# *Measuring Progress toward Social Well-Being in Afghanistan*

Beth Starr
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Dr. James Narel
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**Introduction:**

Afghanistan falls squarely into the fragile/weak and failing/failed states paradigm on which the U.S. and others in the developed world base their fears of threats from the developing world. This concept was embodied in the George W. Bush administration's 2002 *U.S. National Security Strategy*, that

> "weak states, like Afghanistan, can pose as great a danger to our national interests as strong states. Poverty does not make poor people into terrorists and murderers. Yet poverty, weak institutions, and corruption can make weak states vulnerable to terrorist networks and drug cartels within their borders" (The White House 2002, 3).

This paradigm has served as a policy justification for intervention in weak and failed states where U.S. interests are perceived to be threatened, and placed development assistance for Afghanistan not only as a priority for funding, but also at the top of the U.S. national security agenda (Wyler 2008, 5-6). U.S. policy toward weak and failing states was further codified within the 2005 *National Security Presidential Directive 44*, which directs that the U.S. government should "anticipate state failure, avoid it whenever possible, and respond quickly and effectively when necessary and appropriate" (Wyler 2008, 1).

The U.S. leads the world in security and development assistance to Afghanistan, having appropriated almost 32 billion dollars since 2001 (U.S. Department of State 2008, par. 2). Within this funding are four major areas of investment: governance, prosperity, security, and counternarcotics (Ibid., par. 3-6). Under prosperity, the U.S. has funded reconstruction of roads and schools, disbursed micro-finance loans, provided $205 million in food aid, and trained over 75,000 teachers (Ibid., par. 4). U.S. assistance is based on priority needs according to the latest international agreement, the Afghanistan

Compact (2006) and the new, five-year Afghanistan National Development Strategy (2008) (Ibid., par. 2). Thus, the aftermath of the September 11th attacks produced not only U.S. foreign policy changes in regards to fragile states, but also unprecedented financial commitments by the U.S. and its allies to humanitarian aid and development in Afghanistan (Rieff 2002, 296). Furthermore, since U.S. national security and humanitarian aid policies are intertwined in Afghanistan, the U.S. military and NATO Allies are leading the reconstruction effort, even though their objectives and priorities are sometimes at odds with those of non-governmental and international humanitarian organizations (Perito 2007, 121-122).

The U.N. presided over the Bonn Agreement, signed on December 5th 2001, which was aimed at ending conflict and beginning reconstruction in Afghanistan (UNAMA 2005, par. 1). The Bonn Agreement was the first of several subsequent agreements designed to rebuild the country's devastated social and physical infrastructure and to establish the State of Afghanistan with democratic institutions following almost 30 years of civil wars and foreign interventions (Ibid., par. 1-8). A year later, in January 2002, the U.N. hosted an International Conference on Reconstruction Assistance on Afghanistan in Tokyo, with over 65 nations participating, as well as non-governmental organizations engaged in humanitarian relief, which resulted in pledges of five billion dollars toward reconstruction over six years (UNAMA n.d., par. 5). Another conference in Berlin in 2004 raised over eight billion dollars for Afghanistan recovery (Ibid., par. 67). The London Conference on Afghanistan in 2006 resulted in international donors, the U.N. and the Afghan government signing The Afghanistan Compact which replaced the

Bonn Agreement, and renewed commitments of international investment through 2011 (NATO 2006, 1-2).

**Background:**

> "Six years after the launching of the military intervention that overthrew the Taliban and deprived al-Qaeda of its sanctuary, there is good news in Afghanistan. Hamid Karzai continues to rule as the country's first democratically elected president. In many areas of the country, commerce is flourishing and children (including young women) are back in school. Yet at the same time, Afghan public opinion is increasingly uneasy about the ability of U.S. and NATO forces to provide security" (Kugelman 2007, par. 1).

