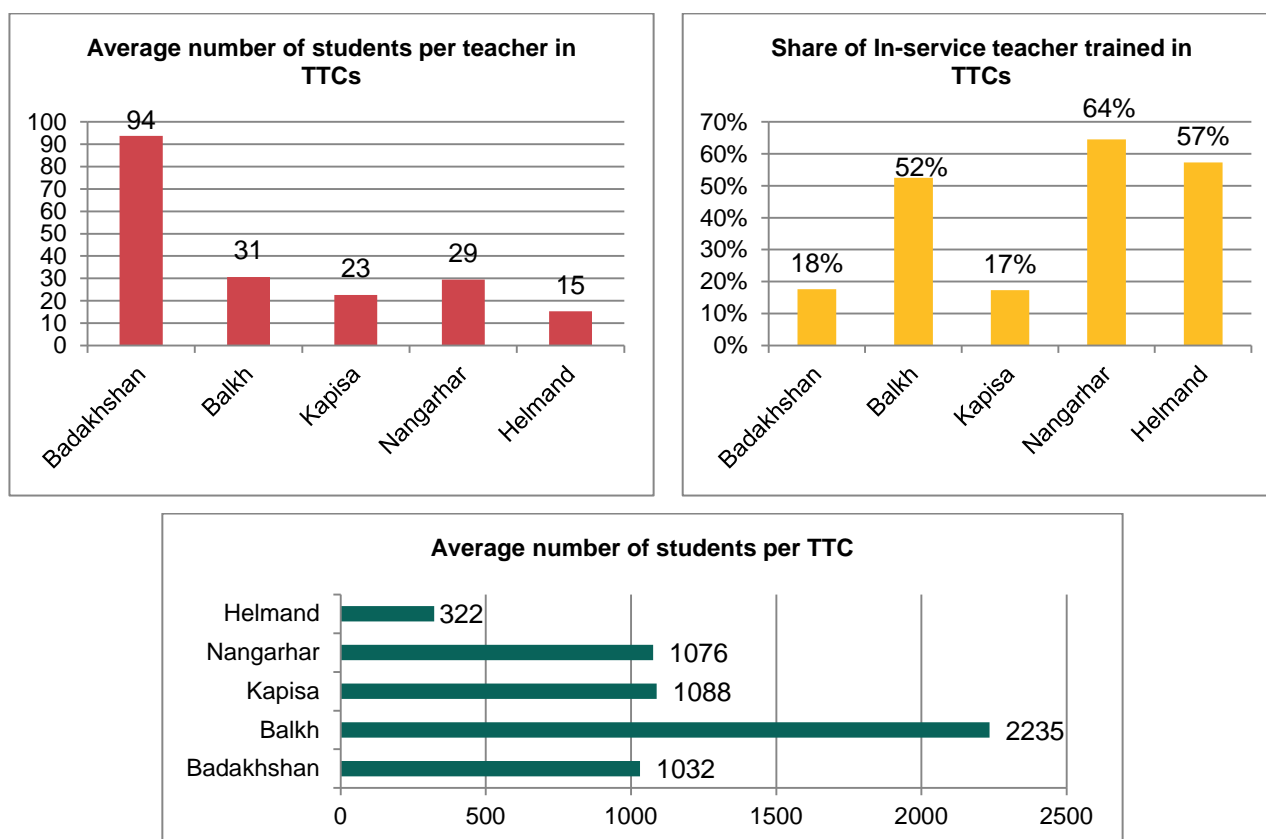
²⁶ *Monitoring Report of TTCs*, Ministry of Education, Teacher Education Directorate, 2013

in other areas: there is little or no follow-up, which weakens the link between central and local management.

The TED monitoring reports indicate considerable variance in the quality of TTCs. Despite strong monitoring tools and a proactive TED, there seems to be little oversight of the quality of teacher training delivered. This may be explained by the physical distance between most TTCs and the TED in Kabul, weakening the link between the centres and their management.

Significant differences were observed between TTCs. Some have adequate and good quality infrastructure (buildings, furniture, etc.), while others have very little. Some TTCs are housed in high schools, where a few classrooms are used outside of normal high school hours. Facilities for TTC students (dormitories) were similarly of diverse quality, and in some cases very poor accommodation is provided to them.

Figure 17: Statistics for TTCs (1391)



Source: Teacher's Education Department, MoED

Other large differences were found in the quality of the TTC management. **Several interviewees indicated that the management of the TTC, and particularly its director had a great impact on the quality of the training provided.** Perceptions of the quality of the leadership of TTCs varied across provinces. Some TTC directors were perceived as strong and motivated, while others were described as unmotivated and ineffective. One TTC director was described as often absent and lacking the skills to effectively manage the TTC lecturers. Another director was described as very conservative, including imposing very conservative dress codes on the female students of the TTC. In several TTCs visited, the management of the lecturers appeared weak or absent, and adherence to regulations concerning schedules and teaching hours limited.

Many interviewees described pre-service training as stronger than in-service training. In some cases, in-service training is plagued with high absenteeism and little motivation from the in-service students. Furthermore, some students complained about the poor quality of their lecturers, whom they considered less-qualified than themselves. Overall, a lot of complaints about in-service training were heard during the study, from stakeholders, officials and civil society members.

That said, providing in-service training appears to be more difficult than pre-service training. Working teachers are asked to voluntarily spend half a day in class learning. For many teachers, this is a difficult choice to make, since they normally use this non-teaching time at a second job to augment their low incomes. Moreover, some interviewees described teachers participating in in-service training as not motivated to improve, but rather to get the in-service degree.

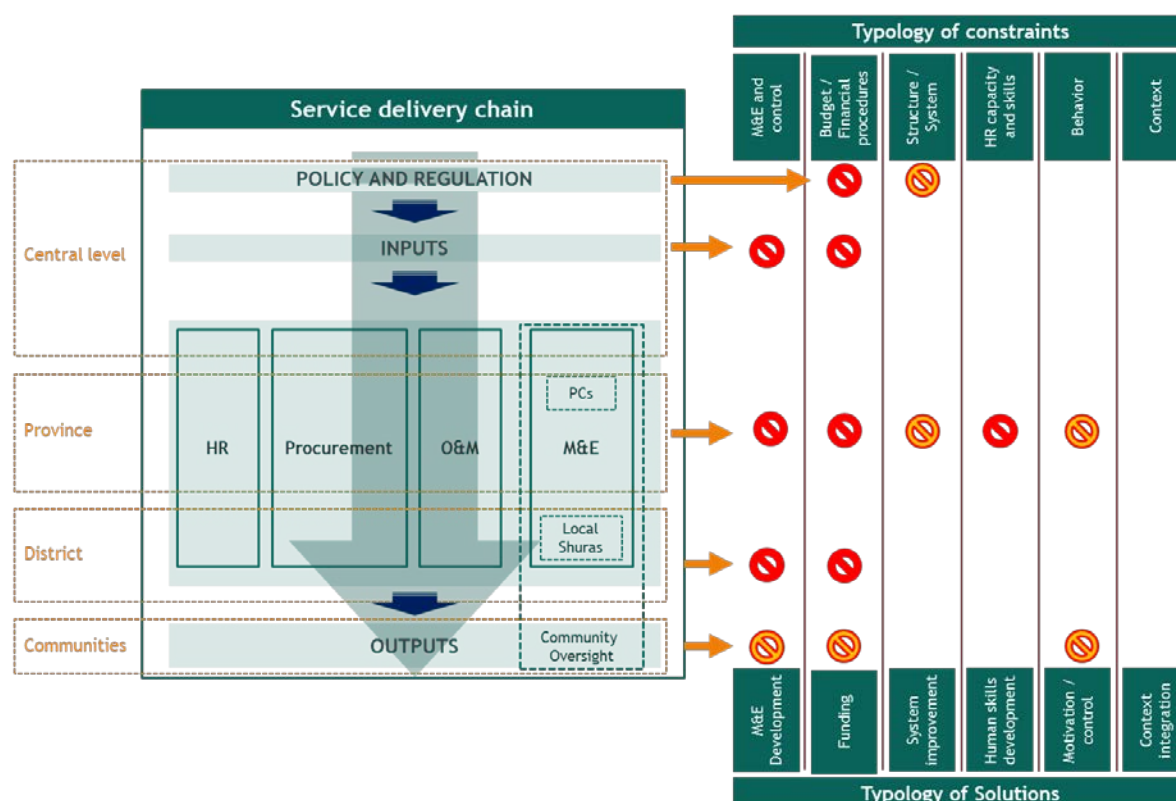
Standardization of teacher training seems to be minimal, with only HR policies and the curriculum following national standards. There is no national test for the TTC courses, and from the copies of tests collected during the study it appears that the quality of testing varies considerably across the five provinces assessed. The TED is currently working on national standardized tests. This

could provide important insights into the performance of different TTCs, and help identify those training centres where underperformance needs to be urgently addressed. However, TED officials indicated that the lack of standardization was a deliberate policy decision, to allow for flexibility of implementation in the context of different levels of capacity across provinces.

4.6 CRITICAL CONSTRAINTS TO EDUCATION SERVICE DELIVERY

In the above section, the most critical challenges to education service delivery are discussed. In Figure 18 these challenges are mapped according to their position in the service delivery chain and their typology.

Figure 18: Constraints in Education Service Delivery



Three key critical constraints in the education sector are identified through the analysis:

- **Accountability in the public education sector is weak** at different stages of the service delivery chain. Minimum service standards are not clearly defined or known, monitoring systems are weak, and responsibilities are unclear (section 4.6.1).
- **Poor teacher planning and non-transparent teacher recruitment** critically constrains the quality of education services delivered. Remote and rural areas continue to lack qualified teachers. Despite the formalization of HR procedures, recruitment is widely perceived as corrupt and impeding quality of education services (section 4.6.2).
- Despite multiple efforts, the **lack of O&M resources at the sub-national level** continues to critically constrain education services (section 4.6.3)

4.6.1 WEAKNESSES IN MONITORING AND ACCOUNTABILITY

Accountability in the education sector is weak. **Minimum service standards are not clearly defined**, making structured evaluation of education quality and education services difficult. Existing

monitoring systems are poorly implemented and the data collected is of limited relevance. As a result, there is little awareness of education service performance and poor data available to evaluate service or hold service providers accountable.

Lines of authority are ambiguous, and the central ministry has limited authority or tools to address underperformance at sub-national levels. Further, centralized decision making appears to dilute responsibilities and significant underperformance is not adequately addressed.

WEAK MONITORING AND POOR QUALITY OF DATA

Formal monitoring and evaluation systems exist, but are implemented poorly and irregularly, and do not yield the data required to strengthen accountability. Although MoED produces annual EMIS and program reports, several ministry officials confided that there was very limited knowledge and understanding of what is actually going on in schools. Officials suggested that EMIS is inaccurate and that little effective monitoring or verification of data takes place. District and provincial level monitoring officers exist, but some of these officers revealed in interviews that they rarely perform their core duties. Formal systems are not enforced effectively; the limited adherence to these systems appears to be tolerated by higher levels. Furthermore, a lack of resources for monitoring was reported across provinces.

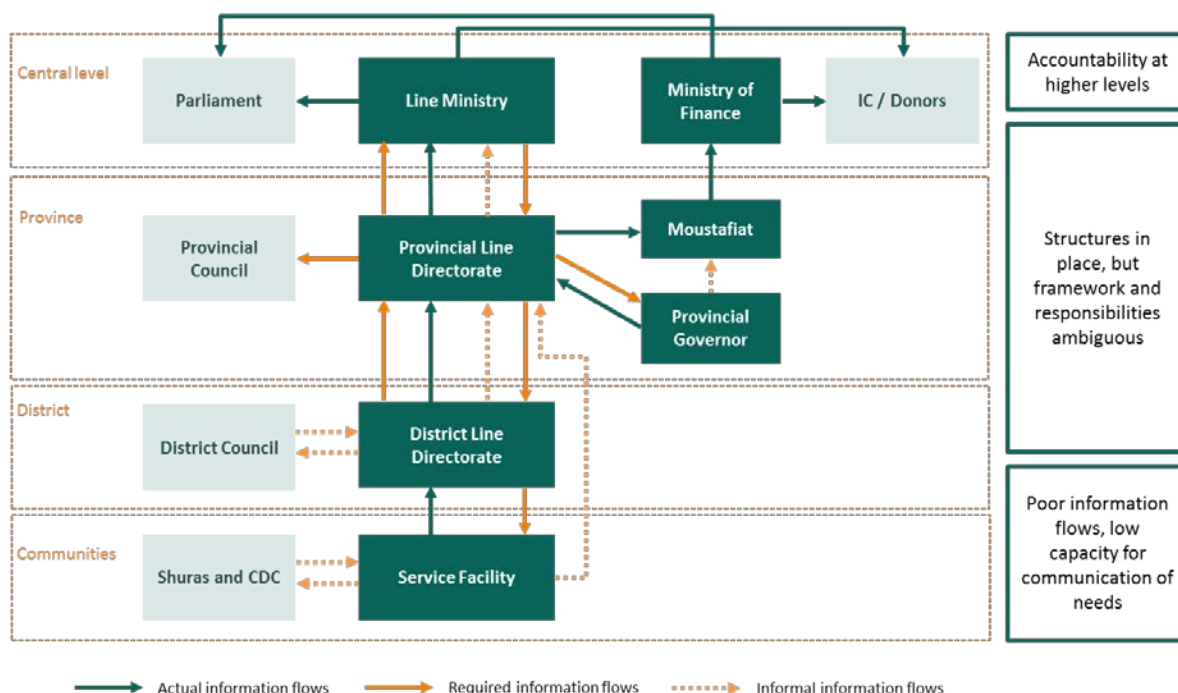
Several interviewees who spoke about the inaccuracy of EMIS data alleged that schoolmasters knowingly report falsified data in order to show improvements in indicators. EMIS teams, on the other hand, reported a lack of budget to travel to all schools for which they held monitoring responsibility, thus creating opportunities for schools directors to upwardly bias the reported figures. Such behaviour is rarely detected, let alone corrected.

VERTICAL AND HORIZONTAL AMBIGUITY

At the central level, the Minister of Education is held accountable by Parliament and by individual donors. However, it is unclear which agency has the primary responsibility to hold the PED accountable (MoED, provincial governor or provincial council). Local education directors are held accountable by their own line ministry and the governor at provincial and district levels, creating ambiguities over the primary accountability structures and mechanisms. **Responsibility for service delivery is therefore diluted and accountability suffers from this ambiguity.** (See Figure 19 for a visual representation of the accountability structures.)

Provincial education directors are evaluated by a committee, which includes the governor, civil servants, and a representative of MoED. The governor was often reported to be the main entity to influence the outcome of these evaluations. The provincial governor also appears to be very influential in appointing provincial education directors. **Provincial level capacity to hold the PED accountable, however, appeared weak.** Provincial governor's offices and provincial council members appeared to lack the knowledge and tools to evaluate the PED's performance. In addition there appeared to be no formal structure of horizontal (intra-province) reporting, beside verbal summaries in the Provincial Administrative Assembly meetings.

Figure 19: Accountability Structure of Public Service Delivery



DILUTED RESPONSIBILITY

Centralized decision-making dilutes responsibility along the education service delivery chain. Little authority is delegated within the central ministry and the provincial administration. Civil servants perceive processes and decisions to be controlled by the minister, the governor, or other powerful authorities. Typically, a director does not appoint the civil servants in his own department, and does not feel he is free to remove them if their performance is substandard. Therefore, **directors do not feel fully responsible for the underperformance of their own departments.**

At the service-delivery level, surveyors found schools with illiterate headmasters and schools where no apparent teaching was taking place. District education directors reported they could not address these issues because the appointments have been made, and were protected by, higher-level officials. As a consequence, **civil servants who perform poorly or are known to engage in unlawful activities are usually not punished for their behaviour**, or can count on the political support of powerful figures in their networks. This lack of accountability along the delivery chain is a constraint to the quality of service delivery, as significant underperformance is not adequately addressed.

There is also a lack of accountability in schools, where it has the biggest impact on service delivery. In some of the schools visited, particularly in the remote areas of Badakhshan, some teachers were reported consistently absent but could not be fired because they could avoid formal penalties. They return to school just before the 20-day deadline for absenteeism, and thus prevented the launch of a formal firing procedure. Although the problem of “ghost teachers” is difficult to quantify²⁷, some cases were reported during this study, notably in more rural areas.

4.6.2 WEAKNESSES IN TEACHER PLANNING AND RECRUITMENT

Schoolmasters and community members described the planning and placement system of teachers as inadequate in a number of interviews. **Enrolment in the different Teacher Training Colleges seems only partially correlated to needs for trained teachers**, creating imbalances between provinces. In Balkh, for instance, 1,200 students were enrolled in the TTCs, of which 1,000 passed

²⁷ Public Expenditure Tracking Survey, Altai, 2011.

their final exams in 1391, however there were only 200 tashkeel teacher positions available in the province. As a result, 800 teachers were trained but could not be offered a local position. It seems that both planning and funding for teacher training do not correspond with local HR needs.

There are generally few incentives for teachers to be sent to remote areas. Even if hardship allowances were provided as extra incentives to send teachers to rural areas, a lot of effort would still need to be made to accommodate teachers in rural areas and find other ways to incentivize their relocation, either because of geographical remoteness or security reasons. Moreover, training and recruitment of female teachers is still challenging in the more conservative provinces and districts of the country.

Provincial interviewees described the current teacher placement system as opaque and inadequate. The first priority in assigning teachers to schools is based on specific needs expressed by schools (e.g. a qualified physics teacher), but the remainder of teacher appointments was described as vulnerable to favouritism or even corruption. The price of a teacher position was reported to cost US\$1,000 in bribes. When schools express a need for secondary specialized education teachers, such as physics or mathematics, it appears likely they will get their request filled if there is suitable availability. In the case of primary teachers, however, the situation appears less transparent. No criteria were given by provincial administrations for the recruitment and placement of new teachers.

The poor planning and recruitment of teachers directly impacts the quality of education. Interviews indicated that HR needs in the education sector were not properly addressed, and many appointments were based on favouritism rather than merit. This prevents the improvement of education because capable and motivated teachers are not necessarily placed in schools that need them.

4.6.3 WEAKNESSES IN THE O&M POLICY & SYSTEMS

A critical constraint to education services delivery appears to be the weakness of the O&M system at several levels:

- **Unavailability of written guidelines:** although these appear to exist, they were not available at the central or provincial levels. The MoED is currently working with the World Bank and the Ministry of Finance to develop an O&M manual for education facilities, as well as an asset registry system;
- Schools and DEDs reported **long delays in the maintenance approval process** (up to 6 months);
- Lack of travel allowances seems to be an impediment for government officials to visit schools and **assess their inventories and maintenance needs.**

5. PUBLIC HEALTH SERVICE DELIVERY

Public healthcare is considered one of the main achievements of development in Afghanistan in the last decade. This is supported by figures that show a tremendous improvement in health indicators in the country since 2001. In 2000, more than one in four children died before the age of five; by 2010 this number had decreased to one in ten²⁸. The rate of maternal mortality has also significantly decreased over the same period²⁹. An estimated 80% of the Afghan population has access to primary healthcare today, compared to only 9% in 2001³⁰. Moreover, more than 23,000 voluntary community-based health workers have been trained, half of which are female, making healthcare more accessible for women and girls.

The Ministry of Public Health has assumed a stewardship role in the provision of health services, including policy development, regulation and coordination of the health sector, and monitoring services. The MoPH provides services directly to three central provinces under the 'Strengthening Mechanism' (SM) program (Parwan, Panjshir, and Kapisa) and to several regional, provincial and speciality hospitals. In the remaining 31 provinces, health services are provided by national NGOs, often in cooperation with an international NGO, through public-private partnership agreements with the MoPH.

These partnerships come under the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) framework. Funding for these services is provided by three major donors: USAID (13 provinces), the ARTF and IDA managed by the World Bank (eight provinces and the three SM provinces) and the EU (10 provinces). While these donors set different terms and conditions for contracting healthcare service delivery and use different funding mechanisms, the BPHS/EPHS framework is implemented uniformly across different provinces irrespective of the origin of funding.

The MoPH manages *System Enhancement for Health Action in Transition Project* (SEHAT), which is funded through the ARTF and provides funding for health service delivery. SEHAT covers BPHS and EPHS for 22 provinces, and has an additional focus on strengthening the national healthcare system and building the MoPH's capacity.

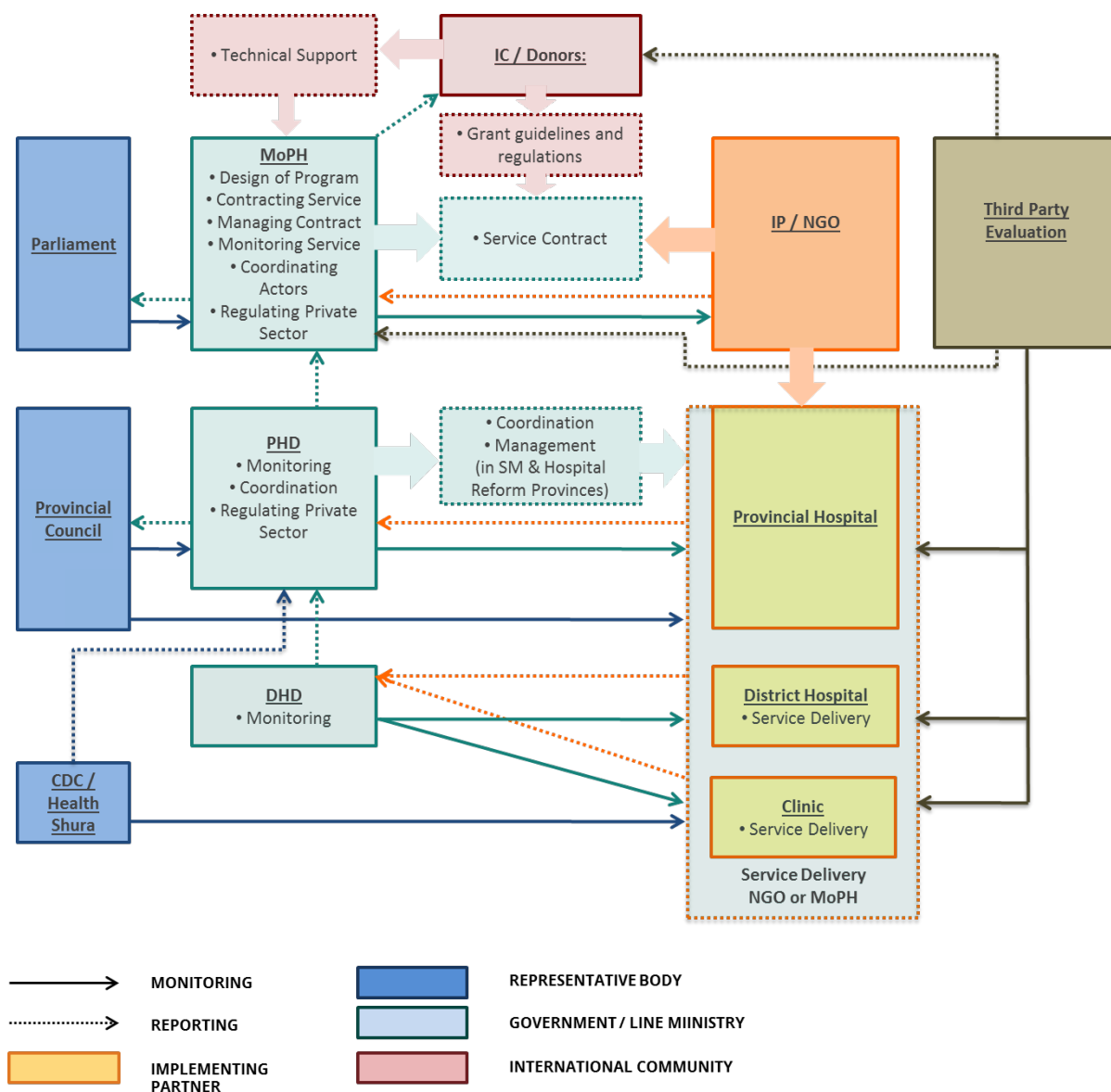
The modality for delivering public health services is significantly different from the other two sectors analysed in this study. Funding for the majority of public health services is provided by on-budget donor support, instead of government revenue. BPHS and EPHS service contracts, *and thus recurrent costs for basic health services*, are funded through the development budget. Furthermore, service contracts are procured centrally. The roles of the MoPH and its sub-national administrative departments, as well as the roles of donors and NGOs, therefore differ from the discussion in the other sectors studied. Figure 20 illustrates the different levels, actors and responsibilities in the public health sector.

²⁸ *Strategic Plan for the Ministry of Public Health 2011-15*, GIRoA (MoPH), 2011.

²⁹ *Afghan Mortality Survey*, GIRoA (MoPH), 2010.

³⁰ MoPH HMIS data for 2010. Access is defined as within a two-hour walking distance from the house.

Figure 20: Public Health Service Delivery Chain



This section will describe the public health sector in more detail, including its current performance and critical constraints to service delivery.

- Section 5.1 discusses MOPH's main objectives;
- Section 5.2 describes the data collected to measure the performance in these areas, focusing on the two selected services: skilled birth attendance (SBA) and the expanded program for immunization (EPI);
- Section 5.3 takes a closer look at the administrative processes identified in the service delivery constraints framework, including public financial management, i.e. budget distribution and execution, procurement, and O&M budgeting;
- Section 5.4 outlines accountability structures, i.e. monitoring, evaluation and reporting systems
- Section 5.5 provides detail on HR management; and
- Section 5.6 identifies the critical constraints to health service delivery.

5.1 MOPH STRATEGIC FRAMEWORK

MoPH's main objectives and desired outcomes for the Afghan health sector are formulated in the *National Strategy for Improving Quality in Health Care 2011-2015*³¹. This document provides a clear and specific overview of strategic objectives and interventions to improve health outcomes, as well as potential indicators for measuring performance and provides datasets on health-related outcomes. Objectives include improving access to health care, improving the performance of health facilities, increasing the coverage of immunization and reducing maternal, infant and child mortality.

Two of the main objectives articulated in the MoPH strategy were selected in agreement with the World Bank and the MoPH team to measure service delivery performance in this report. They are:

- Increasing the proportion of births in institutions
- Increasing the percentage of fully immunized infants under 12 months

5.1.1 BPHS/EPHS

The Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) jointly represent the main framework for primary and secondary health service delivery in Afghanistan. BPHS provides directives on the types of preventative and curative services that should be provided to the Afghan people³². It describes the types of health facilities that should be available in communities; how they should be structured, staffed and equipped; and the types of medication that should be available in these facilities. BPHS distinguishes between six types of health facilities:

- Health Posts: covering 1,000 to 1,500 people;
- Health Sub-centres: covering 3,000 to 7,000 people;
- Basic Health Centres (BHCs): covering 15,000 to 30,000 people;
- Mobile Health Teams (MHTs): covering remote / hard to access communities;
- Comprehensive Health Centres (CHCs): covering 30,000 to 60,000 people;
- And District Hospitals (DHs): covering 100,000 to 300,000 people.

For each facility, staffing, equipment, medical supplies, assets and health service availability are clearly defined. EPHS also sets the minimum requirements for staffing, equipment, services and medical supplies for provincial hospitals. Over the years, BPHS has progressively expanded to include other primary healthcare services, such as the main program for nutrition (*Community Management of Acute Malnutrition* - CMAM), which is now integrated into the BPHS scheme.

5.2 CURRENT STATE OF HEALTH SERVICE DELIVERY

Of the three sectors covered in this study, the health sector is perhaps the best resourced in terms of data on inputs, outputs and outcomes. In addition to the MoPH's own Health Management Information System (HMIS), third-party evaluation has taken place on a regular basis by Johns Hopkins Bloomberg School of Public Health (BSC) and various nationwide surveys exists, such as the Afghan Mortality Survey (AMS, 2010) and the National Risk and Vulnerability Assessment (NRVA 2007/08, NRVA 2011/12³³).

The HMIS provides health service output data reported by clinics and hospitals, which is disaggregated by province and facility. This includes information on the number of vaccinations provided to infants less than one year old, the number of institutional deliveries, the number of health shuras and the number of active community health workers. Furthermore, it indicates if certain

³¹ *National Strategy for Improving Quality in Health Care 2011-2015*, GIRoA (MoPH), 2011.

³² For a detailed description of BPHS see: MoPH, *A Basic Package of Health Services for Afghanistan – 2010/1389*.

³³ Still in draft at the time of writing

services such as maternal health, malaria treatment, and disability care are available, and provides an availability index for staff, drugs, equipment, and infrastructure.

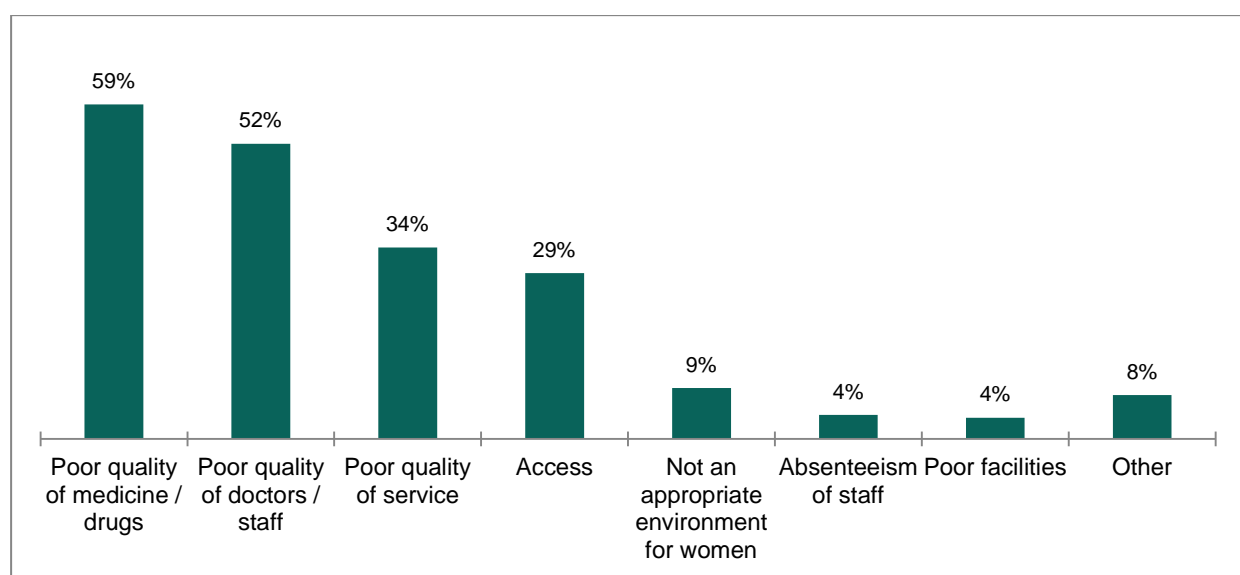
The Johns Hopkins balanced score card (BSC) is based on third-party monitoring of health facilities. It provides data based on a sample of 25 clinics in each province. In addition to indicators similar to those used in HMIS, the BSC provides measures of client satisfaction; perceived quality of the health service; health worker knowledge, satisfaction and motivation; and information on the background of clients, as well as management and budget information.

