Ex post evaluation – Afghanistan

Sector: Basic health infrastructure (CRS 12230), Education facilities and training (CRS code 11120)
Programme/Project: Badghis health and education programme (BMZ no. 200365791)*
Implementing agency: Ministry of Education and Ministry of Public Health

Ex post evaluation report: 2016

<table>
<thead>
<tr>
<th>(Planned)</th>
<th>(Actual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total costs EUR million</td>
<td>6.26</td>
</tr>
<tr>
<td>Counterpart contribution EUR million</td>
<td>.</td>
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<tr>
<td>German Federal Foreign Office emergency aid for MHD EUR million</td>
<td>0.20</td>
</tr>
<tr>
<td>CIM EUR million</td>
<td>0.66</td>
</tr>
<tr>
<td>BMZ funds (FC) EUR million</td>
<td>5.40**</td>
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</tbody>
</table>

*) Project in the 2014 random sample
**) of which EUR 3.4 million from the reconstruction programme I (BMZ no. 2001 66 520)

Summary: The FC project was designed in line with the FC/TC rapid response procedure for natural disasters, crises and conflicts and carried out in an innovative partnership between KfW, the Malteser Hilfsdienst (MHD, the Order of Malta relief organisation) and the Centrum for International Migration and Development (CIM). It includes measures to improve basic education and basic health care services in the Badghis and Herat provinces. Under the scope of the project, ten primary school buildings, six health units and parts of the provincial hospital in Qala-I-Nau were newly constructed, rehabilitated or expanded. Leftover project funds were used to buy classroom materials, to set up libraries and guard houses and perform maintenance work and capacity building measures. The measures were closely supported by several experts deployed by the CIM. The measures, which were originally planned exclusively for Badghis province, were partially replaced in 2005 as a result of the deteriorating security situation by measures in Herat province (construction of 3 schools) where security was better.

Development objectives: The development objective of the project was to contribute to improving the living conditions of residents through better school education and health care in Badghis and Herat provinces. The programme aimed at increasing the use of educational facilities and health care services by improving access and quality. Considering the fragile context (dual objectives), the promotion of stability was added as a development objective during the ex post evaluation. This objective was to be reached by increasing the visibility of public services at local level (programme goal).

Target group: The project’s target group includes the residents living in the catchment area of the facilities in four districts of Badghis province as well as two districts in Herat province; in the case of the hospital in Qala-I-Nau which functions as a reference hospital, the target group is the entire population of Badghis province.

Overall rating: Rating 3

Rationale: The measures designed under the scope of the project addressed relevant bottlenecks and also successfully improved the provision of health care services and education, which is usually limited to the local level. The poor security situation and fragile state structures, however, have created an environment which limits the long-term impact and the ability to implement further measures. This applies, in particular, to Badghis province where the situation is especially precarious in terms of basic education and health care.

Highlights: One positive highlight is the successful partnership with the CIM which provided support for direct implementation of better infrastructure for improved health care and education which quickly raised the visibility of the improvements among the population. Moreover, all facilities are still in operation after more than ten years.
Rating according to DAC criteria

**Overall rating: 3**

Given the critical security situation in the programme area, many parts of this ex-post evaluation (EPE) are based on surveys performed by a local expert, on statements and data from participating non-governmental organisations (NGO) and local administrative units as well as on the evaluation of relevant programme documents and national statistics. There is enough information available at the time of the EPE to ascertain that the financed health care and educational facilities are still in satisfactory conditions after ten years, are still being used as intended and the numbers of users have increased considerably since the end of the project. Given the lack of access to health care and educational facilities, the project concept focused on the right goals.

**Relevance**

Prior to the start of the programme (2003), indicators such as the widespread prevalence of infectious diseases (tuberculosis and malaria) as well as the high rates of maternal and infant mortality were evidence of insufficient access to basic medical care in Afghanistan generally, and in Badghis province specifically. At the time, apart from a provincial hospital, there were only 17 health units in the entire province, which had an estimated population of 500,000 people. One core problem in the health care system was thus correctly identified. One particularly positive highlight in the fragile Afghan context is the partnership with MHD and CIM which made it possible to combine construction measures with capacity building. This was achieved among others by deploying medical experts which facilitated a quick operability at an adequate level of quality.