This appraisal of the status of the international intervention in Afghanistan was a summary opinion of scholars asked to measure the success or failure of the intervention during a panel discussion at the Woodrow Wilson International Center for Scholars in December 2007. This assessment would indicate that despite the failures in securing the country, there have been political, economic, and social welfare successes in Afghanistan. On the other hand, despite a massive commitment of international resources since 2001, Afghanistan remains near the bottom in five leading indices of failed state/state fragility status in 2007-2008, including the World Bank, the U.S. State Department, George Mason University, the Fund for Peace, and the Brookings Institution (Wyler, 28-31).

Afghanistan, however, has always been one of the world's most underdeveloped nations, so progress is expected to be slow and must be measured over a very long period of time (Marlowe 2007, par. 5). In order to measure progress toward social well-being, this concept would need to be defined, the goals well understood, and a starting point from which to measure progress established. For the purposes of this research paper, the starting point is January 2002, which marked the initial major international commitment

to stabilize and rebuild Afghanistan at the Tokyo Conference (UNAMA n.d., par. 3). Although it is difficult to identify a widely acceptable definition of social well-being, the United Nations Millennium Development Goals (MDG) provide an internationally accepted set of overarching goals that have been incorporated into various development strategies for Afghanistan (UNDP n.d., par. 1). These goals include 1) eradicate extreme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) reduce child mortality; 5) improve maternal health; 6) combat HIV/AIDS, Malaria, TB, and other diseases; 7) ensure environmental sustainability; 8) develop a global partnership for development; and 9) enhance security (UNDP n.d., par. 6-14). Security was added to the development goals due to its interrelationship with social well-being; however, this aspect will not be included in this study. This study will address aspects of social well-being that generally relate to MDG 1-5, and include assessments of access to and effectiveness of health care, education, clean water, sanitation, food and shelter.

This research paper analyzes institutional performance toward improving social well-being in Afghanistan since the Tokyo Conference of 2002. This assessment uses the United States Institute of Peace (USIP) Center for Post-Conflict Peace and Stability Operations Metrics Framework for Assessing Conflict Transformation and Stability, also known as Measuring Progress in Conflict Environments (MPICE) (USIP 2008a, 5-6). This framework is useful for peace operations assessments as an "instrument for practitioners to track progress from the point of intervention through stabilization" (Ibid., 3). The methodologies in the MPICE framework include content analysis, expert opinion, statistical analysis, and survey/polling data. Rather than examine the entire

spectrum of social well-being as defined in MPICE, this paper will assess two key aspects of institutional performance: access to basic needs, and provision of basic social services (Ibid., 47-48). This paper will use data from academic journals, books, and other official electronic or published media as the basis for this analysis.

The MPICE framework may be useful in compiling measurable data to assess progress towards self-sustaining peace, or "viable peace" in Afghanistan (Covey, Dziedzic, and Hawley 2005, 15). Viable peace is defined as an ultimate end state in which "sufficient transformation has been achieved in diminishing violence-prone power structures and developing institutions capable of resolving disputes peacefully" (Ibid.). Toward achieving a self-sustaining, viable, peace there are five mission areas defined within the MPICE framework: a safe and secure environment; rule of law; stable democracy; sustainable economy; and social well-being (USIP 2008a, 4). These mission areas complement another USIP conceptual framework which describes similar mission objectives as desired end-states for fragile societies emerging from conflict (Serwer and Thomson 2007, 369-387). These mission areas, or end-states, then, can be conceived as the overarching objectives against which progress toward self-sustaining peace is measured.

MPICE also establishes intermediary, measurable goals and objectives within the framework. MPICE defines these intermediary objectives within three stages of conflict transformation, from zero (imposed stability) through stage one (assisted stability), to stage two (self-sustaining peace) (USIP 2008a, 4). The objectives for the first stage of conflict transformation for the social well-being mission area include:

> "Societal cleavages, social disintegration, population displacement, and demographic pressures no longer actively fuel violent conflict. Local

> institutions, *with the support of a sustainable level of international assistance,* provide access to basic necessities (i.e., food, water, shelter) and deliver social services (i.e., health care, education, and sanitation) in an increasingly equitable manner." (Ibid., 43).