Lastly, two nation-wide surveys provide important data on health *outcomes*. The Afghanistan Mortality Survey 2010 provides detailed outcome data on maternal health and child, infant, maternal and adult mortality. However, the AMS data is disaggregated by regional zone, not by province. The *National Risk and Vulnerability Assessment* also provides outcome data on maternal health and child and infant mortality disaggregated by province.

5.2.1 THE EXPECTATIONS GAP

Across Afghanistan, there appears to be a wide gap between the quality of public services expected by the people and the quality that can be delivered by the government given its limited resources. The causes of this considerable gap are not entirely clear; one reason may be that the provision of public healthcare is fairly new to the more remote areas of Afghanistan. It appears that community members lack a historical or comparative framework to assess the performance of the public health sector. People in rural areas sometimes expect surgeons or ambulances to come to their villages, even though Afghanistan's GDP is low and most rural villagers do not pay taxes.

Figure 21: Most important problems with the overall quality of health services? (n=401)

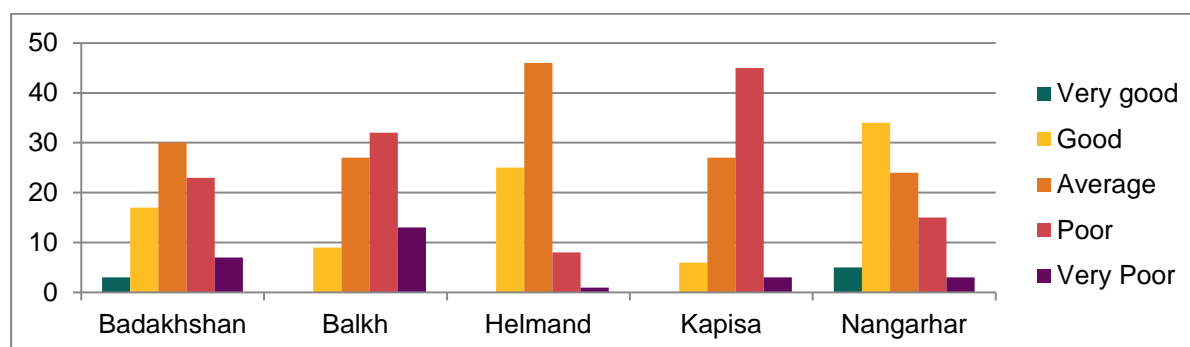


Source: Altai, Community Household Survey

Perception surveys help identify the primary concerns for people in terms of services that are most important to them, as revealed in Figure 21. **Respondents in the household survey indicated that they were primarily concerned with the quality of drugs and the quality of doctors in the health sector.** This was also a concern for many medical professionals working for NGOs, who felt that a lot of the drugs available at pharmacies are expired and of sub-standard quality. Figure 21 also shows that 29% of respondents believe facilities are too far away for them to access. When disaggregated by province, it became clear that this is a particular concern in Helmand, where 51% of participants identified it as a primary concern. However, according to NRVA data, access is not substantially lower in Helmand than in other provinces.

On average, perceptions of the health services expressed in the household survey were often negative. Respondents were particularly critical in Balkh (Shortepah district) and Kapisa (both districts). In Shortepah, two health facilities were assessed, one of which has been closed for a prolonged period of time. Community members in Shortepah were very critical of public health services in their district; they said they had to travel to a neighbouring district or the provincial capital for adequate treatment. Only in Nangarhar community members rated health services overall more positively.

Figure 22: Perceptions of quality of health services (n=403)



Source: Altai, Community Household Survey

5.2.2 SKILLED BIRTH ATTENDANCE (SBA)

Maternal and infant care is a central part of the BPHS policy. The policy aims for different types of clinics fulfilling different roles in the overall maternal health chain. That is, health posts are meant to function primarily as public outreach facilities where voluntary health workers spread awareness of family planning, breastfeeding and the importance of skilled attendance at birth. They are also supposed to stock mini-delivery kits in case of emergency-assisted deliveries. Sub-centres are supposed to refer all cases upwards if possible; if not, the community midwife of the sub-centre assists in the delivery.

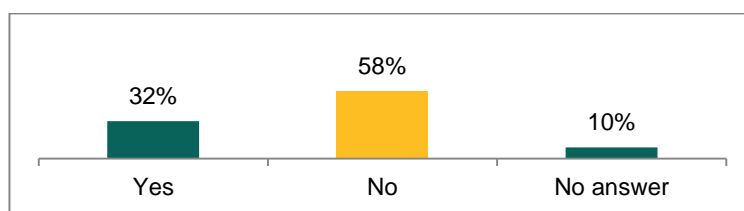
BHCs and MHTs are required to be staffed with at least one community midwife. BHCs are the first clinics in the chain, where skilled birth attendance is a regular service. Complicated cases arriving at the BHC should be referred upwards to district or provincial hospitals. CHCs should be staffed with at least two community midwives, and district hospitals should have at least four regular midwives. All clinics above the health post level should have clean delivery and midwifery kits on hand.

In the health clinics visited for this study (n=24), two-thirds of health workers reported they have all the necessary drugs and equipment to provide maternal health services and to assist in deliveries. Health facilities that lacked equipment were mostly located in rural districts such as Shortepah district in Balkh province. Notably, two health clinics in Nahr-e-Saraj district in Helmand reported not having any of the required equipment for providing skilled birth attendance services.

COVERAGE

When asked if their family received professional assistance during the birth of a child, 32% of community members (n=404) said they had received support from a midwife, whereas 58% indicated they did not receive such support, as demonstrated in Figure 23. Provincial response patterns in our survey do not correspond to NRVA (2007-08) baseline data, however; the NRVA indicated that skilled birth attendance was very low in Badakhshan and Helmand in 2007 (2% in both case), while BCSD household survey results from these provinces reveal it is closer to the average.

Figure 23: Deliveries Attended by a Professional Midwife (n=404)



Source: Altai, Community Household Survey

Out of the 68 community leaders interviewed for this study, 38 indicated the main reason for which many pregnant women do not receive skilled birth attendance is that the service is too far away. However 27 community leaders also reported that skilled birth attendance is not culturally accepted in their communities. 23 interviewed leaders revealed the service is not available in their communities.

These views corresponded closely with the views of government officials. Provincial- and district-level health officials indicated the main barrier to more institutional deliveries is a lack of access to the services (e.g., facilities are far away and people cannot afford the transportation costs). Government officials also mentioned cultural barriers and intimated some health facilities lack skilled midwives.

Table 7: Skilled Birth Attendance Input, Output and Efficiency Data 1391

Source	Data	Badakhshan	Balkh	Helmand	Kapisa	Nangarhar
CSO	Population (thousands) est.	904.7	1,245.10	879.5	419.8	1,436.00
HMIS/FSR	Midwives	101	258	76	75	82
HMIS/FSR	Community midwives	175	26	38	30	198
HMIS/FSR	Total midwives	276	284	114	105	280
CSO/HMIS	Midwives per 100,000	11	21	9	18	6
CSO/HMIS	Community midwives per 100,000	19	2	4	7	14
CSO/HMIS	Total midwives per 100,000	31	23	13	25	19
	Output					
HMIS/MIAR	Institutional deliveries	7,982	12,519	4,610	1,750	14,558
CSO/HMIS	Institutional deliveries per 100,000	882	1,005	524	417	1,014
	Efficiency					
MIAR/FSR	Institutional deliveries per midwife	29	44	40	17	52

Sources: CSO, HMIS

The HMIS data did not support this claim, however. According to HMIS data, all provinces have more community and regular midwives than the minimum required, as calculated by the number and categories of health facilities. Helmand has the fewest midwives per capita (13 midwives per 100,000 inhabitants) according to the HMIS. Therefore, access to the service is presumed lower than in other provinces.

When considering the number of institutional deliveries per 100,000 inhabitants, Kapisa and Helmand provinces scored the lowest, with 417 and 524 deliveries respectively. These numbers are roughly half of those reported in the other provinces (between 882 and 1,014 institutional deliveries per 100,000 residents). While the lower number is expected in Helmand because of the limited availability of midwives, high insecurity and poor baseline coverage in 2007/8, this result is somewhat surprising for Kapisa.

Output/input efficiency scores were calculated by dividing the number of MIAR-reported institutional deliveries by the number of FSR-reported regular and community midwives available. The scores show

dramatically lower efficiency in Kapisa province. Whereas Helmand, Balkh and Nangarhar reported between 40 and 52 deliveries per midwife, Badakhshan reported 29, and Kapisa only 17. Although lower efficiency levels are expected in Badakhshan because it is a very mountainous and rural province, dramatically lower levels in Kapisa are unexpected.

5.2.3 EXPANDED PROGRAM FOR IMMUNIZATION (EPI)

The Expanded Program for Immunization (EPI) is integrated into the BPHS service package and, as such, is offered by NGOs implementing the BPHS. The BPHS policy document specifies the type of health clinic at which the service should be available, how the clinic should be staffed, the vaccines that should be available and the equipment (e.g., cold storage infrastructure) that is required.

Vaccinations are provided at basic health centres upwards. Health posts and health sub-centres support EPI services through outreach and community mobilization. BHCs, CHCs and district hospitals are required to employ two vaccinators, whereas mobile health teams should have one. Furthermore, all these facilities should have cold storage infrastructure, including a refrigerator, a vaccine carrier and ice packs.

The upcoming Health Systems Strengthening grant will enhance EPI by building cold chain infrastructure and training an additional 300 vaccinators across the country. There are also plans to establish mobile teams for Kuchi communities in order to improve coverage for nomadic communities.

Table 8: EPI Output Indicators 1391

Output indicators	Badakhshan	Balkh	Helmand	Kapisa	Nangarhar
BSC 2011/12 Rank score	28	3	15	12	2
BSC Drugs and vaccine availability index NAV 76.6	63.9	77.6	71.8	64.6	88.6
PENTA 3 provision per month 2011 per BHC / CHC	47	59	54	59	76
NRVA 2007-08: 12-23 months fully immunized	40%	27%	1%	2%	57%

Sources: HMIS, BSC, NRVA

Baseline NRVA data, as displayed in Table 8, reveals that immunization rates for Helmand and Kapisa were very low in 2008, average in Badakhshan and Balkh provinces and quite high in Nangarhar.

When combining multiple provincial indicators on EPI, including the provincial performance rank scores (BSC 2011-12), a drugs and vaccines availability index (BSC 2011-12), and PENTA 3 provision per BHC/CHC (HMIS 2011), an interesting pattern emerges. PENTA 3 provision per BHC/CHC is strongly correlated to vaccine availability ($r=.87$) and correlates to provincial performance ($r=.83$). The trend indicates that the implementers who were more successful in adequately supplying their clinics also achieved higher vaccination rates (note that the sample size does not allow to make statistically significant conclusions).

For district-level EPI analysis, data was collected from the annual *Monthly Integrated Activity Reports* (MIAR) for 1391, and from the BHCs, CHCs, MHTs and Hospital OPDs on the PENTA 3 and measles provision. Furthermore, HR data (e.g., vaccinator availability) was collected from the Facility Status Reports (FSR) and population estimates were collected from the Central Statistics Office. PENTA 3 and measles provision were computed per 100,000 inhabitants and reveals that the two selected districts in Balkh and Kapisa are performing significantly poorer than the two districts in Helmand and Nangarhar. This is somewhat surprising, given the good security and infrastructure conditions, especially in the Balkh district. This suggests that these variables have only a limited impact on service delivery.

Data was also collected on the number of available vaccinators in each district. The figures vary dramatically across locations, with 72 vaccinators per 100,000 in Tashkan, compared to only 13 in

Kama. This can be explained partly by the mountainous landscape in Badakhshan, where many people live in very remote communities. As such, efficiency, measured as the number of vaccinations per vaccinator, is also lower in the province. Comparing vaccination output (the number of vaccinations provided/100,000 residents) to input (the number of vaccinators available/100,000 residents) shows a weak negative correlation. This suggests that limited HR resources do not necessarily impact service delivery levels.

A pattern does appear to emerge, however. A computed output/input index, created by dividing the reported vaccinations by the available vaccinator, consistently shows lower index scores in remote districts. That is, the further removed the district is from the provincial capital, the lower the number of vaccinations per vaccinator.

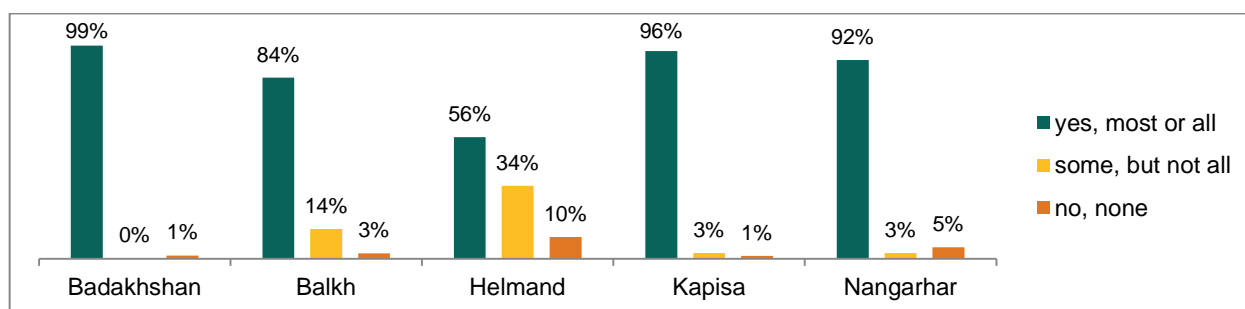
Table 9: EPI service outputs and inputs per district

		Badakhshan		Balkh		Helmand		Kapisa		Nangarhar	
1391 Data sources		Baharak	Tashkan	Balkh	Shorteppah	Garmshir	Mhr Saraj	Mhd. Razi	Kohestan	Kama	Shinwar
	Service output										
MIAR	PENTA 3 provision 0-11 months	1840	1650	6022	1810	6602	7249	3164	3272	5102	4849
CSO / HMIS	PENTA 3 per 100,000	6,571	5,670	5,178	4,701	7,722	6,348	5,071	4,943	6,830	8,317
MIAR	Measles provision 0-11 months	1405	1487	5107	1306	5669	6436	2367	2469	4826	3872
CSO / HMIS	Measles provision per 100,000	5,018	5,110	4,391	3,392	6,630	5,636	3,793	3,730	6,461	6,642
	HR input										
FSR	Vaccinators	15	21	31	18	28	21	22	32	10	na
CSO / HMIS	Vaccinators per 100,000	54	72	27	47	33	18	35	48	13	na
	Output/input										
MIAR / FSR	PENTA per vaccinator	123	79	194	101	236	345	144	102	510	na
MIAR / FSR	Measles per vaccinator	94	71	165	73	202	306	108	77	483	na

Sources: HMIS, CSO

In the household survey conducted in 20 communities in ten districts, community members were asked if their children had received vaccinations. The overall reported coverage of immunization appears to be high, and considerably higher than the 2008 NRVA baseline levels: 85% of respondents (n=404) reported that their children had received most or all vaccinations. 11% said they had received some vaccinations, and only 4% indicated they had not received any.

Figure 24: EPI coverage per province (N=404)



Source: Altai, Community Household Survey

Coverage appears to be considerably lower in Helmand, where only 56% indicated that their children had received most or all vaccinations. Somewhat surprisingly, Balkh province also has slightly lower coverage levels, according to the household survey.

When community leaders (n=57) were asked why some of the children had not received all vaccinations, they said the service is too far away for community members (40%) and some communities view immunization as culturally inappropriate (25%). Community leaders in Helmand province and in Shortepah (Balkh) and Shinwar (Nangarhar) districts indicated that the distance to clinics is the main impediment for people seeking immunization for their children. Indeed, access to public healthcare appears to be lower in Helmand than in other provinces. In other words, the average distance a person has to travel to a public health clinic is longer, which at least partially explains the lower immunization rates.

Provincial- and district-level health officials agreed that coverage is high in their respective areas. They indicated that lower immunization rates were primarily caused by a lack of awareness and conservative beliefs regarding vaccinations, which prevents people from seeking the service.

Most provincial health department officials indicated they have all the required equipment for EPI services. However, seven out of ten PHD officials interviewed said they have insufficient staff qualified to administer and monitor EPI services. At the district level, the MoPH was represented semi-formally by the district hospital directors, except in Kapisa province. As such, district level administration has no formal tashkeel or infrastructure. However, all district hospital directors (n=11), with the exception of one in Helmand, said they had the required vaccinators and equipment prescribed by the BPHS policy. Most provincial-level officials indicated they have all the equipment (e.g., cold storage) and drugs required to provide EPI.

5.2.4 COMPARING CONTRACTING-IN AND CONTRACTING-OUT MODALITIES

A full comparison of the effectiveness and efficiency of the contracting-in (SM provinces) and contracting-out modalities in the public health sector is beyond the scope of this study. The sample of provinces and number of health facilities visited does not allow for a conclusive comparative assessment of the two modalities. However the data collected in this study suggests that **public health provision in Kapisa is challenged by constraints similar to those identified in the public education and agricultural extension sectors.**

Virtually all officials and stakeholders in the health sector interviewed for this study, with the exception of provincial health directors and one senior health official at MoPH were **critical of MoPH's capacity to directly deliver health services.** They express the belief that MoPH lacks the capacity and infrastructure to effectively provide services, and that contracted-in provinces are performing substantially poorer as a result. Constraints for the contracting-in mechanism mentioned by interviewees typically referred to timeliness. MoPH internal administrative processes (procurement, HR management) were considered too slow for the dynamic and fast-paced health sector. As a result, drug stock-outs, delays in salary payments, and understaffed health clinics appear more frequently in

SM provinces. Furthermore, favouritism in hiring and appointments was mentioned, as well as the limited opportunity for internal criticism within MoPH.

However it seems the discussion of the two modalities has become increasingly politicized within MoPH and the wider public health community in Afghanistan, with strong proponents and opponents of the contracting-out modality. Opponents appear to associate the contracting-out modality with donor requirements rather than effectiveness, and perceive public health provision as a core public service that should be delivered by the government directly. Proponents, on the other hand, argue that NGOs are currently better positioned to provide these services and that there is no need for MoPH to absorb this role. Some MoPH officials indicated that this discussion has affected the cooperation and coordination between different directorates at MoPH. They confided that some senior MoPH officials were principally against contracting-out of the service and intolerant of criticism of the SM provinces' performance.

Databases on health services output provide a mixed and inconclusive picture. SM provinces scored average on the most recent JHU evaluation (2011/12): Kapisa, Panjshir and Parwan ranked 12th, 17th, and 16th, respectively, out of the 34 provinces assessed. Kapisa scored 3rd in the 2009/10 evaluation. However, HMIS data collected on EPI and SBA indicate poor service delivery performance in Kapisa both in terms of output (service delivered per 100,000 inhabitants) and efficiency (service delivered per HR input). This comparatively poor performance of Kapisa could not be explained by external constraints e.g. insecurity, remoteness and cultural values. Although the M&E directorate appeared critical of SM province performance, its data sets could only partially be retrieved and seemed unfit for a comprehensive comparison.

Assessments of the health facilities in Kapisa did not reveal significant differences in terms of available infrastructure or O&M availability compared to the other four provinces included in this study. However, some health officials in Kapisa complained that resources for the public health clinics were shifted to the provincial hospital, which could be interpreted as poor financial management or as more flexibility to local needs. In addition, the only two cases of under qualified staff delivering health services were identified in health clinics in Kapisa province. In two health facilities in Kapisa, diagnoses, treatment and prescriptions were delivered by nurses rather than qualified doctors. Furthermore, diagnoses appeared to be particularly hurried and poor in the facilities assessed in Kapisa. However, no permanent drug stock-outs were reported in health facilities in Kapisa.

5.3 PUBLIC FINANCIAL MANAGEMENT

The financial structure of the public health sector differs from the education and agriculture sectors. As mentioned earlier, the bulk of public health services are provided by NGOs and are contracted at the central level under the BPHS and EPHS frameworks. Although the funding for provincial contracts is coded in the development budget (e.g., they are on-budget and processed through the MoF), it is not included in the provincial allotments. Furthermore, the majority of recurrent costs in the health sector are funded through the development budget.

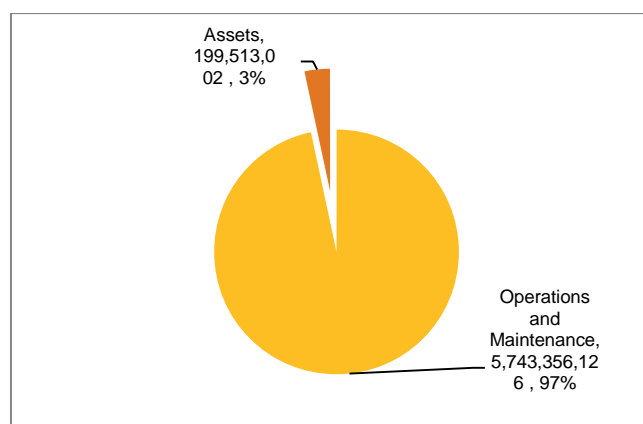
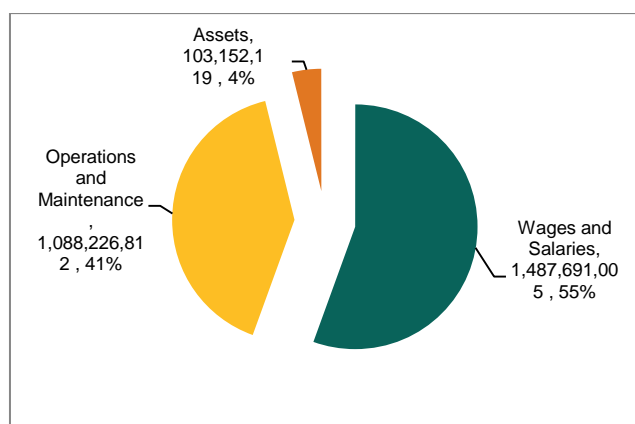
5.3.1 BUDGET DISTRIBUTION AND EXECUTION

The financial structure of MoPH differs from the other sectors because the contracts awarded to NGOs are recorded under the Development budget under Operations and Maintenance (Code 22). Figure 25 below shows that O&M represents 97% of the development budget.

Figure 25: Budget allotments to MoPH (1392, in AFN)

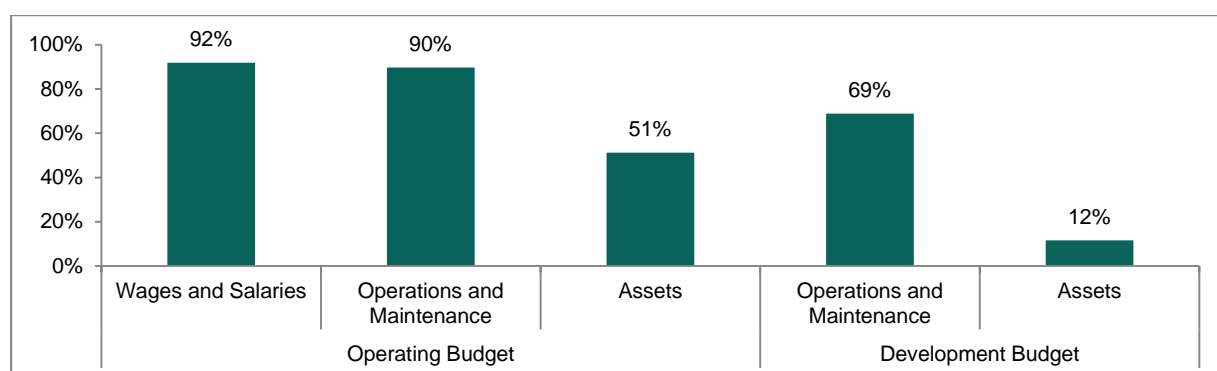
Operating Budget

Development Budget



Source: AFMIS, November 2013

Figure 26: Budget execution rates of MoPH (1391)



Source: AFMIS, updated November 2013

The MoPH's own implementation responsibilities and its direct provision of services differ considerably per province. In some provinces, the MoPH's own service provision is sizable; for example, in Balkh province the MoPH is directly responsible for the regional hospitals and multiple clinics. In other provinces, it does not provide any service directly. In the three SM provinces, the MoPH is directly responsible for service implementation; however, funding for the hospitals and clinics comes from the World Bank-managed SEHAT grant.

Thus, comparing resources and output levels or performance is a challenging endeavour, and comparing AFMIS's public expenditures to output and outcome indicators provide only a partial picture. The Health Economics and Financing Department (HEFD) have published more detailed studies on the relationship between costs, equity and efficiency³⁴.

5.3.2 BPHS/EPHS GRANTS

The process of procuring service contracts for Basic Package of Health Services and Essential Package of Health Services is facilitated and managed by the Grants Contracts Management Unit (GCMU). The GCMU manages four main grants:

- Performance-Based Contracts, funded by the EU;

³⁴ Blaakman & Lwin (2013) *Afghanistan BPHS Study: Cost-Efficiency, Quality, Equity and Stakeholder Insights into Contracting Modalities*.

- Partnership Contracts for Health, funded by USAID;
- System Enhancement for Health Action in Transition grant, funded through the Afghanistan Reconstruction Trust Fund with multiple donors and managed by the World Bank; and
- The Health Strengthening Systems HSS, funded by Global Alliance for Vaccines and Immunization and Global Fund.

There are some variations between the different grant regulations. The SEHAT grant³⁵, for example, provides 'lump-sum' funding for health services, meaning that NGOs contracted under SEHAT grants can shift between budget codes at their own discretion. Furthermore, the procurement of drugs is decentralized so that NGOs can make their own decisions regarding the quantity and timing of drug procurements. Partnership Contracts for Health (PCH) grants, on the other hand, use 'reimbursable contracts' with defined budget limitations. Drugs and equipment are procured centrally by a contractor and are distributed to BPHS and EPHS implementers, leaving no discretion for NGOs to make their own decisions in that regard.

MoPH officials, experts and stakeholders disagree on which grant modality is more effective or efficient. Moreover, comparing grants is difficult because outside of the BPHS/EPHS standardised service packages, each one covers slightly different pools of services. That is, some grant contracts cover capacity building of medical staff and government officials, while others provide separate funding for this.

Some interviewees agreed that the SEHAT contracts provide more flexibility for the service implementer. NGOs have more decision-making authority over expenditures, allowing them to be more responsive to local needs and to react faster to emergencies. However, decentralization does not improve the cost or quality of the procured drugs. On the contrary, the centralized procurement of PCH grants appears to result in lower costs and leads to a higher quality of procured drugs. The PCH grants, however, slow down the process such that NGO implementers are less responsive to drug stock-outs and emergencies.

5.3.3 CONTRACTING

BPHS/EPHS contracting follows a normal procurement process cycle that involves expressions of interest, the submission of proposals and reviews by independent panels.

The panel consists of people trained in the technical scoring of the proposals, including experts from technical departments of the MoPH. Each member scores the proposals independently and provides an explanation of his or her score. The panel meets afterwards to discuss variations in the scores given, and the technical review is followed by a financial review. For BPHS and EPHS contracts, both cost and quality are considered in the review, whereas for smaller contracts a least-cost method is used.

The final awarding of service contracts requires the approval of the MoPH procurement committee, the special procurement committee and ministers from the ministries of public health, education, finance, and justice. Both Afghan Procurement Law and donor regulations govern Service contracts.

The GCMU itself is not a decision-making body, but rather a procedural guardian and facilitator of the procurement process. It organizes panel reviews, files and manages all legal documents related to the contracts, and monitors the delivery of the procured services based on the service contracts. The GCMU indicates that the procurement of BPHS and EPHS contracts should ideally take up to nine months, from announcement to award. However, about 70% of cases exceed this benchmark.

³⁵ SEHAT replaced SHARP (Strengthening Health Activities for the Rural Poor) in October 2013. The comparative analysis in this section is mostly based on discussions comparing PCH and SHARP. However, it applies to SEHAT as the characteristics discussed are similar to those of SHARP.

5.3.4 PROCUREMENT CONSTRAINTS

GCMU officials complain about the multitude of oversight bodies that audit their offices. They say that auditors are often rude, aggressive and threatening, and appear to be motivated by personal gain.

"At any point in time, about half my staff is busy with the demands of the auditors. Once they asked me to provide all documents of the last ten years. We are talking about thousands and thousands of copies, and if I lose one original page of a document, I'm in trouble. [These demands]... It's unprofessional, it's politically motivated, and it is getting worse."

MoPH, GCMU, senior official

Furthermore, **some GCMU officials indicated that there is little political support at the MoPH for the contracting out of services.** As result, they feel that GCMU does not get the support it needs from other departments to work efficiently.

"The senior leadership of MoPH does not support the idea of outsourcing and they don't support GCMU. However, they can't change it. They don't have the infrastructure to provide services themselves, and the donors demand this modality. MoPH couldn't even provide drugs to the hospitals in Kabul; its processes are too slow."

