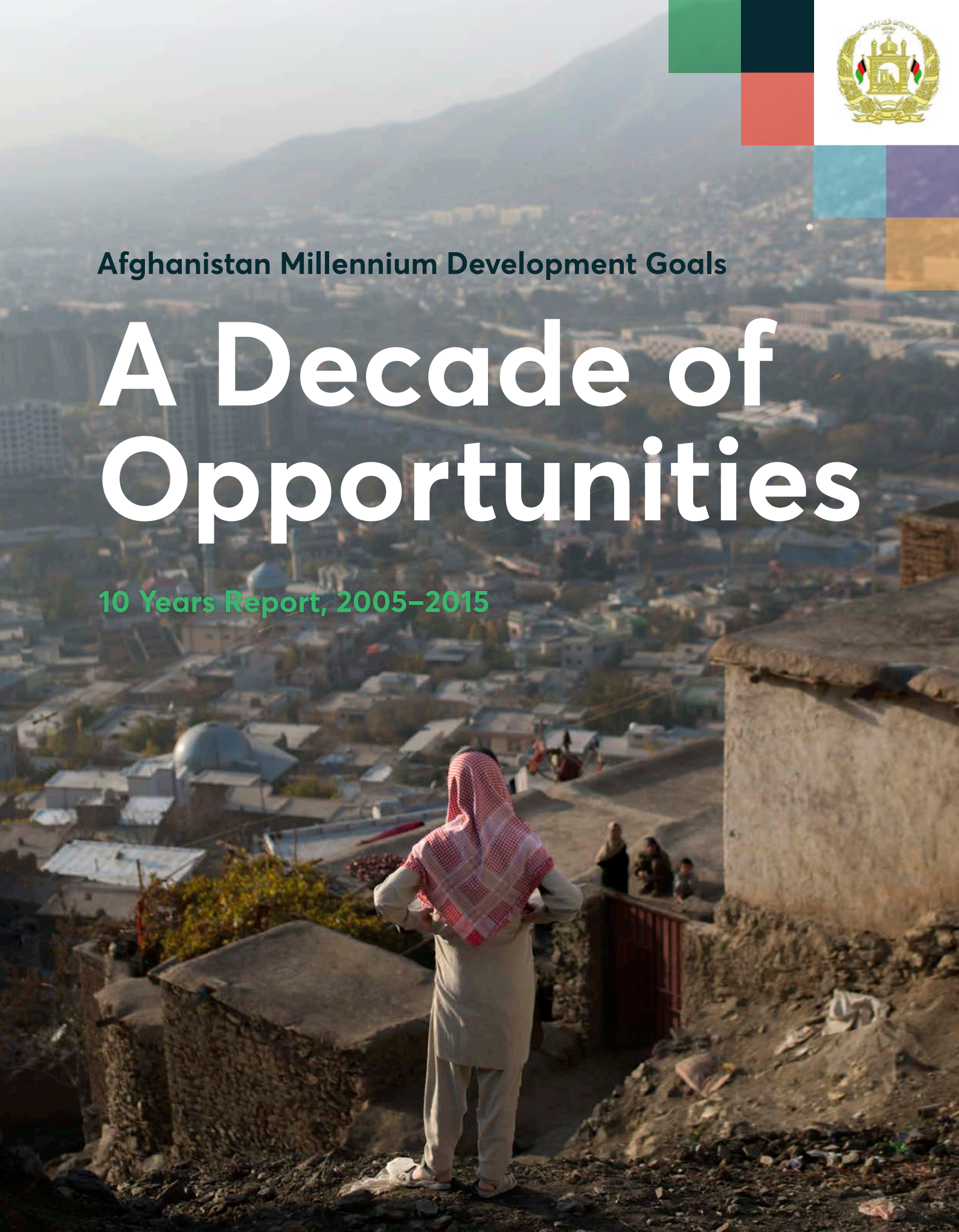




Afghanistan Millennium Development Goals

A Decade of Opportunities

10 Years Report, 2005–2015



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Contents

	Acknowledgements	7
	Abbreviations and acronyms	8
	Progress legend	9
	Foreword	11
	Executive Summary	15
	Afghanistan's Millennium Development Goals	26
MDG 1	Eradicate extreme poverty and hunger	28
MDG 2	Achieve universal primary education	36
MDG 3	Promote gender equality and empower women	49
MDG 4	Reduce child mortality	67
MDG 5	Improve maternal health	77
MDG 6	Combat HIV, AIDS, malaria and other diseases	97
MDG 7	Ensure environmental sustainability	115
MDG 8	Develop a global partnership for development	123
MDG 9	Enhance security	137
	Methodology	160
	References	162

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Finally, we want to thank all those who either directly or indirectly contributed to the enrichment of *A Decade of Opportunities*. We apologize in advance for anyone's name we overlooked for their considerable contribution to this report.

Abbreviations and acronyms

AHS	Afghanistan Health Survey
ALCS	Afghanistan Living Conditions Survey
AMS	Afghanistan Mortality Survey
ANA	Afghan National Army
DOTS	Directly Observed Therapy, Short Course
EMIS	Education Management Information System
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
IBBS	Integrated Biological Behavioural Surveillance
IED	Improvised Explosive Devices
IMSMA	Information Management System for Mine Action
ISAF	International Security Assistance Force
MACCA	Mine Action Coordination Centre of Afghanistan
MDGs	Millennium Development Goals
MEIFCS	Mine and ERW Impact Free Community Survey
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
NACP	National AIDS Control Programme
NATO	North Atlantic Treaty Organisation
NEPA	National Environmental Protection Agency
NER	Net Enrolment Ratio
NPP	National Priority Programmes
NRVA	National Risk and Vulnerability Assessment
NTP	National TB Control Programme
OECD/DAC	Organisation for Economic Co-operation and Development /Development Assistance Committee
ODA	Official Development Assistance
ODP	Ozone-Depleting Potential
ODS	Ozone-Depleting Substances
SAFTA	Agreement on the South Asian Free Trade Area
STI	Sexually Transmitted Infections
TB	Tuberculosis
TVET	Technical and Vocational Educational and Training
TTC	Technical Training Centres
UNFPA	United Nations Population Fund
UNODC	United Nations Office of Drugs and Crime
UN DESA	United Nations Department of Economic and Social Affairs
WHO	World Health Organization

Progress legend

TARGET IS ACHIEVED

The final target is already achieved.

TARGET IS ON TRACK

The country is on track to achieve the target.

TARGET IS ACHIEVABLE

The indicator is 0–2 years behind the target, but achievable.

TARGET IS DIFFICULT TO ACHIEVE

The indicator is difficult to achieve because it is currently 2–5 years behind the target.

TARGET IS OFF TRACK

The indicator is more than 5 years behind the target.

NO DATA AVAILABLE

Insufficient data to assess progress (no baseline, no target or no data for the years between the baseline and target, irrelevant indicator, etc.).

Foreword

The Soviet invasion and its consequent conflicts inflicted severe material and social costs on our people. The material costs imposed on us between 1978 and 2001, as estimated by the World Bank, were \$240 billion. The social costs are incalculable: more than a million martyred and most of the population experiencing a form of uprooting, whether forced into seeking refugee or internally displaced, should serve as inadequate proxies of our suffering. The cost in terms of human development is captured by our place at the very bottom of the Human Development Index in 2001.

We have made significant progress since 2002. We must, however, marshal all of our governmental, cultural and societal assets and capabilities not only to meet the still unmet Millennium Development Goals (MDGs) but also the newly agreed Sustainable Development Goals (SDGs). To overcome the structurally persistent problems of poverty, inequality and insecurity whether based on gender, location or social position - we are launching a whole of the government and whole of the state strategy to create the conditions for sustainable realization of our Constitution, obligating the State to deliver on the rights and obligations befitting the equal citizens of a democratic polity.

The Ten Year MDG Report allows us to take stock of our accomplishments and shortcomings, thereby providing a benchmark for meeting the SDGs. I would like to thank the Ministry of Economy for leading the MDG Monitoring and Evaluation Program as well as ministries and UN agencies for assisting in the preparation of this report. We look forward to partnering with states, international and regional organizations, civil society and the private sector to fulfill our 2020 commitments and SDGs on an accelerated basis. Our youth, who constitute the absolute majority of the population, and our women and the poor who constitute the majority, demand and deserve the life chances denied to us three decades.



Mohammad Ashraf Ghani
President of the Islamic Republic of Afghanistan

Foreword

I am pleased to present the fifth in the series of Afghanistan Millennium Development Goals (MDGs) reports. Unlike the previous reports that covered annual periods, this overview evaluates the entire MDGs campaign in Afghanistan of 2005–15. The analysis reviews advances that have been achieved as well as areas where progress still lags.

Afghanistan adopted the MDGs development strategy in 2004, five years after the Millennium Declaration was issued by the UN. In doing so the Islamic Republic joined forces with the league of countries committed to pursuing policies to ensure every individual's rights to dignity, freedom, equality, a basic standard of living, and freedom from hunger and violence.

The MDGs were adapted to Afghan circumstances. Security was added as a goal because of the extent that conflict and violence skew efforts to achieve socio-economic progress. In addition certain targets and indicators were tailored to on-the-ground realities.

Despite strong countervailing circumstances, Afghanistan has progressed in its social, economic and political transition. The Government continues to reform systems and to build capacity and modern institutions. This assertion is validated by progress monitored by indicators established by the Tokyo Mutual Accountability Framework (TMAF). The transition to the Sustainable Development Goals will benchmark the continuation of these positive and formative trends.

The Ten Year Report evaluates the track record of Afghanistan vis-à-vis the MDGs. In general there are three groupings of results. One category demonstrates progress achieved or on track. The second category groups sectors where progress is prospective and may be difficult to achieve on time but nevertheless seems likely despite delay. The third category reports marginal changes.

The Afghan education and health sectors for the most part are in the first category of goals achieved. The MDGs of gender equality, environment, communication, and cooperation for development fall in the second category of progress within a longer time frame. The significant lags in the third category groups the MDGs of reducing poverty, women's political participation and literacy rate, access to safe drinking water and sanitation, slum dwelling, as well as resource allocation. These areas require policy reassessment and strategic adjustment.

The Ministry of Economy would like to indicate its appreciation of the dedicated efforts of its General Directorate of Policy and Result Based Monitoring to compile the Ten Years MDGs Report. Thanks are also extended to the line ministries for their collaboration to prepare the report, and to UNFPA and other UN agencies for providing technical and financial support.



Abdul Sattar Murad
Minister of Economy

Executive Summary

MDG 1

ERADICATE EXTREME POVERTY AND HUNGER

Poverty reduction is an ultimate goal of economic development for the Government of Afghanistan. The Afghanistan National Development Strategy (2008–2013) highlighted poverty alleviation and addressing the basic needs of vulnerable and impoverished segments of the society. Currently, more than one third of the population (36 percent) lives on income that is less than the poverty line, meaning that more than 9 million Afghans are not able to meet their basic needs. Many more people are highly vulnerable to becoming poor. In addition to other issues, the ongoing conflict and heavy reliance on agriculture and international aid as well as the lack of clear pro-poor policies are considered as key factors contributing to the high level of poverty in the country.

The 2011–2012 National Risk and Vulnerability Assessment (NRVA) findings (latest data) indicated no significant change in the prevalence of poverty across the country between 2007 and 2012 – despite the high level of economic growth (at 10 percent per annum) in that same period. Economic growth without poverty reduction implies that growth has been unevenly distributed. The continuous conflict and military activities at the provincial level have contributed to a high degree of heterogeneity in poverty levels between provinces. But the growing gap between the rich and the poor has also contributed to the welfare inequality in the country.

Compounding the situation is the degree to which Afghanistan’s economy remains heavily reliant on agriculture. Despite the decline in the sector’s relative distribution to gross domestic product due to the high inflow of international aid in other sectors, agriculture remains a driver of the country’s economic growth. But due to the strong dependency on agriculture, economic growth in Afghanistan is highly volatile.

Another indication of the poverty situation is the degree of food and nutrient security in a country. The indicators for Afghanistan are not favourable, though conditions are improving. The UNICEF 2013 National Nutrition Survey found the prevalence of underweight among children younger than 5 years had decreased to 25 percent, compared with 34 percent in 2004.

The food insecurity prevalence rates derived from the NRVA findings for 2005–2006 (the baseline) and 2011–2012 showed no significant change, at 30 percent. A comparison of the NRVA findings between 2007–2008

and 2011–2012 revealed that the proportion of the population consuming below the minimum level of dietary energy requirement and considered as food insecure had increased, from 28.2 percent to 30.1 percent. This increase is attributed to the deterioration of food security caused by the severe drought in 2011 in 14 northern provinces, most of which are usually surplus-producing areas.

The 2011–2012 NRVA findings indicated that 30 percent of the population were moderately to very severely food insecure. Among them, 8.5 percent were very severely food insecure. The trend analysis of NRVA findings found more urban people suffering from calorie and protein deficiency than people living in rural areas or among the nomadic Kuchi population. A total of 34 percent of the urban population were food insecure, compared with 29 percent of the rural population and 26 percent of the Kuchi population in 2011–2012. In terms of protein deficiency, 21 percent of the urban population suffered from protein deficiency, compared with 19 percent in rural areas and 15 percent among the Kuchi.

MDG 2 **ACHIEVE UNIVERSAL PRIMARY EDUCATION**

There has been considerable progress over the past ten years in terms of access to education in Afghanistan. In particular, there has been improvement in the net enrolment ratio in primary education, which increased from 70 percent in 2011 to 76 percent in 2014. Additionally, both the survival rate and youth literacy rate (for young people aged 15–24 years) have increased.

Although these achievements are significant, they are not sufficient for Afghanistan to achieve the goal of universal primary education by 2020. Recommendations from the 2015 *Afghanistan Education for All* report are included at the end of the assessment of Goal 2.

MDG 3 **PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**

According to the *Afghanistan Statistical Yearbook 2013–14*, women make up 49 percent of the population. The Government is committed to following through on requirements within the human rights treaties it has signed regarding the empowerment of women and provision of opportunities that benefit women and reduce gender disparity. Although many challenges to women fully enjoying their rights in Afghanistan remain, the situation in general has improved, and women’s participation in socioeconomic activities is bolder today than it was a decade ago. Their participation

in the national parliament (at 27 percent), for example, is well above the global average of 21.8 percent. To encourage women's participation in politics, Afghanistan's laws set quotas of seats for women in the national parliament, the senate and in provincial councils. There are also provisions of seats for women in independent commissions, such as the Afghanistan Independent Human Rights Commission, the Independent Election Commission and the Independent Administrative Reform and Civil Service Commission.

Following on from the Goal 2 discussion, the increase in girls' enrolment in education has resulted in increasing female literacy. The ratios of girls to boys in primary education, secondary and tertiary education have all increased, at with latest available values of 0.67, 0.54 and 0.39, respectively. The most dominant reason for girls not attending school is culture related (affecting 34 percent of girls of primary school age and 53 percent at the tertiary level), followed by access and walking distance to school.

Female participation in the civil service force has increased, although with vast variation from province to province. While the ratio of female to male government employees is as low as 0.02 in the southern and south-eastern regions, it is as high as 0.67 (40 percent of the total employees) in the northern and western provinces.

Amid all the achievements, however, violence against women remains a daunting challenge in Afghanistan. The Elimination of Violence Against Women Law was adopted in 2009. Cultural barriers, ignorance, lasting war and its impacts, political instability and lack of rule of law are said to be sustaining this unwanted phenomenon.

MDG 4 **REDUCE CHILD MORTALITY**

Child and infant mortality are widely used indicators of a nation's development and well-being. Child mortality statistics denote the health status of children and are thus useful for informing the development of policy and health interventions that will promote child survival. Disaggregation of this information by socioeconomic and demographic characteristics further identifies subgroups at high risk and helps to tailor programmes to serve these populations.

Although there has been a marked reduction in Afghanistan's child and infant mortality rates in the past two decades, both rates are high compared with countries in the region. Since late 2003, Afghanistan has

impressively reduced the mortality rates for children younger than 5 years of age and infants by nearly 60 percent. The under-5 mortality rate fell from a staggering 319 deaths per 1,000 live births in 1970 to 97 in 2010, according to the latest available Ministry of Public Health data. However, at 40 per 1,000 live births, neonatal mortality accounts for more than 50 percent of the infant mortality rate. The decline in neonatal mortality has been extremely slow, with an annual rate of reduction at 0.1 percent. The major causes of neonatal deaths are infection, asphyxia, preterm birth and low birth weight.

The proportion of 1-year-old children immunized against measles increased from 35 percent in 2003 to 59 percent in 2013.

Even though the accomplishments are remarkable, much remains to be done to address the most prevalent causes of death through the widespread coverage of proven health interventions.

MDG 5 **IMPROVE MATERNAL HEALTH**

One of the Government's success stories over the past decade is the dramatic reduction of the maternal mortality ratio – though it remains one of the highest in the world. In 2003, 1,600 maternal deaths were recorded for every 100,000 live births. That ratio plummeted to 327 in 2010 (latest available data). The proportion of births attended by skilled personnel also has improved, from 14 percent in 2003 to 47 percent of mothers who now have access to a skilled birth attendant when they give birth. The total fertility rate (the number of children per women) has decreased, from 6.2 births in the 2003 baseline (based on the Multiple Indicator Cluster Survey (MICS) findings) to 5.1 births in 2010 (according to the Afghanistan Mortality Survey findings).

Several studies conducted in the past years reflect varying data but indicate an increase in the coverage of at least one visit of antenatal care by pregnant women. The MICS 2011 findings indicate a 12 percent decrease, from 60 percent in 2010 to 48 percent; the Afghanistan Health Survey 2012, however, recorded an increase to 54 percent. According to the 2012 Afghanistan Health Survey findings, 54 percent of pregnant women received at least one antenatal care visit, indicating positive progress compared with the 2007–2008 NRVA findings, which reported 36 percent, and the MICS 2011, which reported 47.9 percent.

Although considerable achievements have been made, equal access to basic health services for all citizens of the country remains a challenge.

The Afghan Ministry of Public Health has undertaken a number of major interventions to strengthen maternal and neonatal health care, including developing standards and guidelines for maternal care, training midwives and doctors, pre-service training of community midwives, strengthening the health infrastructure, ensuring the provision of supplies and equipment, developing information materials, conducting campaigns and conducting surveys related to the implementation of pilot projects and initiatives in maternal and newborn health.

The strategy for increasing access to reproductive and maternal health services has been directed towards ensuring that basic health services and emergency obstetric care are available at basic health centres, comprehensive health centres, district hospitals and specialized maternity hospitals, which basically aim to cover cities, towns and villages, given that the lifetime risk of pregnancy-related deaths is five times higher in rural areas than in urban areas.