These objectives for the first stage of conflict transformation will be used as benchmarks for this analysis, since continued international intervention indicates Afghanistan remains between stage zero and stage one.

MPICE also lists goals toward these objectives. Goals are listed separately as steps toward diminishing drivers of conflict, and steps indicating progress toward strengthening institutional performance (Ibid.). This paper will use two of the goals indicating progress toward strengthening institutional performance as the basis of this assessment: 1) access to basic necessities strengthened; and 2) provision of basic social services strengthened (Ibid.). MPICE further suggests three areas for analysis within each of these two goals. For the goal of access to basic necessities, food security, access to water and sanitation, and access to shelter are analyzed (Ibid., 47). For provision of basic social services, accessibility and effectiveness of health care, and accessibility and effectiveness of education, are used as indicators for meeting this goal (Ibid., 47-48).

The following data analysis is based upon the MPICE framework for assessing institutional performance, applied to the international intervention in Afghanistan in the social well-being mission area. Under each of the major objectives are goals, then indicators that contain suggested methodologies for acquiring data for analysis. This assessment uses the suggested methodologies where sufficient data are available; otherwise other available information or methodologies are used that contribute to understanding Afghanistan's progress toward achieving the stated goals. Where available through published and electronic media, the MPICE suggested data gathering

methodologies are utilized: content analysis (CA), expert opinion (EO), statistical analysis (SA), and survey/polling data (S/PD) (Ibid., 5-6).

**Assessing Institutional Performance:**

**A. Access to Basic Needs:**

**1. Food Security:**

- ***Number of deaths due to malnourishment. (SA)***

Although statistics on the number of deaths due to malnourishment are difficult to obtain, the World Food Programme (WFP) Country Director for Afghanistan reported in 2007 that one in five Afghans were undernourished, and over forty percent of children under five years old were malnourished (Corsino 2007, par. 7). A normal diet for most Afghanis consists largely of tea and bread (Ibid.). Small and weak children at risk of illness were the most common indicators of hunger and malnutrition noted by WFP, which in order to compensate for this deficiency, has concentrated efforts to provide rations for children in schools (Ibid., par. 12). However 2007 statistics indicated that 54 percent of children under five years old are stunted and 6.7 percent are severely malnourished (WFP 2008, par. 11). Nearly 40 percent of children under three years old are moderately or severely underweight, and 33 percent of children under five suffer from malnutrition (UNDP 2008, par. 4, and The World Bank 2007, 1). An estimate of children under five years of age suffering from moderate or severe stunting from 2006 was 54 percent (UNICEF n.d., 1). Furthermore, 72 percent of children, and 48 percent of women are considered iron-deficient (WFP 2008, par. 11).

Indicators of deaths due to malnourishment may be inferred from infant mortality rates, maternal mortality, and overall life expectancy statistics. The WFP reported in

2008 that life expectancy in 2007 was 44.5 years for men, and 44 for women (Ibid.). Statistics that contributed to a low life expectancy included an infant mortality rate of 115 per 1,000 live births, and a maternal mortality of 1,600 per 100,000 live births (Ibid.). Although perhaps not a direct result of malnutrition, the condition may likely have contributed to the infant and maternal mortality and/or life expectancy statistics.

- ***Perception of heads of households that, under normal conditions, they are able to meet their food needs either by growing foodstuffs/raising livestock or purchasing food on the market. (S/PD)***

A 2005 National Risk and Vulnerability Assessment by the WFP found that 6.6 million Afghans do not meet minimum food requirements (WFP 2008, par. 4). Based on available data, the number of families unable to meet basic food consumption requirements had increased between 2005 and 2007, and the overall food security situation continued to deteriorate in 2008 (WFP 2008a and WFP 2007b). In 2007, the WFP in coordination with Afghan Ministries conducted a survey of 127 districts in Afghanistan, interviewing over 1,500 rural, 1,000 urban, and 500 nomadic households (WFP 2007a, 18). Overall, the food security situation had not changed, slightly deteriorated, or had significantly deteriorated since 2005 (WFP 2007b, 2). The survey also determined that 37 percent of Afghan households do not meet their minimum daily kilocalorie intake, a nine percent increase since 2005 (WFP 2007b, 1). Overall, over half of sampled households were assessed as having a poor or borderline food consumption score by the WFP and Afghan Ministries' report (Ibid., 2). Separately, the Afghanistan Independent Human Rights Commission reported both in 2005 and 2007 that approximately eight percent of Afghans considered that lack of food was one of the most

important priorities for the future based on interviews of 11,000 people in 32 of 34 provinces (AIHRC 2007, 2).

