

Sida's Support to the Swedish Committee for Afghanistan (SCA)

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Sida Evaluation 2008:35

Sida

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Introduction

In accordance with Sida's agreement for 2006–2008 with the Swedish Committee for Afghanistan, a Mid Term Review was commissioned by Sida in May 2008. The views, interpretations and recommendations expressed are the authors' and do not necessarily reflect those of Sida.

The findings of the Mid Term Review are valuable. They highlight positive achievements as well as areas for improvements. They have created a basis for Sida's dialogue with Swedish Committee for Afghanistan and have provided an important input for the organisation.

Sida recognises that the Swedish Committee for Afghanistan has fed most of the lesson learnt from the Mid Term Review into its plans and work. This is evident in the proposal by the Swedish Committee for Afghanistan for the programme for 2009–June 2010 which now has been given Sida support.

The Swedish Committee for Afghanistan has commented the Mid Term Review. The letter is attached to this report.

Stockholm 19 February 2009



Anders Hagwall
Country Director

Afghanistan Team
Department for Conflict and Post-Conflict Cooperation
Sida

List of Abbreviations and Acronyms

ACBAR	Agency Coordinating Body for Afghan Relief
ADR	Annual Donor Report
AIHRC	Afghanistan Independent Human Rights Commission
ANDS	Afghan National Development Strategy
ASCF	Afghan Civil Society Forum
BPHS	Basic Package of Health Services
BSC	Balanced Score Card
CARE	CARE International
CBE	Community Based Education
CBO	Community-Based Organisations
CBR	Community Based Rehabilitation
CBRC	Community Based Rehabilitation Committee
CDAP	Comprehensive Disabled Afghans Programme
CDC	Community Development Council
CDRW	Community Rehabilitation Development Worker
CEC	Community Education Committee
CGHN	Consultative Group on Health and Nutrition
CoAR	Coordination of Afghan Relief
CRDC	Community Rehabilitation and Development Centre
DANIDA	Danish International Development Cooperation Agency
DDA	District Development Assemblies
DPO	Disabled People Organization
DTE	District Teacher Education
EC	European Commission
EPHS	Essential Package of Hospital Services
EPI	Extended Programme on Immunisations
GAVI	Global Alliance for Vaccination and Immunisation
GFATM	Global Fund against AIDS, TB and Malaria
GTZ	German International Development Cooperation Agency
GoA	Government of Afghanistan
HBT	Home Based Training
HIV/AIDS	Human Immunodeficiency Virus e
HR	Human Rights
HRGU	Human Rights and Gender Unit
HRM	Human Resource Management
HSC	Health Sub Centres
HTU	Health Technical Unit
IAM	In-depth Assessment Memo
ICB	International Competitive Bidding
IMCI	Integrated Management of Childhood Illnesses
IPD	Internal Project Document

ISAF	International Security Assistance Force
JICA	Japan International Development Cooperation Agency
LHL	Learning for Healthy Life
LFA	Logical Framework Approach
MCHC	Mother and Child Health Care
MDG	Millenium Development Goals
MMR	Maternal Mortality Rate
MSEK	Million Swedish Kronor
MTR	Mid-Term Review
MoE	Ministry of Education
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoPH	Ministry of Public Health
MoWA	Ministry of Women's Affairs
MS	Model School
NDSA	National Disability Survey of Afghanistan
NGO	Non-Governmental Organisation
NHP	National Health Policy
NPAD	National Programme for Action on Disability
NSP	National Solidarity Programme
PED	Provincial Education Directorate
PHD	Provincial Health Department
PMT	Project Management Team
PPA	Performance based partnership Agreement
PwDs	People with Disabilities
RAD	Rehabilitation of Afghans with Disabilities
SCA	Swedish Committee for Afghanistan
SEG	Staff Employment Guidelines
SEK	Swedish Kronor
SEO	Special Education Officer
SERP	Special Education Resource Centre
SGAA	Sandy Gall's Afghanistan Appeal
SMT	Senior Management Team
TAG	Technical Advisory Group
TEP	Teacher Education Programme
ToR	Terms of Reference
TTC	Teacher Training College, Teacher Training Centre
UNESCO	UN Cultural Body
UNICEF	UN Child development body
UNDP	United Nations Development Programme
USAID	United States International Development Cooperation Agency
WB	World Bank
WHO	World Health Organisation
B&WP	Budget & Work Plan
VCCT	Voluntary Confidential Counselling and Testing

Executive Summary

Terms of Reference

The main aims of the Mid-Term Review are to review:

- Possibilities for fulfilment of objectives
- The SCA transformation towards capacity building
- Security issues related to project implementation
- Recommendations to facilitate improvements

Country Strategy

The Swedish Country Strategy for Afghanistan clarified and underlined that Sida should strengthen the Afghan ownership during 2006–2008. This would include a more long-term development co-operation mode. In the Revision of the Co-operation Strategy with Afghanistan (Government decision, 2007-06-28) the development of local capacity is particularly pronounced. Afghanistan is a major recipient of Swedish aid. The support is in the range of 300 MSEK annually. Roughly one third of the Swedish support is channelled through SCA.

The Sida-SCA Agreement 2006 and underlying documents express, with reasonable clarity, Sida's aim that SCA should transform from service delivery to more of capacity building in its broad sense. The Agreement alone, however, is far from sufficiently clear on the transformation issue.

Fulfilment of Objectives

The SCA LFA implementation with a strong activity focus is as a rule combined with a rigorous follow-up of to what extent activities and outputs have been delivered. Generally the plans have been adhered to, and most activity and output indicators have been achieved, fully or partly.

The high level of achievement of activities and outputs does not necessarily coincide with fulfilment of medium or long term objectives. In the SCA 2006 and 2007 annual plans such objectives have not been formulated and, accordingly, the level of achievement has not been evaluated.

Transformation

Sida has listed a number of key areas (not all listed below) of dialogue during the agreement phase with SCA. They are also part of the three-year agreement signed by Sida and SCA:

- How SCA intends to reorient its activities from mainly service delivery to more capacity building, including the consequences on the needs of internal upgrading of SCA competence?
- Identify SCA's comparative advantage?
- Consolidation of gender mainstreaming in SCA's activities

Sida has performed weakly in formulating clear directives in Agreements, in the virtual lack of follow-up of the transformation issue during two years, and in the absence of demands for transformation (demands formulated for education target, result indicators and Ministry alignment have only little bearing on the transformation issue) in the new assignment in Northern Afghanistan.

SCA's capacity building activities focus foremost on building capacity of its own organisation. SCA has supported MoE with for example secondment of staff. However such activities are not conducted in a structured way and not considered to contribute to SCA education objectives.

SCA must accept that a re-orientation of operations will require staff development, new competence and new staff. The organization must contribute to on-going state-building efforts.

The conclusion of the MTR team is that SCA is playing an increasingly less significant role as an institutional capacity builder at national and provincial levels. Generally this situation seems not to be fully realised by SCA senior management in Afghanistan or in Sweden.

The situation in Afghanistan today is quite different from 2002 in the sense that the country is now in a process of state-building and therefore requests donors to contribute to this process. It is obvious that SCA top management at SMO and KMO have not taken the issue of transformation from service delivery to capacity building seriously.

As for the respective programmes, the MTR team concludes the following:

- The Education Programme seems to have reverted back to service delivery
- The Health Programme has in the WP&B 2008 taken small steps towards increased institutional capacity building at national and provincial levels – maybe in response to the loss of the BHPS tenders in Kunduz and Nuristan
- The RAD programme has not moved significantly, in practice or in policy, towards institutional capacity building

The focus of the implementation of programmes needs re-orientation, in the true sense of the word, and they should become more strategic and much more development-oriented. This is now a principal position from Sida. If SCA does not adapt to the Sida principal position, Sida should reconsider its funding modalities.

Cost-efficiency

The statement in the Organisational Study, 2005, about “inefficiency in operations” is still valid and the overall situation has deteriorated. Nothing is mentioned in WP&B 2008 on how SCA would like to tackle this issue and indeed the issue is not even considered a problem.

So far the Model Schools have only to a limited extent fulfilled the aim of functioning demonstration sites. If students and teachers from other schools are not benefiting from the Model Schools, the cost-efficiency will be much lower than in the planning estimates.

Evaluations of the SCA BPHS projects indicate reasonably good cost efficiencies. Moreover, the conclusion of the MTR team is that the specific Sida health components are probably also cost effective. The midwifery schools have been well functioning and are highly rated by MoPH. Generally, the likelihood of cost efficiency is highest for the reproductive health sub-components.

Sustainability, ownership and alignment

The strength and capacity of Afghan NGOs and Institutions is slowly increasing and gaining strength and this is enhancing the opportunities for sustainability.

The Afghan ownership of the SCA programmes is limited. SCA has no clear strategic or medium-term policy on how to strengthen the sustainability of the programme. It almost seems as if the organisation in practice is more focused on its own survival than on the sustainability of the programme.

Little, if any, action is taken to ensure sustainability, if SCA would have to phase out its support altogether.

SCA could be said to have worked intensively to engage local community groups in their work. However, these groups should be given more responsibility and better opportunities to participate in defining problems and finding solutions to the problems.

Relevance

The team considers the SCA main sector orientation of the programmes as highly relevant in the context of ANDS and the Swedish Country Strategy. However, SCA's implementation mode needs development.

Planning

The MTR team finds that the development perspective has been improved in SCA's annual planning document (Work Plan) for 2008 compared to 2006 and 2007. The team still recommends it to be further developed. In addition to quantitative indicators, more and better indicators measuring quality need to be defined. The relationships between outcome, output and activities need to become more evident.

The high level of achievement of activities and outputs does not necessarily coincide with fulfilment of medium or long term objectives. In the SCA 2006 and 2007 annual plans such objectives have not been formulated and, accordingly, the level of achievement has not been evaluated.

In general there is a lack of comprehensive participatory situation analysis defining how different stakeholders define problems and possible solutions. SCA also lacks base line studies in quantitative and qualitative terms outlining the present situation within education, health and the situation for people with disabilities. This makes it difficult to correctly plan interventions as well as to in a satisfactory way measure results of an intervention.

SCA's indicators for the objectives to provide access to and quality of education are focused on access rather than on quality. Even if the targets are fulfilled it does not necessarily mean that the objectives will be accomplished. It is also questionable if SCA has done the utmost to ensure girls' access to quality education.

The MTR team has not been provided with, and has not managed to find, any specific SCA Strategy for RAD. There is a lack of coordinated planning and funding in the whole disability sector. A challenge for existing actors and donors is to provide stronger support to the government for developing a strategy and strengthen institutional capacity.

Monitoring and Reporting

The SCA LFA implementation with a strong activity focus is as a rule combined with a rigorous follow-up of to what extent activities and outputs have been delivered. Generally the plans have been adhered to, and most activity and output indicators have been achieved, fully or partly.

Reports/ADRs must be more focused on results and outcomes and tackle the dialogue issues brought up by Sida.

Gender

SCA has not yet managed to implement gender mainstreaming in its programmes. During the MTR team's discussions with SCA staff and observations in the field it became clear that planned gender issues only to a limited extent were implemented in reality. Reasons for this are that SCA staff does not have the competence needed and that the management at KMO is not sincerely committed to gender mainstreaming throughout SCA's programmes.

Comparative Advantages

It is quite obvious that SCA has an impressive historical track record in the country. The organization is well known among different strata of the population and has continued its operations and stayed on even during some of the most difficult periods of the modern history of Afghanistan. The legacy, the reputation and the popular support are all there and definitely from a positive and encouraging point of view.

The MRT team finds that the other comparative advantages put forward by SCA – synergies between programmes, a long-term technical programme expertise, advantages of economics of scale, and the one-country strategy – have indeed not been taken advantage of by SCA.

SCA is in a problematic situation as the organisation has difficulties to adapt to a new development environment in Afghanistan and to new requests for a more competitive and development-oriented approach. This has urgently to be understood and corrected. Otherwise Sida and other donors may choose to channel funds through other organisations.

Management

The present organisational structure has certain weaknesses, causing a number of problems, among which the following were among the major ones:

- inefficiency in operations;
- unclear reporting mechanisms;
- by-pass of established structures through strong informal networks;
- capacity gaps in important positions;
- difficulties in recruiting and maintaining qualified high-level personnel;
- weak integration of cross-cutting issues;
- insufficient integration between programmes leading to weak synergy effects
- problems caused by the fact that the organisation is very tall:
decisions have to pass many levels and thus take long to reach;
high administrative costs; and internal communication problems.

The team is hesitant that today's organisation will be able to solve the problems listed above. The MTR team therefore recommends that further action should be taken.

The team could not find any indications that the OD process would have strengthened capacity building efforts as per Sida definitions.

The high administrative costs will make it very difficult for SCA to successfully take part in tendering of projects in the country and will make SCA even more dependent upon Sida provisions.

The Management of SCA has failed to create an open atmosphere within the organization. SCA is now, also at the top level, a silent organization. People at all levels are not encouraged to speak out and do not dare to do so.

Communications between SMO and KMO are severely hampered and conflict-oriented.

Security

The security situation has deteriorated in Afghanistan during the last years.

SCA has a proven track record of competence and ideas on how to manage the programme in difficult security situations. However, this experience is not documented and there is no written strategy easy at hand facilitating for fast and comprehensive utilisation if needed.

Northern Project

There is a need to amend the agreement for the Northern Project and underlying documents in an appropriate direction. Once SCA has accepted the necessary transformation, the organisation should also be given time to actually transform, before a difficult and voluminous additional task be assigned to the organisation.

Recommendations

Recommendations to SCA

- SCA needs to adhere to the Agreement with Sida as regards transformation/reorientation.
- SCA needs to improve the development perspective in planning and implementation of its programme. The organisation also needs to develop indicators that measure qualitative achievements in addition to quantitative.
- SCA should align its planning terminology with international standards and adjust outputs and indicators so that information can be gathered to measure achievement of objectives, in both quantitative and qualitative terms.
- SCA should give special attention to remove barriers that affect girls' possibilities to attend school.
- SCA needs to involve the community not only in implementation but also in defining opportunities and constraints to education.
- It is important that SCA ensures that the Model Schools do function as demonstration sites.
- SCA should be prepared to further transfer its accumulated knowledge on the provision of secondary education to MoE. This will assist in expanding the number of teachers in primary education.
- SCA should be prepared to further transfer knowledge on midwifery training to MoPH to allow for GoA expansion of services.
- SCA should develop strategic plans for capacity building of Ministries at provincial and national level.
- SCA needs to develop realistic exit strategies as well as to ensure that capacity of other service providers, foremost the line Ministries, is built.
- SCA needs to increase its capacity building efforts towards MoLSAMD and other Afghan actors within the disability sector.
- SCA should develop a RAD programme strategy and make an input to national strategy development. The strategy should include the referral system.
- SCA must train and recruit staff that can facilitate re-orientation from service delivery to institutional capacity building in order to contribute to on-going state-building efforts.
- SCA must develop a policy to increase Afghan national ownership and sustainability of all programmes.
- SCA must for the future define activities and indicators that are related to objectives, results and outcomes and monitor those at programme level. The LFA approach must be followed in a more consistent way.
- SCA should develop a plan for continued programme implementation during different security case scenarios.

- SCA should change its programmes as soon as possible to become much more development-oriented and aligned with national implementation policies and principles.
- SCA must involve stakeholders, especially children and women, in its planning, and also include representatives from authorities at provincial and national levels.
- SCA reports/ADRs should be more focused on results and outcomes and tackle the dialogue issues brought up by Sida.
- Better commitment from management to gender issues is necessary, resulting in improved resource allocation and development of tools for change.
- Gender equality implementation should be monitored not only by quantitative indicators.
- SCA needs to develop an effective system for recruiting and promoting female staff.
- SCA must urgently, through Board and management, take action to increase its capacity and amend its structure, thereby achieving competitiveness within the core areas of the organisation.
- SCA management capacity must be increased to meet the demands for new steering instruments, for implementation of policies and for follow-up of policies and action plans.

Recommendations to Sida

- Sida should pay attention to the development focus in its dialogue with SCA and request SCA to change its programmes as soon as possible to become much more development-oriented and aligned with national implementation policies and principles.
- Sida must define the demands on SCA reporting in connection to sharpening monitoring and follow-up
- It is desirable that Sida allocates more resources to monitoring and follow-up of SCA
- Sida should consider re-allocation of resources within the SCA envelope to well functioning components such as reproductive health and in particular midwifery training.
- Sida should initiate a comprehensive and analytical systems audit. This audit should among other issues look into what SCA has done to solve the problems defined in the Organisational Study from 2005.
- The upcoming Sida financial audit of SCA should be specific and include administrative costs, cost of infrastructure, “real” overhead costs, etc
- Sida should reconsider its funding modalities, if SCA does not adapt to the Swedish Country Strategy for Afghanistan.
- Sida should amend the Agreement for the Northern Project and underlying documents in an appropriate direction. SCA must be given enough time to actually transform, before a difficult and voluminous additional task be assigned to the organisation.

1. Background and Introduction

1.1 Background

The Agreement between Sida and SCA, of 24 April 2006, states that “an external evaluation of SCAs programme shall be undertaken during 2007. The parties shall consult on the ToRs and the procedures for its implementation”(Agreement, page 5). Also the Decision on Contribution and the Indepth Assessment Memo state the same.

SCA was consulted as regards to the ToRs and the implementation of this midterm review.

The Mid-term Review, this assignment, was tendered late 2007 and assigned to IPM. It was implemented during spring 2008 with a field visit in Afghanistan during April 2008 and may in fact become a “true” Mid-term Review as it is expected that the three year contract may be prolonged to include 2009. The Review thus covers 2006 and 2007 including the SCA planning of operations for 2008 (WP&Budget 2008).

1.2 Swedish Country Cooperation Strategy for Afghanistan

The present Swedish Country Co-operation Strategy covers the period 2006–2008 and was formally adopted in April 2006.

A revision of the Strategy was decided upon by the Swedish Government in June 2007 with specific amendments under chapter 6, Co-operation Areas for the Development Co-operation, and under chapter 9, Implementation and Monitoring.

The previous Country Strategy covered the period 2002–2005 so in principle 2005 was devoted to work on the present basic Country Strategy for 2006–2008 (and the Strategy pro-longed one year, page 5(16)). This previous Strategy 2002–2005 was based on a fairly extensive humanitarian assistance. However, a gradual shift in focus towards recovery assistance and reconstruction was developed and the development-related aspects and long-term focus of the assistance were made clear.

The total support and monetary contributions to Afghanistan 2002–2005 was around 1,2 Billion SEK. The support had basically been changed from humanitarian support to long-term development co-operation. The humanitarian assistance decreased from 227 MSEK for 2002 to around 70 MSEK during 2005. During 2004 Afghanistan was ranked as number three among Swedish co-operation countries with a total development support budget of 406 MSEK.

Based on an evaluation of the joint development co-operation by five Countries (Evaluation of Humanitarian and Reconstruction Assistance to Afghanistan provided by Denmark, Ireland, the Netherlands, Sweden and UK, Chr Michelsens Institute, 2005) the transformation from humanitarian assistance to long-term development co-operation has been smooth (Strategy 2006–2008,chapter 3, p 5(16)).

The discussions during 2005, and the Strategy for 2006–2008, continue to emphasise the shift towards a more long-term development co-operation. The further concentration of the cooperation towards a more limited number of sectors is under-lined as well as the needs of a more basic and detailed analysis of the situation and of the joint Swedish-Afghan development efforts during the period of validity of the Strategy.

The overall goal of the development co-operation is to create pre-conditions for poor people to develop and enhance their living conditions. The development co-operation with Afghanistan shall be based on a Rights Perspective and the Poor Peoples Perspective. Specific sub-goals are:

1. To strengthen the long-term pre-conditions of the country to decrease poverty based on a sustainable approach
2. To develop and strengthen the pre-conditions for democracy, justice and respect for HR, including strengthening the position of women in the community
3. Contribute to development of civil society
4. Contribute to strengthen outer and inner security

In order to strengthen the pre-conditions to long-term diminish poverty and strengthen the inner security Sweden should give continued support to state building. Sweden should also consider long-term institution building and reform of institutions.

It is clarified and underlined that Sida should strengthen the Afghan ownership during 2006–2008 and this would include a more long-term development co-operation.

In the Revision of the Co-operation Strategy with Afghanistan (Government decision, 2007-06-28) the development of local capacity is much more pronounced and is now a “must”.

A considerable part of the funding is channelled through ARTF, Afghan Reconstruction Trust Fund. SCA and UNICEF are also major recipients, while an up-coming new Local Fund with emphasis on HR/Democracy and Justice receives minor contributions.

However, more efforts are needed within partly new cooperation areas in order to increase the capacity of all Afghan Administrative Levels. Development needs are substantial at both national and sub-national levels.

This should, according to the Swedish Government, be made more visible in the Swedish-Afghan Cooperation and may be implemented through broad-based multilateral programmes as well as/or through other programmes in order to support specially identified societal institutions through local capacity development.

In other words – the Swedish Co-operation should much more clearly and firmly contribute to Afghan State-building and to central and local Capacity and Institution Building.

1.3 Analysis of the Security Situation

The security situation in Afghanistan has deteriorated during the last years. The number of insurgencies has increased and the number of attacks against staff of international organisations has risen. Most suicide attacks are aimed at Western or Afghan security forces (The Economist Jan 17th 2008).

