



## International Assistance to Afghanistan, 2008 – 2018

### **Part 1: Systematic Review of Impact Evaluations of Development Aid in Afghanistan, 2008 – 2018**

March 2020 | Christoph Zürcher, with Andrew Coon, Marissa de la Torre Ugarte, Patrick Labelle, Binxi Li, Razan Masad, Hassina Popal, Reem Saraya Maryam Shah, Michael Swenson, Ella Sylvester, Anna Vanderkooy, and Mengrou Wang

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### **On behalf of**

Federal Ministry for Economic Cooperation and Development (BMZ), Germany  
Division for Afghanistan and Pakistan



Federal Ministry  
for Economic Cooperation  
and Development

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## Abbreviations and Acronyms

<b>ADB</b>	Asian Development Bank
<b>ARAP</b>	Afghanistan Rural Access Program
<b>ARTF</b>	Afghanistan Reconstruction Trust Fund
<b>ASGP</b>	Afghanistan Sub-National Governance Project
<b>BMZ</b>	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung/ The Federal Ministry for Economic Cooperation and Development, Germany
<b>CERP</b>	Commanders Emergency Response Program
<b>COIN</b>	Counterinsurgency
<b>DDA</b>	District Development Assemblies
<b>EQUIP</b>	Education Quality Improvement Program
<b>EVAW</b>	Eliminating violence against women
<b>IDLG</b>	Independent Directorate of Local Governance
<b>IEC</b>	Independent Electoral Commission of Afghanistan
<b>IRDP</b>	Irrigation Restoration and Development Project
<b>LOTFA</b>	Law and Order Trust Fund
<b>MBAW</b>	Making Budgets and Aid Work
<b>NDPG</b>	National State Governance Project
<b>NGO</b>	Non-Governmental Organization
<b>NIBP</b>	National Institution Building Project
<b>NSP</b>	National Solidarity Program
<b>SIGAR</b>	Special Inspector General for Afghanistan Reconstruction
<b>UNDP</b>	United Nations Development Program
<b>TA</b>	Technical Assistance

## 1 Executive Summary

This report provides the findings of a **systematic review of 32 impact evaluations** of development projects in Afghanistan, published in English between 2008 and 2018. The reviewed impact evaluations were identified through a systematic literature search and selected on the basis of **predefined inclusion and exclusion criteria**. The studies report the impact of aid projects in the sectors of stabilization, health, sub-national local governance, education, gender, energy schemes, and shelter. The main findings follow.

**Aid was rarely an effective tool for stabilization.** To the contrary, aid often exacerbated inter-group tensions and attracted violence. Aid only had a stabilizing effect when it was implemented in reasonably secure regions under government control. In addition, chances for stabilization increased when aid projects were implemented in participatory ways – preferably through accepted local authorities – and when aid was transparent and did not benefit local power brokers through corruption or nepotism.

**The National Solidarity Program (NSP) increased access of villages to basic services.** NSP also had a positive impact on the perceptions of villagers on the economic situation, **but only a very limited impact on objective measures of economic growth**. NSP also led to an increase in positive attitudes towards sub-national and national government, but only in villages with a relatively good security environment.

NSP mandated that women must be represented in the elected Community Development Council (CDC). There is no evidence that the formal participation of women in the CDCs has had a tangible impact on gender equality. **In general, interventions aimed at improving gender equality were not effective.**

**Interventions in the health sector were usually effective.** Antenatal care visits, deliveries attended by health workers, home care visits by health workers, conditional cash transfers for women and community health workers, and improved family planning combined with skilled attendance are examples of effective interventions.

Also **effective were interventions in the education sector**. Well-targeted projects improved outcomes in primary education.

**Micro-hydro power systems increased access to services and improved them**, by providing energy to health clinics, public offices and schools. The programs were **well received by the beneficiaries**, but did not lead to increased economic activities.

We note that **impact evaluations are absent in important sectors** such as capacity building, water and sanitation, roads and bridges, and especially sustainable economic development.

## 2 About this Report

This report summarizes the findings of 32 impact evaluations of development projects in Afghanistan. This synthesis report is the result of cooperation between BMZ and participants in a seminar on evaluation at the Graduate School of Public and International Affairs at the University of Ottawa in 2018. A first draft of the report was produced by the participants of the seminar. The report was then revised by Christoph Zürcher.

### 2.1 Criteria for Including Evaluations

We systematically searched for impact evaluations that seek to identify the “positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended” (OECD–DAC 2010). Implicit in this definition is that the main purpose of the impact evaluation is causal attribution, which is typically methodologically demanding.

#### **We only included impact evaluations in our final sample when they met the following criteria:**

1. Credible attempt to detect the counterfactual. (Note that this is a lenient definition for causal attribution. While most impact evaluations rely on sophisticated statistical methods for assessment, our definition also includes studies based on careful process tracing or comparison.)
2. Studies published in English between 2008 and 2018.

In order to identify evaluation reports, a systematic literature research was conducted. A number of reports were already known to the authors of this study and were used as starting points for “snowballing” (searching their references for additional studies).

#### **We also searched for studies on the websites of the following organizations:**

- Development agencies of all OECD DAC countries
- Multilateral donors: World Bank, ADB, the UN, and UN agencies
- NGOs: Aga Khan Development Network (AKDN), CARE, Médecins sans frontières (MSF), Mercy Corps, OXFAM, Welthungerhilfe/Agro Action, World Vision

We then also searched six comprehensive databases: PAIS, WPSA, EconLit, IPSA, Web of Science, and Academic Search Complete.

**We provide the complete search strategy below:**

	Search strategy
1	SU("foreign Aid" OR "Humanitarian Aid" OR "assistance" OR "International Assistance" OR "Development Programs" OR "Development Strategies" OR "Development Projects" OR "Development Policy")
2	TI,AB((foreign OR international* OR humanitar* OR development OR multilateral OR multi-lateral OR bilateral OR bi-lateral OR economic OR government OR donor* OR technical OR health OR nutrition* OR sanitation OR WASH OR "human rights" OR livelihood* OR education* OR agricult* OR capacity OR stabilization OR disaster OR emergency OR military OR civil OR peace OR crisis OR financial OR reconstruction OR community OR financial OR infrastructure OR budget* OR employment OR social OR gender OR women OR girls OR food OR energy OR overseas OR "nongovernmental organi*" OR NGO OR "international organi*" OR conditional OR governance OR vocational OR school*) NEAR/3 (aid OR assistance OR intervention* OR cooperation OR co-operation OR project* OR program* OR policy OR policies OR support* OR fund* OR relations OR charit* OR relief OR service* OR subsid* OR contribution* OR grant* OR development* OR strateg* OR initiative*))
3	TI,AB("technolog* transfer*" OR "cash transfer*" OR micro* OR training OR farmer* OR farming OR irrigation OR SME* OR MSME*)
4	TI,AB(USAid OR "United States Agency for International Development" OR GAC OR "Global Affairs Canada" OR "Canadian International Development" OR NORAD OR SIDA OR DANIDA OR "Danish International Development" OR DFID "Department for International Development" OR JICA OR AusAid OR "Australian Aid" OR "Australian Agency for International Development" OR NZAid OR "New Zealand Agency for International Development" OR GIZ OR "Deutsche Gesellschaft für Internationale Zusammenarbeit" OR "KfW Development Bank" OR "EuropeAid Development and Cooperation" OR FINNIDA OR AFD OR "Agence francaise de developpement" OR "Irish Aid" OR KOICA OR AECID OR "Asian Development Bank" OR FAO OR "Food and Agriculture Organization" OR "International Fund for Agricultural Development" OR "International Red Cross" OR "Islamic Development Bank" OR UNICEF OR UNHCR OR UNDP OR UNAMA OR WFP OR "World Food Programme" OR "World Bank" OR "World Health Organization" OR BRAC OR "Cooperative for Assistance and Relief Everywhere" OR "Catholic Relief Services" OR "Lamia Afghan Foundation" OR "Mercy Corps" OR Oxfam OR "Plan International" OR "Save the Children" OR "World Renew" OR "World Vision" OR "Medecins sans frontieres" OR "Aga Khan Development Network" OR "Welthungerhilfe" OR "Agro Action")
5	or/1-4
6	TI,AB(afghan*)
7	TI,AB(Badakhshan OR Badghis OR Baghlan OR Balkh OR Bamyán OR Daykundi OR Farah OR Faryab OR Ghazni OR Ghor OR Helmand OR Herat OR Jowzjan OR Kabul OR Kandahar OR Kapisa OR Khost OR Kunar OR Kunduz OR Laghman OR Logar OR Nangarhar OR Nimruz OR Nuristan OR Paktia OR Paktika OR Panjshir OR Parwan OR Samangan OR "Sar-e Pol" OR "Sar-i Pol" OR Takhar OR Urozgan OR Uruzgan OR Wardak OR Zabul)
8	or/6-7
9	TI,AB(evaluat* OR impact* OR effect* OR overview* OR outcome* OR lesson* OR findings OR performance OR results OR monitoring OR efficiency OR assess* OR audit* OR review* OR analysis)
10	5 AND 8 AND 9
11	limit to English
12	limit to 2008-2019

The search identified 5,764 studies (after removal of duplicates). These were screened by two researchers based on title and abstract. If two researchers agreed, the study would be moved to “full-text-screening.” In case of a conflict, the lead researcher (Christoph Zürcher) made the final decision. We identified 118 studies that were read in full by two reviewers in order to decide whether or not to include them in our final sample for impact evaluations. Eventually, 32 impact evaluations were included.

## 2.2 Methodologies Used by Included Evaluations

A necessary criterion for inclusion was that evaluation reports are based on a transparent and methodological rigorous identification strategy, capable of identifying causality. The included reports use several approaches:

Randomized Controlled Trial (RCT); difference-in-difference designs; repeated cross-sectional regression; propensity score matching; matching; one-group pre-test–post-test.

Several studies also combine statistical approaches with qualitative methods such as process tracing of control and target group; focus groups and process tracing; ex-post survey with logical counterfactual.

## 2.3 Evidence Base

**In total, we found 32 studies that met our inclusion criteria:**

- 11 studies on stabilization
- 9 studies on health
- 4 studies on sub-national local governance
- 3 studies on education
- 2 studies on gender
- 2 studies on energy schemes
- 1 study on shelter

Designing and implementing studies for attributing causality is methodologically very challenging, especially in a country like Afghanistan. Nevertheless, given the amount of aid money spent, this small number is disappointing and clearly suggests that donors do not prioritize evaluating impacts.

We also note that impact evaluations are absent in important sectors such as capacity building, water and sanitation, roads and bridges, and especially sustainable economic development (rural development, microfinance, value-chains, energy infrastructure, etc.). The sectors that attracted most study, for obvious reasons, were stabilization, health, and sub-national local governance. Stabilization attracted massive funding, political interest, and readily available data on security from ISAF and the US forces because of US defence ministry spending on stabilization projects. Regarding health, the relatively high number of studies can be explained by the fact that causal impacts in health are relatively easily measurable. As for studies on sub-national local governance, all four studies refer to the same program (NSP) and employ the same dataset, compiled during the only impact evaluation on NSP.



## 3 Impact Evaluations on Sub-National Local Governance: NSP

### 3.1 Included Reports

Four studies met the inclusion criteria, all evaluating the National Solidarity Program (NSP), Afghanistan's largest community-driven development program. NSP, launched in 2003 by the Afghan Ministry of Rural Rehabilitation and Development (MRRD), was designed to "extend the administrative reach of the state, build representative institutions for local governance, and deliver critical services to the rural population" (Beath, Fotini, & Enikolopov, 2015, p. 2). The program is funded by the World Bank and other bilateral donors, and facilitated by NGOs. The NSP is structured around two interventions at the village-level: 1) the creation of an elected Community Development Council (CDC), which must include women, and 2) the disbursement of block grants to support CDC-chosen projects, usually small infrastructure and basic services. Projects funded by the NSP block grants often fall into the following categories: water and sanitation, irrigation, transportation, electricity, and building human capital through literacy and training programs.