MoPH official

Lastly, **GCMU officials indicated that many members of parliament try to interfere with the procurement process** as well as the contract specifications. For example, they try to influence the selection of the NGO and the locations of health facilities. Overall, across the public health ministry, many mid-level civil servants complained that 'political interference' by MPs or powerbrokers is affecting their work. They suggest that such interference appears to have intensified in the last three years.

5.3.5 CONSTRAINTS TO HEALTH SERVICE IMPLEMENTERS

In general, implementing NGOs perceive the procurement process to be fair, but some feel the evaluations of past performance should be considered in the short-listing process. Decisions are currently made based on the strength of proposals submitted without past performance taken into account. NGOs said that including evaluations of past performance in the procurement process was important not only for the sake of rewarding good performance but also because of local expertise and relationships formed on the ground, which are conducive to effective and efficient service delivery.

In addition, **NGOs reported that the current mechanism for estimating service demands is inadequate** because actual demand is often at odds with the estimated supply of health facilities indicated in service contracts. As a result, some clinics and district hospitals cannot cope with the number of patients they receive and the consequent drug requirements.

MoPH continues to use a one-size-fits-all approach, resulting in drug stock outs.

BPHS NGO director

This was a complaint voiced by multiple health facility directors and district hospitals. In particular, they were likely to complain about serving more districts or more people than defined in their service contracts. Some service facilities officials also complained that their clinic is overcrowded and cannot provide quality services to all of its clients due to poor service in a nearby facility. Such complaints were often related to drug stock-outs.

5.3.6 PUBLIC HEALTH ASSET MANAGEMENT

Building health facilities has been a preferred enterprise of many stakeholders involved in the reconstruction of Afghanistan for a long time. Provincial reconstruction teams, NGOs and donor

agencies are eager to support communities through the construction of buildings for health facilities, which they often equip with modern medical equipment. Therefore, most hospitals are housed in fairly decent, newly constructed buildings, and have little reliance on the MoPH's discretionary budget for both infrastructure and maintenance needs. In this way, **continuous support from donors providing assets and equipment for health facilities seems to have prevented the maturation of the MoPH's budget framework and execution capacity over the past decade.**

There seems to be little capacity at the MoPH for the procurement of construction or maintenance works, as well as **no comprehensive system for asset registration or maintenance needs.** BPHS and EPHS grants are currently covering the O&M budget to maintain assets. NGOs receive funds through their service contracts to maintain buildings and equipment, which remain the property of the MoPH, but these funds are often instead used for service delivery. This could give rise to cause for concern, in light of the expected decline in donor funding in the coming years. The MoPH will need to start to rely on normal budget flows for these costs. Moreover, the MoPH has not yet developed adequate regulations for prioritizing infrastructure needs, nor has it defined minimum standards for equipment. In fact, most of the current infrastructure used for service delivery has been donated or at least partially funded by international development actors with little input on the part of the MoPH.

"There is maintenance budget included in the service contracts, but that won't be enough for the maintenance of expensive equipment."

MoPH senior official

Provincial PFM capacity varies considerably across provinces. Capacity appears to be stronger in provinces where PHDs have implementing responsibilities. In other provinces, there appears to be almost none. A pilot program was recently launched whereby additional resources were provided to all PHDs through their operating budget allotments. The results of this pilot will be important to understanding the capacity of PHDs to prioritize and execute budgets.

Most of the health facilities visited for this study were well maintained and in a good state. Typically, district hospitals and CHCs are housed in fairly new buildings that have been maintained by the contracted NGO. However, facilities visited in more remote communities sometimes lacked their own building, renting a private house instead, or were accommodated in a building with serious signs of decay. The trend seems to be that smaller facilities lack proper housing. Furthermore, larger maintenance expenditures are not covered in the service contracts. Although implementing NGOs often succeed in finding additional resources for such needs, the issue of maintenance and asset management will require more attention in the future.

5.4 MONITORING, EVALUATION AND REPORTING SYSTEMS

Public healthcare facilities and health service provision are monitored in multiple ways. In addition to the HMIS self-reporting system, Kabul-based teams from the MoPH's monitoring and evaluation directorate travel to the provinces to monitor health facilities regularly. The Grants Contract and Management Unit (GCMU) teams from Kabul also conduct regular visits to health facilities to ensure that implementers are respecting contract obligations. Third party monitoring of the public health sector is conducted by Johns Hopkins University, which publishes provincial performance scores every two years. Lastly, programmatic departments for diseases such as tuberculosis and HIV often join monitoring missions in order to collect programmatic data.

5.4.1 HMIS REPORTING

Health Management Information System is a monitoring system based on self-reporting. Different forms are used to summarize the activities, services, and resources (e.g., staffing, equipment, and supply stocks) of health facilities. Different forms are also used for health posts and different types of health facilities and hospital inpatient reports. Currently, provincial-level NGO offices collect these reports and submit them to their headquarters in Kabul, as well as to the PHD HMIS

officer. PHDs retain a copy of the HMIS reports, while NGO main offices in Kabul submit them to the HMIS department at the MoPH.

NGOs verify the accuracy of the reports by crosschecking the reported data with their own records. While HMIS in Kabul asserts that their officers verify the accuracy of HMIS reports through monitoring missions to the health facilities, HMIS officers at the provincial level indicated they rarely travelled outside the provincial capital and rarely verified the reports. Both NGOs and some MoPH officials suggested that the HMIS data from the three SM provinces is less accurate because the MoPH does not crosscheck it.

5.4.2 GCMU MONITORING

The Grants Contract and Management Unit (GCMU) monitoring is widely perceived by implementing NGOs as the most fair and effective system. GCMU monitors express a good understanding of the BPHS/EPHS policies and the contractual obligations related to the BPHS/EPHS grants. Overall, they demonstrate better capacity, receive higher salaries and have more resources (e.g., travel allowances and per diems) at their disposal³⁶. Furthermore, GCMU has a clear monitoring plan that appears to be followed, and their monitoring reports are comprehensive, well structured and detailed. The reports are filled adequately and are available upon request. There is also a systematic follow-up of their monitoring activities; for example, half of the facilities visited are revisited in the next monitoring mission to see if there has been any improvement.

While GCMU monitoring tends to be implemented in a sound manner, their monitoring missions seem to avoid the less-stable provinces of the country. For example, while Balkh province is monitored every quarter, some provinces such as Urozgan have not been visited for over a year. Moreover, it seems that GCMU monitoring is limited to the accessible areas; remote, peripheral or dangerous areas of some provinces are somewhat neglected. Finally, GCMU's monitoring focuses on ensuring that contractual obligations are met. That is, they ensure that facilities fulfil the specific indicators set in their contracts (e.g., staffing, drug supply, equipment, etc.) but they do not necessarily monitor the quality of services provided.

5.4.3 THE M&E DIRECTORATE

The MoPH's Directorate of Monitoring and Evaluation (M&E) receives less positive reviews from NGOs. **NGOs indicate that M&E directorate officers from Kabul are often unaware of their contractual obligations and thus criticise NGOs unfairly.** The M&E directorate has a strong core team in Kabul, but has substantially fewer resources in the provinces, and thus less-qualified monitoring officers. Officers also receive lower salaries, lower per diems and lower travel allowances. As a result, monitoring missions are less frequent and less regular than the GCMU missions.

The M&E directorate's monitoring tools are of decent quality and their quarterly synthesis reports are comprehensive. Monitoring is focused on the quality and performance of health service delivery. That is, instead of looking at contractual obligations, the directorate's tools focus more explicitly on the quality of healthcare, which means they cover health services that are currently not included in the GCMU monitoring. The M&E directorate also has a mandate to monitor the private health sector.

5.4.4 THIRD-PARTY MONITORING

NGOs and MoPH officials perceive the Johns Hopkins third-party review as accurate and trustworthy in most of its findings. However, there is some critique of the Balanced Score Card's accuracy when it comes to scoring health performance in the more dangerous provinces of

³⁶ Although salaries and allowances are regulated by law, most GCMU officers, as well as some officers in the other departments mentioned in this section (HMIS and M&E directorate) are contracted as technical assistance through donor funded programs. As such, their salaries and allowances do not fall under civil service regulations and can vary from one department to the other.

Afghanistan. Typically, interviewees doubted the results for Kunar, the province ranked the highest on service delivery performance in the latest BSC, given the precarious security situation there. Nonetheless, the BSC has created a certain awareness and transparency in provincial and NGO performance.

5.4.5 FEEDBACK MEETINGS AND FOLLOW-UP

At the central level, the coordination of the public health sector is strong. Quarterly BPHS forums, organized with implementing NGOs and technical departments of the MoPH, discuss issues on the implementation of the BPHS. Furthermore, HMIS results are discussed regularly, with NGOs receiving feedback on their performance according to HMIS data. Technical forums are organized from time to time, in which technical departments, the planning and policy directorate, the GCMU, and NGOs discuss specific issues related to programs.

The accountability structure of the contracting-out modality is strong and appears to strengthen performance in the sector. Based on the monitoring missions, GCMU and the M&E directorate organize face-to-face feedback meetings with representatives of the NGOs responsible for the clinics. In these meetings, the observations made and the issues identified at the clinics are discussed, after which the NGO must submit an action plan for addressing them. If the action plan is not adequately followed up, GCMU delivers an official advice orally to the NGO. If the underperformance continues, a notice letter, a warning letter, and eventually the termination of the service contract follow.

In the past year, several service contracts have been terminated due to the unsatisfactory performance of the implementing NGO e.g. in Daikundi and Zabul. NGOs are typically reprimanded for: 1) delays in salary payments to health facility staff; 2) drug stock-outs for prolonged periods; and 3) non-compliance with local infrastructure, such as failing to have a provincial office.

5.4.6 DUPLICATION AND COMPETITION

In the past years, **multiple agencies have suggested that the different monitoring systems** (e.g., HMIS, GCMU, and the M&E directorate) **should merge in order to reduce duplication** and increase efficiency. However, this has not yet been realised. The M&E directorate and HMIS are planning to merge, but have not yet done so, nor is it clear when they will. Plans have also been developed for GCMU to 'hand-over' its M&E responsibilities to the planning and policy directorate. GCMU has thus far refused, saying it is required to monitor its service contract as per the Afghan procurement law and individual agreements with donors.

"These joint monitoring missions only exist on paper."

MoPH official

Furthermore, **there appears to be competition within the MoPH as to which department has authority to evaluate performance** in different provinces, and thus, has the authority to determine the service contracts for termination. During fieldwork, an M&E directorate official expressed frustration with being side-lined in the accountability mechanism. Indeed, while the directorate perceives itself to be the main agent responsible for evaluating performance, it has received substantially fewer resources than the GCMU department for this task.

"The Planning and Policy directorate refuses to read our reports."

M&E directorate official

NGOs are acutely aware that it is primarily the GCMU to which they need to respond. Therefore, **it is difficult for other departments to exert influence on NGOs without GCMU's explicit backing.** In this way, contract monitoring by GCMU seems to have replaced effective quality monitoring by the MoPH through the M&E directorate.

5.4.7 PROVINCIAL-LEVEL ACCOUNTABILITY

At the provincial level, joint monitoring missions are organized whereby a provincial health department representative joins the implementing NGO on a mission to monitor its health clinics. The PHD representative and the NGO jointly evaluate the performance of the clinic based on a checklist developed by the MoPH and distributed to all PHDs and NGOs. This national monitoring checklist (NMC) includes 13 monitoring areas based on criteria set by the MoPH's M&E directorate and GCMU. The director of the health clinic and the representative of the implementing NGO are required to sign off on the NMC filled out by the PHD representative, and the NGO is required to develop an action plan to improve the issues identified on the mission.

The provincial Public Health Coordination Committee (PHCC) then discusses the results of the joint monitoring missions. This committee, which is supposed to meet on a monthly basis, consists of all public health actors in the province and is chaired by the PHD Director. The PHCC jointly decides on the clinics that should be monitored in the joint missions, and discusses the results of these missions, as well as the related action plans created by the responsible implementer. The PHCC functions as the main coordination body for public health related issues.

NGOs indicated that in some provinces this system appears to work effectively; PHCC meetings are held regularly and joint monitoring missions are held once or twice a month. However, in many provinces, the PHD is perceived as weak in organizing and enforcing this provincial accountability structure. **NGOs reported that some PHDs never organize such meetings or joint monitoring missions**, and when they do, the minutes of the PHCCs and the monitoring checklists are not shared or discussed properly with provincial authorities, such as the provincial governor's office or provincial council. Nor are they collected and effectively analysed at the central level.

In addition, NGOs could provide very few examples of the PHD actually *supporting* the implementation of health services. **PHDs are mostly perceived as a constraint to service delivery, especially in the more remote provinces** where the PHDs have little to do but monitor and coordinate the implementation of public health services. NGOs claim that PHDs demand privileges from NGOs such as fuel or vehicles, and often expect the NGOs to hire staff recommended by them. NGOs feel vulnerable to these demands, for PHDs often lobby in Kabul for the termination of contracts if the relationship with the implementer breaks down. Some NGOs indicated that the PHD directors lack a full understanding of the BPHS policy and related contract obligations. According to these NGOs, this results in PHDs making demands on NGOs that are not in accordance with policy, and for which there is no budget.

5.5 HUMAN RESOURCES MANAGEMENT

5.5.1 CAPACITY AT MOPH

At the central level, the Ministry of Public Health relies heavily on contracted (non-tashkeel) technical assistants who are paid through donor-funded programs. HR capacity is fairly strong in most directorates and departments, but mostly as a result of this reliance upon contracted staff. Unlike at MAIL, contracted staff members at the MoPH are given '*unpaid*' temporary tashkeel contracts. This means that they are officially civil servants, and thus hold the same status as tashkeel employees (i.e., they have signatory authority), but receive a higher salary. In fact, salaries for contracted staff are often about ten times higher than tashkeel salaries. There are approximately 800 contracted staff members working at the MoPH, and most of these high-salaried positions are concentrated at the GCMU. However, other departments, including HEFD, HMIS, Planning and Policy, the HR directorate, and programmatic departments (e.g., for EPI, HIV, TB, etc.) also rely heavily on technical assistance.

HR management at the MoPH has improved considerably in recent years. Civil service reform policies have been implemented and many procedures have been formalized. The HR department has developed a Management Information System (MIS) database that collects data on

vacancies and the qualifications of staff across the country. Furthermore, it has developed standardized job descriptions for provincial tashkeel, and supported provincial health departments in formalizing their HR management procedures.

Hiring procedures remain slow, and final approvals are centralized. Although the HR department initiates this process, all candidates, including lower-level support staff, need to be approved by the minister. All senior positions in the provincial departments (e.g., grade 3 and 4) also need the minister's signature. Furthermore, the civil service commission needs to be present while interviewing candidates for any position. This often results in significant delays because if IARCSC representatives are unavailable or miss the scheduled interview, the interview cannot proceed and needs to be rescheduled.

Although the civil service commission's reform policies are generally viewed positively and considered to promote transparency in HR procedures, **some MoPH officials complain about the difficult working relationship with the commission.** MoPH officials intimated that IARCSC members lack the necessary medical expertise to develop adequate tests for candidates. Some believe the civil service commission's representatives want to influence the outcome of the recruitment process rather than guarding the integrity of it. Furthermore, the commission's representatives required the public health ministry to cover their expenses, such as for transportation and food, when attending the recruitment interviews.

5.5.2 PROVINCIAL LEVEL

The HR capacity and tashkeel size of the provincial health directorates varies considerably. Although PHD tashkeels are standardized according to the grading of the province, many PHDs are unable to attract qualified staff, and in many remote provinces capacity is very low.

Many PHD positions stipulate minimum qualification standards regulated by law, but the low levels of capacity in areas of the country outside of the main urban centres make it difficult to fill these positions. Furthermore, where there are qualified people, it is often difficult to attract them with the salaries offered. Most provinces have multiple NGOs providing health services, either within the BPHS framework or through off-budget donor funding. Because the salaries of administrative staff at these NGOs are not regulated, they are almost always paid considerably higher than the PHD staff, which makes these jobs much more attractive.

"Whenever we train PHD staff, they're gone within six months"

MoPH Senior HR official

Some initiatives have been undertaken to create more flexibility in the application of minimum standards. This has allowed some PHDs to appoint under-qualified staff in 'acting' positions until qualified staff is recruited. For example, a trained midwife could function as an acting maternal health specialist until one is found. Out of the ten provincial health officials interviewed for this study, seven reported they do not have sufficiently qualified staff to administer and monitor the immunization and maternal health programs of the MoPH.

At the district level, there is no formal MoPH tashkeel structure. MoPH has assigned around 200 (semi-formal) district health officials, often district hospital directors.

5.5.3 SERVICE FACILITY LEVEL

The health sector requires highly educated people (e.g., doctors) to function effectively and to deliver quality services. Health facilities face four main HR challenges:

- Qualified medical staff are unevenly distributed across the country;
- The gender ratio of medical professionals is strongly skewed toward men;
- Educated people in general, and medical professionals in particular, are reluctant to work in remote areas; and

- There is considerable competition for qualified staff from the private healthcare sector in urban areas, which pays medical specialists significantly higher salaries than the public sector can afford.

People with medical training are generally concentrated in urban areas, where universities are located. Female medical professionals are still few, although their numbers are growing. While efforts to train midwives have increased their availability across the country, there is still a gap between the supply and demand for them. More problematic is the availability of female specialists such as gynaecologists, who are even harder to source. The problems of undersupply are compounded by the fact that most female professionals are reluctant to work in the districts, even when they are from those districts. Even if they were willing to work at the district level, arrangements would have to be made for their families to join them, which further complicates the recruitment process. Finally, there is considerable competition with the private health sector for an already small pool of female health professionals. That the private sector pays higher salaries does not work in the favour of the public system.

Salaries for medical staff hired by the NGOs to work in the BPHS and EPHS facilities are regulated nationally. However, these salaries are more flexible than those of civil servants: NGO employees can make up to 250% of the original salary because of hardship, hazard and gender allowances. For example, a female midwife working in a remote, dangerous area could increase her original salary from US\$400 to US\$1,000 once allowances are calculated.

Despite this flexibility in remuneration, many implementing NGOs emphasized that it is very difficult for them to find qualified staff for their facilities. One reason NGOs are eager to quickly fill their vacancies according to the rules is that GCMU strictly monitors staff availability and qualifications. Some NGOs have been reprimanded or terminated in the past for employing medical staff member that are not fully qualified for their positions.

As a result, **NGOs have been creative in improving the secondary conditions for their medical staff.** They have, for example, improved living conditions at the work location and provided accommodation for employees' families, in an attempt to increase the attractiveness of these positions. In some cases, medical staff members are also offered transportation allowances, including flights, to return home regularly to see their families. In other clinics, midwives from Tajikistan were hired when Afghan women who met the minimum HR standards could not be found. **Strong accountability and monitoring of available staff seems to have improved the quality of healthcare and pushed NGOs to improve performance.**

The GCMU recognizes that salaries are still low and it is difficult for NGOs to comply with the HR obligations specified in the contract. However, they insist that although the salary levels are regulated nationally, they are restricted by the main donors of the BPHS and EPHS grants.

5.6 CRITICAL CONSTRAINTS TO HEALTH SERVICE DELIVERY

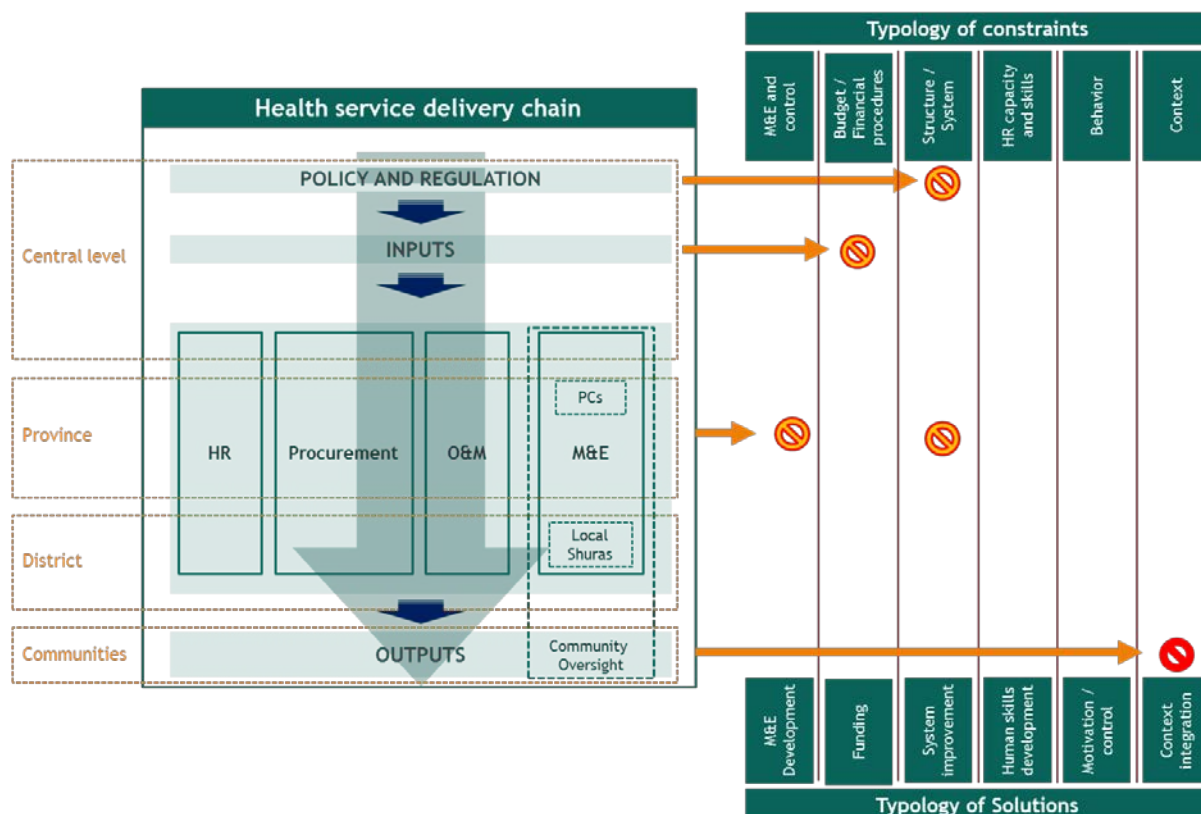
When compared to the other two sectors covered in this study, the overall performance of the public health sector appears strong. Even in rural and comparatively dangerous districts, minimum standards are often observed. Medical staff members are almost always qualified to provide health services, and most health facilities comply with infrastructure, equipment and drug requirements. Clinics assessed for this study were often industrious and bustling places. Upon arrival, surveyors often witnessed hard-working staff, and most health facilities appeared to be less affected by issues commonly seen in the public service sector.

When looking strictly at service delivery outputs, the public health sector appears to perform better than the agriculture and education sectors. Part of this can be explained by the inherent characteristics of the contracting-out modality. That is, accountability mechanisms are stronger and more effective in the public health sector, and, as a result, underperformance is often adequately addressed. Moreover, HR, budget planning, and procurement capacity appear stronger in implementing NGOs than the government.

Although many problems were observed at different levels of the service delivery chain in the public health sector, this study was unable to single-out one or two critical constraints that impede service provision in the two areas in which the study focuses. A cautious conclusion might be to consider the public health sector's performance close to the optimum given the budget and HR resources at its disposal and its operational environment (e.g., insecurity, rural context, and dominant cultural values).

However, this study was able to identify some constraints to further improving the health sector that need to be addressed if progress is expected in the coming decade. These constraints are presented diagrammatically in Figure 27 according to their positions along the service delivery chain.

Figure 27: Constraints in Health Service Delivery



Based on the analyses of key-informant interviews and the data collected in the fieldwork two critical constraints in the public health sector could be identified:

- **The link between the MoPH and its provincial administrative departments is currently very weak.** Provincial health departments do little to promote public healthcare or support the MoPH in its implementation of services. This can be explained partly by the *de jure* and *de facto* ambiguity inherent in the sub-national governance structure, which impedes the MoPH's ability to lead the PHDs. Additionally, it may be partially explained by the overall poor understanding of government policy at the provincial level (section 5.6.1).
- **The lack of pharmaceutical regulation and an effective management of the drug supply have a negative impact on the effectiveness of, and trust in, the health sector.** Currently, drug stock-outs significantly hinder the performance of individual health facilities, while the lack of regulation and awareness of pharmaceuticals seriously affects trust in the health sector (section 5.6.2).

5.6.1 INEFFECTIVE PROVINCIAL ADMINISTRATIONS

The link between the MoPH and its provincial administrative departments is currently very weak. This is often manifested in weak information flows between Kabul and the provinces, poor management and accountability mechanisms at the PHDs, and little support for the PHDs in implementing government policy.

This is partly caused by the ambiguous sub-national governance framework articulated in the Sub-National Governance Policy, which does not explicitly state who should appoint, evaluate and remove provincial directors of health departments. It is then compounded by the provincial governor's de facto authority over provincial appointments and administrative affairs, which further decreases the MoPH's influence over its provincial directors.

During interviews, **senior MoPH officials in Kabul often gave the impression that the PHDs and their directors are not an intrinsic part of the ministry.** Senior MoPH officials cannot tell PHDs what to do, and PHDs cannot be relied on to support the implementation of national programs. PHDs were often described as weak and lacking capacity in rural areas. Although they seem stronger in large urban areas, they are perceived as independent and non-compliant, and to be disregarding the public health ministry's authority.

Many senior MoPH officials in Kabul could not say with confidence where, or with whom, the formal authority to appoint provincial directors lies. Some assumed this authority rests with the minister; others thought it would be with the president or the provincial governor. Most officials expressed the belief that the de facto appointments were either a compromise between the governors and the ministry or entirely up to the governors. If the ministry disagrees with the appointment of a particular PHD director, the director often keeps his position as 'acting' director until the ministry accepts it, or until it finds another candidate acceptable to the provincial governor.

Furthermore, governors lead the performance evaluations of the PHDs and their directors, and the MoPH only attends these evaluations as an observer. When asked, MoPH officials were unable to name any PHD directors who were fired or removed by the ministry due to poor performance or misconduct. Yet, **most, if not all, officials interviewed were very critical of the performance of the PHDs**, as were most stakeholders in the public health sector. MoPH officials provided many examples of PHDs who did not comply with the MoPH requests and with general requirements, who were suspected of misconduct or abuse of power, or who did not show up for work at all, but remained in position. In essence, MoPH officials feel they are stuck with PHD directors that are either incompetent or serving their own interests.

"PHD directors stay on forever; they are never removed no matter what they do."

MoPH official

Within the MoPH, it is also unclear which department or directorate should take the lead in managing the PHDs. The provincial liaison department's mandate in this regard is not very clear. It currently facilitates communication between the PHDs and the public health ministry and collects reports and prepares missions; however, it is not clear if the department has a mandate to evaluate and manage PHDs.

INFORMATION FLOWS

Provincial health departments also fail to play a role in the information flows within the sector. Implementing NGOs currently collect Health Management Information System (HMIS) forms from the health facilities and submit them to the PHD and to their headquarters in Kabul. The NGO headquarters then submits the data to the HMIS department in the MoPH in Kabul. Provincial-level HMIS officers are supposed to conduct missions in the province to verify the accuracy of the HMIS reports; however, most of these officers indicated they did not travel often for this purpose.

In addition, the results of the joint monitoring missions and the minutes of the provincial public health coordination committee are supposed to be sent to Kabul for collation and analysis. However, adherence to this requirement appears to be low, and only a few PHDs actually submit their reports. Grants Contract and Monitoring Unit (GCMU) officials, a rather crucial part in the current accountability structure, were unaware that provincial-level monitoring took place and said they had not seen any PPHC minutes. They did, however, indicate the value of such an exercise and pointed out that these joint monitoring missions and the provincial discussions could help build understanding and assist them in prioritizing their own missions.

Provincial health departments are also supposed to submit 'office' activity reports as a way for the MoPH to monitor its provincial offices, provide assistance when needed, and prioritize budget needs. These reports are collected by the provincial liaison department at the MoPH and ought to be analysed by the General Directorate of Planning and Policy at MoPH. However, in practice, the PLD seldom receives such reports; the few that come are sent from PHDs that appear to have close relations with the MoPH. Despite the efforts exerted, collated and analysed reports of the PHDs could not be found at the MoPH.

BPHS/EPHS COORDINATION

Directors of provincial health departments expressed limited understanding of the Basic Packages of Health Services (BPHS) and Essential Packages of Hospital Services (EPHS) policies. NGOs often complain that public health departments demand services that are not included in their service contracts and for which no budget has been provided. Very few examples were provided of PHDs supporting service delivery, while many examples were given of PHDs creating obstacles for NGOs. Some NGOs confided that PHDs often frustrate equitable public health service rather than promoting it. NGO officials feel they have to tread a thin line between complying with PHD 'interventions' (e.g., hiring family members of the PHD director, or providing services that are not prescribed by regulations, etc.) and providing equitable services.

"In the big cities PHDs often have their own private businesses that they take care of. It is in rural provinces, where there is only BPHS/EPHS, that the PHDs create the most trouble."

MoPH official

AWARENESS

Due to the PHDs' lack of understanding and lack of ownership of government policy, they are ill positioned to represent and defend it. Overall, there is a poor understanding of the BPHS/EPHS policies and limited awareness of the services that should be provided by NGOs among provincial governance entities, community leaders, and members of civil society. Yet, expectations of the public health sector are very high.

This leaves NGOs vulnerable to accusations of theft and corruption by communities that expect a lot from their government and its services. Government representatives at PHDs do not explain the choices made given limited resources, so the blame easily and mistakenly falls on the NGOs. NGOs stress the importance of provincial-level MoPH representation; however, they say PHDs should understand and *defend* BPHS and EPHS, rather than supporting 'interventions' from powerbrokers and community leaders.

In the five provinces assessed for this study, there was little evidence of effective and systematic sharing of information by the PHDs. Provincial governors' offices and provincial councils did not regularly receive either HMIS, PHCC, monitoring, or PHD activity reports. Feedback from PHDs to provincial-level authorities was often oral, ad-hoc, or triggered by security incidents.

