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Health and Social Reconstruction in Afghanistan:
A Report of Assessment Interviews
Conducted in Kabul, Afghanistan, in January 2004
Prepared by Kerry Saner and Palwasha Kakar

Introduction

During January 2004, Kerry Saner and Palwasha Kakar traveled to Kabul, Afghanistan, under the auspices of the Institute for Resource and Security Studies (IRSS) to conduct assessment interviews with health-related Non-governmental organizations (NGOs). The purpose of the assessment was to gather information concerning the continuing health and security needs in the country, and how social reconstruction and peace building can be integrated with delivery of health care as a contribution to meeting high-priority needs. An additional purpose was to gather information on the effectiveness of and local receptivity to the Provincial Reconstruction Teams (PRTs) deployed in Afghanistan by the USA and other Coalition nations. This assessment followed up a paper produced by IRSS, making a recommendation for "Social Reconstruction in Afghanistan Through the Lens of Health and Human Security."¹

Interviews

During the 10 day visit, three interviews were conducted with staff members of health-related NGO's doing work in Afghanistan. The interviewees, who were not necessarily speaking on behalf of an organization, were:

- Muhammad Enam Raufi, Human Resources Manager for the Management Sciences for Health, supporting the USAID-funded "Rural Expansion of Afghanistan's Community-based Healthcare" (REACH) project. Also present for the interview were the Security Manager and an additional staff member.
- Noorullah Khaliqyar, Health Technology Officer with the World Health Organization in Kabul. He has considerable field experience in remote regions of Afghanistan, training hospital technology staff and doing x-ray maintenance.

¹ Gordon Thompson, Paula Gutlove and Jacob Hale Russell. [Social Reconstruction in Afghanistan Through the Lens of Health and Human Security](http://www.irss-usa.org/pages/intpubsumm.html#afghan). Cambridge, Massachusetts: Institute for Resource and Security Studies, 2003. (28 pages). Available online: www.irss-usa.org/pages/intpubsumm.html#afghan

- Dr. S. “Rana” Graber Kakar, who was working as Technical Officer for Communicable Disease Surveillance and Emergency Preparedness for the World Health Organization Afghanistan Office from 1998 to 2003 and is now consulting for the following health-related organizations in Afghanistan and Pakistan: Afghan Rehabilitation & Development Center (ARDC); Research and Advisory Committee for Afghanistan (RACA); Health Promotion and Research Organization International (HealthPROInt); and the consulting firm Technical Assistance and Management Agency (TAMA).

The interviews were conducted in person and consisted of discussing a short questionnaire that included an IRSS statement of intention and the following questions:

1. What are the unmet needs in health care, social reconstruction and peacebuilding?
2. How can local assets be effectively employed to meet these needs?
3. What external support would be most useful?
4. What security concerns do you have as an organization?
5. How can social reconstruction and peace building be integrated with delivery of health care, as a contribution to meeting high-priority needs?

Summary of Responses to the Five Interview Questions

1. These preliminary interviews found that some of the health concerns currently being targeted include those perceived as global threats to health and welfare, such as vaccine-preventable diseases, and other infectious diseases that do not recognize borders and may threaten the health of the world. More locally, the REACH Grants Program is issuing performance-based grants to NGOs to support the implementation and expansion of the Basic Package of Health Services (BPHS), especially for maternal and child care, in rural under-served areas of Afghanistan. In addition, multiple programs in peace education, nutrition, water sanitation, and care for disabled have been initiated.

Two areas, however, were included in the Afghan assessment as health needs, but were purposely left out of the Basic Package of Health Services due to lack of advocacy, lack of international programs or their perceived cost. These areas are mental health and care of disabled. The needs in mental health have two main divisions. First, socially, all neurological diseases are considered mental problems, and there is a lack of popular awareness of the differences in diagnosis, cause and treatment of diseases as diverse as epilepsy, cerebral palsy, Downs’ Syndrome, psychoses and neuroses. Second, the underlying impact on the psyche of the population due to the violence of the past 25 years has not been addressed. Related to this is the huge and ongoing problem of rehabilitation of the victims of violence, especially due to land mines but also due to burns, gunfire, torture and other trauma-related injuries. In fact, some experts would consider mental health to be a sub-category of care of the disabled.

2. Local assets, such as the community “health committees,” are generally stated to be the basis of sustainability of the Basic Health Centers in Afghanistan, although they exist only on paper in many places. There have been a variety of efforts to promote volunteer initiatives among local citizens. However, some traditional government practices, such

as paying trainees to come to training courses, as well as the overall poverty in Afghanistan, have overwhelmed the efforts to promote community volunteers as a way to achieve health and development goals. Incentives other than cash, such as wheat flour, oil, sugar, books or medicine, have been used successfully not only to pay service providers but also to promote utilization of social services.