In view of the considerable deficiencies in the educational sector in which education for girls lay dormant under the Taliban until 2001, and with only 38 schools in the entire province of Badghis at the time of the programme appraisal (PA), extending school infrastructure was a key prerequisite for improvements in the educational system. Another positive highlight in the area of educational infrastructure was the cooperation with CIM experts which aimed to boost quality. The idea was to turn the schools over to the Ministry of Education (MoE) once they were operating properly. This is considered positive because it is consistent with the aim of integrating state structures, but it was also associated with a certain risk that the fragile situation and limited capacities of the MoE in Badghis province would prevent school operations from being set up properly.

In the case of the health facilities, given the fragile situation, operation would be handed over to an NGO already working locally in health care and being familiar with the project. Even though it would be preferable to embed operation in or hand over operation to local administrative structures (to strengthen the government's functional capability), from today's perspective and with regard to the limited local technical capabilities, it also seems to make sense to have the facilities operated by an NGO. This process was consistent with the “Performance Based Partnership Agreements” of the World Bank, an approach already common in the sector at the time, whereby NGOs assume responsibility in a province or district on the basis of contractual agreements with the Ministry of Public Health (MoPH). Under this kind of agreement, MHD assumed responsibility for the health care services in the respective districts of Badghis province over the course of the FC project. By using the World Bank approach described above to conclude agreements with the ministries responsible and integrating the provincial administration over the course of the project, it was ensured that the measures were consistent with the strategies of the ministries and national programmes. According to the PA, the provincial administration at the time had defined a requirement to construct 80 schools and 30 health units in Badghis province.

Providing basic services in the educational and health care sector appears consistent with the aim of helping to stabilise a fragile environment.

**Relevance rating: 2**
Effectiveness

The objectives on which the EPE is based target a sectoral and a (dual objectives) stabilisation objective to account for the fragile context. These objectives are structured as follows:

<table>
<thead>
<tr>
<th>Achievement of development objectives</th>
<th>Sectoral objective</th>
<th>Stabilisation objective</th>
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</thead>
<tbody>
<tr>
<td>Impact / long-term, over-arching impacts</td>
<td>Contribute to improving the living conditions of residents through improved school education and health care in Badghis and Herat provinces.</td>
<td>Contribute to promoting stability in Badghis and Herat provinces</td>
</tr>
<tr>
<td>Achievement of programme objectives</td>
<td>Increased use of educational facilities and health care services by improving access and quality.</td>
<td>Local visibility of public services</td>
</tr>
<tr>
<td>Outcome / short- and medium-term impact</td>
<td></td>
<td></td>
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<tr>
<td>Project outcome</td>
<td>Education and health care infrastructure is improved / expanded and outfitted with equipment; Educational facilities are handed over to the Ministry of Education; Health care facilities are operated by service providers</td>
<td></td>
</tr>
<tr>
<td>Output / capacities and potential created</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme measures</td>
<td>Provision of funds</td>
<td>Comissioned by KfW, planning and implementation of the agreed measures by Malteser International</td>
</tr>
<tr>
<td>Input / resources used, measures undertaken</td>
<td></td>
<td></td>
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From today’s perspective, because no specific indicators were defined when the programme was appraised and implemented, and as a result of the insufficient data available, the following (proxy) indicators concerning the utilization of the educational facilities shall determine whether the sectoral objectives have been achieved: the number of schoolchildren at the financed schools (broken down into girls and boys) and the pupil/teacher ratio in the area. Concerning the utilization of educational facilities the following (proxy) indicator shall measure the achievement of the objective: the patient numbers in the area of the health care services. In terms of the use of the (primary school) facilities, the target value during programme appraisal of 3,900 pupils was significantly exceeded by the current number of pupils. While the number of pupils in 2007 was still 5,400 pupils, it has risen to a current level of around 8,000 pupils (mid-2016) according to the local. Badghis province accounts for approx. 5,800 pupils and Herat province for nearly 2,200 pupils. The expected share of 40% girls was not reached. Currently the share of girls at the financed schools as a total average across all financed schools is 24%, although the situation varies significantly from province to province. In Badghis province, the average share of girls at financed schools is 16% and 43% in Herat. If, however, only the financed mixed schools, i.e. where girls are also taught, are considered, the overall average share of girls is 37%. Even though the expected quota of 40% was not quite reached, this is still considered a success because there were hardly any educational opportunities for girls in the provinces before, especially in Badghis. Based on the data of the local expert, the pupil/teacher ratio is currently 44:1 on an overall average across all financed schools. Broken down for the provinces, it is 45:1 for Badghis and 39:1 for Herat. The national target is set at 40:1. This target has been met in the case of the financed schools in the Herat province. With respect to the financed schools in Badghis province, the current pupil/teacher ratio is still much lower than the average value of Badghis province of 50:1 (2011/2012). In the evaluation of the use of the financed schools, it should be noted that the numbers of pupils does not relate exclusively to primary schoolchildren because currently nine of ten financed schools are also used for higher levels beyond primary education. In addition, according to the local expert, there is no operation or only restricted operation at four of ten schools due to the currently poor security situation (mid-2016). The schools affected are all in Badghis province; approx. 27% of the above-mentioned total of 8,000 pupils are taught at these schools. When the security situation is critical, it is mainly girls who are not sent to school according to the local expert.