REFORM

Several departments within the MoPH recently developed guidelines aimed at improving the value and efficacy of the PHDs. The provincial liaison department and the General Directorate of Planning and Policy developed clear descriptions of the responsibilities and tasks of the PHDs, in order to provide the departments with operational guidelines. Comprehensive tools have been developed to evaluate the performance of PHDs and their directors. Reporting templates were developed so that PHD activity reports will be more structured and comprehensive. However, a key challenge will be to implement these reforms effectively. Performance appraisals should be implemented formally through the Independent Administrative and Reform Civil Service Commission (IARCSC). MoPH officials indicate this process is cumbersome and lengthy and say in practice it is more important to gain the support and endorsement of provincial governors.

5.6.2 DRUG STOCK-OUTS AND REGULATION

The lack of pharmaceutical regulation and an effective management of the drug supply have a negative impact on the effectiveness of, and trust in, the health sector. The widespread belief that drugs in the market, as well as drugs provided by public health facilities, are sub-standard undermines trust in the health sector. Furthermore, drug stock-outs impede service delivery and lead to suspicion and accusations of theft.

LACK OF REGULATION OF PHARMACEUTICALS

The MoPH's capacity to regulate existing medicine, both in the private and public sectors, is weak. There are no effective structures or mechanisms in place for pharmaceutical quality assurance. **Furthermore, monitoring is weak, and in most provinces non-existent.** In terms of regulation, most PHDs currently focus on licencing pharmacies.

Many medical professionals expressed concern about the poor quality of drugs being sold at private pharmacies. They said a lot of expired drugs are used and sub-standard cheap imports are being sold. However, a 2011 study funded by USAID found the issue of sub-standard drugs is not as extensive as most professionals believe³⁷. The study concluded that 8% of samples from the private sector and 11% of samples from the public sector did not meet international pharmaceutical standards.

The perception of low quality drugs seems to be borne out of a combination of three concerns. First, there is evidence to support the fact that private pharmacies and public health clinics are indeed stocking drugs of inferior quality. Because PHDs currently lack the tools, capacity and regulatory framework to tackle this issue, it remains largely unmonitored and unregulated. This was criticised by some interviewees unaffiliated with the government, who complained that the PHDs were not addressing the issue and consequently allowed pharmacies to continue selling inferior drugs.

"They are not even monitoring the pharmacy across the street from their office."

NGO official

In addition to the substandard quality of the drugs, private pharmacies and public clinics also tend to prescribe drugs without giving patients adequate information about dosage and how the drugs should be taken. The subsequent misuse of the drugs can often negatively impact its effectiveness, which contributes to perceptions of poor quality.

Second, dissatisfaction with the quality of pharmaceuticals seems to be linked somewhat to poor or incorrect diagnoses of health problems. Specifically, the clinics surveyed in this study tend to diagnose health problems quite quickly and sometimes without an actual examination. For example, one surveyor explained that when he visited a clinic with complaints of a sore stomach, he was immediately diagnosed with appendicitis solely on the basis of the symptoms he described, without any actual examination. Another surveyor reported that he was prescribed deworming medication,

³⁷ Afghanistan Medicines Sampling and testing – A Quantitative Survey, April 2011.

again without an examination, after describing a stomach ache. Pressure on medical staff appears high in these clinics, and, consequentially, the time spent with each client is short.

A third, and final, explanation for the lack of faith in the effectiveness of drugs relates to a lack of awareness about them on the part of the community. For example, one respondent was given different pills for a variety of problems she had experienced over a period of time. Because all of the pills looked the same, she assumed she had been given the same drugs.

STOCK-OUTS CRIPPLE THE FUNCTIONING OF HEALTH FACILITIES

Several clinics visited for this study lacked essential drugs that should be available, according to the requirements of the BPHS policy. A handful of clinics in Shortepah district in Balkh province and Kama district in Nangarhar province did not have most of the essential drugs. In Shortepah, one clinic had been out of some of the most basic drugs for over two months. The lack of essential drugs severely cripples the clinics' capacity to provide services. In both clinics mentioned earlier, service delivery had effectively ceased because patients could not be provided with the required treatment. Although diagnostic services were still offered, most patients and service receivers tried to access other clinics where drugs were available.

The GCMU has made preventing prolonged drug stock-outs a priority in terms of monitoring NGO service providers. This is so important that HMIS MIAR forms registers stock-outs for 23 essential drugs. Nonetheless, most clinics indicate that they run out of at least one essential drug by the end of the month, when MIARs are submitted. It is difficult to analyse HMIS data in terms of the effect of stock-outs on service delivery because the data on multiple drug stock-outs or multiple months is not coherently calculated. Also, it appears that the HMIS, despite collecting data on drug availability, has not been able to comprehensively analyse the data, nor does the M&E directorate or GCMU use this data to prioritize monitoring.

LEAKAGES AND FREE DRUG PROVISION

The issue of drug stock-outs can be at least partly explained by the intrinsic characteristics of free drug provision. All public health services, including drug provision, should be free, according to Afghanistan's constitution. However, free drug provision inherently increases the risk of diversion, as it is relatively easy to resell drugs available for free under BPHS/EPHS-managed clinics to the private sector. In other words, it is not difficult for health facility directors, medical staff and patients to acquire free drugs and then sell them regionally or locally to private sector pharmacies.

Indeed, **community leaders and service receivers, rightly or wrongly, suspect public health officials of stealing pharmaceuticals** and reselling them in their privately owned pharmacies. Many patients claimed they received only a small sample of the prescribed drugs, and then were given directions to a pharmacy where they can buy the rest. Thus, suspicion that BPHS/EPHS medical staff is filling their own pockets by selling free drugs is rife in communities across many provinces. In most of the provinces visited for this study, these accusations were made.

This issue of drug theft can potentially exist at multiple levels of the service delivery chain. NGO officials, health facility staff and patients can fairly easily steal drugs because the demand for them can only be derived from HMIS self-reporting forms and clinic catchment estimates. Thus, theft is hard to find, and without actual monitoring of demand at clinics, this issue is hard to resolve.

NGO officials and health workers questioned on the matter **attributed the drug stock-outs to structurally miscalculated catchment areas or incidental regional supply fluctuations.** In other words, they think the MoPH and service contracts sometimes underestimate the demand for drugs, or some clinics stop supplying certain drugs, increasing the demand at others. On two occasions, however, it appeared that drug stock-outs were also related to the termination or expiration of service contracts. An example of this was given in Shortepah district in Balkh province, where the U.N. Office for Coordination of Humanitarian Assistance was responsible for public health service. A health facility director said that as soon as the contracted NGO learned that its contract

would not be renewed, drug supplies became less and less frequent, resulting in prolonged drug stock-outs.

FEEDBACK AND COORDINATION

Both constraints – the lack of regulation and drug stock-outs – can be addressed more effectively if there is a more efficient use of sub-national stakeholders and if there is more effective coordination between the different monitoring and data collection mechanisms. Currently, there is no formal bottom-up complaints mechanism or early warning system that could strengthen adherence to drug quality and availability. Similarly, there is no efficient use or coordination of the work of the multiple sub-national actors.

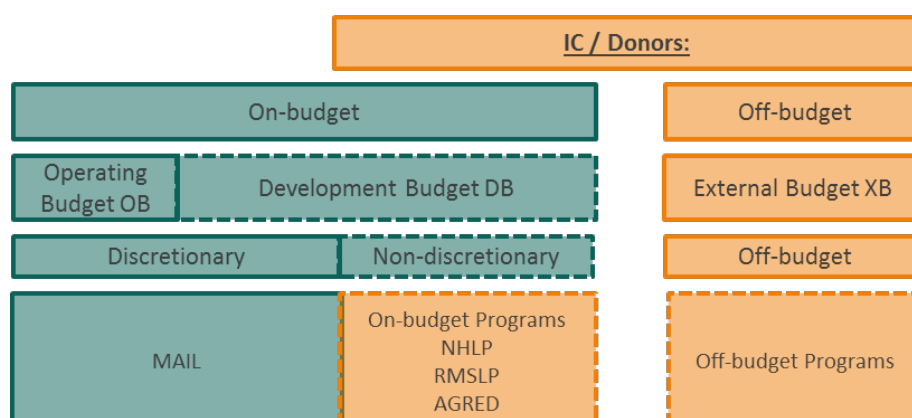
6. AGRICULTURAL EXTENSION SERVICES DELIVERY

The agricultural sector is considered the backbone of the Afghan economy, providing income to over 85% of the population³⁸, and agricultural production is an important indicator of GDP growth³⁹. Yet, over 60% of Afghan farmers still depend on subsistence farming⁴⁰. Demonstrated progress in developing the agricultural sector is less unequivocal than in the education and health sectors and achievements appear to be mixed.

Thus far, most of the support provided to the sector was channelled through external, off-budget programs (see Figure 28). Often driven by specific donor preferences, this has resulted in a patchwork of aid across Afghanistan, neither equitable in terms of size, nor continuous in terms of programming content. External budget expenditures vary considerably across provinces, and programs have adopted different implementation approaches. Furthermore, the size of off-budget support dwarfs on-budget public resources invested in the sector. In this environment **the Ministry of Agriculture, Irrigation, and Livestock (MAIL) has had only limited success in asserting itself as the regulating and coordinating authority of the sector.**

Nevertheless, coordination has improved in recent years, and some donor-funded programs have been transferred to on-budget. However, the agriculture ministry appears less effective than the other two ministries at regulating the sector. The considerable difference between off-budget support and MAIL's discretionary funds is posing an additional challenge to the public service side of the agriculture sector. With salaries of civil servants significantly lower than donor-funded project staff, it has been almost impossible for the ministry to retain qualified management and technical staff.

Figure 28: Public Agriculture Budgets and Discretion



³⁸ CSO statistical yearbook: 2009-10, GIRA (CSO), 2010, p.111.

³⁹ Afghanistan Economic Update, World Bank, 2012, p.2.

⁴⁰ Interview with MAIL General Directorate of Planning and Policy official.

6.1 MAIL STRATEGIC FRAMEWORK

The roles and functions of agricultural extension organizations depend on their goals. These goals, in turn, differ from country to country depending on policy choices made by a government to stimulate agricultural development. In general, **the aim of agricultural extension services is to increase agricultural production and productivity**. Often this is further divided into sub-goals including the following:

- Transferring knowledge from agricultural research to farmers
- Advising farmers on the decisions they have to make
- Training farmers to enable them to make similar decisions themselves in the future
- Stimulating desirable agricultural development through provision of physical inputs
- And, helping farmers establish cooperatives and other types of producers' organizations.

6.1.1 FRAMEWORK AND MANDATE

MAIL-provided extension services are operated in line with the public service delivery framework as it pertains to HR, PFM and procurement, which are described extensively in Appendix 1.

Interviews with key informants at the central level and a review of the literature show that **the strategic framework for extension services is vague, and lacks prioritization and a clear political mandate**. There does not seem to be a consensus on the kind of services that should be included in extension, and importantly, the activities that should be provided separately by the public and private sectors. This is also part of a larger international debate on the role of the public sector in providing extension services to farmers. Because there is no clear framework, extension officers on the ground provide all possible extension services to farmers, from distributing physical inputs (e.g. seeds and fertilizer) to training and advisory services.

The issue is further aggravated by the **ideological transition MAIL has made over the past three decades**. MAIL's foundation and structure can be traced to the socialist regime of the late 1970s. Today still, Afghan farmers and many of MAIL's civil servants expect government support for the agricultural sector, in the form of district agricultural departments (DADs) providing free fertilizer, pesticides and machinery to farmer associations and individual farmers. In contrast, **donor-funded projects tend to emphasize the importance of developing private sector-led extension services and focus on market-oriented developments**. Instead of actual service provision, donors argue, MAIL should focus on regulation, coordination and research or dissemination of knowledge.

MAIL's application for the Capacity Building for Results program (CBR) recognises this debate is ongoing within the ministry. However, **senior management has not yet decided on what the General Directorate of Extension's mandate should be**. The directorate itself is currently opting for a large public role in providing extension services, reflected in the Afghanistan's Agricultural Extension Model (AAEM). The AAEM suggests strengthening the existing system and considerably expanding its tashkeel. However, given Afghanistan's economic outlook post-2014, it is unlikely that there will be room for substantial budget increases, such that these goals will be fiscally unsustainable.

The lack of a clear policy and strategic objectives is a major impediment to performance assessment. Despite efforts to find a clear policy document describing the framework of extension services, detailed objectives for extension services in Afghanistan were not found. Furthermore, MAIL designs strategic priorities that are not aligned with its current or expected resources. In a strategic document dated 2010, MAIL provides a very ambitious vision of its priorities for the agricultural sector in Afghanistan, which does not reflect a pragmatic analysis of what can realistically be achieved. In

this document, MAIL estimates a budget of US\$500 million to improve agriculture production and farm economies (over an undefined period of time), and acknowledges a shortfall of US\$489 million⁴¹.

6.1.2 ENVISIONED EXTENSION MODEL

Afghanistan's Agricultural Extension Model (AAEM), developed by MAIL with the support of the UN Food and Agriculture Organization, is the most comprehensive policy document on agricultural extension services. The model described in this document seems to be overly ambitious given the availability of resources in the foreseeable future. Further, some of the core extension functions prescribed for the district- and community-levels overlap with the development functions undertaken by local organizations from other institutions, notably MRRD.

An important limitation of the AAEM is that it remains very vague in terms of the objectives that should be achieved, and the indicators that could be used to measure the quality of extension services. The model does not recognize budget limitations, nor does it adequately assess the current situation as a starting point for improvement.

Unlike the strategic frameworks for education and health services, which provide an assessment of the sectors' performances and set targets for improvement, the AAEM is a document that describes how MAIL would like extension services to be. **The ministry's model is very ambitious, and parts of it seem neither feasible nor sustainable.** The AAEM proposes a district tashkeel of 14 staff (nine technical plus five support), which would require a staff expansion of almost 5,000 for field extension staff alone. This represents a 50% increase of the current tashkeel. In addition, each district would have warehouses, demonstration plots, office facilities, and equipment and vehicles.

The AAEM primarily describes how extension services should be provided in terms of activities and means of communication. However, **it does not provide indicators on how to measure the performance of service delivery.** Nor does it adequately assess the current status of public extension services, other than estimating that there are currently two under-qualified extension officers per district who are each responsible for 4,500 farming families⁴². Furthermore, the AAEM does not define clear output or intermediate indicators.

Overall, the proposed model in the AAEM appears to be detached from Afghan realities. For instance, the document suggests a list of equipment that should be available in facilities all over the country, but fails to recognize the more important need to connect all current facilities to the electricity grid. An evaluation of the budget needed to achieve such a model has not yet been made. As desirable as the model might be, its implementation is unlikely to happen. The wide-range of activities and equipment needed to create the new extension model require a tremendous increase in financial and human resources, and it does not seem reasonable to expect a model designed this way to be successful in the Afghan context.

6.1.3 PLANNING AND POLICY

WEAK PLANNING AND LEADERSHIP AT THE GENERAL DIRECTORATE OF EXTENSION

Plans for extension services are not made in an adequate manner, and are limited to a top-down approach, according to stakeholders working with the General Directorate of Extension. Even if provincial- and district-level extension managers reported local needs and requirements to the central ministry, the work plan they received after the preparation phase was generally different from needs they had expressed or any plans they had developed. Although sub-national levels are required to participate in the planning process, their proceedings do not appear to be taken into account at the central level. **There appears to be a communication gap between the central and sub-national level.** Some interviewees indicated that MAIL does not discuss planning issues with

⁴¹ *Agricultural Priorities*, GIRoA (MAIL), Nov. 2010.

⁴² *Afghanistan's Agricultural Extension Model (DRAFT)*, GIRoA (MAIL), 2012, p.13.

provincial agriculture departments (PAD), and does not take into account recommendations or needs of PADs.

Furthermore, over the past seven years, five different general directors have headed the extension services. Such a frequent **turnover of leadership has weakened the general directorate**. Priorities in terms of areas of concern or type of services have changed too quickly with each change of director to allow for a steady development of extension services. Some observers outside of the ministry alleged that the appointments of general directors of extension were politically driven rather than based on merit. In such a context, it is unlikely that the leaders of extension services remain committed to improving extension services in the long run, but rather focus on short-term strategies to advance their careers.

LINKAGES BETWEEN RESEARCH AND EXTENSION SERVICES

A strong link between agricultural research and extension services is generally considered a key factor in enhancing farmers' knowledge. Extension workers are supposed to distribute knowledge produced by the research organization to farmers. However, in the Afghan context, this relationship between research and extension suffers from two main problems:

- The weak state of the agricultural research (although it has been improving in recent years thanks to donor-funded efforts);
- And the weak relationship between GD extension and the research directorate.

During an interview with the director of research at MAIL, he mentioned the international community's efforts in this regard, but that a number of shortcomings remain. He identified the main problems of the research directorate as a lack of budget and human capacity to maintain its facilities, particularly technical facilities that use modern technologies made available by donors.

The research directorate provides training to extension services agents in its facilities at Badam Bagh in Kabul and in its other stations across the country, but this transfer of knowledge seems quite limited overall and does not happen on a regular basis.

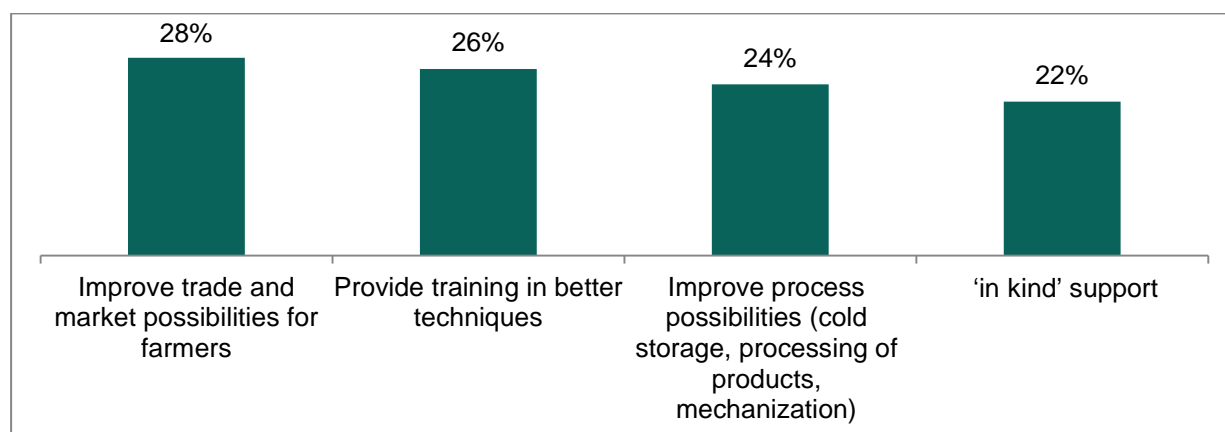
PERCEIVED GAP BETWEEN MAIL'S SERVICE PROVISION AND FARMERS' NEEDS

There is an important gap between farmers on the one hand, and extension officers and PADs on the other. **Policies, programs, and plans regarding extension services are developed centrally and communicated down to the provincial level.** Moreover, MAIL does not seem to make decisions based on needs but rather on other opaque criteria⁴³. This top-down approach largely focuses on developing marketing opportunities and increasing high-value products. **Because more than 60% of Afghan farmers still depend on subsistence farming they are generally risk-averse.** Switching from cereal production to cash crops therefore requires farmers' trust and a long-term commitment from MAIL, which currently does not exist. Moreover, key-informant across different levels of the service delivery chain indicated that the current extension model is not adapted to farmers' perceived needs.

When farmers (n=302) were asked about their needs, and what the government could do to support them, they expressed a great interest in improving the processing of their agricultural products and marketing opportunities through training, facilitation and support to create linkages. Yet, the government does not provide these kinds of extension services.

⁴³ Expressed by several foreign experts working closely with MAIL during key informant interviews.

Figure 29: Perception of what is most needed from the government for extension (n=302)



Source: Altai, Community Household Survey

The knowledge gap between Afghan farmers and policymakers is considerable. While policymakers propose introducing new varieties of crops, more efficient irrigation technologies, and developing cash crops, farmers frequently need training in very basic skills. For example, many farmers use methods for planting grain crops that are known to adversely affect germination rates. Moreover, no soil assessment capacity seems to be available in the provinces, and a comprehensive, national soil survey does not exist, decreasing the impact of some initiatives taken by MAIL.

In most cases, either DAD officials or communities reported receiving seeds and fertilizers, but distribution schemes and schedules were often not adapted to the field reality. Respondents in all provinces but Nangarhar reported the same figures for input distribution used in wheat cultivation: 25 kilograms of seeds, 50 kilograms of urea and 50 kilograms of diammonium phosphate, corresponding to quantities generally used for one *jerib* of land (e.g., 2000 square meters). Some farmers own more land and thus do not receive sufficient inputs. In all of the districts surveyed where there was seed and/or fertilizer distribution, it was reported that the volumes were not sufficient for all farmers in the area.

District managers select recipient farmers for a given year, and aim to design a distribution scheme that would allow all farmers in the area to receive their share of future distributions. They use either existing cooperatives as a framework for distribution, or try to prioritize distribution to farmers for whom it would make more sense based on a set of criteria. However, in some remote districts, it was reported that the DAD distributed seeds to farmers long after the planting season, rendering the service useless, as farmers did not have a storage capacity for the seeds.

Furthermore, given the absence of knowledge on soil composition in certain areas, and the inadequacy of input distribution volumes, the distributions of inputs does not seem to be meaningful. While farmers appreciate the attention, they do not see it as effective for addressing their needs.

6.2 CURRENT STATE OF EXTENSION SERVICES DELIVERY

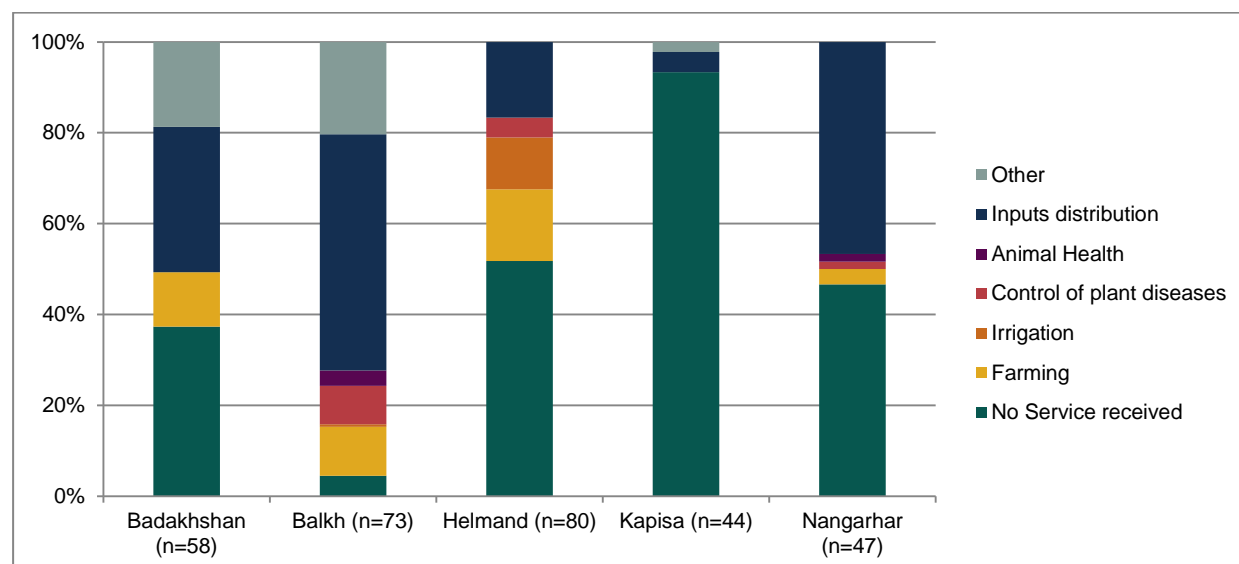
Outcomes of extension service programs, either on- or off-budget appear to have been limited. In 2007, only 1.3% of farmers had contact with agricultural extension services delivered by the government or an NGO. Of this tiny proportion, 60% received advice only once⁴⁴.

In the five provinces surveyed for this project, farmers (n=293) were asked what kind of services or support they received from the government or from NGOs to improve their agricultural production. Although they described a wide-range of services, **farmers interviewed in insecure areas**

⁴⁴ *National Risk and Vulnerability Assessment 2007/8*, GIRA, 2008.

indicated receiving very little support, compared to those interviewed in more secure districts. Analysis of the community household survey also suggests that the size and quality of MAIL's discretionary activities varies significantly across provinces. In general, inputs (mostly seeds and fertilizer) are distributed in all provinces. But in-depth interviews with community leaders and extension managers at the district level indicate that services provided in this area are insufficient to meet the needs of Afghan farmers.

Figure 30: Agriculture-Related Services Received by Farmers in Communities Surveyed



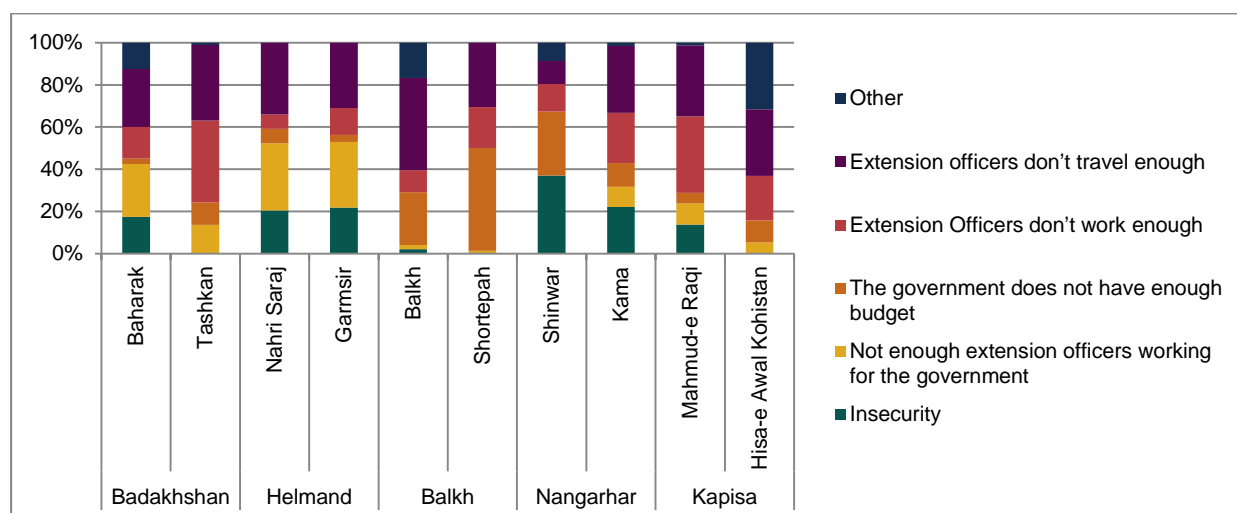
Source: Altai, community household survey

Community leaders (n=65) were asked to evaluate government support to farmers in their community. In Balkh and Nangarhar, where specific initiatives to develop agriculture have been on going (mostly non-discretionary donor funded projects), community leaders were slightly more positive than in the other provinces surveyed. However, **the majority of community leaders indicated that the government's agricultural extension services were of poor quality.**

In the community household survey, respondents (n=127) were asked to indicate which government agency held the main responsibility for supporting the agricultural sector. **MAIL was identified as the main government entity providing agricultural services.** MRRD was also cited as providing services related to agriculture, but a closer look at the qualitative data collected showed that MRRD's support was mainly linked to support to irrigation networks.

To assess the discrepancy between community members' perceptions and government officials' assessment of constraints, farmers were also asked to indicate what they thought were critical constraints to extension services delivery. The results presented in Figure 31 show that the limited contact between extension officers and farmers is perceived as a primary constraint. **Insecurity and the failure of extension officers to travel to communities were pointed out as the biggest obstacles to the delivery of extension services.**

Figure 31: Perceived Constraints to Extension Services in Communities Surveyed (n=293)



Source: Altai, community household survey

These findings were supported by interviews with **community leaders** (n=65) who **indicated that their communities were rarely visited by extension officers**, either due to insecurity or a lack of transportation means. Furthermore, community leaders were critical of the quality MAIL's extension officers, indicating that they lacked the skills and knowledge to provide training and extension.

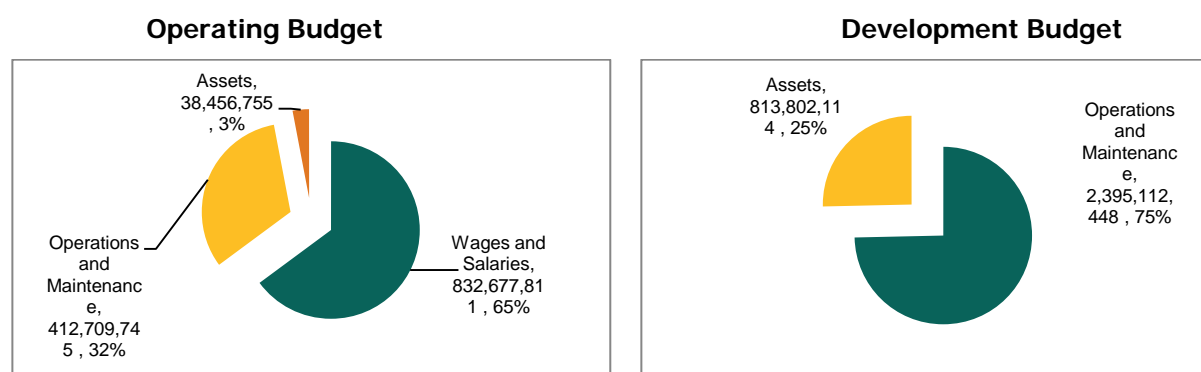
6.3 PUBLIC FINANCIAL MANAGEMENT

The majority of agricultural extension services are delivered by donor-funded programs, either on- or off-budget. In recent years, large donor-funded projects have come on budget, increasing coordination between these projects and MAIL. The on-budget modality has increased administrative and financial management capacity at the central level, and has resulted in increased coordination between projects and MAIL's technical directorates.