Although cereal production had increased 26 percent between 2006 and 2007, Afghanistan still imported 60 to 80 percent of its staple crop requirements (Ibid., 3). Food purchases made up 70 to 80 percent of household expenditures in 2007, an overall increase since 2006 due to rising food prices and poor crop production (Ibid.). Afghan households producing their own source of food decreased significantly in all areas except the northern and central parts of the country since 2005 (Ibid., 4). In terms of family assets such as livestock, the west central and southwest portions of the country fared the worst, with 80 percent of households reporting less than four assets (Ibid., 5).

A household consumption survey suggested in 2007 that the ability to meet food needs over the past year varied by region (WFP 2007b, 5). The survey found that 30 to 50 percent of respondents in all regions reported that they rarely (defined as one to three times per month) were unable to meet household food needs compared with the previous year (Ibid.). Whereas in the northeast and south, 45 percent said they never had problems, in the remaining regions, about 15 percent reported they were unable to meet their needs most of the time or often (several times a month) (Ibid.).

- ***Perception of heads of households that emergency food needs can be met through support from extended family, kinship networks, or village support systems. (S/PD)***

The surveys and polling data reviewed for this paper did not contain such questions. However, given the massive amount of foreign and international food aid for Afghanistan, it is likely that shortfalls in availability of food, or affordable food, is

provided through aid rather than through support from extended family, kinship networks, or village support systems. However, the WFP food for education and food for work programs help to strengthen the institutional bases of knowledge and infrastructure that may eventually help Afghanistan become more self-sustaining.

***- Strength of official relief for meeting emergency food needs. (EO)***

Food insecurity caused by drought and its consequent low yield harvest, soaring food prices, violence and internally displaced persons (IDP) movements have put extra burdens on emergency food aid agencies (UNHCR 2008, par. 1-3; WFP 2007a, 16). These problems are not new, however, and the WFP and other relief agencies have been providing millions of tons of food aid to Afghanistan since at least 2002 (WFP 2002, 15). Currently, the WFP, with the help of the Afghan government and other U.N. agencies, appears confident that they will be able to meet the needs of most of the needy in Afghanistan (WFP 2008, par. 5). WFP has moved from emergency assistance to rehabilitation and recovery operations since June 2002, but continues to operate an emergency food assistance program (WFP 2008, par. 11). WFP has projected an ability to have provided a total of over one million metric tons of food aid to just over eleven million Afghans between January 2006 and December 2009 (Ibid.). During this period, WFP predicts it will provide food to 3.7 million people, described as the chronically poor and food insecure families, in remote areas of Afghanistan (Ibid., par. 12). These emergency relief successes are occurring despite gaps in physical security for deliveries, which have exacerbated problems in delivering aid to the hungry (WFP 2007a, 4). The security situation enabling food deliveries has continued to worsen through 2007 and this trend was expected to continue through 2008 (Ibid., 6). This could have a significant

effect on aid agencies' ability to provide emergency assistance. The demands for emergency food aid to Afghanistan do not appear to show any signs of diminishing in the foreseeable future.