MDG 6

COMBAT HIV, AIDS, MALARIA AND OTHER DISEASES

Preventing the spread of HIV, malaria and other diseases is the main aim of Goal 6. Afghanistan is among the world's lowest HIV prevalence rates, at less than 0.1 percent, based on recent estimates. Behavioural data, however, suggest potential for the spread of HIV, especially among injecting drug users. The structural determinants for a wider epidemic are prevalent, including drug production and trafficking, the strong religious and cultural proscriptions against sexual relations outside of marriage (which may likely inhibit people who go against the taboo from seeking tests or treatment), the use of illicit drugs, a large population of young people (more than 60 percent are younger than 25 years), poverty, insecurity, lack of access to quality education and violence. Other determinants include the high prevalence of tuberculosis and sexually transmitted infections, a low literacy rate and a high level of stigma and discrimination against people living with HIV.

The main driver of the HIV epidemic in Afghanistan is injecting drug user, estimated by the National AIDS Control Programme in 2015 (through the extrapolation of existing data) to number around 40,900. The 2012 Integrated Biological Behavioural Surveillance (IBBS) Survey estimated HIV prevalence among people who inject drugs at 4.4 percent of the overall population of people who inject drugs, ranging from 0.3 percent in Mazar, 0.9 percent in Charikar, 1 percent in Jalal Abad, 2.4 percent in Kabul to 13.3 percent in Herat. The survey findings also revealed that an estimated 11 percent of all people who reported injecting drugs shared their needles or

syringes; 6.2 percent of respondents who inject drugs reported using non-sterile syringes and injection equipment.

Afghanistan has the seventh-largest malaria burden worldwide outside of Africa and the third-largest burden in the World Health Organization's Eastern Mediterranean Region, based on reported total malaria cases. Hospital-related death cases associated with malaria have fluctuated over the past ten years, from as high as 46 cases in 2008 to 32 cases in 2014. At least one malaria case is reported each day.

The National TB Control Programme has made significant progress and many achievements since 2002. With the establishment of 1,304 DOTS (directly observed therapy, short course) centres providing TB services and care according to the International Standards for Tuberculosis Care, the estimated population having access to the DOTS facilities has steadily increased, from 14 percent in 2001 to 97 percent in 2014. The treatment success rate has also increased, from 84 percent in 2001 to 90 percent in 2013. As a result, the mortality rate has decreased, from 93 to 42 deaths per 100,000 population per year, and the prevalence rate has decreased from 671 to 340 per 100,000 population per year.

MDG 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

Although it is a relatively new organization, the Afghanistan National Environmental Protection Agency has worked impressively towards protecting the country's natural resources and wildlife. Through an Environment Law established in 2007, natural resource management policies, increased government capacity, public awareness, the embrace of sustainable development and expanded protected areas, Afghanistan has developed increasingly robust systems for environmental sustainability.

Nonetheless, serious challenges lay ahead. There is need for improving the skills of national structures, including communities, district leaders, researchers and government agency staff. Low-emission development and environmental sustainability needs to be further integrated into policies and national development strategies. So too does an awareness of climate change, which will compound existing problems and affect all sectors of Afghanistan. Furthermore, non-climate change-driven threats are exacerbating the country's vulnerability to the impacts of climate change. These threats include the unsustainable use of natural resources, the high poverty levels, the dependence on rain-fed agriculture, a poorly developed policy environment and the continued insecurity. In turn, the climate change impacts will also exacerbate these issues.

Currently, 2.6 percent of the country is covered by forests, surpassing the 2015 target of 2.1 percent, with favourable signs that the 3 percent target for forest cover can be achieved by 2020. Carbon dioxide emissions, although on the rise, remain one of the lowest in the world, with 0.29 metric tons of emissions per capita in 2012, based on United Nations estimates. However, the country is on a growth path that is expected to strengthen over the coming years, which could increase the emissions. The Government recognizes that the growth path could also present an opportunity to pursue low-emission development and has been focusing on renewable energies and climate-smart technologies. Consumption of ozone-depleting substances (ODS) has decreased dramatically, from a baseline value of 99.4 in 2005 to 17.34 total annual consumption of ozone-depleting potential metric tons in 2012, achieving its 2015 target. A United Nations Environment Programme-supported Ozone Unit in the National Environmental Protection Agency has helped make the major achievements regarding ODS reduction possible. Chlorofluorocarbons, the most critical compound, were fully phased out in 2010. Consequently, there has been a gradual but constant reduction in the consumption of ODS.

Afghanistan largely lags behind its neighbours in terms of the proportion of the population with access to safe water and sanitation. According to United Nations estimates, the country has the worst provision of safe water in the world. But there are discrepancies in the available data due to the use of a different classification of improved and unimproved sanitation facilities. For example, the 2014 Afghanistan Living Conditions Survey findings indicated that 67.3 percent of the population had access to an improved water source, up from the 43.7 percent reported in the 2011–2012 NRVA and beyond the 2020 target of 61.5 percent. That same survey findings led to an estimate of 15 percent of the population with improved sanitation, which is considered strong progress compared with previous years.

But the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation estimated that 55 percent of the Afghan population currently uses an improved drinking water source and 32 percent uses an improved sanitation facility. The Joint Monitoring Programme based its estimates on ten nationally representative household surveys conducted by the Central Statistics Organization over the past eight years. The Joint Monitoring Programme applied the MDG classification of improved and unimproved water and sanitation services to derive comparable estimates across all ten surveys and used a linear regression method to arrive at the 2015 estimates. The Afghanistan Living Conditions Survey used a more strict definition of access than the Joint Monitoring Programme and hence finds lower sanitation coverage for Afghanistan.

The negative trend among the proportion of the population living in a slum is expected to continue over the coming few years and may accelerate due to urban development and growth. The trend has been compounded by an outbreak of conflict in 2008 that continued intensely through 2012, which resulted in large numbers of internally displaced people. As of March 2013, the United Nations High Commissioner for Refugees recorded a total of 534,006 people as internally displaced by conflict. Experts indicate that the 2010 and 2012 reported data are not exact due to unregulated movements of internally displaced people and slum denizens. The NRVA 2011–2012 findings indicate that up to 93 percent of urban households live in conditions of physical and environmental deprivation. The 2015 target of reducing the slum population to 1.54 million people has not been met.

MDG 8**DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**

Afghanistan has received an unprecedented amount of international development aid over the past 14 years. While the huge aid inflow has benefited the country, it has also brought problems. The aid has underpinned much of the progress since 2001 – including in key services, infrastructure and government administration – but it has also been linked to corruption, fragmented and parallel delivery systems, poor aid effectiveness and weakened governance. Most of the aid is directly delivered by donors outside the government budget. In 2010–2011, US\$13.8 billion (88 percent) in aid was executed by donors and their implementing partners through the ‘external budget’; only US\$1.9 billion (12 percent) was spent through the Government’s core budget. The proportion of the total bilateral sector allocation in 2013, as reported by the Ministry of Finance, was around 58 percent of the total commitment for 2013 – at US\$4,928 million, while US\$2,859 million was allocated to current sectors.

The external budget spent on social services absorbed a huge part of the off-budget until 2009, although it decreased to 21 percent in 2007. In 2009, 91 percent of the external budget was directed to the social sectors, such as education, health, rural development and social protection; however, the figures for 2007–2008 are extremely high, indicating a possibility that Ministry of Finance data reporting and information sharing mechanisms were likely weak, if in place at all. In 2014, the percentage of external budget spent on the social sector was 47 percent, reflecting a 2 percentage point increase over the previous year. This is common in post-conflict countries where social sectors are highly affected and a huge proportion of money is invested in social services.

The percentage of official development assistance (ODA) from donors in the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD/DAC) increased by more than twofold between 2005 and 2014. In 2005, the bilateral ODA was 13 percent and improved to 32 percent by 2007, but then declined to 20 and 30 percent in 2009 and 2010, respectively.

The proportion of total exports to countries with which Afghanistan has a preferential trade agreement has considerably improved, from 11.8 percent in 2005 to 44 percent in 2010, reflecting a 33 percentage point increase within the five years. However, the free trade agreement-based export trend between 2010 and 2014 has only slightly improved. Although Afghanistan signed several region-based free trade agreements, such as the Economic Cooperation Organization Trade Agreement, the Framework Agreement on Trade Preferential System of the Organization of Islamic Countries, the India-Afghanistan Preferential Trading Agreement and the Agreement on the South Asian Free Trade Area (SAFTA), only one (the SAFTA) has taken effect. With other free trade agreements coming into effect in the future, the total share of Afghanistan's exports is expected to expand.

Improvements are evident on the proportion of telephone and internet users in Afghanistan. The number of telephone and internet users has increased extensively since 2002, when telecommunication service was opened to private sector investment. As of 2014, 882 subscribers per 1,000 population used cellular telephones while internet users increased to 141 per 1,000 population.

MDG 9

ENHANCE SECURITY

When signing the Millennium Declaration in 2004, Afghanistan added a ninth, country-tailored development goal on the security situation. As a post-conflict country and a country that was increasingly experiencing active rebellion by previously deposed, illegally armed insurgent groups, the Government at that time had to address security-related concerns in its newly adopted development agenda.

The main issue of concern is the cost of military operations to combat the insurgency, given the country's economy and the need to enhance the Afghan Nation Army's (ANA) capability. As of 2015, the country still relied on international assistance to cover its military expenses. The military expenditure as a percent of GDP increased to 5 percent in 2014 as the security responsibilities transferred from international forces to

Afghan forces. Military expenditure as a percent of public expenditure also increased, to 21 percent in 2014. The majority of ANA personnel has undergone their full military training (90 percent in 2014), and the remaining 10 percent of personnel are in training. Nationwide fielding and the operational capability of ANA personnel have increased as well.

Other issues of concern are the illegally available guns and gun-related crimes and the capability of the Afghan National Police to curb these crimes. Although (or because) the country has emerged from a long civil war, the availability of guns remains widespread. Improved law enforcement and implementation of programmes, such as for disarmament, demobilization and reintegration and the disbandment of illegal armed groups, have significantly reduced the number of illegal guns among citizens and previously armed groups. However, over the past couple of years, the number of licensed guns has increased, from around 5,385 in 2008 to 18,370 in 2014. Additionally, the total number of reported crimes in the country has doubled, from around 10,000 cases in 2005 to 20,009 cases in 2014.

Since the days of occupation and subsequent civil war, the prevalence of landmines and explosive remnants has remained an important concern. Afghanistan has made significant progress in addressing the challenge of landmines and explosive remnants by clearing more than 20,965 hazardous areas (with a total size of 1,735 km²), which resulted in the discovery and destruction of 1.27 million landmines and more than 16.6 million items of explosive remnants as well as the destruction of 31,191 metric tons of unserviceable ammunition.

Civilian casualties due to landmines and explosive remnants of war have reduced by 46.7 percent, while the number of civilian casualties caused by pressure-plate improvised explosive device (IEDs) has increased and reached an average of 64 persons per month. This brings the total casualties caused by mines, explosive remnants and pressure-plate IEDs to 113 in 2014, a 22.8 percent increase when compared with the baseline and is evidence of a major challenge for both the Government and the Mine Action Programme of Afghanistan.

Afghanistan has achieved its obligations under article 4 of the Ottawa Treaty by destroying all known stockpiled anti-personnel landmines. Afghanistan's request for extending the 2013 deadline for clearing all known landmine- and explosive remnant-contaminated areas was approved by the State Parties to the Ottawa Treaty in December 2012, resulting in a revised deadline of March 2023 for the complete clearance of known hazardous areas.

Upon leaving the country, the International Security Assistance Forces (ISAF) and NATO troops abandoned scores of firing ranges infested with the explosives. Consequently, dozens of children have been killed or wounded crossing those sites. From 2009 to the end of March 2015, the Mine Action Coordination Centre of Afghanistan recorded 130 casualties resulting from explosive remnant accidents in or around former ISAF and NATO firing ranges. Of the 130 casualties, 39 were fatalities, while 75 percent of the casualties were children. In the previous year, 19 casualties were reported, with 50 casualties reported in 2013, 45 casualties in 2012, nine in 2011, six in 2010 and one casualty was reported in 2009. These numbers show an increasing trend in casualties that coincides with the drawdown of the ISAF and NATO troops. Accidents have occurred in 18 of the 34 provinces, indicating that the problem is widespread.

Based on the Information Management System for Mine Action, 26 firing ranges have been closed and cleared, while 23 are currently undergoing clearance operations. A total area of 372 km² of firing range has been cleared to date (184 km² were cleared using the subsurface method). During these operations, one anti-personnel mine, 70,286 items of explosive remnants and 56,681 small arms ammunitions) left by ISAF and NATO troops have been found and destroyed. Overall, 75 different types of explosive remnants were found and destroyed, the majority of which were fuses, projected grenades, projectiles, mortars, bomb lets and rockets.

The last but not least concern is the vulnerability of arable land turning to poppy cultivation. Unfortunately, poppy cultivation is on the rise. According to the Ministry of Counter Narcotics and United Nations Office of Drugs and Crime (UNODC) annual opium survey, the amount of poppy cultivation in Afghanistan has been increasing year on year, reaching a record high of 224,000 ha in 2014. Insecurity, weak governance and lack of rule of law in the provinces where poppies are cultivated are said to be the common reasons for the increase. The UNODC *Afghanistan Drug Report 2013* states that there is an undisputed link between insecurity and opium cultivation, which has been noted annually in the Afghanistan Opinion Poll and Survey since 2007. Increasing domestic drug consumption, challenges with alternative livelihoods and the low level of regional cooperation are also culprit to the rising trend in cultivation. ■

Afghanistan's Millennium Development Goals

Afghanistan began implementing activities towards achieving the eight Millennium Development Goals (MDGs) in 2004, four years later than most other countries, but extended the global target of 2015 to 2020. Afghanistan also added a ninth Goal on enhancing security.

The Government of Afghanistan is committed to achieving all the MDGs by 2020. The following nine sections reflect a trend analysis of various surveys and studies to determine the updated status of progress towards achievement of those Goals and their targets for this 10 Years Report. Most of the latest data derives from the National Risk and Vulnerability Assessment 2011–2012, though other resources are used and cited.



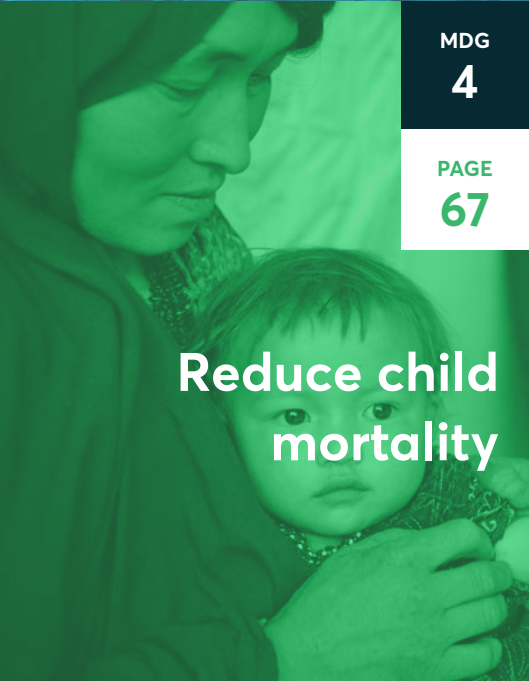
MDG 1
PAGE 28
Eradicate extreme poverty and hunger



MDG 2
PAGE 36
Achieve universal primary education



MDG 3
PAGE 49
Promote gender equality and empower women



MDG 4
PAGE 67
Reduce child mortality



MDG 5
PAGE 77
Improve maternal health



MDG 6
PAGE 97
Combat HIV, AIDS, malaria and other diseases



MDG 7
PAGE 115
Ensure environmental sustainability



MDG 8
PAGE 123
Develop a global partnership for development



MDG 9
PAGE 137
Enhance security



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MDG 1

Eradicate extreme poverty and hunger

Indicators for Millennium Development Goal 1

Indicators	2005	2008	2010	2012	2013	2015	2020	
TARGET 1								
The proportion of people [whose income is less than] US\$1 a day decreases by 3% per annum until the year 2020								
1a	Proportion of population [living on income] below US\$1/day poverty line	-	-	-	-	-	-	
1a alt	Proportion of population [living on income below cost of basic needs poverty (%)	33.0	36.0	36.0	35.8	35.8	24.0	21.0
1b	Poverty gap ratio (%)	8.0	9.4	8.0	8.6	8.6	6.0	5.1
1c	Share of poorest quintile in national consumption (%)	9.3	10.5	9.0	8.5	8.5	-	14.8
TARGET 2								
The proportion of people who suffer from hunger decreases by 5% per annum until the year 2020								
2a	Prevalence of underweight children under 5 years of age (%)	41.0	-	39.0	-	25.0	15.0	-
2b	Proportion of population [living] below minimum level of dietary energy consumption (<2,100 calories/day) (%)	30.0	39.0	29.0	30.1	-	11.0	9.0

Note: : '-' not available. Figures for 2015 and 2020 are projections.



Poverty reduction is one of the ultimate goals of economic development for the Government of Afghanistan. In 2008, the national development strategy began specifying the aim of alleviating poverty and addressing the basic needs of the vulnerable and poor segments of the population. Currently, more than one third of the population (at 36 percent) lives on income that falls below the poverty line. The ongoing conflict, a heavy reliance on agriculture and international aid and a lack of a clear and overarching pro-poor policy are considered the primary contributors to the high rate of poverty in Afghanistan.

The 2011–2012 National Risk and Vulnerability Assessment (NRVA) findings (latest data) indicate no significant change in the level of poverty across the country between 2007 and 2011—despite the high level of economic growth, at 10 percent in the same period. Economic growth without poverty reduction implies that the growth has been unevenly distributed. In fact, as the 2011–2012 NRVA findings revealed, the growth had widened the inequality between the poorest and richest segments of the population and between economically lagging and non-lagging regions of the country. Widening inequality was strongest in rural areas, where limited human capital endowment and a deteriorating security situation had prevented the equal distribution of the growth benefits.

The country's economy remains heavily reliant on agriculture. The large inflow of international aid allocated for reconstruction shifted the economy towards the service sector, which grew as a proportion of the gross domestic product (GDP) from 37.8 percent in 2002 to 53.4 percent in 2012. Yet, despite the decline in the sector's relative distribution to GDP, agriculture remains a driver of economic growth. As much as 40 percent of the population still depends on agriculture as their primary income source; but as the trend analysis found, private aggregate demand is highly correlated with agriculture production and its volatility. Thus, due to its strong dependency on agriculture, economic growth in Afghanistan is highly volatile.

At the provincial level, there is a close relationship between conflict, international spending and military activity. According to World Bank analysis (2013), there is a high degree of uniformity in household welfare from province to province, with the poverty rate appearing high even in areas with limited armed conflict.

Inequality in the distribution of total household expenditure is also high: The bottom 40 percent of the population represents slightly more than



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half of the share of the richest 20 percent. The trend analysis of the NRVA findings between 2007 and 2012 found 2 percent per capita expenditure in 2011–2012, with the bottom 40 percent experiencing no change over time while the richest 20 percent enjoyed a 9 percent increase.

Compounding the situation, there has been no clear pro-poor policy to date to comprehensively address the needs of the most marginalized segments of the society. Many government policies are highly ambitious but barely speak to or reach the poorest of the population.