6.3.1 BUDGET DISTRIBUTION AND EXECUTION

This process of donor funded programs moving on budget is reflected in MAIL's current budget, where **the development budget (covering on-budget donor funded programs) is considerably larger than the operating budget**, see Figure 32.

Figure 32: Budget Allotments of MAIL (1392, in AFN)

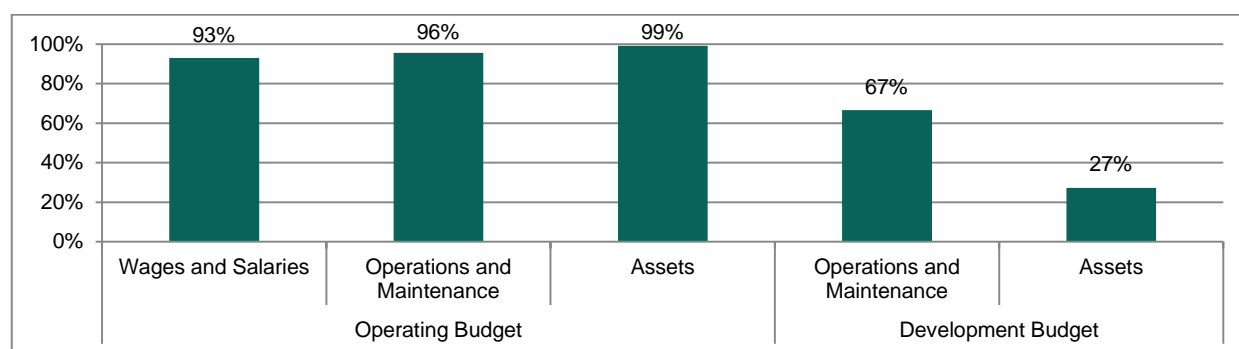


Source: AFMIS, November 2013

However, MAIL appears to have limited discretion over these on-budgets projects, which are earmarked and tightly regulated by donors. Furthermore, off-budget expenditures are sizeable in the agricultural sector. Central level key interviewees estimated that the off-budget expenditure ratio (of total expenditures) was substantially higher than the overall civilian ratio. That is, interviewees estimated that off-budget expenditures were more than five times the size of on-budget expenditures.

MAIL's execution rates of the operating budget, are similar to those observed in the other two sectors (i.e. around 94%). Execution rates for MAIL's development budget are significantly lower than OB execution rates, but similar to DB execution rates in the health sector. Budget execution rates for budget allocated for the acquisition of assets are especially low (27% for 1391) which suggests constraints in the procurement process.

Figure 33: Budget execution rates of MAIL (1391)



Source: AFMIS, November 2013

The distribution of operating budget (OB) across provinces appears fairly standardized.

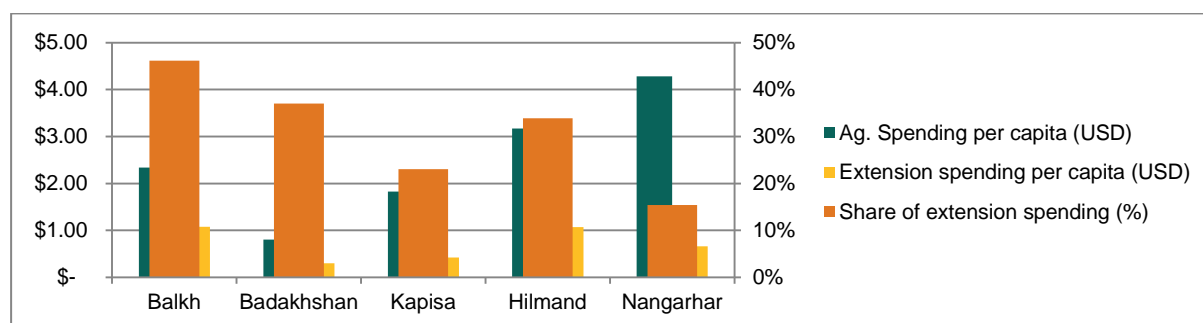
Operating budgets for provincial line departments are standardized according to the provincial grading system. Grading is primarily based on the population size of a province, with grade 1 referring to larger provinces and grade 3 to smaller ones.

There is currently no transparent, norm-based allocation of the development budget. DB allocation and expenditures vary considerably across provinces; DB budget allocation for Nangarhar was almost eight times the size of Kapisa's budget and 40 times the size of Helmand's development budget in 1392. Actual DB expenditures diverge even more, given procurement bottlenecks and differing procurement capacities at PADs. An Altai study in 2011 found that in some districts, MAIL's development budget expenditures were almost 50 times higher than in others⁴⁵.

Operating budget (OB) expenditures are not separately coded for programmatic activities in AFMIS. It is therefore not possible to separate specific extension service budget allocations and expenditures from the total MAIL budgets and expenditures using AFMIS. However, an alternative database, AMIS, does register part of the on-budget (mostly donor funded) program expenditures, and does separate spending for extension services.

⁴⁵ *Strengthening District-Level Accountability and Service Delivery Outcomes in Afghanistan*, Altai Consulting, 2011, p.53.

Figure 34: Completed Agricultural Projects Spending in Sample Provinces – 1389/1392



Source: AMIS, CSO 2011-2012

Figure 34 depicts the calculated spending per capita per province for MAIL as a whole, and extension service specifically. Spending per capita and the share of extension services of total expenditures vary considerably.

The lack of clearly defined strategic objectives and targets, or a feasible policy for extension services, poses a significant challenge to budget planning, distribution and prioritization. PAD officials complained in interviews that their discretionary budgets were insufficient to implement all programs and activities. **However, there are no clear guidelines on how to prioritise budget.** As a result prioritization of budget expenditures appeared to vary across PADs.

6.3.2 RESOURCES DO NOT REACH THE SERVICE FACILITIES

MAIL officials in Kabul interviewed for this study indicated they had no overview or accurate data on how budget was being spent within provinces. Some officials confided their suspicion that resources were not effectively distributed among DADs, and that too much budget, both OB code 22 (O&M) and DB were spent in the provincial capital. Without budget codes for districts included in the chart of accounts and the budget process, central ministries cannot earmark budget for districts. One central official expressed his frustration about his inability to improve distribution:

“We cannot force them [the PADs] to spend their budget in the districts. Too much money is spent in the provincial capital, too little where it is most needed, in rural areas”⁴⁶.

Interviews conducted at the district level showed that districts close to the provincial centre could obtain somewhat more budget than in the peripheral districts located in rural areas. Thus, budget allocation from the provincial level to the districts seems to suffer from the *squeaky wheel syndrome*: DAD directors who are able to lobby at the provincial level might get slightly more resources than rural district directors who are not able to travel as easily to the provincial centre to plead for their causes.

A way to alleviate this problem is to go forward with ring fencing budget allocations to districts, which is being considered by several donors and central-level stakeholders. District budgeting however, is far from implementation in Afghanistan, and the Ministry of Finance has indicated that creating the infrastructure (e.g., creating district codes in the chart of accounts) will be too complex.

6.3.3 OPERATIONS AND MAINTENANCE

Lack of sufficient operation and maintenance budget was indicated as the most critical constraint to agricultural extension services across all levels of the service delivery chain. DAD directors often indicated having no O&M resources at their disposal and extension officers

⁴⁶ Senior official at MAIL General Directorate of Finance and Administration

typically complained about the lack of transportation means (and allowances) to perform their work. In some districts, extension officers have motorcycles available for transportation, but they do not have budget to buy fuel (salaries of extension officers interviewed varied between \$110 USD and \$180 USD a month, and officers were unwilling to buy fuel themselves). In other districts, only one motorcycle was available, generally used by the DAD director.



Photo 3: Decaying tractors in Qarabagh DAD, showing effects of lack of O&M budget

Even at the central level, some directorates appear to have only a minimal budget for maintaining their facilities, with some buildings lacking running water and electricity. Directors of large donor-funded programs complain that extension facilities, such as demonstration plots and agricultural research facilities often disintegrate once they are handed over to MAIL's sub-administrative entities because of the lack of an operating budget for the facility. Similar complaints were heard from NGOs who gave their equipment to MAIL after the end of their programs. They indicated that PAD employees have neither skills nor financial

resources to maintain machinery.

There are several reasons for the persistent issue of insufficient O&M

budgets. It appears that low financial management capacity, especially at the provincial level and at DADs, results in poor planning and estimates of O&M requirements. In addition, a continued emphasis on acquiring new assets instead of maintaining existing ones has resulted in the overall corrosion of assets, while increasing O&M requirements. This is partially explained by the Afghan government's focus on post-conflict reconstruction of state institutions, instead of shifting towards sustainability and continuity of its services. In addition, policy objectives and decisions do not seem to fully recognize budget constraints. Lastly, O&M budgets appear not to trickle down to lower-level administrations, and are instead spent in provincial capitals rather than at district or community levels. To some degree, this seems to be caused by the perception that allowances for food, transportation, etc. and assets such as vehicles and computers are privileges for senior officials rather than requirements for effective service delivery.

The lack of O&M resources at the extension delivery level has a negative impact on its quality. Extension officers with limited career options and low salaries compared to their 'donor-funded program colleagues' lack travel allowances and equipment. Without travel allowances, it is impossible for them to meet the farmers in their mandated areas. Extension officers who were interviewed mentioned they could not go anywhere because they have no means for transportation and no activities planned. **As a consequence, low motivation, limited working hours, and absenteeism were reported to be widespread among extension officers and at DADs more generally.**

6.3.4 PROCUREMENT

Procurement of simple items or services (e.g. office equipment or furniture for a DAD) can take anywhere up to six months. In some districts studied, DAD directors said they stopped making requests for a certain number of items because most of their request were not approved, or were approved too late. This issue has a circular effect: if DADs do not make budget request to operate and maintain their facilities, their real needs are not conveyed to the provincial level and therefore are not integrated into the national budget.

Delays in the procurement processes can significantly impact the effectiveness of extensions services. For example, in Badakhshan farmers received certified seeds from a DAD three months after the planting season. As a result, and because appropriate seed storage capacity was non-existent in the area, the seeds were processed into flour for immediate consumption rather than stored for the next season. This issue was reported in other regions as well. Interviewees at the district level blamed the slow procurement of certified seeds at the central level.

When interviewed, managers who submit procurement requests at the provincial or district level were unaware of the budget availability for O&M. Staff involved in procurement at PADs only knew part of the official procurement process, and could not accurately describe what tasks are undertaken by Moustafiats. At the district level, directors themselves did not know the public sector procurement process. They could describe the first step of the process because they made requests to the PAD procurement office, but were unaware of the rest of the process.

Officials from districts near to the provincial centre regularly go to the provincial office to follow up on important requests and try to push the process forward. In many cases, key informants at the district level could not give justification for the refusals of procurement requests, or how the provincial office prioritised O&M resource allocation.

Overall, the procurement process appeared slow and opaque, often resulting in shortages of phytosanitary products to treat plant diseases, certified seeds and fertilizers. All of the DAD offices visited for this study appeared affected by the delays in procurement.

6.4 MONITORING, EVALUATION AND REPORTING SYSTEMS

Monitoring, evaluation and reporting systems appear very weak in the Agricultural sector. The Agriculture Management Information System (AMIS) is comparatively less effective and useful than its corresponding systems in education and health. Furthermore there appears to be little or no monitoring taking place of MAIL's own discretionary activities and internal MAIL reporting is unstructured. The lack of identifiable objectives and targets to measure seems to have impeded the development of effective monitoring systems. **Overall, accountability with regards to MAIL's own discretionary services appears very weak.**

6.4.1 MANAGEMENT AND INFORMATION SYSTEM

AMIS mainly gathers data for on-budget donor-funded projects, notably in relation to intermediate outputs and the costs of activities performed by donor-funded projects under the development budget. In addition, it records the same information for all of MAIL's discretionary activities. However, a comparison of AMIS data and activities stated to be performed in the visited districts demonstrates that not all of the activities performed by extension officers were being recorded. **AMIS primarily maps development programs geographically and reports the size of their activities and outputs based on project reports. It does not allow for an evaluation in terms of quality of service delivery.**

AMIS has limited data collection capacity at the provincial and district level, and there is no self-reporting or monitoring system equivalent to those in the health and education sectors. Therefore, AMIS provides little information on MAIL's discretionary programs and is an inadequate tool to assess MAIL's performance in providing services. Other than AMIS, nationwide studies on the quality or quantity of agricultural extension services are limited.

6.4.2 INTERNAL REPORTING

The reporting system used in managing extension services appears to be inadequate for reporting activities in a timely and structural manner. Districts provide bi-monthly or monthly reports to the PAD. These reports are written by hand, without a common format or template, making collation and synthesis of reports difficult and time-consuming. Provinces reported filing those reports and using them to manage the work of districts, but no examples of filed reports could be presented

to the research team. Additionally, DADs also report to the district governor's office, allowing coordination of activities at the district level.

Provincial extension managers report to the extension GD at the central level, but their reports do not seem to use a common format either. In the same way DADs report to their line ministry and to the executive branch of their district, PADs report to their respective line ministry and to the provincial governor. In the provinces visited, the link between the provincial council and the PAD appeared to be weak or non-existent.

Overall, extension managers, both at the provincial and district levels, expressed a lack of confidence in the effectiveness of their reporting system. All mentioned filing the mandated reports regularly, conveying needs of their facilities and updating their work plans. The work plans they received back from the higher levels of administration were, however, almost never in line with the reporting they had provided. The vertical reporting system is seen as ineffective because it does not allow for proper management decisions to be made. Provincial directors manage their PADs according to directives from the central level, even if they know their tasks outweigh the budget they are given. In turn, district directors try to apply directives given to them by the provincial level, even if they know they will not be able to deliver what is expected of them.

6.5 HUMAN RESOURCES MANAGEMENT

HR capacity in the PADs and DADs appeared weak compared to the education and health sectors. Human resources managers working at the sub-national level generally have an education in agriculture. No civil servant with a master's degree in agriculture was found in the provinces and districts survey. Furthermore, interviewees indicated that the average age of MAIL's tashkeel is high. Older civil servants were described as reluctant to change or adapt to new administrative processes and regulation, and overall as reducing MAIL's ability to reform.

Recruitment of qualified civil servants is significantly challenged at the sub-national levels due to the higher salaries for contracted positions of donor-funded agricultural development programmes. Furthermore, the recruitment process for civil servants is long. As a result few qualified people in the provinces are motivated to work for PADs.

"We have nothing here; we are just coming and sitting until 12 o'clock to receive the salary at the end of the month. The District Agricultural Department is just a title, nothing else."

District Agriculture Director

All MAIL staff members at the central and sub-national level are evaluated once a year using a common checklist for a given position. Although the evaluations appear to be conducted consistently, reviewers said most recommendations for training could not always be carried out because of a lack of resources.

The capacity of the leadership is perceived to be a key factor in the effectiveness of sub-national line department. A capable leadership was associated with the capacity to plan effectively and appeal to higher levels of the ministry to increase the resources available, as well as with the capacity to motivate its staff. It seems that in a constrained environment where the means to deliver public services are very low and the needs very high, it takes a dedicated leadership to keep an office going.



Photo 4: Office used to store fertilizer in Balkh DAD, showing poor working conditions for staff

6.5.1 LACK OF INCENTIVES FOR STAFF

In all public service sectors, the retention of qualified staff is difficult because of donor-funded projects that generally pay higher salaries. This problem is compounded in the agricultural sector, where external and non-discretionary expenditures are significantly larger than on-budget expenditures. At all levels, the high HR

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demand of donor-funded projects challenges MAIL's ability to retain its qualified management and technical expertise. As a result, MAIL's HR capacity is very low, with only 42% of its tashkeel having a primary-level education.

Several capacity-building programs have hired competent staff with high salaries to counter this issue. This has resulted in a significant strengthening of the capacity in key departments at the central level. However, the higher salaries are not fiscally sustainable in the coming years unless donors are willing to continue funding technical assistance at current levels⁴⁷. In addition the higher salaries have created additional frictions within the ministry. Staff contracted for donor-funded projects or for the purpose of capacity building are not official civil servants like their tashkeel colleagues, and thus have no signatory authority. Therefore, they have to request approvals and signatures from colleagues, who, in some extreme cases, receive only a fraction of their own salaries.

6.5.2 TRAINING

MAIL is one of the major employers of trained agricultural professionals. **MAIL provides a number of non-formal training activities to employees (e.g. extension officers) and to farmers.** In-service training is provided to extension officers periodically in a variety of locations, with practical training usually offered at a regional agricultural research station. Training is designed and provided by foreign technical experts, as well as staff working under the Director General of Agricultural Research based in Badam Bagh in Kabul. Extension agents are generally selected from agricultural vocational high schools and institutes. In some cases they are graduates of the faculties of agriculture at various agricultural universities.

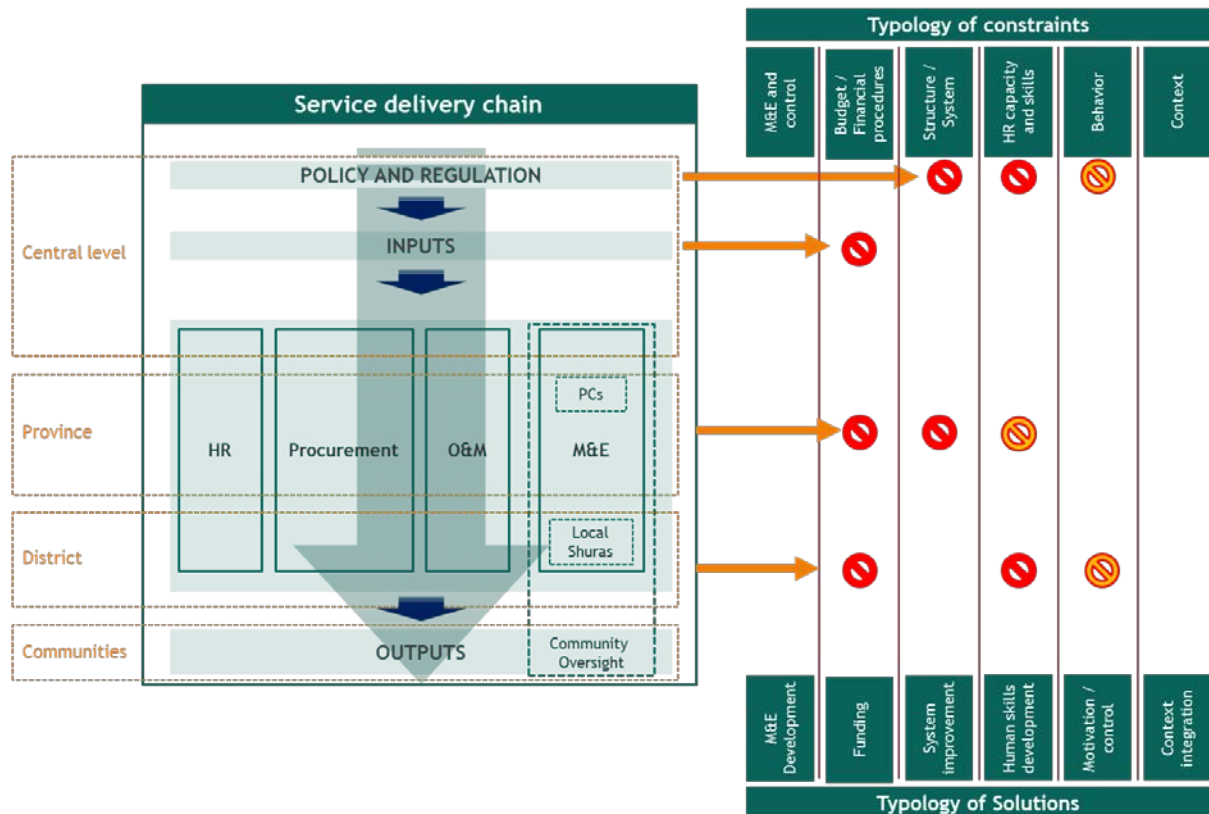
MAIL provides training to farmers through its extension services. Although it has an important mandate for training farmers, the ministry is generally not considered a major vocational training provider. **Many of the districts consulted for this study reported providing training to farmers, but they do so in a diverse manner and with no apparent standardization from province to province.** In some districts where donor-funded projects took place, extension officers provide training to groups of farmers that were formed by these projects. The training provided to these groups is passed on to other farmers in their home area. In other cases, extension officers provide very informal training to farmers when they have opportunities to engage with them. Distributing certified seeds, for example, is used to share updated knowledge with farmers.

⁴⁷ Afghanistan in Transition: Looking Beyond 2014. Hogg, R. et al, World Bank, 2013, p.111

6.6 CRITICAL CONSTRAINTS TO AGRICULTURAL SERVICE DELIVERY

This study was able to identify some constraints to further improving the agricultural sector that need to be addressed if progress is expected in the coming decade. These constraints are presented diagrammatically in 35 according to their positions along the service delivery chain.

Figure 35: Major Constraints to Agricultural Extension Service Delivery



Based on the analyses of key-informant interviews and the data collected in the field two critical constraints to agricultural extension service delivery could be identified:

- **The lack of clearly defined strategic objectives and a *feasible* policy critically constrain agricultural extension service delivery.** The absence of defined priorities, targets, and indicators has a negative impact across all levels of the service delivery chain, and across different administrative processes including budget planning, prioritization of resources, coordination, and monitoring (section 6.6.1).
- **The poor technical capacity of most extension officers and their limited capacity to disseminate their agricultural skills and know-how to farmers are a critical constraint to extension services delivery.** The dissemination of knowledge and skills lie at the core of extension services. However, currently officers lack the knowledge and skills themselves and do not apply effective dissemination techniques (section 6.6.2).

6.6.1 STRATEGIC OBJECTIVES AND POLICY

At all levels of service delivery, MAIL officials indicated that the available budgets were insufficient to implement all plans and programs set by the ministry. Furthermore, they indicated being uncertain on how to prioritize their limited resources.

There appears to be no agreed upon service standards with regards to agricultural extension. As a result it seems a patchwork of uncoordinated activities across central directorates and PADs has developed. Besides the distribution of inputs (seeds and fertilizer) there appears to be little coordination, coherence and consistency between the activities of MAIL in different provinces.

The lack of objectives and standards constrains different administrative processes, including budget planning, prioritization of resources, coordination, and monitoring. At the district level, many DADs reported having no resources other than their salaries. At the provincial level, officials indicated that budgets were insufficient to cover the costs of their programs and activities. Sub-national budgets appear unrelated to program objectives.

Without a set of agreed upon and specific output indicators (e.g. number of visits to communities, number of farmers trained, number of hours trained, subjects trained, etc.), it is effectively impossible to measure or compare the performance of agricultural extension service. The lack of minimum service standards inhibits basic performance based management.

Provincial- and district level officials report having a lot of responsibilities but no resources and no guidelines on priorities. Furthermore, in extreme cases, district level services appeared to be not delivered at all, or in almost irrelevant quantities. As one district agricultural director confided, his department did nothing but wait for their salaries.

LEADERSHIP AND COORDINATION

Over the past seven years, five different directors have headed the General Directorate of Extension. However, these **leadership changes did not result in a clear results framework for extension services, or in a feasible policy with defined objectives and measurable output indicators.** The prevailing view of extension services before 1980 is still quite common at the higher levels of management. Extension services are seen as a way to distribute inputs to farmers, and the central level seems to believe they know the inputs farmers need. As a result, budget is spent on buying inputs and transporting them to provinces, not on improving knowledge-sharing activities or the technical training of extension officers.

Furthermore, **the absence of a national policy for extension services decreases the cooperation and coordination between MAIL's directorates.** Strong links are required to foster a holistic approach to the provision of extension services. The extension directorate has to work upstream with the research and planning and policy directorates. Downstream, linkages with the plant protection directorate or the HR directorate are required to ensure training and dissemination of information. Greater coordination between these directorates would allow for national training plans to be designed for all extension workers, and would increase the feedback from the farmers to the agricultural research directorate. This would, in turn, increase the quality of extension services.

6.6.2 POOR TECHNICAL AND DISSEMINATION CAPACITY

Poor technical capacity of extension officers, and their limited capacity to disseminate their agricultural skills and know-how to farmers serve as a critical constraint to extension service delivery. These functions lie at the core of agricultural extension services, yet community leaders and farmers indicated that extension officers were unable to reach the farmers, and community leaders were critical of their technical capacity.

Interviewees at the central level suggested that there is no training plan for extension officers across the country to improve their technical skills and know-how. Furthermore, there seems to be no coordinated or structural effort to strengthen the dissemination techniques used by extension services, and by extension officers, or efforts to improve their training skills. Effective extension services should use mass communication to engage farmers, but no plan or guidelines for sub-national extension could be found. Furthermore, the only efforts to build a repository of agricultural knowledge adapted to the Afghan context have been undertaken by donor-funded initiatives. The extension general directorate does not maintain such a knowledge base.

Technical agricultural capacities and dissemination techniques vary across provinces. Provinces that host donor-funded programs tend to have stronger technical capacity, and tend to apply more effective dissemination techniques, while peripheral provinces, where agricultural extension services are often most needed, have so far not benefitted from the biggest developments in extension services. In general, dissemination techniques applied by extension directorates are rudimentary, with some provinces performing slightly better than others, but still far from an optimal capacity.

7. CONCLUSIONS AND RECOMMENDATIONS

This section summarizes the key findings of this study and presents a set of suggestions for government to improve service delivery and address critical administrative bottlenecks. This is not intended as an exhaustive set of recommendations but only those that are directly highlighted by the research findings. The key findings presented here are based on the methodological approach described in section 3. Critical constraints are identified by a data analyses process described in section 3.4.

In the remainder of this section key findings and recommendations will be presented as follows:

- 7.1 discusses cross-sector findings and critical constraints
- 7.2 provides general and sector specific recommendations
- 7.3 discusses conclusions and lessons learned

7.1 CROSS-SECTOR KEY FINDINGS

7.1.1 KEY FINDINGS

DIFFERENT MODALITIES

Public services in Afghanistan are provided through a variety of different modalities. These service delivery modalities differ in terms of sources of funding e.g. state and/or donor funded, and how these funds are allocated. For example, the bulk of expenditures made in the public education sector are covered by the operating budget (funded by both state revenue and donors), whereas most spending in the public health and public agricultural extension sectors are covered by the development budget (mostly donor funded). Funding sources impact the degree to which the government has discretion over spending, and whether public sector regulations apply to the main service providers.

Government discretion over development budget expenditures is limited. The development budget is mostly donor funded and development budget expenditures are subject to donor rules and regulations. The degree to which development budget programs are earmarked, and the degree to which ministries are involved in planning and implementation also seems to vary between the ministries assessed for this study. Some donor-funded programs appear to allow more involvement of the ministry in planning and prioritization of development budget expenditures than others.

Funding modalities differ in terms of implementation. Public health services are mainly provided by NGOs contracted by MoPH. The services and their output indicators are defined in the BPHS/EPHS policies. Service contracts are procured centrally and implemented by NGOs in the provinces. Many development programs in the agricultural sector, however, recently moved from an off-budget modality to on-budget funding. Although such programs are now formally on budget they still rely heavily on contracted staff for implementation.

Staff contracted for development budget programs are not considered regular civil servants (tashkeel). As such, standard civil service regulations do not apply. Many development budget program implementers pay substantially higher salaries and as result can attract highly qualified staff.

Different modalities for service delivery have different strengths and weaknesses. For example, the majority of public health services are provided by contracted NGOs. Most recurrent costs (e.g. salaries) in the public health sector are covered by the development budget and are mostly funded by donors. As such, most public health service providers are not considered regular civil servants. This contrasts with the bulk of public education expenditures, which are covered by the operating budget and largely funded by government revenue, and where teachers are considered public servants. An obvious strength of the contracted out modality of health service provision is that

NGOs can pay higher salaries to their staff, as they are not bound by government pay scales. At the same time, they are not directly subject to government administrative processes and bureaucracy. Relations tend to be directly with the central Ministry of Health by-passing the Provincial Health Departments. This contrasts with the provision of education services where Provincial Education departments have much greater responsibility for service provision.

The implications of these different modalities are wide ranging. Evidence in this report suggest that the contracting out of services directly to service providers in the health sector allows for more effective service provision without necessitating capacity development of sub-national staff or intervention of sub-national entities. Yet, at the same time, accountability tends to be shifted outwards and upwards to the Grants Management Unit of the central Ministry rather than to local bodies and sub-national units. This contrasts with the education sector, where accountability rests largely within the community and to provincial departments of education. These contrasting modalities therefore have very different implications for sub-national governance. In the one, sub-national government is almost an irrelevance and in the other intrinsic to its success.

This raises issues with respect to state building. If services can be delivered effectively, outside the sub-national framework, then what is the service delivery rationale of greater delegation of budget and planning to sub-national entities? This may be relevant where service delivery is 'contracted in' by the state but becomes more attenuated when services are 'contracted out'. These questions are important to pose, and arise directly out of the evidence in this report. To answer the question satisfactorily we need additional information about the relevance of other factors, e.g. the question of state legitimacy, of cost, and access, and whether a 'mixed modality' approach to service delivery interventions is sensible to spread risk. A BPHS approach is clearly vulnerable to withdrawal of NGOs and of donors' resources in general as it assumes the availability of resources and contracting agencies. At the same time the Ministry of Education has the headache of having to pay an ever increasing number of teachers at the same time as domestic revenues are falling. In respect of agricultural extension there is no all-encompassing vision but rather a patchwork of interventions, some 'contracted in' and others 'contracted out'.