The Afghan National Development strategy lists security as one of three preconditions (rule of law and economic and social Development being the others) necessary for development of the country (ANDS summary report p 12)

The International Crisis Group defines the need for improvement of institutions that can tackle insurgency (ICG February 2008) but concludes that intensified attempts to quelling the insurgencies have led to resources being taken away from long-term efforts supporting Afghan governmental institution. (ICG 29 January 2007). During the MTR team visit to Afghanistan the team was told by representatives of the Afghan society that the ISAF troops are losing in popularity among the Afghan population because of unprofessional treatment of the civilian population. At the same time the International Crisis Group alarmingly points out that if the international community does not manage to uphold security and build a functioning Afghan state the following worst case scenarios for the country could evolve:

- a return to civil war, with factions divided along regional and ethnic lines;
- a narco-state with institutions controlled by multiple organised criminal gangs;
- a Pashtun-dominated south largely abandoned to lawlessness; and
- increased intervention by regional powers seeking to protect their interests

2. Terms of Reference and Methodology

Terms of Reference, ToRs, are attached in annex 1. These ToRs were well circulated in mid-autumn 2007, and in the preparation of these, according to the understanding of the MTR team, Sida gave SCA good possibilities to comment and react.

In spite of this both SCA's SMO and KMO seemed to be taken by surprise when the team started its operations, first through three meetings in Stockholm at SMO before departure to Afghanistan but also upon arrival for the field-visit in the Country and at KMO. Only few staff were familiar with the contents in the ToRs and this also applied to the very top management at SMO and KMO.

ToRs are well elaborated and contains a bit more than the standard evaluation issues according to the Sida Evaluation Manual, "Looking Back, Moving Forward", also utilized by the team on this assignment.

The main aims of the Mid-Term Review are in summary:

- Possibilities for fulfillment of objectives
- The SCA transformation towards capacity building
- Security issues related to project implementation
- Recommendations to facilitate improvements

Besides these, but however included in the main aims, the team should look into effectiveness, efficiency, sustainability, programme design and programme implementation, gender aspects and stakeholder involvement and participation.

The most pertinent focus of the Review, based on the ToRs and on preparatory discussions at Sida HQ and its Kabul Office, has been the transformation or reorientation issue. How has SCA changed its role from service provider to capacity builder and what documentation and other information is available on the matter?

This Mid-term Review covers in principle two years, 2006 and 2007, which is two thirds of the formal Sida-SCA contract period. Due to circumstances, a possible prolongation of the Contract to cover also 2009, we may in fact be dealing with a true "Mid-term Review".

The methodology applied by the team has, in summary, been to collect data and information from many different sources, individuals and institutions on the same issue. Sources include desk-studies and reviews of documents, interviews, focus group discussions, discussions with many sets of SCA staff, beneficiaries, other international organizations operating in Afghanistan, stakeholders inside and outside the SCA programme and site visits in four different provinces.

Implemented Review and Persons met with are found in annex 2. Four debriefings were carried out, two in Kabul and two in Stockholm at Sida Offices and SCA Offices respectively. In total the team has interviewed and met with some 80 staff/persons/beneficiaries preceding the four de-briefings.

Based on discussions during de-briefings at Sida HQ and Sida Kabul the team has been requested to comment upon the so called Northern Project – even if this is not directly mentioned in the ToRs (see 8.7, please).

A list of References, Reports and Literature is found as annex 3.

3. Swedish Committee for Afghanistan, SCA

3.1 SCA Development as an NGO

The Swedish Committee for Afghanistan, SCA, was established in 1980 in order to protest the occupation of Afghanistan by the Soviet Union. The main aim of the Committee was to support the struggle of the Afghan people for national independence. SCA is independent from political and religious organisations both in Sweden and abroad.

In Sweden, SCA works as a member-driven association based on popular commitment and support, making efforts to affect the public opinion by providing knowledge and reliable information about Afghanistan. SCA membership in Sweden was by late 2007 over 4,000. The membership is ageing – only 10% of the members are under 40 years of age. However, during 2007 the share of young people and of exiled Afghans residing in Sweden increased. SCA has 11 district committees in Sweden.

SCA's Swedish membership is organised in accordance with democratic principles. The Annual Meeting determines the framework of operations, decides statutes, policies and strategies, and elects a Board for the coming year.

The association is actively engaged in raising funds for the work of SCA in Afghanistan. SCA aims at increasingly raising own funds to ensure eligibility to major institutional donors, to enable independent exploration of new approaches, and to maintain integrity.

The Secretary General, appointed by the Board, has the overall responsibility for policies and guidelines to be appropriately applied in operational activities, and reports to the Board. The Secretary General works through SCA's two management offices in Stockholm and Kabul. In these offices, reports and applications are produced and submitted to the Board and to donors, and supervision of operational activities is carried out. The field operations in Afghanistan are headed by the Country Director. The chief of the Sweden desk heads support operations in Sweden (association, information and fundraising). They both report to the Secretary General.

In October 2007, SCA had approximately 1,280 permanent and 4,740 project based employees. The 2008 Annual Budget is approximately mSEK 168.6.

3.2 Activities in Afghanistan

In 1981 SCA started fund raising in order to support individual Afghans, and in 1982 the first Sida grant was approved. The humanitarian help initially consisted of health professionals and pharmaceuticals, soon to be followed by support to education and agriculture.

The aid activities grew rapidly and have during the last decades changed from emergency support to more of development collaboration. During the last 7–8 years SCA has been one of the largest and most experienced organisations active in Afghanistan, with several thousand Afghans on its payroll, in particular in the education and health programmes. The annual budget for 2008, including the agreement on added activities in provinces in Northern Afghanistan, is around 180 MSEK. The main funding sources are Sida, Forum Syd (basically also Sida resources), World Bank, EC, Afghan Connection and own fundraising.

SCA is working towards being an integrated and unified membership organisation where members, elected representatives and personnel, both in Afghanistan and in Sweden, work together. The vision of SCA is to be a strong and respected actor of development cooperation, contributing to peace and democracy and adding substantial components of capacity building and advocacy to the previous focus of service provision.

The mission of SCA is to implement development programmes in rural areas of Afghanistan, mainly within the sectors of education, healthcare, and rehabilitation of Afghans with disabilities.

The core values of SCA in implementing this mission are first and foremost:

- Full respect for the Afghan people's right to sovereignty and to its cultural and religious heritage and integrity.
- Full neutrality and impartiality vis-à-vis people of different religions, gender, ethnic origins or (and) political affiliations.
- Equal access to all services, including women's right to survival, protection and development.

3.3 SCA in a Changing Afghan Environment

Since the fall of the Taliban Government in 2001 and the emergence of the new Karzai Government, with strong international and in particular Western support, Afghanistan has seen an enormous influx of international aid. European and Asian implementing NGOs in many sectors of society have contributed to the creation of a highly competitive implementation environment. Major funding agencies – including USAID, European Commission and World Bank – have favoured structured and transparent tendering procedures of development implementation projects according to fixed criteria. Procurement criteria have not always taken into account previous long-term implementing experience and existing popular support. SCA has not been fully capable of adapting from a grants-driven to a competitive implementing NGO.

4. Sida Decision on Contribution 2006-01-01–2008-12-31 and attached In-depth Assessment

4.1 Sida Decision

Sida has on April 24, 2006, decided to contribute the following amounts to SCA activities in Afghanistan:

- 82,6 mSEK for 2006
- 82,2 mSEK, plus 1,6 mSEK for an external evaluation and an external social analysis, as a preliminary decision for 2007
- 82,2 mSEK as a preliminary decision for 2008

4.2 Background

Sida has, through SEKA/HUM, supported SCA since 1982. A proposal for a new country strategy for Afghanistan 2006–2008 was in 2006 adopted by the Swedish Government. The new country strategy states that humanitarian assistance should be gradually phased out and be replaced by long-term development assistance. In line with this transition Sida has decided to move the main responsibility for SCA funding to DESO. For the RAD programme and contributions to the Afghan Reconstruction Trust Fund (ARTF) this had taken place in 2005.

Afghanistan is a major recipient of Swedish humanitarian and development aid, with contributions through three major channels: SCA, UNICEF, and ARTF. The Swedish support to Afghanistan is in the range of 300 mSEK annually. Roughly one third of the Swedish support is channelled through SCA.

4.3 In-Depth Assessment and Decision Memos 2006, and Agreement 2006–8

The SCA three-year proposal 2006–8 to Sida was analysed in a comprehensive In-depth Assessment Memo (IAM) and a subsequent Decision Memo. This chapter provides a summarised account of the Sida position towards the three SCA main programmes and towards SCA as an organisation, as expressed in the memos and the formal Agreement.

Education

The IAM conclusion was that the SCA proposal was highly relevant for poverty reduction and education for all goals in Afghanistan. In relation to Swedish policies and strategies, the proposed support was also considered highly relevant. However, more attention should have been given to coordination, capacity development and advocacy for improved quality education. These issues were therefore identified as dialogue issues between Sida and SCA. Sida considered the potential to achieve the development objectives very high.

To strengthen the ownership of MoE is another cornerstone of Sweden's strategy for development cooperation and a prerequisite for MoE to take the lead in coordinating education activities. It was clearly stated that SCA would have a role to play and more efforts in contributing to improved competence and leadership, particularly at provincial and district levels, could be expected from SCA.

It was considered important for SCA staff to have an open communication with the MoE representatives at all levels.

From a sustainability perspective the IAM clarified the need for SCA to reorient and transform its focus. SCA was said to be aware of this and SCA was therefore combining the support to community based schools with a stronger focus on capacity development and advocacy. SCA comparative advantages were listed: longstanding experience of work in rural areas, also in distant isolated villages, established links with elders and other influential people in the villages, education staff spending most of the time in schools supporting teachers on-the-spot in addition to training courses of relatively long duration in vacation periods, and staff, mostly of rural origins, who is comparatively well trained.

Health

The IAM assessment indicates that SCA, through its long-term service delivery throughout the country, has gained confidence in large parts of the country and a good reputation among health sector actors. SCA was in 2006 recognized and highly respected by the new health authorities and had established close cooperation with the MoH. SCA was an active member in the sub-group of the Consultative Group (CG), dealing with health policy development and other strategic health matters. SCA was also chosen to represent the NGO group in national fora. SCA in 2006 aimed at working more actively with a development focus in line with the national health plans and strategies and in parallel with being one of the BPHS contractors.

The application for Sida funds was seen as a complement to the BPHS contracts with the aim to promote further development in certain areas and to improve the quality of the services. The main areas for this development work were:

- Reproductive health services,
- Community mobilization,
- Competence and capacity building;

From a Human Rights perspective and from the perspective of the poor the right to access to health services is basic. GoA policy, including the overall pro-poor approach in the ANDS, is to reach out to rural areas and to focus particularly on women's needs and on reproductive health.

SCA's provision of health services was changing drastically over a short period of time, from running over 160 own clinics all over the country to being a BPHS contractor in a few provinces. This change entails new management and administrative challenges, which SCA was expected to start tackling early in 2006.

As for sustainability Sida financed activities aim at improving skills of professional staff. This will have an impact as long as this staff remains on duty within the health sector. It also aims at increased focus on reproductive health within the BPHS. The pilot activities will contribute with an important evidence base for development discussions in the CG sub-group on health, and could impact positively on the future design of the BPHS. The future of the present model for delivering basic health services by contracting NGOs is more uncertain. At present the system is 100% donor financed and seems to function well. From the perspective of the needs of the rural and poor population the expansion of health services is not too rapid nor too ambitious. However, whether the GoA will be able to raise sufficient funds to sustain the services if/when the donors withdraw remains to be seen. Cheaper, and thereby more sustainable, alternatives seem not to be at hand if the ambition is to cover the entire population with basic services in an equitable way.

SCA plans to continue as a partner in health development and provision of basic health services through BPHS contracts. SCA also hopes that Sida will continue to support *quality* health services with a special focus on reproductive health. Should Sida choose to reduce its support in the future, SCA would have to adjust its ambitions accordingly.

SCA participates in the MoPH sub-group on Health where coordination and alignment with government policies are discussed. SCA is also in close contact with the relevant MoPH departments concerning registration and deployment of staff, for training curricula etc.

Rehabilitation of Afghans with Disabilities, RAD

The *RAD* programme was clearly identified as a rights based approach to disability through its CBR strategy. This means that *RAD* seeks to raise awareness and inform local communities about the rights and situation of people with disabilities. Information also includes the specific vulnerability and risk of abuse of girls and women with disabilities. The main task for the volunteer groups is to support people with disabilities and advocate for their rights to inclusion in community development, social life and access to services.

With a strong focus on women and children, *RAD* was considered highly relevant and well in line with Swedish priorities. The effectiveness of the programme was by the IAM said to have increased, but no basis for this conclusion was given. The sustainability of the *RAD* programme was assessed as good, because of its long history and the large number of Afghans employed in the programme. This conclusion should not remain unchallenged.

RAD was cooperating with Ministry of Martyrs and Disabled and MoPH regarding BPHS. The programme was also going to start cooperating with Ministry of Education, MoE, regarding Special/ Inclusive Education and with Ministry of Labour and Social Affairs, MoLSAMD, regarding vocational trainings and job opportunities for Persons with Disabilities at the national level.

SCA organisation and managerial issues

The IAM concluded that improvements made had facilitated for SCA to participate at high level in the policy dialogue with the Afghan authorities.

Sida was of the opinion that SCA had the adequate competence and organisational set up to carry out the proposed programme. Through its commitment and neutral position amongst various groupings in Afghanistan SCA had gained high acceptance and credibility for its response to the basic needs of the rural population. For twenty consecutive years SCA had been able to carry out and report on its Sida financed programmes satisfactorily and in accordance with plans, despite the often extremely difficult circumstances.

The IAM also concluded that, over the last years, the situation in Afghanistan had changed with a new Government and the emergence of a development agenda, policies, rules and regulations. The number of partners in development had increased significantly. SCA had established good relations with various government authorities and was participating in the CG sub-groups for policy dialogue. This would give SCA a good overview of ongoing developments, in order to align its programs to government plans and to harmonize and coordinate its activities with other development partners. This would also facilitate SCAs gradual shift from mainly service delivery to more focus on the development agenda. However, this transformation would take several years since the need for NGOs to assist Government with service delivery in rural areas is likely to remain crucial for the poor for many years to come.

Sida's view on SCA as being a very competent organisation was confirmed by SEKA's organisational audit 2001. The WB and EC performance evaluations of SCAs health contracts had also been positive and renewed contracts had (until 2006) been awarded.

The IAM is positive ("good and efficient") to the way SCA makes use of the LFA for programmes. The IAM indicates, however, that it could be further developed by focusing first on desired outcomes and then identify what inputs and actions are needed to get there.

4.4 Key Dialogue Areas in the IAM

The IAM identified key areas of dialogue during the agreement phase with SCA (also in the three-year agreement signed by Sida and SCA):

- How SCA intends to reorient its activities from mainly service delivery to more capacity building, including the consequences on the needs of internal upgrading of SCA competence?
- Identify SCA's comparative advantage?
- Consolidation of gender mainstreaming in SCA's activities

Specific dialogue issues related to the education programme are:

- follow-up the development of the Community Based School project,
- SCA's role in coordination i.e. in the Education Consultative Group,
- advocacy for improved quality education

Specific dialogue issues related to the health programme

- promotion of reproductive health in development discussions
- deployment of female personnel
- fee for services as a barrier for poor persons' access to services;

Specific dialogue issues related to the RAD

- promotion of the rights of persons with disabilities in development discussions
- more focus on women and children with disabilities; recruitment of female staff.

Aspects relating to monitoring, evaluation and quality assurance of the Swedish contribution:

- Section for Development Cooperation (SDC) will have regular (quarterly) meetings with SCA in Kabul to discuss progress and upcoming problems and constraints;
- DESO will provide advice to the SDC and make annual visits;
- DESO and SCA will have annual meetings, based on SCA's annual reports, for dialogue and to assess progress and up-dated budgets and annual plans;
- A Mid term review/evaluation of SCAs entire programme will be carried out during 2007/08 to serve as a basis for Sida's decision on future support to SCA.

5. Situation Analysis with regard to SCA's Programmes in the Country

5.1 Current Education Situation in Afghanistan

The Government of Afghanistan has outlined a clear strategy for developing the education sector. Afghanistan strives to fulfil the UN Millennium Development Goals (MDG) by the year 2020, at which time all Afghan children shall be able to complete a full course of primary education. While the Afghan government has progressed towards its goal – in 2005 5.2¹ million children (out of which 1.7 million were girls) were registered in schools² – more than two million school-aged children are still not attending school. The majority of these absentees are girls in rural areas.³ Moreover, completion rates of primary cycles continue to be problematic with drop-out rates estimated at around 60% by the end of grade 6.⁴

Other problems to be found within the sector are a lack of qualified teachers and limited access to schools, which in turn has a negative impact on quality improvements. The number of students per teacher is much higher at primary level than in higher education, which negatively affects students' learning possibilities at an early age. To overcome the problem of teacher shortages as well as the low quality of teaching, the MoE has adopted a new strategy which includes an expansion of pre-service teacher training institutions as well as a revision of both the content and the structure of teacher training initiatives. An in-service teacher training programme on a national level has moreover been introduced where so-called Teacher Resource Centres will be established on district level.

As a way to counter the problem of limited access to school facilities, especially in rural areas, actors within the education sector have acknowledged the importance of a more decentralised governance system where community involvement and contribution in decision-making processes should be encouraged. Thus, while Community Based Education (CBE) is not stated as a separate priority area in MoE's National Education Strategy, it has nevertheless been recognised as an alternative way to meet the vast need for education by MoE as well as by aid agencies. As a consequence, the MoE outlined a policy guideline for CBE in early 2007, which stresses the importance of community involvement and encourages NGOs and other civil society institutions to play an important role in its implementation. SCA provides CBE as part of its education programme. The organisation had initiated this work before the MoE guidelines were developed but the organisation is now working with getting its Community Based School programme in line with the guidelines.

Besides the MoE, other major actors involved in the education sector include the two UN agencies UNICEF and UNESCO, and the World Bank; bilateral donor agencies such as USAID, DANIDA, JICA, Sida and GTZ; and international NGOs such as SCA, CARE and IRC. Afghan actors are mainly represented by the Academic Council on Education and a few national NGOs.

5.2 Current Health Situation in Afghanistan

Key health indicators for Afghanistan are not encouraging. Life expectancy is only 46 years. The maternal mortality ratio is among the highest in the world with 1,600 maternal deaths per 100,000 live births. For Kabul the figure is "only" 400, while a district in Badakhshan has a grim world record of sort, with 6,500 deaths per 100,000 live births.

¹ Statistics Report, Department of Statistic, Ministry of Education 2006.

² 5.2 million children (87% in primary level) in 8,379 schools.

³ Government of Afghanistan (2005): Afghanistan's Millennium Development Goals Report Kabul

⁴ SCA, 2007, A Study of the Drop out Rate in Schools in Afghanistan

Infant mortality rate has decreased by about 20% from 2001 to 2007, but 13 out of 100 live born children still die during their first year of life, while 19 out of 100 do not live through their fifth anniversary. Child mortality in Afghanistan is, in comparison with Asian neighbours, very high. The likelihood of not surviving to age 40 is for an Afghan child about 41%, as compared to Pakistan's 16% and Iran's and China's 7% mortality risks.

Moreover, Afghans continue to suffer from high incidences of communicable diseases such as diarrhoea, tuberculosis, malaria and measles, and of widespread malnutrition.

During the last years the Afghan health sector has made progress in achieving the National Health Policy goals set by the GoA. The health system is starting to deliver positive results.

The Basic Package of Health Services (BPHS) is the most important national health strategy, aiming at full coverage of basic health services for the Afghan population. About 90% of the country is now covered by BPHS services. A recent study shows a decrease in infant and child mortality rates, important indicators for evaluating the Afghan health status.⁵

Some beneficiaries still do not have access to BPHS facilities due to geographical, political or cultural barriers. In order to address this, the Ministry of Public Health (MoPH) has added Health Sub-Centres (HSCs) to existing BPHS structure, to be located in areas with little access to health care. HSCs are in principle staffed with midwives and nurses or midlevel health workers. However, the availability of female health staff is a major problem.

To increase the effectiveness of the BPHS services, attention is given to health care quality. MoPH has started to closely scrutinise the performance of the BPHS projects through monitoring teams. MoPH has also made efforts to extend managerial representation to district level by introducing a new cadre of health professionals, District Health Officers.

Considering that disability and mental illnesses are prevalent problems in the country, the MoPH has outlined guidelines for including mental health and physical rehabilitation of disabilities into the BPHS scheme. BPHS implementers have consequently started to include the provision of mental health education and awareness, physiotherapy services, and training of health staff in how to implement psychosocial interventions and use basic forms of counselling. The strategic framing of these components, including financing, remain to be solved.

The Afghan Government and the international community have increasingly emphasised the need for effective prevention of the spread of HIV and AIDS. Although still a relatively contained problem, several risk factors for the spread of HIV and AIDS exist in the country.

The European Commission (EC), the World Bank (WB) and USAID are main donors of the BPHS, each body funding BPHS for roughly one third of the provinces. In addition to BPHS, the WB grants substantial funding to the development of an effective national HIV/AIDS programme. The Global Fund (GFATM) is expected to grant money to this programme in early 2008. The GFATM is also increasing its funding to Tuberculosis and Malaria programmes. The Global Association for Vaccinations and Immunizations (GAVI) funds the health sector for increasing the coverage of the Expanded Programme of Immunisation (EPI).

The current WB contracts for BPHSs will terminate in 2008. MoPH is therefore discussing various scenarios for the programme's continuation. EC has indicated an interest to look favourably at BPHS operators which are performing well in EC-funded BPHS provinces.

⁵ Johns Hopkins Bloomberg School of Public Health and the Indian Institute of Health Management Research, 2007

There is a growing support to national NGOs who are consequently encouraged by MoPH to apply for BPHS contracts. Some donors offer additional incentives to Afghan NGOs so as to make them willing to take responsibility for BPHS implementation. Some Afghan NGOs have proven to be just as competent as their international counterparts in achieving set targets, and have been able to attract some of the best Afghan health managers and professionals.

5.3 Current Situation for Persons with Disabilities in Afghanistan

In the last 25 years, wars and a collapse of limited government services in a poor country has resulted in a large number of persons who suffer from disabilities caused by mines, war trauma, accidents, disease and congenital conditions. In 2005, the National Disability Survey of Afghanistan (NDSA) using a sampling method, estimated that one in five households have a member of the family with “very severe difficulties in everyday functioning”.