The proportion of people [whose income is less than US\$1] a day increases by 3 percent per annum until the year 2020

TARGET 1

INDICATOR A

TARGET IS OFF TRACK

Proportion of population [living on income] below the US\$1 per day poverty line

Afghanistan does not participate in the International Comparison Programme and thus there are no purchasing power parity estimates available to compute the first indicator on the proportion of the population living on income that is less than the US\$1 per day poverty line. Instead, poverty monitoring is based on the proportion of the population living below the national absolute poverty line, which was set using the 2007–2008 NRVA findings and estimated with the cost of basic needs approach.

TARGET 1

INDICATOR A ALT

TARGET IS OFF TRACK

Proportion of population [living on income] below the cost of basic needs poverty

The official poverty estimate released by the Central Statistics Organization, based on NRVA findings, indicates no significant change in the level of poverty between 2007 and 2012. The poverty head count ratio was estimated at 36.3 percent in the 2007–2008 survey findings and at 35.8 percent in 2011–2012. This calculation means that approximately 9 million Afghans were not able to meet their basic needs, with the NRVA findings indicating that many more people are highly susceptible to falling below the poverty line. In particular, more than half of the population consumes at a level of less than 120 percent of the poverty line. One small, negative shock has the potential to move many individuals into poverty.

The overall picture shows that poverty remains greater in rural areas and among the nomadic Kuchi population. Poverty has remained unchanged within most regions, with exceptional changes detected in only two regions: in the north-eastern region, where the poverty headcount increased from 36.4 to 50.9 percent, and in the northern region, where it declined from 39.4 to 31.7 percent.

The NRVA findings on progress in poverty reduction are in line with findings of other studies. According to the World Bank report *Afghanistan in Transition: Looking Beyond 2014*, a higher level of outside-government-budget spending has had a modest impact on poverty, a situation that could deteriorate if appropriate policies are not adopted. Based on these preliminary findings, Afghanistan will increasingly face hardship in its attempts to reduce poverty in the coming years, which would require focused efforts and concrete policy interventions by both the Government and donors.

TARGET 1

INDICATOR B

TARGET IS DIFFICULT TO ACHIEVE

Poverty gap ratio

The 2011–2012 NRVA findings indicate that the poverty gap ratio has increased by 0.6 percentage points from 8 percent in 2010, which is also similar to the baseline value. Analysis of the trend from 2003 to the recent value indicates no significant change. Although the poverty gap ratio decreased from 9.4 in 2008, it increased in 2012. Considering the trend, the 2015 target of 5.9 percent will be difficult to reach.

TARGET 1

INDICATOR C

TARGET IS DIFFICULT TO ACHIEVE

Share of poorest quintile in national consumption

The share of national income, or consumption, of the bottom fifth of the population decreased by 0.5 percent in 2011–2012, from 9 percent in 2009–2010. Although it was 10.5 percent in 2007–2008, the share decreased by 2 percent the following year. According to the 2011–2012 NRVA findings, the growth in income of poorest fifth quintile was only 0.9 percent, compared with 3.2 percent growth among the richest quintile, further indicating that tremendous inequality persists. There is no target for 2015; yet, looking at the maximum and minimum increase, it will be difficult to reach the 2020 target of 14.8 percent.

The proportion of people who suffer from hunger decreases by 5 percent per annum until 2020

TARGET 2

INDICATOR A

TARGET IS ACHIEVABLE

Prevalence of underweight children under 5 years of age

The 2013 National Nutrition Survey (which UNICEF conducted) found that the prevalence of underweight children younger than 5 years had decreased to 25 percent, compared with 33.7 percent in 2004. Between 2004 and 2010, the data indicate considerable change and that if the trend continues it will be possible to reach the 2015 target of 15 percent. There were large gaps across provinces, however, with the underweight rate in Noristan and Kunar, Nangarhar provinces registering at double the rate as in Pakitia, Herat, Kabul and Helmand provinces.

TARGET 2

INDICATOR B

TARGET IS OFF TRACK

Proportion of population [living] below the minimum level of dietary energy consumption

The 2011–2012 NRVA findings indicated that 30.1 percent of the population, or 7.6 million people, were very severely to moderately food insecure. Among them, 8.5 percent, or 2.2 million people, were very severely food insecure.

The trend analysis also found more urban people suffering from calorie and protein deficiency, compared with the rural and Kuchi populations. A total of 34.4 percent of the urban population were estimated to be food insecure in the 2011–2012 NRVA findings, compared with 29 percent of the rural population and 25.6 percent of the Kuchi population. In terms

of protein deficiency, 21.3 percent of the urban population (1.3 million people) were suffering from protein deficiency in 2011–2012, compared with 19.1 percent in the rural population and 15.3 percent among the Kuchi population.

A comparison of the food insecurity prevalence rate from the 2011–2012 NRVA findings at (30.1 percent) with the baseline finding (at 30 percent in 2005–2006) found no significant change. However, the comparison of NRVA findings between 2007–2008 and 2011–2012 revealed that the proportion of the population consuming below the minimum level of dietary energy requirement and considered as food insecure increased, from 28.2 percent to 30.1 percent. This increase is attributed to the deterioration of food security caused by the severe drought in 2011 in 14 Northern provinces, most of which are usually surplus-producing areas.

The largest deterioration in food security based on caloric consumption occurred in urban areas, where the proportion of the food-insecure population increased from 28 percent in 2007–2008 to 34 percent in 2011–2012. However, the increased food insecurity in urban areas is partially attributed to differences in the sample design used in the two NRVA surveys.

By region, the largest proportion of people who were food insecure in 2011–2012 lived in the north-eastern region (at 46 percent), followed by central highland region (at 39 percent).

Food insecurity tends to increase with household size. According to the latest NRVA findings, households with more than eight members were more food insecure in 2011–2012 than smaller households, with fewer than three people. This trend was similar across all population groups. The age of the household head did not seem related to the food insecurity status, except among the Kuchi population, where households headed by adults younger than 19 years tended to be more food insecure. This could be related to lower livestock ownership among young household heads. On marital status, widowed or divorced household heads in both the urban and rural areas tended to be more food insecure compared with other groups.

In summary, the trend analysis of the highest and the lowest food insecurity prevalence over the past decade revealed that the target of decreasing food insecurity by 20 percent (to reach 11 percent) by 2015 is unrealistic. ■



Roda Akbar / UNFPA

MDG 2

Achieve universal primary education

Indicators for Millennium Development Goal 2

Indicators	2003	2009	2010	2011	2012	2013	2014	2015	2020	
TARGET 3										
Ensuring that by 2020 all children in Afghanistan, boys and girls alike, will be able to complete a full course of primary education										
3a	Net enrolment rate in primary education (%)	54	–	–	70	72	75	76	82	100
3a alt	Gross enrolment rate in primary education (%)	–	–	76	75	78	80	82	111 ^a	110 ^a
3b	Proportion of pupils starting grade 1 who reach last grade of primary education (%)	45 ^b	–	–	–	–	82	–	76	80
3b alt	Primary completion rate, total (% of relevant age group)	–	65	62	62	65	65	67	75	80
3c	Literacy rate of 15- to 24-year-olds (%)	34	39	–	–	47	–	–	50	100

Note: '–' = data not available. a = refer to the text section of this indicator (3a alternative) for explanation.
b = Afghanistan MDG Report 2012 (but not EMIS data).

Source: For indicators 3a and 3b (alternative), see EMIS and United Nations Population Division; for indicator 3c, see NRVA 2007–2008 and 2011–2012.



Decades of war, civil unrest, internal conflicts and political instability in Afghanistan have destroyed the country's basic social services delivery mechanisms. As one of the most security-vulnerable social sectors, the education system has been severely affected.

As part of the Government's commitment to achieving the MDGs by 2020, the Ministry of Education will ensure that all children in Afghanistan, boys and girls equally, can complete their primary education, in line with Goal 2, which emphasizes universal primary education (Table 2.1). This will entail, in parallel, the elimination of gender disparities in all levels of education by 2020 (Table 3.1).

There has been considerable progress over the past ten years in terms of access to education in Afghanistan. Enrolment in primary and secondary education combined has increased, from around 900,000 children – almost all boys – in 2001 to more than 8.9 million in 2014, of which 39 percent were girls. Despite the major achievements in the past decade, the country's education performance overall is still among the poorest in the world due to the security situation. The current rate of improvement will fail to achieve the MDG targets by 2020 for many indicators.

Barriers to education access include the security situation, poverty, child labour, the lack of schools in remote areas, the long walking distance to schools and the harassment of children on their way to school or home. More than 2 million children are not attending either primary or secondary school, the majority of them girls.

For girls, cultural barriers are dominant among the reasons for not attending school. Specific barriers include the shortage of female teachers (especially in higher grades), cultural beliefs about girls' education, early marriage and the lack of necessary facilities in schools, such as toilets, drinking water and surrounding walls. For boys, the dominant reason for not attending is the need to contribute to family income, especially among poor families; given that around 36 percent of the population lives on income below the poverty line, there is sizable pressure. Insecurity and distance to school are important reasons for non-attendance of children in rural areas. Although there are several challenges relevant to indicator 3b of goal 2 (Table 2.1), which is the proportion of students starting grade 1 who reach the last grade of primary education (the survival rate), there has been significant progress over the past couple of years. For instance, the proportion of students who started grade 1 and finished their primary cycle expanded to 82 percent in 2014 from 76 percent in 2010.

Chief among the challenges is the disparity in access to quality education between boys and girls – despite Ministry of Education efforts to reduce the differences.

Ensuring that by 2020 all children in Afghanistan, boys and girls alike, will be able to complete a full course of primary education

TARGET 3

INDICATOR A

TARGET IS OFF TRACK

Net enrolment ratio in primary education (%)

The net enrolment rate (NER) by definition is the enrolment of the official age group for a given level of education (primary education for this indicator), expressed as a percentage of the corresponding total population in that age group. It indicates the extent of coverage in a given level of education of children and youth in the official age group.

In 2014, the NER in primary education was 76 percent, up significantly from 70 percent in 2011, according to Afghanistan's Education Management Information System (EMIS) and United Nations Population Division (UN DESA) data. However, the ratios varied by sex and region. While the NER in primary education for boys was nearly 1 percent in 2014, it was only 0.6 percent for girls (for every 100 boys and 100 girls who should be enrolled in primary school, 95 boys and only 59 girls were actually enrolled). By region, more boys and girls were enrolled in primary school in the northern, western and central areas of the country than in the southern and south-eastern areas, with some substantial variation.

As noted, the security situation, poverty and the long distance to school are the main challenges for this target. The targeted rates for 2015 and 2020 are 0.8 percent and 1 percent, respectively. The 2015 data have yet to be released but are expected to reflect increases; nonetheless, the 0.8 percent target is likely to be unmet. Similarly, the 2020 target is considered impossible unless augmented steps are taken and the level of investment in the education sector, particularly in primary education, is increased.

TARGET 3

INDICATOR A ALT

PREVIOUSLY REPORTED DATA HAVE BEEN REVISED

Gross enrolment ratio in primary education (%)

The gross enrolment ratio (GER) refers to total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population for that level in a given school year. It is calculated to show the general level of participation. It indicates the capacity of the education system to enrol students of a particular age group. It also can be a complementary indicator to the NER because it reflects the extent of over aged and under aged students.

Based on EMIS and UN DESA data, Afghanistan's GER increased to 82 percent in 2014 from 76 percent in 2010. In Afghanistan's previous reports on its MDGs progress, however, different data were cited: 130 percent (2007), 116 percent (2010), 115 percent (2011) and 114 percent (2012), with targets of 111 percent for 2015 and 110 percent for 2020.

In 2015, the Ministry of Education revised the data, which this report is based upon, and thus invalidating the previously cited data. Yet, the MDGs targets remain unaltered. Because they now do not correspond with the new data, it is not possible to compare the progress with the targets. The data discrepancies are attributed to the substantial variations in the population figures. The difference in the population figure from one source to another can be as much as 5 million people, which can significantly affect the number of people in every official age group. The Ministry of Education intends to only rely on EMIS and UN DESA data as of 2015.

TARGET 3

INDICATOR B

TARGET IS ACHIEVED

Proportion of pupils starting grade 1 who reach the last grade of primary education

The proportion of students starting grade 1 who reach the last grade of primary education (grade 6 in Afghanistan) is used to measure the retention capacity and internal efficiency of an education system. It illustrates the situation regarding the retention of students from grade to grade and, conversely, the magnitude of students dropping out by grades.

As previously explained, the latest EMIS and UN DESA data (2013) for this indicator estimated the survival rate for primary education at 82

percent (84 percent for boys and 80 percent for girls). This means that for every 100 students who enrolled in grade 1, 82 of them completed grade 6, surpassing the 2015 target of 76 percent by 6 percentage points and the 2020 target by 2 percentage points. Although the EMIS data did not exist in 2003, the baseline for this indicator was reported to be 45 percent. Comparing that baseline figure with the latest achievement, the progress is considered significant, although it is a comparison of data from different sources.

In 2015, nearly 600,000 of the original 700,000 students enrolled in grade 1 (in 2009) had enrolled in grade 6, or nearly 85 percent. Slightly more than 100,000 of them did not make it to grade 6 due to poverty, the security situation, the long distance to school and cultural barriers in certain parts of the country.

TARGET 3

INDICATOR B ALT

TARGET IS OFF TRACK

Primary completion rate, total (as a percentage of the relevant age group)

The primary completion rate is the number of new entrants (enrolments minus repeaters) in the last grade of primary education (grade 6 for Afghanistan), regardless of age, divided by the population at the entrance age for the last grade of primary education. It is calculated to indicate the general level of primary education completion. This proxy measures the current output stemming from previous years of schooling and past education policies on entrance to primary education. It also indicates the capacity of the education system to provide primary school graduation for all eligible children.

There is no baseline data for this indicator. The earliest available data (2009) for this indicator placed the rate at 65 percent, and the latest available data (2014) estimated the rate at 67 percent. Considering, the current pace of progress, the targets for both 2015 and 2020 are considered off track, unless further investments are made in the sector. Reaching both targets may be possible in certain areas of the country, especially in the urban settlements. The challenges remain considerable in the rural areas, which are more vulnerable, specifically the remote provinces and those affected by the security situation. Large variation between regions can result in a significant reduction of the overall rate.

Literacy rate (15- to 24-year-olds) (%)

The literacy rate for 15- to 24-year-olds (also referred to as ‘youth literacy’) is the ability of youth to read, write and use written words in everyday life. It is a standard outcome of any education system, regarded as necessary for young people’s ability to contribute to the well-being and development of a society and for their own intellectual growth. The indicator emphasizes the level of investment and interventions needed for the delivery of quality primary education and youth literacy programmes.

Based on the trend analysis of the NRVA findings, the literacy rate sharply increased between 2007–2008 and 2011–2012, from 39 percent to 47 percent. That rate is expected to increase by 1–3 percentage points when the Afghanistan Living Condition Survey findings are released (either end of 2015 or early 2016). If that expectation holds true, Afghanistan will have reached its 2015 target just in time; otherwise, the country may be a year or two behind its target, which is currently considered as on track. Although the latest available reliable data shows the literacy rate at 47 percent in 2011–2012, the pace of progress between 2007 and 2012 (8 percentage points in four years) suggests an increase of at least 3 percentage points over the past three years is realistic (and thus the target likely will remain on track).

The recent policy to allow private sector investment in education has encouraged a more dynamic, progressive and competitive education sector, which has heavily contributed to the overall MDG progress and achievements. In 2014, the Government’s proportion of the total education sector budget was around 13 percent, with the international community and the private sector contributing the bulk of the needed budget.

As noted in the previous chapter, the investment in education has enabled more than 9 million Afghan children to continue their education in primary and secondary schools around the country. Nonetheless, the per capita spending per student is one of the lowest in the world and among Afghanistan’s neighbouring countries. Although efforts to improve investments in the education sector are admirable, the level of resources remains insufficient to cover all Afghan children. Additionally, the regional and sex-based disparities require greater investment and rigorous action by the Government and the international community. Increased policy focus is needed on the provision of quality education.



Due to the low level of investment, there are several critical supply-side factors affecting enrolment and retention: (i) few schools for girls only (at 16 percent currently); (ii) a shortage of qualified teachers, especially female teachers (less than 32 percent of teachers are female); (iii) a lack of safe drinking water in 70 percent of schools; and (iv) only 40 percent of all schools have sanitation facilities (which has a huge impact on girls' attendance). One in two schools does not have a building nor other required infrastructure. A third of the schools run double or triple shifts, which affects the teaching hours and learning opportunities. The lack of qualified teachers, especially female teachers, outside urban centres affects the quality of education and restricts the participation level of girls in secondary education (where conservative countryside families prohibit girls older than a certain age to be taught by male teachers).



Afghanistan's *2015 Education for All* report¹ provides comprehensive analysis of the education system and achievements in line with the global Education for All campaign and Goal 2 indicators. It includes discussion of conclusions and challenges and offers recommendations from education experts. The following presents excerpts (with some modifications) from that report.

MDG 2

CONCLUSIONS

Significant progress has been made since 2001, but problems remain

Afghanistan has experienced impressive development of its education sector over the past decade. Great progress has been made towards improving equitable access to education; yet, massive and committed effort is needed to bring Afghanistan closer towards the goal of universal primary education. The large number of children not in school, the alarmingly low literacy rate and the inequitable distribution of educational provision, together with the tenuous security situation in large parts of the country, constitute significant challenges to the education system. The relative success of the Education for All programmes has led to three additional major challenges: (i) the quality of education, its relevance and students' learning achievements; (ii) financing the ever-growing number of students; and (iii) absorbing the large number of secondary graduates into the labour market and higher education institutions.

Large numbers of children are not in school

Afghanistan faces severe challenges to the expansion of access to quality education over the coming decade. An estimated 3.3 million primary school-aged children are not in school. Enabling greater access will mean reaching children in remote areas, attracting all 7-year-old children into the system, reintegrating permanent absentees, providing safe learning spaces and continuing to expand access to lower and upper secondary education. However, due to the weak capacity of education institutions, poverty and social norms, large numbers of children and youth still have difficulties in accessing basic education. Inequitable access is particularly significant for girls, vulnerable groups

¹ Ministry of Education, 2015.

and certain regions and provinces. In addition to the gender gap, there are rural–urban and regional disparities. Poverty and vulnerability are strong predictors of the inequitable provision of education; in particular, children with disabilities, children from ethnic minorities and nomadic children have considerably lower rates of access and attendance.

Security is a serious issue

Security is an issue in large parts of Afghanistan, with continued reports of attacks on schools, teachers and children. Several schools have closed for long periods due to the security situation, and large areas are inaccessible to the government administration to carry out its duties.

The quality of the education experience is low

By most standards, the quality of education in Afghanistan is low. Learning outcomes are generally poor. A few sample studies suggest that fewer than half of all children are able to meet the minimum required learning outcomes at their level of study. High rates of dropping out of school, low retention and completion figures and poor results from several tests of students' learning all indicate that learning achievements are way below the desired levels.