Three of the included studies (Beath et al., 2013a; 2015; 2017) are based on large field experiments with 500 villages, designed to measure the impacts of NSP on a wide variety of economic, institutional, social, and security outcomes. The 500 villages are equally spread out across ten districts in the provinces of Balkh, Baghlan, Daykundi, Ghor, Herat, and Nangarhar. Since the villages selected are in all ten districts, they are representative of Afghanistan's ethnolinguistic diversity. The sample includes ethnic and religious groups from the Tajik, Pashtun, and Hazara districts. One limitation of the studies was the exclusion of villages in the southern provinces of Afghanistan, such as Kandahar and Helmand, due to inaccessibility because of ongoing violent conflict. The identification strategy used baseline, midline, and end-line surveys, and matching. The focus of Beath et al. (2017) is on the effects of NSP on security and counterinsurgency. We report these results further below in the section on stabilization.

The fourth study (Komororovska, 2016) uses process tracing and a qualitative comparative approach to evaluate NSP in 11 villages (with another 11 villages with no NSP projects as comparators). All NSP villages are in the three districts in the province of Daykundi, predominately populated by ethnic Hazara. Results may therefore be driven by the cultural context and not applicable to other provinces.

Study	Setting/ Beneficiaries	Intervention/ Sector	Name of program
Beath, A., Fotini, C., & Enikolopov, R. (2013b). Do elected councils improve governance? Experimental evidence on local institutions in Afghanistan. World Bank	Local governance institutions in Afghan villages	Governance	NSP
Beath, A., Fotini, C., & Enikolopov, R. (2015). The national solidarity program: Assessing the effects of community-driven development in Afghanistan. World Bank	Afghan villages	Governance	NSP
Beath, A., Fotini, C., & Enikolopov, R. (2015). The national solidarity program: Assessing the effects of community-driven development in Afghanistan. World Bank	Afghan villages	Governance	NSP
Komorowska, K. (2016). Citizen voice in Afghanistan: Evaluation of national solidarity programme III. Oxfam.	Afghan villages in Daykundi	Governance	NSP

## 3.2 Impact on Access to Services, Infrastructure, and Utilities

The various projects funded by the NSP enabled the CDCs to design and implement projects to provide basic services to their villages based on local needs and priorities. NSP thus improved villagers' access to basic services and utilities. NSP-funded drinking water projects increased access to clean drinking water by 15%, reducing the time spent collecting water by 5%; NSP also increased electricity usage by 26% (Beath et al., 2015). On the other hand, irrigation and transportation projects were found to have no impact on the ability of village landowners to access sufficient irrigation.

## 3.3 Impact on Economic Welfare

While NSP did have positive impact on villagers' **perceptions**, particularly those of women, on the economic situation and optimism about the future, it had very limited impact on objective measures of economic growth, such as unemployment and household wealth. This is attributed to ineffectiveness in changing agricultural productivity and access to markets.

### 3.4 Impact on Local Governance

NSP led to a slight increase in positive attitudes towards sub-national and national governments, towards NGOs, and towards international troops (ISAF). Since one of NSP's major objectives was to strengthen cooperative links between local communities and the government, this result clearly counts as a success. However, it should be noted that these positive effects hold only in villages not close to the border with Pakistan. This suggests that in regions where foreign-trained and -based insurgents operate, the positive impacts on "hearts and minds" are not realized.

NSP mandated that women be represented in the CDCs, which more than doubles the proportion of local assemblies containing at least one female member. NSP villages also appear better able to distribute food among the most vulnerable groups, despite perceptions of embezzlement, nepotism, or lack of participation in the decision-making process.

### 3.5 Impact on Women's Participation

NSP mandated that women must be represented in the elected CDC. To what extent the formal participation of women in community-level decision making has translated into more actual decision-making power and opportunities for women in rural communities is not clear. As Komorowska (2016) notes, formally involving women in decision-making bodies does not necessarily result in the meaningful empowerment of women in Afghan society. Where women are more present in decision making – as is the case, for example, in the Hazara populated province of Daykundi – this effect seems to be driven by the cultural context, and not by the NSP itself.

### 3.6 Summary of NSP Impact on Governance

NSP increased village access to basic services and also had a positive impact on villager **perceptions** on the economic situation. However, it had scant impact on objective measures of economic growth, such as unemployment and household wealth. NSP led to an increase in positive attitudes towards sub-national and national governments, towards NGOs, and towards international troops (ISAF), but only in villages with a relatively good security environment. NSP mandated that women must be represented in the elected CDC. There is no evidence, however, that the formal participation of women in community-level decision making translated into more actual decision-making.

Summary Table: Local Governance

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Beath, Fotini, & Enikolopov (2013b)	RCT, 500 villages	Local governance institutions in Afghan villages	NSP: Community Driven Development (CDC) and Block Grant Projects	NSP: Effect of Community Driven Development on local governance	Better targeting of food aid; more equitably distributed based on need  No impact on embezzlement, nepotism, and participation
Beath, Fotini, & Enikolopov (2015)	RCT, 500 villages	Afghan villages	NSP: Community Driven Development and Block Grant Projects	NSP II: Community Driven Development	Increased women's participation in CDCs  Increased access to services: health care, electricity, water  No impact on objective measures of economic welfare, such as household income and unemployment rate
Beath, Fotini, & Enikolopov (2017)	RCT, 500 villages	Afghan villages	NSP: Community Driven Development and Block Grant Projects	NSP: Community Driven Development effect on countering insurgencies	Increased security, increased perception of security, more positive attitudes towards Afghan government, NGOs, and ISAF  Effect only holds for communities not near Pakistan; near Pakistan, NSP has a negative effect on security and attitudes
Komorowska (2016)  Oxfam	Process tracing and qualitative comparison between villages with old (10) and new (9) CDCs	19 Afghan villages in the province of Daykundi	Community Driven Development in Daykundi set up by OXFAM	NSP III: Citizen Voice in Afghanistan, evaluation of NSP III	NSP formally involved women in decision-making bodies

## 4 Impact Evaluations on Stabilization

### 4.1 Included Reports

We identified ten studies that evaluated the impact of aid on stabilization, including three different programs, and of aid overall:

1. Five studies on the Commander's Emergency Response Program (CERP): CERP responds to urgent humanitarian relief and reconstruction requirements within the commander's area of responsibility with immediate assistance to the local population, funded by US Department of Defense
2. One study on the National Solidarity Program (NSP): NSP is a large community-driven development program administered by the World Bank
3. One study on the INVEST program: Funded by the Department for International Development (DfID) of the UK, INVEST aims to increase youth employment by offering technical vocational education and training (TVET) courses
4. Three studies investigate the impact of more than one aid program: Gordon (2011) and Fishstein et al. (2012) investigate all types of aid in Afghanistan, focusing on aid projects implemented by the Provincial Reconstruction Teams (PRTs), usually quick impacts and stabilization; Böhnke and Zürcher (2013) investigate the impact of all aid on perceptions of security, as perceived by rural communities

#### Overview of included studies

Study	Setting/ Beneficiaries	Intervention/ Sector	Name of program
Child, T. (2014). <i>Hearts and minds cannot be bought: Ineffective reconstruction in Afghanistan</i> . <i>The Economics of Peace and Security Journal</i> , 9(2), 43–49	227 districts in Afghanistan over 57 months from 2005 to August 2009	Multi-sector; mainly small infrastructure at community level	Commander's Emergency Response Program (CERP)
Adams, G. (2015). <i>Honing the proper edge: CERP and the two-sided potential of military-led development in Afghanistan</i> . <i>The Economics of Peace and Security Journal</i> , 10(2), 53–60	398 districts in Afghanistan from 2011 to 2013	Multi-sector; mainly small infrastructure at community level	CERP

Study	Setting/ Beneficiaries	Intervention/ Sector	Name of program
Karell, D. (2015). Aid, power, and grievances: Lessons for war and peace from rural Afghanistan. <i>The Economics of Peace and Security Journal</i> , 10(2), 43–52.	The Marjah district in Helmand from November 2014 to December 2014	Multi-sector; mainly small infrastructure at community level	CERP
Sexton, R. (2016). Aid as a tool against insurgency: Evidence from contested and controlled territory in Afghanistan. <i>American Political Science Review</i> 110(4), 731–749.	398 districts in Afghanistan during 138 weeks between May 2008 and Dec 2010	Multi-sector; mainly small infrastructure at community level	CERP
Chou, T. (2012). Does development assistance reduce violence? Evidence from Afghanistan. <i>The Economics of Peace and Security Journal</i> , 7(2), 5–13.	CERP: 202 districts NSP: 316 districts LGCD: 144 districts From April 2002 through January 2010	CERP: Multi-sector; infrastructure at community level  NSP: Community-driven development  LGCD: Community level; local governance	CERP, NSP, and LGCD
Beath, A., Fotini, C., & Enikolopov, R. (2017). Can development programs counter insurgencies? Evidence from a field experiment in Afghanistan. World Bank.	500 villages in 10 districts in western, central, northern and eastern regions of Afghanistan	Community-driven development	NSP
Mercy Corps. (2015). Does youth employment build stability? Evidence from an impact evaluation of vocational training in Afghanistan.	Quantitative data from random sample survey between February and April 2014 in Helmand  Qualitative data from interviews	Technical vocational education and training (TVET)	Introducing New Vocational Education and Skills Training (INVEST)
Gordon, S. (2011). Winning hearts and minds? Examining the relationship between aid and security in Afghanistan's Helmand Province. Feinstein International Center.	Helmand Province	All aid	Aggregated aid

Study	Setting/ Beneficiaries	Intervention/ Sector	Name of program
Fishstein, P., & Wilder, A. (2012). <i>Winning hearts and minds? Examining the relationship between aid and security in Afghanistan</i> . Feinstein International Center	Balkh, Faryab, Helmand, Paktia, Uruzgan, and Kabul City, June 2008 to February 2011	All aid	Aggregated aid
Böhnke, J., & Zürcher, C. (2013). <i>Aid, minds and hearts: The impact of aid in conflict zones</i> . <i>Conflict Management and Peace Science</i> , 30(5), 411–432. <sup>1</sup>	80 villages in North Afghanistan, 2009	All aid	Aggregated aid

## 4.2 Impact of CERP

With the exception of Karell (2015), all CERP studies employ a quantitative research design, based on CERP spending data and on a measure for the number of violent incidents from sources such as NATO C3 Agency's Afghanistan Country Stability Picture (ACSP), Worldwide Incidents Tracking System (WITS), Significant Activities (SIGACTs) of Combined Information Data Network Exchange (CIDNE), and Afghan NGO Safety Organization (ANSO).

None of the CERP studies finds an unconditional positive effect on stabilization. Sexton (2016) finds that CERP reduced violence but only when implemented in zones that were reasonably secure and under control of the government. In insecure zones, CERP spending actually led to increased violence.

Adams (2015) also finds a heterogeneous treatment effect. While small CERP projects (below \$50,000) appear to have reduced violence, larger projects actually increased violence.

Child (2014) finds no statistically significant effect of CERP on stability. He also provides some evidence from a small sample of nine qualitative interviews with CERP program officers, none of whom thought that stability was increased by CERP.

Chou (2012) also finds no impact of CERP nor of the other community-driven development programs in her sample on stability.

Karell (2015) focuses on the impacts of CERP on leadership within communities and finds that "communal allocation of power among residents interacts with the methods of aid distribution, shifts sources of power within the community, and thereby changes power holders and how the newly powerful use their newfound social positions" (Karell, 2015, p. 46). These shifts in power – from traditional authorities to newly emerged economic powerbrokers – actually increased intercommunal tensions and furthered conflict and violence.