Given that Afghanistan's public expenditure requirements far exceed its public revenue-against the backdrop of declining donor resources- the government will need to decide what is the most cost-effective way of delivering services across different sectors that achieves the ends it is looking for, and, in particular, the tradeoff between building capacity within government to deliver services itself or contracting out services to NGOs and the private sector. Clearly, in the immediate aftermath of conflict when there is little capacity in government to deliver services, contracting out these services and using parallel systems may make eminent sense. But 12 years on the balance of argument may be different. This report offers only a partial set of answers to these questions, but the evidence certainly points to the strength of the contracting out modality (at least in the example of the health sector) in terms of achieving desirable outcomes. What is clear however is that by strengthening sub-national government we are not necessarily strengthening service delivery-how sub-national governance interacts with service delivery depends largely on its mode of delivery.

DE JURE AND DE FACTO

There appears to be considerable ambiguity in the *de jure* public service delivery framework. Although the provincial and district line departments are considered to be extensions of their line ministry, they are also accountable to the provincial governor and the provincial council. Furthermore, it is unclear which agency holds the main management and decision-making authority over provincial line departments. This extends to HR management processes, where it is unclear which agency has the authority to hire, evaluate and remove a provincial line department director.

Furthermore, the gap between *de jure* regulations and *de facto* processes appears to be considerable. This discrepancy was observed across administrative processes assessed in this study, and mostly applied to the influence of the provincial governor over provincial line departments. For example, in four of the five provinces surveyed for this study, the formal procurement thresholds for

provincial line department directors were not applied. Most provincial line department could not finalize a simple procurement process without the approval of the provincial governor. Also, in discussions on the appointment of senior civil servants, interviewees indicated that the approval of the governor was decisive. **At the sub-national level the informal power of the governor over line departments appears to come at the cost of the line ministries.**

Conversely, some administrative processes that appear to be delegated to sub-national levels are in practice still performed by the central ministries. For example, development budget, although allocated to the provinces, is still mostly processed and spent by the central level ministries.

7.1.2 CROSS SECTOR CRITICAL CONSTRAINTS

Two critical constraints were identified in all three sectors included in this study:

- A lack of O&M budget availability at the sub-national and service delivery levels; and
- Weak accountability across the service delivery chain.

These critical constraints significantly impede public service delivery across all sectors. (Contracted-out public health services, however, appear to be less affected by these constraints than those services provided directly by the ministries.)

The **lack of O&M resources at the sub-national level** critically constrains public service delivery. Ministries do not have defined O&M policies, or communicated transparent guidelines for O&M allocation and distribution. Resources do not reach the service delivery levels, and essential administrative processes of provincial line departments and district line departments are impeded due to the lack of O&M resources.

With the exception of public health contracted NGO employees, almost all public service providers at the community level complained about the limited available O&M resources. At the service delivery level, service providers were often unaware of any O&M budget availability, and many officials confided not submitting O&M requests because the process is too cumbersome, or they assumed their request would be rejected.

Furthermore, many provincial and district level officials indicated being unable to perform their duties due to the lack of transportation allowances and other basic utilities. The impact of this constraint appears to be considerable, with many core duties of district and provincial level administrations affected.

Weak accountability critically impedes services across the different sectors. Accountability appeared strongest in the public health sector, where the contracting-out modality appears to have led to the definition of service standards and requirements, and a transparent system to address underperformance. Accountability seems almost absent with regards to MAIL's discretionary activities, however. Neither objectives nor standards are clearly and transparently defined, and as a result it is difficult to measure performance in this sector, or determine *what* underperformance is.

7.2 RECOMMENDATIONS FOR IMPROVED SERVICE DELIVERY

This section presents recommendation on how to address the critical constraints identified in this study. Recommendations are ranked by their priority and specify which government agencies and stakeholders should be involved in reform. These recommendations assume limited additional resources will be available to the public service delivery sectors.

7.2.1 CROSS-CUTTING RECOMMENDATIONS

Cross-cutting recommendations	Actors	Priority
Strengthen the provision of O&M and improve O&M budget distribution at sub-national levels		
Develop and disseminate clearly defined policies for O&M budgeting, distribution and guidelines for prioritization	MoED/MoPH/MAIL with MoF	High
Support and monitor O&M expenditures <i>within</i> provinces to improve distribution, and identify sub-national capacity building needs.	MoED/MoPH/MAIL	High
Provide training on O&M budgeting to provincial- and district-level line department officials	MoED/MoF/MAIL with support of donors	High
Incentivise norm-based distribution of O&M budget within provinces	MoED/MAIL/MoPH with MoF and donors	High
Strengthen accountability at the sub-national level		
Clarify roles and responsibilities regarding management and accountability of the provincial line department are clear.	IDLG, Line Ministries, Provincial Governors	High
Develop clear, comprehensive and measurable service standards for public services, and communicate these standards to sub-national levels so that awareness is raised, and sub-national accountability is strengthened.	Line Ministries, with support from IDLG	High

7.2.2 SECTOR SPECIFIC RECOMMENDATIONS

Public education services recommendations	Actors	Priority
Strengthening accountability at the sub-national level		
Improve EMIS reporting by introducing new indicators that allowing for follow-up on the quality of education delivered (e.g. hours teaching in front of class, exams results data)	MoED	High
Strengthen existing internal monitoring and reporting systems. Ensure travel allowance available for monitoring officers at the provincial and district levels to allow for more effective monitoring of school reports	MoED/MoF	High
Improve the teacher management system by recording evaluations and following up with teachers; design corrective measures for teachers not performing according to standards	MoED	Medium
Monitor reporting data of the MoED by conducting regular third-party evaluations of education service delivery, and verifying EMIS accuracy, thus decreasing opportunities for fake reporting. This third-party monitoring should be used to design plans to improve reporting and checking of education service delivery data	Third-party	Medium
Improving teacher placement system and recruitment		
Create guidelines to improve the transparency of the placement of teachers at the provincial level, and strengthen existing merit based recruitment systems	MoED, IARCSC, IDLG	High
Improve provincial teacher training plans according to teacher- and capacity needs of the provinces, and develop corresponding TTC budgets	MoED/MoF/Donors	High
Develop national guidelines to improve Teacher Training Centres based on the expected numbers of teachers needed, according to tashkeel and private education needs	MoED	Medium
Provide incentives (e.g., financial, housing, transportation allowances, etc.) for teachers to work in the most difficult areas	MoED/MoF	Medium

Public health service recommendations	Actors	Priority
Improve effectiveness of provincial health departments		
Strengthen the MoPH's management authority over the PHDs through clear accountability lines, and provide discretion over appointment and removal of provincial directors	GoA, IDLG	High
Conduct effective performance appraisals of PHD directors and PHD offices, that effectively address underperformance	MoPH, IARCSC, and IDLG	High
Increase adherence of PHDs to standard reporting responsibilities for the MoPH using the newly developed reporting templates	Provincial Liaison Department, Planning and Policy, IDLG	High
Train different groups of PHDs on their primary responsibilities (e.g., monitoring, coordination and regulation) and focus on PHD deliverables for these primary responsibilities	MoPH, IDLG	Medium
Create a 'citizen public health policy', a simplification of the BPHS/EPHS policies, to increase understanding of public health facilities' capabilities and minimum service standards. Include clarification on feedback mechanisms	MoPH, Planning and Policy	Medium
Increase awareness of BPHS/EPHS standards among PC, PGO, DGO, and district council members through training, and strengthen their roles in the accountability structure	Planning and Policy, GCMU and IDLG	Medium
Formalise the feedback mechanism on health performance, create a formal office for processing and collating complaints made by provincial governance actors, civil-society actors and community leaders, and create awareness of the possibility for formal feedback and response to health services	MoPH, IDLG	Medium
Strengthen and intensify provincial HMIS verification mechanisms, including increased monitoring by HMIS officers	MoPH HMIS and PHDs	Low
Adequately organize provincial data for analysis and prioritization of vertical (Kabul to facility) monitoring	HMIS, GCMU, M&E directorate, Planning and Policy	Low
Strengthening pharmaceutical regulations and monitoring		
Develop a feasible regulatory framework for pharmaceuticals based on provincial capacities, and establish clear guidelines on penalties for private and public sector providers that violate these	MoPH with support of other stakeholders	High

Public health service recommendations	Actors	Priority
Develop clear guidelines for PHDs to monitor pharmacies and health facilities, and the HR capacity they are required to have	MoPH with support of other stakeholders	Medium
Develop templates for reporting and collecting data on pharmaceutical quality, including quantified collatable data	MoPH with HMIS, M&E and GCMU	Medium
Formalise requirements for horizontal provincial reporting, including reporting on drug quality and drug stock-outs	MoPH, IDLG, Provincial Liaison Directorate	Low
Decrease the occurrence of prolonged drug stock-outs in public health facilities		
Improve catchment estimates through service demand monitoring and sensitise service contracts accordingly (i.e., overcome the one-size-fits-all constraints)	Planning and Policy, HMIS, M&E directorate, GCMU	High
Create an early warning system for essential drug stock-outs through the use of sub-national accountability structures (e.g., PCs, district councils and community leaders)	MoPH, IDLG with HMIS, GCMU	Medium
Improve the coordination and collaboration between different data collecting departments in the MoPH to strengthen feedback and analysis of drug stock-outs	HMIS, M&E directorate & GCMU	Medium

Agricultural extension services recommendations	Actors	Priority
Strengthening policy and framework of agricultural extension services		
Develop a strategy for the provision of extension services with feasible objectives and measurable indicators	MAIL, with stakeholders technical support	High
Strengthen MAIL's role as sector regulator through the development of minimum service standards for extension services	MAIL, with stakeholders technical support	High
Set annual and reasonable objectives for extension services at the central and sub-national levels, and ensure that the performance of service delivery is recorded by creating an evaluation framework that allows for a follow-up on these indicators	MAIL, AMIS, GD Extension	High
Create a joint workplan between the research directorate and the extension general directorate to disseminate knowledge and modern agriculture techniques	MAIL, with stakeholders technical support	Medium
Ensure central-level work plans are built according to the needs expressed at the lower levels	MAIL	Medium
Create better linkages between the central level and between provincial and district agriculture departments by organizing national or regional conferences for extension specialists at MAIL. In addition, such venues can be used to provide training to extension specialists and enhance linkages with the research directorate	MAIL	Medium
Create technical guidelines for the procurement of agricultural items used by extension officers	MAIL	Medium
Increase agricultural extension workers' capacity to engage with farmers		
Prepare a detailed assessment of extension workers' technical knowledge and needs	Third-party	Medium
Prepare a national plan for training extension officers based on the previous assessment, and roll-out this plan in all districts	Third-party/MAIL with support of donors	Medium
Provide national guidelines to extension officers to allow them to identify farmers that could be trained in Farmers Field Schools	MAIL with support of other stakeholders	Low
Take advantage of the potential for older extension workers to retire by replacing them with more motivated employees, who		Medium

Agricultural extension services recommendations	Actors	Priority
are not resistant to change		
Create a national program to train extension officers in basic communication skills and techniques	MAIL/Third Party with support of donors	Medium
Create national communications material that extension workers can use when engaging farmers; communication campaigns may be held in bazaars, where farmers converge to sell their products	MAIL/Third Party with support of donors	Medium
Assess the availability of demonstration material in all extension service facilities and prepare a national plan to upgrade facilities	MAIL with support of other stakeholders	Low
Design a national program for extension directorate to use radio and TV broadcasting to share knowledge with farmers	MAIL with support of donors	Low

7.3 CONCLUSIONS – LESSONS LEARNED

The timing of this report coincides with an important juncture for Afghanistan as 2014 represents an opportunity for the Government of Afghanistan to look back over 12 years of public service development and reconstruction. A period characterized by significant achievements in terms of strengthening structures and increasing access to services, as well as high levels of international aid. The various Afghan Ministries now have the opportunity to take a step back and glean the lessons learned from this period and thereby identify best practices, gaps, and critical constraints that will need to be addressed in the coming years in order to consolidate achievements made to date, particularly at a time when international aid and public sector expenditures are expected to decline.

In aiming to identify, describe and understand critical constraints in Afghanistan's public sector services, this study took a highly qualitative approach, which was broad and ethnographic in essence. While such an approach does not allow for the drawing of general conclusions backed by nationally representative data, it does allow for a systematic analysis of the different levels of the service delivery chain based on detailed field investigation, thereby allowing for a better understanding of where constraints exist and what their causes may be. This process resulted in a number of cross cutting recommendations for the improvement of public service delivery in general, a number of sector specific recommendations, as well as an analysis of critical constraints across the sectors studied. The analysis of critical constraints revealed that some challenges are structural across the chain, top to bottom, whereas others appeared to be tied to a particular level. As a next step towards comprehensive public sector reform, this study could be complemented by nation-wide audits in each public service to support mid-term institutional restructuring.

The study was also a first of its kind in that few studies in the area have applied a combination of primary fieldwork and secondary data collection at the provincial, district and service facility level, with a large set of interviews and the review of datasets and documentation at the central level. Such an approach allowed teams to gain valuable insights into the interactions between the centre, the provinces, and the service facilities, and a more in-depth understanding of the gap between policy makers, service providers and citizens.

Furthermore, the study analyses three public service sectors with substantially different service delivery modalities. These modalities have strengths and weaknesses, and each are associated with

different critical constraints. Including different modalities in the analyses allowed for the identification of best practices and key areas that should be the focus of resources and reform and demonstrated how different funding mechanisms can impact service delivery.

The study revealed that at this critical juncture in its history the Government of Afghanistan needs to progressively move away from widespread reconstruction/ construction of assets and introduce asset management and maintenance policies and guidelines and give greater attention to monitoring and expenditure tracking, and ensure a greater focus on sustainability of gains to-date.

Moreover, in recognition of the varying levels of capacity and infrastructure across provinces and regions in the country, developing minimum service standards will improve operational and performance-based management. The increased standardisation that will accrue will also strengthen national and sub-national accountability and address incidences of extreme underperformance.

At a time when international aid and public sector expenditures are expected to decline and both the Government and international donors are critically reviewing the quality and sustainability of different service modalities, this study should contribute to the discourse and analysis of future options to improve and sustain public service provision in Afghanistan and that its findings will support ministries to develop strategies to adequately address the challenges ahead.

8. APPENDIX 1: THE PUBLIC SERVICE DELIVERY FRAMEWORK

The section discusses key components of the public service delivery framework in Afghanistan. The purpose is to provide the necessary background to understanding the public administrative constraints identified in the analytical framework. The section proceeds as follows:

- Section 4.1 describes the roles and responsibilities of the various institutions that comprise the sub-national governance framework in Afghanistan, in order to understand the accountability, decision-making, and delegation constraints
- Section 4.2 describes the civil service regulations in terms of HR's discretion over appointments, so as to provide context for HR constraints
- Section 4.3 describes budgeting, procurement and accounting procedures

A detailed discussion of these components is necessary for three reasons:

- To understand the regulatory environment in which administrative constraints occur and to provide the required knowledge context for public administrative processes;
- To understand how the institutional structure and its regulatory framework *itself* contributes to constraints in service delivery; and
- To understand how *de facto processes* in the service delivery chain deviate from the formal administrative framework.

A Note on Reform

The Afghan public administrative framework is not static, but rather is in the process of continuous reform. Public Administration Reform (PAR) is on going in all segments of the framework discussed in this section. This section aims to provide an overview of the current *de jure* context for public administration, as well as describe the laws and policies that have been approved, or are in the process of being approved, and that will be guiding PAR in the coming years.

Key Institutions

There are four key institutions in terms of public administration, sub-national governance, and service delivery in Afghanistan.

First, the Independent Directorate of Local Governance (IDLG) is the lead agency for the development and regulation of sub-national administration, which means advocating the sub-national reform agenda and implementing sub-national governance strengthening programs. For example, the directorate led the process of developing the Afghan Sub-National Governance Policy (SNGP) and supports its implementation through capacity building and coordination efforts. The IDLG is also responsible for administrating and overseeing sub-national entities that do not fall under the responsibilities of the line ministries. This includes the provincial and district governors' offices, the provincial councils, and the municipalities.

Second, the Independent Administrative Reform and Civil Service Commission (IARCSC) is the lead agency in terms of formulating and regulating public administration policies and implementing reform. In 2003 the IARCSC began the *priority reform and restructuring* process, which aimed to align the civil service structure (tashkeel) with national priorities. This was followed by the *pay and grading reform* process that aimed to reform the civil service hierarchy and remuneration structure. In addition to these processes, the IARCSC is the procedural guardian in matters concerning the civil service; the commission is involved in developing and overseeing guidelines and minimum standards for the appointment, evaluation, and dismissal of civil servants.

Third, the Ministry of Finance (MoF) is the lead agency for the development, implementation and monitoring of PFM policies. In addition to these roles, the MoF also functions as a treasurer for public resources and is responsible for budget formulation and distribution. Two specific departments within MoF are relevant for the current discussion. First, the Provincial Budgeting Unit (PBU) is responsible for the development and facilitation of sub-national budgeting reform; and second, the Procurement

Policy Unit (PPU) is responsible for developing, implementing and monitoring procurement laws and regulations.

And last, the Line Ministries are the lead agencies responsible for service delivery:

- **The Ministry of Education (MoED)** is responsible for providing basic education services to the Afghan people. Its particular mission is to enhance access, quality, relevance and management of education services. Education up to grade 12 falls under the mandate of MoED; higher grades (universities and colleges) are the responsibility of the Ministry of Higher Education (MoHE).
- **The Ministry of Public Health (MoPH)** is responsible for providing public health services in Afghanistan. In addition MoPH is responsible for the regulation and policy development for both the public and private health sector.
- **The Ministry of Agriculture, Irrigation and Livestock (MAIL)** is responsible for the improvement of Afghanistan's agricultural economy through increasing production and productivity, natural resource management, improved physical infrastructure and market development.

8.1 ROLES AND RESPONSIBILITIES IN SUB-NATIONAL GOVERNANCE

The institutional architecture of the Government of Afghanistan will be described here, to identify the sub-national government entities that are involved in service delivery and their responsibilities. Intergovernmental relations between different levels of administration will be explained, as well as horizontal relations within the provincial administration. Furthermore, this section will provide details on which entities are accountable to whom, and how these entities fit into the hierarchical chain of decision-making.

8.1.1 THE CENTRALIZED VERTICAL STRUCTURE OF GOVERNMENT

The Afghan Constitution creates the institutional and legislative framework for public administration in Afghanistan⁴⁸. Within this framework, provinces and districts form sub-divisions of the central government of Afghanistan, rather than being autonomous layers of government⁴⁹. This means that, while central government institutions have autonomous political leadership and structures, as well as discretion over service delivery, provinces and districts have limited autonomy when it comes to service delivery and no autonomy in terms of political leadership and decision-making. In essence, provinces and districts are merely de-concentrated units of the central government, or *sub-national administrative units*⁵⁰. That is, a service facility such as a health clinic or school and a district or provincial department is an extension of the central government, rather than part of an independent provincial or local government.

This means that the central ministries and the Ministry of Finance perform budgeting and funding allocations; while provincial and district administration units, under the provincial governor and district governor, provide coordination and planning inputs and monitor services delivered by the line ministries. Central ministries are primarily responsible for the implementation of service provision through provincial and district line departments. However, the Sub-National Governance Policy envisions that over time more implementation, budgeting and planning responsibilities will be delegated to the provincial level, increasing the scope for sub-national planning and accountability.

8.1.2 PROVINCIAL-LEVEL GOVERNANCE

At the provincial level, four governance bodies are relevant for the current discussion:

- The Provincial Governor's Office
- The Provincial Line Departments, as extensions of the ministries

⁴⁸ *The Constitution of the Islamic Republic of Afghanistan*, GIRA, 2004.

⁴⁹ *Intergovernmental Fiscal Relations and Sub-national Expenditures in Afghanistan*, World Bank, 2008.

⁵⁰ *The Constitution of the Islamic Republic of Afghanistan*, GIRA, 2004.

- The Provincial Council
- The Provincial Coordinating Bodies

THE PROVINCIAL GOVERNOR'S OFFICE

The Provincial Governor (PG) heads the Provincial Governor's Office (PGO). Provincial Governors are the representatives of the president at the provincial level and the executive head of the provincial administration. PGs lead planning, budgeting and coordination procedures at the provincial level, and also exercise the role of political leadership at the provincial level. Provincial governors are appointed and removed by the president based on proposals submitted by the IDLG. As the PG's position is a political appointment, it ranks higher than civil servants in the grading system. Provincial governors are accountable to the IDLG and the president⁵¹, but also to the provincial council, which represents the people of the province. Provincial governors are required to report to the provincial councils on a monthly basis.

The PGO is a sub-administrative unit of the IDLG. In terms of administrative processes, the relationship between the PGOs and the IDLG is similar to that between Provincial Line Directorates (PLD) and their respective line ministries. Budget allotments for the PGOs are approved and distributed by the IDLG, which also monitors its performance. The recruitment of grade 3 and 4 civil servants for the PGO requires the approval of the IDLG.

With regard to service delivery, the role of the PG is to *"Ensure that people get service they value most [...] and to assist in the implementation of the ANDS and national priority programs"*⁵². Furthermore, PGs oversee and monitor the activities of the PLDs and ensure that their programs are in line with provincial plans. Lastly, all civil service appointments in the provincial administration that fall between grades 5 and 8 require the approval of the PG, after identification and selection by the Provincial Appointment Committee.

THE PROVINCIAL LINE DEPARTMENTS

Provincial line departments (PLDs) are sub-administrative units of their respective line ministries (LMs) and are headed by a provincial director. Provincial directors, often grade 2 civil servants, are proposed by IARCSC, then formally appointed and removed by the president. The provincial governor can also sanction or remove a provincial director⁵³ in consultation with the provincial council and the relevant line ministry. Within PLDs, grade 1 and 2 civil service appointments require the formal approval of the president, grade 3 and 4 appointments require the approval of the line ministry, and appointments between grades 5 and 8 require the approval of the provincial governor. Respective line ministries provide funding for the operational costs of the PLDs.

Service delivery is the primary responsibility of PLDs, and according to the Sub-National Governance Policy, 'provincial line departments should strive for service excellence'⁵⁴. Provincial line departments are 'upwardly' accountable to their respective line ministries, but they are also accountable to the provincial council and the provincial governor. According to the SNGP, PLDs should provide performance reports to the provincial governor on a monthly basis.

THE PROVINCIAL COUNCIL

The provincial council (PC) is the key institution representing the voice of the people at the provincial level. The provincial council chairman heads the PC, and its members are elected by a popular vote at the provincial level. The size of provincial councils varies from seven and 31 members, depending on the province in question. Funding for the operational costs of the PCs is provided and administered by

⁵¹ *The Afghan Sub-National Governance Policy*, GIRoA, 2010, p.119.

⁵² Ibid. p. 12.

⁵³ Ibid. p.16.

⁵⁴ Ibid. p.125.

the IDLG. PCs are the link between the people and the provincial government. They monitor service delivery and hold the provincial government accountable.

According to the SNGP, PCs are responsible for monitoring the PLDs' service delivery performance and the implementation of the provincial development plans⁵⁵. Furthermore, the document notes the importance of increased oversight and monitoring by the PCs, as more authority is delegated to the provincial levels⁵⁶. The PCs also develop tools to collect feedback from the people in the province and relay it to the line ministries⁵⁷.

PCs are also envisioned to be the main link between the people and the provincial and central administrations⁵⁸.

Last, the PLDs and the provincial governor are obliged to report to the PC, and the PC can summon both the PGO and the PLDs at least once a month to testify.

PROVINCIAL COORDINATION BODIES

There are two key coordination bodies at the provincial level: the provincial administrative assembly and the provincial development committee, which, according to the Sub-national Governance Policy, constitute provincial-level governance entities.

The Provincial Development Committee (PDC) is comprised of the representatives of the provincial line departments, under the supervision of the provincial governor. The central role of the PDC is to coordinate the development activities of the province, and as such, is at liberty to invite other development actors to its meetings (such as NGOs, PRTs, and international agencies), which should be held on a monthly basis. The PDC is also responsible for making, approving, and linking provincial plans and budgets.

The Provincial Administrative Assembly (PAA) is comprised of representatives from the provincial line departments and agencies, the provincial prosecutor, the provincial deputy governor, the provincial security chief and the Moustufi, and is chaired by the provincial governor. Meeting on a weekly basis, the PAA is responsible for the coordination of the various provincial-level government units in areas such as recruitment, public administration reform, procurement and financial management. It is also responsible for the day-to-day management of the provinces, as it is essentially a body for the governor to coordinate the activities of the provincial line departments.

In terms of the hierarchy of coordination roles at the provincial level, the PAA comes after the PDC. And, as they are both provincial coordinating bodies, there is possibility for overlap of their duties. However, their mandates differ: while the PDC coordinates development, the role of the PAA is to coordinate security and administration. Furthermore, the PAA has an implementation role, whereas

⁵⁵ "Provincial Councils are responsible for ensuring that Provincial Line Departments are making timely progress towards implementing provincial development plans and that they are meeting minimum service delivery standards set by the Line Ministries". Ibid, p.121

⁵⁶ "Provincial Councils will monitor and evaluate service delivery. Improving the monitoring, oversight and supervisory roles of Provincial Councils is central to improving relationships of accountability and thus to ensuring improved service delivery. As line ministries allocate greater responsibility down the service delivery chain, it is particularly pressing for the Provincial Councils to have greater monitoring, oversight and supervisory roles to ensure that local service providers are providing an adequate level of services, characterized by quality, efficiency and effectiveness." Ibid, p. 122

⁵⁷ "The PC will transmit the collated information gathered from the citizen report cards to the Provincial Governor, the IDLG and the relevant central ministries so that Kabul is able to complete the accountability chain and receive all possible information regarding service performance at the local level. The Centre will institute inquiries into the operations of the provincial departments of the line ministries who appear to be performing far below minimum service delivery standards. Conclusions reached will be made available to the public". Ibid, p.123

⁵⁸ "The Provincial Councils will utilize a number of tools for monitoring and evaluating the performance of line departments and for informing the public of the levels of services that they can expect from the provincial line departments. [...] Provincial Councils will be responsible for publishing the performance standards or minimum service standards of all line departments in a given province." Ibid, p. 14.

the PDC has a planning role. Both the PAA and the PDC are accountable to the people through the provincial council.

8.1.3 DISTRICT- AND COMMUNITY-LEVEL GOVERNANCE

Below the provincial level there are four governance bodies that will be discussed here in more detail:

- The District Governor's Office
- The District Line Departments
- Informal and Semi-institutionalized Sub-national Entities
- Community Shuras for Specific Services

THE DISTRICT GOVERNOR'S OFFICE

The district governor (DG) is the representative of the president at the district level and is responsible for coordinating and monitoring the work of the line departments and the programmes of development actors in the district. The DG is also the administrative leader of the district and the main point of contact for citizens wishing to contact the government.

The district governor's office (DGO) is a sub-administrative unit of the IDLG and, as such, the IDLG is responsible for allocating funds to the DGOs and monitoring their performance. DGOs are accountable to the provincial governor, the IDLG and the president.

THE DISTRICT LINE DEPARTMENTS

The district line departments (DLDs) are the extensions of the line ministries at the district level, and they ensure the delivery of government services at that level. The number of DLD staff and their quality varies significantly across districts, due to factors such as the size of the district and level of security. Past studies note that these district offices have limited implementation responsibilities and individual representatives have little decision-making authority.

INFORMAL AND SEMI-INSTITUTIONALIZED SUB-NATIONAL ENTITIES

The Afghan Constitution mandates the creation of district and village councils under Article 140. However, formal elections at the village- and district-levels confirm that the Independent Election Committee's standards have not been met for the creation of these bodies. Because of this, formal district- and village-level representative bodies mandated by the constitution do not yet exist. However, there are a number of bodies operating at the village- and district-levels in an informal and sometimes semi-institutionalised capacity.

For example, the **ASOP District Community Councils (ADCC)** are formed under the Afghan Social Outreach Programme (ASOP) at the district level and are comprised of 30 to 45 elected and salaried members, who are tasked with conveying the concerns of community members to the government and with facilitating conflict resolution. **The District Development Assemblies (DDAs)** are established under the National Area Based Development Programme (NABDP), which has been implemented by Ministry of Rural Rehabilitation and Development since 2003. They are active in coordinating development at the district level and function as a federative body for Community Development Councils (CDCs) and cluster CDCs. Finally, **informal customary shuras** (local councils) function as an advisory body comprised of prominent figures and powerbrokers of the district, as well as recognized sub-district and community leaders. The ADCC, DDA and customary shuras often function as semi-formal district representative bodies. In addition to being a counterpart in planning and coordination, they provide feedback on service delivery performance to the district and provincial governments.

Below the district level, governance structures are less uniform, with significant variations across regions. In some districts, sub-district areas are formalized and recognized as relevant governance units (either through cluster CDCs or through more traditional district subdivision systems), but not always.

The Afghan Constitution requires the formation of a community-level governance body called Village Councils (VC) in each community⁵⁹. However, the village councils have not yet been elected. The design of VCs in the Constitution is vague and could mean almost anything from informally fostering and facilitating the interaction between community members and sub-national administration to formally representing community members in front of sub-national government entities⁶⁰. The SNGP considers the CDC as an interim-VC - reporting to the MRRD - with a temporary formal status but does not question the status of VCs as a formal government institution. Prior to the publication of the SNGP, the "CDC By-Law" (2006) defined the CDCs as responsible for implementation and supervision of development projects and liaison between the communities and government and non-government organizations⁶¹."

A new policy framework has recently been endorsed by the Cabinet (December, 2013) that recognizes unified interim district coordination councils pending district level elections and consolidates the position of the CDCs as effective institutions for local governance and socio-economic development.⁶² It is unclear however how quickly this new policy will be implemented.

Furthermore, at the community level, customary governance structures are still active. This customary governance structure is most commonly composed of a *malek* (village chief), a mullah and an assembly of village elders that forms a community shura. This model, however, varies widely across the country. Some communities having reportedly abandoned the *malek* system, while in other communities the *malek* has been institutionalized as the focal point for the government.

COMMUNITY SHURAS FOR SPECIFIC SERVICES

In addition to district- and community-level representative bodies, there are also some service-specific shuras that function as community counterparts to the line ministries. With village elders at the receiving end of the service delivery chain, these shuras are often consulted for planning purposes and to provide feedback on service delivery performance. There are health shuras, school shuras, and farmer shuras or associations across provinces. However, their functions and the degree to which they are institutionalised and integrated into administrative processes vary considerably. While some shuras are consulted for planning purposes, others are part of structured community-based monitoring mechanisms.