The education sector is underfunded

A strong, equitable and balanced education sector is essential for peace, economic growth and social development in Afghanistan. Although the Afghanistan National Development Strategy designates education as a priority sector, it remains underfunded. Not only is the proportion of education as a percentage of GDP small, but early childhood care and education, higher education, adult literacy and technical and vocational education and training receive an inadequate portion of the education envelope. The low adult literacy rate is a serious impediment to the development of Afghanistan. It is also alarming that both external and national support to literacy development is diminishing. Plans to reach up to 4 million adults with literacy programmes in the coming years would require quadrupling the current expenditure.



A tremendous surge in secondary graduates is forthcoming

The number of graduates from lower secondary is projected to be more than 1.8 million and the number of upper secondary education graduates more than 1 million in 2015. By 2020, the estimates jump to more than 3 million graduates from lower secondary school and 1.3 million graduates from higher secondary school. Yet, neither the higher education institutions nor the labour market can absorb the increasing number of graduates. The economy, however, requires mid-level technicians for small and medium-sized enterprises, and there is need for diversity in basic skills to fuel growth in both entrepreneurship and the informal sector.

Challenges after 2015 and for government priorities

Major emerging development challenges include a growing demand for education, particularly at the higher education level. This challenge is a result of the relative success of the Education for All policy—due to capacity constraints in the provision of higher education, it also poses an enormous difficulty. The volatile political situation (since the 2014 elections) and the imminent pull-out of international troops, which may cause the security situation and government control in certain regions to further weaken, complicate the challenge. As do the prospects for reduced economic growth due to diminishing investment—partly as a reaction to the latent threat to domestic security. Possible reductions in foreign aid and reduced domestic resource mobilization and fiscal revenue are likely to negatively impact on the financing of public expenditure, including education. In addition to these challenges, there remains widespread poverty and social exclusion and the rapidly expanding population. These challenges will need to be considered when setting government priorities after 2015. Education has the potential to positively contribute to the creation of a non-violent political climate, and it is an essential element in the social and economic development of Afghanistan.

Increase access

With almost half of all children not in school, the alarmingly low adult literacy rates, especially for women, and the growing demand for higher education, there is a need for concerted efforts to address the education access situation. A community focus, gender equity and decentralization are important elements. It is recommended to focus on the development of school management and school management committees or *shuras* (councils) that can work to improve accountability and demand the provision of education at the village level. In addition, recruiting and training more female teachers and having girls-only schools, in combination with community-based outreach classes and community-focused school construction, are promising approaches to the problem. At the higher education level, increased financial and administrative decentralization and autonomy are critical.

Improve literacy

Commitments to literacy should be explicitly covered by the National Priority Programmes (NPP) by including adult literacy in the NPP-2 on education for all and increasing the scope of occupational literacy in the NPP-1 on sustainable decent work.

Reduce inequity

The participation of girls and women in the education system is alarmingly low by all standards. In addition, large portions of vulnerable groups, including children with disabilities and people who live in certain geographical areas, are left out of the education system. To inform managerial action, the EMIS must be adjusted to gauge disparities.

Hire more female teachers

Female teachers are essential for increasing children's access to education, particularly for girls. The efforts to increase enrolment, especially in remote and rural areas, should be intensified.



Increase the resource envelope for education finance

The positive gains in the education sector and the strong momentum towards continued progress should be maintained by paying attention to structural coherence, sustainability and quality of the education system, underpinned by adequate funding as well as the equitable and transparent distribution of resources. In a situation of limited financial resources and increased competition, it becomes critical for all budget units to justify the financial requests for their plans to the Ministry of Finance by specifying the potential contribution to overall strategic goals, such as those in the Afghanistan National Development Strategy and the MDGs, with a clear indication of the opportunity costs if the plans are not financed.

Additionally, the Ministry of Education should:

- Focus on reducing wastage in the education system;
- Encourage communities to mobilize resources for education at the local level and make voluntary contributions through labour and in-kind support; and
- Encourage private-public partnerships.

The Ministry of Finance is encouraged to:

- Revisit its medium-term expenditure framework's projected levels of funding to the education sector, which in three years will constitute about 50 percent of the demand at current levels of per student expenditure;
- Announce budget ceilings for the education sector;
- Allow for increased fiscal autonomy at the school and institutional levels, particularly higher education, to compensate for inadequate public funds; and
- Ensure the timely release of approved budgeted funds.

Donors are encouraged to:

- Indicate their expected levels of funding for education for the four Human Resource Development Board NPPs up to 2015 and to the extent possible; and
- Channel funds on-budget (general budget support and Afghanistan Reconstruction Trust Fund) and, where that would not be possible, commit to using agreed off-budget mitigation mechanisms. ■



Sahar Jahish / UNFPA

MDG 3

Promote gender equality and empower women



MDG 3 TABLE 3.1

Indicators for Millennium Development Goal 3

Indicators	2005	2008	2009	2010	2011	2012	2013	2014	Target	Target	
									2015	2020	
TARGET 4											
Eliminate gender disparity in all levels of education no later than 2020											
4a	Ratio of girls to boys in primary education	0.60	0.62	0.62	0.65	0.66	0.67	0.67	0.67	0.83	1.00
4b	Ratio of girls to boys in secondary education	0.33	0.41	0.45	0.48	0.51	0.53	0.54	0.54	0.70	1.00
4c	Ratio of girls to boys in tertiary education	0.21	0.33	0.30	0.32	0.29	0.33	0.35	0.39	0.70	1.0
4d	Ratio of literate female to male (15–24-year-olds)	0.37	0.45	–	–	–	0.52	–	–	0.70	1.0

Note: '–' = not available.

Source: For indicators 4a and 4b, see United Nations Population Division and Ministry of Education EMIS, excluding the baseline. For 4c, see Ministry of Higher Education and Ministry of Education EMIS. Further explanation is given in the text section of 4c and a breakdown of data is provided in Table 3.2. For 4d, see NRVA 2007–2008 and 2011–2012.

Indicators	2005	2011	2012	2013	2014	2015	Target	
							2020	
TARGET 5								
Reduce gender disparity in economic areas by 2020								
5a	Ratio of female to male government employees (central) ^a	0.32	0.42	0.43	0.52	0.46	0.50	1.00
5b	Ratio of female to male government employees (provincial) ^b	0.16	0.26	0.27	0.32	0.28	0.50	1.00

Note: a = Kabul; b = All provinces combined, including Kabul (national).

Source: Afghanistan Statistical Yearbook 2011–12, 2012–13, 2013–14 and 2014–15.

Indicators for Millennium Development Goal 3

Indicators	2005	2007	2008	2010	2012	2013	2014	Target 2020	
TARGET 6									
Increase female participation in elected and appointed bodies at all levels of governance to 30% by 2020									
6a	The ratio of seats held by women in national, provincial and district representative bodies (%) ^a	-	-	-	27	27	27	27	30
6a alt	Political seats (%)	-	-	13	5.3	10.4	8	8	30
6a alt	Appointed seats (%) ^b	50	50	50	50	50	50	50	30

Note: '-'= data not available. a = The data presented for indicator 6a are only for the national parliament.
b = Appointed seats here refer to the *Mesherano Jirga* (senate) only. From the 102 total seats in the *Mesherano Jirga*, 34 of them are appointed seats, half of which (17 seats = 50 percent of the appointed seats) are allocated for women.

Source: Independent Election Commission.

Indicators	2005	2007	2008	2010	2012	2013	2014	
TARGET 7								
Reduce gender disparity in access to justice by 50% by 2015 and completely (100%) by 2020								
7a	Adoption, review and amendment of legislation that protects the rights of women, particularly in employment, family rights, property and inheritance and in accordance with the Constitution of the Islamic Republic of Afghanistan (%)	-	-	-	-	-	58	-
7b	Adoption of legislation that criminalizes all forms of gender- and sexual-based violence (%)	-	-	-	-	-	3	1

Source: Ministry of Women's Affairs Annual Report 2013.



The Government is committed to promoting gender equality and improving the participation of women in politics, socioeconomic benefits and civil society activities. According to the Ministry of Finance's fiscal report for 2014/15, an average of 3 percent of all public expenditure is spent on women's empowerment.

Currently, there are 68 female members of parliament (or 27 percent, which is well above the global average of 21.8 percent), and 50 percent of the appointed seats in the senate are allocated to women. In provincial councils, women hold 20 percent of all seats.

According to the *Afghanistan Statistical Yearbook 2013–14*, women make up 49 percent of the Afghanistan's population. The Government is committed to implementing the human rights treaties it has acceded to empower women and provide opportunities that benefit them and reduce gender disparity as much as possible. Although many challenges to women fully enjoying their rights in Afghanistan remain, the situation in general has improved, and their participation in socioeconomic activities is bolder today than it was a decade ago. To encourage participation in politics, Afghanistan's laws set quotas of seats for women in the national parliament, the senate and in the provincial councils. Women cast almost 40 percent of the votes in the 2004, 2009 and 2014 presidential elections combined.

The number of women owning a business and setting up small and micro enterprises has been steadily increasing and is expected to contribute to the country's overall economic development. All these improvements have prompted the Government to renew its commitment towards gender equality and women's empowerment in policies and programmes. As a result, women's economic participation has been slowly gaining importance, both as a right as well as a critical contribution to the national economy and development.

Amid all the achievements, however, violence against women remains a daunting challenge in Afghanistan. Cultural barriers, ignorance, lasting war and its impacts, political instability and lack of rule of law are said to be sustaining this unwanted phenomenon.

Eliminate gender disparities in all levels of education no later than 2020

TARGET 4

INDICATOR A

TARGET IS OFF TRACK

Ratio of girls to boys in primary education

The 4a indicator refers to the percentage of girls to boys enrolled in primary school. It indicates the gender balance between boys and girls for access to education at the primary level.

The ratio of girls to boys in primary education in Afghanistan increased slightly, from 0.62 percent in 2008 to 0.67 percent in 2014. The indicator improved by 5 percentage points in six years. At this pace of progress, achieving the target of 100 percent by 2020 is impossible. Although the ratio increased slightly, performance was better in terms of gender equality at the primary level than at the secondary and tertiary levels (indicators 4b and 4c and Figure 3.1).

TARGET 4

INDICATOR B

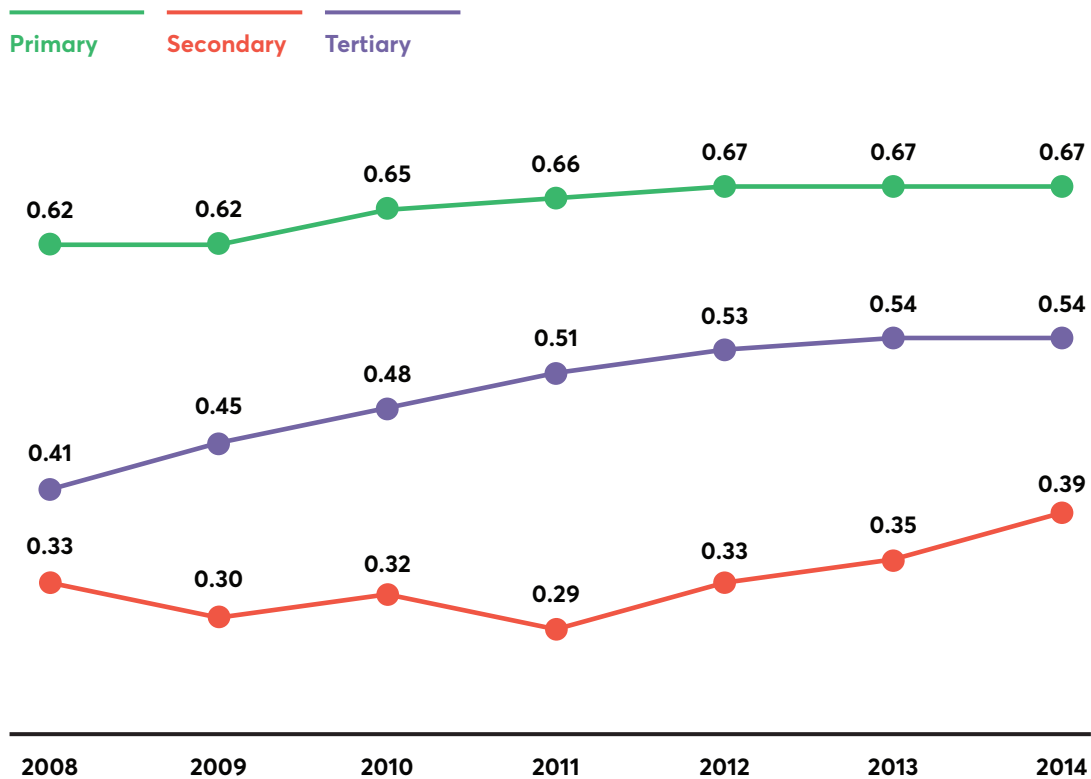
TARGET IS OFF TRACK

Ratio of girls to boys in secondary education

The 4b indicator refers to the percentage of girls to boys enrolled in secondary school. The ratio indicates the gender balance between boys and girls for access to education at the secondary level.

According to the EMIS and UN DESA data as of 2014, only 54 girls made it to secondary education for every 100 boys. Other reports showed the ratio higher than what is reflected here; for example, the *Afghanistan Statistical Yearbook 2013–14* cited it at 67 girls. As previously noted, however, official data for education indicators will now always be based on the EMIS and UN DESA records.

Ratio of girls to boys in primary, secondary and tertiary education



Source: Ministry of Education, *Education for All Report* and EMIS.

The main reasons for the smaller ratio of girls to boys in secondary education are cultural barriers, long walking distance to school, poverty (economic reasons – prevailing for boys), lack of school materials (books, notebooks, etc.) and security concerns. Conservative Afghan society is another factor (though part of the cultural barriers); as girls age, certain families tend to prohibit their daughters from attending school or even if they do allow it they will not let them to be taught by male teachers (particularly in rural areas), reflecting the negative impact of having only a small number of female teachers outside urban settlements (see Figure 3.3 for detailed data on why young people aged 6–24 do not attend school).

In addition to other potential policy interventions reflected in the Education for All strategy for improving this ratio, increasing the number

of female teachers in the secondary level likely will result in an increased presence of female students. Irrespective of the achievements, the 2015 and 2020 targets for this indicator are off track and cannot be achieved on time.

TARGET 4

INDICATOR C

TARGET IS OFF TRACK

Ratio of girls to boys in tertiary education

The 4c indicator refers to the percentage of girls to boys enrolled in a tertiary institution, or basically all forms of education after high school (after grade 12 in Afghanistan). The ratio indicates the gender balance between boys and girls for access to tertiary education.

There are discrepancies and confusion in previous reports for this indicator; in some cases, the ratio was reported only for university enrolment, while some figures included other forms of education as well. Based on the definition of tertiary education as all forms of education after high school, the latest available figure for this indicator was 39 girls for every 100 boys. Although it was as high as 71 girls in grades 13 and 14 when the data was disaggregated (including in technical and vocational educational and training (TVET), technical training centres (TTCs) and Islamic schools), it was only 26 girls for every 100 boys in universities (public and private combined).

The ratio of girls to boys in tertiary education may not be impressive, but one of the success stories of Afghanistan's tertiary education system is engagement with and investment by the private sector. From a total of only two private universities in 2006, the options have grown to 113 private universities and institutions currently, increasing by almost 57 times. As of 2014, the private universities or institutions of higher education accommodated 107,976 students, of which 22,814 were female, taught by 6,050 teachers, of which 505 were women.

Afghanistan's tertiary education system, as of 2014, accommodated 406,510 students, with female students comprising 28 percent of them. There was a total of 261,290 students in universities (public and private), including 53,281 girls. There were a total of 145,220 students in other forms of tertiary education, such as grades 13 and 14, TVET, TTCs and Islamic studies, including 60,346 female students. Several line ministries provide other education opportunities that could fall into the tertiary education category; for example, the Ministry of Labour, Social Affairs, Martyrs and Disabled offers programmes (Table 3.2).

MDG 3 **TABLE 3.2**

Tertiary education in Afghanistan

Type	Sex	2008	2009	2010	2011	2012	2013	2014
Universities								
Public	Male	46,735	49,529	51,372	63,066	82,100	100,726	122,847
	Female	10,016	12,180	12,465	14,811	19,215	24,015	30,467
	Total	56,751	61,709	63,837	77,877	101,315	124,741	153,314
	Ratio	0.21	0.25	0.24	0.23	0.23	0.24	0.25
Private ^a	Male	–	–	17,893	30,202	50,124	65,992	85,162
	Female	–	–	2,669	5,123	9,520	14,518	22,814
	Total	–	–	20,562	35,325	59,644	80,510	107,976
	Ratio	–	–	0.15	0.17	0.19	0.22	0.27
Other forms of tertiary education (including grades 13 and 14, TVET, TTCs and Islamic studies) ^b								
Grades 13	Male	21,750	22,191	39,640	47,755	56,178	74,688	84,874
	Female	12,630	9,195	19,656	21,024	32,606	45,528	60,346
	Total	34,380	31,386	59,296	68,779	88,784	120,216	145,220
	Ratio	0.58	0.41	0.50	0.44	0.58	0.61	0.71
Total								
Total	Male	68,485	71,720	108,905	141,023	188,402	241,406	292,883
	Female	22,646	21,375	34,790	40,958	61,341	84,061	113,627
	Grand	91,131	93,095	143,695	181,981	249,743	325,467	406,510
	Ratio	0.33	0.30	0.32	0.29	0.33	0.35	0.39

Notes: a = Ministry of Higher Education; b = Ministry of Education EMIS.

Figure 3.2 reflects the total data from Table 3.2 for 2014 only. In the progression of grade levels from primary to secondary and then to tertiary, the ratio of girls to boys declines. The reasons for the variance is the same for tertiary education as for secondary education (Figure 3.3), although much stronger for opportunities beyond high school. For example, tertiary education costs exponentially much more than secondary education, there are fewer tertiary education institutions than secondary schools, and fewer teachers are available at the tertiary level than at the secondary level. At the age when girls typically enter tertiary education (normally at age 18 in Afghanistan), most are married (either by choice or were forced into an early marriage, primarily in villages and towns). Marriage basically bars them from continuing their education, resulting in a lower ratio, when compared with the secondary and primary education ratios.

Based on a comparison of the conclusions of Goal 2 with the education indicators of Goal 3, it is recommended that any policy interventions to address (i) the number of students who fail to make the transition from secondary to tertiary education, (ii) the absorbing capacity of tertiary education and (iii) the number of students graduating from tertiary education should be aligned and integrated with policy interventions for job creation or employment so that the country's economy can accommodate all graduates. Equally important, the policy interventions should incorporate the role and importance of women and ensure a fair and equitable share of the employment market for female graduates. If there is no alignment among these policies, the ballooning number of graduates in the future may result in other challenges suggested in the concluding discussion of Goal 2 and may widen the gap between the number of female and male students as well.