**2. Access to water and sanitation**

***- Percentage of households with access to water. (SA)***

The Central Statistics Office of the Afghan Ministry of Rural Rehabilitation and Development, assisted by the European Union, estimated in 2005 that about 68 percent of the Afghan population lacked sustainable access to clean water (UNDP 2007, 19-20). In a separate study, access to safe drinking water was estimated at 52.2 percent in 2006 based on an independent survey of 11,000 Afghans (AIHRC 2007, 3). These statistics compared to a 2004 UNICEF estimate at 39 percent, would appear to be an improvement (UNICEF n.d., 1). Within the 2004 estimate, urban dwellers had greater access (63 percent) and rural families had less access (31 percent) (UNICEF n.d., 1). Comparing the 2004 UNICEF and 2006 AIHRC estimates with a UNDP 13 percent estimate from 2000 regarding the percentage of the Afghan population using an improved water source, would indicate a significant progressive improvement over the six-year period (UNDP 2002, 251).

Of those who responded to the independent 2006 survey regarding access to improved drinking water, 67.8 percent said that the following factors interrupted their ability to access water: quality (47.5 percent), availability (24.1 percent), and physical accessibility (23.1 percent) (Ibid.). In regards to accessibility, 36.5 percent of respondents indicated they had to walk more than fifteen minutes to fetch water, and 35.1 percent of these had to walk more than one hour (Ibid.). These factors are likely to figure

into assessments of "sustainable" access to safe drinking water (UNDP 2007, 20). Acknowledging the apparent progressive improvements indicated by these data, as of 2007 there were still a significant number of Afghans without access to an improved water source.

***- Currently, the potable water service is (Very good, Good, Average, Poor, Very poor) (S/PD)***

The Asia Foundation, a non-profit NGO, conducted their fourth annual public opinion survey of Afghanistan in 2008, which included in-person interviews with over 6,500 adults in 34 provinces using locally trained social researchers from the Afghan Center for Socio-economic and Opinion Research (ACSOR) in Kabul (The Asia Foundation 2008b, 2). The majority (62 percent) of respondents to a nationwide survey in 2008 judged the availability of clean drinking water to be good or very good in their local communities (Ibid. 2008, 9). Improvements to this service are expected in the next year (Ibid.). In comparison with a similar 2006 survey, access to basic infrastructure, including water, was among one of the major problems cited at the local level (Ibid. 2006, 5). However, data collected from the 2008 and 2006 surveys suggests a slight decline in access to drinking water, indicating that there is more work to be done. The 2008 survey of the Afghan people found that 22 percent of respondents at the local level felt that access to water was a problem (Ibid. 2008, 5). By comparison in 2006, 18 percent felt this was a problem at the local level (Ibid. 2006, 3). The results varied less between urban and rural environments than by region (Ibid.). Among the problems for which Afghanis contacted their local representative on the Provincial Council for help in 2006, electricity and water ranked highest, at 26 percent (Ibid., 54). In 2008, water

ranked second among priority development issues that needed to be addressed, behind availability of electricity (Ibid. 2008, 46).

***- Percentage of households with access to sanitation. (SA)***

***- What fraction of this community is served by a public sewage system? (S/PD)***

The survey and statistical data obtained for this assessment did not distinguish between sanitation and public sewerage. The World Bank defines improved sanitation as "simple but protected latrines to flush toilets with a sewerage connection" and "facilities must be correctly constructed and properly maintained" (The World Bank n.d., 1). Little recent data were found in regards to sanitation. In 2004, the United Nations Children's Fund (UNICEF) assessed that only 34 percent of the total population was considered to have adequate sanitation facilities (49 percent of the urban population and 29 percent of the rural population had access) (UNICEF n.d., 1). The World Bank assessed 77 percent of the urban population with access to improved sanitation facilities in 2000, and 78 percent in 2006 (The World Bank n.d., 1). The discrepancies in the urban estimates would require a closer look at the data collection methodologies.

**3. Access to shelter**

***- Percentage/number of individuals/families without shelter. (SA)***

***- Percentage/number of households in makeshift/temporary housing. (SA)***

Although refugees and internally displaced persons (IDP) have been a persistent problem for Afghanistan since the Soviet invasion in 1979, which peaked at 6.2 million during the political upheaval in the aftermath of the Soviet withdrawal in 1990, the numbers were declining as they gradually returned home--until the numbers spiked again over fears of reprisal following the events of September 11, 2001 (UNHCR 2007, 1).