<sup>1</sup> This paper is based on an evaluation commissioned by BMZ: Böhnke, J.; Köhler, J.; Zürcher, C. (2015). „Assessing the Impact of Development Cooperation in North East Afghanistan 2007-2013. Final Report“. Bonn/Berlin: Federal Ministry for Economic Cooperation and Development. Available at [https://www.ez-afghanistan.de/sites/default/files/Afghanistan\\_Impact\\_Assessment\\_II\\_en.pdf](https://www.ez-afghanistan.de/sites/default/files/Afghanistan_Impact_Assessment_II_en.pdf) (accessed January 2, 2020).

In sum, the evidence strongly suggests that CERP rarely led to more stability, but actually contributed to more violence, especially when injected into regions not yet fully secured. The wider literature suggests a number of possible reasons for this. In insecure regions where insurgents retain capacity, they may react to stabilization aid by sabotaging aid projects and by preventing local communities from cooperating with the government. Also, aid may attract rent-seeking behaviour and predation, which also increases violence. Aid also may increase corruption, spur intercommunal tension, and thereby further destabilize the situation.

### 4.3 Impact of NSP

As reported above in the section on NSP, Beath et al. (2017:14) found that, on average, “the implementation of NSP results in a lower probability of security incidents and also leads to more positive perceptions of the Afghan government, of NGOs and of ISAF troops in communities where NSP is implemented.” This suggests that the widely hypothesized “hearts and minds” mechanism may work; aid has the potential to positively change attitudes of local communities, which leads to more cooperation with government and its international supporters, which in turn weakens the position of insurgents, thereby increasing stability.

However, these positive effects appear to be conditional on the context. The effects of NSP on insurgency hold true only in villages not in close proximity to Pakistan; those bordering Pakistan were actually negatively affected by NSP interventions. The study argues that NSP only has a positive effect when insurgents are mainly home-grown and come from the local population. This would be the case for regions relatively far from Pakistan, where many Taliban are trained and have their base. These insurgents can operate relatively freely in the border region between Afghanistan and Pakistan. They have the capacity, therefore, to interrupt and sabotage aid flows to communities. They could choose to do so when aid might actually increase cooperation between the community and the government. In sum, these findings support Sexton’s (2017) arguments that aid can actually increase violence when injected into insecure regions.

### 4.4 Impact of INVEST

Mercy Corps (2015) evaluated the impact INVEST, a technical vocational education and training (TVET) program in Helmand. The study investigates how the program influences people’s economic conditions, social status, and perceptions of the government, and how these changes further influence the propensity for violence. Quantitative data were collected from face-to-face surveys through a random sample of previous and incoming students between February and April 2014. Qualitative data was collected through individual and group interviews.

The findings show that INVEST had a significantly positive impact on most of the economic outcomes, including increasing the employment rate (36% more likely to be hired after participation), the paid work opportunity (12.7% more likely to get a paid work), the cross-tribal economic activity (19.5% more likely to engage in an activity), and economic optimism. However, these gains did not translate into a significantly lower willingness to support violence. In conclusion, the program “did not contribute to stabilization through decreasing support for political violence and the Taliban” (Mercy Corps, 2015, p. 4).



## 4.5 Impact of Aggregated Aid

The studies by Fishstein and Wilder (2012) and Gordon (2011) investigate how the effects of aid are perceived in mainly rural Afghan communities. The studies are qualitative and based on interviews. Fishstein and Wilder (2012) focus on general perceptions of aid in the provinces of Balkh, Faryab, Helmand, Paktia, and Uruzgan, as well as Kabul City, while Gordon (2011) focuses especially on perceptions of aid implemented predominantly by the UK's PRT in Helmand. The studies conclude that generally Afghan communities have a negative perception of international aid, and that aid in this context does not contribute to stability, but in fact exacerbates tension, even when it brings economic benefits.

### A number of reasons for this were identified:

1. Many respondents mentioned prevalent corruption in aid distribution and procurement practices traced to a pre-existing corrupt political system. The construction sector was deemed to be the most corrupt, as political figures themselves or family members' firms would benefit from development aid contracts. As respondents mentioned, "International aid only deals with the powerful groups" (Gordon, 2011). Despite a strong perception of corruption, the designation of blame was mostly pointed towards Afghans themselves; few believed that the aid organizations themselves were corrupt (Fishstein & Wilder, 2012).
2. A gap between the projects wanted or needed by local people and those implemented. The local population often thought that foreign aid providers "only do small projects because they do not want to leave anything behind for us when they go" (Gordon, 2011, p. 45). Interviewees also argued that PRT projects rarely met community needs, that projects were not chosen in a participatory way, and that projects were unsustainable or of poor quality.
3. A widespread sentiment that "nothing or not enough was done." While this may be factually wrong, it points to the very high expectations of Afghans after the fall of the Taliban in 2002, which international donors struggled to meet.
4. A widespread perception of inequitable distribution among aid recipients. Tribes, regions, and districts would comment that others were receiving a higher share of aid, and that insecure regions were given more aid than secure regions, thereby penalizing security.

Böhnke and Zürcher (2013) investigated perceptions about the impact of aid in 80 communities in North Afghanistan, employing a quantitative design.<sup>2</sup> They found that aid had a positive impact on how communities perceived the legitimacy of the sub-national administration, but only when districts were relatively peaceful and stable. They also found that aid was, for two out of four survey waves, associated with better perceived security, but possibly because aid was allocated mostly in villages that were more secure to begin with. Finally, aid never led to better attitudes towards ISAF troops.

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<sup>2</sup> This study is based on an impact evaluation commissioned by BMZ: Böhnke, J.; Köhler, J.; Zürcher, C. (2015). „Assessing the Impact of Development Cooperation in North East Afghanistan 2007-2013. Final Report". Bonn/Berlin: Federal Ministry for Economic Cooperation and Development. Available at [https://www.ez-afghanistan.de/sites/default/files/Afghanistan\\_Impact\\_Assessment\\_II\\_en.pdf](https://www.ez-afghanistan.de/sites/default/files/Afghanistan_Impact_Assessment_II_en.pdf) (accessed January 2, 2020).

These results suggest that “hearts and minds” mechanisms do not seem to work. They also point to the importance of politics at the district level. Factors such as the leadership of sub-national administration, power constellations within a district, local security arrangements, ethnic settlement patterns, and ethnic relations all influence how respondents perceive Western actors and the sub-national administration. This once again underlines that while aid may play some role in stabilizing conflict zones, it is merely one factor.

#### 4.6 Summary of Aid Impact on Stabilization

The results from these ten studies show that aid is rarely an effective tool for stabilization. On the contrary, aid more often than not exacerbates inter-group tensions and attracts violence. Aid only has a stabilizing effect under rare circumstances, which are unlikely to be present in regions in or after conflict. Aid must be implemented in reasonably secure regions under government control where insurgents lack capacity to sabotage, loot, or tax it. Aid should be implemented in participatory ways, preferably through accepted local authorities; aid should be transparent and not benefit local power brokers through corruption or nepotism. In addition, aid only works to dampen violence when insurgents are rooted in local communities, or when insurgency is driven by economic grievances, not ideology or politics. None of these conditions are met in Afghanistan, which explains why aid did not have a stabilizing effect. These findings are clearly supported by a comprehensive 2018 SIGAR study.

**Summary Table: Stabilization**

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Child (2014)	Quantitative data from WITS and ACSP  Use first difference to run regressions  Panel database with 12,939 observations (227 districts over 57 months)	227 districts over 57 months from 2005 to August 2009	Multi-sector; mainly small infrastructure at community level	Commander's Emergency Response Program (CERP)	No impact on violence

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Adams (2015)	Mixed methods:  Quantitative data from SIGACTS (simple OLS regression, with 3 month lags)  Qualitative data from interviews with 9 Civil Affairs Officers	398 districts from 2011 to 2013	Multi-sector; mainly small infrastructure at community level	CERP	Small projects reduce violence; large projects (>US \$50,000) increase violence
Karell (2015)	Qualitative data from 15 in-depth interviews with males aged 20 to 60 with a variety of occupations	The Marjah district in Helmand from November 2014 to December 2014	Multi-sector; mainly small infrastructure at community level	CERP	Development aid elevates new non-traditional actors to leadership positions, which increases inter-communal conflicts
Sexton (2016)	Quantitative data from ANSO and SIGACT  Panel data-base with over 50,000 observations (difference in difference)	398 districts during 138 weeks between May 2008 and Dec 2010	Multi-sector; mainly small infrastructure at community level	CERP	Aid reduces violence in secure and government-controlled districts  Aid increases violence in non-secure districts
Chou (2012)	Quantitative data collected from unclassified databases on SIGACT (first difference [FD])	CERP: 202 districts  NSP: 316 districts  LGCD: 144 districts	Stabilization and Reconstruction programs and service delivery	CERP  LGCD  NSP	No impact

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Beath et al. (2017)	RCT	500 villages in 10 districts in western, central, northern, and eastern regions of Afghanistan	Community-level development	NSP	NSP decreases violence and increases popular support for the government in areas more than 40 km away from Pakistan  In areas close to the Pakistan border, there is an increase in security incidents associated with NSP
Gordon (2011)	Qualitative approach; synthesizing and analyzing data drawn from focus group discussions, polls, and key informant interviews	Helmand Province	All aid		Aid does not increase stability, but is perceived as contributing to corruption and intergroup tensions
Fishstein & Wilder (2012)	Qualitative data from interviews and focus groups	Balkh, Faryab, Helmand, Paktia, Uruzga, and Kabul city, June 2008 to February 2011	All aid	PRT	Aid does not increase stability, but is perceived as contributing to corruption and intergroup tensions
Mercy Corps (2015)	Propensity score matching  Quantitative data from random sample survey of 1,129 previous and incoming students from the program  Qualitative data from interviews	Nine TVET centres in Helmand from February to April 2014	Technical vocational education and training (TVET)	Introducing New Vocational Education and Skills Training (INVEST)	Positive impact on economic outcome  No impact on propensity for violence and support for Taliban

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Böhnke & Zürcher (2013)	Repeated cross sectional regression  Half: random sampling  Half: being selected to ensure diversity on five characteristics	77 villages in 2007 and 80 villages in 2009 in northeast Afghanistan	Capacity building	Aggregated aid without mentioning the programs	Aid does not foster more positive attitudes towards international military and development actors  Aid has a positive impact on perceptions of local administration

## 5 Impact Evaluations on Health

Despite conflict and general poor performance on health indicators, Afghanistan has made progress in its provision of health services since the fall of the Taliban in 2001. Between 2003 and 2008, access to health care was improved with the implementation of a Basic Package of Health Services (BPHS) that provides primary care, enhanced access to in-patient care, and the elimination of national user fees (Witvorapong & Foshanji, 2016). Due to the limited capacity of the Government of Afghanistan to provide health services, all publicly funded health services are currently done either through contracting-out, in the form of service delivery by NGOs, or through service provision and programming operated directly by the Ministry of Public Health (MPH; World Bank, 2018).

While health services have improved since 2001, Afghanistan's health sector remains weak due to decades of instability, insecurity, prolonged conflict, and poor governance. These issues continue to this day. Under these conditions, Afghanistan's health care system faces the significant challenge of establishing and maintaining quality service delivery in a context where health needs across the country remain extremely high. Despite post-Taliban donor support and the expanding coverage of the BPHS, both maternal and child health (MCH) remain a concern. The use of health services also remains low, especially in remote areas. Afghanistan still has a high childhood mortality rate; one in 18 children die before reaching their fifth birthday, with roughly 80% of deaths occurring during infancy (CSO, 2017). The country also continues to have high maternal mortality ratios (MMRs) at 396 maternal deaths per 100,000 live births (WHO, 2015).

These circumstances illustrate the importance of knowing what health interventions in Afghanistan are most effective and why. Understanding the factors contributing to successful intervention can be used to more effectively guide future interventions to achieve the most positive results possible in this highly donor-dependent sector. This analysis will review the outcomes of different interventions in Afghanistan's health sector and provide an overview of lessons learned.