Common reasons for not attending school (both male and female)

Based on the MDG education indicators (for Goals 2 and 3), it is evident that a large number of people who should be in primary, secondary or tertiary education are not. The NRVA 2011–2012 findings covered reasons why (for the population aged 6–24 years). This particular age group, which is also referred to as the learning age, is the time when young people are expected to be involved in education. Their absence should be studied so that possible solutions can be found to bring them into school or some other type of learning institution.

As Figure 3.3 indicates, the most dominant reason for girls not attending school or other type of education is a cultural expectation, followed by access or walking distance to school. Although cultural reasons for not

Share of male and female students in Afghanistan's tertiary education, 2014

Male

Female

Public universities

Total enrolment: 153,314



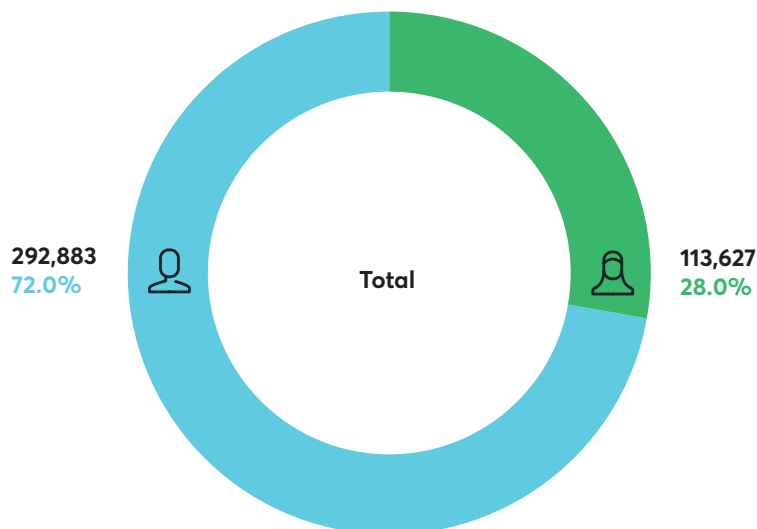
Private universities

Total enrolment: 107,976



Grades 13 and 14, TVET, TTCs and Islamic Studies

Total enrolment: 145,220



Source: Ministry of Education and Ministry of Education EMIS.

attending primary school was reported by an estimated 34 percent of girls, it was as high as 53 percent for absence from tertiary education, reflecting the sensitivity and mindset of the society towards girls as they mature.

For boys on the other hand, the reasons vary by age. While cultural reasons do not tend to keep boys out of school (less than 5 percent in primary, secondary and tertiary education combined), economic reasons (related to the prevailing poverty rate) and access or walking distance to school dominate. As Figure 3.3 indicates, economic reasons are dominant for boys as they mature. From 11 percent at the primary school level, economic reasons keep 42 percent of boys from enrolling at the secondary level and then 46 percent at the tertiary level, reflecting the shift from education to a working life to contribute towards the family's economic needs.

Afghanistan is crippled by decades of war and political instability, and the country is actively combating that conflict. Yet, as one optimistic sign, insecurity is the least likely reason for not attending school (at less than 6 percent for both males and females in all three cycles of education), indicating the strong determination, willingness and passion of young Afghans to complete their education.

TARGET 4

INDICATOR D

TARGET IS OFF TRACK

Ratio of literate females to males (15–24 years old)

The ratio of literate females to males represents the progress towards gender parity in literacy and learning opportunities for women. According to the Central Statistics Organization's definition, the index is a key indicator of empowerment of women in society, because literacy is a fundamental skill to take control of one's life, to engage directly with authority and to gain access to the wider world of learning. Thus, the smaller that the ratio is the wider is the gap between literate females and males, which is an indication of the failure of the education system to educate boys and girls equally and equitably.

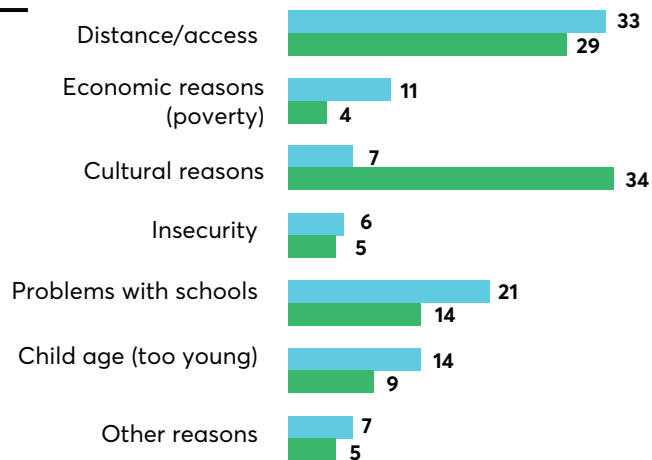
Although small, the ratio of literate females to males has steadily improved since 2003. The youth literacy rate in Afghanistan, according to NRVA 2011–2012 data, is 47 percent (32 percent for females and 62 percent for males), bringing the ratio of literate female youth to male youth to 52 percent. This is an important improvement from 34 percent in 2005 and 45 percent in 2008 (at an increase of 7 percentage points). Despite the achievements, however, reaching the 2020 target of 100 percent is unrealistic, based on the rate of progress over the past decade.

Reasons for not attending school for the population aged 6–24 years (% of the age group)

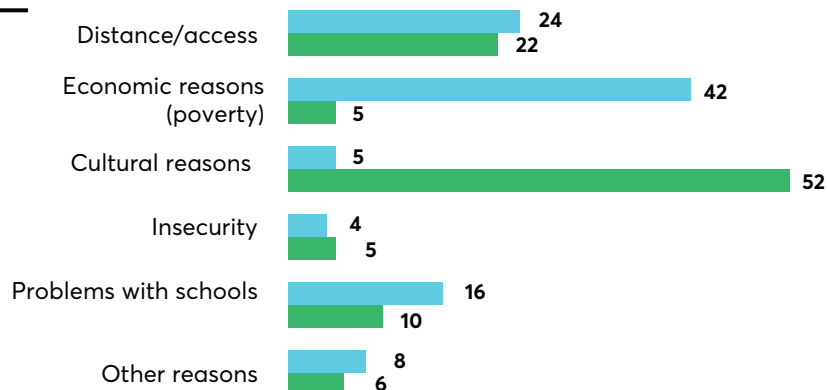
Male

Female

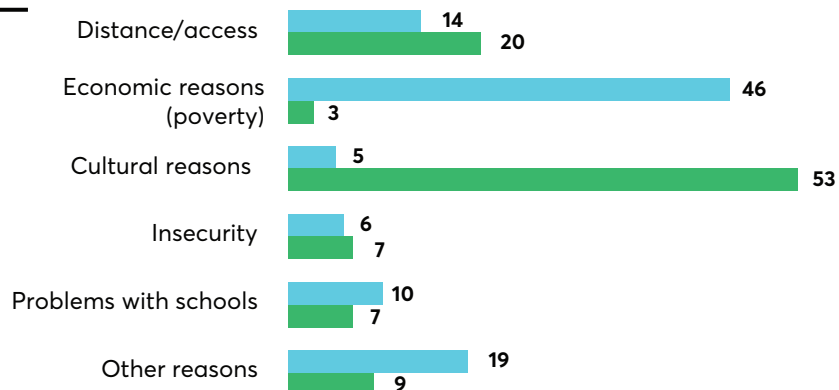
Primary Education



Secondary Education



Tertiary Education



Source: NRVA 2011–2012.

Reduce gender disparity in economic areas by 2020

TARGET 5

INDICATOR A

TARGET IS OFF TRACK

Ratio of female to male government employees (central)

According to the *Afghanistan Statistical Yearbook 2014–15*, of the 398,195 government employees in 2014, 88,267 (or 22 percent) were women. In the central government offices in Kabul, as shown in Table 3.3, there were 76,906 male employees and 35,052 female employees, which put the proportion of women at 31 percent. This represents a decrease from the number women employed the central government offices in 2013; but there was an increase in the overall number of female government employees (compared with 2013). At this rate of progress, the 2020 target is considered as off track.

TARGET 5

INDICATOR B

TARGET IS OFF TRACK

Ratio of female to male government employees (provinces)

The 5b indicator refers to the ratio that indicates gender disparity in provincial government employment, based on *Afghanistan Statistical Yearbook* data, which are released on an annual basis by the Central Statistics Organization. The ratio of female to male government employees in Afghanistan varies widely from province to province. For instance, as shown in Table 3.3, while the ratio is as high as 0.67 in Balkh Province, it is only 0.02 in Paktika Province. Although indicators 5a and 5b are the official indicators for Target 5 on the reduction of gender disparity in economic areas by 2020, economic areas do not only include government or public institutions. Women's participation in the private sector and civil society organizations also falls under this target; but because the target retains only the two indicators, gender disparity in other economic areas are not reflected.

Number and ratio of female to male government employees, by province, as of 2014

Province	Male	Female	Total	F/M	Ratio of female to male government employees
Balkh	11,763	7,929	19,692	0.67	
Herat	14,439	9,477	23,916	0.66	
Nimruz	2,156	1,101	3,257	0.51	
Kabul	76,906	35,052	111,958	0.46	
Jawzjan	5,531	2,481	8,012	0.45	
Daikundi	2,748	911	3,659	0.33	
Badakhshan	11,756	3,868	15,624	0.33	
Farah	4,000	1,256	5,256	0.31	
Faryab	8,361	2,533	10,894	0.30	
Takhar	9,259	2,798	12,057	0.30	
SarePul	4,384	1,280	5,664	0.29	
Kunduz	8,581	2,123	10,704	0.25	
Samangan	3,667	864	4,531	0.24	
Baghlan	10,999	2,581	13,580	0.23	
Ghazni	9,117	1,958	11,075	0.21	
Bamyan	4,726	953	5,679	0.20	
Panjsher	2,696	376	3,072	0.14	
Badghis	4,005	524	4,529	0.13	
Kandahar	9,347	1,133	10,480	0.12	
Parwan	10,146	1,227	11,373	0.12	
Helmand	5,209	619	5,828	0.12	
Kapisa	6,299	747	7,046	0.12	
Logar	4,952	445	5,397	0.09	
Nangarhar	20,983	1,798	22,781	0.09	
Nooristan	2,479	191	2,670	0.08	
Zabul	1,926	123	2,049	0.06	
Laghman	6,625	335	6,960	0.05	
Ghor	6,683	335	7,018	0.05	
Uruzgan	2,693	118	2,811	0.04	
Wardak	7,049	304	7,353	0.04	
Kunar	7,224	282	7,506	0.04	
Paktia	6,096	219	6,315	0.04	
Khost	7,335	187	7,522	0.03	
Paktika	5,722	94	5,816	0.02	
Unknown	4,066	2,045	6,111	0.50	
Total	309,928	88,267	398,195	-	



Source: Afghanistan Statistical Yearbook 2014–15.

Increase female participation in elected and appointed bodies at all levels of governance to 30 percent by 2020

TARGET 6

INDICATOR A

TARGET IS ON TRACK

Ratio of seats held by women in national, provincial and district representative bodies (%)

According to Article 83 of the Afghanistan Constitution, 68 of the 249 total seats (27 percent) in the Lower House of Parliament (*Wolesi Jirga*) are reserved for women, comprising at least 2 women for each of the 34 province. The Independent Election Commission will determine the number of reserved seats for women in each of the 34 electoral constituencies in order to fulfil the constitutional provision of the 68 reserved seats for women in the Lower House (Electoral Law 2010, Articles 20 and 23). Of the total 68 seats for women, 3 seats are to be allocated to Kuchi women (2010 Regulation on Allocation of *Wolesi Jirga* Seats for Women).

TARGET 6

INDICATOR A

TARGET IS OFF TRACK

Political seats (%)

According to the Electoral Law, if there are not enough female candidates to occupy the allocated seats, the Independent Election Commission will adopt measures to ensure that the seats do not remain vacant (Article 23). The female candidates who receive the most votes in each electoral constituency will be assigned, with the reserved seats decided for the constituency. After meeting the quota requirements, the remaining seats (if any) in a constituency will be assigned to candidates, regardless of their sex, according to the rules of the electoral system (Electoral Law 2010, Article 23).



Fardin Waezi / UNAMA

According to the Ministry of Women Affairs, currently there are 4 female ministers, 9 female deputy ministers and about 100 female directors across the country. Over the past decade, the Government appointed female governors and female ambassadors.

TARGET 6**INDICATOR A ALT****TARGET IS ACHIEVED**

Appointed seats (%)

Appointed seats refer to female senators in the non-elected seats, who currently occupy 50 percent of the total 34 appointed seats in the Parliament. The country's Electoral Law requires that appointed senate seats be equally divided between men and women. The 2020 target is considered achievable. Additionally, nine women commissioners have been appointed to independent commissions, such as the Afghanistan Independent Human Rights Commission, the Independent Election Commission and the Independent Administrative Reform and Civil Service Commission.

Reduce gender disparity in access to justice by 50 percent by 2015 and completely (100 percent) by 2020

TARGET 7

INDICATOR A

TARGET IS NOT DEFINED

Adoption, review and amendment of legislation that protects the rights of women, particularly in employment, family rights, property and inheritance and in accordance with the Constitution of the Islamic Republic of Afghanistan (%)

The 7a indicator is a general indicator, which creates a challenge in reporting. No clear information was reported on this indicator in previous Afghanistan's MDG reports. According to the Ministry of Women's Affairs' 2013 annual report, 58 percent of the country's laws have been reviewed, amended (if required) and submitted to the parliament for endorsement. In 2013, three of the submitted laws were endorsed.

TARGET 7

INDICATOR B

TARGET IS NOT DEFINED

Adoption of legislation that criminalizes all forms of gender- and sexual-based violence (%)

Afghanistan's Elimination of Violence Against Women Law has been passed, which thus addresses indicator 7b. According to the Ministry of Women Affairs and based on the report of the implementation of the new law, most violence cases are solved in *Jirgas* and through family interventions. But the data for reported cases indicated a decline of 1,500 cases in 2013 from 2012. By province, Kabul had the largest number of registered violence cases in the country, with 980 cases, followed by Herat with 673 cases, Takhar with 388 cases and Balkh with 232 cases. In 2013, there were 4,120 convictions across the country.

MDG 3 **TABLE 3.4**

Women's participation across different areas, as of 2014 (generally)

Indicators	2014
Percentage of women in teachers training programmes	46%
Percentage of female students in literacy centres	45%
Percentage of female students in primary schools	41%
Percentage of female students in general schools	39%
Percentage of female students in secondary schools	36%
Percentage of female students in high schools	35%
Percentage of female teachers in general schools	33%
Percentage of female students in Islamic studies	20%
Percentage of female students in Darul-Ulum	20%
Percentage of female police in Afghanistan National Police	1%
Number of female defence lawyers	500
Number of female judges in the Afghanistan Women Judges Association	180

Source: Ministry of Women Affairs.

Although many challenges remain for women and girls to participate in society and socioeconomic activities, Afghan women are determined to push for their rights. A comparison of data from 2014 and data from a decade ago revealed substantial improvement in women's participation in economic activities. Table 3.4 reflects the current status across sectors, with female participation in teacher training programmes the largest (at 46 percent) – thanks to policy measures for increasing female teachers that resulted in the increase of female participation in secondary and tertiary education. The smallest level of female participation in 2014 was in Darul-Ulum religious schools, at 20 percent. ■



Rada Akbar / UNFPA

MDG 4

Reduce child mortality

Indicators for Millennium Development Goal 4

No.	Indicators	2003	2008	2010	2012	2013	2015	2020
TARGET 8								
Reduce by 50% between 2003 and 2015, the under-5 mortality rate and further reduce it to one third of the 2003 level by 2020								
8a	Under-5 mortality rate (per 1,000 live births)	257	161	97	102 ^a	–	85 ^b	65 ^b
8b	Infant mortality rate (per 1,000 live birth)	165	111	77	74	–	60 ^b	45 ^b
8c	Proportion of 1-year-old children immunized against measles (%)	35	56	62	62	59	70	90 ^c

Note: The original targets for measles immunization of 1-year-olds were 90% for 2015 and 100% for 2020, which were not achievable, so the Ministry of Public Health reset the targets to 70% and 90% for 2015 and 2020, respectively, as noted in the *Afghanistan Country Programme Document 2015–2019*.

Source: a=MICS 2012; b=National Health and Nutrition Policy 2012–2020; c=National Immunization Coverage Survey 2013.

Childhood mortality and infant mortality are widely used indicators of a nation's development and well-being. They improve the understanding of a country's socioeconomic condition and shed light on the quality of life of its population. Most importantly, childhood mortality statistics denote the health status of children and are thus useful for informing the development of policies and health interventions that will promote child survival. Disaggregation of this information by socioeconomic and demographic characteristics further identifies subgroups at high risk and helps to tailor programmes to serve these populations.

Although there has been marked reduction in Afghanistan's child and infant mortality rates in the past two decades, both rates are high compared with countries in the region. Since late 2003, Afghanistan has impressively reduced the mortality rates among children younger than 5 years and infants by nearly 60 percent. Even though these accomplishments are remarkable, much remains to be done to address the most prevalent causes of death among children younger than 5 years and infants through the widespread coverage of proven health interventions.

Based on the latest Afghan Mortality Survey findings, the neonatal mortality rate in 2010 was 40 per 1,000 live births, accounting for more than 50 percent of the infant mortality. The trend analysis indicated that the decline in the neonatal mortality rate has been extremely slow, with an annual rate of reduction at 0.1 percent. The major causes of neonatal deaths are infection, asphyxia, preterm birth and low birth weight.

In line with Goal 4 and the Afghanistan National Development Strategy 2008–2013, the Ministry of Public Health developed several relevant strategies: the National Health and Nutrition Sector Strategy 2008–2013, the National Child and Adolescent Health Strategy 2009–2013, the Basic Package of Health Services 2009–2013, the Essential Package for Hospital Services, the National Reproductive Health Strategy 2012–2016, the Ministry of Public Health Strategic Plan 2011–2015, the National Health and Nutrition Policy 2012–2020 and the National Priority Programme 2012–2015.

These strategies outline health programmes and service delivery packages and facilities that focus on making high-impact interventions available to communities. In particular, maternal and neonatal care interventions are implemented during pregnancy, delivery and the post-partum period. Early childhood interventions are also a focus of health care delivery to promote birth spacing, neonatal care, breastfeeding and complementary feeding, immunization of mothers and children, micronutrient supplementation, integrated management of sick children and use of long-lasting insecticidal bed nets in areas with a high rate of malaria transmission.

Reduce by 50 percent between 2003 and 2015, the under-5 mortality rate and further reduce it to one third of the 2003 level by 2020

Many of the interventions have shown impressive gains in recent years. For example, the measles coverage rate has improved rapidly: More than half of all 1-year-old children were reported as immunized against measles in a 2008 assessment, which increased to about 59 percent for children aged 12–23 months in the 2013 National Immunization Coverage Survey findings. Improvements in the coverage of essential health interventions are credited for the steady reduction in child mortality.