To meet the needs of People with Disabilities (PwD) a handful of NGOs have been active since the early 1980s in providing physical rehabilitation programmes, initially for amputees and other war-wounded victims, and then gradually for all types of physically disabled through physiotherapy programmes. Community Based Rehabilitation (CBR) programmes with a more comprehensive social approach were introduced in the 1990s in order to provide additional support for the disabled in education, skills training and community mobilisation, and small Afghan NGOs and Disability Associations started to provide additional support.

The government first took responsibility for disability with the creation of a specific Ministry in 2002. In 2006 the Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD) was established. The Ministry has departments in all provinces and is the reference point for PwDs in need of government assistance. MoLSAMD has prepared a disability law which has been introduced to Parliament and is pursuing the ratification of the 2006 UN Convention on the Rights of Persons with Disabilities by Afghanistan. This convention is being discussed with Ministry of Foreign Affairs and Ministry of Justice to review the implications for Afghanistan if the country becomes a signatory. Ratification of the convention will be important for MoLSAMD to promote the rights and needs of PwDs in government policies.

Three line Ministries have now actively engaged in policy support for PwDs. MoPH has established a Disability Unit at the end of 2006 which has helped prepare written guidelines for the integration of rehabilitation services for the physically and mentally impaired in BPHS and the Essential Package of Hospital Services (EPHS) and has prepared training materials on mental and physical disabilities. It is hoped that eventually MoPH will be able to manage these services nationally.

MoE also has a Disability Unit to support policy development for the disabled in schools. MoE has included services for children with special needs in its five year plan. Initially MoE wants to set up model resource centres to see how children with special needs can be integrated into normal schools and provide support for production of materials for those children.

The Afghanistan National Development Strategy (ANDS) for the period until 2013 states, under the social protection component, that government promises to increase assistance to meet the special needs of all disabled people by creating a barrier-free society. Afghanistan is also a signatory of the United Nations Mine Ban Treaty, and in 2005 specific benchmarks were agreed on by GoA to improve services for mine victims and PwDs by 2009. These benchmarks are being used by MoE, MoPH and MoLSAMD to improve support for PwDs.

Major donors in disability are those governments supporting the programmes of ICRC, SCA, and UNDP/NPAD and the EC. Sida is probably the largest and most consistent donor of disability pro-

grammes in Afghanistan through its support of Comprehensive Disabled Afghans Programme (CDAP) and SCA's RAD programme since 1995, and is certainly the major donor for CBR programmes.

There is a lack of coordinated funding to the whole disability sector. A challenge for existing actors and donors is to provide stronger support to the government for developing a strategy and strengthen institutional capacity.

6. Programme Implementation, Outputs and Effectiveness during 2006–2007 and expected Achievements of Objectives during 2008

6.1 General Description

This chapter will analyse the likeliness of achievement of defined objectives in 2008. Before this is done in detail, within each thematic programme area, the team would like to point out a few important factors that have affected the possibilities to describe the likeliness of achievement of objectives.

Within each of the three thematic areas SCA's identified immediate objectives have been studied in detail.

- **The time span for the immediate objectives is not defined.**

The objectives have remained the same over the three year period studied (2006–2008). This indicates that these objectives at least have a three year perspective, but it does not clarify if they are expected to be achieved before the end of 2008. There are no expected outcomes defined in the annual plans for 2006 and 2007. This makes it more difficult to discuss the likeliness of achievement of results by the end of 2008.

- **The indicators (called targets) are mostly quantitative.**

Achievements are reported as fulfilled outputs, measured by identified indicators. The quantitative follow up is comprehensive but does not measure qualitative achievements. Reasons for deviations are given in a satisfactory way.

- **The correlation between the activity focused outputs and the immediate objectives is not always clear.**

The unclear correlation contributes to difficulties in discussion of achievement of long-term results. The Sida IAM (assessment memo) outlines the need for SCA's planning system to be further developed in order to focus more on results (outcome). Sida points out that "SCA first should focus on desired outcome and then identify what inputs and actions are needed to get there."

The structure for the annual planning document (Work Plan) in 2008 is reorganised from previous years. It includes expected outcome, output and indicators. The indicators are still very quantitative, resulting in the continued problems with measuring qualitative results. They focus on implementation of activities, rather than achievement of long-term results. Nevertheless, the reorganisation of the planning document improves SCA's long-term possibilities to report on achieved development goals. This is a positive step in SCA's work. Yet, it is not clear if SCA envisions implementation of the objectives within the Sida funded period of 2006–2008. This complicates the possibilities to define the likeliness of goal fulfilment during the Sida funding period of 2006–2008.

In conclusion, the MTR team recognises that the development perspective has been improved in SCA's Work Plan for 2008, but it is still recommended that this is further developed. In addition to quantitative indicators, more and better indicators measuring quality need to be defined. The relationship between outcome, output and activities needs to be more evident.

6.2 Education Programme

6.2.1 History and background

SCA has been actively involved in the Afghan education sector for more than 25 years. During this time the support has taken different forms, such as running and constructing schools, distribution of school material to students, payment of salaries to teachers and teacher trainings, all depending on needs and the socio-political context. During the years after the fall of the Taliban SCA handed over almost all of its schools to the Afghan government. The organisation focused on providing access to education in remote rural areas where MoE does not offer education services, as well as to provide teacher training and education demonstration sites (through the organisation's model schools) to improve the quality of education.

In 2007 SCA adopted a new strategy for education covering the period 2007–2012. It emphasises SCA's aims of ensuring access to and quality of education and reconfirms SCA's focus on poor, rural populations, girls and people with disabilities.

The organisation implements the Education Programme through five projects, located in provinces in the east, northeast, and south-east parts of Afghanistan⁶. Preparations are being done for a possible Sida-initiated expansion of the programme to the Northern Provinces of Jowzjan, Balkh, Sar-e-Pul and Samangan in 2008.

6.2.2 Achievement of Objectives/Effectiveness

In its 2006 annual work plan (which forms the three-year proposal to Sida) SCA defines the development objective for its education programme as *“Build the capacity of local actors supporting access to quality formal education opportunities for underserved rural populations.”* The formulation of the objective changes slightly in the work plans for 2007 and 2008 but the content at large remains the same. SCA's education programme is divided into sub-components. Each component has its own immediate objective. The time span for expected fulfilment of the immediate objective is not defined in the organisation's planning documents.

Civil society

SCA has defined it as important to incorporate the civil society into the decision-making process in the education sector. SCA consequently assists in the establishment of so-called Community Education Committees (CECs) that are linked to SCA run schools.

SCA's defined outputs for engagement of civil society groups are activity focused rather than goal oriented. However, they are likely to contribute to fulfilment of the objective. Indicators (targets) for the output are in accordance with SCA's own reporting achieved both during 2006 and 2007. SCA also gives a satisfactory explanation to why a few targets were not achieved.

During the team field visits, which included meetings with community development committees and community education committees, the distinct feeling was that these groups felt responsibility for their schools and the education of their community's children. It is however hard to say how strong the community involvement really is in planning of activities. Two evaluations of SCA's education programme, one of CBE conducted in 2007 and one of secondary schools conducted in 2006 (Karlson &

⁶ Laghman, Nangarhar, Kunar, Nuristan, Baghlan, Kunduz, Badakshan, Takhar, Bamyán, Wardak, Ghazni, Paktika

Shirin 2007 and Nyroos 2006), point out that more and possibly different initiatives are needed to fully involve local communities. To increase ownership and sustainability the community needs to be involved not only in implementation but also in defining opportunities and constraints to education in their community.

Even if the team learnt that there are female CECs no opportunity to meet with any of them was given. This gave reasons to question the importance given to the female committees. Nor is there any structure for participation of children – the students – in the community mobilisation programme.

Basic education

SCA's first immediate objective within basic education is defined as "*Quality of primary education improved and access ensured, with a particular focus on girls' education.*" SCA works toward the objective by running community based schools, model schools and girls annexes. In 2008 SCA supported around 900 Community Based Classes and 44 Model Schools (MSs). While the Community Based Classes aim at providing access to education in rural areas the Model Schools should serve as positive demonstration sites and resource centres for surrounding schools.

Not all of SCA's defined quantitative targets were fulfilled in 2006. Mistakes in budgeting lead to only half of the planned Community Based Schools (CBS) being established. This meant that only half of the planned number of students (19,965) could attend SCA Community Based Schools. The planning for distribution of text books was inaccurate. SCA had planned to distribute books to as many as 20,000 students, but only about 55 percent (11,188 students) received books. SCA explained this mistake with an incorrect estimation of students that would attend school. The targets are better fulfilled in 2007, where the planning seems to have been more realistic.

Many of the targets both for 2006 and 2007 are quantitative e.g. number of schools set up or number of students that received books. These quantitative targets measure access to education as the numbers indicate both enrolment and attendance. The targets for attendance were not fulfilled in 2006 but in 2007.

The indicators only to a limited extent specify quality of the education provided and it is therefore not apparent that they will contribute to the SCA objective of quality education. Previous evaluations mention that SCA schools do not provide better quality or teaching methods in their schools compared to MoE or other NGO schools.

It is not clear to the MRT team, from SCA planning documents or from discussions with SCA education staff, how the organisation defines quality education. This probably contributes to the difficulties with defining indicators and targets for achievement of quality. SCA's defined outputs are mostly in line with international defined minimum standards, for example INEE⁷, but could be further developed to fulfil such standards, especially considering issues such as protection and participation of students.

The 2006 evaluation of SCA's secondary schools recommends SCA to align its planning terminology with international standards. This recommendation is still valid. Alignment with and implementation of international standards (although adapted to the Afghan context) would facilitate effective utilisation of experiences and lessons learnt of provision of education in conflict and post-conflict situations. SCA's planning however proves a few good examples of qualitative indicators.

The SCA planning and implementation are mostly focused on the organisation's own activities. This was also obvious when the team visited SCA run schools. Little structured exchange seems to take place between SCA model schools and neighbouring schools. Several constraints to exchange visits were identified, for example that the model schools were located too far away from other schools.

⁷ Minimum Standards for Education in Emergencies

This is quite alarming since the main objective of model schools is to provide demonstration sites for other schools in the area. The exchange seems, to some extent, to have improved during 2007 when 18 percent of the teachers of surrounding schools visited SCA model schools.

The prime objective for SCA to provide secondary education is to be able to train students that later can be recruited as teachers for lower grades. SCA has been successful in achieving this objective. This was also to benefit MoE and other NGOs providing education services, as they made use of SCA teacher trained students.

The number of supported students and teachers in SCA secondary schools in 2007 did not coincide with what was planned. Out of the planned number of 11,000 students and 400 teachers only just over 5,000 students received education and 280 teachers received training during the year.

In order to increase and promote cross-cultural understanding among children, 42 MSs are twinned with schools in Sweden or the United Kingdom. The Twin-School Project also serves as an important fundraising activity in Sweden and the UK for support to the Afghan education sector.

SCA states that it has a special focus on girls' education. It is about the same number of boys and girls that attend SCA run schools. Yet, the number of boys that attend SCA schools has gone up with from 40,000 students in 2006 to 48,9000 students in 2007 (an increase with 8,900 students), while the number of girls only has risen from 42,000 to 44,700 during the same period. At secondary level there are about seven times more boys than girls in SCA run schools. An evaluation of SCA secondary schools has found that SCA was not looking into and acting upon gender differences in barriers for boys and girls possibilities to attend secondary education. The MTR team questions if SCA has done its utmost to ensure girls' access to quality education.

Competence development

SCA has an extensive teacher training programme. SCA's indicators (planned targets) to reach the output within competence development are quantitative measurements, i.e. number of teachers and head masters trained. All the planned targets were fulfilled. The outputs and targets are preconditions for improved quality but they do not alone form a measurement for students' improved learning outcome.

There is in 2007 a better attempt to measure quality of education by looking at reading and writing outcome of students. However this has not been fully visualised as data has not been analysed. This attempt is a positive step but it needs to be further developed.

One target not achieved 2006 was inter-sectorial activities as trainings of schools consultant by SCA's RAD and agriculture staff in order to utilise synergies between the programmes. One of SCA's comparative advantages defined by many of SCA's own staff is that the organisation is implementing a multi-sector programme that benefits from the different sub-programmes. The non-implementation of such training is one contributing factor to the team's conclusion that SCA only to a limited extent utilises this potential comparative advantage. The non-utilisation of this potential comparative advantage has also become apparent during field visits and through discussions with SCA staff and beneficiaries.

In conclusion it could be said that SCA's indicators of the objective to provide access to and quality of education are focused on access rather than quality. It is not clear how targets will contribute to the objectives. It is also questionable if SCA has done the utmost to ensure girls access to quality education.

6.2.3 Transformation from Service Delivery towards Capacity Building

SCA education strategy from 2007 pointed out that SCA, in accordance with the organisation's policy, to an increasing extent should focus its work on capacity building rather than provision of services.

In its planning document SCA has a special component for capacity and institution building within the education programme. The focus is on SCA's own capacity. Little attention has been allocated to building institutional capacity of MoE.

SCA does however invite teachers from MoE to their teaching training courses. In 2006 and 2007 between 25–50 percent of the trained teachers belonged to MoE schools. Participation in teacher trainings contributes to capacity building at individual level. In 2008 no targets are set for the number of teachers from MoE that will take part in SCA's trainings. During a meeting with MoE the team was also informed that MoE was not aware of SCA were conducting teacher training at all in 2008.

In 2006 SCA seconded six of their school consultants to work with the Provincial Education Directors in order to improve their capacity to develop a monitoring and supervision system of education activities in the provinces. SCA had also planned, but never implemented, training of provincial Education Directorate staff in management, monitoring and supervision of schools.

SCA seconded two school consultants to work with the in-service training programme at the Ministry of Education at national level. SCA also seconded an education technical advisor to MoE to support its work in development of a national strategic plan for education. This support was much appreciated by MoE, pointed out to the MTR team during meetings. It was emphasised that the secondments lead to building of comprehensive knowledge and competence of MoE staff.

SCA's capacity building of MoE has decreased during 2007 and 2008 compared to previous years. Planned training in school management, monitoring and supervision (postponed from 2006) was not implemented during 2007 and 2008. Moreover, SCA did not second school consultants to the Provincial Education Directorates. The Directorates did not request assistance, nor did SCA, on its own initiative, initiate similar capacity building activities. During discussions with MoE it became apparent that MoE appreciates what SCA has done in terms of capacity building of the Ministry but MoE would like to get additional and more strategically planned support from SCA.

In summary: SCA's capacity building activities foremost focus on building capacity in its own organisation. SCA has supported MoE but not in a structured manner. The support was not considered to contribute to SCA education objectives.

6.2.4 Cost efficiency

Sida defines efficiency as “The extent to which the costs of a development intervention can be justified by its results, taking alternatives into account.” (Looking backwards, moving forward, 2004). Efficient provision of education does not only include having large number of students going through school at the lowest price. Aspects of quality and efficient utilisation of available means need to be considered. In Afghanistan, different education providers have used different methods and means for provision of education. It has therefore been difficult to compare the cost for SCA's education programme with other education providers and thereby define SCA's cost efficiency.

The MTR team however thinks it is important to discuss SCA cost efficiency when implementing the concept of model schools. A model school should function as a demonstration site in its district; a place where teachers can come and learn and practice in order to improve the overall quality of education. The model schools are therefore well equipped with labs, libraries and qualified teachers. This is of course costly.

The model schools have, so far, only to a limited extent fulfilled the aim of provision of demonstration sites. When students and teachers from other schools are not benefiting from the Model Schools, the cost-efficiency will be much lower than estimated when the concept was introduced. It is therefore important that SCA ensures that a considerable number of students not enrolled in the schools, directly or indirectly benefits from its facilities and high quality teaching methods.

6.2.5 Sustainability

The MTR team has concluded that the local communities feel ownership of the school in their village. However, even if the local communities feel ownership they have not been given the capacity to administer the school, which gives the programme little sustainability.

The planning and implementation of SCA's education programme is focused on SCA's own activities. Little attention is given to building the capacity of other actors, such as Ministry of Education.

In interviews with SCA staff the MTR team has heard few ideas on how the organisation could phase out its support but at the same time ensure sustainability of the services presently provided by SCA.

The SCA Internal Project Documents (IPDs) include exit strategies. However, most identified actions imply that MoE will take over the running of the school. At the same time no identified actions refer to ensuring that the MoE has the capacity to do so. MoE has explained to the MTR team that it is problematic for them to take over schools, if they are not given additional human and financial resources. This problem is not recognised or discussed within SCA's exit strategies.

The MTR team can only conclude that the sustainability, should SCA phase out its support, is not discussed within the organisation and little, if any, action is taken to ensure sustainability of SCA support.

6.3 Rehabilitation of Afghans with Disabilities, RAD Programme

6.3.1 History and Background

More than 20 years of war and internal conflict have had disastrous effects on social infrastructure, rights of the disabled and health service delivery in Afghanistan. However, some minimum disability and health services were delivered, largely in the form of humanitarian assistance from international NGOs in cooperation with Afghan health staff and national NGOs.

Ministry of Martyrs&Disabled (now Ministry of Labour, Social Affairs, Martyrs and Disabled, MoL-SAMD) and Ministry of Public Health (MoPH) managed to maintain some coordinating and service delivery capacity. This has been slowly strengthened since 2002.

In addition to health services, basic physical rehabilitation services for people with disabilities were initiated and provided by international NGOs. UN organisations, especially previously UNDP, had the roles of donor and technical supporters. The first focus may have been on war-disabled and landmine survivors after the Soviet-Russian invasion.

However, it soon became clear that even during the war the majority of disabled people were civilians, with the causes of disabilities frequently related to congenital factors, to poverty or to poor mother and child health services. As a consequence civilians, children, women and men, plus those disabled by the wars were included in disability programmes.

While the first focus of disability programmes was physical rehabilitation, with orthopaedic workshops, physiotherapy and some orthopaedic surgery, some programmes expanded in later years to include more comprehensive services and advocacy activities, based on the Community Based Rehabilitation – CBR strategy. International NGOs are the main service providers in the disability area. The rights-based approach slowly gained ground.

It is estimated that nearly 3,0% of the population are disabled (survey and definitions by Central Statistical Office, Handicap International and UNDP quoted in “CBR in Afghanistan”, February 2006). This corresponds to around 1 million people with disabilities. This figure may be an under-estimate of the real situation – other figures available indicate that 5% of the population could be disabled.

SCA has been working with and for Disabled Persons since some 17 years back. A disability programme was started already in 1991.

The programme has undergone many development phases and started initially as a sub-component of UNDP's "National Programme for Action on Disabilities", NPAD.

SCA later on took over the ultimate responsibility from UNDP and took on the full control in January 2004. The Programme was re-named as Rehabilitation of Afghans with Disability (RAD).

During 2006 the RAD Programme expanded its coverage in the sense that SCA and Sandy Gall's Afghanistan Appeal (SGAA) were merged. SCA took over the SGAA's rehabilitation services in the Eastern Provinces of Nangarhar, Laghman and Kunar. Sida took on even more responsibility during 2006 in terms of "extra funding" and other overall support.

Since 2006, SCA's RAD runs rehabilitation services based on CBR, within 4 projects in the country. The Project Office in Mazar-Sharif covers 9 Districts in Balkh, Samangan and Jowzan provinces, the Taloqan Project Office at present covers 15 Districts in Takhar, Badakshan, Kunduz and Baghlan Provinces, the Ghazni project office covers 12 Districts in Ghazni, Wardak and Logar Provinces, and finally, the Jalalabad Project Office covers four Districts in Provinces mentioned in the previous paragraph (WP&B 2008).

The basic CBR Programme is supported by a referral chain consisting of four orthopedic workshops, 36 physiotherapy out-patient clinics and 49 Community Rehabilitation and Development Centres (CRDCs) and Sub-centres, basically aiming at Special/Inclusive Education for clients with seeing, hearing and learning difficulties. Besides these also parts of the overall Health System and some other Social services could be seen as contributing to the referral chains.

Other resources within the SCA RAD Programme are 134 Community Rehabilitation Development Workers (CBR/CRDW workers) and the community-based resources including some 600 Community Volunteers, some 85 Disabled Persons Organisations and more than 100 Community Based Rehabilitation Committees (CBRCs).

At least three line Ministries are at present involved in service and policy support for PwD. These are MoLSAMD, MoPH and MoE.

MoLSAMD, and all the three Ministries, have departments in all provinces but MoLSAMD is the focal and entry point for the PwD. MoLSAMD has prepared a draft disability law and has submitted the draft to Parliament and is also trying to get the UN Convention on the Rights for Persons with Disabilities ratified by the country.

MoPH has now established a Disability Unit.

The Ministry of Education also has a Disability Unit to support policy development for disabled pupils and has now, according to the understanding of the team visiting MoE, included services for children in its medium-term planning.

All in all it seems like Government has made commitments to try to create a society adapted to the needs of disabled and mentally retarded people. This is also visible in the Afghanistan National Development Strategy, ANDS, valid up to and including the year 2013. These are all positive developments.

The contributions from other actors and donors are out-lined in the SCA Work Plans and ADRs. One conclusion in this context, also based on discussions in Afghanistan in April 2008, is that the strength and capacity of local Afghan NGOs and Institutions for the Disabled is slowly increasing and gaining strength. The situation at the Ministries will be discussed in the next sub-chapter.

Another important conclusion is that Sida is the most long-term, largest in terms of funding, and most persistent donor within the Sector in the country. The annual SCA budget for the Disability programme is around 27 MSEK.

The SCA Programme is divided into the following sub-components – and has been so for some time (= this planning/contract period = 2006–2008/9):

- Community Mobilisation and Advocacy
- Employment Support
- Special Education
- Physiotherapy
- Orthopaedic Workshops
- Capacity and Institution Building
- Central and Project Offices Operational Support

The very basis for the SCA RAD approach could in general be said to be the WHO, ILO and UNESCO-established CBR Approach. The MTR team has not been provided with, and has not managed to find, any specific SCA Strategy for RAD (other than what could be found in Annual Plans).