## 5.1 Included Reports

### Nine studies met the inclusion criteria, examining the impact of three different types of intervention:

1. Five on community-based programs (Anwari et al., 2015; Edmond et al., 2018; Mayhew et al., 2014; Rao et al., 2009; SSDA, 2017)
2. Three on financial incentives (Lin & Salehi, 2013; Engineer et al., 2016; Witvorapong & Foshanji, 2016)
3. One on the integration of health services (Carvalho et al., 2013)

The studies cover a range of geographical locations and beneficiaries, examining interventions in both urban (Anwari et al., 2015; Carvalho et al., 2013; Engineer et al., 2016; SSDA, 2017) and rural (Edmond et al., 2018; Lin & Salehi, 2013; Rao et al., 2009; Witvorapong & Foshanji) areas.<sup>3</sup> The primary beneficiaries of these health interventions include community health workers for four studies (Engineer et al., 2016; Lin & Salehi, 2013; Mayhew et al., 2014; Witvorapong & Foshanji, 2016), pregnant women and new mothers and their households for six studies (Carvalho et al., 2013; Edmond et al., 2018; Lin & Salehi, 2013; Rao et al., 2009; Witvorapong & Foshanji, 2016), and school children for one study (SSDA, 2017).

### Overview of studies included:

Study	Setting/ Beneficiaries	Intervention
Anwari, Z., Shukla, M., Maseed, B. A., Wardak, G. F. M., Sardar, S., Matin, J., ... Trasi, R. (2015). Implementing people-centered health systems governance in 3 provinces and 11 districts of Afghanistan: A case study. <i>Conflict and Health</i> , 9(1)	3 provinces and 11 districts in Afghanistan	People-centred health systems governance approach
Carvalho, N., Salehi, A. S., & Goldie, S. J. (2013). National and sub-national analysis of the health benefits and cost-effectiveness of strategies to reduce maternal mortality in Afghanistan. <i>Health Policy and Planning</i> , 28(1), 62–74	A national program targeting mothers in Afghanistan	Modelled impacts of various individual and combined strategies to reduce maternal mortality
Edmond, K. M., Yousufi, K., Anwari, Z., Sadat, S. M., Staniczai, S. M., Higgins-Steele, A., ... Smith, E. R. (2018). Can community health worker home visiting improve care-seeking and maternal and newborn care practices in fragile states such as Afghanistan? A population-based intervention study. <i>BMC Medicine</i> , 16(1).	Pregnant women and new mothers in two districts of Afghanistan	Community health worker (CHW) home visits during the antenatal and postnatal periods

<sup>3</sup> Several studies examine both urban and rural areas: Anwari et al., 2015; Carvalho et al., 2013; SSDA, 2017; Engineer et al., 2016.

Study	Setting/ Beneficiaries	Intervention
Engineer, C. Y., Dale, E., Agarwal, A., Agarwal, A., Alonge, O., Edward, A., ... Peters, D. H. (2016). Effectiveness of a pay-for-performance intervention to improve maternal and child health services in Afghanistan: A cluster-randomized trial. <i>International Journal of Epidemiology</i>	Health facilities in 11 provinces (with part of bonuses passed on to health workers)	Pay-for-performance scheme
Mayhew, M., Ickx, P., Stanekzai, H., Mashal, T., & Newbrander, W. (2014). Improving nutrition in Afghanistan through a community-based growth monitoring and promotion programme: A pre-post evaluation in five districts. <i>Global Public Health, 9(sup1)</i> , S58–S75.	Illiterate, mostly female CHWs in 5 districts of Afghanistan, with ultimate beneficiaries being children 0–2 years of age	Community-based growth monitoring and promotion program
Lin, A., & Salehi, A. S. (2013). Stimulating demand: Effects of a conditional cash transfer programme on increasing maternal and child health-service utilisation in Afghanistan, a quasi-experimental study. <i>The Lancet, 381</i> )	Women and CHWs in 16 purposively selected districts across four provinces from 2009 to 2011, with indirect beneficiaries being infants and young children	Conditional cash transfers for women and/or CHWs to increase utilization of institutional delivery and DPT3 vaccination
Rao, K. D., Waters, H., Steinhardt, L., Alam, S., Hansen, P., & Naeem, A. J. (2009). An experiment with community health funds in Afghanistan. <i>Health Policy and Planning, 24(4)</i> , 301–311	Rural households in 4 provinces of Afghanistan	Community-based health insurance (CBHI) scheme, piloted in five provinces from 2005–2006
Society for Sustainable Development of Afghanistan (SSDA). (2017). Evaluation of the WASH in schools (WinS) programme (2008–2014): Evaluation report. Kabul, Afghanistan: UNICEF Afghanistan	School children and their families and communities	Construction of water and sanitation infrastructure in schools to advocate for the value and impact of school sanitation by the community, and promote the importance of WASH in schools at district, state, and national levels
Witvorapong, N., & Foshanji, A. I. (2016). The impact of a conditional cash transfer program on the utilization of non-targeted services: Evidence from Afghanistan. <i>Social Science &amp; Medicine, 152</i> , 87–95	Women and CHWs in 16 purposively selected districts across four provinces from 2009 to 2011, with indirect beneficiaries being infants and young children	Conditional cash transfers for women and/or CHWs to increase utilization of institutional delivery and DPT3 vaccination

## 5.2 Impact of Community-Based Programs

The objectives of the five community-based programs reviewed were largely centred on improving health sector governance, service provision, and utilization of health services. The studies used four designs: differences-in-differences (Anwari et al., 2015; Edmond et al., 2018), cross-sectional comparison of mean scores between matched treatment and control groups and pre–midline–post comparison of participants (Mayhew et al., 2014), pre-test–post-test (Rao et al., 2009), and a mixed-methods approach (SSDA, 2009). Overall, the community-based interventions reviewed were somewhat successful in creating positive change and impacts on Afghanistan’s health sectors and provision and access to health services. The subsequent paragraphs describe key characteristics and findings for each of these four studies.

Anwari et al. (2015) assess the outcomes of a people-centred health system governance intervention in three provinces and 11 districts in Afghanistan over a six-month period using a differences-in-differences approach, with a matched constructed control group. Provincial and district health systems governance guides were developed collaboratively and used by provincial and district health coordination committees to explore how to improve governance in their health systems and develop a governance action plan. Their study finds a 20% increase in the antenatal care visit rate, improvements across the four governing foci for action plans (accountability, engaging with stakeholders, setting a shared strategic direction, and stewarding resources responsibly), and an overall governance score improvement of 13 percentage points in provinces and 21 percentage points in districts. Despite these positive impacts, the authors do not find statistically significant impacts of the intervention on health system performance or health outcomes targeted by the intervention, such as rate of TT2+ vaccination for pregnant women, facility delivery rate, community health worker visit rate, new family planning rate, and TB cure rate. The authors attribute the lack of impact on health system performance to the short duration of the intervention, while highlighting the significance of these even modest outcomes as noteworthy, considering Afghanistan’s highly volatile security environment.

Edmond et al. (2018) use a differences-in-differences design to compare four treatment districts with four matched control districts over one year to determine whether home care visits by community health workers who receive training and incentives can improve maternal and newborn care practices. The authors find several positive impacts as a result of the intervention. There is a statistically significant increase (14%) in treatment districts in both the proportion of women whose delivery was attended by a skilled birth attendant and the proportion of women who sought care for maternal postnatal complications. In addition to this, a statistically significant increase (10%) is observed in antenatal visit attendance in treatment districts, with an increase as well for postnatal visit attendance. Despite these improvements, the authors find little improvement in the birth preparedness of pregnant women, nor in neonatal care practices overall. They also find a decrease (10%) in the proportion of women who initiated breastfeeding within one hour of birth in the treatment districts, while there was an increase in control districts.

Mayhew et al. (2014) use a cross-sectional comparison of mean weight-for-age (WFA) Z-scores between matched participant and non-participant groups to assess the impact of community-based growth monitoring and promotion (cGMP) tools on improving nutrition in children 0–2 years old in five districts in Afghanistan. Their evaluation finds that mean WFA Z-scores for participant children was 0.3 Z-scores higher than that of non-participants. The authors also find a positive association between cGMP sessions attended by children and increases in WFA.



Rao et al. (2015) utilize a one-group pre-test–post-test approach to evaluate the effectiveness of a community-based health insurance (CBHI) scheme, piloted in five provinces from 2005–2006. Funds raised from the community through premiums and user fees enabled the health facilities to overcome temporary shortages of drugs and supplies, and to conduct outreach services via mobile clinics. Community health fund members had markedly higher utilization of health services than non-members, although this is not surprising given that individuals self-selected for CBHI enrollment (so those with poorer health would be expected to be more likely to enroll). Overall, enrollment in CBHI was modest, as was cost-recovery for health facilities. The scheme also didn't appear to reduce out-of-pocket health expenditures at the community level.

UNICEF Afghanistan's evaluation of the Water, Sanitation, and Hygiene (WASH) in Schools (WinS) program assesses the impact of sanitation and water supply facilities and awareness-raising (SSDA, 2017). The intervention included "hardware" activities (construction of latrines, handwashing stations, and water supply facilities) and "software" activities (capacity building and behavioural change communication provided to teachers, community members, and family members; SSDA, 2017). The final sample was made up of 75 WinS schools and 31 comparison (non-WinS) schools (SSDA, 2017). The comparison schools were selected using stratified random sampling. WinS schools were generally better than comparison schools in terms of number and quality of drinking water and sanitation facilities. For example, more WinS schools had drinking facilities (77% versus 61% of comparison schools) and toilet blocks existed in almost all WinS schools (versus two-thirds of comparison schools). WinS schools also had better handwashing facilities than comparison schools. While the results show greater awareness among students in WinS schools about the value of handwashing, fewer students reported washing their hands after toilet use than in comparison schools (SSDA, 2017). The evaluation highlights three overarching lessons learned regarding effectiveness: 1) the focus of the program should be on ensuring effective service delivery of WASH services in schools; 2) improved integration of hardware and software planning and implementation will enhance effectiveness; and 3) school staff must be well oriented prior to the implementation of the program.

### 5.3 Impact of Financial Incentives

Two studies examined a conditional cash transfer (CCT) program implemented by the Ministry of Public Health and Global Alliance for Vaccine and Immunizations from 2009–2011. The objective of this program was to increase health service utilization in Afghanistan through CCT. The program's beneficiaries were households and community health workers in 16 purposively selected districts across four provinces. These provinces were chosen as they were considered to be more secure and had the necessary number of BPHS facilities, human resources, and supply of vaccines. Each district was assigned one of four arms: 1) the family arm, where women received cash for delivering at a health facility or bringing their child into the clinic for the DPT3 vaccination; 2) the CHW arm, where community health workers (CHWs) were given cash for each completed referral for DPT3 and institutional delivery; 3) the combined arm, where both women and CHWs received cash; and 4) the control arm, where no cash transfer was made to either CHWs or women. Assignment was not random.

Both Lin and Salehi (2013) and Witvorapong and Foshangi (2016) found that incentivizing women and community health workers (the combined arm) had the best outcomes. For example, Lin and Salehi (2013) found that the combined arm had an 8% increase in utilization of services as compared to the control group. The positive performance of the combined arm could be due to its alignment of incentives

for CHWs to provide information on health services and for women to use these services (Witvorapong & Foshanji, 2016). Controlling for household characteristics, Witvorapong and Foshanji's (2016) results suggest that receiving CCTs does not necessarily increase the probability of utilization of non-targeted services by women in the family and CHW arms. Importantly, they suggest that there are flaws with the data and limitations to their analysis that may impact results and warrant further research.<sup>4</sup> They also highlight the fact that the data does not capture the barriers Afghan women face in utilizing health care services, such as mobility and cultural attitudes, nor does it provide area-specific information, such as road conditions or access to other health programs. While there were positive impacts on beneficiaries, the authors of both studies suggest that further research is needed to establish more robust evidence that can guide the implementation of more effective CCT programs to enhance service utilization.