TARGET 8

INDICATOR A

TARGET IS ON TRACK

Under-5 mortality rate (per 1,000 live births)

The Government has gradually made headway in reducing the under-5 mortality rate from a staggering 319 deaths per 1,000 live births in 1970. Yet, despite the increased efforts since 2001, the mortality rate for children younger than 5 years remains high. According to the latest Ministry of Public Health data, the under-5 mortality rate dropped from 257 to 97 per 1,000 live births between 2003 and 2010, reflecting a considerable decline of more than 60 percent.

Infectious diseases account for more than half of the deaths among children younger than 5 years in Afghanistan

Malnutrition (moderate as well as acute) is a cross-cutting factor and contributes to a large number of deaths among children younger than 5 years. Trend analysis using findings from the 2013 National Immunization Coverage Survey found significant improvement in the nutrition indicators since 2004. Although the rate of stunting in children fell from 60.5 percent in 2004 to 40.9 percent in 2013, there was no change

Nutrition indicators

Indicator	2004 ^a	2013 ^b
Early initiation of breastfeeding	35.0%	69.0%
Undernourished women (aged 15–49 years) BMI<18.5	20.9%	9.2%
Iron deficiency (women)	48.0%	24.0%
Iodine deficiency (women)	75.0%	41.0%
Iodine deficiency (children)	72.0%	30.0%

Note: BMI = body mass index

Source: a = National Nutrition Survey, 2004; b = National Nutrition Survey, 2013.

in the levels of wasting. Over the past decade, there were significant improvements in important nutrition indicators, as shown in Table 4.2.

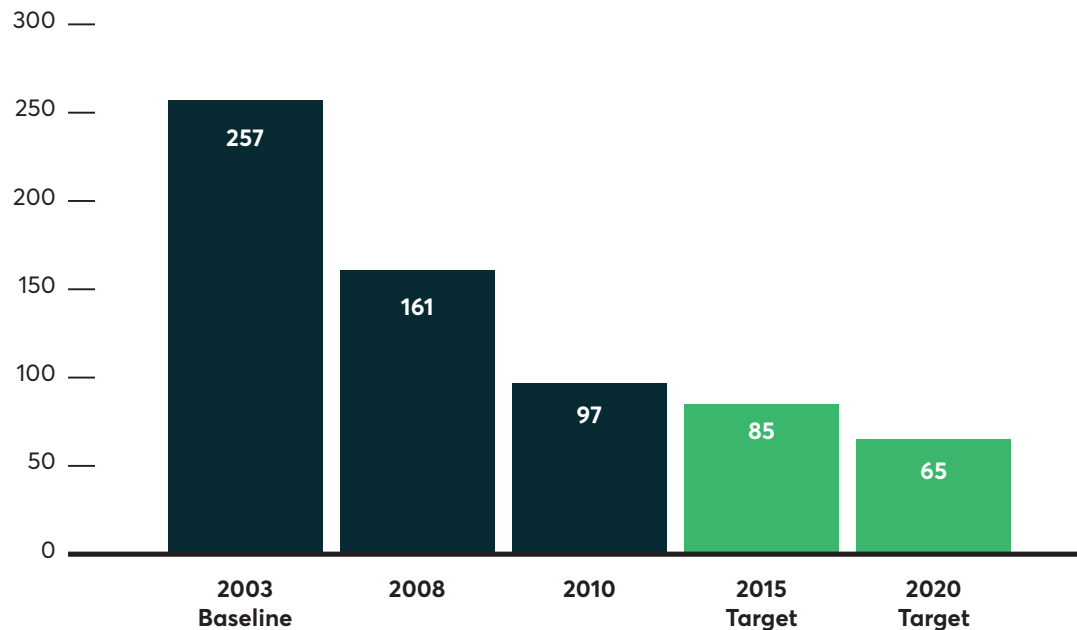
Almost 45 percent of deaths in children younger than 5 years in 2010 occurred in the neonatal period (from birth to 28 days), according to the Afghanistan Mortality Survey findings. This indicates the importance of improving access to health centre-based intra partum care.

Figure 4.1 illustrates the steep decrease in the under-5 mortality rate in Afghanistan from 2003 to 2010, based on the Afghanistan Mortality Survey 2010. However, that survey estimated child mortality without data from the country's southern zone due to the inability to access those areas at the time of data collection. The Ministry of Public Health revised its targets for under-5 mortality to 85 per 1,000 live births for 2015 and 65 per 1,000 live births for 2020, which is indicated in the National Health and Nutrition Policy 2012–2020.

The level of investment in the health sector as a percentage of GDP is the lowest in the region and should be increased. With increased investment and expansion of basic health services throughout the country, especially in hard-to-reach areas, the target for the reduction in child mortality is achievable.

MDG 4 **FIGURE 4.1**

Under-5 mortality rate (per 1,000 live births)



Source: MICS 2003, NRVA 2007–2008, MICS 2003 and AMS 2010.

Socioeconomic and demographic differentials

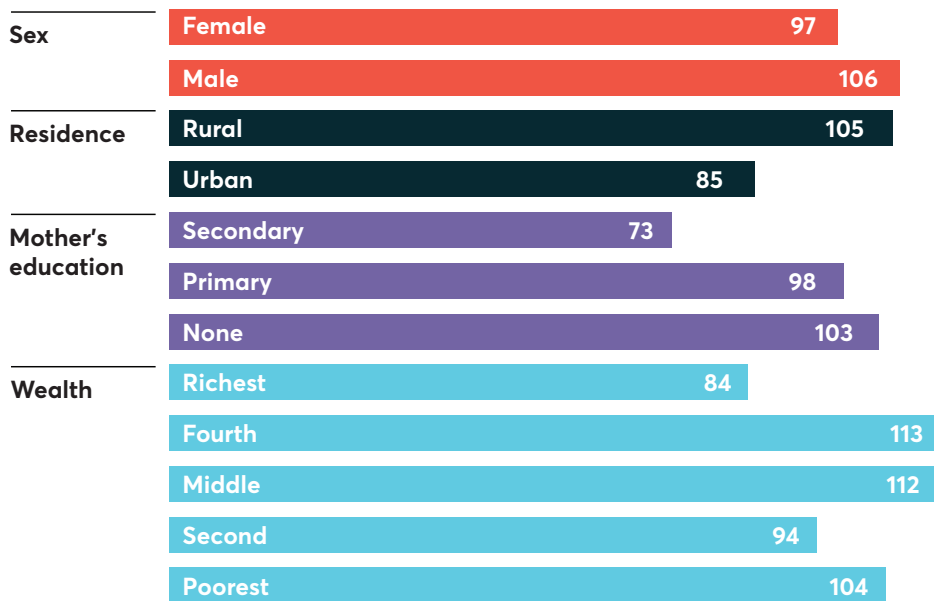
It is important to assess the differentials in socioeconomic and demographic characteristics of households when analysing child mortality in Afghanistan because child mortality is clearly associated with social determinants of health and equity.

As shown in Figure 4.2, the Multiple Indicator Cluster Survey (MICS) 2010–2011 survey estimated the under-5 mortality rate among male children at 106 deaths per 1,000 live births, while it was 97 deaths among female children. In terms of the rural–urban variances, the under-5 mortality rate was lower in urban areas than in rural areas. There were also differences in child mortality in terms of the mother’s education level and household wealth quintile.

MDG 4

FIGURE 4.2

Under-5 mortality rate, by background characteristics, 2012 (per 1,000 live births)



Source: Ministry of Public Health: MICS 2010–2011.

In households with a higher wealth level or in which mothers have a high level of education, the under-5 mortality rate was lower. While the under-5 mortality rate was 84 deaths per 1,000 live births for the wealthiest quintile, it was 104 deaths for the poorest quintile. The rate for children of mothers with a secondary education or more was 73 deaths per 1,000 live births while it was 103 deaths for children of mothers with no education.

TARGET 8

INDICATOR B

TARGET IS ON TRACK

Infant mortality rate (per 1,000 live births)

The trend analysis found a substantial decrease in the infant mortality rate in Afghanistan. Based on the MICS 2012, the Afghanistan Mortality Survey 2010 and 2003 data from the Ministry of Public Health, the infant mortality rate was 165 per 1,000 live births in 2003 and reduced

to 74 deaths in 2011. This represented a 55 percent decrease in the infant mortality rate (Figure 4.3). The trend analysis found nearly a 9 percentage point reduction annually. The projections for 2015 and 2020 set by the Ministry of Public Health represent further reductions in the infant mortality rate.

Thus, based on the significant and steady progress in decreasing the infant mortality rate, the 2015 target of 60 deaths per 1,000 live births and the 2020 target of 45 deaths are achievable.

The trend analysis of the infant mortality rate revealed differences and variations in terms of socioeconomic and demographic characteristics. The infant mortality rate among males in the MICS 2010–2011 was 78 deaths per 1,000 live births, while it was 68 deaths among females. This was similar to the under-5 mortality rate of 106 deaths per 1,000 live births among boys and 97 deaths among girls. The male infant mortality rate was higher than the female rate. There were also differences in mortality in terms of mother's educational levels and household wealth. In households with higher education and higher wealth, infant mortality rates were lower.

While the infant mortality rate was 62 deaths per 1,000 live births for the wealthiest quintile, it was 75 deaths for the poorest quintile. Infant mortality for the children of mothers with no education was 74 per 1,000 live births, while it was markedly lower (55) for the children of mothers with secondary education or higher.

TARGET 8**INDICATOR C****TARGET IS ON TRACK**

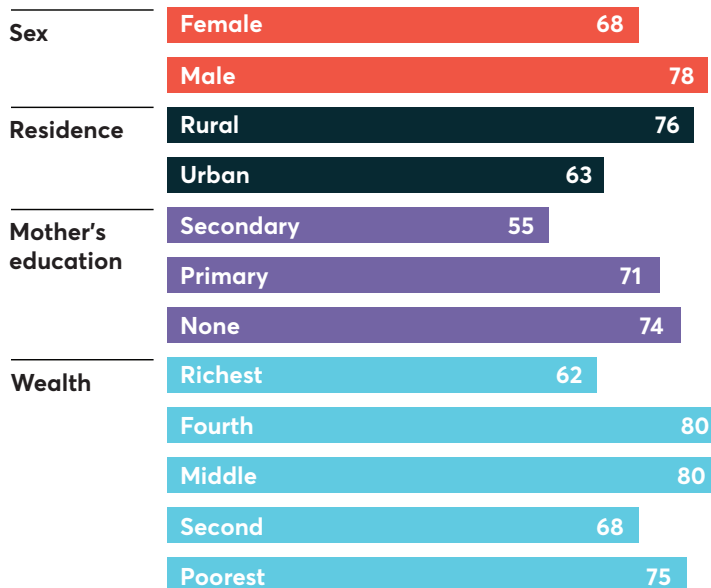
Proportion of 1-year-old children immunized against measles

Indicator 8c refers to the percentage of children younger than 1 year who have received at least one dose of the measles vaccine. Measles is a highly infectious disease that causes health complications and is one of the leading causes of death among young children, despite being fully preventable by vaccination. In 2013, the Disease Early Warning System in Afghanistan reported a total of 1,902 suspected cases of measles that led to the death of five children.

Recent data showed progress in measles immunization coverage. Vaccination against measles (the proportion of children aged 12–23 months) was last reported at 59 percent in the 2013 Coverage Evaluation Survey (against

MDG 4 **FIGURE 4.3**

Infant mortality rate, by background characteristics, 2012 (per 1,000 live births)



Source: Ministry of Public Health: MICS 2010–2011.

the initial 2020 target of 100 percent). Achieving the 2020 target of 100 percent is challenging because of the country's security situation, frequent population movements and the capacity for immunization to cover the entire child population in Afghanistan.

The Ministry of Public Health recently reviewed and reset the 2015 target to 70 percent and the 2020 target to 90 percent, both of which are achievable based on current trends.

MDG 4 **CONCLUSIONS**

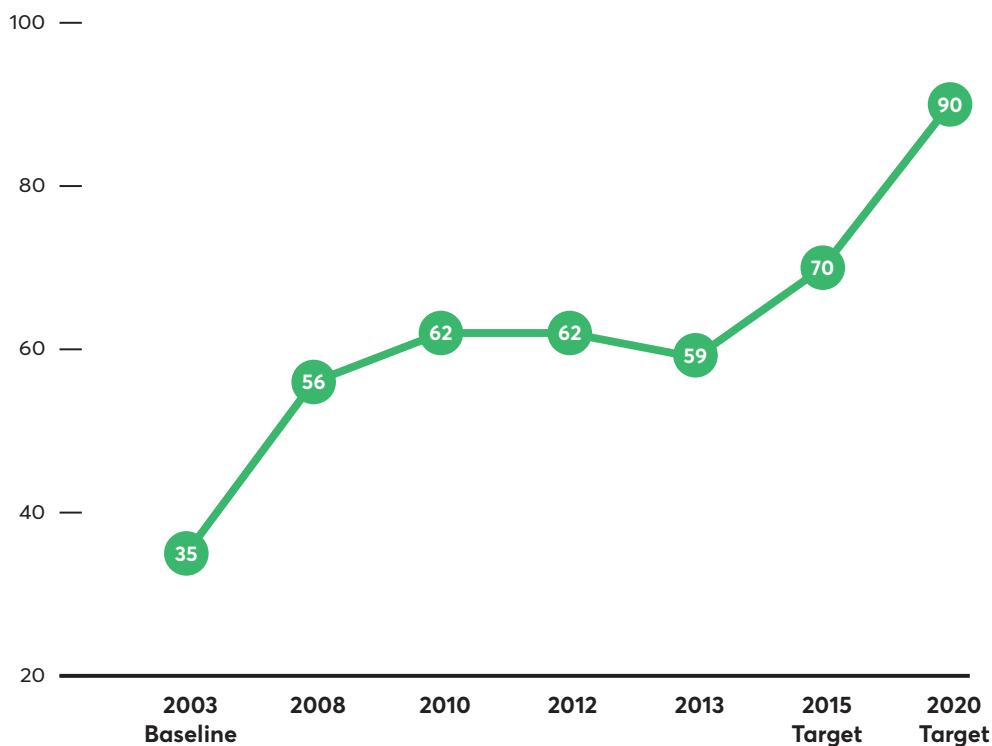
Goal 4 aims to achieve a decrease in the under-5 mortality rate in Afghanistan from 257 to 85 deaths per 1,000 live births in 2015, nearly a 64 percent decrease (up from the original 50 percent target by the Ministry of Public



MDG 4

FIGURE 4.5

The proportion of 1-year-old children immunized against measles (%)



Source: Ministry of Public Health.

Health), and ultimately to 65 deaths per 1,000 live births in 2020, which would be a 70 percent reduction. Given the current trends, the progress to achieve the target for 2015 is on track. And the 2020 target is achievable with sustained efforts.

Progress in reducing infant mortality for 2015 is also on track. However, the 2020 target is challenging, given the human and financial resources of the Ministry of Public Health and the broader circumstances in Afghanistan. Substantial progress is feasible with further policy focus and scaling up of existing essential care interventions.

Although progress has been made since the baseline year (2003) in the proportion of 1-year-old children immunized against measles, aggregate progress towards the target for 2015 is slow and off track. The revised 2020 target of 90 percent appears achievable, based on current immunization data. ■



Rada Akbar / UNFPA

MDG 5

Improve maternal health

Indicators for Millennium Development Goal 5

	Indicators	2003	2008	2010	2011	2012	2013	2014	2015	2020
9a	Maternal mortality ratio (maternal deaths per 100,000 births)	1,600	-	327	-	-	-	-	270 ^a	200 ^a
9b	Proportion of births attended by skilled health personnel	14.4	24.0	34.0	39.0	47.0	-	-	50.0	75.0
9c	Fertility rate (number of children per woman)	6.2	6.27	5.1	-	-	-	-	4.7	3.1
9d	Antenatal coverage (at least one visit)	12	36	60	51.2	53	-	-	65 ^b	80 ^b
9e	Contraceptive prevalence rate (national) (modern)(%)	10.3	15	19.9	21	13.8	-	-	40 ^b	
9f	Adolescent birth rate per 1000 adolescent women	146	-	99	93	87	83	-	-	-
9g	Proportion of women's unmet needs for family planning met (%)	19	23	-	-	-	-	-	-	-

Source: a=new targets are based on National Health and Nutrition Policy 2012–2020; b=new targets are based on National Reproductive Health Strategy 2012–2016; c=World Bank data, except the baseline (adolescent =women aged 15–19).

Originally under Goal 5, Afghanistan adapted two core indicators (maternal mortality ratio and the proportion of skilled birth attendance) and two additional indicators (fertility rate and antenatal care coverage) to monitor and report. In 2012, Afghanistan added the contraceptive prevalence rate and adolescent birth rate as additional indicators to the list of Goal 5 indicators to monitor and report, although no target was set for the latter indicator. In the 2015 report, an indicator on the proportion of women's unmet needs for family planning was added, without a target, however.

Under Goal 5, Afghanistan aims to reduce by 50 percent between 2002 and 2015 the maternal mortality ratio and further reduce the rate to 25 percent by 2020.

The Ministry of Public Health has undertaken a number of major interventions to strengthen maternal and neonatal health care: developing standards and guidelines for maternal care, training midwives and doctors, pre-service training of community midwives, strengthening the health infrastructure, ensuring the availability of supplies and equipment, developing information materials, conducting campaigns and surveys related to implementation of pilot projects and initiatives in maternal and newborn health. The strategy for increasing access to reproductive and maternal health services has been directed towards ensuring that basic health services and emergency obstetric care are available at basic health centres, comprehensive health centres, district hospitals and specialized maternity hospitals.

The lifetime risk of pregnancy-related deaths is five times higher in rural areas than in urban areas. There are strong associations between early childbearing and women's education level, and higher levels of childbearing are associated with a higher level of education.

Although the maternal mortality ratio reduced significantly over the past two decades, Afghanistan continues to have the highest ratio in the Asia-Pacific region. The primary reasons behind the high ratio are lack of access to emergency obstetric care, a shortage of midwives, early marriage, lack of family planning programmes, poor health infrastructure, widespread poverty and gender inequality and related socioeconomic barriers.

The Ministry of Public Health, United Nations agencies (including the United Nations Population Fund, UNICEF and the World Health Organization), the United States Agency for International Development, the European Union, the World Bank, the Japan International Cooperation Agency and other development partners and NGOs have been working closely to improve maternal and newborn health in Afghanistan.

Reduce by three quarters, between 2002 and 2020, the maternal mortality ratio

TARGET 9

INDICATOR A

TARGET IS ON TRACK

Maternal mortality ratio

The global target of Goal 5 is to reduce the maternal mortality ratio by three-quarters between 1990 and 2015. In Afghanistan, the availability of robust baseline data, particularly for maternal mortality, was a major challenge for the original target setting. There was no data for the 1990 baseline, and with only ten years until 2015, the global target was inappropriate. Hence, the Government set the target to reducing the maternal mortality ratio by 50 percent by 2015 from the 2002 baseline and further reduce the ratio to 25 percent by 2020.