6.3.2 Achievement of Objectives/Effectiveness

Planning and Outputs

This paragraph will, based on performed interviews and desk-studies, comment upon the planning of RAD, the possibilities to fulfill the stated objectives and how the overall implementation of the programme is progressing. A couple of evaluations and assessments from 2006 and 2007 will be commented towards the background of team field-visits.

Initially, LFA-based Objectives and Outputs were established in the application to Sida, dated 2005-10-27. Based on this document SCA has made Work-plans and Budgets for 2007 and 2008. Bi-annual budget revisions are also being made. Reporting is made in the Annual Donor Reports (ADR) for 2006 and 2007.

A characteristic for the planning of RAD during 2006 and 2007 is the remarkably quantitative approach in terms of quantifiable outputs only. Objectives are not clearly developed and rarely possible to follow up based on baselines and proper indicators. This applies also to all sub-programmes of RAD.

Limited situation analysis forms the basis for the planning even if it is fairly obvious that the Provinces are different in terms of population needs and needs as regards capacity and institution building efforts, etc. Nothing is said about stakeholder and beneficiary involvement in the planning process.

The definite opinion of the Review Team is that the planning for 2006 and 2007 is basically “top-down”.

It is difficult to objectively clarify if the so called Objectives have been met or not.

However, when it comes to the quantitative outputs it is much easier. These have, without going into single digital details, in general been fulfilled. This has also been the common opinion of some Sida-SCA meetings.

From a developmental point of view all the detailed figures being presented do not tell much about the developmental aspects. They tell something about the fairly good service provision within RAD, achieved by SCA.

Still – there are some hazards related to all the figures. This may be seen and understood if the so called Beneficiary Summaries for 2006 and 2007 for RAD are being compared and being analysed. The number of “beneficiaries” has exactly trebled (from 71 100 to 213 445) but the “costs” remains the same (24 MSEK).

The LFA Approach is not properly understood, implemented or utilized. The developmental aspects are hidden or neglected in the LFA matrixes.

As mentioned under other headings in this report it is, however, obvious that the WP&B 2008 is more development-oriented than previous plans and ADRs. The overemphasis on figures and simplified indicators are more or less gone (but the very curious and weak Beneficiary Summary for 2006 is still utilized in the plan for 2008, page 54 (107)).

This is also valid for RAD and should be acknowledged. But even so the whole LFA Approach (with proper situation analysis and base-lines) still needs further development and has to be much better anchored within and outside SCA. This would strengthen the developmental character of SCA.

Quality of RAD Services/Evaluations

Through interviews, and all staff met with, it became obvious that the quality of the physiotherapy is fairly weak and has to be looked into, further developed and strengthened. Some methods utilized are not evidence-based.

CBR workers seemed to be well qualified (even if only a few were met) and devoted to their assignments.

However, the team understood that the fairly new developments as regards the CBR concept led by WHO were not very familiar or fully understood by the CBR workers and the different managerial levels. Here the method is seen as a comprehensive rights-based strategy within community development for the full inclusion of disabled people in all aspects of life, and as a strategy for poverty reduction. In other words – CBR can no longer only be perceived as a very simplified and optional form of community based service delivery. SCA should develop a RAD strategy based on the new developments as regards the CBR concept. This could preferably be done in close co-operation with the 3–4 core Ministries and other Afghan and International Institutions and NGOs based in the country.

This is even more important as the report on “CBR in Afghanistan” (Coleridge, Dube, Febr 2006, page 8) comments upon the SCA Programme as follows: “The commitment and experience of agencies such as IAM, SERVE and SCA, which have been working in disability in Afghanistan for many years, provide a solid base from which to develop good evidence based CBR models further. However, weaknesses in the CBR programmes currently implemented include a tendency in some areas to run a specialist programme without linking to other agencies or wider efforts in community development (e.g. SCA in Taloqan).” The team can only confirm the validity of this observation after field-visits in a couple of SCA provinces.

The same source, page 7, is also commenting upon the weak GoA capacity. It is stated that “This is undoubtedly the most serious problem affecting the development of Afghanistan at this time. Concerted efforts therefore need to be made to lobby major donors to address this question.” It is clear that this also applies to SCA and Sida – the needs to build GoA capacity.

Also the internal Assessment of RAD’s special education component (Eva Marion Johannessen, Jan 2007) points in the direction of the necessity to prepare a, in practice up-dated, SCA RAD/CBR Strategy.

Interviews also stated that there is an urgent need to look into (the quality of) CBR referral systems. Without proper and high quality referral systems for and ”above” CBR the approach will quickly lose in credibility.

6.3.3 Transformation from Service Delivery towards Capacity Building

It is obvious that little has happened as regards the SCA transformation, or re-orientation issue, within RAD 2006 and 2007. There are also, sadly enough, very few signs and steps in this direction in the WP&B 2008.

There may be many reasons for this. One is probably the somewhat negative attitude within SCA towards several line Ministries, at HQ and Provincial levels, that definitely should be much more involved in RAD and in development of RAD Strategies. This attitude is not conducive to good and fruitful co-operation.

Another reason is the grave misunderstanding of the Sida and International approach and understanding of “Capacity and Institution Building” as work, assignments and operations at three different levels (individual, organization, system/framework). SCA is at present basically moving at level 1 and only partly at level 2 and this is raising barriers to closely cooperate with MoLSAMD and MoPH.

A third hindrance, within SCA, is the difficulty to understand a more modern approach to development co-operation as something that is much more wide and demanding than service delivery. Nowadays all NGOs, funded by Sida and other donors, have to work with “Development and Capacity Building”. Nothing but advanced development co-operation is being funded. SCA is lagging behind in this development.

A fourth problem is that SCA is operating “as in previous times”, based on old realities and based on approaches before 2002.

During interviews with MoLSAMD at central and local levels, most people met with strongly requested SCA to “build capacity of the Ministry”. The request was also, through the team, openly put forward to Sida HQ and to Sida Kabul. Other frequent complaints, with the same consequences as regards capacity building, were that SCA is not “sharing plans with the Government of Afghanistan” – just providing the finished documents, communicating only at a limited extent and is not “transferring expertise”. This behavior is damaging for both capacity building and sustainability and not in line with proper development co-operation.

Not only MoLSAMD put forward requests as in the previous paragraph, but also MoPH and MoE – both Ministries involved in RAD.

A serious question, related to many interviews, is if SCA has managed to recruit sufficiently competent technical RAD staff (at different managerial or expert levels). The question-mark is there and was raised by Afghans. As regards the heading above the same question is raised by the team, when Capacity Building is being discussed. SCA must accept that a re-orientation of operations may indicate needs of staff development, new competence and new staff and that the organization must contribute to on-going state-building efforts.

6.3.4 Cost Efficiency

Cost efficiency is a fairly difficult issue to tackle from a methodological point of view and should answer the question “how economically have resources/inputs such as funds, expertise, time etc been used?”

The concept also implies a good and relevant utilization of different resources.

This is not the case within RAD. Based on interviews the team has the opinion that there are question-marks related to utilization of funds for at least the Physiotherapy (quality), Capacity and Institution Building (wrong emphasis, basically individual level only) and Central and Project Offices Operational Support (limited or no capacity building, limited strategic work, limited change or development management). The costs for these sub-programmes amount to more than 50% of the total cost for RAD during 2007.

Part of the problem is also that SCA has managed to achieve only limited synergies between RAD and other SCA programmes. The team understood this from the interviews as intra-programme co-operation was said to be limited.

6.3.5 Sustainability

By all definitions the sustainability of the RAD programme is weak.

Salaries for all important staff including the CBR Workers are paid by SCA. All running costs are paid by SCA and funded from Sida directly or via Forum Syd. The Afghan ownership of the programme is limited, as clarified above.

SCA has no clear strategic or medium-term policy on how to strengthen the sustainability of the programme. It almost seems as if the organisation in practice is more focused on its own survival than on the sustainability of the programme.

SCA should be requested to develop a clear and transparent policy on this issue – as the issue also is hindering more consistent contributions to “state building” and capacity building.

6.4 Health Programme

6.4.1 Terms of Reference (ToR) related to BPHS and non-BPHS health activities

The ToR for the MTR of Sida-funded activities in health relate by definition only to non-BPHS operations, since Sida has not been a funding agency for BPHS. However, the MTR team has to some extent looked into SCA BPHS activities as well, since Sida-funded non-BPHS health activities and BPHS activities funded by other agencies relate to one another.

6.4.2 History and Background

Since 1982 SCA has been operating a large number of health clinics distributed throughout the country. SCA has through this gained much confidence in the country and a good reputation among actors in the health sector. SCA has established cooperation links with the MoPH. SCA is an active member in various consultative groups which deal with health policy development and other strategic health matters. SCA also represents the NGO group in some of the consultative fora.

In 2003 a National Health Policy (NHP) was established focusing on the following four strategic programmes:

- a Basic Package of Health Services (BPHS) to serve the entire population
- an Essential Package of Hospital Services (EPHS)
- a National Communicable and Non-Communicable Disease Control Program
- strengthening the Health Sector Human Resource Management Program.

The Health Policy has a strong focus on conditions that affect women and children, and it aims at providing services to all Afghans, especially to those who are poor and live in remote and rural areas.

Some of the 5-year strategic benchmarks from 2003 were:

- BPHS to cover at least 90% of the population,
- maternal mortality rates reduced by 15%,
- full vaccine coverage for children under age five for vaccine preventable diseases, and
- child mortality rates reduced by 20%.

In the BPHS contracting process SCA was initially awarded BPHS contracts in three out of 34 provinces, Kunduz (EC-funded, since 2003), Wardak (World Bank-funded, since 2004) and Nooristan (EC-funded, since 2005). Additionally, SCA was in July 2006 awarded a World Bank-funded BPHS contract for six districts in the east of Paktika province.

In June 2007, after a tendering process managed as an ICB (International Competitive Bidding), EC awarded the Nuristan BPHS project to MerciCorps, a US NGO. In June 2007, also after an ICB process, EC awarded the Kunduz project to Merlin, a NGO from UK.

The Wardak BPHS project is up for re-tendering in early 2009 (although there seems to be some confusion as to the exact re-tendering time-table).

SCA argues that this loss caused a thoughtful and critical review of SCA's health programme. The new project-based organisation will address some of weaknesses, resulting in stronger project management and improved monitoring and support to the BPHS projects. Meanwhile, SCA will explore ways to further build the capacity of the health programme in order to increase its competitive edge and to acquire one or two more BPHS projects, i.e. a total of three to four, in the future.

SCA maintains that it works closely with MoPH at central and peripheral levels to achieve the NHP objectives according to MoPH strategies. SCA would like to continue its involvement in the formulation of policies and guidelines at national level. SCA represents the NGO health community in a number of important coordination bodies and technical forums.

The SCA view is that the Mother and Child Health Care (MCHC) project adds value to BPHS and increases the effectiveness of activities targeting women and children through a number of interventions and techniques. However, it is obvious to SCA that the project has suffered from serious problems. The competence and capacity accumulated so far will be further utilised and MCHC related activities will be pursued in provinces outside SCA's BPHS areas.

The significance of the HIV/AIDS programme has increased considerably, and there is a perceived potential for SCA to play a leading role. The project is expanding and plans to work with partners in areas beyond the coverage of SCA BPHS projects.

The Learning for Healthy Life (LHL) sub-component is an ambitious and promising attempt to strengthen, at village level, the knowledge and hence the position of women.

All three components of the SCA health programme will maintain the efforts in capacity building of SCA staff as well as the staff of the MoPH counterparts at the peripheral levels. The health programme observes SCA's policies and guidelines regarding gender and human rights, and strives to promote the emerging Civil Society of the country.

6.4.3 Achievement of Objectives

Achievement of Health Objectives at the national level in Afghanistan has been impressive since the establishment of the new Government.

Sida-funded SCA-operated health activities included for 2006 basic health care services in areas not yet covered by the expanding BPHS, and one major reproductive health component with two sub-components – a “training programme” for village women (Learning for Health Life), and family planning services at facility and community level.

For 2007 Sida funded reproductive health services as 2006 but with the addition of Emergency Obstetric Services and of Integrated Management of Childhood Illnesses (IMCI). A HIV/AIDS Prevention and Control component was also financed by Sida.

The SCA LFA planning, as mentioned several times in this report, has until the 2008 WP&B had a strong focus on activity-based planning rather than planning for objectives. For health, however, the activity-based planning include both outputs and targets, making up a very mixed bouquet of activities, traditional outputs such as visits to health professionals, quality indicators (e.g. 95% of detected malaria cases treated), organisational “targets” and other measurements.

The SCA LFA implementation, with a strong activity focus, is as a rule combined with a rigorous follow-up of to what extent activities and outputs have been delivered. Generally the plans have been adhered to, and most activity and output indicators have been achieved, fully or partly.

The high level of achievement of activities and outputs does not necessarily coincide with fulfilment of medium or long term objectives. In the SCA 2006 and 2007 annual plans such objectives have not been formulated and, accordingly, the level of achievement has not been evaluated.

6.4.4 Transformation from Service Delivery towards Capacity Building

During 2006 SCA expressed the ambition to maintain a strong representation in all important technical fora at national level. SCA retained its seat as a representative of the NGOs in the Consultative Group for Health and Nutrition (CGHN) and had a presence in the Technical Advisory Group (TAG) of MoPH, contributing to design of health policies and strategies.

In 2007 the vector for SCA capacity building at national level, the Health Technical Unit, was down-sized due to the loss of the tenders for Kunduz and Nuristan provinces. SCA retained, however, its representation in several fora chaired by MoPH.

Through its contribution in the technical fora, SCA argues that it maintains strong partnership and communication with MoPH, whereby the SCA health programme is regularly updated about development in the health sector at national level. The programme fully endorses and applies the policy, strategies, guidelines and regulations of the MoPH. At provincial level, SCA argues that its BPHS projects work in full coordination with the local health authorities and contribute in the Provincial Technical Coordination Committees.

The observations of the MTR team differ considerably to what is put forward from SCA.

Senior representatives at MoPH unequivocally state that SCA, even when it does participate in national fora, only occasionally contribute to progress in these bodies. The unanimous view of these MoPH representatives is that SCA, sad as it may be considering the legacy of the organisation, has lost out as a force contributing to institutional capacity building.

At provincial level the MTR team’s experiences are mixed. In at least one province one important reason, at least from the perspective of the Provincial Health Director, for SCA not being awarded the renewed BPHS contract was the lack of cooperation with the PHD’s office and hence the non-alignment of SCA plans to provincial needs. In another province the PHD seemed quite satisfied with being informed on SCA BPHS planning.

In the WP&B 2008 the need for increased institutional capacity building at national and especially at provincial level is emphasised. However, since the observations by the MTR team have lead to the conclusion that SCA resources for institutional capacity building are today insufficient and deteriorating, it is unlikely that SCA will be able to increase its contributions to institutional capacity building at national or provincial levels tomorrow without indicating how the resources will be increased.

The conclusion of the MTR team is that SCA is playing an increasingly less significant role as an institutional capacity builder at national and provincial levels. Generally this situation seems not to be fully realised by SCA senior management in Afghanistan or in Sweden.

6.4.5 Cost efficiency

The SCA Health Programme has been subjected to formal and informal as well as external and internal reviews and evaluations.

Indirect evaluations of programme cost efficiencies include the SCA tenders for BPHS contracts. The contracts for Kunduz and Nooristan were awarded in 2003 and 2005, respectively, while the Wardak contract was awarded in 2005. Only the Paktika cluster was awarded during the MTR period, in 2006.

In 2007, however, SCA lost the re-tendering of both Kunduz and Nooristan. Although some peculiarities (but certainly no irregularities !) disadvantaging SCA may have pertained to these procurements, it was clear from interviews by the MTR team that the SCA offers were far too expensive and hence by definition not cost effective. One, but certainly not the only, reason for this was a tendency to increase the scope and the quality of the services offered over and above the tender requirements. This points at a procedural incompetence with SCA but also indicates a certain disrespect for the funder's prerogative to set the funding level. The EC perception was also that SCA overhead costs were allowed to overburden the BPHS tender.

EC today informally acknowledges the service delivery quality of SCA but does not consider the services delivered by the new contractors as inferior to those of SCA. It is likely that, in the up-coming re-tendering in early 2009, a history of continued service delivery will carry more weight than in the previous procurement, this time unfortunately to the detriment of SCA.

The MTR team has interviewed the Provincial Health Directors (PHD) of Wardak Province, where SCA is today the BPHS operator, and of Kunduz Province, where SCA lost the BPHS procurement in 2007.

The Wardak PHD was fully content with the services provided by SCA. He was also satisfied with the information he received about the SCA planning procedures.

In Kunduz, although the PHD acknowledged that SCA had performed well in service delivery on the ground, he had no understanding for SCA's omission to include the PHD's office in planning health services.

In conclusion, both PHDs appreciated the health services provided by SCA during the BPHS contracts. Their appreciation of SCA planning proficiency differed dramatically, however.

One final evaluation of each of the two SCA Nooristan and Kunduz BPHS projects were reported in July 2007. At the same time the same evaluator reported on a mid-term evaluation of the Paktika BPHS cluster project.

The SCA operational capacity was generally considered good in *Kunduz*. The hospital management was, however, not good due to resource constraints. The project did provide good coverage with basic health services, while the provision of services in mental health, disability and nutrition were close to zero.

In *Nooristan* the BPHS project made, according to the evaluation, remarkable progress. Particularly important were the achievements in obstetric care. As in *Kunduz* the performance in the field of nutrition was very modest.

The Paktika mid-term evaluation clearly showed the problems caused by the insecure environment. Reproductive health indicators were rising satisfactorily, as were vaccination coverage. In general the health services were considered to be reasonably well developed, taking the security situation into account.

In conclusion, the three evaluations indicated reasonably good cost efficiencies of the three SCA BPHS projects.

The MoPH, in collaborations with the Johns Hopkins University in Maryland, USA, and the Indian Institute of Health Management Research, Jaipur, India, has conducted annual evaluations 2004–2007 of the each of the 34 BPHS province projects in the country, using the Balanced Score-Card methodology. Six group variables were analysed: Patients and Community, Staff, Capacity for Service Provision, Service Provision, Financial Systems and Overall Vision. Composite scores and percents of upper and lower benchmarks were also calculated.

Of the “SCA projects” Kunduz fared reasonably well. Service provision variables improved in 2006 and 2007, while financial systems variables deteriorated. In the composite scores Kunduz scored slightly above average, but with a major improvement in 2007.

Nooristan did particularly badly in 2005, scoring far below average in many variables. 2006 saw a step forward, in particular for capacity for service provision. In 2007 the composite score was significantly above average.

Paktika scored below average for the first three years. Due to a significant improvement in capacity for service provision in 2007 the Paktika BPHS reached a national average in 2007.

Finally, Wardak has throughout the period scored above national averages. Although still above par, a slight decrease in scores was seen in 2007.

As for the specific Sida components Mother and Child Health Care, with four sub-components, and HIV/AIDS Prevention and Control, the MoPH has already expressed a strong appreciation of the midwifery training provided in Wardak Province. The Ministry has, during interviews, requested a major increase in the programme component for midwifery training. The MTR team considers this request to be justified from an efficiency perspective.

The cost efficiency of Learning for Healthy Life is likely to be high, considering both the rather low costs and the potential impact. However, the effects of LHL should be subjected to a specific evaluation if cost efficiency is to be more definitely determined.

Integrated Management of Childhood Illnesses, IMCI, is a globally recognised way of adopting a comprehensive handling methodology for sick children. The specific cost efficiency of the SCA programme component was not possible for the MTR team to assess.

HIV/AIDS Prevention and Control, finally, produces an impressive list of activities. However, since those activities are mostly educational, the real impact as to attitudes and behaviour changes must be studied in a systematic manner. This is particularly important when sensitive issues like sexual behaviour is at stake.

The conclusion of the MTR team is that the specific Sida health components are probably reasonably cost effective. The likelihood of cost efficiency is highest for the reproductive health sub-components.

6.4.6 Sustainability

The Sida funded health program components include

- Mother and Child Health Care
 - Reproductive Health – Learning for Healthy Life (LHL)
 - Emergency Obstetric Care
 - Child Health – IMCI; Integrated Management of Childhood Illnesses
- HIV/AIDS Prevention and Control

As already mentioned in previous chapters, the capacity building to GoA agencies at national and provincial level has generally been quite weak. Therefore the sustainability of the health programme is also at risk, even if the various components show a degree of sustainability.

However, MoPH has during the MTR interview requested that SCA multiply, in other provinces, the efforts to initiate and operate *schools of midwifery* like the one in Wardak province. The combined effects of a direct MoPH request and successful management by SCA of schools of midwifery are likely to ensure sustainability of this subcomponent. An enhanced component of midwifery training is also in line with Swedish national priorities. The MTR team strongly supports future Sida direct financing of SCA as project owner of an extended program for midwifery training in several provinces.

The *LHL* component was only very briefly visited, in Kunduz, by the MTR team. The impression was that this is quite a promising programme component, with a possibility of becoming sustainable. The achievements so far seem quite impressive and are well in line with the need to combat the excessive maternal mortality in Afghanistan and in line with Swedish priorities on reproductive health.

The MTR team would propose an evaluation of the LHL component in order to justify increased support to LHL for the future.

IMCI is, as has already been mentioned, an internationally accepted methodology to improve quality in child health care and to avoid the disadvantages of vertical sub-programmes. The MTR unfortunately did not have opportunities to study the IMCI component.