The number of refugees and IDP increased by nearly one million in the last quarter of 2001, to 3.6 million (Ibid.) The UNHCR established at least 15 refugee camps along the borders of Pakistan, Iran, and Tajikistan in 2001, since these countries closed their borders (Ibid., par. 18). Violence, drought, and fear continued to contribute to the refugee crisis, but by 2002, with the promise of political stability and help from UNHCR, over 1.2 million refugees and 400,000 IDP returned home (Ibid.). Between 2002 and 2005, three million Afghan refugees returned home from Iran and Pakistan (UNHCR 2005, 1).

***- In the last three years the quality of housing in this community has:***

***Improved, worsened, or remained the same (S/PD)***

UNHCR estimated that over half a million homes have been destroyed in Afghanistan over 25 years of conflict, so many returning home must live in overcrowded conditions with relatives or in makeshift or sub-standard public buildings (Ibid.). UNHCR has provided assistance to over 115,000 families to rebuild their homes from 2002-2005, mostly in rural areas (Ibid.). By 2007, over two million Afghan refugees remained in Pakistan, and close to one million in Iran; both countries have forcibly repatriated about 500,000 refugees (UNHCR 2007, par. 20-22). With about 235,000 IDP currently in Afghanistan, the prospects are poor for international aid agencies and the Afghan government being able to accommodate returning refugees with adequate housing (Mojumdar 2008, par. 20). With refugees and IDP continuing to attempt to return home, the situation will likely continue to worsen.

According to a 2006 survey of over 11,000 Afghans, including vulnerable populations and those living in remote regions, 65.4 percent of interviewees stated that

they lived in homes that they inherited (AIHRC 2007, 3). Over a third of these noted that they faced problems with their properties, including habitability (50.7 percent), security of tenure (28.9 percent), and affordability (12.5 percent) (Ibid.). For refugees and IDP, available housing was a key obstacle for returning home, with 67.1 percent of interviewees choosing not to return to their place of origin (Ibid.). For those choosing to return, 32.8 percent complained of lack of housing (Ibid.).

## B. Provision of Basic Social Services

### 1. Accessibility of health care

***- Perception that health care is accessible. (S/PD)***

A USIP study shows 85 percent of the Afghan population with access to health care, up from nine percent in 2002 (USIP 2008b, 4). These data contrast with data from a field monitoring activity conducted by the Afghan Independent Human Rights Commission (AIHRC) in 2006. Lack of accessibility and poor quality of existing primary health care facilities was a key concern of 11,000 Afghans interviewed in the 2006 national survey, when interviewees ranked improvement of health care facilities third among priorities for the future (AIHRC 2007, 2). However, Afghans interviewed by the AIHRC in 2006 felt that government-run facilities were available to 85.9 percent of the population, and private facilities to 60.6 percent (Ibid.). The distinction between availability and accessibility is unclear, but over a third of interviewees indicated they did not use health care facilities due to lack of physical accessibility: 36.9 percent for government-run facilities, and 21.8 percent for private facilities (Ibid.). Given the remote, rural nature of the majority of the population in Afghanistan, with only 23 percent urbanized, it is likely that distance to the nearest health care facility was a

significant contributing factor (UNICEF n.d., 1). Poor quality of health care facilities was given as the second main reason (21.8 for government facilities and 31.9 percent for private) (Ibid.).

***- Ratio of practicing doctors, nurses, and health care workers to population. (SA)***

***- Time it takes to reach a health care facility. (SA)***

***- Willingness of health care providers to tend to a member of another identity group (S/PD)***

No data were available to assess the above indicators from the sources researched for this report.