1 See report “Afghanistan Education for All 2015 National Review”
With respect to the use of health care services, the catchment area of the health care facilities within a range of ten kilometres was estimated to be 120,000 people during the programme appraisal and 104,000 people under the scope of the final review. According to information from the NGO currently responsible for health care in Badghis province and the management information system of the MoPH, the number of patients was 220,000 in 2015, of which 59% were women. This suggests that the overall use is high and mainly benefits women. However, the available patient figures do not show to what extent these are multiple visits. According to local information, the health care facilities are staffed with appropriately qualified personnel.

The local information as well as the user figures above are an indication that the educational and health care facilities are being used appropriately and as intended. Only one of the financed schools is used temporarily as a base by various military groups according to the local expert. Based on information and photos from the local expert, at the time of the EPE the condition of the school building is satisfactory more than ten years after completion thanks to its stable construction (natural stone building in Badghis). The main deficiencies reported are in maintenance and furnishings. In the area of health care services, there is only limited information available about the condition of the buildings. According to the NGO currently responsible, however, all facilities are in operation and in good condition. However, this assessment is not backed up by current photos.

In terms of the goal regarding the visibility of public services (programme objective of promoting stability), it was found that in places where no inhibiting factors are present, the infrastructure appears to be highly utilised. This suggests that these services have been well received by the population and are therefore “visible”. A letter from local Councils of Elders at the end of implementation in which they expressed their gratitude for the support and asked for the programme and other projects to be continued is evidence for the visibility assumed above. To what extent the population associates this with “government activities” cannot be estimated as part of this evaluation. However, the strong presence of non-governmental organisations during implementation as well as the current operation of health care services by non-governmental organisations engaged by the government casts doubt on this.

The (proxy) indicators described above for measuring whether the sectoral programme objectives have been achieved primarily make it possible to estimate the quantitative (access) and, to a lesser extent, the qualitative improvement. Effectiveness is still judged to be good taking into account the operation of the facilities for more than ten years, the significant increase in the use of the financed educational and health care facilities and the resulting visibility of public services even though it cannot be determined whether the population associates these improvements with “government activities”.