The *HIV/AIDS Prevention and Control Programme* was only briefly visited in Kunduz. From ADRs 2006 and 2007 and from the component visit it seems obvious that a large number of activities take place. However, the three-step process of public health – knowledge, attitudes, behaviour – is seldom more relevant than when sexual issues are at stake. There is a need for evaluation of at least attitude changes as a result of the HIV/AIDS prevention activities. The programme is unlikely to be sustainable, if at least changes in attitudes following programme activities are not recorded.

6.5 Management and Administration

6.5.1 History and Background

The team has not been able, due to lack of time, to make a detailed study of all aspects of the Management and Administration sub-component of SCA's work. A previous "Organisational study of SCA" was initiated by SCA and made during the second half of 2005 (Orgut, T Ockerman, December 2005, Summary of the Report, 5 p, attached, enclosure 4). SCA has gone through an Organisational Development process (OD) based on the outcome of this study that was mainly implemented during 2006 and 2007. Three regional offices were re-placed by six local project offices and the set-up at central level in Kabul replaced by a more standard organisation consisting of Administration, Programme Support, Operations (managing the six project offices) and Finance plus an Information Unit straight under the Country Director at KMO.

The main findings in the report of December 2005, page I, were the following (quote):

"The present organisational structure has certain weaknesses, causing a number of problems, among which the following were among the major ones:

- inefficiency in operations;
- unclear reporting mechanisms;
- by-pass of established structures through strong informal networks;
- capacity gaps in important positions;

- difficulties in recruiting and maintaining qualified high-level personnel;
- weak integration of cross-cutting issues;
- insufficient integration between programmes leading to weak synergy effects
- problems caused by the fact that the organisation is very tall:
 - decisions have to pass many levels and thus take long to reach;
 - high administrative costs; and internal communication problems.”

It may be a bit too early to tell if the new organizational structure may solve some of these problems. But the MTR team is hesitant in this respect, based on discussions and experiences in the country, and has therefore, under other chapters in this report, proposed and recommended that further actions are taken.

6.5.2 Achievement of Objectives/Effectiveness

In any organization it is difficult to look into how Management and Administration contributes to fulfilment of Outcomes, Objectives and Expected Results. This is even more difficult in the case of SCA as the LFA Approach is only implemented in parts and pieces during 2006 and 2007. The indicators are vague and the long-term perspectives are missing. The documents are basically lists of activities only. It is however clear that the work on the OD process and the change of the administrative set-up has been a big undertaking and that it has consumed time and efforts. Therefore the real effects and consequences of the OD process should very soon be looked into, especially as the MTR team had difficulties to grasp what had happened in reality. Some staff declared that the process only had achieved some changes at certain administrative top levels. This is also depending on the fact that some staff was not aware of the changes the implementation of the OD process entailed. In the WPs and the ADRs for 2006–2008 no outcome, specific achievements or activities are mentioned in connection to the OD process (or follow-up of the Organisational Study of December 2005).

However, the MTR team had the impression that the project level had gained terrain on behalf of some administrative levels and this had improved the efficiency and quality of SCA programme implementation.

6.5.3 Transformation from Service Delivery towards Capacity Building

It is obvious that the top management at SMO and KMO have not taken the transformation/reorientation from service delivery to capacity building seriously, as discussed throughout this report. Most alarming is the fact that there are no visible recruitments and no policy developments in the direction desired by Sida. The MTR team could not find, in SCA planning and reporting documents or in interviews with SCA staff, any indication of how the OD process has strengthened capacity building efforts as per Sida definition.

It is important for all involved to realize that the situation in Afghanistan has changed drastically since 2002. The Country is now in a process of state-building and the Ministries therefore request donors to change their service delivery approach suited for a humanitarian context to support to capacity building of the state suited for a development context. Sida would of course like its co-operations partners, such as SCA, to adjust accordingly.

6.5.4 Cost Efficiency

During the time of the work on the Organisational Study SCA (2005) had in total 10.918 employees. Since then the changes in staff numbers have been as follows as per the Table below (figures from WP/B 2005 10 27, ADR 2006, Dec -06, ADR 2007 (31/12 -07, WP/B 2008, 25/10 -07).

Staff Category/Year	2005	2006	2007 (31/12-07, ADR)	2008 (25/10-07, WP/B -08)	Comments
Total staff	10918	5245	5761	4743	
Office staff	1147	1252	1245	1277	
% office staff	10	24	22	27	

SCA has not managed to adjust the office staff set-up accordingly and this may have contributed to high overhead costs and the loss of the mentioned BHPS projects. On the contrary the absolute number of office staff has increased.

The statement in the Organisational Study, 2005, about “inefficiency in operations” is still valid and the overall situation has deteriorated. Nothing is mentioned in WP&B for 2008 on how SCA would like to tackle this issue and the issue is not even considered a problem.

Total administrative costs are difficult to establish without very detailed and cumbersome approaches. However, based on the budget follow-up for 2007 and the WP&B 2008, and interviews in Afghanistan, the MTR team would estimate that the total administrative costs are around 25 percent which is high by most comparisons. The high administrative costs are also being raised as a problem in the Organisational Study, 2005.

The high administrative costs will make it very difficult for SCA to successfully take part in tendering of projects in the country and will make SCA even more dependent upon Sida provisions.

A special issue is the technical support system. The system is at present over-sized. The MTR team questions the double set-up of technical support at KMO and at the Project Offices. There is most probably one layer too many. This was also pointed out by some SCA staff discussed with. This layer of staff, or the budget, could be better used for example for human and financial contributions to capacity building of the Ministries at central and provincial levels.

6.5.5 Sustainability

The sustainability of the present administrative and managerial set-up is very limited, considering that GoA, or any international organization based in the country, would take on the responsibility for implementation of present programmes. A clear indication on this is the loss of BHPS projects in Kunduz and Nuristan – both at least partly caused by too big over-head costs as well as low quality management (limited contacts with authorities, slow in taking needy actions, inappropriate tender performance, etc.) leading to low quality of operations and to limited and not appropriate contacts with provincial authorities. The high administrative costs were considered as a future threat by some SCA staff.

6.5.6 Other Comments

SCA has to sharply decrease its over-sized administrative set-up. The team agrees with the comments and findings in the Organisational Study, December 2005. The problems the study highlights remain to a large extent.

The top management at SCA has failed to develop any visible policies for the requested change process towards more up-dated working procedures, based on Capacity and Institution Building, and a much more modern approach to international development cooperation as such.

The Management of SCA has further failed to create an open atmosphere within the organization. SCA is now, also at the top level, a silent organization. The MTR team recognises the difficulties considering the hierarchal structure and culture in Afghanistan. It was however obvious that staff at all

levels are not encouraged to speak out and do not dare to do so. This is of course very dangerous also from an internal development point of view. Few staff met with dared to or had the capacity to propose and pronounce needs for changes and developments of SCA.

It is obvious that SCA does not listen to different signals from Sida related to needs of changes. SCA does not really respect Sida priorities and policies and is not forward-looking enough. This may become very dangerous for SCA assuming that Sida would choose to channel funds through other organizations (GoA, International Agencies, etc) and in this way solve some of the fairly obvious limitations in the operations of SCA.

SCA has to look into its staffing principles. It is obvious that SCA would need more competent expatriate staff to be able to satisfy different requests from GoA and Sida and also in order to be able to tender properly. The same discussion applies to needs to be able to recruit and retain competent Afghans.

Communications between SMO and KMO are severely hampered and conflict-oriented. The MTR team experienced this frequently during the assignment, and became a bit surprised as regards the general handling by both KMO and SMO of the Mid-term Review as such. Few staff at top level had initially read the ToRs and seemed to take the ToRs and the whole process fairly relaxed, probably considering and having the previous long-term and impressive legacy of SCA in mind. This may also be another angle of the mentioned disrespect of Sida.

6.6 The SCA Approach to Programme Implementation in Relation to the Security Situation

SCA has a security manual, outlining how staff of the organisation can improve their security as well as how to act when a threat occurs. The manual emphasises that SCA has, over the years of its operation in the country, relied on protection from the local communities. The positive aspects of this approach are highlighted and SCA staff is encouraged to regularly spend time and listen to local people. At the same time it is recognised that other measures might also be needed.

The MTR team has understood that SCA has a well organised system to keep informed from various sources about the latest security developments in the different areas of country where the organisation is active. The security manual also states that no staff should feel forced to visit locations where they don't feel safe. Some staff we discussed with, stated that they sometimes feel insecure during field visits, but the large majority stated that they see the importance of visiting the field despite the unstable situation that characterises many parts of the country.

SCA does not have a "contingency plan" outlining alternative plans for programme implementation if the security situation deteriorates to the extent that, for example, expatriate staff needs to be evacuated or local staff movement becomes even more restricted. This is despite the fact that the 2008 Work Plan highlights the possibility of SCA not being able to implement all planned activities because of a worsening security situation.

In its annual reports SCA briefly comments on how different security threats have led to closure of some of its project sites. SCA has in most cases, through discussion with and support of local community, managed to re-open these. SCA has also been able to operate in the country during the most difficult times in its modern history. This proves a track record of competence on how to manage the programme in difficult situations. However, this experience is not documented and there is no written strategy, easy at hand, for fast and comprehensive utilisation if needed. Considering the unstable situation in the country, the MTR team recommends SCA to develop a plan, in writing, for largest possible continued programme implementation, during different worsening security scenarios.

7. Relevance of the SCA-Afghan Co-operation towards the Background of the Country Strategy, In-depth Assessment Memo and ANDS

The team considers the SCA main sector orientation of the programmes as highly relevant in the context of ANDS and the Swedish Country Strategy.

Health, Education and RAD are all important social sector development programmes, at present implemented through SCA. They are sector-wise fully in line with ANDS (Chapters on Health, Education, Social Protection) and the Swedish Country Strategy.

The present mode of implementation and design of the programmes is however a question mark. Too much emphasis is on pure service delivery in a situation when the country is in urgent needs of more intense capacity, institution and state building. This has also in fact been elaborated in the Swedish Country Strategies since some time back – in fact already the one covering 2002–2004/5.

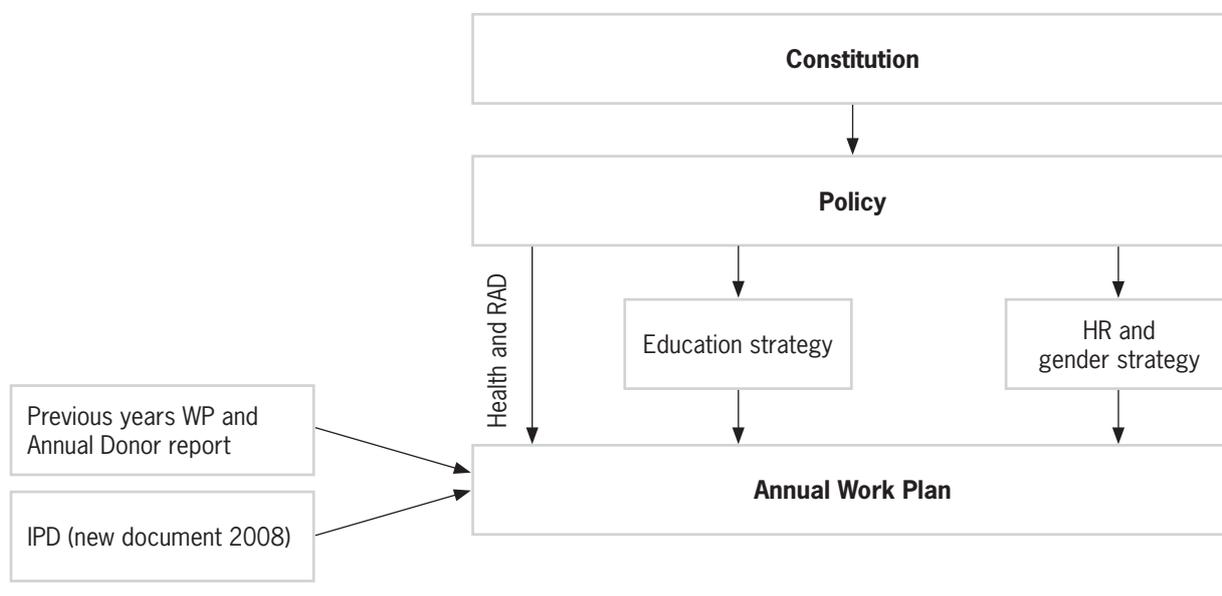
The focus of the implementation of programmes needs re-orientation, in the true sense of the word, and they should become more strategic and much more development-oriented. This is now a principal position from Sida.

The main characteristics and the design of the SCA-Afghan programmes should be changed as soon as possible to become much more development-oriented and aligned with national implementation policies and principles.

8. Development Efforts by SCA – Internally and with Reference to Relations with Sida

8.1 Planning, Stakeholder Involvement and Design of Activities

Structure of planning documents



SCA's work is regulated by the organisation's Constitution, which was adopted by the organisation's Annual Meeting in 2005. The Constitution defines SCA's overall aim as well as describes rules and regulations for SCA's administration and legal statutes.

The organisation's overall policy was adopted by the SCA Annual Meeting in 2004. The policy has a five to seven year perspective.

Strategies are developed within different areas of SCA's fields of work and have a three year perspective. The MTR team has received and reviewed the strategies for the education and human rights and gender. To our knowledge there are no strategies for Health and for work with People with Disabilities.

The annual work plans define outputs (in 2008 also outcome) and indicators for implementation of interim objectives. It has a one year perspective. We have studied the Work Plans for 2006, 2007 and 2008. The annual work plan is, of course, written based on previous years' experience of implementation. From 2008 the work plan is also built on internal project documents that are developed by the different programme offices in Afghanistan.

The poor peoples' perspective and the rights perspective in SCA's programme

Sida's work is guided by the poor peoples' perspective and the rights perspective. Sida defines a key objective of development to "enhance the freedom of choice of poor women and men by supporting their empowerment"⁸ According to Sida a Rights Perspective (or approach) "translate people's needs into rights, and recognises individuals as active subjects and stakeholders"⁹. At the same time is government defined as the main responsible stakeholder for implementation of the rights.¹⁰

In order to fully include the poor peoples' perspective and the rights perspective it is necessary to include the poor in the process. This is because the poor have the right to inclusion (participation) but also because participation usually improves relevance, effectiveness and ownership of an intervention.

SCA does work with the poor. Its programme is centred in rural areas, in which poor parts of the population live. However, SCA's work is focused on providing services for the poor strata of the population.

Involvement of stakeholders in the planning process

During 2006 and 2007 most of the programmatic planning within SCA was done at the KMO and SMO. The organisation utilised a top-down approach when setting objectives and planning activities. There were only limited opportunities for staff to suggest improvements or initiate activities for change. This method led to mistakes in planning, where programme objectives and related activities were not the most needed or relevant to the context in the field. Limited involvement of field staff also contributed to less of "internal" ownership and less of a feeling of responsibility.

The planning for 2008 comprised a new methodological approach. The process started with stakeholder workshops held at the different field offices. The SCA staff involved felt that they had opportunities to come with suggestions for more effective programme implementation. This view was especially evident at project management level. However, it became obvious to the MTR team that staff participation was far from complete. Some staff was not even aware that the stakeholder workshops had taken place.

The outcome of workshops has been incorporated into internal project documents (IPD), which each project offices have written for education, health and RAD. The compiled IPDs result in a Work Plan

⁸ Sida; Perspectives on Poverty 2002 p. 14

⁹ Sida; Perspectives on Poverty, p. 35

¹⁰ Sida; Perspectives on Poverty 2002 p. 14

for the whole organisation (WP 2008). The IPDs' objectives and activities are very much in line with previous years' planning. The workshops have focused on defining how SCA's already planned activities should be implemented. Little attention has been given to situation analysis, discussing actual needs and best ways to fulfil these needs.

When making the planning process and implementation of activities more participatory for external stakeholders, SCA has given focus to involvement of local communities rather than local or national authorities. The team was told there are several forms of community mobilisation among women. At the same time it was apparent that these groups played only complementary rather than equal roles in planning and implementation of SCA activities.

Children are to a very little extent made part of planning SCA's activities. Students were invited to the education stakeholder workshops but not to the RAD and health workshops. It is unclear to what extent SCA used child friendly techniques to make them participate in a meaningful way.

SCA has paid little, if any, attention to involve national and provincial authorities in planning of its programmes. Some Provincial Directors we met with said that SCA only informed them about their activities. None stated that they had been involved in defining problems and together with SCA plan solutions on how best to provide services to the province's population and capacity to institutions.

At national level representatives from the different Ministries pointed out to the MRT team that SCA adhered to their policies, if any. However, representatives from all Ministries would like to see that SCA helped them in developing new and/or better policies and strategies.

Implementation of lessons learnt

Over the last years SCA has assigned a number of external consultants to review and evaluate programmes. A couple of evaluations of SCA's different programmes have also been executed by external evaluators assigned by SCA's donors. SCA is well organised in writing a management response to reviews and evaluations. The MRT team has reviewed these and find them well formulated and relevant. However, after reviewing changes in work plans and implementation of SCA's programme the team questions if the management responses are implemented in reality. As described in other parts of this report, recommendations brought up in previous reviews and evaluations still seemed to be issues to be tackled.

8.2 Structure and Contents of Reporting to Sida

SCA provides Sida with budget revisions every six months (twice annually). SCA reports annually to Sida on fulfillment of targets during the past year by providing Sida with its annual donor report (ADR). The ADR comprises a report on SCA's annual achievements, including non-Sida funded activities. The report reflects the annual work plan and gives detailed (quantitative) information in form of "LFA matrixes" about fulfillment, or non-fulfilment, of planned activities. The "LFA matrixes" are also commented upon in introductory texts within each of SCA's areas of work. However, the ADR does not reflect upon the relations between implementation of activities and achievement of the immediate goals, project purposes or long-term objectives. The reporting is too quantitative in its approach.

There is definitely no need to increase the number of reports or the volume of present reports. On the contrary the present reports are too voluminous and therefore too time-consuming to read. They should be more condensed and include much more about results. They are not sufficiently result-based and in turn this is related to deficiencies in the SCA LFA-approach (no or limited baselines, indicators, connections between activities and results/outcomes, etc).

Reports/ADRs must be shorter, more focused on results and outcomes and tackle the dialogue issues brought up by Sida.

Sida also has a responsibility to define the claims and demands on the reporting in connection to its needs to sharpen monitoring and follow-up (of big contracts and programmes) – as in the case of SCA.

8.3 Gender Aspects

SCA's strategy for human rights and gender equality aims at SCA's staff members and cooperation partners in Afghanistan to make them aware of human rights and encourage them to practise a rights based and gender equality perspective in their work. SCA has a gender and human rights unit working to increase women's representation and ability to benefit from capacity building and employment opportunities within the organisation. The unit has worked intensively to advance the gender perspective within the organisation by conducting gender training and reviewing policies and planning documents to make them more gender sensitive. However there is still a lot more to be done until SCA can claim that it fully strives to become a gender equal organisation.

Gender perspective in implementation of SCA programme

SCA considers gender aspects when planning and reporting on its work. The establishment of the gender and human rights unit indicates recognition of the importance of the issues. However, a gender assessment from 2006 (Kouvo 2006 p 14) points out that the process of mainstreaming gender aspects in the organisation and its work has not been institutionalised. The MTR team had several indications that this is still the case in 2007/2008.

The gender mainstreaming work is foremost focused on numbers; e.g. number of male and female disabled that has received support. The SCA beneficiary list for 2006 and 2007 indicates an equal distribution of services for males and females. However, the numbers in the beneficiary lists are misleading. In order to get a good indication of division of services and resources between men and women, and boys and girls, it is necessary to specify what services and resources each sex benefit from.

During the interviews and discussions with SCA staff it became apparent that the majority of staff, at management and project level, equals gender analysis and gender mainstreaming with ensuring or even just striving for an equal number of beneficiaries from both sexes. Staff paid little attention to the need of equal opportunities for male and female beneficiaries to participate in defining problems and solutions and ensuring equal division of resources between men and women. To ensure a more comprehensive approach to gender issues within SCA it is important that SCA not only sets targets and indicators such as number of training sessions, but develops a system where gender mainstreaming can be measured in terms of implementation of the concept in the organisation's programmatic work.

In conclusion, the organisation has not yet managed to implement gender mainstreaming in its programmes. The gender assessment from 2006 (Kouvo, 2006 p 3) points out that gender issues were considered in planning, but little was done to take real action to ensure implementation. During the MTR team interviews with SCA staff it became clear that this still is the case in 2008. Some staff pointed out that SCA staff does not have the needed competence and that management at KMO is not sincerely committed to ensure that gender mainstreaming is properly implemented throughout SCA's programmes. It is therefore apparent that better commitment from management, resulting in improved resource allocation and development tools for change, are needed.

Gender equality within SCA; employment and promotion of female staff

SCA has since the mid-1990s worked to improve its gender perspective. Over the last eight years the number of female SCA staff has gone up from 17 percent to just under 25 percent. In 2008 the female ex-pat staff in Afghanistan constitutes 47 percent. (Jarskog, et al, 2001 and SCA and Equality Women's

Day 2008). Considering the changing external Afghan environment it is questioned if the organisation could not have managed to raise the number of female staff even further. SCA claims it works actively to employ women but few results are visible in the 2006 and 2007 reporting documents/ADRs.

The organisation has not been successful in promoting or recruiting female staff to management positions. There are few female representatives in the organisation's top management:

- None of the organisation's five Directors are female, (although there is a female Chief of Sweden desk based in Stockholm)
- None of the Project Managers at the project offices are female
- None of the Directors at the Operation, Administrative and Finance Departments at the Kabul Management Office are female
- One out of six of the Administrative Managers of the field offices is female
- None of the ex-pat management positions are held by a women

The human rights and gender assessment from 2006 (Kouvo, 2006) points out that the organisation has tried to make special arrangement for women employees when necessary. At the same time only limited attempts have been made to ensure that competent female staff stays on and are being promoted within the organisation. Considering the numbers above, and the discussions in Afghanistan, this still seems to be the case in 2008. Through discussion with female staff, at project level, it also became apparent for the MRT team that females to a larger extent than male employees choose not to take employment, or quit their jobs, because they feel insecure during travel to and from work or during field visits.