**2. Effectiveness of health care**

***- Infant mortality rate. (SA)***

Statistics on infant mortality vary depending on age threshold (less than one or five years), and data source. The UNDP estimated infant mortality for five years of age and under as 257 per 1,000 live births in 2005; this figure was unchanged since 2000 (UNDP 2007, 233; Ibid. 2002, 251). The same source assessed the infant mortality rate for less than one year of age in 2000 to be 165 per 1,000 live births (UNDP 2002, 251). In 2006, UNICEF estimated the same rate at 165 for children less than one year of age; this changed only slightly from a 1990 estimate at 168 per 1,000 live births (UNICEF n.d., 1). The World Bank shows significantly different estimates and an improvement in infant mortality from 2000 through 2006 for children less than five years of age (84, 74, and 72 in 2000, 2005, and 2006, respectively, per 1,000 live births) (The World Bank n.d., 1). The World Bank estimates are based on “harmonized estimates” from the World

Health Organization, UNICEF, and the World Bank household surveys, censuses, and vital registration (Ibid.). Separately, the WFP assessed the infant mortality rate (age range not specified), at 115 per 1,000 live births in 2008 (WFP 2000, par. 11). Despite these differences, Afghanistan's high infant mortality as well as inadequate access to improved water and sanitation and low primary school completion rates, have kept Afghanistan at or near the bottom in comparative global social welfare scores by the Brookings Institution Index of State Weakness in the Developing World over the last six years (Rice and Patrick 2008, 16).

***- Maternal mortality rate. (SA)***

UNICEF assessed the maternal mortality rate at 1,600 per 100,000 live births for the period 2000 to 2006, using the most recent data available (unknown) (UNICEF n.d., 1). This number was adjusted for 2005 to 1,800 by UNICEF in consultation with field monitoring from several U.N. agencies, due to problems with Afghan government underreporting and misclassification of maternal deaths (Ibid.). The lifetime risk of maternal death in 2005 was estimated at one in eight (Ibid.). Other data indicates that over 65 percent of respondents to a 2006 national survey did not or were not able to avail themselves of skilled health personnel during the birth of their last child (AIHRC 2007, 2). Early pregnancy and childbirth as a risk factor for maternal death may contribute to Afghanistan having one of the world's highest infant and maternal mortality rates (Ibid.). Over 84 percent of adults interviewed in the AIHRC survey reported that their female children married before the age of sixteen (Ibid.).

### 3. Accessibility of education

***- Percentage of youth enrolled in primary schools, secondary schools, and college) (By identity group and gender). (SA)***

The population figures available for school age children (under 15 or under 18) for various years did not match years for figures available of school attendance in order to make comparisons. However, the data suggest some positive trends in school attendance overall. USIP reported that 5.7 million children were enrolled in school by 2008, up by two million from 2002 (USIP 2008b, 4). According to the WFP, a food for education effort to promote childhood nutrition has resulted in attracting over one million children back to school in Afghanistan as of 2007 (Corsino 2007, par. 12). Overall, by 2007, WFP reported that 66 percent of school-age children were enrolled in schools (WFP 2008, par. 11). However, only 30 percent of school-age girls were enrolled in school, and in some districts this number was only one to two percent (Ibid.). The director of an NGO in Kabul reported in 2008 that 6.4 million children have been educated in Afghanistan since 2001 (Stewart 2008, 33). UNICEF figures indicate a significant difference in attendance by boys and girls, with female attendance lagging in various estimates with the latest available data (unspecified) from 2000-2006 (UNICEF n.d., 1). No figures were available for education and identity groups. The Asia Foundation found that only about half of girls completed primary school, due to socio-economic and cultural/traditional reasons, whereas 80.9 percent of boys complete primary school (AIHRC 2007, 3).

***- How far from the community is the nearest public primary school? (S/PD)***

According to an Asia Foundation survey in 2008, seventy percent of respondents judged the availability of education for children as good or very good in their local area (The Asia Foundation 2008, 43). In 2006, an AIHRC survey found that 94.4 percent of interviewees reported that their children had access to primary school facilities (AIHRC 2007, 3). Despite the availability of educational facilities in 2006, however, the survey found that only 69.5 percent of children regularly attended school (Ibid.). For the children who did not attend regularly, girls were hindered by distance to school and safety of the journey, whereas boys were affected mostly by child labor (Ibid.).