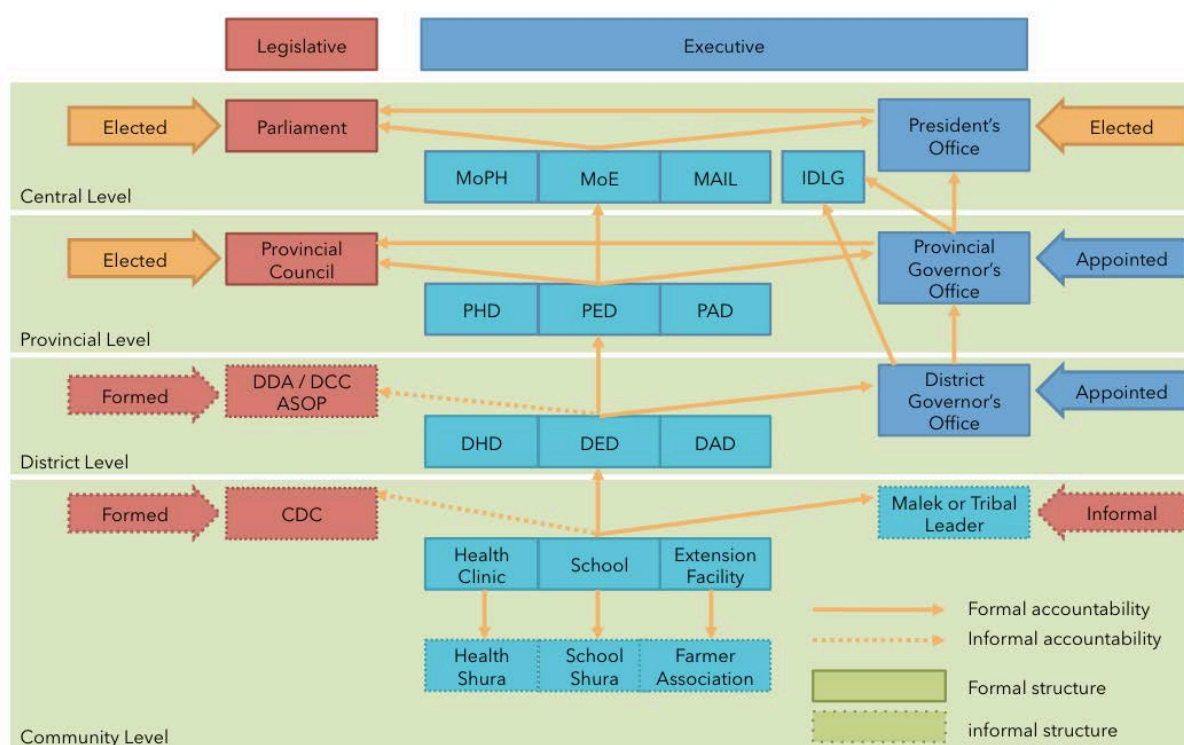
⁵⁹ The Constitution of the Islamic Republic of Afghanistan, GIRoA, 2004, Article 140.

⁶⁰ Altai Consulting, *The sustainability of CDCs*, April 2013.

⁶¹ Article 4 of the CDC By law, 2006

⁶² Policy for Improving Governance and Development in Districts and Villages, IDLG and MRRD, 2013

Figure 36: Accountability Structure in Service Delivery



KEY QUESTIONS

Who is responsible for public service delivery?

The line ministries (e.g., MoPH, MoED and MAIL) and their sub-national departments (e.g., PLDs and DLDs) are the entities primarily responsible for providing services to the people of Afghanistan. However, legislative and executive bodies (provincial councils, parliament, district and provincial governors and the president) are responsible for ensuring that the people receive the services they value most, and that these services meet minimum standards set by the line ministries, by holding the line ministries and their sub-administrative bodies accountable.

Who holds the line ministries and their sub-administrative units (e.g., PLDs and DLDs) accountable?

Within the public administrative framework, the line ministries are accountable to the people of Afghanistan through the parliament, and also to the president. The provincial line departments are vertically accountable to their respective line ministries, and horizontally accountable to the people of the province through the provincial councils, and to the provincial governor. Similarly, district line departments are vertically accountable to their respective PLDs and horizontally to the district governor. In addition, community associations in the form of specific service shuras play a supportive role to the ministry and their line departments by giving feedback on service delivery at the community level. As such, they hold the ministry and its line departments accountable to the people. Figure 36 illustrates the lines of formal and informal accountability between the central level and the service delivery level.

Who has decision-making authority in service delivery?

Since provincial and district departments are extensions of the line ministries, decision-making authority for service delivery lies with the leadership of the line ministries – i.e., the cabinet and the president. However, the Sub-National Governance Policy suggests that provincial administrative

entities also exercise an important role in decision-making in terms of planning, budgeting, expenditure and civil servant appointments.

What powers are delegated to sub-national authorities?

There is no clear national guideline or law on how authority should be delegated horizontally within a ministry, or vertically between a ministry and its sub-national bodies. However, the SNGP states that:

Each ministry will develop an appropriate policy for delegation of authority and resources. [...] delegating powers to the provincial directorates and district offices is one of the most important actions that the ministries will take to improve service delivery. Being closer to the citizens improves efficiency and accountability in service delivery. [...] Ministries will initiate implementation of their plans for delegation of authority without waiting for enough capacity to be built since capacity of the provincial line departments and their district offices cannot be effectively built unless these units are actually entrusted the responsibility.

SNGP, p.15

The SNGP is clear that authority should be delegated in order to enhance efficiency and of service delivery, and the policy indicates that decision-making should be close to the people, notwithstanding the capacity of the sub-national bodies. Yet, it does not outline how or to what degree it should be delegated.

8.2 CIVIL SERVICE REGULATIONS

In the following section, civil service procedures will be described in more detail. The section will look more closely at the civil service law and its regulating authority, the IARCSC. Furthermore, it will discuss the civil service remuneration system and who has discretion over civil servant appointments.

8.2.1 IARCSC

The *Civil Service Law*⁶³ describes roles, responsibilities, and regulations regarding the civil service. The Independent Administrative Reform and Civil Service Commission is the lead agency for regulating, reforming, formulating and implementing structural policies of public administration (Article 5)⁶⁴. The commission consists of nine members and is managed by a chairman, all of which are appointed by the president. The commission consists of a civil service management, appointments and appeals boards and an administrative reform secretariat.

The IARCSC is responsible for the development of civil service procedures and regulations. This includes regulations on hiring, performance appraisals, promotions, grading, and remunerations of civil servants. Besides developing these regulations, a representative of the commission must be present at most of these administrative processes as a procedural guardian. For example, during all hiring procedures across ministries and government agencies, an IARCSC official chairs the short-listing and panel interviews. Furthermore, all ministries need to inform the IARCSC of their civil service vacancies, and the IARCSC approves job descriptions and advertisements for positions. The commission also monitors ministries to ensure civil service procedures are adequately followed. Last, the IARCSC is responsible for identifying and recommending the recruitment, appointment, promotion, transfer, retirement, pension payment and other personal matters of high-ranking civil servants, for the president to approve (Article 14, *Civil Service Law*)⁶⁵. However, the presidential approval is mainly a formality, and the president signs on candidates proposed by the IARCSC.

⁶³ *Civil Service Law*, GIRA, 2005.

⁶⁴ Ibid. p.2.

⁶⁵ Ibid. p.4.

8.2.2 GRADES, STEPS AND SALARIES

Afghan civil servant positions are classified by grade and steps, depending on the position and years of experience respectively. Senior civil service positions – e.g., director generals, provincial directors, and district governors – are classified as grade 1 or 2. Lower-ranking support staff – e.g., cleaners, guards, and drivers – is classified as grade 7 or 8. Steps vary from 1 to 5. Remuneration, allowances and pension payments are uniform across civil service sectors. The positions of ministers, deputy ministers, and provincial governors, however, supersede the grading scale and their remuneration is fixed in separate regulations.

Standard salaries for civil servants vary between 5,000 AFN (grade 8, step 1) and 32,500 AFN (grade 1, step 5) a month. The civil service law allows for a hardship allowance up to 160% of the original salary, depending on working conditions. For example, a grade 5, step 1 civil servant with a standard salary of 8,000 AFN, could receive a salary up to 12,800 AFN when working in hard conditions (e.g., remote and insecure areas). Besides standard salaries, civil servants can receive ‘super scale’ salaries. Super scale salaries are provided in exceptional circumstances for positions where civil servants require specific skills. Super scale salaries vary between 15,000 AFN and 100,000 AFN. Line Ministries need to request the permission of the IARCSC before this special remuneration can be applied.

Positions of Ministers, Deputy Ministers, and Provincial Governors supersede the grading scale, and their remuneration is fixed in separate regulations. These positions also supersede the mandate of the IARCSC. The IARCSC approves senior civil servant appointments (up to grade 1) after verifying if the selected candidate meets minimum standards. This includes a background check, verification of educational credentials and a written exam to test for minimum required knowledge for the position.

District Governors, Provincial Directors, and Director Generals are subject to the IARCSC examination and screening, whereas Provincial Governors and Cabinet positions are not.

Provincial Governors are political appointees, and are neither subject to exams, screening nor verification of credentials; their appointment is fully at the discretion of the president (Cabinet positions require Parliamentary approval).

THE CAPACITY BUILDING FOR RESULTS FACILITY

The Capacity Building for Results facility (CBR) aims to significantly increase HR capacity of the government to deliver services. The five year program will provide: (i) funding for salaries of highly qualified civil servants, including at provincial levels; (ii) technical assistance to support restructuring and reform of Ministries; and (iii) targeted training to civil servants. CBR primarily focuses on strengthening capacity of the senior civil service (grade 1 and 2) through the hiring of top calibre civil servants. Furthermore it aims to ensure capacity for common functions (e.g., financial management, procurement) in eight to ten key Ministries.

CBR is funded through the ARTF, under the joint leadership of MoF and IARCSC, and facilitated by the World Bank. Line Ministries need to submit proposals for CBR positions related to restructuring and reform programs and justified by capacity needs. The IARCSC will define rules and regulations for CBR positions. All CBR positions will be official tashkeel positions. CBR is envisioned to absorb several aspects of on-going capacity building and technical assistance programs currently funded by major donors (USAID, DFID, and the EU). During the course of this study, the three selected Ministries (MoED, MAIL, MoPH) were in the process of submitting their CBR proposals.

8.2.3 CIVIL SERVICE APPOINTMENTS

While the *Civil Service Law* describes civil service procedures and assigns a central role to the IARCSC in regulating and monitoring these procedures, it is not explicit on who exercises authority over approving appointments of civil servants. The Sub-national Governance Policy is more explicit on HR discretion for recruitment at sub-national levels:

- All appointments of grade 1 and 2 civil servants (e.g., director generals and provincial directors) require the approval of the president.
- The minister's approval is required for hiring civil servants in grade 3 to 8 in his or her central ministry, and the appointment of grade 3 and 4 civil servants at the sub-national level.
- The provincial governor's approval is required for the recruitment of Grade 5 to 8 civil servants in the provincial administration, and for grade 5 and 6 positions below the provincial level.
- Last, the district governor's approval is required for hiring grade 7 and 8 civil servants at the district and village level.

The president approves all appointments of provincial and district governors, as well as the appointments of ministers and deputy ministers. However, unlike the appointments of ministers, provincial and district governor appointments are not subject to parliamentary approval. Furthermore, all candidates for district governor positions are subject to the IARCSC' vetting and examination procedures, whereas provincial governors positions are not. As such, the process of appointing district governors is formalized, structured, transparent, competitive, and merit based, whereas the process of appointing provincial governors is not, and can be driven by political considerations.

Figure 37: Appointment Approval Authority for Civil Servant Positions

Appointment Approval	Grade	Central Level	Provincial Level	District Level	Community Level
President	Above grading	Minister and Deputy Ministers	Provincial Governors		
	Grade 1	Sr. General Director	Sr. PLD Director	Sr. District Governor	
	Grade 2	General Director	PLD director	District Governor	
Minister	Grade 3	Sr. Manager	Sr. Manager	Sr. Manager	Sr. Manager
	Grade 4	General Manager	General Manager	General Manager	General Manager
Provincial Governor	Grade 5	Manager	Manager	Manager	Manager
	Grade 6	Officer	Officer	Officer	Officer
District Governor	Grade 7	Guard / Driver	Guard / Driver	Guard / Driver	Guard / Driver
	Grade 8	Guard / Cleaner	Guard / Cleaner	Guard / Cleaner	Guard / Cleaner

Sources: SNGP and Civil Service Law

KEY QUESTIONS

Who appoints and removes directors of provincial line departments?

Directors of provincial line departments are usually Grade 2 civil servant positions. As such, they are appointed and removed by the president upon identification and proposal of the IARCSC. However, when provincial directors are underperforming, it becomes less clear who decides on his or her removal. The SNGP points out:

"Directors of line departments that do not meet minimum service standards may be subject to sanction. Following an investigation into why minimum service standards were not met, if the failure to meet the minimum service standards is proved, the director of the line department will either: 1) receive training, 2) be put on probation until minimum service delivery standards are attained, or 3) Provincial Council will propose his/her dismissal. The Governor in consultation with the Provincial Council and the central office of the line ministry will decide which sanction the head of the line department will receive. The central office of the line ministry will also evaluate whether the line

department requires further organizational reform or capacity building”

SNGP, p.16

Thus, in addition to the president, the provincial governor appears to have the authority to dismiss provincial directors after consulting the provincial council and the relevant line ministry. Provincial councils can propose the dismissal of a provincial director. The role or authority of the provincial line ministries is unclear in this regard, despite PLDs serving as sub-national extensions of their ministries.

Who is responsible for performance appraisals?

This ambiguity extends to other civil service procedures that aim to improve performance. Although the IARCSC is the procedural guardian concerning civil service procedures, and thus prescribes methods of performance appraisals and sits in as an observer during these procedures, it is not clear who is responsible for executing or leading performance appraisals. According to the Civil Service Law, a committee consisting of representatives of the provincial governor, the provincial council, the civil service commission and the line ministry should evaluate performance of civil servants at the provincial level. Whereas PCs, PGOs and LMs monitor the performance of the PLDs, it is unclear who leads the performance evaluations at the sub-national levels, especially of PLD directors.

8.3 PUBLIC FINANCIAL MANAGEMENT

8.3.1 BUDGET

The *Public Finance and Expenditure Management Law*⁶⁶ and its corresponding *Financial Regulations*⁶⁷ regulate public finance management in Afghanistan, including the preparation of budgets, and the management of public expenditure. Furthermore, the *Constitution of the Islamic Republic of Afghanistan* sets out the framework for prioritization, distribution and the delegation of fiscal responsibilities⁶⁸. The Ministry of Finance is responsible for formulating and implementing the financial and expenditure policy of Afghanistan. It also functions as a treasurer, regulating and collecting revenue, distributing resources through budget allotments and disbursements. Provincial line departments of the Ministry of Finance are called Moustafiats (a Moustafiat is headed by a Moustufi), and function as treasurer and regulatory entity regarding public financial management at the provincial level.

STRUCTURE

The Afghan budget follows a typical annual budget cycle. The Ministry of Finance leads the budget formulations process, and final budgets are approved by Parliament before the start of the budget year⁶⁹. The central government's budget can be sub-divided into three categories. First, the ordinary operating (recurrent) budget; second, the ordinary development budget; and third the external development budget. Whereas the ordinary operating and development budget are executed through the treasury, the external development budget is not administered by the government, and not an integral part of the government's budget.

The external budget (XB) consists of resources provided by international donors, which are typically earmarked for specific programmatic expenditures. These resources are also referred to as *off-budget* support, whereas donor support channelled through the treasury is referred to as *on-budget* support. The degree to which off-budget expenditures are aligned to national priorities varies, and they are generally considered outside the government's discretion.

⁶⁶ *Public Finance and Expenditure Management Law*, GIRoA, amended 2005.

⁶⁷ *Public Finance and Expenditure Management Law: Financial Regulations*, GIRoA, 2005.

⁶⁸ Supplemented by the *Afghan Sub-National Governance Policy*

⁶⁹ The fiscal year in Afghanistan used to be based on the solar year (March 21st till March 20th). However, in 2012 (1391) the fiscal year was amended to start on December 21st and end on December 20th. Fiscal year 1391 thus only covers nine months, whereas starting from 1392 the fiscal year covered a regular 12-month period again.

Although there is no accurate data on the size of the External Budget, estimates indicate that the External Budget outsizes the Core Budget⁷⁰. In 2010/11 the External Budget was estimated at \$13.8 billion, approximately three times the size of the Core Budget⁷¹. Thus in 2010/11, 75% of 'public' expenditures were not executed through the treasury and were not at the Government's discretion. **The lack of accurate data on (external) off-budget expenditures in the public sector is in itself a significant barrier to budgeting for service delivery, improving budget planning, or assessing the impact of public expenditures.**

Afghanistan's operating (or recurrent) budget (OB) is structured by primary budget organizations (i.e., Ministries, government agencies), and by economic classification through budget codes. The operating budget covers the civil service payroll and non-wage recurrent costs. Primary budget code 21 refers to salaries and wages; code 22 refers to the use of goods and services; and code 25 refers to the acquisition of assets. The final budget is further sub-divided into secondary budget codes, specifying classifications within each primary code (i.e., within code 22 goods and services, code 22.6 for example refers to fuel expenditures, and 22.7 to expenditures on tools and materials).

The ordinary development budget (DB) is sub-divided into code 22 (goods and service) and 25 (assets). Since staff hired under the development budget are not considered regular civil servants (tashkeel) but rather as temporarily contracted staff, their wage bill is classified under code 22.3 (contracted services). Substantial recurrent costs are included in the development budget under national programs such as the Basic Packages of Health Services.

Table 10: Budget structure

Core or Ordinary Budget		External Budget
Operating (Recurrent) Budget (OB)	Development Budget (DB)	External Development Budget (XB)
Disbursed through quarterly allotments to the provincial Moustafiats	Disbursed through MoF Treasury to central Line Ministries	Not executed through the Treasury, disbursed directly by donors
Discretionary: Priorities are identified by the Government of Afghanistan	Both discretionary and non-discretionary. Some funds are earmarked by donors, whilst others are prioritized by the Government of Afghanistan	Non-discretionary: the Afghan Government is not necessarily consulted on priorities, and programs are not necessarily aligned to its priorities
Funded by domestic revenue and donor trust fund arrangements (e.g. ARTF recurrent cost window)	Mostly funded by donor trust fund arrangements (e.g., ARTF, LOTFA)	Funded by donors and disbursed through varying arrangements

All (on-budget) public expenditures are registered in the **Afghan Financial Management Information System** (AFMIS). Expenditures made through the operating and the development budgets are registered disaggregated to location (central ministry, province and district) and specified to secondary budget code (e.g., 22.7 tools and materials).

⁷⁰ *Development Cooperation Report*, G1RoA (MoF), 2012.

⁷¹ *Afghanistan in Transition: Looking Beyond 2014*. Hogg, R. et al, World Bank, 2013.

DIFFERENT DEGREES OF DISCRETION

The Government of Afghanistan has varying degrees of discretion over resources available for public services. Recurrent expenditures covered under the OB (salaries and O&M) are processed and (mostly) under the full authority of the Government. External budget (XB) expenditures are not executed through the treasury. Although XB expenditures are often coordinated and in some cases aligned with Government priorities, the Government of Afghanistan effectively has little authority over these expenditures in terms of prioritization and regulation.

Donors often earmark resources available on the development budget (DB) for programmatic activities. Moreover DB expenditures are often bound to follow donor financial management regulations. However, the degree to which Line Ministries can prioritise these expenditures still varies across different programmatic funds. For example many agricultural assistance programs are specified in terms of geographic coverage, activities and number of units (to be distributed). Although these programs are formally executed by MAIL and these funds are allotted on its development budget, the degree to which the ministry is consulted in the development of these programs, and the degree to which it is able to influence its implementation vary, and are often limited. However, funds made available to MoED for school building construction (through EQUIP) provide more leverage to the ministry. Although these funds are earmarked for school construction, and have to adhere to donor financial management (procurement) regulations, the ministry has substantial authority over determining the location and size of the buildings to be constructed. As such, **development budget expenditures vary in terms of the discretion Ministries have over prioritization, as well as ownership of the program.**

DISTRIBUTION AND DELEGATION

The Government of Afghanistan and its Line Ministries are required to provide balanced development and equitable economic opportunities for the people, within the financial means of the Government⁷². Furthermore, the *Financial Regulations* outline the budget process, wherein Line Ministries are required to submit budget requests that align with the priorities contained in the Afghan National Development Strategy⁷³, the National Priority Programs; further, budget requests should be based on service delivery standards and the number of beneficiaries⁷⁴.

Moreover, the regulations indicate that the Line Ministries are responsible for “due delegation of the authorities and responsibilities as determined by the provisions of the Public Finance and Expenditure Management Law, these regulations and applicable procedures issued by the Ministry of Finance to all subordinated budgetary units as applicable⁷⁵”. When compiling budget requests, Line Ministries should comprehensively consult subordinated budgetary units in provinces (PLDs) on their resource needs as well as take into account the equitable provision of government services across all provinces of the country⁷⁶.

The *Sub-National Governance Policy* envisions a combination of a bottom-up and top-down approach to the budget formulation process. Consultations with village- and district-level representatives should result in Provincial Development Plans (PDPs) in a process led by the PDCs. PDCs should accurately cost their plans in order to develop provincial budgets, and submit these to the Line Ministries. The PDPs and their corresponding provincial budgets should be linked with strategies in each service sector, set by Line Ministries, and consistent with national priorities formulated in the Afghan National Development Strategy and the National Priority Programs.

A provincial budgeting pilot is currently on going. The pilot includes the three ministries selected for this study. It consists of a process whereby Provincial Development Committees develop provincial

⁷² *Constitution of the Islamic Republic of Afghanistan*, GIRoA, 2004, article 14.

⁷³ *Afghanistan National Development Strategy*, GIRoA, 2006.

⁷⁴ *Public Finance and Expenditure Management Law: Financial Regulations*, GIRoA, 2005, rule 2.3.

⁷⁵ *Ibid.* rule 1.6.

⁷⁶ *Ibid.* Rule 2.3.

plans and corresponding budgets with support and guidance of MoF and their Line Ministries. Provincial Budgets are submitted to the Line Ministries that will collect the plans and budgets and integrate them into their budget requests. The Provincial Budgeting Unit within MoF is currently drafting a *Provincial Budgeting Policy*, which will formalize this process and specify roles, responsibilities and authorities⁷⁷.

BUDGET PROCESS

The first budget circular (BC1) is initiated by MoF and provides a timeline and guidelines to all Line Ministries regarding their budget requests. Line Ministries subsequently send a timeline and guidelines to all their Provincial Line Departments (PLDs) requesting budget proposals according to their Provincial Development Plans (PDPs). The PDPs are developed through a consultative process initiated by the Provincial Development Council. District level governance entities and provincial departments are asked to submit a list of development project proposals ranked in order of priority. The PDC, chaired by the Provincial Governor and including provincial department heads, finalizes the PDP and its corresponding budget through prioritizing the submitted development projects. PLDs then submit their budget requests to their respective Line Ministries. These requests include recurrent expenditures (OB) as well as development budget (DB) for those projects approved in the PDP. Last, Line Ministries integrate all PLD requests into their BC1 budget request and submit it to MoF.

The second budget circular (BC2) includes budget ceilings, guidelines and a timetable according to the budget calendar. MoF sends the BC2 to all Line Ministries. Line Ministries separate national development programs and recurrent costs, and then define provincial budget ceilings based on standardized norms⁷⁸. PDCs and PLDs reprioritize their PDPs and budget plans according to the ceiling (lower level representative bodies should be consulted in this process). PLDs submit their BC2 budget proposals to their respective Line Ministries, which include the provincial proposals into their national budget proposals.

It is important to note however, that provincial allotments are currently not specified in the BC2 national budget proposals of each line ministry, and thus not subject to Parliamentary approval. Provincial budget allocation is thus at the discretion of the Line Ministries, and the LMs can still reallocate budget to provinces after the approval of the final budget.

CHALLENGES TO BUDGET EXECUTION

Currently a discussion is on going regarding the challenges to budget execution. Many Ministries have been unable to spend the funds allocated to them for development programs, constraining the improvement of service delivery and overall development of Afghanistan. Low budget execution rates led to concerns in Parliament and many Ministers have been summoned for explanations. Within the donor community, this led to a discussion on the Afghan Government's capacity to absorb aid, and how to improve effective budget execution.

Low budget execution rates appear to have multiple causes⁷⁹. While budget execution rates for the OB are overall high, and range between 95% and 100% for the three selected Ministries in this study, the issue mostly pertains to execution of the development budget. Furthermore, the degree to which provincial administrative levels are involved in development budget execution varies per Ministry and program, but is overall limited. Development budget is mostly executed through the central Line Ministries; however in some cases PLDs facilitate this process. For example, in the case of school building construction, provincial level engineers should submit technical specifications of the structure before the procurement process is initiated. Furthermore, provincial levels officials are responsible for monitoring construction process and accounting procedures to release subsequent disbursements. However, in many cases provincial level administrations play a minimal role in development budget

⁷⁷ At the time of writing, a *Provincial budgeting policy* draft was in the final stages of approval.

⁷⁸ Note that this is a description of the formal, de-jure process; the budget analyses did not reveal evidence for norm-based budgeting.

⁷⁹ Zych, S. A. (2011), *'Use It or Lose It': Budget Execution in Afghanistan*, Civil Military Fusion Centre.

expenditures. As a result, there is a variation across ministries and programs as to the degree to which limited provincial PFM capacity and delays between the provincial and central administrative level cause low execution rates.

A major challenge to budget execution appears to be the multiple donor regulations and requirements attached to many funds on the development budget. Line Ministries and their procurement departments have to adhere to multiple financial management regulations including monitoring and accountability mechanisms set by donors. Furthermore, the availability of donor-funded resources is unpredictable, challenging Line Ministries to effectively plan programs and expenditures.

Poor procurement and overall PFM capacity in many Line Ministries poses an additional challenge to budget execution. Low capacity causes delays in the procurement process and, if donor requirements are not adequately met, may result in the suspension of donor disbursements. In addition many procurement departments lack the knowledge and capacity to adhere to national financial regulations. The intervention of multiple oversight and anti-corruption bodies causes further delay. Last, in the past years the final national budget was approved well into the budget year. This delay combined with a limited seasonal (winter) timeframe for construction prevents Line Ministries from spending their development budgets.

KEY QUESTIONS

Who allocates funds for service delivery to the provinces?

The Line Ministries allocate funds to the Provincial Line Departments. PLD allotments are specified for major budget codes (i.e., 21, 22, and 25) and minor budget codes (e.g., 22.3 contracted services, 22.6 fuel). Allotments are made for provinces. However there are no specified allotments for districts or villages. The Line Ministries' budget allotments for their PLDs are made after Parliament's approval of the final budget; no budget allocations are specified in the Budget Bill. Thus, distribution is at the discretion of the Line Ministries.

There are several national guidelines formulated for the distribution of funds across provinces. Provincial allotments should provide balanced development and equitable economic opportunities across provinces. Furthermore, they should be aligned with national priorities, and based on service delivery standards and the number of service beneficiaries. Last, provincial administrations should be consulted in the budget formulation process.

Who allocates funds within the provinces?

There are no specific guidelines or criteria for distributing funds within provinces, besides the national guidelines. Furthermore, budget allotments are not specified below the provincial level (e.g., district allotments), although they are specified for major and minor budget codes. As such, distribution of funds within provinces, appears to be at the discretion of the PLDs, within the limits of the predefined major budget codes (PLDs are allowed to shift between minor codes after MoF's approval), and guided by national guidelines (i.e., balanced, equitable, aligned with priorities, based on service delivery standards and number of beneficiaries, and based on lower-level consultations).

8.3.2 PROCUREMENT

The *Procurement Law*⁸⁰ and *The Rules of Procedure for Public Procurement*⁸¹ describe the regulatory framework for the public procurement of goods, services and public works. Whereas the procurement law describes procurement in general terms of roles and responsibilities, the rules of the procedure are more specific regarding steps that need to be taken at different stages of the procurement

⁸⁰ *Procurement Law*, GIRoA (MoF), Amended in 2008.

⁸¹ *The Rules of Procedure for Public Procurement*, GIRoA (MoF), 2009.

process. Both documents identify the procurement policy unit in the Ministry of Finance as the lead agency for developing and implementing policy reform regarding public procurement.

The procurement law distinguishes between seven procurement methods to be applied, depending on the type of procurement and its availability. Based on the type (e.g., goods, services, or works), and contingent of the method used, the law sets thresholds on the approval powers of the award authority (See Table 11 for threshold levels).

Table 11: Procurement Methods, Conditions, and Thresholds (National Procurement, AFN)

Method	Conditions	Thresholds		
		Goods	Works	Services
Single Source Procurement	Under 3,000 AFN			
	In case of emergency procurement	5,000,000	25,000,000	5,000,000
	If only one contractor is able to bid			
Request For Quotations	Default method for under 500,000 AFN procurement	500,000	500,000	500,000
Open Tendering	Default method for above 500,000 AFN procurement of goods, services and non-consultancy services	20,000,000	100,000,000	20,000,000
Restricted Tendering	When the goods, works or services are only available from a limited number of bidders; or	8,000,000	16,000,000	8,000,000
	when the time or costs of open tendering are disproportionate to value of the procurement, or are impractical			
Request For Proposals	For Consultancy Services			40,000,000

Source: Procurement Law

Article 92 of the Procurement Law indicates that whenever the monetary value of the procurement exceeds the threshold limits, approval of the Special Procurement Committee is required. Furthermore, the law gives the authority to grant awards only to ministers⁸². However, it states that the award authority (e.g., the minister) may partially or fully delegate powers to secondary units, deputy ministers and directors of the relevant departments⁸³.