**Effectiveness rating: 2**

**Efficiency**

As is typical for implementation in the fragile context in remote regions, the costs for providing support for the measures are proportionally high compared to the funds used for construction, expansion and rehabilitation of infrastructure. In addition, the programme included cost-intensive measures such as equipment, operation and training. In this context, only EUR 997,000 of the total costs of EUR 5.76 million were used for the construction and rehabilitation of the educational and health care facilities. Construction, expansion and rehabilitation of the educational facilities accounted for around EUR 687,000 and the health care facilities for approx. EUR 310,000. For the programme the average costs to construct a school with an average of 11 classrooms and auxiliary buildings and rooms amount to just under EUR 97,000. If the construction costs are broken down, they are roughly EUR 8,500 per classroom including auxiliary rooms and thus approx. EUR 146 per pupil. According to the international engineer working on site at the time, the construction costs for the educational and health care facilities were reasonable and consistent with the local average (production efficiency). The construction costs, exemplary for schools, are judged to be low compared to other regions. The costs in Egypt, for example, were EUR 1,000 per pupil (2011-2014), which was considered relatively low compared to other projects in the region.

The funds used in the programme - as described in the section on effectiveness - reached a large number of users and thus resulted in an intensive use of the financed facilities (allocation efficiency).
Long-term use is expected as the buildings are particularly stable and built to withstand earthquakes. Already today, they have been in use for more than ten years. The H-shaped school buildings also assures long-term acceptance by the conservative Muslim population because it offers dual options for use (separate classrooms for boys and girls as well as shared classrooms).

Measured in terms of the actual sectoral impacts (allocation efficiency) and the costs of providing the infrastructure (production efficiency), the overall efficiency is judged to be satisfactory.

**Efficiency rating: 3**

**Impact**

The development objectives in the EPE (dual objectives) include making a contribution to improving living conditions by improving school education and health care (sectoral objective) as well as helping to promote stability in Badghis and Herat provinces (development objective stabilisation).

Due to insufficient suitable data at province level, the national gross rate of school enrolment and literacy are used as (proxy) indicators, on the one hand and, on the other, the national infant and maternal mortality rate to determine whether sectoral development objectives have been achieved. Enormous progress has been reported in these indicators at national level over the last decade. School enrolment has increased nationwide from around 1 million pupils in 2001 (of which 0% girls) to more than 9 million pupils in 2013 (of which 39.3% girls). The increase in the gross enrolment rate was therefore considerable, particularly in the area of primary school education, for which the rate rose from 22% in 2001 to 112% in 2014 according to World Bank indicators. It is not only boys who benefit from this positive development, but mainly girls as can be concluded by the rise in the share of girls attending school. The increase in the gross rate of enrolment is also reflected in the drastic increase in the national literacy rate. This figure for adults was around 22% in 2000 according to data from the MoE and around 36% in 2013. Equally evident was the improvement in the rate of youth literacy (young people between the ages of 15-24) which rose from 20% to 32% for girls and from 40% to 62% for boys between 2005 and 2011/2012.

Significant improvements have also been made in the infant and maternal mortality rate according to World Bank indicators. The rate of maternal mortality declined by 62% from 1,050 per 100,000 live births (2003) to 396 per 100,000 live births (2015). The mortality rate of children under the age of 5 also fell considerably by 31% from 137 children per 1,000 live births (2000) to 93.9 children per 1,000 live births (2014).

The changes described in the indicators at national level make it evident that - at least on a national average - both school education as well as health care and, as a result, the living conditions of the population, have improved (sectoral achievement of development objective). The conclusion and scope of improvement, however, can only be transferred to a limited extent to Badghis and Herat provinces because there is great heterogeneity between the provinces within the country. Generally speaking, development, particularly in rural, very remote provinces such as Badghis is likely to be worse than the national average. This can be seen, for example, based on the available data on the literacy rate at province level which, according to the World Bank Afghanistan Provincial Brief, was 18% for Badghis and 25.3% in Herat in 2011/12 and therefore much lower than the national average. Still, it must be assumed in view of the increased use of the facilities, that the programme measures at local level and to a limited extent have made a contribution to improving school education and health care and thus the living conditions of the population in Badghis and Herat provinces.