***- Perception that teachers are neutral. (By identity group) (S/PD)***

No data were available for this indicator.

***- Percentage of the population who have graduated from college (indigenous or external) (By identity group). (SA)***

Although figures on the percentages of the population were not available, one unofficial report indicates that Afghanistan's colleges and universities graduate 38,000 students each year (Baldauf 2006, par. 14). No other statistics were discovered for this report.

**4. Effectiveness of education**

***- Literacy rates (By age group and gender). (SA)***

Adult literacy in 2007 was estimated to be 43 percent for men and 14 percent for women overall, but literacy rates for women in some districts were as low as one percent (WFP 2008, par. 11). These literacy figures contrast with a 45 percent illiteracy rate for women reported in a 2008 survey (The Asia Foundation 2008, par. 8).

***- Quality of primary schools, secondary schools, and college. (By identity group and gender). (e.g. Ratio of teachers to school age population, textbooks; schools hours/year).***

Rory Stewart, Director of the Carr Center for Human Rights at Harvard University and director of an NGO in Kabul reported in a recent *Time* magazine article that "perhaps a quarter of teachers are illiterate, and the majority are educated only one grade level above their students (if they are teaching second grade, they have a third-grade education)" (Stewart 2008, 33). No other data were available on these issues.

***- Satisfaction with schooling among families with children in school. (S/PD)***

***- Extent of classroom integration. (SA)***

No data were available for these indicators.

**Discussion:**

Although the scope of this study is relatively narrow, analysis of data collected provides some limited insight into progress towards social well-being in Afghanistan over the past six years. It is difficult to identify specific areas that need greater attention since there are gaps in progress across the spectrum of social services. The qualitative data from surveys indicate that there has been some marginal progress in delivery of basic services. However, the data suggest that accessibility varies by region and urban/rural setting. Aggregate national statistical information tended to obscure progress at the local level. Another factor that helps to put this analysis in perspective is the enormity of the tasks and objectives given that Afghanistan is and has been one of the poorest nations in the world. This is one important aspect of measuring improvements in social well-being in Afghanistan that should be taken into consideration; that progress

must be measured in small increments over a long period of time. One recent study by the Center for Strategic and International Studies (CSIS) on measuring the progress of reconstruction of Afghanistan, noted that "it is likely to take decades to raise the country out of chronic poverty" (Patel and Ross 2007, 62). This study found that conditions deteriorated over the last year in the delivery of social services and infrastructure, and that "although reconstruction investments by the international community have enhanced social services and infrastructure, deteriorating security conditions, a scarcity of competent personnel, and low quality have limited access and its benefits for many Afghans" (Ibid., 19). The CSIS study used many of the same methodologies that the MPICE framework uses, combining qualitative data from surveys and polls with opinions from experts, media, and focus groups (Ibid., 7). However, the CSIS survey of "voices of Afghanistan" trained few people and interviewed only one thousand Afghans in only 13 provinces in 2006, most of whom were urban (Patel 2007). The CSIS study may have benefited from using these more contemporary, broader resources. Indeed, this paper utilized survey data from several sources including one that interviewed over 11,000 in 34 provinces, mostly rural, and another that interviewed over 6,000 (AIHRC 2007; The Asia Foundation 2008).

The latest UNDP Human Development Report for Afghanistan notes that Afghans have made significant improvements in social well-being since 2002, but is not expected to achieve its Millennium Development Goals by 2020 (UNDP n.d., 1). That report acknowledges achievements in access to health care and education. However, Afghanistan's relative position among developing nations remains close to the bottom as of 2007, with a human development index far below its regional neighbors; and in terms

of global rankings, still remains very close to where it was in 2004 (UNDP 2007, 18). Despite massive global attention and resources, it appears that Afghanistan still has a long way to go and tremendous obstacles to overcome in order to secure a steady path towards social well-being. Afghanistan does not appear to be able to progress significantly without continuing international resources and commitments, and progress needs to be measured in smaller increments over longer periods of time. Managing expectations and securing long-term commitments may become more meaningful tasks for the future.

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