Thus, when looking at the procurement award authority at sub-national levels, provincial directors of PLDs can approve procurement procedures only if their respective ministers delegated that authority to them. Similarly, provincial governors are only authorised to approve procurement if the IDLG delegated this authority to them. If this were not delegated, even simple and small expenditures at the provincial administrative level or below would require the approval of the relevant minister.

⁸² *Procurement Law*, GIRA (MoF), Amended in 2008, Article 91(1).

⁸³ *Ibid.* Article 91(2).

This changed in 2011 with the enactment of a presidential decree that assigned award authority to provincial directors and provincial governors⁸⁴. Thresholds of award authority depend on the population size of the province⁸⁵, and range between 50,000 AFN for a provincial director in a small province and 100,000 AFN for a provincial director in a large province. Provincial governors can award a procurement of up to 500,000 AFN, but this authority is limited to the use of Request for Quotations method only. Open / Restricted tendering, and Request for Proposals require the approval of a central-level official regardless of the amount.

A full description of each procurement method is beyond the scope of this report. However, to illustrate the procedural requirements for procurement and accounting of PLDs, the box below describes such a procedure in detail for one specific example: *buying a printer*.

PROCUREMENT EXAMPLE: BUYING A PRINTER

In the following example, an official at a provincial education department decides to purchase a new printer. The printer is assumed to cost 5,000 AFN (roughly the equivalent of 100 USD). The steps required for the purchase of this piece of equipment will be described here in detail.

Procurement Procedure

After the official checks the PED stock inventory and confirms there are no printers available, he submits a request to the procurement office of the PED. The designated procurement officer will then select the appropriate procurement method. In this case, the expected costs of the printer exceed the threshold for Single Source Procurement (SSP: 3,000 AFN), and therefore will select the Request for Quotations (RFQ) method, as it is the default procurement method below 500,000 AFN. The procurement officer then needs to receive approval from the award authority to use the RFQ method for procuring the printer.

Before the procedures can start, several requirements need to be met. First, the procurement office should have an annual procurement plan, submitted to and approved by the procurement policy unit in the Ministry of Finance in Kabul. This plan should include a detailed breakdown of the goods, works, and services (GWS) required by the department; an expected schedule of delivery of the GWS for the coming year; an indication of possible aggregate procurement of the GWS; an indication of budget availability; and a specification of the rules and methods that will apply for the planned procurement.

Second, a procurement requisition for the printer should be submitted to and authorized by the award authority. The request should include a detailed description of the printer (e.g., quantity, specifications and a drawing), an estimated value of the printer, and details on the available budget for this expenditure code, before being reviewed and signed by the award authority.

Third, the procurement officer prepares the RFQ document. The last step of the procedure, this document will include instructions on the procurement process and related documents; a description of what is required; information on the evaluation criteria and the type of contract; the terms and conditions of the contract; information on the right to appeal; a shortlist of the vendors whose quotes were requested, and the written acceptance of the purchase order of the successful vendor.

The procurement office then request quotations for the printer from a shortlist of bidders, which should include at least three vendors. The quotations are collected and then submitted to the procurement committee of the entity that made the request, in this case the PED. The committee should have at least three members, which are appointed by the director of the entity and approved by the award authority. Members of the committee cannot also be members of the award authority. The procurement committee then awards the contract to the successful vendor.

⁸⁴ Presidential Decree Number 18 of 24/05/1390, GIRA, 2011.

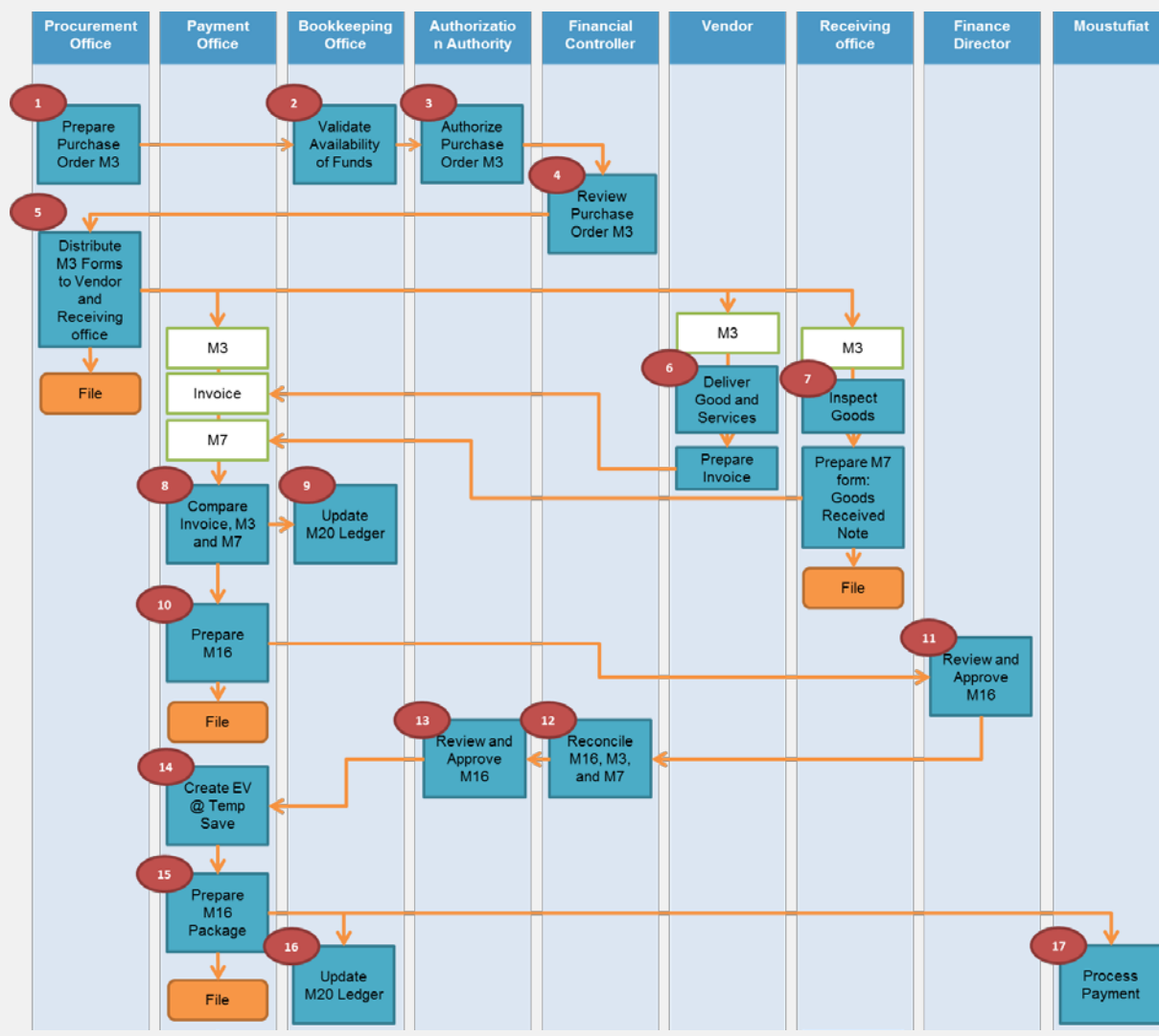
⁸⁵ In the PFM framework, Afghan provinces are classified according to their population size. Grade 1 provinces are large, grade 2 are medium size, and grade 3 are small provinces.

Accounting Procedure (Post-payment)

After approval of the procurement requisition and preparation of the RFQ document, the procurement officer prepares an M3 form (purchase order). Once the purchase order is issued, the purchase can take place. The receiving office will receive the printer and will issue a Goods Received Note (M7 form). The payment office will reconcile the M3 and M7 forms with the invoice to prepare a Payment Order (M16 form) and update the Control Ledger (M20 form). The M16 form has to be approved by the finance director before the payment can be made to the supplier.

Figure 38 shows the steps involved in the procurement of a simple item, an office printer, at the provincial level. Nine different offices are involved in this procurement process, and a minimum of five validations is required to complete the process.

Figure 38: OB and DB Expenditures with Post-Payment (Accounting Manual, MoF)



This example illustrates the central role of the award authority in a fairly common purchase for a provincial line directorate. The award authority's approval and review is required at least four times during the entire process. To understand sub-national public procurement processes, it is therefore crucial to identify who holds award authority, or to what degree it is delegated to directors of relevant departments.

There is, however, no clear national regulation for delegating procurement authority within ministries or to provincial administrations. As a result, this may vary considerably across ministries⁸⁶.

KEY QUESTION

Who has award authority in procurement processes?

According to the law, ministers hold award authority in procurement up to certain thresholds, depending on the method used and what is to be procured. When these thresholds are exceeded, the approval of the Special Procurement Committee is required. Ministers can delegate award authority within their ministries and to provincial departments. Presidential Decree 18 assigns award authority to provincial-level administrations. Provincial governors can award up to 500,000 AFN, and directors of PLDs can award up to 100,000, depending on the size of the province, using the Request for Quotations method.

⁸⁶ *SNGP*, p. 15.

9. ANNEXES

9.1 BIBLIOGRAPHICAL REFERENCES

Title	Author(s)	Year	Content Description
Peer-reviewed Literature			
<i>Exploring Afghanistan's Subnational Fiscal Architecture: Considering the Fiscal Linkages between Villages, Districts, Provinces and the Centre</i>	Jamie Boex for the World Bank	2012	Discusses Afghanistan's sub-national administrative structure, and provides recommendations on decentralisation.
<i>Norm-based Provincial Budget Allocations for Education in Afghanistan</i>	Jamie Boex and Hamish Nixon for the World Bank	2010	Discusses Public Education Expenditure and proposes a framework for norm-based allocation of budget.
<i>Growth Diagnostics</i>	<i>Hausmann, R., Rodrik, D. & Velasco, A.</i>	2005	Provides an analytical framework for identifying binding constraint to economic growth.
<i>The Provision of Extension Services in Afghanistan: What is Happening?</i>	Tim Kock, Amy Harder, Patrick Saisi	2010	Synthesis report and literature review of programs developed for extension in Afghanistan, and discusses the role of MAIL and NGOs in its development.
<i>Local Governance in Afghanistan, a View from the Ground</i>	D. Saltmarshe, A. Medhi for AREU	2011	The research assesses how local governance has progressed following the creation of the IDLG and the introduction of programmatic interventions such as the NSP.
<i>Client perceptions of the quality of primary care services in Afghanistan</i>	Hansen, Peters, Viswanathan, Dipankar Rao, Mashkooor, and Burnham	2008	Discusses the relation between clinical quality and client quality perception, and main health service and facility characteristics indicating perception.

<i>Rural Development Centres (Farm Stores) in Afghanistan, do they work? The Business Owners' Perspective</i>	Tim Kock, Jerry Turnbull	2011	Case study describing yearlong results of USAID funded VEGA P2K program to establish 12 farm stores.
<i>Afghanistan Medicines Sampling and Testing -, A Quantitative Survey</i>	Yusuf et al. for USAID / MSH / SPS	2011	Report on sampling tests of pharmaceutical in both public and private health sector
<i>Afghanistan Medicines Quality Assurance Assessment – A Qualitative Survey</i>	Yusuf et al. for USAID / MSH / SPS	2011	Assessment of current regulatory framework for pharmaceuticals and MoPH capacity to regulate and monitor.
<i>Afghanistan BPHS Study: Cost-Efficiency, Quality, Equity and Stakeholder Insights into Contracting Modalities</i>	Blaakman & Lwin for GfR/A / MoPH / USAID / HPP	2013	Assesses different BPHS grant modalities in terms of input and output efficiency, and has a qualitative component on strengths and weaknesses of each.
Sub-national Governance and Service Delivery			
<i>Priorities for sustaining basic service delivery in Afghanistan</i>	World Bank	2013	Explore key findings on Service Delivery, particularly related to sustaining and improving key public services
<i>Afghanistan in Transition: Looking Beyond 2014</i>	World Bank	2013	Discusses key challenges during and after transition, including fiscal sustainability of [public services and civil service
<i>Public Expenditure Tracking Survey (PETS): Afghanistan, Education Sector, Synthesis Report</i>	Altai Consulting for the World Bank	2011	Explores four components essential to education service delivery: salary payment, school construction, O&M, and textbook distribution.
<i>Strengthening District Level Accountability and Service Delivery Outcomes in Afghanistan</i>	Altai Consulting for the World Bank	2011	Explores government and non-government actors in three pilot districts, maps fund flows, and estimates costing of service delivery.

<i>Sub-national Administration in Afghanistan vol. 1 and 2.</i>	World Bank	2004	Discusses Afghanistan's administrative structure, administrative relations between the centre and sub-national administrations, fiscal relations, and recommends administrative reform.
<i>Intergovernmental fiscal relations and subnational expenditures in Afghanistan</i>	World Bank	2008	Analysis of intergovernmental finances and subnational expenditures in Afghanistan
<i>Service Delivery and Governance at the Sub-national Level in Afghanistan</i>	World Bank	2007	Discusses sub-national institutional structure, challenges to service delivery and public administration reform.
<i>A Survey of the Afghan People 2012</i>	The Asia Foundation	2012	Nationwide perception survey on security, economy, service delivery, political participation, gender, and corruption.
<i>Health and Education in Afghanistan: Ten Years After - Quantity not Quality</i>	ACBAR (eds.)	2011	Main achievements and challenges to the health and education sector according to national and international NGOs involved in implementation.
<i>Sub-national Administration in Afghanistan: Assessment and Recommendations for Action</i>	Evans, Manning, Tully, Osmani, and Wilder	2004	Assessment of sub-national governance structure, and needs for public financial reform.
<i>A Guide to Government in Afghanistan</i>	AREU & The World Bank	2004	Provides a basic guide to the structures and processes of government in Afghanistan
<i>National Risk and Vulnerability Assessment 2007/8</i>	ICON Institute / EU / GfR/A	2008	Provides multiple indicators for Afghanistan mostly focussing on Millennium Development Goals
Literature on Education			

<i>EQUIP II AF ISM Aide Memoire: September 1 - October 24.</i>	World Bank	2012	EQUIP II project data, supervision mission findings and discussion of EQUIP pilots, including the MoED's infrastructure maintenance strategy.
<i>EMIS Statistical Report 1390 / 2011-12</i>	GIRoA / MoED	2012	Summary of Data track by the EMIS database for 2011.
<i>MoED Annual Progress Report 1390/2011</i>	GIRoA / MoED	2011	Reports on activities, achievements, targets and challenges of MoED five main programmatic pillars, during 2011.
<i>EQUIP II AF ISM Aide Memoire: April 20 - May 2.</i>	World Bank	2013	EQUIP II project data, supervision mission findings and discussion of EQUIP pilots.
<i>EQUIP Semi Annual Report</i>	GIRoA / MoED	2012	Reports on activities and achievement of EQUIP team in second half of 2012, regarding social mobilization, teacher education, EMIS and gender promotion.
<i>National Education Strategic Plan for Afghanistan (1389-1393) (in draft)</i>	GIRoA / MoED	2010	Ministry of Education strategic framework with sub divisions in programmatic targets.
<i>Capacity Building through Policy Making: Developing Afghanistan's National Education Strategic Plan</i>	Dana Holland, for AREU	2010	Analysis of Policy Development at the Ministry of Education, including discussion on contracted '2nd civil service'.
<i>Working Paper 5, for Afghan Public Expenditure Review: Education Sector</i>	World Bank / DFID	2010	Summarizes PFM reform in the public education sector, and discusses PFM challenges to education service delivery.
Literature on Agriculture			

<i>MAIL data capabilities Assessment</i>	Altai Consulting	2012	Assessment of Data Capabilities at MAIL, analysis of external data sources, and provides a capacity building strategy for the Ministry.
<i>Rebuilding Afghanistan Agriculture Sector</i>	Asian Development Bank	2003	Medium and Long-term needs assessment for Afghanistan's Agricultural Sector.
<i>Umbrella Document for the National Agricultural Development Framework</i>	GIRoA / MAIL	2009	Overall strategic framework for Agricultural Development as adopted by MAIL in 2009.
<i>MAIL: Application to the Capacity Building for Results Facility</i>	GIRoA / MAIL	2013	Provides analysis of structural challenges and constraints within the Ministry of Agriculture Irrigation and Livestock.
<i>Policymaking in Agricultural and Rural Development in Afghanistan</i>	Afghanistan Research and Evaluation Unit	2009	Case study of policy development in Afghanistan's Agricultural and Rural Development (ARD). Describes different policy narrative within involved Ministries.
<i>Mobilizing the Potential of Rural and Agricultural Extension</i>	Ian Chritoplos, for UN FAO	2010	Discusses different global approaches to extension delivery including poverty alleviation, risk reduction, and market orientations.
<i>Accelerating Sustainable Agriculture</i>	USAID	2011	ASAP final report, discusses key accomplishments over the programs 5-year span.
Literature on Healthcare			
<i>National Strategy for Improving Quality in Health Care: 2011-2015</i>	GIRoA / MoPH	2011	Main MoPH strategic framework for improving health service delivery.

<i>Afghanistan Mortality Survey: 2010</i>	GIRoA / MoPH / CSO / WHO / ICF Macro/ IIHMR	2011	Nationwide survey on key health indicators including infant, under 5, maternal, and adult mortality.
<i>The Balanced Score Card for Afghanistan Hospitals: 2011-12</i>	Johns Hopkins Bloomberg School of Public Health / IIHMR	2012	Third party review of performance of primary Healthcare service delivery in hospitals.
<i>Afghanistan: Basic Package of Health Services, Balanced Score Card National Report 2011-12</i>	Johns Hopkins Bloomberg School of Public Health / IIHMR	2012	Third party review of performance of primary Healthcare service delivery excluding hospitals.
<i>The Essential Package of Health Services for Afghanistan: 2005</i>	GIRoA / MoPH	2005	Main framework for health service delivery in hospitals.
<i>A Basic Package of Health Services for Afghanistan: 2010</i>	GIRoA / MoPH	2010	Main framework for primary healthcare service delivery, excluding hospitals.
<i>Balkh: Provincial Profile and Healthcare Needs assessment (draft)</i>	Cordaid	2012	Includes needs assessment of public health service in Balkh province and discussion on private sector, and role of NGOs.
<i>Afghanistan National Health Accounts: 2008-09</i>	GIRoA / MoED	2011	Summary of public and private health expenditures, donor funding, recipients, and international benchmarking.
<i>Wellbeing, Conflict, and Access to Services: 2007-08 sub-national analysis, and provincial briefs.</i>	GIRoA / World Bank / AUSAID	2012	Explores the relations between wellbeing, conflict, and service delivery indicators.
<i>Building on Early Gains in Afghanistan's Health, Nutrition and Population Sector</i>	World Bank / USAID / EU	2010	Analysis performance of the public health sector, health financing, and the role of the private sector, BPHS, HR, and institutional capacity of MoPH.

<i>Health Service in Afghanistan: USAID Continues Providing Millions of Dollars to the Ministry of Public Health despite the Risk of Misuse of Funds</i>	SIGAR	2013	Audit report of USAID's PCH program, with critical conclusions on MoPH meeting procurement requirements for funding BPHS
GIRoA Official Policies, Laws & Regulations, and Afghanistan Fiscal and Economic Data			
<i>The Constitution of the Islamic Republic of Afghanistan</i>	GIRoA	2004	Set of fundamental principles according which the Afghan state and its government is organized.
<i>Sub-National Governance Policy</i>	GIRoA / IDLG	2010	This policy aims at defining the roles and responsibilities of all formal sub-national governance entities operating in Afghanistan.
<i>Afghanistan National Development Strategy: An Interim Strategy for Security, Governance, Economic Growth & Poverty Reduction</i>	GIRoA	2008	Main GIRoA strategic framework for poverty reduction, based on three pillars: 1) security, 2) governance and rule of law and human rights, 3) economic and social development.
<i>Civil Service Law</i>	GIRoA	2005	General Law covering Civil Service duties, responsibilities, appointment of civil servants and structure of IARCSC.
<i>Public Finance and Expenditure Management Law</i>	GIRoA	2005	Legal framework regarding responsibilities and procedures of the Ministry of Finance as treasurer, and regulations regarding budget process.
<i>Public Finance and Expenditure Management Law: Financial Regulations</i>	GIRoA	2005	Legal framework regarding responsibilities and procedures of the Ministry of Finance as treasurer, and regulations regarding budget process.

<i>Procurement Law</i>	GIRoA	2008	Legal framework indicating procurement plan requirement, process requirements, standard form, and transparency measures.
<i>The Rules of Procedure for Public Procurement</i>	GIRoA / MoF	2009	Specifies rules and regulations for public procurement in addition to the procurement law.
<i>Accounting Manual v.1.26</i>	GIRoA / MoF	2011	Describes rules, regulations and procedures for public accounting in Afghanistan.
<i>1392 National Budget</i>	GIRoA / MoF	2013	Summary of budget allotments per sector and Ministry, divided by core and development budget, overview of domestic revenue.
<i>Afghanistan Economic Update 2012</i>	World Bank	2012	Summary of Afghanistan Macro Economic indicators and discussion on aid dependency.
<i>Transition in Afghanistan, Looking Beyond 2014</i>	World Bank	2012	Discusses fiscal challenges of transition, aid trends, and provides prognoses of fiscal gap for medium term.
<i>Afghanistan: Public Financial Management and Accountability Assessment</i>	World Bank	2013	Provides a performance assessment of Afghanistan's public financial management system based on the PEFA approach.

9.2 BUDGET CODES USED IN AFMIS

Core or Ordinary Budget		External Budget
Operating (Recurrent) Budget (OB)	Development Budget (DB)	External Development Budget (XB)
21 Wages and Salaries Expenditure 21.1 Wages and Salaries in Cash 21.2 Wages and Salaries in Kind 21.3 Wages and Salaries Advance 21.4 Social Benefits - in cash 22 Use of Goods and Services 22.1 Travel 22.2 Food 22.3 Contracted Services 22.4 Repairs and Maintenance 22.5 Utilities 22.6 Fuel 22.7 Tools and Materials 22.8 Other Expenditures 22.9 Advances and Return of Expenditure 25 Acquisition of Assets 25.1 Buildings and Structures 25.2 Machinery and Equipment > 50,000 25.7 Valuables 25.8 Land 25.9 Capital Advances / Returns	22 Use of Goods and Services 22.1 Travel 22.2 Food 22.3 Contracted Services 22.4 Repairs and Maintenance 22.5 Utilities 22.6 Fuel 22.7 Tools and Materials 22.8 Other Expenditures 22.9 Advances and Return of Expenditure 25 Acquisition of Assets 25.1 Buildings and Structures 25.2 Machinery and Equipment > 50,000 25.7 Valuables 25.8 Land 25.9 Capital Advances / Returns	Not subject to MoF's Chart of Accounts (CoA).

9.3 LIST OF KEY INFORMANT INTERVIEWS (CENTRAL LEVEL)

Name	Office, Position
Ministry of Public Health	
Abdul Qadir Qadir	General Directorate Policy, Plan and External Relation Affairs, Director
Shahir	General Directorate of Human Resources, Director
Ghulam Sarwar Humayee	General Directorate of Human Resources, Consultant
Said Yaqub Azimi	HMIS Directorate, Consultant
Abdul Woudod Safi	HMIS Directorate, Consultant
Mhd. Saber Perdes	Health Economics and Financing Directorate, Director
Abdul Naser Ikram	Monitoring and Evaluation Directorate, Consultant
Ghulam Sarwar Hemati	Grant Contracts and Management Unit, Director
Muhammad Hassan	Grant Contracts and Management Unit, Consultant
Zahidullah Rasooli	Grant Contracts and Management Unit, Grant Manager
Abdul Wahid Zaheer	Grant Contracts and Management Unit, Grant Manager
Hakim Aziz	Provincial Liaison Directorate, Director
Sahak	Provincial Liaison Directorate, Advisor
Ministry of Agriculture, Irrigation and Livestock	
Waheed Etabar	General Directorate for Finance and Administration, Director
Shakir Majeedi	General Directorate of Planning and Program Coordination, Advisor
Abdullah Ahmadzai	General Directorate of Extension, Director
Yaqoub Hotak	Human Resources and Capacity Building Directorate, Director
Abdul Munir	AMIS Directorate, Director
Mohibullah Safi	Procurement Department, Senior Procurement Specialist
Antoine Huss	Minister's Office, Advisor
David Glenn	AAEP, Chief of Party

Herman Vis	NHLP, Livestock Advisor
Ministry of Education	
Sediq Weera	EQUIP, Director
Wais Rahimi	EQUIP, Procurement Specialist
Abdul Wassay Arian	General Directorate Planning and Policy, Director
Inayat Amini	EMIS, Consultant
Sultani	Human Resources Directorate
Salem Ibrahimi	Chief of Staff office
Akbar Hamidi	Teacher Education Directorate, Advisor
Aminullah Amin	Learning Assessment Unit, Coordinator
Samir Khan	Procurement Department, Procurement Specialist
Affiliated Ministerial Officials	
Shamsuddin Ghayasi	MoF, Procurement Policy Directorate, Director
Momin Mansoor	MoF, Provincial Budgeting Unit, Director
Brijesh Bamalwa	MoF, Treasury Department, Advisor
Gnana Haharajah	MoF, Budget Directorate, Advisor
Matin Bek	IDLG, Finance and Administration Directorate, Dep. Director
Lejla Catic	IDLG, SPAD, Team Leader
Fawad Ahmad Karmand	IARCSC, Sub-National Programs Coordination, Director
Tariq Ismati	MRRD, Programmes, Deputy Minister
Subject Experts and Stakeholders	
Duncan Wilson	UNDP, Afghan Sub-national Governance Program, Advisor (Governance)
Hilde Lemey	GIZ, Education Advisor (Education)
Temby Mary Caprio	GIZ, Team Leader (Education)
Maximilian Geigenmueller	GIZ, Advisor (Governance)

Reza Mhd. Mazlumyaar	Integrity Watch Afghanistan Programme Manager (Accountability)
Stephen Murray	BDO, Consultant (Procurement)
Tony McDonald	AUSAID, Dry Land Farming Advisor (MAIL)
Gabriel Kroes	EPOS, Human Resources Advisor (MoPH)
Norio Kasahara	EPOS, Provincial Liaison and Coordination Advisor (MoPH)
Jordi Benages	EPOS, Team Leader (MoPH)
Zarjan Zahed	Coordination for Humanitarian Assistance, Programme Manager (BPHS)
Abdul Malok	MOVE Welfare, Deputy Director (BPHS)

9.4 RESEARCH INSTRUMENTS

Research Focus	Interviewee	Questions/themes
Central level: Key Informant Interview Guidelines		
Institutional, regulatory framework. Service delivery chain, and service delivery constraints	<ul style="list-style-type: none"> • MoED officials • MoPH officials • MAIL officials • MoF Officials • IARCS/IDLG officials • Subject experts • NGOs implementers and stakeholders 	What are the service delivery responsibilities of the ministries?
		What are the financial processes used for service delivery?
		What is the procedural flow of service delivery?
		How is service delivery planned, executed and monitored?
		What are the O&M processes for sustained service delivery?
		What are the technical and HR capacities of the ministry regarding service delivery?
		What are the decision-making processes?

		What is the budget structure for service delivery?
		How are procurement processes executed?
Provincial Level: Key Informant Interview Guidelines		
Mapping the dynamics of sub-national governance of public service delivery	<ul style="list-style-type: none">• MoED officials• MoPH officials• MAIL officials• PGO officials• Moustafiats Officials• Provincial Council members• IARCS/IDLG officials• NGOs implementers and stakeholders	What are the roles and responsibilities of the provincial directorates?
		What are the capacities of provincial line departments, Moustafiats and PGOs?
		Which powers lies in the hands of PLDs?
		What are the dynamics of sub-national management of service delivery?
		What are the constraints faced by PLDs?
		What are the financial and coordination processes between PLDs and Moustafiats?
		What are the bottlenecks in procurement processes?
		How are human resources managed?
		How is service delivery at the sub-provincial level monitored?
District Level: Key Informant Interview Guidelines		
Mapping the dynamics of service delivery at the district Centre level	<ul style="list-style-type: none">• DGO officials• MoED officials• MoPH officials• DAD officials• NGOs implementers and sector stakeholders	What are the roles and responsibilities of the district line departments?
		What are the technical, HR and financial capacities of district line departments?
		How is maintenance of service delivery assets planned and executed?
		What are the assets available for service delivery?

		What is the feedback loop for information related to planning and execution of service delivery?
		What are the actual and needed operations costs for service delivery?
Community Level: Community Leader In-depth Interview guidelines		
Perceptions and expectations of public service delivery	<ul style="list-style-type: none">Traditional leadersCDC membersMullahsTeachersHealth services providers	How is service delivery by the communities perceived?
		What do community members expect in terms of service delivery?
		What are the bottlenecks to using services available at the sub-national level?
		What are the constraints to service delivery at the village level?
		How are community's needs taken into account and responded to?
Community Level: Community Household Survey		
Perception and usage of service	<ul style="list-style-type: none">Community members	Rate the quality of services? Why are services not used? What are the main constraints to services? What are the primary issues with services? How much is the service used and how much is it provided? Do you have to pay money for the service?
Community Level: Facility Observation Grid		
Staff absenteeism	<ul style="list-style-type: none">School headmasterTTC headmastersHealth facility directorsAgricultural	How many staff is employed in this facility?
Client presence during visit		Actual count of present staff.
O&M		How many clients (children) are enrolled? Count actual presence.

Constraints at service delivery level	facility directors	Inspection of key maintenance issues. Did maintenance work take place? Is there O&M budget available to this facility?
		What are the main constraints to service delivery?
		When was the last time this facility was monitored by a government official? For what purpose?
Community Level: Community Observation Grid		
Security, Economy Access to Services	<ul style="list-style-type: none">Community leadersCommunity members	Population size Topography Ethnic composition Security and government presence Government official's security for visit Infrastructure and economy Basic access to different services (education, health, agriculture) Availability of shuras related to services Permanent government presence in the community NGOs and other stakeholders activity Basic indicators on farming and farmers