In terms of the limited programme scope, it is questionable whether the programme will impact the stabilisation of the provinces given the strong presence of opposition groups both then and now, primarily in Badghis province. If, however, stability is interpreted as strengthening the legitimacy of the government, it

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2 See report “Afghanistan Education for All 2015 National Review”
3 The gross enrolment rate includes all new pupils regardless of age (e.g. later enrolments). It can be more than 100% because it does not just include new pupils of school age.
4 Basic education in Afghanistan spans grades 1-6.
5 The literacy rate varies depending on the source, however, the range is similar and the positive trend is clear.
6 Figures taken from the “Education for All 2015 National Review”
seems generally plausible that the local visibility of the public services in the form of education and health care facilities (development objective stabilisation) also makes a positive contribution to the public's perception of state legitimacy and that progress in these areas is considered a government success. However, in view of the strong presence of non-governmental organisations in project development and in the operation of the health care facilities, it cannot be definitively said whether the visibility of the public (health) care services is actually associated with "state activities" by the population.

In summary, the expected positive impacts can be primarily seen in the sectoral objectives. Against the background of the enormous improvements already made in school education and health care, the overarching development impact is rated satisfactory overall.

**Impact rating: 3**

**Sustainability**

In view of its emergency nature as well as the fact that the project was conceived in a (post-)conflict situation as outlined in the FC/TC rapid response procedure for natural disasters, crises and conflicts, the project's long-term effect will be limited and sustainability is mainly rated in terms of how the project can be integrated with further measures.

At the time of the EPE, all financed facilities are still in operation. The health care facilities financed under the project are no longer operated by MHD, but have been handed over by the MoHP to another NGO following a regular tender process. The approach involving "Performance Based Partnership Agreements", which was introduced by the World Bank, thus contributes to an efficient operation with the relevant technical capabilities. In terms of the project's compatibility and integratability, however, it also allows the MoPH or local administrative structures to assume responsibility for operation if this is envisaged in the future. The financed educational facilities in Badghis and Herat are being operated directly by the Department of Education (DoE) of the province administrations. In terms of the expected sustainability UNICEF supports the schools with school materials and teacher training. With a view to the financed buildings, it should be noted that the solid and earthquake-proof building substance also makes an important contribution to sustainability thanks to its service life.

In addition to the limited capacities of the responsible ministries and administrative units, there is also a high risk related to financing the operation of the facilities because the weak state structures are mainly kept operational by international donors and further dependent on them because they largely lack self-financing strategies. The precarious security situation also increases the risk that areas, mainly in the Badghis province, become inaccessible for support from international donors and NGOs. This would limit further implementation measures.

Due to the critical and deteriorating security situation, the project's limited compatibility with further measures as a result and the lack of self-financing strategies, the project is rated satisfactory. One positive highlight, however, is that all financed facilities are still in use as intended after more than ten years, even though operation is limited in some cases as a result of the critical security situation.

**Sustainability rating: 3**
Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being relevance, effectiveness, efficiency and overarching developmental impact. The ratings are also used to arrive at a final assessment of a project’s overall developmental efficacy. The scale is as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Very good result that clearly exceeds expectations</td>
</tr>
<tr>
<td>2</td>
<td>Good result, fully in line with expectations and without any significant shortcomings</td>
</tr>
<tr>
<td>3</td>
<td>Satisfactory result – project falls short of expectations but the positive results dominate</td>
</tr>
<tr>
<td>4</td>
<td>Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results</td>
</tr>
<tr>
<td>5</td>
<td>Clearly inadequate result – despite some positive partial results, the negative results clearly dominate</td>
</tr>
<tr>
<td>6</td>
<td>The project has no impact or the situation has actually deteriorated</td>
</tr>
</tbody>
</table>

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment.

**Sustainability is evaluated according to the following four-point scale:**

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The overall rating on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Rating levels 1-3 of the overall rating denote a “successful” project while rating levels 4-6 denote an “unsuccessful” project. It should be noted that a project can generally be considered developmentally “successful” only if the achievement of the project objective (“effectiveness”), the impact on the overall objective (“overarching developmental impact”) and the sustainability are rated at least “satisfactory” (level 3).