Witvorapong and Foshanji (2016) propose that in order to fill current knowledge gaps, future research should examine the role of the incentive structure in motivating CHWs, as well as the impact of CHWs on reducing cultural barriers for women to access health care services.

Engineer et al. (2016) evaluate a pay for performance (P4P) intervention, designed to enhance MCH services in Afghanistan by addressing the low motivation of health care workers and the poor quality of interactions between these workers and their patients. Using a randomized cluster trial, the authors examined health facilities (HF) in 11 provinces, matched by type of facility and outpatient volume, then randomly assigned to either the treatment or control group (Engineer et al., 2016). Their analysis focuses on 72 of these randomly matched pairs. The P4P bonuses were provided quarterly to treatment facilities and distributed at the discretion of each HF manager. Results for this intervention are mixed and mostly null. There were substantial increases in the treatment group in three of the 20 scorecard indicators: 1) quality of history and physical examinations index; 2) client counselling index; and 3) time spent with patients (Engineer et al., 2016). However, there were no substantial differences between the treatment and control groups in any of the five MCH coverage indicators: 1) modern contraception; 2) antenatal care; 3) skilled birth attendance; 4) postnatal care; and 5) childhood pentavalent vaccination. Other notable null impacts include no impact of the P4P on motivation and job satisfaction of health workers, client satisfaction, perceptions of quality of care, or level of community involvement. In addition to these null impacts, one negative impact was observed: a decrease in pentavalent coverage (5.7%) compared to the control group. Their results suggest that further research is required to understand the dynamic between P4P incentives and the performance of health care workers.

## 5.4 Impact of Integration of Services

Carvalho et al. (2013) use the Global Maternal Health Policy Model regarding the theoretical impacts of various interventions in Afghanistan from 1999–2002 to 2007–2008 on reducing maternal mortality. They modelled the impacts of individual interventions (e.g., family planning) and integrated interventions (e.g., integrated services supporting transportation and intrapartum care). Their results show that increased family planning was the most effective individual intervention to reduce maternal mortality. They estimate that up to 30% of pregnancy-related deaths could be prevented if contraception use approached 60% (Carvalho et al., 2013). In terms of integrated interventions, a stepwise approach that

<sup>4</sup> For example, they suggest that their regression analyses may suffer omitted variable bias, as CCT-beneficiary households on average had a higher level of self-reported awareness of health services, yet a similar level of MCH care utilization (Witvorapong & Foshenji, 2016).

paired improved family planning with incremental enhancements in skilled attendance, transportation, referral and appropriate intrapartum care, and high-quality facilities prevented roughly 75% of maternal deaths. Both the single intervention and the integrated intervention were found to be very cost-effective. However, the authors found that implementing only the stepwise enhancements listed above, without also improving family planning, was less effective and less cost-effective than the integrated intervention including family planning improvements. The authors highlight that there is a threshold (prevention of ~30–40% of deaths) for which additional reductions in maternal mortality are impossible without further investment in integrated strategies that secure access to obstetric and intrapartum care. The authors also point out the interdependence between recognition of referral need, transportation, and facility quality, stating that if all three of these barriers are not addressed, there is minimal improvement in maternal mortality.

## 5.5 Summary of Impact of Health Programs

A number of interventions appear to be effective in increasing the use of health services (e.g., antenatal care visits, deliveries attended by skilled health workers), including people-centred health system governance interventions (Anwari et al., 2015); home care visits by trained and incentivized community health workers (Edmond et al., 2018); community-based growth monitoring and promotion (Mayhew et al., 2014); and conditional cash transfers for women and community health workers (Lin & Salehi, 2013; Witvorapong & Foshangi, 2016).

Increased contraception use appears to be a cost-effective, culturally acceptable way to reduce maternal mortality. Impacts could be most pronounced when improved family planning is combined with skilled attendance, transportation, referral and appropriate intrapartum care, and high-quality facilities (Carvalho et al., 2013).

Financial incentives can work in certain cases, especially when they target the demand and supply side of health services (Lin & Salehi, 2013; Witvorapong & Foshangi, 2016). Their success depends on what they target, clear communication, and a prior analysis of barriers to determine that financial incentives would address shortcomings to result in positive impacts.

### Among the interventions that were *not* effective are the following:

1. A pay-for-performance intervention (Engineer et al., 2016)
2. Conditional cash transfers *other* than those specifically targeted by the incentives (Witvorapong & Foshangi, 2016)
3. Awareness-raising does not always translate into behaviour change; for example, a WASH intervention in schools resulted in greater awareness about handwashing but did not have a positive impact on actual handwashing (SSDA, 2017)

Interventions of short duration can only be expected to have limited impacts, especially in light of the highly volatile security environment in Afghanistan. Unintended negative impacts of interventions included a decrease in the early initiation of breastfeeding (Edmond et al., 2018) and a decrease in pentavalent coverage (Engineer et al., 2016). However, as each negative impact was only observed in one study, generalizing should be cautioned against.

The evaluations point to some factors that enabled effectiveness, among them high engagement and consultation with stakeholders; high levels of leadership and commitment, especially of the MPH; and a strong understanding of organizational culture and management, based on detailed analysis, not assumptions. Factors reducing effectiveness were a lack of coordination between stakeholders, a lack of prioritization on the part of the MPH and other governmental departments, inadequate human resources (e.g., a qualified health care workforce, qualified implementers), and high physical insecurity (e.g., persistent violence and conflict).

### Summary Table: Health

Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
Anwari et al. (2015)	<p>Difference-in-differences, with treatment districts/provinces (convenience sampling) compared to control districts/provinces (matched on geographical, cultural, ethnic, and economic profile, access to healthcare services, and security situation)</p> <p>Mixed-methods exploratory case study based on the analysis of governance self-assessment scores, health management information system data on health system performance, and focus group discussions</p>	<p>3 provinces (Wardak, Khost, Herat) and 11 districts (Narkh, Jalrez, Sayedabad, Ismailkhail-Mandozai, Alisher-Terezay, Qarabagh, Istalif, Eshkamish, Garmser, Spin Boldak, Qaysar) in Afghanistan</p>	<p>Provincial and district health system governance guides were developed collaboratively</p> <p>Provincial and district health coordination committees used these guides to explore how to improve governance in their health systems and develop a governance action plan</p> <p>The implementation of these plans was monitored by committee over 6 months by tracking actions in a spreadsheet</p> <p>Action plan activities were tailored to each situation but included interviewing patients and health service users to improve stakeholder engagement; encouraging health workers to share their challenges during joint monitoring visits to cultivate accountability; and recognizing health workers with outstanding performance to steward resources responsibly)</p>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ 20% increase in antenatal care visit rate</li> <li>■ Improvements across the 4 governing practices of focus: cultivating accountability, engaging with stakeholders, setting a shared strategic direction, and stewarding resources responsibly</li> <li>■ Overall governance score improvements of 13 percentage points in provinces and 21 percentage points in districts</li> </ul> <p><b>Null:</b></p> <ul style="list-style-type: none"> <li>■ No statistically significant impact of the intervention on health system performance or health outcomes (except for antenatal care visit rate)</li> <li>■ Performance indicators: rate of TT2+ vaccination for pregnant women, facility delivery rate, community health worker visit rate, new family planning rate, and TB cure rate</li> </ul>

Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
<p>Carvalho et al. (2013)</p>	<p>Use of the Global Maternal Health Policy Model (to estimate progress towards MDG 5 from 1999–2002 to 2007–2008, comparing expected benefits of different strategies)</p> <p>Data from a variety of sources: national, sub-national, and facility-based surveys and published studies</p>	<p>Mothers in Afghanistan</p>	<p>Modelled impacts of various strategies to reduce maternal mortality</p> <p>Single interventions (e.g., family planning) and strategies that combine several interventions packaged as integrated services (transportation, intrapartum care)</p>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ Increased family planning was the single most effective intervention to further reduce maternal mortality (up to 1 in 3 pregnancy-related deaths could be prevented if contraception use approached 60%) – a very cost-effective strategy</li> <li>■ A stepwise approach coupling improved family planning with skilled attendance, transportation, referral and appropriate intrapartum care, and high-quality facilities prevented 3 of 4 maternal deaths and is very cost-effective</li> </ul> <p><b>Null:</b></p> <ul style="list-style-type: none"> <li>■ Implementing only the stepwise intrapartum care upgrades (improvements in available skilled birth attendants for home births, recognition of referral needs, transportation, and availability/quality of emergency obstetric care, as well as shifts from home- to facility-based delivery) without also having family planning was less effective and less cost-effective than had family planning been included in the strategy</li> </ul>

Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
Edmond et al. (2018)	<p>Differences-in-differences</p> <p>Non-randomized population-based intervention study, with 4 intervention and 4 control districts (chosen with similar socio-demographics, access, and conflict status and comparable across a number of key variables)</p> <p>Study conducted over 1 year, from September 2015 to August 2016</p> <p>Baseline and end-line data were collected through surveys of women less than 12 months postpartum selected using two-stage sampling with probability of selection proportional to size (i.e., random selection of villages followed by random selection of households)</p>	<p>Study took place in Bamyan and Kandahar provinces, with two intervention districts per province (Arghandab, Dand, Bamyan, Yakawalang) and two control districts per province (Speenboldak, Daman, Panjab, Waras)</p> <p>Beneficiaries were over 1,400 women less than 12 months postpartum at baseline (709 in treatment, 699 in control) and over 1300 women at end-line (not the same women)</p>	<p><b>Treatment:</b></p> <p>Intervention of five components: home visits, training curriculum, training program, supervision, incentives.</p> <p>289 female CHWs (treatment) trained to provide eight home visits and behaviour change communication messages to pregnant women to 28 days postpartum (home visits at eight fixed moments in the antenatal and postnatal periods)</p> <p>CHWs not paid but provided with a performance-based incentive kit of household items</p> <p><b>Control:</b></p> <p>Women received standard care by CHWs without specific training in home visiting, maternal and child health, and behaviour change communication</p> <p><b>Treatment and Control:</b></p> <p>All health facilities received a health system strengthening package before the intervention and throughout the intervention period, including training for midwives, neonatal nurses, and local community health action groups on essential antenatal and newborn care</p>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ 11% improvement in facility delivery</li> <li>■ 14% increase in proportion of women whose delivery was attended by a skilled birth attendant</li> <li>■ 10% increase in attendance of antenatal and postnatal visits</li> <li>■ 14% increase women seeking care for postnatal complications</li> <li>■ Birth preparedness knowledge increased in the treatment vs. control villages</li> </ul> <p><b>Null:</b></p> <ul style="list-style-type: none"> <li>■ Birth preparedness (e.g., saving money for emergency transportation, pre-planning for a skilled birth attendant)</li> <li>■ Little improvement in neonatal care practices</li> </ul> <p><b>Negative:</b></p> <ul style="list-style-type: none"> <li>■ 10% decrease in women initiating breastfeeding within 1 h of birth in the intervention villages (increase in control villages)</li> </ul>

Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
Engi- neer et al. (2016)	<p>Cluster RCT.</p> <p>All 442 primary care facilities in 11 provinces were matched by type of facility and outpatient volume</p> <p>72 pairs were part of the study, with 1 randomly assigned to the P4P and the other to comparison arm</p> <p>Trial ran September 2010 to December 2012</p> <p>Data was collected from facilities, households, and health workers</p>	<p>230 health facilities (HF) were assigned to P4P (treatment) and 212 to control</p> <p>This paper focuses on 72 treatment and 72 control facilities (matched pairs)</p> <p>Both HF and health workers in treatment HF benefited from the P4P bonuses</p>	<p>P4P received by treatment facilities; bonus payments based on MCH services provided</p> <p>P4P bonuses provided quarterly to health workers, based on 9 health services reported; additional payments based on 2 measures of equity of service provision</p> <p>Funds to health workers channelled through NGOs and audited; managers distributed incentives in their own way; bonus amounts paid ranged from 6–28% above base salary, depending on the health worker's cadre</p>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ Substantial increases in 3 of 20 indicators: <ul style="list-style-type: none"> <li>- History and physical examinations</li> <li>- Client counselling</li> <li>- Time spent with patients</li> </ul> </li> </ul> <p><b>Null:</b></p> <ul style="list-style-type: none"> <li>■ No substantial differences: modern contraception; antenatal care; skilled birth attendance; postnatal care; childhood pentavalent vaccination</li> <li>■ No difference in equity measures</li> <li>■ No impact on motivation and job satisfaction of health workers</li> <li>■ No impact on client satisfaction, perception of quality of care, or level of community involvement</li> </ul> <p><b>Negative:</b></p> <ul style="list-style-type: none"> <li>■ 5.7% decrease in pentavalent coverage</li> </ul>

Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
<p>Mayhew et al. (2014)</p>	<p>Comparison of WFA Z-scores of participants and non-participants matched for age, sex, geographic area</p> <p>Children matched with non-participants outside of catchment area; self-selecting</p> <p>Evaluation in 78 of 99 health posts in 5 districts</p> <p>548 potential participants (6–18 months; attended at least 50% of sessions; registered at least 3 months in program; registered 9 months or younger</p> <p>414 participants and 414 non-participants measured</p>	<p>Illiterate, mostly female CHWs in 5 districts; ultimate beneficiaries children 0–2 years old</p> <p>5 rural districts of 5 provinces in Afghanistan</p> <p>Basic Package of Health Services implemented by 5 NGOs</p> <p>Different ethnic, language, religious groups; varied distance to closest urban centre</p>	<p>Program ran 2009–2011</p> <p>With community consultation, MPH developed pictorial community-based growth monitoring and promotion (cGMP) tools to help illiterate CHWs provide nutrition assessment and counselling</p> <p>CHWs were trained for 5 days</p> <p><b>3 program components:</b></p> <ol style="list-style-type: none"> <li>1) monitor weight of children 0–2 years; identify those with no gain</li> <li>2) give caretakers tools to “catch-up” growth with optimal feeding</li> <li>3) mobilize caretakers to weigh children and discuss appropriate food and feeding techniques with other female caretakers and CHWs</li> </ol> <p><b>2 other components of Integrated Child Survival Package:</b></p> <ol style="list-style-type: none"> <li>1) community-based integrated management of childhood illnesses (C-IMCI);</li> <li>2) basic essential maternal and newborn care</li> </ol>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ 0.3 Z-scores weight-for-age (WFA) higher than control</li> <li>■ Rate of change of WFA Z-score per session attended:             <ul style="list-style-type: none"> <li>- 0.05 Z-scores for the evaluation visit</li> <li>- 0.04 Z-scores for the last cGMP visit</li> </ul> </li> </ul>



Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
Lin & Salehi (2013)	<p>Sequential mixed methods design, difference-in-differences, interrupted time series, and qualitative study</p> <p>Non-random allocation of treatment arm to districts (negotiated among central and provincial staff; intervention and control districts balanced on a number of key characteristics)</p>	<p>Study from 2009–2011</p> <p>Households and CHWs in 16 districts across 4 provinces</p> <p>Indirect beneficiaries: infants and young children</p>	<p>Four districts selected in each province; each district randomly assigned an “arm”:</p> <p>1) Family Arm: Women received 300 AFNs for delivering at health facility, 150 AFNs for bringing child for DPT3 vaccination</p> <p>2) CHW Arm: CHWs received 150 AFNs per completed referral for DPT3 and institutional delivery</p> <p>3) Combined Arm: Both women and CHWs received incentives for delivery and DPT3 vaccination</p> <p>4) Control Arm: No cash transfer</p>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ Arm 3 showed an 8-percentage-point increase</li> </ul> <p><b>Null:</b></p> <ul style="list-style-type: none"> <li>■ See Lin (2016)</li> </ul> <p><b>Negative:</b></p> <ul style="list-style-type: none"> <li>■ See Lin (2016)</li> </ul>

Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
<p>Rao et al. (2009)</p>	<p>One-group pre-test–post-test, testing differences between baseline and end-line</p>	<p>Rural households within 90-minute walk of a selected health facility, in 4 provinces</p> <p>BHCs cover a population of 15,000–30,000; CHCs 30,000–60,000</p>	<p>Community Health Fund (CHF) piloted June 2005–October 2006, administered by health facility staff</p> <p>Subscription to CHF voluntary and open to all households, covered all services at health facility plus in-patient care at nearest district hospital</p> <p>Premium levels were set by facility staff in consultation with community members, varied with economic status and household size; economically vulnerable households enrolled free</p> <p>Patients not members of the CHF had to pay user fees (except free services); policy of not denying treatment or drugs to patients unable to pay</p>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ Funds raised enabled facility to overcome shortages of drugs and supplies, conduct outreach services via mobile clinic</li> <li>■ CHF members had markedly higher utilization of health services</li> </ul> <p><b>Null:</b></p> <ul style="list-style-type: none"> <li>■ Enrollment and cost-recovery modest</li> <li>■ No evidence of reduced out-of-pocket health expenditures at the community level</li> </ul>

Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
SSDA (2017)	<p>Mixed methods approach, qualitative and quantitative data, semi-structured interviews, key person interviews, and focus group discussions</p> <p>Quantified Participatory Assessment (QPA) method used to collect/analyze data from the field</p>	106 schools (75 WinS schools and 31 comparison schools)	<p>Hardware activities: construction of latrines, handwashing stations, and water supply facilities</p> <p>Software activities: capacity building, behavioural change interventions for improved hygiene in schools, school sanitation/hygiene education provided to teachers, community members, etc.</p>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ WinS schools generally better than comparison schools, measured by the number of WASH facilities</li> <li>■ More WinS schools (77%) had drinking water facilities than comparison (61%)</li> <li>■ Toilet blocks found in almost all WinS schools but only two-thirds of comparison</li> <li>■ More WinS schools had better handwashing stations (HWSs)</li> <li>■ WinS schools fewer access problems and fewer children bringing water from home</li> <li>■ Greater awareness of handwashing importance in WinS school students</li> </ul> <p><b>Negative:</b></p> <ul style="list-style-type: none"> <li>■ Fewer children in WinS schools washing hands after toilet than comparison</li> <li>■ Functional HWSs usually far from toilet blocks</li> <li>■ Coordination of stakeholders not effective; local stakeholders not involved in design, planning, construction</li> <li>■ No budget for WASH facilities</li> <li>■ WinS not effective in providing access to clean toilets with privacy</li> </ul>

Study	Study Design	Setting/ Beneficiaries	Intervention	Impacts
Witvora- pong & Foshanji (2016)	Regression analysis	See Lin & Salehi (2013)	See Lin & Salehi (2013)	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>■ Combined Arm had best utilization outcomes for both CCT-beneficiary women and their households</li> <li>■ 7.5–20.2% change in probability of utilizing non-targeted services; 13–32.8% for household members</li> </ul>

## 6 Impact Evaluations on Gender

### 6.1 Included Reports

We identified two studies on the impact of gender programs that met our inclusion criteria, Beath et al. (2013a) and Sloot & Becker (2013).

Beath et al. (2013a), assessed the impact of the NSP on gender equality. NSP mandates female representation in CDCs, and participation by men and women in elections for the council and in selecting development projects. Thus, NSP was hypothesized to contribute to gender equality in NSP villages. The evaluation is based on the same data and methods as the already discussed NSP evaluations (see Local Governance above). The main identification strategy is based on a field experiment involving 500 communities.

Sloot and Becker (2013) evaluated Oxfam’s advocacy work on women’s rights within the Rights in Crisis (RiC) campaign in Afghanistan from mid-2010 to mid-2012. The RiC campaign used campaigning, lobbying, and advocacy towards the international community, media, civil society, NGOs, and international conferences to influence Afghan government policy. Using process tracing, the evaluation assessed the program’s impact on women’s participation in the peace and reconciliation process and on the improved implementation of the “Elimination of Violence Against Women” (EVAW) law.

**Overview of studies:**

Study	Setting/ Beneficiaries	Intervention
Beath, A., Christia, F., & Enikolopov, R. (2013a). Empowering women through development aid: Evidence from a field experiment in Afghanistan	500 rural communities	Community driven development
Sloot, H., & Becker, S. (2013, December). Rights in crisis campaign Afghanistan project effectiveness review. Associate Consultants, The Coalition Factory.	Lawmakers and decision makers	Advocacy

## 6.2 The Impact of Gender Programs

Beath et al. (2013a) found a moderate positive impact on how men and women perceived the increased involvement of women in community decision-making. The mandated participation of women in the CDC led to an increased share of respondents who think that women should play a role in village decision-making and of respondents who think that women should participate in the selection of the village head-man. Also, both male and female respondents in were more likely to report an increase in the presence of “well-respected women” in the community. Women residing in villages that received NSP are no more likely to report increased frequency of socialization outside their household. However, despite increasing the role of women in village life, NSP has virtually no effect on their position within the family, with no change in their degree of agency over what is done with the money and assets that women identify as their own. The study finds no effect of the program on attitudes toward women in the broader public sphere extending beyond the community, as perceived by both men and women.

The Sloot and Becker (2013) evaluation estimated the probabilities of Oxfam’s work influencing specific outcome statements. The study concluded that with respect to RiC’s outcome statement 1) **Women’s Participation in the Peace and Reconciliation Process (WPPRP) is maintained on the agenda of Afghan decision makers**, this outcome has been achieved since Afghan decision makers (members of parliament, of the High Peace Council, and Afghan ministry officials) speak out openly in favour of WPPRP. Oxfam’s RiC campaign has contributed to maintaining WPPRP on the agenda of Afghan decision makers. It should be noted that this does not imply importance to or implementation by policymakers.

Concerning outcome statement 2) **The implementation of the Elimination of Violence Against Women (EVAW) law has improved over the period mid-2010 to mid-2012**, the program did not contribute to an improvement in the implementation of the EVAW law. Although more incidents of violence against women were reported and recorded, there was no increase in the number of court cases and convictions.

### 6.3 Summary of Impact of Gender Programs

No significant long-term sustainable impact of either program was found. Beath et al. (2013a) found the NSP efforts were unable to change rural Afghan attitudes toward gender roles, even though the NSP's gender quotas increased women's formal involvement in the community. Sloat & Becker (2013) found that the actual enforcement of EAW laws did not improve.

**Summary Table: Gender**

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Beath et al. (2013a)	Randomized controlled trial; 500 randomly selected villages received treatment compared to 500 control villages	Afghan Women from 500 randomized Afghan villages	Community development program with gender quotas that encourage women participation alongside men	NSP	<p>Increased formal participation in community governance</p> <p>Increased socialization outside of the home; increased attitudes towards female participation in governance</p> <p>No changes in attitudes towards women within the family/household or women's role in society more broadly</p>
Sloat & Becker, (2013)	Process tracing (to access causality of RIC efforts)	Afghan policy makers	Lobbying of Afghan policy makers regarding EAW laws on the policy agenda and adoption of these laws	Rights in Crisis Campaign (Oxfam)	<p>Oxfam effectively lobbied Afghan policy-makers to keep women's participation on the agenda</p> <p>Program not successful in getting government to better enforce EAW laws</p>

## 7 Impact Evaluations on Education

### 7.1 Included Reports

Afghanistan's education sector has seen considerable progress since the beginning of international engagement in 2002. Student enrollment increased from fewer than 1 million in 2001 to 7.5 million in 2011 (Islamic Republic of Afghanistan, 2012). Given the massive support of donors to the education system, it is surprising that we only found three impact evaluations.