Many female staff pointed out that they would feel safer if they were provided with proper and more timely transportation. The gender and human rights assessment points out that men and women work together but that women commonly are excluded from informal decision making (Kouvo, 2006, p 16).

In conclusion, SCA has not been successful in promoting female staff to management positions – and they are not part of informal decision making.

8.4 Comparative Advantages of the Organisation

It is quite obvious, based on written documentation and based on what the MRT team experienced during April 2008 in Afghanistan, that SCA has an impressive historical track record in the Country. The organization is well known among different strata of the population and has continued its operations and stayed on even during some of the most difficult periods in the modern history of Afghanistan.

The legacy, the reputation and the popular support are all there and definitely from a positive and encouraging point of view. The track record is impressive and a comparative advantage.

When given the opportunity to see and visualise the size and volume of the SCA infrastructure it is easy to be impressed. Large office compound, big office buildings, a huge warehouse, office complexes in some six provincial Centres (not all of them visited), large local project infrastructures and a considerable transport fleet. SCA has during periods operated like Ministries – like a “mini GoA” – with up to 11,000 employees. At present the number of employees is slightly less than 5,000.

SCA has a long-term technical programme experience. This would have been an advantage if the technical competence would have been made visible and if SCA still would have been fully competitive in comparison to other implementing organisations. Except for a few areas this is hardly the case at present and at least not according to the judgements from several quarters of GoA as well as from independent, international organisations.

According to the MTR team the situation is problematic within components of the health sector, evidenced by the surprise losses of the BPHS tenders for Kunduz and Nooristan. This was also a surprise in the sense that Sweden is believed to have a very strong comparative edge within Health. However, the performance in Sida-financed reproductive health sub-components appears to be good.

SCA has failed to build on truly possible synergies between 3–4 main sector programmes. In a bidding for different health projects it would at least have been possible to be competitive in terms of low project costs. In fact the MRT team understood that the situation is such that SCA has disadvantages as regards economics of scale (please see indications on very high administrative costs, item 6.5).

The One-country Strategy may previously have been an advantage but at present the approach is hampering the operations of SCA as too much emphasis is put on country experience in Afghanistan when recruiting staff, etc. SCA has, through its recruitment policies, had great difficulties to learn from others and from other countries. It has been a mistake to consider “Afghanistan so very unique”. This is hardly correct.

SCA is in fact in a problematic situation as the organisation has difficulties to adapt to a new development environment in Afghanistan and to new and reasonable requests on a more development-oriented approach. This has urgently to be understood and corrected. Otherwise Sida and other donors may choose to channel funds through other organisations and this would, from a Swedish perspective, be embarrassing.

8.5 Development of the Policies of Work for Transformation/Re-orientation

8.5.1 Transformation in the Mid-Term Review Terms of Reference

One key question in the mid-term review is “how SCA has managed to transform from the role of a service provider to a role as a capacity builder in close cooperation with GoA and other stakeholders” (ToR aim, second bullet, page 1). This issue is further elaborated in the “Key evaluation questions” (ToR page 3, bullets five and six). The issue of transformation will be discussed in the paragraphs below.

8.5.2 Understanding the Concept of Capacity Building

Capacity building is, in particular by SCA, often used mainly in a training context. Undoubtedly training enhances capacity and competence among all kinds of service (and even commodity) providers. However, Sida and other international organisations, when discussing capacity building, apply a much wider scope for this concept (see reference). In this perspective capacity building would include, in addition to training at individual level, building the capacity of existing and new organisations and institutions, of a legal framework and perhaps of informal networking structures.

8.5.3 SCA efforts to transform from service delivery towards capacity building – the road from the Board decision 050827 to Work Plan & Budget for 2008

SCA has, throughout each interview and meeting with senior management in Stockholm and in Kabul that the MTR team has had, maintained that the role of the organisation is service delivery and capacity building with a strong focus on training. Institutional capacity building basically intends to target local communities and districts.

The MTR team will seek to answer the question: “Has SCA, during the two years covered by the MTR, documented a commitment towards increased capacity building at organisational levels?”

The unequivocal responses referred to in the first paragraph above should maybe justify the MTR team to rest assured that no momentum towards institutional capacity building has taken place. However, when the same issue is raised in a more critical manner, SCA does state that a degree of transformation has taken place. An analysis of relevant documents is therefore justified.

A. SCA Board Position Paper 050827:

“Swedish Committee for Afghanistan, Afghanistan and the future”

This document visualises a changing environment, where “ SCA anticipates that the existing platform of service delivery will decrease, at the same time as capacity development and advocacy will constitute an increasing share of SCA’s operations. the implementing role to a great extent is the base for the confidence, respect and reputation that are indispensable assets in all advocacy work. The present situation is characterised by a state of transition: an old strategy is phased out and a new one is under elaboration.”

However, little reference is made to the broad international consensus of what capacity building could and should comprise. It is the understanding by the MTR team that the Position Paper spells out an understanding that a strong wind of change is blowing, but the direction of this mind is not clear to SCA.

B. Work Plan & Budget 2006–7, adopted 051027

The WP&B 2006–7 specifies detailed outputs and indicators for 2006, while outputs for 2007 are, for obvious reasons, less detailed.

The document does indicate, in the Education Programme, e.g training of Provincial Education Directorates as one important output (WP&B p 35). The purpose of this training is to establish capacity to monitor and implement model, twin and community based schools, i.e. SCA service delivery items. Yet the same capacity would be useful in overall monitoring. However, during the interviews with PEDs the capacity building efforts of SCA were usually not recognised.

The 2006–7 WP&B does not include significant institutional capacity building measures at national and provincial levels in the Health and RAD Programmes.

C. Annual Donor Report 2006

One education specialist was seconded part time to MoE.

The Education Programme did not succeed in the training of Provincial Education Directorate staff. However, secondment of school consultants to PEDs took place to a limited extent. Little institutional capacity building in the health and RAD programmes was reported at national and provincial levels.

D. Annual Donor Report 2007

The Education Programme partly succeeded in the training of Provincial Education Directorate staff. Secondment of school consultants to PEDs took place. Little institutional capacity building in the health and RAD programmes was reported at national and provincial levels.

E. Work Plan & Budget 2008, adopted autumn 2007

The WP&B 2008 is a significant step forward as regards planning and the LFA process. Outcomes have replaced outputs, and indicators reflect not only outputs but real intermediary progress.

That said, the *Education Programme* planning does not include institutional capacity building at national or provincial levels.

The *Health Programme* indicates that SCA represents NGOs in technical and coordination for a at MoPH. However, the MTR team is informed that MoPH representatives are disappointed with the contributions from SCA experts in national working groups. SCA also endeavours to strengthen the relationship – but with the purpose of securing stronger support for SCA !

SCA aims at contributing to upgrade managerial and technical capacity at PHDs by providing training opportunities and shared planning exercises. SCA also aims at participating in regular provincial health committee meetings.

The WP&B 2008 refers to capacity building at PHD level in Wardak and Paktika Provinces. The MTR team can confirm implementation of this for Wardak but has not been able to visit Paktika.

Health Programme outcomes for 2008 include important aspects of institutional capacity building at provincial level.

In the *RAD programme* SCA indicates a strong presence in various Ministerial task forces. The understanding of the MTR team, however, is that the performance of SCA, and of other NGOs, allows for considerable improvements in terms of building the capacity of MoLSAMD.

SCA emphasises the need to impact on national policies to include provisions for PwDs in MoPH, MoE and MoLSAMD

F. In relation to the question formulated by the MTR team the response would be:

- The Education Programme seems to have reverted back to service delivery
- The Health Programme has in the WP&B 2008 taken small steps towards increased institutional capacity building at national and provincial levels – maybe in response to the loss of the BHPS tenders in Kunduz and Nuristan
- The RAD programme has not moved significantly, in practice or in policy, towards institutional capacity building

8.6 Transformation of the Role of SCA from Service Delivery towards Capacity Building

8.6.1 Capacity Building in the current Sida-SCA Agreement and underlying documents

The first paragraph of the current Sida-SCA Agreement, signed 20060424, does not give any indication of a Sida determination that SCA should transform from service delivery towards capacity building. The Agreement does specify, in § 6 (PLANNING, REPORTING and MONITORING), that SCA and Sida/DESO shall meet once a year to monitor and assess the progress of the programme.

The following dialogue issues are listed for discussion:

- How SCA intends to reorient its activities from mainly service delivery to more capacity building, including the consequences on the needs of internal upgrading of SCA competence;
- Identify SCA's comparative advantages;
- Consolidation of gender mainstreaming in SCA's activities.

Specific dialogue issues related to the education programme are:

- follow-up the development of the Community Based School project,
- SCA's role in coordination, i.e. in the Education Consultative Group,
- advocacy for improved quality education

Specific dialogue issues related to the health programme

- promotion of reproductive health in development discussions
- deployment of female personnel
- the handing over of SCA clinics outside the BPHS provinces

- fee for services as a barrier for poor persons' access to services

Specific dialogue issues related to the RAD

- promotion of the rights of persons with disabilities in development discussions
- more focus on women and children with disabilities and promotion of recruitment of female staff
- reaching out to more people in remote areas.

Even if the Agreement is reasonably clear, in §6, as to the issue of reorientation towards capacity building, the same issue is not raised in the portal §1. The dialogue issues for each programme also do not imply such a reorientation or transformation.

The In-Depth Assessment (IAM) of 060404, an informal Sida preparatory document not necessarily shared with SCA, is more outspoken on the need for SCA to transform to capacity building in the broad understanding of the expression for the programmes on education, in particular, and on RAD, to a limited extent. The IAM is less clear on this issue for the health programme.

The second 060404 document, named Promemoria and in Swedish, emphasises the need for long-term capacity building of the Afghan state. The Sida DESO position is that, considering the fragile fabric of the Afghan state, there will be a need, during at least three years, for the long experience and capacity of SCA in the development of Afghan capacity and competence in combination with direct service delivery in the three programmes. DESO does not consider this in breach with the Sida desire to strengthen the ownership of the Government of Afghanistan, since SCA is seen as keen to adhere to country regulations and guidelines.

In conclusion, the 2006 Agreement and underlying documents express, with reasonable clarity, Sida's aim that SCA should transform from service delivery to more of capacity building in its broad sense. The Agreement alone, however, is far from sufficiently clear on the transformation issue.

8.6.2 Follow-up by Sida of the Sida-SCA Agreement

The Agreement stipulates, in §6, that SCA and Sida shall meet annually for dialogue and monitoring discussions. Quarterly meetings shall take place between SCA and Sida Kabul office.

Available minutes from meetings since April 2006 show no records of a dialogue between Sida and SCA on the issue of transformation/reorientation from service delivery towards capacity building.

8.6.3 Additional MFA/Sida assignments 2008 in provinces in Northern Afghanistan

SCA has been asked, formally by Sida and informally by the Swedish MFA, to plan the implementation of activities in education and rehabilitation of Afghans with disabilities in four provinces in the northern part of Afghanistan. A contract has been signed for 2008 and 2009, with a contribution for 2008 of mSEK 11,4, and for 2009 an allocation of 19,04 mSEK has been discussed.

Available Sida decision documents and Sida – SCA Agreements from February and March 2008 are all about service delivery including training. The documents make no reference to the need for SCA to transform from service delivery to capacity building.

8.6.4 Conclusions on SCA transformation from service delivery towards institutional capacity building

The MTR team concludes that SCA has only to a very limited extent, if at all, started the transformation process from service delivery towards capacity building.

This conclusion is not surprising, given the reluctance of SCA senior management and in particular SMO management, to move in this direction.

The conclusion is also logical, considering the weak performance of Sida in formulating clear directives in Agreements, in the virtual lack of follow-up of the transformation issue during two years, and in the absence of demands for transformation in the new assignment in Northern Afghanistan.

8.7 The Northern Project towards the Background of Proposed SCA Change and Transformation Processes, etc

SCA has been requested by Sida to plan the implementation of activities in education and in rehabilitation of Afghans with disabilities. The task is basically an expansion of the service delivery assignments in the Education and RAD programmes, but now in four additional provinces in the northern part of Afghanistan.

A contract has been signed for 2008 and 2009, with a contribution for 2008 of mSEK 11,4. The planned contribution for 2009 is 19,04 mSEK.

Available Sida decision documents and Sida – SCA Agreements from February and March 2008 are all about service delivery including training. The documents make no reference to the need for SCA to transform from service delivery to capacity building.

Considering the capacity building focus of the Swedish 2006–8 Afghanistan Country Strategy and the 2007 Revision of the same document, the emphasis on service delivery and infrastructure and the relative absence of capacity building at national and provincial levels in the Sida documents and in the Agreement is surprising.

If it is at all the intention of Sida to contribute to the transformation of SCA into a capacity building organisation, there is a need to amend the Agreement for the Northern Project and underlying documents in an appropriate direction.

Once SCA has accepted the necessary transformation, the organisation should also be given time to actually transform, before a difficult and voluminous additional task be assigned to the organisation.

9. Conclusions

Terms of Reference

The main aims of the Mid-Term Review are to review:

- Possibilities for fulfilment of objectives
- The SCA transformation towards capacity building
- Security issues related to project implementation
- Recommendations to facilitate improvements

Country Strategy

The Swedish Country Strategy for Afghanistan clarified and underlined that Sida should strengthen the Afghan ownership during 2006–2008. This would include a more long-term development co-operation mode. In the Revision of the Co-operation Strategy with Afghanistan (Government decision, 2007-06-28) the development of local capacity is particularly pronounced. Afghanistan is a major recipient of Swedish aid. The support is in the range of 300 MSEK annually. Roughly one third of the Swedish support is channelled through SCA.

The Sida-SCA Agreement 2006 and underlying documents express, with reasonable clarity, Sida's aim that SCA should transform from service delivery to more of capacity building in its broad sense. The Agreement alone, however, is far from sufficiently clear on the transformation issue.

Fulfilment of Objectives

The SCA LFA implementation with a strong activity focus is as a rule combined with a rigorous follow-up of to what extent activities and outputs have been delivered. Generally the plans have been adhered to, and most activity and output indicators have been achieved, fully or partly.

The high level of achievement of activities and outputs does not necessarily coincide with fulfilment of medium or long term objectives. In the SCA 2006 and 2007 annual plans such objectives have not been formulated and, accordingly, the level of achievement has not been evaluated.

Transformation

Sida has listed a number of key areas of dialogue during the agreement phase with SCA. They are also part of the three-year agreement signed by Sida and SCA:

- How SCA intends to reorient its activities from mainly service delivery to more capacity building, including the consequences on the needs of internal upgrading of SCA competence?
- Identify SCA's comparative advantage?
- Consolidation of gender mainstreaming in SCA's activities

Sida has performed weakly in formulating clear directives in Agreements, in the virtual lack of follow-up of the transformation issue during two years, and in the absence of demands for transformation (demands formulated for education target, result indicators and ministry alignment have only little bearing on the transformation issue) in the new assignment in Northern Afghanistan.

SCA's capacity building activities focus foremost on building capacity of its own organisation. SCA has supported MoE with for example secondment of staff. However such activities are not conducted in a structured way and not considered to contribute to SCA education objectives.

SCA must accept that a re-orientation of operations will require staff development, new competence and new staff. The organization must contribute to on-going state-building efforts.

The conclusion of the MTR team is that SCA is playing an increasingly less significant role as an institutional capacity builder at national and provincial levels. Generally this situation seems not to be fully realised by SCA senior management in Afghanistan or in Sweden.

The situation in Afghanistan today is quite different from 2002 in the sense that the country is now in a process of state-building and therefore requests donors to contribute to this process. It is obvious that the top management at SMO and KMO have not taken the issue of transformation from service delivery to capacity building seriously.

As for the respective programmes, the MTR team concludes the following:

- The Education Programme seems to have reverted back to service delivery
- The Health Programme has in the WP&B 2008 taken small steps towards increased institutional capacity building at national and provincial levels – maybe in response to the loss of the BHPS tenders in Kunduz and Nooristan
- The RAD programme has not moved significantly, in practice or in policy, towards institutional capacity building

The focus of the implementation of programmes needs re-orientation, in the true sense of the word, and they should become more strategic and much more development-oriented. This is now a principal position from Sida. If SCA does not adapt to the Sida principal position, Sida should reconsider its funding modalities.

Cost-efficiency

The statement in the Organisational Study, 2005, about “inefficiency in operations” is still valid and the overall situation has deteriorated. Nothing is mentioned in WP&B for 2008 on how SCA would like to tackle this issue – indeed the issue is not even considered a problem.

So far the Model Schools have only to a limited extent fulfilled the aim of functioning as demonstration sites. If students and teachers from other schools are not benefiting from the Model Schools, the cost-efficiency will be much lower than in the planning estimates.

Evaluations of the SCA BPHS projects indicate reasonably good cost efficiencies. Moreover, the conclusion of the MTR team is that the specific Sida health components are probably also cost effective. The midwifery schools have been well functioning and are highly rated by MoPH. Generally, the likelihood of cost efficiency is highest for the reproductive health sub-components.

Sustainability, ownership and alignment

The strength and capacity of Afghan NGOs and Institutions is slowly increasing and gaining strength and this is enhancing the opportunities for sustainability.

The Afghan ownership of the SCA programmes is limited. SCA has no clear strategic or medium-term policy on how to strengthen the sustainability of the programme. It almost seems as if the organisation in practice is more focused on its own survival than on the sustainability of the programme.

Little, if any, action is taken to ensure sustainability, if SCA would have to phase out its support altogether.

SCA could be said to have worked intensively to engage local community groups in their work. However, these groups should be given more responsibility and better opportunities to participate in defining problems and finding solutions to the problems. The MRT learnt that there are female community groups that are consulted by SCA, but we question if enough importance is given to these female committees.

Relevance

The team considers the SCA main sector orientation of the programmes as highly relevant in the context of ANDS and the Swedish Country Strategy. However, SCA's implementation mode needs development.

Planning

The MTR team finds that the development perspective has been improved in SCA's annual planning document (Work Plan) for 2008 compared to 2006 and 2007. The team still recommends it to be further developed. In addition to quantitative indicators, more and better indicators measuring quality need to be defined. The relationships between outcome, output and activities need to become more evident.

The high level of achievement of activities and outputs does not necessarily coincide with fulfilment of medium or long term objectives. In the SCA 2006 and 2007 annual plans such objectives have not been formulated and, accordingly, the level of achievement has not been evaluated.

In general there is a lack of comprehensive participatory situation analysis defining how different stakeholders define problems and possible solutions. SCA also lacks base line studies in quantitative and qualitative terms outlining the present situation within education, health and the situation for people with disabilities. This makes it difficult to correctly plan interventions as well as in a satisfactory way measure result of an intervention.

SCA's indicators for the objectives to provide access to and quality of education are focused on access rather than on quality. Even if the targets are fulfilled it does not necessarily mean that the objectives will be accomplished. It is also questionable if SCA has done the utmost to ensure girls' access to quality education.

The MTR team has not been provided with and has not managed to find, any specific SCA Strategy for RAD. There is a lack of coordinated planning and funding in the whole disability sector. A challenge for existing actors and donors is to provide stronger support to the government for developing a strategy and strengthen institutional capacity.

Monitoring and Reporting

The SCA LFA implementation with a strong activity focus is as a rule combined with a rigorous follow-up of to what extent activities and outputs have been delivered. Generally the plans have been adhered to, and most activity and output indicators have been achieved, fully or partly.

Reports/ADRs must be shorter, more focused on results and outcomes and tackle the dialogue issues brought up by Sida.

Gender

SCA has not yet managed to implement gender mainstreaming in its programmes. During the MTR team's discussions with SCA staff and observations in the field it became clear that planned gender issues only to a limited extent were implemented in reality. Reasons for this are that SCA staff does not have the competence needed and that the management at KMO is not sincerely committed to gender mainstreaming throughout SCA's programmes.

Comparative Advantages

It is quite obvious that SCA has an impressive historical track record in the country. The organization is well known among different strata of the population and has continued its operations and stayed on even during some of the most difficult periods of the modern history of Afghanistan. The legacy, the reputation and the popular support are all there and definitely from a positive and encouraging point of view.

The MRT team finds that the other comparative advantages put forward by SCA – synergies between programmes, a long-term technical programme expertise, advantages of economics of scale, and the one-country strategy – have indeed not been taken advantage of by SCA.

SCA is in a problematic situation as the organisation has difficulties to adapt to a new development environment in Afghanistan and to new requests for a more competitive and development-oriented approach. This has urgently to be understood and corrected. Otherwise Sida and other donors may choose to channel funds through other organisations.

Management

The present organisational structure has certain weaknesses, causing a number of problems, among which the following were among the major ones:

- inefficiency in operations;
- unclear reporting mechanisms;
- by-pass of established structures through strong informal networks;
- capacity gaps in important positions;
- difficulties in recruiting and maintaining qualified high-level personnel;
- weak integration of cross-cutting issues;
- insufficient integration between programmes leading to weak synergy effects
- problems caused by the fact that the organisation is very tall:
decisions have to pass many levels and thus take long to reach;
high administrative costs; and internal communication problems.

The team is hesitant that today's organisation will be able to solve the problems listed above. The MTR team therefore recommends that further action should be taken.

The team could not find any indications that the OD process would have strengthened capacity building efforts as per Sida definitions.

The high administrative costs will make it very difficult for SCA to successfully take part in tendering of projects in the country and will make SCA even more dependent upon Sida provisions.

The Management of SCA has failed to create an open atmosphere within the organization. SCA is now, also at the top level, a silent organization. People at all levels are not encouraged to speak out and do not dare to do so.

Communications between SMO and KMO are severely hampered and conflict-oriented.

Security

The security situation has deteriorated in Afghanistan during the last years.

SCA has a proven track record of competence and ideas on how to manage the programme in difficult security situations. However, this experience is not documented and there is no written strategy easy at hand facilitating for fast and comprehensive utilisation if needed.