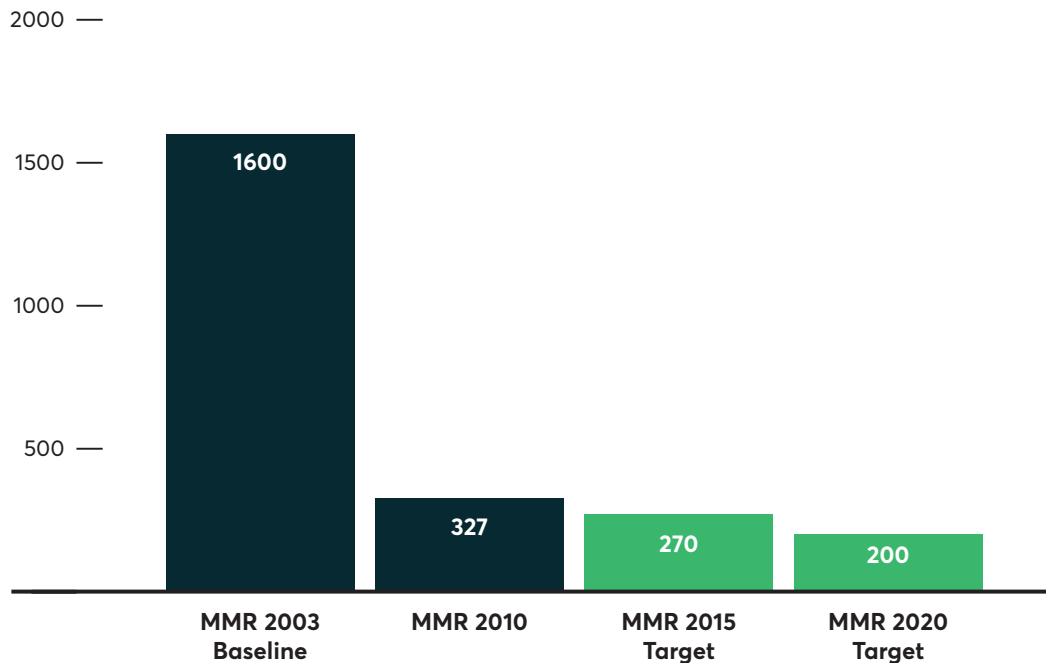
The maternal mortality ratio of 1,600 per 100,000 live births from 2002² was the only available data to base the 2015 target (800 maternal deaths per 100,000 live births) and the 2020 target (400 maternal deaths per 100,000 live births). In 2010, the Afghanistan Mortality Survey data indicated the maternal mortality ratio at 327 maternal deaths per 100,000 live births. Based on the Afghanistan Mortality Survey data, Afghanistan revised the original 2015 and 2020 targets from 800 and 400 to 270 and 200, respectively.

Figure 5.1 illustrates the trend in maternal mortality in Afghanistan from 2003 to 2020, although only one mortality survey was conducted between the 2003 baseline and 2015, which affects the interpretation of progress. The significant reduction in the ratio from 2003 to 2010 indicates the 2015 target has been achieved and that the 2020 target is achievable.

² The baseline data for the maternal mortality ratio was taken from the RAMOS2003, which was conducted in four districts of Afghanistan (Ragh District of Badakhshan Province, Kabul City, Alishing District of Laghman Province and Maiwand District of Kandahar Province). The survey results were used to infer the maternal mortality rate, concluding with 1,600 maternal deaths per 100,000 live births.

MDG 5 **FIGURE 5.1**

Trend of maternal mortality in Afghanistan, 2003 to 2020



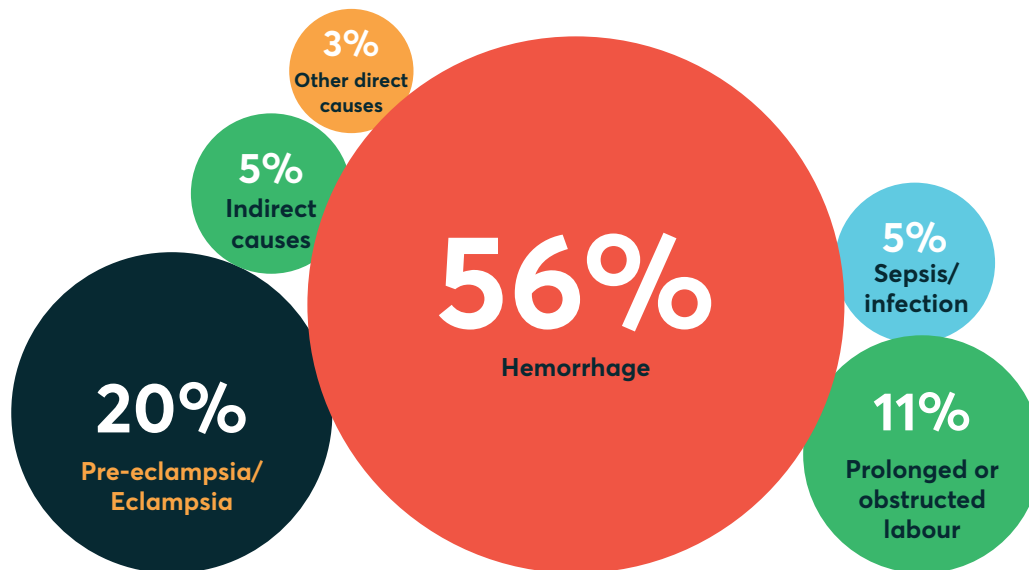
Note: MMR = Maternal Mortality Ratio.

Source: Afghanistan Mortality Survey.

According to analysis of pregnancy-related deaths in AMS 2010, 41 percent of maternal deaths in 2010 occurred during pregnancy, 40 percent during delivery and 19 percent during the post-partum period. More than half of all maternal deaths were due to haemorrhage (at 56 percent) followed by pre-eclampsia/ eclampsia (at 20 percent), prolonged or obstructed labour (at 11 percent), indirect causes (at 5 percent), sepsis or infection (at 5 percent) and other direct causes (at 3 percent). The vast majority of those maternal deaths were preventable, had there been a high coverage of reproductive and maternal health services, including emergency obstetric care.

Although factors related to maternal mortality are manifold, indicators like total fertility rate, contraceptive use, antenatal care, use of skilled birth attendants during delivery and emergency obstetric care are most likely to be related to maternal mortality. These indicators are discussed in the following sections.

Causes of maternal deaths in Afghanistan



Source: Afghanistan Mortality Survey.

TARGET 9

INDICATOR B

TARGET IS ACHIEVED

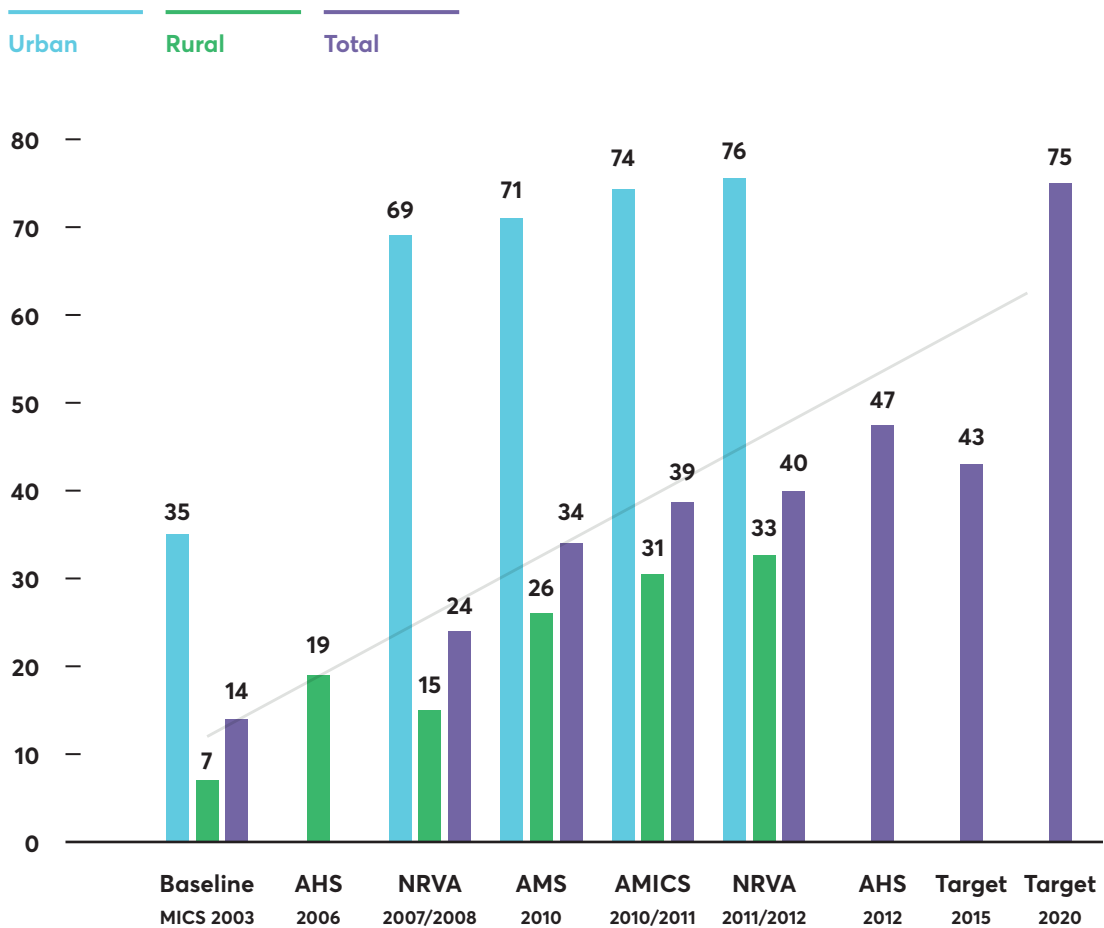
Proportion of births attended by skilled birth attendants

Safe delivery practices are essential for the health of a mother and her child. In Afghanistan, use of skilled birth attendants and delivery in institutions is traditionally low. Use of a skilled birth attendant who follows safe delivery practices and can recognize danger signs is crucial for reducing maternal mortality.

As indicated in Figure 5.3, the 2003 baseline value for the proportion of births attended by a skilled attendant is 14.4 percent. According to the Afghanistan Health Survey, the proportion of births attended by skilled

MDG 5 **FIGURE 5.3**

Trend of skilled birth attendance in Afghanistan, by urban and rural area (%)



health personnel was 18.9 percent in 2006; the NRVA 2007–2008 found it to be 24 percent. However, data from the Afghanistan Mortality Survey 2010 showed an increase of up to 34 percent, and the MICS 2010–2011 registered an increase of 39 percent. In 2012, the Afghanistan Health Survey findings estimated the proportion at 47.4 percent.

One of the main concerns of the performance of the Afghanistan’s health system is the inequitable health care service provision and utilization between urban and rural populations. Invariably, for the majority of Afghanistan’s rural population, service delivery and health outcome indicators are significantly lower than for urban dwellers. The situation is far worse for the nomadic Kuchi population. According to the 2012

Afghanistan Health Survey (the most recent available data), in urban areas, the percentage of deliveries assisted by skilled health personnel was 75 percent, while in rural areas it was only 32 percent (Figure 5.3). For Kuchi women, it was only 13 percent.

There were variations in skilled birth attendance rates among the regions: the north-eastern region had the highest rate of births with a skilled attendant (at 42.9 percent) and the southern region had the lowest (at 21.2 percent) in the 2012 Afghanistan Health Survey. There was also critical variation among provinces, as illustrated in Figure 5.4. The situation of births with a skilled attendant was worst in Helmand, Ghor, Badghis and Noristan provinces, where the coverage was less than 10 percent.

Although there has been remarkable progress in institutional deliveries in the past several years, fewer than half of all deliveries take place in a health institution. According to the 2012 Afghanistan Health Survey findings, only 40.5 percent of women who delivered in the two years preceding the survey delivered in an institution (at 30 percent in public facilities and 10 percent in private services). This is a similar estimate to what was included in the MICS 2010–2011 report (32.9 percent) but much higher than the estimate in the Afghanistan Mortality Survey 2010 report (32.2 percent).

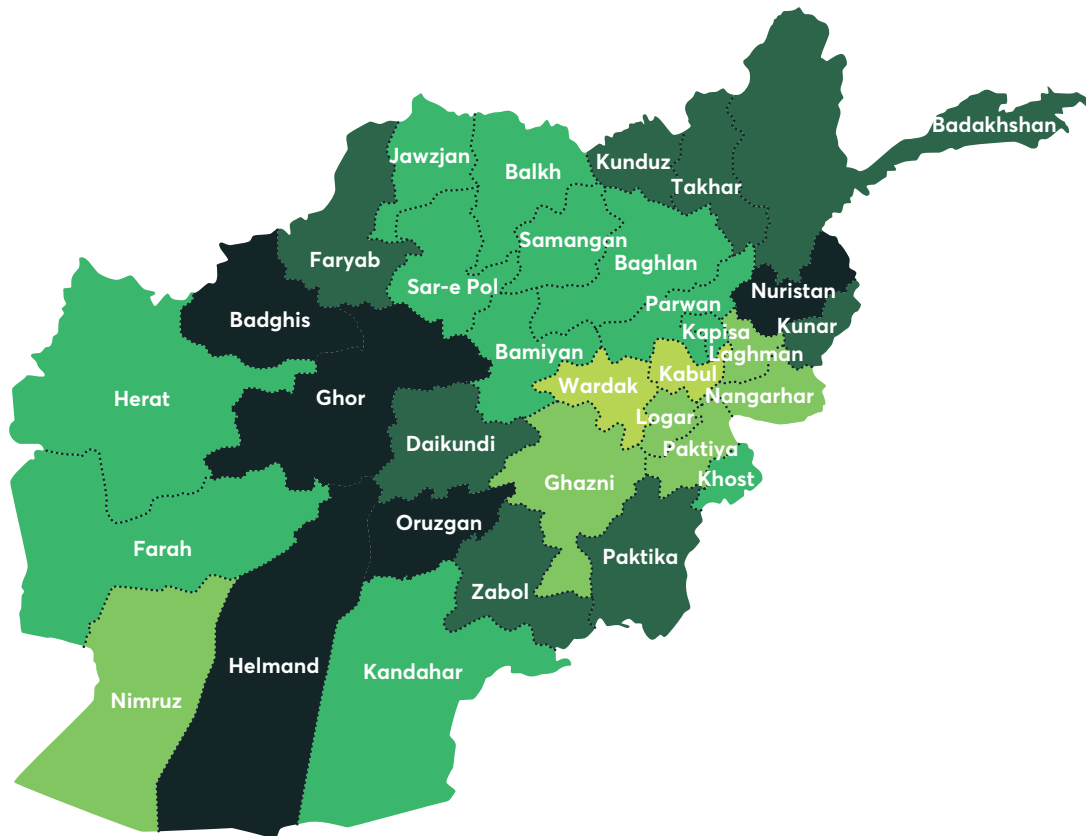
The reported reasons for not seeking delivery care in a health facility reflect a wide range of knowledge, beliefs, access and social, cultural and economic factors. More than one third (35 percent) of women in Afghanistan Mortality Survey thought that it was not necessary to give birth in a health facility, and 19 percent said it was not customary. About half of the women said that a lack of money, the distance to the health facility or transportation problems prompted them to opt for delivery at home. Around 14 percent had no one to accompany them, while 13 percent reported that they did not go to the health facility because there were no female providers available. And 12 percent of deliveries did not take place in a health facility due to security reasons.

Generally, skilled birth attendance is associated with the level of education of women, the wealth status of the family and access to a health facility and a skilled birth attendant. According to the Afghanistan Health Survey 2012 findings, women with some education were about 1.5 times more likely to use a skilled birth attendant for their delivery than women with no education. The educational attainment of women has a positive effect on the probability of skilled birth attendance. According to the NRVA 2011–2012, younger women increasingly rely on skilled birth attendance.

MDG 5 **FIGURE 5.4**

Percentage of women with a live birth in the five years preceding the Afghanistan Health Survey who were assisted by a skilled birth attendant, by province

0-9.9 10.0-29.9 30.0-49.9 50.0-69.9 70 and over



Source: Afghanistan Health Survey, 2012.

In the 2010 Afghanistan Mortality Survey findings, the use of a skilled birth attendant for a delivery significantly increased with the wealth status of the respondent. Respondents in the highest wealth quintile were 3.5 times more likely than respondents in the poorest quintile to use a skilled attendant for delivery. Markedly different estimates emerged in a comparison of women who lived in urban areas (at 80.7 percent) and women in rural areas (at 40.5 percent).

Improvement in the coverage of skilled birth attendance is associated with improvement in antenatal care coverage. The trend analysis reflected in Figure 5.5 found that antenatal care coverage improved, from less than 20 percent in 2003 to around 50 percent in 2012. The proportion of skilled birth attendants also made progress, from less than 20 percent in 2003 to around 40 percent in 2011 and further improved to 7 percent in 2012.

As indicated in Figure 5.6, access to basic health care services has also improved, from 61 percent living within less than two hours from the nearest health facility using the usual mode of transportation in 2006 to 82 percent in 2012. The proportion of people who live more than two hours away using the usual transportation mean dropped by more than half (from 40 percent in 2006 to 18 percent in 2012). However, around one fifth of the Afghan population still has limited access to basic health care service.