The need to protect and promote children's health in the family has continued to be a connecting and peaceful force. It has been well exploited in the polio campaigns, and it would seem to be a good force for social reconstruction. Education could also prove to be a good "window" for this type of peace initiative. On the other hand, as "safe" places, the clinics, rather than the schools, may be better at this point in development. As evidence, it may be noted that girls' schools are still being burned in some areas, whereas women are generally able to get permission to use health facilities.

3. In considering external support, balancing future sustainability with current needs is complex. In every case, the "most useful" support is the support that leaves a sustainable improvement in the system of social services. In many cases, local organizations have the resources but not the human capacity or technical expertise to deal with the resources and to come up with a successful implementation process. During the war many of the educated Afghans were killed or fled, leaving a great need for technical experience and education both locally and abroad.

4. Because of security concerns, some provinces cannot be reached by health workers. These concerns for safety are related to three types of motivations.

- i. General criminal – Aid workers are salaried persons and thus targets for those who want to steal cash or belongings. The lack of trained police, break down of law and order, and an environment of impunity make criminality more common.
- ii. Anti-Coalition – As Pashtun make up the majority population in Afghanistan and as the activities of the Coalition are perceived to be targeting the Pashtun, then a majority of the population may have reason to listen to anti-Coalition agitators and thus put in danger those who are perceived to be assisting the Coalition and the civilian Coalition workers as well as the military.
- iii. Crossfire – There are many left-over tribal disputes, disputes between war-lords and territorial disputes that become violent, and aid workers may be in the crossfire in more than one sense. If they have more workers from one tribe or give assistance to one tribe rather than another, even if this is based on "merit", the slighted tribe may try to "right" things by violent action.

International organizations need to have a good relationship with the government, which is responsible for providing soldiers and security for them and their sub-offices. The sentiment was expressed that the UN cannot send soldiers with their staff for security, and if they were to start doing this it would make the situation worse. If there were foreign soldiers next to technical workers, there would be a bad reaction from the public sector.

5. In any activity for health or for the public the first thing an organization does is peacebuilding. When a peaceful relationship with the local authorities and mullahs is built, a variety of health programs can be implemented. At the same time, “social reconstruction and peace building” are very big concepts that need to be reduced to concrete steps to be taken. First, in order to start at the community level, the “problem” needs to be stated in terms that the existing authorities, as well as the health, education and/or development committees (*shuras*), can understand and appreciate. One way of trying to find solutions when the problem is not clearly defined but models of desirable outcomes exist is the “positive deviance” analysis. For instance, one might study land-mine survivors with limb disabilities from families of similar economic background. One family has found ways to resolve their feelings of bitterness and have moved ahead to social integration, while the others have not. Through interviews or focus-group discussions with key individuals, community or family psycho-social support structures may be identified in the case of “positive deviance” which can then be replicated in other communities to improve the lives of other survivors. This method of analysis has been used in poverty-stricken areas to bring community-level, low-cost health and nutrition improvements, and it may bring feasible and culturally-acceptable peace-building solutions in the current environment in Afghanistan.

Another step in “awareness raising” is to educate health workers in peace building. Finally, a strategy for addressing the huge need for care of the physically and mentally disabled should be developed. Caring for these ill sensitizes the population to the miserable outcomes of conflicts and contributes to increasing the chances for resolving conflicts peacefully in the future.

Conclusions

This is unquestionably a limited sample, shortened in part due to security concerns arising while the interviewers were in Kabul. Also, the badly-damaged infrastructure from 26 years of war—including a very restricted land-line telephone service—made it difficult to arrange for meetings with NGO personnel. There is, however, a significant number of health-related NGO's currently operated out of Kabul. The October edition of the ACBAR Kabul Directory of organizations lists contact data for over 200 national and international agencies in Kabul, a large percentage of which are related to health in some capacity.

About the Interviewers

Kerry Saner currently works at the Institute for Resource and Security Studies as the Information Technology Assistant. Palwasha Kakar, an Afghan-American who has lived in Peshawar, Pakistan for 7 years, is working at the Harvard Graduate School of Education Financial Aid Office. They are both Masters of Theological Studies candidates at Harvard Divinity School. Kerry is focusing his studies on Peace, Non-violence, and Conflict in Islam and Christianity. Palwasha is focusing on Gender Issues in Islam and Afghanistan.