Northern Project

There is a need to amend the agreement for the Northern Project and underlying documents in an appropriate direction. Once SCA has accepted the necessary transformation, the organisation should also be given time to actually transform, before a difficult and voluminous additional task be assigned to the organisation.

10. Recommendations

10.1 Recommendations to SCA

- SCA needs to adhere to the Agreement with Sida as regards transformation/reorientation.
- SCA needs to improve the development perspective in planning and implementation of its programme. The organisation also needs to develop indicators that measure qualitative achievements in addition to quantitative.
- SCA should align its planning terminology with international standards and adjust outputs and indicators so that information can be gathered to measure achievement of objectives, in both quantitative and qualitative terms.
- SCA should give special attention to remove barriers that affect girls' possibilities to attend school.
- SCA needs to involve the community not only in implementation but also in defining opportunities and constraints to education.
- It is important that SCA ensures that the Model Schools do function as demonstration sites.
- SCA should be prepared to further transfer its accumulated knowledge on the provision of secondary education to MoE. This will assist in expanding the number of teachers in primary education.
- SCA should be prepared to further transfer knowledge on midwifery training to MoPH to allow for GoA expansion of services.
- SCA should develop strategic plans for capacity building of Ministries at provincial and national level.
- SCA needs to develop realistic exit strategies as well as to ensure that capacity of other service providers, foremost the line Ministries, is built.
- SCA needs to increase its capacity building efforts towards MoLSAMD and other Afghan actors within the disability sector.
- SCA should develop a RAD programme strategy and make an input to national strategy development. The strategy should include the referral system.
- SCA must train and recruit staff that can facilitate re-orientation from service delivery to institutional capacity building in order to contribute to on-going state-building efforts.
- SCA must develop a policy to increase Afghan national ownership and sustainability of all programmes.
- SCA must for the future define activities and indicators that are related to objectives, results and outcomes and monitor those at programme level. The LFA approach must be followed in a more consistent way.
- SCA should develop a plan for continued programme implementation during different security case scenarios.
- SCA should change its programmes as soon as possible to become much more development-oriented and aligned with national implementation policies and principles.

- SCA must involve stakeholders, especially children and women in its planning, and also include representatives from authorities at provincial and national levels.
- SCA reports, including ADRs, should be more focused on results and outcomes and tackle the dialogue issues brought up by Sida.
- Better commitment from management to gender issues is necessary, resulting in improved resource allocation and development of tools for change.
- Gender equality implementation should be monitored not only by quantitative indicators.
- SCA needs to develop an effective system for recruiting and promoting female staff.
- SCA must urgently, through Board and management, take action to increase its capacity and amend its structure, thereby achieving competitiveness within the core areas of the organisation.
- SCA management capacity must be increased to meet the demands for new steering instruments, for implementation of policies and for follow-up of policies and action plans.

10.2 Recommendations to Sida

- Sida should pay attention to the development focus in its dialogue with SCA and request SCA to change its programmes as soon as possible to become much more development-oriented and aligned with national implementation policies and principles.
- Sida must define the demands on SCA reporting in connection to sharpening monitoring and follow-up.
- It is desirable that Sida allocates more resources to monitoring and follow-up of SCA.
- Sida should consider re-allocation of resources within the SCA envelope to well functioning components such as reproductive health and in particular midwifery training.
- Sida should initiate a comprehensive and analytical systems audit. This audit should among other issues look into what SCA has done to solve the problems defined in the Organisational Study from 2005.
- The upcoming Sida financial audit of SCA should be specific and include administrative costs, cost of infrastructure, “real” overhead costs, etc
- Sida should reconsider its funding modalities, if SCA does not adapt to the Swedish Country Strategy for Afghanistan.
- Sida should amend the Agreement for the Northern Project and underlying documents in an appropriate direction. SCA must be given enough time to actually transform, before a difficult and voluminous additional task be assigned to the organisation.

Appendix 1 Terms of Reference

1. Evaluation Purpose

The Swedish Committee for Afghanistan, SCA, is a non-governmental member organisation which has been working with development programmes in Afghanistan since 1982. Sida has contributed financially since the start through the Humanitarian Division. For the agreement 2006–2008 between Sida and SCA, the responsible divisions are Education, Health and Democratic Governance.

The aim of this midterm review is to:

- Determine the possibility to fulfil the stated objectives and the effectiveness, and sustainability of the Sida funded SCA programme.
- Assess how SCA has managed to transform from the role of a service provider to a role as a capacity builder in close cooperation with GoA and other stakeholders.

The review shall also include an assessment of the possibility to implement the programme in the light of the security situation in the country and how SCA deals (in terms of changing plans etc) with the deteriorated security situation.

2. Intervention Background

The Swedish Committee for Afghanistan, goals and programme overview

The Swedish Committee for Afghanistan, SCA, started as a solidarity action for the Afghanistan people in protest against the Soviet invasion. The purpose was to support the Afghan people's struggle for national independence and, by efforts to affect opinion, to act for a Soviet withdrawal from Afghanistan. In 1982, SCA started to provide aid to Afghanistan, funded by own campaigns and by the Swedish government, through the Humanitarian Assistance Unit at Sida. For the agreement 2006–2008 with SCA, Sida divided the responsibilities between the relevant divisions at DESO; EDU, HEALTH and DEMO.

SCA is one of the few organizations in Afghanistan which had activities in the country both before and during the Taliban regime, and after the fall of the Taliban. Subsequently, it has had a prominent position as a development actor in Afghanistan.

Today SCA is active in 16 provinces in the south-eastern, eastern and northern parts of the country, primarily in the fields of education, health, disability and rural development. Since operations began in the early 1980s, emergency aid has gradually evolved into long-term development programmes. The focus has always been on vulnerable groups, primarily in rural, underserved areas. Through its activities, SCA aims at fighting poverty, supporting economic and social development and strengthening democratic development and gender & human rights.

SCA aim is to work towards being an integrated and unified membership organisation where members, elected representatives and personnel, both in Afghanistan and Sweden, work together in a spirit of respect and in a dialogue aimed at realising the SCA policy. The vision of SCA is to become a strong and respected actor of development cooperation, contributing to peace and democracy and shifting the focus from service provision to development of capacity.

The mission of SCA is to implement development and rehabilitation programmes in rural areas of Afghanistan, mainly within the sectors of education, health, and support to people with disabilities. SCA supports vulnerable people's right to education and health, improving their quality of life.

The core values of SCA in implementing this mission are first and foremost:

- Full respect for the Afghan people's right to sovereignty, cultural heritage and religious integrity
- Full neutrality and impartiality vis-à-vis people of different religion, gender, ethnic origin and political affiliation.
- Equal access to all services, including women's right to survival, protection and development.

The policy of SCA from 2004 indicates that, besides traditional service delivery activities, both capacity development and advocacy shall constitute essential parts of SCA's future operations.

See Annex 1 for a detailed overview of SCA's programmes in Education, Health, Rehabilitation of Afghans with Disabilities (RAD) and Management and Administration in Stockholm and Kabul.

The support from Sida amounts to 247 MSEK and additional 9,2 MSEK for RAD for the three year period 2006 to 2008. Beside Sida SCA is presently funded mainly by Forum Syd, World Bank, company sponsoring and by SCA's own fundraising.

According to the agreement between Swedish Committee for Afghanistan and Sida, 2006–2008, it is stated that an external midterm review shall be commissioned. The last external evaluation commissioned by Sida of SCA was the organizational audit in 2000.

In the preparation of the terms of reference of the midterm review Sida has given SCA chance to comment.

3. The Scope of the Review

Bearing in mind that it is by nature impossible to assess the fulfilment objectives through a mid term review – nevertheless the review will draw attention to the likeliness of achievements of these objectives in 2008, on the basis of the findings of the first one and half years implementation. The review will focus on the actual achievements and outputs as well as analyses of the expected outcomes. It is the Sida funded components of the SCA programme in Afghanistan, education, health, RAD and management/administration that will be reviewed.

The consultancy team shall choose a selection of components of the programme and its processes which illustrates the variation of the achievement.

I. Effectiveness

To which extent are the SCA objectives expected to be achieved within the agreement period 2006–2008, taking into account their relative importance?

II. Efficiency

The assessment by SCA staff of SCA cost efficiency of the programme (how economically have resources/input such as funds, expertise, time etc been used) with the help of a comparison of the efficiency of similar activities in different provinces.

III. Sustainability

What is the probability of continued long-term benefits (at both national and local level) of the Sida funded SCA programme? Which measures are taken to build capacity to relevant GoA agencies? How successful has the process been? Give examples?

4. Key evaluation questions

When answering to the evaluation questions the consultants shall strive to be specific and concrete, i.e. result oriented and try to answer through documentation of clear examples and figures.

- How does SCA plan and design its activities? To what extent are staff, governmental agencies and other stakeholders involved? To what extent are community members involved including children and women? How are the plans followed? Special attention should be given to Education (CBS) and RAD (CBR) in this regard.
- How has lesson learnt from the past been used in planning and designing of activities?
- What is the gender perspectives adopted within SCA and in the implementation of the programme? Results for example when it comes to employment and promotion of female staff and designing activities?
- What is SCA comparative advantage in the respective programme components in relation to other organisations? How does SCA make use of advantages in this respect?
- How has SCA changed its organisational set up, management directives, working procedures and relations with different stakeholders as a consequence of its changing role from service provider to capacity builder?
- Has the changes been documented in a new policy of work? Is the policy well known by the staff, stakeholders, and beneficiaries at national, regional and local level?

5. Recommendations

The review shall result in making recommendations to SCA and Sida for the implementation of the agreement period.

6. Reporting

Three days after the contract signing the consultants are to present an inception report to Sida with a presentation of methodological approaches alternatives to the assignment in relation to the security situation.

The review report shall be limited to the maximum 45 pages. It shall be presented to Sida. The report shall include an overview, executive summary, results in comparative manner, all easy to overview. The conclusions shall be presented (preferable in a power point presentation) at a seminar in Stockholm and one in Kabul.

7. Evaluation Team

The evaluation team for this study needs to be experienced in quality evaluation methods, have background and/or experience of evaluating programmes in education, disability and health with focus on sexual and reproductive health rights. The team shall preferably consist of women and men to bridge possible cultural constraints. The team shall have a well documented field experience from conflict/post-conflict countries preferably in Islamic cultures. The team leader needs to have documented working experience in leading evaluation teams.

In addition, experience in working with local interpreters and translators is an advantage.

Extract from Programme Description

Objective of the Sida funded programme by Swedish Committee for Afghanistan

Objectives for the Education Programme:

Component 1: Basic Education

The first component, with three parts, has three immediate objectives:

1. To build capacity of civil society groups engaged in education process (Civic society and partners)
2. Quality of primary education improved and access ensured, with a particular focus on girls' education (Primary education)
3. More teachers available for primary schools in SCA supported areas (Secondary education)

Outputs and targets (indicators) are provided for each immediate objective. For the first, regarding the civil society, establishment of 26 Community Education Committees (CEC) are planned, a number of community mobilisers, 42 Parent Teacher Associations (PTA) – all aiming at improving the community participation.

For the second objective, regarding primary education, SCA will

- continue the support of 69 girl annexes (salaries to 700 teachers and school material to 20 000 students), out of which 20 will be upgraded as primary schools
- continue the support of 24 schools, including 9 “twin schools” (salaries to 500 teachers, school material to 17 000 students) – to be developed into “model schools” aiming at improving students' achievements and function as demonstration sites
- initiate support to “community based schools” (salaries to 900 teachers and school material 28 000 students, 50 % girls) in areas where no formal school exists.
- construct totally 10 School Buildings.

For the third objective that concerns secondary education, SCA will

- continue the support of 18 secondary schools (salaries to 400 teachers and school material to 9 000 students), out of which 4 will become “model schools”
- include basic teacher training in grades 10 and 11 (as before)
- support secondary education with inclusion of elementary teacher training courses and child psychology

Component 2: Competence Development

This component refers to teacher training and the immediate objective is to improve the quality of teaching performance, leading to improved learning outcomes for students in SCA supported schools. Outputs and targets (indicators) include in-service training of 2 800 teachers (30% female) and 140 headmasters at 6 Teacher Training Centres (TTC). On-the-spot-training is provided by visiting school consultants. As a result students' achievements are expected to match the required Basic Competencies of Learning (BCL)

Component 3: Capacity and Institution Building

1) to improve the operational skills and abilities of the SCA Regional Education Units through technical, professional and managerial assistance; and 2) [that] ETSU becomes better skilled in providing technical, managerial and professional support to the Regional Education Units in conformity with national education policies and SCA's strategy and policy. Outputs and *targets* (indicators) include

activities related to the implementation of the programme, including monitoring and gathering of information, coordination with and training of governmental bodies (PEOs). 6 school consultants will be seconded to PEOs 2 weeks per quarter to assist in monitoring; data collection etc. 50 % of the teacher training capacity will be set aside for government teachers. The central unit is expected to provide technical support and be responsible for coordination and cooperation with other actors, including MoE.

Objectives for the Health Programme:

- to promote increased use of maternal and child health (MCH) services, including family planning, by reinforcing these services, initially in two districts in each province. Later on new districts will be added. At the same time the health professionals will involve themselves in the ongoing ‘community mobilisation programmes’ and ‘national solidarity programmes’ (NSP) in the district with the ambition to raise awareness in the communities (women and men) of the importance and availability of the MCH services;
- increase the number of Emergency Obstetric Care facilities in all three provinces as much as the availability of sufficiently qualified staff allows;
- to increase the production of trained community midwives (CMW) by running regularly, in each province, an 18-months’ training for some 20 students at the time;
- to establish one male and one female training centre in each province to train health staff in various health related short courses, including health management;
- to provide regular refresher training for all health staff;
- to provide financing for some staff to train at higher levels in national and/or international health training institutions;
- to train all SCA staff on HIV/AIDS prevention and control;

Objectives for the RAD programme

- Continue to develop its role as an important, competent and active contributor to build up comprehensive programmes with and for people with disabilities in Afghanistan.
- Pay special attention to children and women with disabilities, and make sure that the rural and poor populations are included in the programme.
- Keep Community Based Rehabilitation (CBR) as its basic strategy in which basic SCA values such as equality, human rights and democracy are included.

Appendix 2 List of Persons Met with and Implemented Programme during visit by Sida Mid-term Review Team on SCA in Afghanistan, April 2008

Team Members:

Staffan Engblom (team-leader), IPM

Göran Carlsson, IPM

Tove Myhrman, IPM

Meetings/People met with in Stockholm before Departure to Afghanistan:

2 meetings at Sida HQ with Ms Sofia Orrbrink.

3 meetings at SCA/SAK HQ in Stockholm/SMO (Kristiansson, Josefsson, Grebius)

Date	Location	Programme/Project	Comments
Friday, 11 April	Kabul,	Arrival at 10.30 hrs, Kam-Air from Dubai 19.00 hrs, Meeting with SCA Senior Management Team and Ms Mette Sunnergren, Sida, Kabul	ToR, Programme preparations
Saturday, 12 April	Kabul	9.00–12.00 hrs, Meeting with Ms Mette Sunnergren, Sida, Kabul 13.00 hrs, Meeting with the Country Director of SCA/KMO, Mr Fänge 15.00 hrs, SCA Senior Management Team	Discussions on ToR, Security and SCA Progr., etc SCA Programme, Transformation of the Role of SCA, Key evaluation questions as per ToR, p 1+3
Sunday, 13 April	Kabul	10.30 hrs, MoPH, Dr Aqila Noori, Senior Coordinator for Technical Affairs and Act Dir. of HSPA Dept.; Dr Mohammad Saeed, EC National Consultant to GCMU at MoPH; Dr Mohammad Hassan, PPA Grant Consultant, GCMU, MoPH 13.00 hrs, MoLSAMD, Mr M. I. Saleh, PIU Manager; Internat. Coordinator, Mr Haidari; Adv to the Minister, Mr Mohammad Tawana; Adv to the Minister, Mr Naqibullah Hamdard; Adv to the Minister; Mr Hashani Safi, Dir of the Disability Unit 16.00 hrs, H.E Mohammad Ghaus Bashiri Deputy Minister of MoLSAMD	SCA and its involvement in the Health Sector. Tendering and Contracting, etc. SCA and its involvement in Rehabilitation of Afghans with Disabilities (RAD) On Policies and on SCA and its involvement in Care of the Disabled (RAD)
Monday, 14 April	Kabul	MoE 10.00–12.00 hrs Mr. Suleman Kakar, Senior Adv to the Minister and Resp for the Sub-national Levels; Ms Shanthini Dawson (sub-national capacity dev. Adv.) 13.00 hrs, Mr Basir Abdul, Planning, Monitoring and Reporting Advisor: Ms Hamida Nizami, Director of Primary Education; Dr Nagibullah Mabash, CBE Advisor in MoE (out-reach schools). 16.00 hrs, Dr Ghulam Sayed, World Bank, Public Health Specialist 17.00 hrs, Ms Ann-Marie Fallenius, Head of Sida Office in Kabul	SCA Education Programme, Overall Co-ord., Capacity B., etc. SCA Education Programme and overall Co-ordination, etc. Capacity Building for MoPH, Health Policies, etc.

Date	Location	Programme/Project	Comments
Tuesday, 15 April	Wardak, Maidan Shar	<p>08.30 Meeting with SCA staff, Mohammad Qasim Wahaj, WPO Education Manager; Mr Fawad Sultane; Act NSP Proj Manager; Mr Ghulam Nabi, Wardak SCA Proj Office Administrator; Dr Konrad Juszklewicz, Proj Manager, WBPHS SCA; Mr Raja Safdar, Senior Advisor, Rural Dev Techn Unit, SCA</p> <p>09.00 hrs, Rural Dev and CDCs, Mr Safdar; Mr Sultane</p> <p>10.00 hrs, SCA Education Programme, Mr Quasim</p> <p>11.00 hrs, Ms Gertrud Persson, Advisor Prov Training Centre (Midwifery School, MMT, SCA); Dr Kamillah Hijran MCH Chief Officer SCA; Dr Shahzada Halim, HRD Chief Officer SCA</p> <p>Dr Khatool Najimi, Principal/Rector and Project Coordinator, Midwifery School</p> <p>12.00 hrs, Mr Gulwazir Faisal, responsible for "Community Mobilisation and Advocacy for RAD", Deputy Head RAD Ghazni, Luga and Wardak Provinces, CBR and Referral System (Head Dr Karim not available these days)</p> <p>13.30 hrs, Meeting with Senior WBPHS Staff; Dr Zabi, Health Service Chief Officer (Wardak BPHS Proj.); Dr Konrad, Proj Manager Wardak BPHS SCA</p> <p>15.00 hrs, Mr Abdul Hadi, Director of Educ Department of Wardak Province.</p> <p>17.00 hrs, return to Kabul</p>	<p>Dep. 07.00 hrs to Wardak, Maidan Shar Return to Kabul 17.00 hrs.</p> <p>Ppt presentation.</p> <p>SCA Educ Progr., Implementation, etc</p>
Wednesday, 16 April	Wardak, Maidan Shar	<p>08.30 hrs, further discussions with Dr Konrad on Wardak BPHS, performance of SCA, Security in Wardak, etc</p> <p>09.30 hrs, RAD, Physiotherapy Centre, Mr M Dullah; Mr M Aslam, CBR</p> <p>10.00 hrs, Provincial Health Director, Dr G Farceq Mukhlis, PPHD Wardak; Dr Salem SCA WPO Hospital Supervisor; Dr H Habibyar, WHO PPO, Wardak</p> <p>11.00 hrs, CDC in full session, some 30 participants/ members of CDC, SCA Rural Dev in Wardak only</p> <p>12.00 hrs, Health Shura at the Hospital in Maidan Shar/Wardak, some 15 members</p> <p>13.30 hrs, Clinical Staff, Maidan Shar, different Health Centres, Dr M. Saeem, Dr Ezatullah, Dr A Hakim, Mr Samiullah, Pharm S Haskim, Nurse Rahima, Dr Mary, Mw Pashtan</p> <p>15.00 hrs, Hospital Management Team, Dr Muhammad Ismail Abid, Director; Mr M Azim, Hosp Admin.</p> <p>16.00 hrs, Dr Kamillah, MCH Chief Officer</p> <p>17.00 hrs, Departure</p>	<p>Dep. 07.00 to Wardak, Maidan Shar by car. Return to Kabul 17.00 hrs</p> <p>WBPHS and SCA</p> <p>Local CDC NSP, local Governance</p> <p>Hospital/Health Shura</p> <p>Work and planning of SCA in health sector</p> <p>Work and planning of SCA in health sector</p> <p>Work and planning of SCA</p> <p>By car to Kabul</p>

Date	Location	Programme/Project	Comments
Thursday, 17 April	Kabul	All day Meeting with SCA Management Team (those previously not met with) and Coordinators and Advisors within main sub-programmes (all separately) Education: Eng. Aminulhaq Mayel; Amir M. Mansory; Nils Andersson Health: Said Shamsul Islam "Shams"; Ahmad Abd El Rahman RAD: Zemarai Saqeb; Fiona Gall HR/Gender: Ahmad Farid Hassanzadah Dir of Operations: Jörgen Holmstrom Dir of Administration: Ove Jansson Dir of Finances, Deputy CD: Dr Shah Mahmoud	Kabul
Friday, 18 April		Internal Team Meetings 14.00 hrs MoPH, Ms Anne Hertzberg, Technical Advisor, Disability Unit, CBR Advisor (seconded to MoPH by EC/EU)	Kabul
Saturday, 19 April	Takhar, Taloqan	Travel to Taloqan through Kunduz airport and by car. 16.00 hrs, Meeting upon arrival with SCA staff: Mr Shahjahan Sanjor, Taloqan Office Administrator; Mr Sayed Mukhtar, Education Project and SCA Manager in Taloqan, TPO; Dr Sayed Hamidullah, RAD Proj Manager	By air and car
Sunday, 20 April	Takhar, Taloqan	08.30 hrs, Education project, Mr Mukhtar, visits to CBS Classes and Education Directorate 10.30 hrs, RAD Project, Dr Hamidullah, and MoLSMD Directorate 13.30 hrs, Model Schools (library and lab), Girls Annex, and CEC/Male Shura in Sari Sang 15.30 hrs RAD/CBR, Orthopedic Workshop, Physiotherapy, CBR Worker (Mr Noor Muhammad) with CRDC (Spec educ.: hearing, seeing, mental disorders) 16.45 hrs, Concluding meeting with RAD/Education Departure for Kunduz by car.	Projects in the field and interviews at Provincial Directorates

Appendix 3 List of References, Reports and Literature 080519

Mid-Term Review of Swedish Committee for Afghanistan
Document list – version 11

External Country overviews

The Asia Foundation

An Assessment of Sub-National Governance in Afghanistan, April 2007

European Commission

Supporting Decentralisation and Local Governance in Third Countries, Jan 2007

International Crisis Group

www.crisisgroup.org

OXFAM

“Development Assistance in Insecure Environments: Afghanistan”. Overview of Priorities. OXFAM Submission to the House of Commons International Development Committee Inquiry, England November 2007.