The first, a study of Partnership for Advancing Community-based Education in Afghanistan run by Catholic Relief Services, investigates the impacts of the program on village-based schools. For each program village, Catholic Relief Services would provide educational materials and train teachers using the official government training materials. Within the village-based schools, children were taught based on the national curriculum. The evaluation aimed to assess the impact of the village-based schools on children's academic performance (Burde & Linden, 2012). The study is based on a randomized sample of 31 villages and 1,490 children in rural northwestern Afghanistan. All the treatment villages received a school while the control villages did not (Burde & Linden, 2012).

The second study is on UNESCO Kabul's Literacy for Empowering the Afghan Police (LEAP) program in 2011, which provided literacy training to patrol officers of the Afghan National Police (UNESCO, 2016). In the first phase, the four senior master trainers trained 20 provincial-level master trainers, who then trained 500 trainers. In the second phase, the program delivered literacy training to 10,000 police officers, both male and female (UNESCO, 2016). The UNESCO evaluation report examined the quality and impact of the literacy training on the literacy level of police officers (UNESCO, 2016). Data was collected using classroom observation and surveys (UNESCO, 2016).

The third evaluation investigated a UNICEF program named Improving Street-working Children's Access to Education and Livelihood Support for their Families. The program aimed to address key barriers to education for street-working children and touched on three dimensions: 1) access to quality education; 2) enhancing the household economic situation; and 3) strengthening social protection for children (UNICEF, 2017). The project used multiple interventions, such as accelerated learning classes, recreational activities, nutrition and hygiene support, and psychosocial, legal, and health services for 300 boys and girls. Additional support was provided to youth and parents in the children's households in the form of vocational training (in mobile repair, tailoring, hairdressing, etc.), business development skills training, and conditional cash grants of 15,000 AFN per participant. Finally, the project was accompanied by awareness-raising campaigns to help increase participants' understanding of the rights of children. The study used a quasi-experimental design for this evaluation using a mixed-methods approach of both quantitative surveys and qualitative interviews (UNICEF, 2017).

**Overview of included studies:**

Study	Setting/ Beneficiaries	Intervention/ Sector	Name of program
Burde, D., & Linden, L. L. (2012). The effect of village-based schools: Evidence from a randomized controlled	Village-based schools in 31 villages in rural northwestern Afghanistan	Education	Partnership for Advancing Community-based Education in Afghanistan (PACE-A)
UNICEF. (2017). Evaluation of improving street-working children's access to education and livelihood support for their families.	300 street-working children and youth in Kabul District 1	Education	Improving street-working children's access to education and livelihood support for their families
UNESCO. (2016). Evaluation of UNESCO's role in education in emergencies and protracted crises: The effects of police literacy training in Afghanistan.	10,000 police officers of the Afghan National Police	Education	Kabul's Literacy for Empowering the Afghan Police (LEAP) program

## 7.2 Impact of Education Programs

All of the evaluations reported an overall positive impact of the interventions on educational outcomes, although there were some caveats.

Burde & Linden (2012) found that the program had a significant, positive impact on school enrollment. The enrollment rate in schools of the treatment villages increased by 42 percentage points compared to an increase of 27 percentage points in the control villages. While many children in the control villages did not attend primary school, an impressive 74% of children in the treatment villages did. The program also caused a statistically significant increase in test scores and had a large impact on the existing gender disparities in education. While boys benefitted from this program, the benefits accrued much more to girls. The intervention eliminated the gender gap in enrollment and reduced the test score gap by one-third (Burde & Linden, 2012).

UNESCO (2016) conducted an evaluation of its literacy training on reading, writing, and numerical skills of 10,000 police officers. Overall, the program had a positive impact on the literacy level of the participants, controlling for other important factors such as former education. Estimations revealed that a one-unit increase in attendance to literacy training was expected to increase the odds of being in a higher level of reading literacy by 4.3%. Attending a 1–9-month training program would increase the possibility of having medium-level writing skills rather than having no writing skills by a factor of 2.44. Regarding numerical skills, for each additional month in literacy training, the relative odds of achieving a medium to high level of numerical skill compared to none increased by 8% and 10% respectively (UNESCO, 2016).



The Improving Street-working Children's Access to Education and Livelihood Support for their Families program was reported to have a positive impact on both the well-being of street-working children and the livelihood of their families. After the intervention, 68% of boys and 42% of girls both stopped working and attended schools. The program was also reported to have a positive influence on the childrearing capacity of the household and the perception of children's rights within the families. The study found that household income was the greatest driver of whether or not children worked in the streets.

### 7.3 Summary of Impact of Education Programs

In sum, these studies report that aid in the education sector was effective. The studies also highlight two findings which are of importance for future programming. First, school enrollment depends on the distance to travel to school. The majority of parents express their desire to send children to school; however, they believe that children cannot cope with long distances, particularly girls (Burde & Linden, 2012). Considering the high demand for education, increasing the number of village-based schools in remote regions would be effective. Second, UNICEF's project to help street-working boys and girls was successful because it touched on the economic and social conditions of the household. Cash transfers and vocational training for parents led to higher enrollment for their children (UNICEF, 2017).

**Summary Table: Education**

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Burde & Linden (2012)	Randomized controlled trial	Village-based schools in 31 villages in rural northwestern Afghanistan	Education	Partnership for Advancing Community-based Education in Afghanistan (PACE-A)	Increased enrollment and test scores among all children, especially girls  Intervention eliminates gender gap in enrollment and reduces test score gap by one-third
UNICEF (2017)	Logically constructed counter-factual	300 street-working children and youth in Kabul District 1	Education	Improving street-working children's access to education and livelihood support for their families	Positive impact on socioeconomic resilience of the households, educational achievement, and reduced unsafe work  Percentage of boys attending school is higher than girls

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
UNESCO (2016)	Statistically created counter-factual	10,000 patrol officers of the Afghan National Police	Education	Kabul's Literacy for Empowering the Afghan Police (LEAP) program	UNESCO literacy training effective in enhancing literacy levels (reading, writing, numeracy) of police officers of the Afghan National Police

## 8 Impact Evaluations on Energy

### 8.1 Included Reports

We identified only two studies examining the impact of energy schemes on social and economic outcomes. Results should be treated with some caution since they are based on an ex-post-consumer survey with a very small sample.

### 8.2 The Impact of Micro-Energy Schemes

Cole (2018) studied the impact of the Bamyan Renewable Energy Program. In 2014, the program built four solar–diesel hybrid electricity generation stations and associated distribution networks. By the middle of 2017, around 4,000 customers were supplied, mainly households but also commercial and government premises. The goal of the program was to promote economic and social development of Bamyan. Electrification was also believed to be beneficial to the human capacity-building of the recipient households (Cole, 2018).

The author used a before and after approach to examine the changes in quality of life of the households because of the intervention. Data was collected using a “customer satisfaction” survey of 79 households that showed the program increased the usage of electricity of households. Access to electricity can “contribute to well-being by enhancing basic capacities such as maintaining good health, being educated, being informed, able to rest and relax after a day of work and achieving financial security” (Cole, 2018). Electricity also provided lighting so that people could work for longer hours, giving people “greater choice and as such increased freedom to live the lives they choose – that is, increased agency” (Cole, 2018; 2002). The study did not test whether the program had a wider impact on economic activities.

Shoaib and Ariaratnam (2016) assessed the economic and social impact of community-based renewable energy programs in two communities: 1) the Sheikh Ali community in Northern Kabul with a population of 22,831, and 2) the Shebar community in Bamyan Province with 26,100 inhabitants. Sheikh Ali hosts ten micro-hydro power plants, each with a capacity of 5 Megawatts, two windmills with a capacity of 1 Megawatt, as well as numerous individual home-based solar power systems. Shebar has five micro-hydro power stations, each with a capacity of 1 Megawatt. There are also a large number of windmills and solar home systems (SHS) installed.

Data was collected using one-on-one focus group interviews where interviewers and respondents interacted directly. The program was reported to have a positive impact on the living standards of the recipients in many dimensions, but had little impact on economic activities, such as job creation and business flourishing. The main reason for this is that renewable energy is mostly used by households, not for industrial purposes (Shoaib & Ariaratnam, 2016).

### Overview of the studies on electrification:

Study	Setting/ Beneficiaries	Intervention/ Sector	Name of program
Cole, P. (2018). <i>Assessing the impact of a renewable energy programme in Bamyan, Afghanistan: The value of a capability approach. Energy for Sustainable Development, 45</i> , 198–205.	4000 customers in Bamyan province	Four solar–diesel hybrid electricity generation stations	Bamyan Renewable Energy Program
Shoaib, A., & Ariaratnam, S. (2016). <i>A study of socioeconomic impacts of renewable energy projects in Afghanistan. Procedia Engineering, 145</i> , 995–1003.	Inhabitants in Sheikh Ali community in Northern Kabul and Shebar community in Bamyan	Micro-hydro power plants	Community-based renewable energy (CRE) projects in Sheikh and Shebar

### 8.3 Summary of Impact of Energy Programs

Both programs brought electricity produced by micro-hydro power plants to local households. Beneficiaries reported satisfaction with the program and an increased quality of life. However, there was no significant impact on increased economic activities.

The most significant improvements were seen in the provision of services, such as health services since the clinics were equipped with backup solar power stations while the rest of the public offices did not have that facility, followed by education services and government services. Economic indicators of job and enterprise creation showed the lowest improvement since the energy produced by the renewable energy systems was primarily used for lighting and home appliances; none of the communities used the electricity produced in these plants for industrial purposes. The limited capacity for electricity production and the high demand in the households were the main reasons hindering the use of electricity for productive purposes.

**Summary Table: Energy**

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Cole (2018)	Ex-post-consumer survey among 79 households	4000 customers in Bamyan province	Four solar–diesel hybrid electricity generation stations	Bamyan Renewable Energy Program	<p>Extended working hours</p> <p>Electricity enables services like lighting, labour-saving appliances, and communication systems</p> <p>Increase people’s secondary capacities, such as reading, to be informed and educated</p>
Shoaib et al. (2016)	Ex-post-consumer survey among 80 respondents in Shebar and 60 in Sheikh Ali	Inhabitants in Sheikh Ali community in Northern Kabul and Shebar community in Bamyan	Micro-hydro power plants	Community-based renewable energy (CRE) projects in Sheikh and Shebar	Moderate improvement in living standards

## 9 Impact Evaluations on Shelter

### 9.1 Included Reports

While we did not specifically search for evaluations on international shelter assistance, we found one study on the topic that met our inclusion criteria and we therefore report its results here.

UNHCR launched a shelter assistance program in Afghanistan, targeting returning refugees. Following a self-help model in which beneficiaries built their own, the program has constructed more than 220,000 shelters since 2002. The evaluators assessed the program in 2009–2011 using household surveys and propensity score matching to test whether the shelter assistance program realized UNHCR's aim of improving the socioeconomic well-being of the beneficiaries. Loschmann, Parsons, and Siegel used a multidimensional approach to measure poverty: economic welfare, health, education, and basic services.

#### Overview of shelter assistance:

Study	Setting/ Beneficiaries	Intervention/ Sector	Name of program
Loschmann C., Parsons, C. R., & Siegel, M. (2015). Does shelter assistance reduce poverty in Afghanistan? <i>World Development</i> , 74, 305–322.	Constructed more than 220,000 shelters for returned refugees and non-refugees	Shelter assistance	UNHCR's shelter assistance program in Afghanistan, 2009–2011

### 9.2 Summary of Impact of Shelter Programs

The empirical results showed that the shelter assistance reduced the multidimensional poverty index of the beneficiaries by 3 percentage points. The program had its greatest impact on dietary diversity, food security, and heating. However, the researchers also found that the program fell short of its ambitious goal of improving the overall socioeconomic well-being of recipients. Overall, providing shelter assistance had a modest impact on improving the livelihoods of recipients (Loschmann et al., 2015).