UN

Common Country Assessment 2004

UNDP

Human Development Report 2007

World Bank

- Afghanistan Country Overview, September 2006
- Afghanistan – State Building, Sustaining Growth, and Reducing poverty
- Service Delivery and Governance at the Sub-National level in Afghanistan Summary + full document
- Building an Effective State in Afghanistan, World Bank South East Asia PREM, Draft Nov 6, 2007
- Afghanistan: Health Sector Emergency Reconstruction and Development Project – Review Mission Aide-Memoires; August 2 and November 8, 2007, and January 23, 2008

WHO

- EMRO – Country Profile 2005
- Mortality Fact sheet 2006
- MDG Report 2005 and Vision 2020

Other

The Economist; A bubble busts Jan 17th 2008

Government of Afghanistan documents

Afghanistan National Development Strategy, Summary

The Afghanistan Compact, 2006

The Government of Afghanistan: The A to Z Guide to Afghanistan Assistance, October 2006

Afghanistan Sub-National Development Programme (with UNDP) Nov -06–Dec -11 Nov 26, 2006

Afghanistan Health Sector Balanced Scorecard 2004–2007

Disability Unit Strategy, MoPH, May 2007

Country documents – Nordic

Nordic Country Statement 071007 on “Governance and Public Administrative Reform and Human Rights Strategy”

Evaluation of Humanitarian and Reconstruction Assistance to Afghanistan provided by Denmark, Ireland, the Netherlands, Sweden and UK, Chr Michelsen Institute, 2005

Country documents – Swedish: Sida + Ministry of Foreign Affairs (MFA)

Perspectives on Poverty. Sida 2002

Looking Back, Moving Forward. Sida Manual 2004

ToR for Mid-Term Review of Swedish Committee for Afghanistan, 07112

MFA cooperation strategy 2006–2008, 20060404 (in Swedish)

20070628 revision (two docs, Swedish)

Slutsatser från arbete i Kabul november 2007 – Jessica Arneback 080110 (Sw)

Sida DESO Decision on Contribution 060420 for SCA appropriations 2006–8

Sida Decision Memorandum – conclusions (in Swedish) 060404

Sida In-depth Assessment Memo 060404

Sida Memo 080206 on the “Northern Project”

Sida Decision – Delegation of Decision Authority, “Northern Project” (in Swedish) 080207

Sida Decision on 11.44mSEK to “Northern Project” and reallocation of MCH funds 080317

Sida-SCA Amended Agreement on “Northern Project” and on Health 080319

Sida – SCA Agreement 2006–8

Sida – SCA Agreement Amendment 061129

Sida – SCA Quarterly Meeting 0611 30 (in Swedish)

Sida – SCA Quarterly Meeting 071210 (in Swedish)

Sida – SCA Quarterly Meeting 080407

Bedömning av Svenska Afghanistankommittén (SAK) utifrån Sidas ramkriterier för Svenska enskilda organisationer. Sida/EO 080415

Swedish Committee for Afghanistan documents

Policy documents

- SCA policy document 1991, 1996
- Strategy document 2000
- Arbetspolicy 020608
- SCA work policy June 2002
- SCA general Afghanistan policies May 2004
- Policy, svenska, 2004
- Stadgar 050521
- Position Paper: Swedish Committee for Afghanistan, Afghanistan and the future, 050827
- MR-jämställhetsstrategi 2007

- Utbildningsstrategi 2007
- Sverigestrategi 2007
- Strategic Goals for SCA's Education Programme 2007–2011
- SCA's Capacity Building Measures 080422 (on request from MTR team)

Work Plans & Budgets

- Directives for Work Plan & Budget (WP&B) 2006–2007
- WP&B 2006–7 final 27 Oct 2005 (142 p)
- WP&B 2006–7 Annexes A–J
- WP&B 0708 final 061031
- WP&B 2008 final
 - Specific Achievements
- Beneficiary Summary in 2006
- Detailed budget education program 2006 (in Swedish)
 - health program 2006 (in Swedish)
- Ramar och anvisningar för Workplan & Budget 2006–7, 050418
- Budget Follow-up 2006
- Budget Follow-up 2007 080320

Sida proposals, applications and agreements

- SCA proposal to Sida 2005 for 2006–8, brief
 - , complete version
 - , svenska 051028
- Kompletterande information för ansökan om bidrag 2006, 2007 och 2008
- First revised budget 2006
- First revised budget 2007
- Letter on budget revision 070604 (in Swedish)
- Sida second revised budget 2007
- Proposed budget 2007
- Request for confirmation on budget revision 071011 (in Swedish)
- Proposal for extra funding of RAD program 2007 and 2008, 061005
- Integrated Development Scheme for the Northern Provinces of Samangan, Balkh, Jawzjan and Sar-e-Pol. SCA expansion 2008–2012
- Development Scheme for the Northern Provinces of Samangan, Balkh, and Jamzjan. SCA expansion 2008–9

Reports and presentations

- SCA Annual Donor Report 2006
- SCA Annual Donor Report 2007
- Sida First Financial Report 2006–8; 2006 Report
- Verksamhetsberättelse 2007, draft 080221
- Wardak BPHS Powerpoint Presentation 080415
- Wardak Education Program 2007, Presentation 080415

SCA evaluations, reviews, project documents

Organisation

Organisational Study of the Swedish Committee for Afghanistan. ORGUT Consulting AB, December 2005

List Email Addresses, Mobile phones SCA Afghanistan 080409

SCA Security Manual Final March 2005

Emergency phones Kabul Jan 2008

Alarm List Jan 2008

Emergency Card SCA

Salary and contract list, SCA KMO

SAK Telephone list 080409

Education

Baseline study of the Model Schools, SCA 080115

Evaluation of SCA's Secondary School Program, Nyroos 200606

Drop Out Study in Basic Education, SCA May 2007

Community Based Education in Afghanistan, Pia Karlsson/IPM 071016

Taloqan Education Project, Proposed IPD 070605

Taloqan Education Project, First Revised Budget 2008

Kunduz Education Project IPD 2008

Kunduz Education Project Budget 2008 final

Wardak Education IPD 2008

Wardak Education Budget 2008 Final

Health

Health Policy in Afghanistan – two years of rapid change 2001–2003. London School of Hygiene & Tropical Medicine 2005

Mid-Term Evaluation of WB SCA Paktika BPHS Project, M Michael July 2007

Final Evaluation of SCA Kunduz BPHS Project, M Michael July 2007

Final Evaluation of SCA Nuristan BPHS Project, M Michael July 2007

Mid-Term evaluation of SCA Nuristan BPHS Project, SIC Afg March 2007

BPHS MM Management Response, ? 071029

Wardak BPHS Q3 Report 2007

Wardak November 2007 Monthly Report

RAD

Assessment of RAD's special education component, Johannessen/Educare, Jan 2007

CBR in Afghanistan, Leonard Cheshire for NPAD, February 2006

IPD RAD Taloqan 31 Jan 2008

IPD RAD Ghazni 31 Jan 2008

Budget RAD Taloqan 2008

Budget RAD Ghazni 2008

Action Plan RAD Taloqan, Physiotherapy, 2006

Action Plan RAD Taloqan, Orthopaedic Workshop, 2006
, Regional Unit, 2006

Monthly Activity Report, Dec. 2006, Taloqan Regional Unit
, Dec. 2006, Taloqan CBR

Gender, HR

Gender – Human Rights Assessment 2006, SCA 2006

SCA Mgt response to Kouvo's "Gender-Human Rights Assessment 2006, Kabul 061215

SCA and Equality, KMO GHR Unit 080308

IPD, budgets etc

Budget, revised, Taloqan Project Office 2007

Budget Service Units Kunduz 2008, 1st revision

Kunduz Project Office Staff List 080508

IPM documents

Tender for Midterm Review of Swedish Committee for Afghanistan, 071119

Revised Chapter 5 & Proposed Work and Time Plan, 2008-01-29

Appendix 4 Summary

Introduction

- i) The Swedish Committee for Afghanistan (SCA) is running three major programmes in Afghanistan in the areas of health, education, and rehabilitation of the disabled. In response of a changing institutional environment for the activities, SCA commissioned a consultant to come up with a proposal for re-structuring of the organisation in Afghanistan. This report, which is based on a series of management level interviews, contains the consultant's conclusions. It also contains a proposal for a new organisation, designed to be the best for implementation of future activities in line with the policy of SCA, particularly as given in the work plan for 2006.
- ii) This summary gives an overview of the report, but should not be used as a tool for decision-making.
- iii) SCA has a remarkable history as a provider of services in Afghanistan, often substituting for absent governmental services. The institutional setting for organisations such as SCA in Afghanistan is rapidly changing. SCA has already initiated a process of change in its role, from being a 'service provider', asked to perform certain duties against payment, to becoming a 'contract taker', which has to bid for contracts, often in a competitive environment. In the longer time perspective, SCA aims at developing more 'traditional' NGO roles, where its activities would focus on advocacy, support to civil society and partnerships with various Afghan organisations. The present organisational structure of SCA is not very well adapted to its present duties and even less so for the expected situation in the future, when it would have to compete for contracts and gradually become similar to a 'traditional', 'development' NGO.

Findings

- iv) The present organisational structure has certain weaknesses, causing a number of problems, among which the following were among the major ones:
 - inefficiency in operations;
 - unclear reporting mechanisms;
 - by-pass of established structures through strong informal networks;
 - capacity gaps in important positions;
 - difficulties in recruiting and maintaining qualified high-level personnel;
 - weak integration of cross-cutting issues;
 - insufficient integration between programmes leading to weak synergy effects;
 - problems caused by the fact that the organisation is very tall: decisions have to pass many levels and thus take long to reach; high administrative costs; and internal communication problems.
- v) Some major strengths identified in the present organisation were:
 - it has a set of well-developed rules and regulations;
 - SCA has a good reputation in Afghanistan and its staff is proud to be working for it;
 - there is a consensus on the need for change;
 - there are cases of ad hoc down-sizing in various units, which demonstrates the scope for increased efficiency also within units.

- vi) Out-sourcing as a way to create a flexible organisation has been very little explored. Further studies are needed in order to determine its feasibility in a number of areas, such as the following: rural engineering, information technology, staff services, training, safety, transport, and recruitment. In addition, increased utilization of short-term inputs could be considered, particularly for cross-cutting issues and in areas related to new areas of intervention.
- vii) There is a large need for a flatter organisation and for completely clear reporting lines. Still, it seems appropriate that SCA maintains a hierarchical organisation, where most activities are carried out by units within the line functions.
- viii) The report defines a number of principles, on which a new organisation should be built:
 - a) It should be a capacity-building one. Its role as capacity builder for the Afghan Government and the society at large is expected to increase. To fulfil that role, SCA needs sufficient resources and qualified staff, so its ability to recruit, train and maintain staff at top level positions becomes crucial.
 - b) It should be efficient and streamlined. The new organisation should be flatter, with greater delegation of responsibilities. It should also strictly follow the principle that each individual and each unit report only to one unit in the organisation. The reorganisation would also imply a reduction in staff numbers.
 - c) Integration between programmes should improve, leading to synergy effects. Physical integration – sitting in the same office – may be as efficient for integration as elaborate organisational set-ups. Access to information for both decision makers and staff needs to be improved through a revision of formal structures. Better integration of cross-cutting issues is another area that requires a revised formal structure.
 - d) The organisation should be flexible and a learning one: Roles need to be clarified through a clearer division between implementers and service providers. Again, improved information flow is crucial in creating flexibility, but it also requires an organisation with a strong but small core, while most activities are managed as projects.
 - e) Transparency is required and corruption must be fought: Strong, well-enforced rules are a prerequisite for transparency. The fact that such rules tend to prolong the process of implementation must be accepted. The alternative to achieve transparency through an informed and empowered target group can be further explored.
 - f) Total quality management can be a new role of the strong ‘core’ of SCA. This could be achieved in a slim and flexible organisation, where managers do not need to exercise micro-management, and would provide decision-makers with more condensed and accurate information.
 - g) Coordination with Government. The structure should be designed so as to allow maximum coordination with the Government.

Proposal

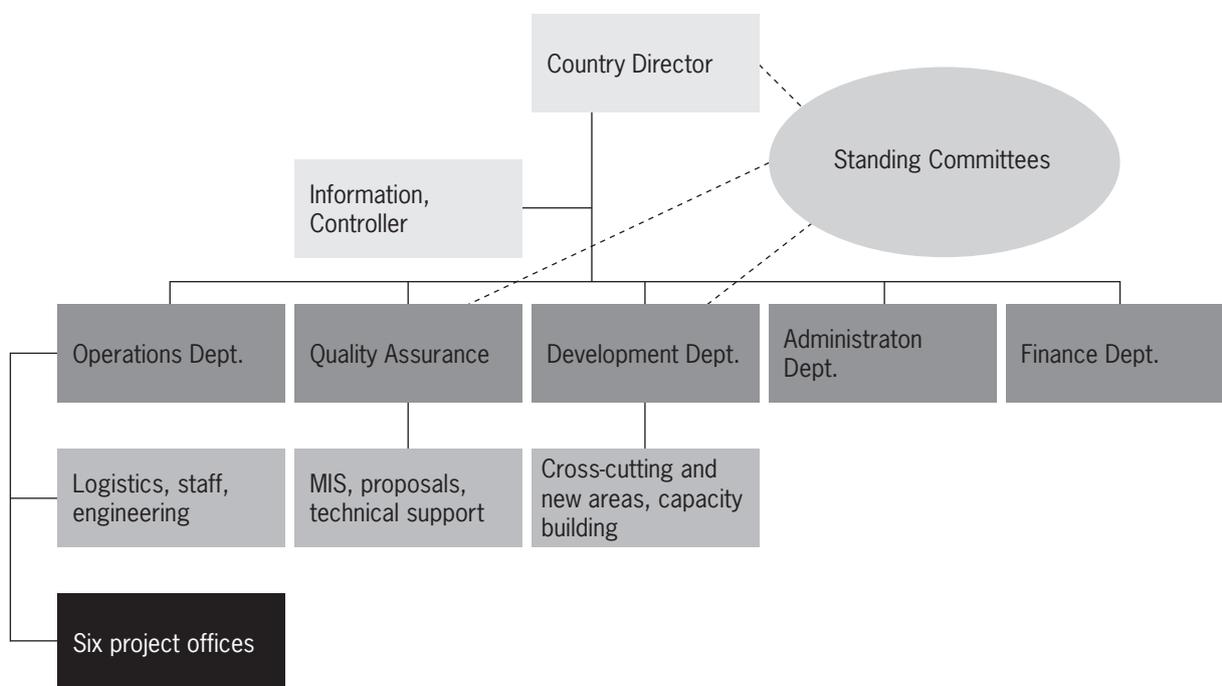
- ix) It is proposed to base the new organisation on ‘projects’. Most of the present programmes in SCA are already run as projects or can easily become projects, provided that they are adjusted to clear time-frames, have medium-term steering documents and get specific project cycle managements.
- x) The basis of the new organisation is proposed to be a number of ‘Project Offices’. At present, SCA can expand existing such sub- or field offices to project offices in six locations. The regional

offices would be dismantled. One part of their functions would be transferred to the project offices, while another part would be integrated in a new 'Operations Department' in the Kabul Management Office (KMO). The total number of staff involved will be significantly reduced when the regional level of the present structures is abandoned as not all functions of the regional offices would be transferred.

- xi) The formal head of all project offices would be the Director of Operations in KMO. In each project office, there would be a 'Service Unit' providing support functions such as logistics, serving the projects operating in the area. Each project would have its own internal project organisation, excluding the service functions that would instead be requested from the service unit.
- xii) Depending on the scope of activities in the area, one or several project organisations can share a project office.
- xiii) The overall structure of the new organisation would be a normal one for many private organisations, with departments for the following functions:
 - Management
 - Production (here called Operations Department);
 - Marketing (part of Quality Assurance Department);
 - Support (Administration and Finance Departments); and
 - Research and development (Development Department)

In addition a strong quality assurance system is proposed (with a Quality Assurance Department and a Controller). Integration between programmes and of cross-cutting issues would mainly be achieved through work in standing committees.

- xiv) The proposed new organisational structure is presented in the graph below:



- xv) The report proposes areas of operation and tasks for the various departments and units as follows:
- a) The Operations Department would deal with project implementation, including certain support functions provided by the project offices and others by the central level. The Director and his/her deputy would mainly divide responsibilities between them on a geographical basis. As it is a service function, rural engineering would be based within the Operations Department.
 - b) The Quality Assurance Department would be the host unit for the MIS system and also for the Technical Support Units, which are to be given a new role as 'knowledge banks' and also have a main function in the quality control system, including internal evaluations.
 - c) The Development Department would focus on development of new approaches in line with SCA policy, on networking, on integration of cross-cutting issues, and on internal capacity building.
 - d) The Administration Department would mainly be a service department, dealing with the physical infrastructure at KMO, staff services, recruitment and liaison.
 - e) The Finance Department would look much like today, with the addition of the function of internal auditing.
- xvi) The Management (i.e. the Country Director) would to a much larger extent than today work through standing committees and be supported by the new quality assurance system. The Information unit would mainly look like today. A controller function is introduced as additional support to the management.
- xvii) The controller would develop the quality control system and assist Management by monitoring compliance of existing rules, regulations, laws and signed contracts. This function also covers the establishment of a system for complaints and corrective action as well as assessments of 'client satisfaction'.
- xviii) Standing committees are proposed as the main mechanism for integration between programs (leading to synergy effects) and for integration of cross-cutting issues. In addition to the existing management committees, standing committees are proposed for the areas of Health, Education, and Support to the disabled ('RAD'). Finally, an Advocacy committee is proposed, overseeing implementation of cross-cutting issues as well as advocacy and also ensuring cooperation with civil society.
- xix) All standing committees would be chaired by the Country Director and have representatives from other programmes and cross-cutting units as members. All decisions would still be taken in the line functions, so the Country Director can immediately take decisions based on what is discussed in the committees.
- xx) The proposed new organisation requires increased professionalism among top level staff. In consequence, the already significant capacity building needs to be expanded further. Moreover, there is an urgent need to revise the incentive packages for staff at this level.
- xxi) Ways to improve recruitment should be tested, so that the new organisation may attract personnel with higher capacity, especially for high level professional positions.
- xxii) The present assignment did not include an analysis of the change process required if the re-organisation proposed was to be implemented. However, it is considered important that a decision is soon taken about the future structure. The new organisation can then be gradually introduced. If the transition is allowed some time, some of the novelties can also be tested on a pilot basis.

- xxiii) Further studies to complement the present proposal include the following:
- a Training Needs Assessment;
 - studies of the feasibility of out-sourcing certain functions;
 - an internal analysis of each unit;
 - a re-writing of job descriptions;
 - an analysis of the need for additional committees;
 - a study of the need for adding other cross-cutting issues in the integrating mechanisms.
- xxiv) The major risks with the proposal are judged to be the following:
- rapid changes in priorities of the Government or donors;
 - low margins in future contracts for services that cannot cover the overhead even of the new streamlined organisation;
 - difficulties in finding highly qualified professionals; and
 - internal resistance to change

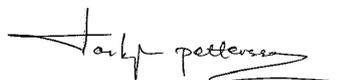
Appendix 5 Comments from the Swedish Committee for Afghanistan

In SCA's opinion the Midterm Review (MTR) of the Swedish Committee for Afghanistan (SCA) contains many observations, remarks and interpretations that SCA fully shares, and it also suggests a number of useful future changes. Many concerns are the same as those of the leadership and management of SCA and several of the proposed changes are well taken. With regard to some, measures have already been taken by SCA, while others will be featured in the work plans for 2009 and 2010. SCA acknowledges merits and relevance of the Mid-term Review and will seriously consider making adjustments along lines that are brought forward in the report.

Nevertheless SCA found the MTR interpretation of both steering instrument of Sida and the contractual agreement between Sida and SCA disturbing. Specifically the MTR-team expressed the opinion that SCA had agreed with Sida to more or less abandon service delivery and replace it by capacity building, or at least that capacity building should become the main activity during the period covered by the agreement between Sida and SCA. This has not been the intention of SCA and the "Agreement between Sida and the Swedish Committee for Afghanistan (SCA) on support to SCA's programme during 2006–2008" does not stipulate such a change. SCA considers the fact that the MTR-team assessed SCA performance unrelated to the agreement as very disturbing.

As for the proposed changes regarding introduction of results-based management and increased focus on gender awareness and the SCA broadly agrees with the MTR even though the report does not fully reflect the results the SCA has achieved particularly in the area of girls education and maternal health.

Stockholm 16 February 2009



Torbjörn Petterson
Secretary General

Swedish Committee for Afghanistan

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Department for Africa
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