#### Summary Table: Shelter

Study	Study Design	Setting/ Beneficiaries	Intervention	Name of program	Impacts
Loschmann et al. (2015)	Statistically created counterfactual, propensity score	Constructed more than 220,000 shelters for returned refugees and non-refugees	Shelter assistance	UNHCR's shelter assistance program in Afghanistan during 2009–2011	Significant poverty reducing effect, positive impact on health and education, access to basic services, dietary diversity

## 10 Conclusions

We now provide our conclusions from the systematic review of available impact evaluations of aid to Afghanistan.

1. We begin by noting that the **evidence base is good for the sectors of stabilization and health and medium for sub-national governance. It is small for the sectors of education, gender, energy and shelter.** We also note that the findings of this systematic review are very much in line with findings from our analysis of country-level bilateral evaluations, and other evaluation reports by multi-lateral organizations and NGO (cf. the other reports in this series), which increases our confidence in the results.
2. Surprisingly, **there are no impact evaluations in the fields of capacity building, water and sanitation, roads and bridges, and sustainable economic development.**
3. **Aid** (in this case mainly small infrastructure) **was rarely an effective tool for stabilization. Overwhelmingly, aid did not have an effect on stability, or it even exacerbated conflicts,** by fueling inter-group tensions and attracting insurgent violence. Notably, no evaluation found that CERP - the flagship stabilization program of the US army - led to more stability. One study investigated the impact of a vocational training program on stability and while it found that the program increased economic opportunities for beneficiaries, it also found that beneficiaries were not less likely to support insurgents. **This suggests that a lack of economic opportunities alone does not explain support for insurgency.**
4. The wider literature suggests a number of possible reasons why aid does rarely increase stability. In insecure regions where insurgents retain capacity, they may react to stabilization aid by sabotaging aid projects and by preventing local communities from cooperating with the government. Also, aid may attract rent-seeking behaviour and predation, which also increases violence. Aid also may increase corruption, spur intercommunal tension, and thereby further destabilize the situation.
5. **Aid only had a stabilizing effect when it was implemented in reasonably secure regions under government control.** In addition, chances for stabilization increased when aid projects were implemented in participatory ways - preferably through accepted local authorities - and when aid was transparent and did not benefit local power brokers through corruption or nepotism.
6. The **National Solidarity Program (NSP) increased access of villages to basic services,** especially in sectors such as drinking water, electricity and irrigation.
7. NSP also had a positive impact on the perceptions of villagers on the economic situation, **but only a very limited impact on objective measures of economic growth** and poverty reduction.
8. NSP also led to an increase in positive attitudes towards sub-national and national government, but only in villages with a relatively good security environment.
9. NSP mandated that **women must be represented** in the elected Community Development Council (CDC). There is **no evidence that the formal participation of women in the CDCs has had a tangible impact on gender equality.**

10. **The two reviewed gender programs were not effective.** NSPs efforts were unable to change rural Afghan attitudes toward gender roles, even though the NSP's gender quotas increased women's formal involvement in the community. And an advocacy program for a better enforcement of the "eliminating violence against women" legislation was not effective. These findings are in line with results from other evaluation studies (cf. the other reports in this series) which found that the cultural context in Afghanistan was not conducive to effectively implementing gender programs.
11. **Interventions in the health sector were usually effective.** Antenatal care visits, deliveries attended by health workers, home care visits by health workers, conditional cash transfers for women and community health workers, and improved family planning combined with skilled attendance are examples of effective interventions.
12. Also **effective were interventions in the education sector.** Well-targeted projects improved outcomes in primary education.
13. **Micro-hydro power systems increased access to services and improved them,** by providing energy to health clinics, public offices and schools. The programs were **well received by the beneficiaries, but did not lead to increased economic activities.**

## 11 References

- Adams, G.** (2015). Honing the proper edge: CERP and the two-sided potential of military-led development in Afghanistan. *The Economics of Peace and Security Journal*, 10(2), 53–60.  
<https://EconPapers.repec.org/RePEc:epc:journl:v:10:y:2015:i:2:p:53-60>
- Anwari, Z., Shukla, M., Maseed, B. A., Wardak, G. F. M., Sardar, S., Matin, J., ... Trasi, R.** (2015). Implementing people-centered health systems governance in 3 provinces and 11 districts of Afghanistan: A case study. *Conflict and Health*, 9(1). doi:10.1186/1752-1505-9-2
- Beath, A., Christia, F., & Enikolopov, R.** (2013a). Empowering women through development aid: Evidence from a field experiment in Afghanistan. <https://dspace.mit.edu/handle/1721.1/83869>
- Beath, A., Fotini, C., & Enikolopov, R.** (2013b). Do elected councils improve governance? Experimental evidence on local institutions in Afghanistan. World Bank.
- Beath, A., Fotini, C., & Enikolopov, R.** (2015). The national solidarity program: Assessing the effects of community-driven development in Afghanistan. World Bank.
- Beath, A., Fotini, C., & Enikolopov, R.** (2017). Can development programs counter insurgencies? Evidence from a field experiment in Afghanistan. World Bank.
- Böhnke, J., & Zürcher, C.** (2013). Aid, minds and hearts: The impact of aid in conflict zones. *Conflict Management and Peace Science*, 30(5), 411–432.
- Burde, D., & Linden, L. L.** (2012). The effect of village-based schools: Evidence from a randomized controlled trial in Afghanistan. National Bureau of Economic Research (No. w18039).
- Carvalho, N., Salehi, A. S., & Goldie, S. J.** (2013). National and sub-national analysis of the health benefits and cost-effectiveness of strategies to reduce maternal mortality in Afghanistan. *Health Policy and Planning*, 28(1), 62–74. doi:10.1093/heapol/czs026
- Central Statistics Organization** (CSO), Ministry of Public Health (MoPH), and ICF. (2017). Afghanistan demographic and health survey 2015. Kabul, Afghanistan: Central Statistics Organization.
- Child, T.** (2014). Hearts and minds cannot be bought: Ineffective reconstruction in Afghanistan. *The Economics of Peace and Security Journal*, 9(2), 43–49. doi:10.15355/epsj.9.2.43
- Chou, T.** (2012). Does development assistance reduce violence? Evidence from Afghanistan. *The Economics of Peace and Security Journal*, 7(2), 5–13.  
<https://www.epsjournal.org.uk/index.php/EPSJ/article/view/138/132>
- Cole, P.** (2018). Assessing the impact of a renewable energy programme in Bamyán, Afghanistan: The value of a capability approach. *Energy for Sustainable Development*, 45, 198–205.
- Edmond, K. M., Yousufi, K., Anwari, Z., Sadat, S. M., Staniczai, S. M., Higgins-Steele, A., ... Smith, E. R.** (2018). Can community health worker home visiting improve care-seeking and maternal and newborn care practices in fragile states such as Afghanistan? A population-based intervention study. *BMC Medicine*, 16(1). doi:10.1186/s12916-018-1092-9
- Engineer, C. Y., Dale, E., Agarwal, A., Agarwal, A., Alonge, O., Edward, A., ... Peters, D. H.** (2016). Effectiveness of a pay-for-performance intervention to improve maternal and child health services in Afghanistan: A cluster-randomized trial. *International Journal of Epidemiology*, 45(2), 451–459. doi:10.1093/ije/dyv362



- Fishstein, P., & Wilder, A.** (2012). Winning hearts and minds? Examining the relationship between aid and security in Afghanistan. Feinstein International Center.  
<http://fic.tufts.edu/publication-item/winning-hearts-and-minds-examing-the-relationship-between-aid-and-security-in-afghanistan/>
- Gordon, S.** (2011). Winning hearts and minds? Examining the relationship between aid and security in Afghanistan's Helmand Province. Feinstein International Center.  
<http://fic.tufts.edu/publication-item/winning-hearts-and-minds/>
- Haysom, S., & Jackson, A.** (2013). "You don't need to love us": Civil–military relations in Afghanistan, 2002–13. *Stability: International Journal of Security and Development*, 2(2).  
<https://www.stabilityjournal.org/articles/10.5334/sta.by/>
- Karell, D.** (2015). Aid, power, and grievances: Lessons for war and peace from rural Afghanistan. *The Economics of Peace and Security Journal*, 10(2), 43–52.
- Komorowska, K.** (2016). Citizen voice in Afghanistan: Evaluation of national solidarity programme III. Oxfam.
- Lin, A.** (2016). Stimulating demand: An assessment of the conditional cash transfer project in Afghanistan. (Unpublished doctoral dissertation). Johns Hopkins University, Baltimore, Maryland.
- Lin, A., & Salehi, A. S.** (2013). Stimulating demand: Effects of a conditional cash transfer programme on increasing maternal and child health-service utilisation in Afghanistan, a quasi-experimental study. *The Lancet*, 381, S84. doi:10.1016/S0140-6736(13)61338-0
- Loschmann C., Parsons, C. R., & Siegel, M.** (2015). Does shelter assistance reduce poverty in Afghanistan? *World Development*, 74, 305–322.
- Mayhew, M., Ickx, P., Stanekzai, H., Mashal, T., & Newbrander, W.** (2014). Improving nutrition in Afghanistan through a community-based growth monitoring and promotion programme: A pre–post evaluation in five districts. *Global Public Health*, 9(sup1), S58–S75. doi:10.1080/17441692.2014.917194
- Mercy Corps.** (2015). Does youth employment build stability? Evidence from an impact evaluation of vocational training in Afghanistan.  
[https://www.mercycorps.org/sites/default/files/MercyCorps\\_AfghanistanINVEST\\_ImpactEvaluation\\_2015.pdf](https://www.mercycorps.org/sites/default/files/MercyCorps_AfghanistanINVEST_ImpactEvaluation_2015.pdf)
- Plumb, R. I., Shapiro, J. N., Crisman, B., Singh, M., & Mao, J.** (2017). Stabilization in Afghanistan: Trends in violence, attitudes, well-being and program activity. RAND Corporation.  
[https://www.rand.org/pubs/working\\_papers/WR1192.html](https://www.rand.org/pubs/working_papers/WR1192.html)
- Rao, K. D., Waters, H., Steinhardt, L., Alam, S., Hansen, P., & Naeem, A. J.** (2009). An experiment with community health funds in Afghanistan. *Health Policy and Planning*, 24(4), 301–311. doi:10.1093/heapol/czp018
- Sexton, R.** (2016). Aid as a tool against insurgency: Evidence from contested and controlled territory in Afghanistan. *American Political Science Review* 110(4), 731–749.
- Shoaib, A., & Ariaratnam, S.** (2016). A study of socioeconomic impacts of renewable energy projects in Afghanistan. *Procedia Engineering*, 145, 995–1003.
- SIGAR.** (2013, September). Health services in Afghanistan: USAID continues providing millions of dollars to the Ministry of Public Health despite the risk of misuse of funds. Special Inspector General for Afghanistan Reconstruction (SIGAR Audit 13-17), Arlington, VA.

**SIGAR.** (2018, May). Stabilization: Lessons from the U.S. experience in Afghanistan. Special Inspector General of Afghanistan Reconstruction 18-48-LL.

<https://www.sigar.mil/pdf/lessonslearned/SIGAR-18-48-LL.pdf>

**Sloot, H., & Becker, S.** (2013, December). Rights in crisis campaign Afghanistan project effectiveness review. Associate Consultants, The Coalition Factory.

**Society for Sustainable Development of Afghanistan (SSDA).** (2017). Evaluation of the WASH in schools (WinS) programme (2008–2014): Evaluation report. Kabul, Afghanistan: UNICEF Afghanistan.

**UNESCO.** (2016). Evaluation of UNESCO's role in education in emergencies and protracted crises: The effects of police literacy training in Afghanistan.

**UNICEF.** (2017). Evaluation of improving street-working children's access to education and livelihood support for their families.

**Witvorapong, N., & Foshanji, A. I.** (2016). The impact of a conditional cash transfer program on the utilization of non-targeted services: Evidence from Afghanistan. *Social Science & Medicine*, 152, 87–95. doi:10.1016/j.socscimed.2016.01.043

**World Health Organization.** (2015). Trends in maternal mortality, 1990 to 2015: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva, Switzerland: WHO.

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