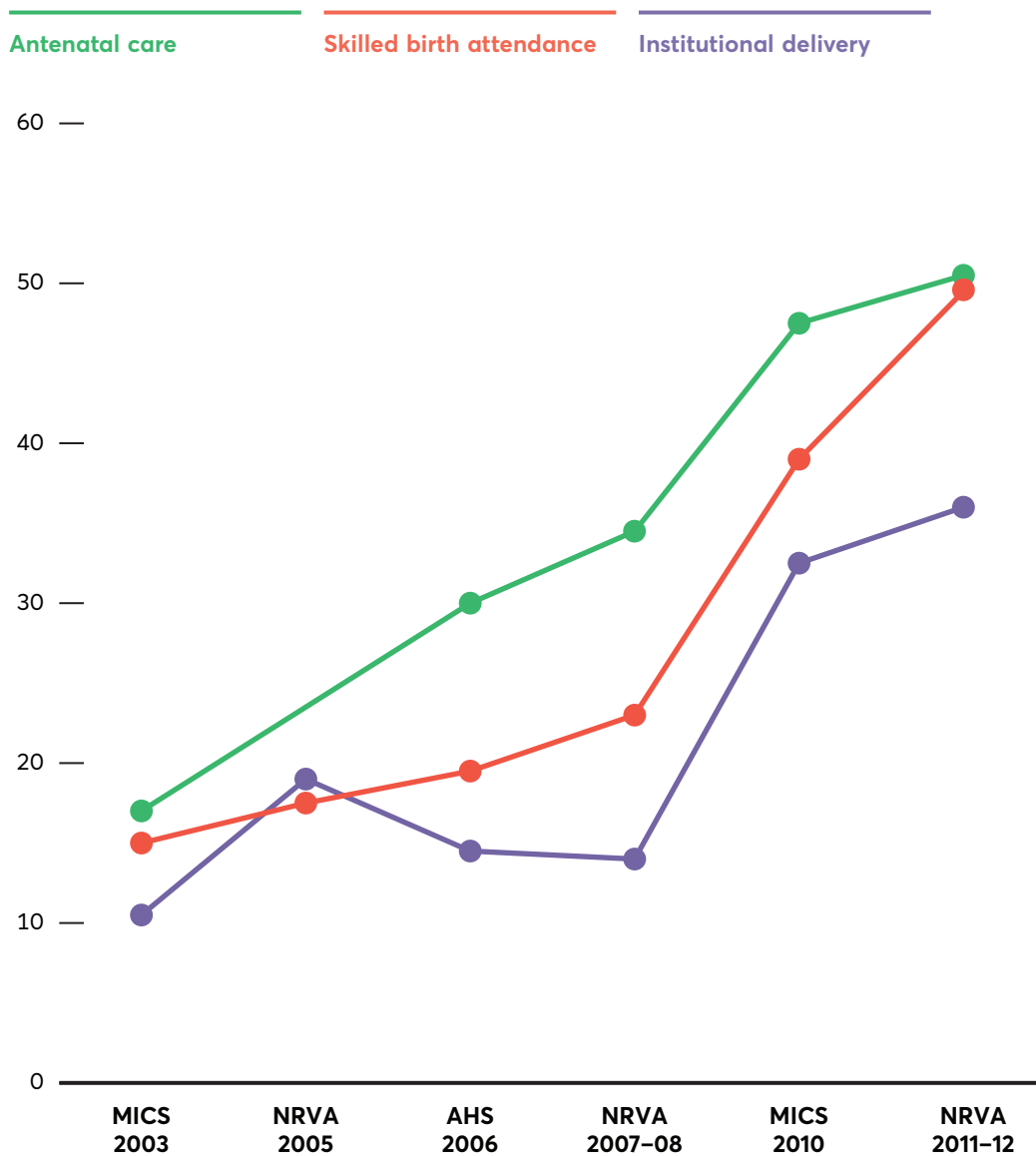
Between 2002 and 2015, the health system response to promote skilled birth attendance was remarkable. The number of graduated midwives in Afghanistan increased from 467 in 2002 to 4,600 in 2014. Support to midwifery education will be sustained until the required number of midwives is reached.

Overall in 2012, more than 47 percent of women used skilled birth attendants, which indicated positive progress from the 38.6 percent estimate cited in the MICS 2010–2011 report and much higher than the 24 percent figure reported in the NRVA 2007–2008 findings.

Although there is methodological difference in the different surveys, the 2015 target of 43 percent is already achieved. However, achieving the 2020 target for the proportion of births attended by skilled health personnel will require the Ministry of Public Health to address the challenges towards skilled attendants at all births through effective interventions for the most vulnerable and disadvantaged.

MDG 5 **FIGURE 5.5**

Comparison of women with a live birth in the five years preceding the survey who received antenatal care coverage during their last pregnancy and delivered in a health facility (%)

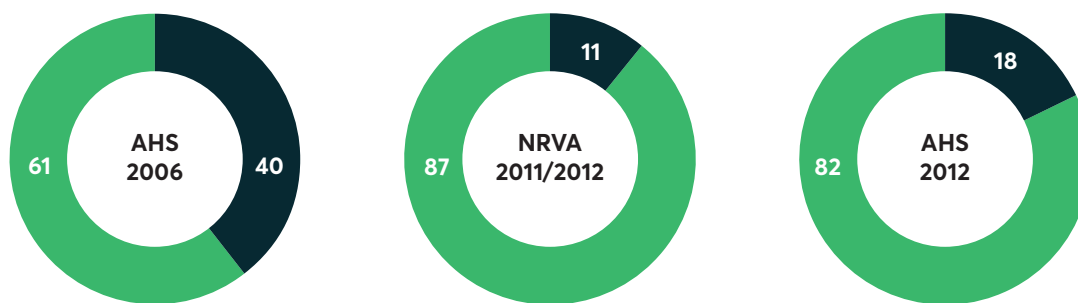


Note: NRVA 2011-12 uses births in the last five years, MICS 2010 and 2003, AHS 2006 and NRVA 2007-08 and 2005 use births in the last two years. AHS uses births of only pregnant women, other surveys use those of ever-married women.

Travel time to the nearest health facility using usual mode of transportation

Less than two hours

More than two hours



TARGET 9

INDICATOR C

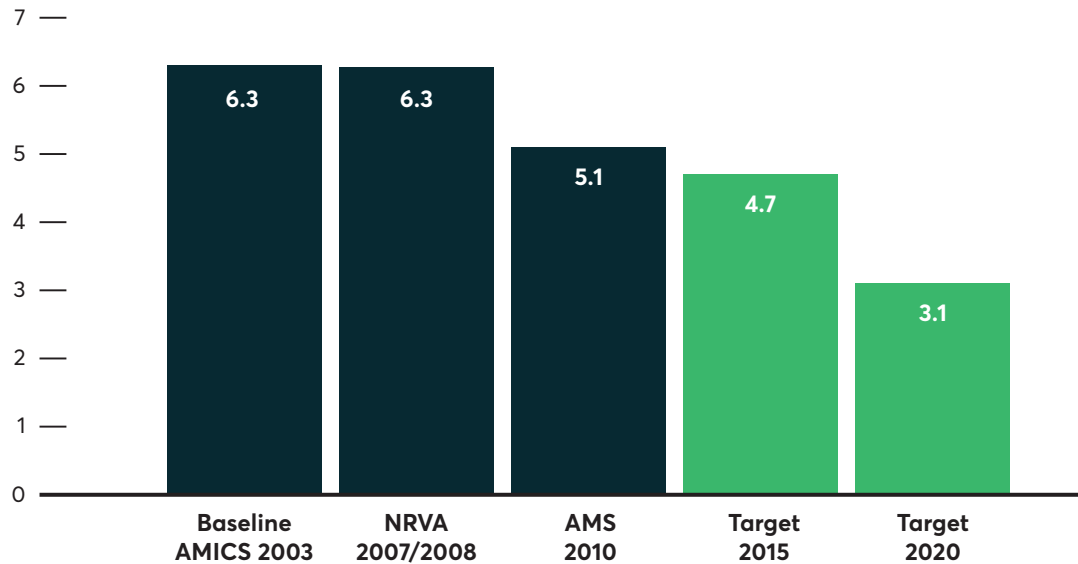
TARGET IS ON TRACK

Fertility rate in Afghanistan

The fertility rate (the number of children per woman) is a key indicator for analysing the status of maternal health. Surveys conducted in the past few years found that Afghanistan's fertility rate had dropped (Figure 5.7). From the MICS baseline estimate of 6.2 births per woman in 2003, the rate slightly increased to an estimated 6.3 in the NRVA 2007–2008 but then declined to 5.1 births in the 2010 Afghanistan Mortality Survey findings.

The trend analysis revealed geographic variation. The fertility rate was higher in rural areas (at 5.2 births per woman) than in urban areas (at 4.7 births). Women residing in the southern zone had a higher total fertility rate than women in the northern and central zones. The fertility rate also varied by region, with women in the south-eastern and eastern regions having an average of one child more than women did in the

Progress of total fertility rate, 2003 to 2020



central highland region. The differentials in the total fertility rate across education groups were striking. Fertility decreased rapidly, from 5.3 children among women with no education to 2.8 children per woman with a higher education. The fertility rate is not uniformly associated with increasing wealth; however, women in the lowest wealth quintile had an average of 5.3 children compared with women in the highest quintile, who had 4.8 children. A similar pattern is evident for the remoteness quintile, with women in the least remote quintile having the lowest fertility.

There are multiple reasons for such a high fertility rate in a country like Afghanistan, such as poor family planning, level of education, cultural practices (such as early age marriage) and lack of adequate reproductive health services. Greater efforts at all levels and specifically effective intervention by the Government are required to reach the targeted 3.1 fertility rate by 2020.

Antenatal care coverage (at least one visit)

Antenatal care is another key component of maternal health. Antenatal care is also an opportunity to promote use of skilled attendance at birth and other healthy behaviours, such as breastfeeding, early postnatal care and planning for optimal pregnancy spacing. Antenatal care during pregnancy can save lives, just as good-quality care during pregnancy is fundamental to the health, well-being and survival of mothers and their babies.

Findings from several studies conducted over the past few years reveal a consistent increase in the coverage of at least one visit of antenatal care (Figure 5.8). The proportion of women receiving at least one antenatal care visit increased from 12 percent in 2003 to 60 percent in 2010. The MICS 2011 findings indicated a 12 percent decrease, from 60 percent in 2010 to 48 percent; the Afghanistan Health Survey 2012, however, recorded an increase to 54 percent. The 2015 target is 65 percent, and the 2020 target is 80 percent.

According to the 2012 Afghanistan Health Survey findings, 54 percent of women received at least one antenatal care visit, which indicated positive progress compared with the NRVA 2007–2008, which reported 36 percent, and the MICS 2013, which reported 47.9 percent.

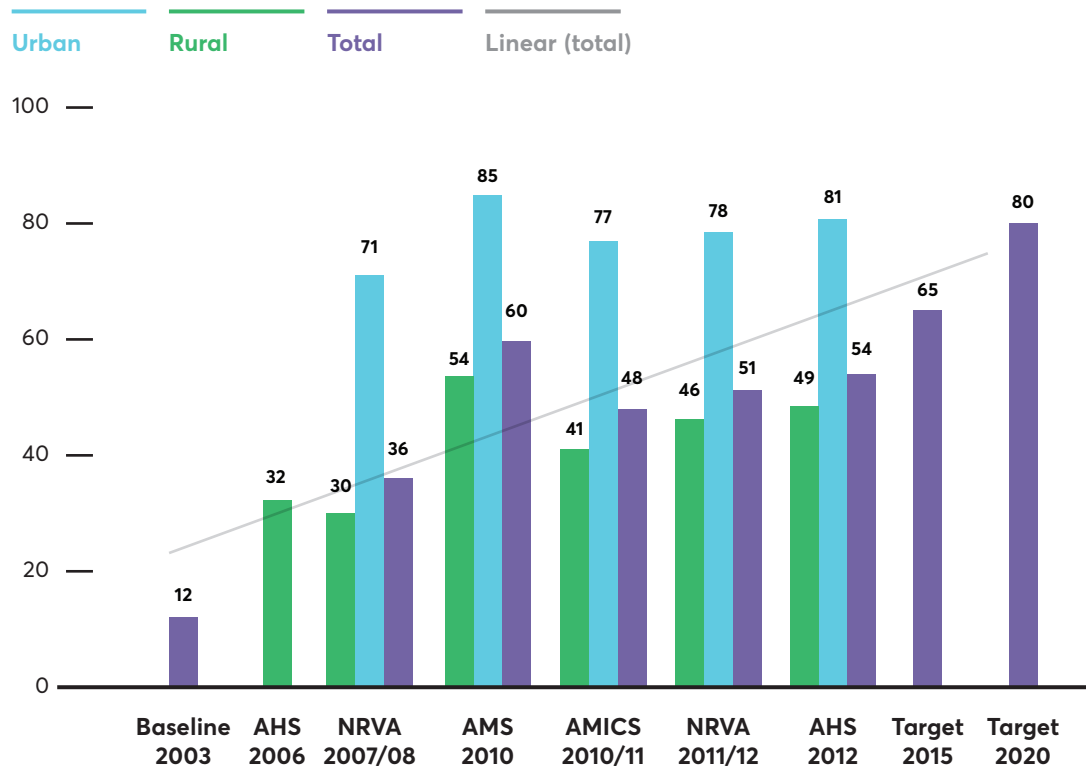
According to the Afghanistan Mortality Survey 2010, there was huge disparity in coverage of at least the first antenatal care visit between urban (at 84.9 percent) and rural areas (at 53.6 percent). These estimates were consistent with the 2012 Afghanistan Health Survey findings, which reflected coverage of 80.8 percent in urban areas and 48.5 percent in rural areas.

The proportion of antenatal care by geographic region also revealed huge variation, from the lowest of 41 percent in the western region to the highest of 78 percent in the central region (Figure 5.9).

The relationship of receiving at least one antenatal visit and the mother's education and family wealth status also was evident in the studies, as was the marked disparity between rural and urban areas.

The 2010 Afghanistan Mortality Survey findings revealed several socioeconomic and cultural issues as challenges towards antenatal visit uptake. The leading reason reported for not seeking antenatal care was lack of money (at 50 percent), followed closely by distance to a facility and transportation problems (at 49 percent and 48 percent, respectively).

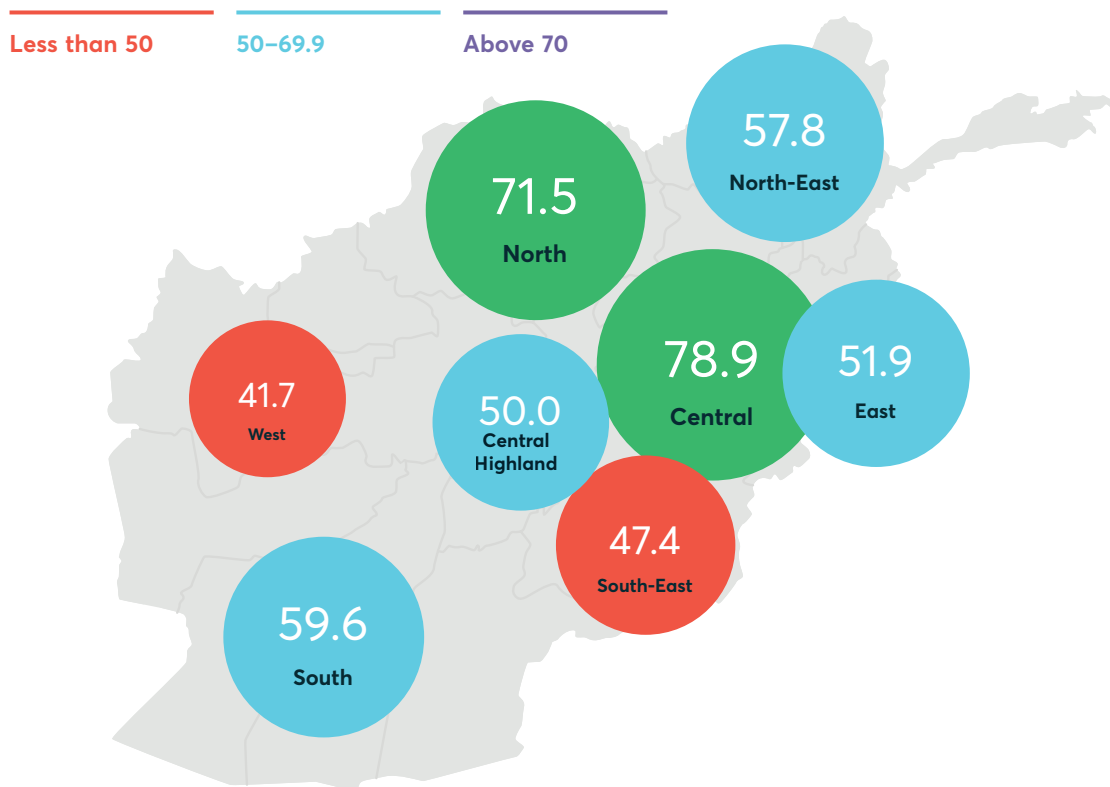
Trend of antenatal care coverage (at least one visit), by rural and urban area, 2003 to 2020



A sizeable number of women also thought that there was no need for the service (at 41 percent) or that it was not customary (at 22 percent). Some of the other more common reasons were security problems (at 13 percent), unavailability of a female health care provider (at 13 percent) and lack of good service (at 11 percent).

The findings from the Afghanistan Mortality Survey reflect an overall average of 4 percent annual increase in antenatal care coverage, from 12 percent to 54 percent between 2003 and 2012. However, the average increase between 2006 and 2012 was 3.5 percent. If the progress continues as per the latter average of 3.5 percentage points, Afghanistan is still on track to achieve the 2015 target. This does not accurately project progress until 2015, but it gives a general perspective. An in-depth analysis of strategies and investment would provide more accurate base to project future progress.

Regional distribution of women aged 12–49 who had a live birth in the five years preceding the survey, by antenatal care (%)



Source: Afghanistan Mortality Survey, 2010.

And although progress is on track to achieve universal access and increased quality of reproductive health services, it is critically important to promote on all antenatal care visits rather than only focusing on at least one antenatal care visit. Factors affecting women's poor record on antenatal care visits include the poor quality of care available, lack of awareness on the health benefit of antenatal care, late recognition of pregnancy and social and economic factors. Community-based interventions are needed that involve both men and women and need to be combined with interventions that target improving the quality, content and outreach of antenatal care services to enhance early antenatal care enrolment among pregnant women.

Contraceptive prevalence rate (national) (%)

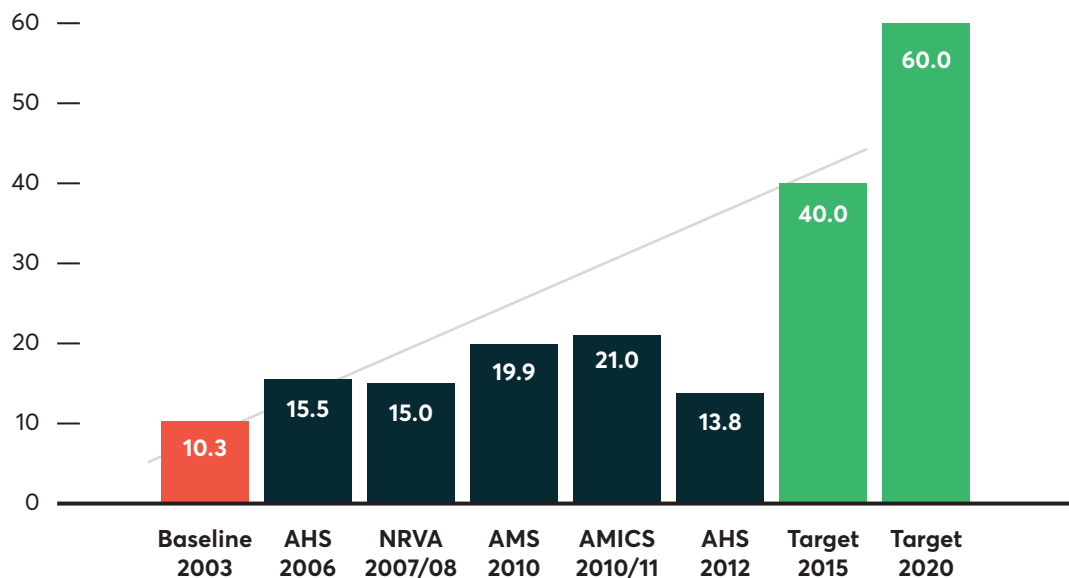
The trend analysis of the contraceptive prevalence rate since 2003 (when it was 10 percent) found positive progress: at 15 percent in 2006, 19 percent in 2010 and 21 percent in 2011. However, the 2012 Afghanistan Health Survey reported a 13.8 percent contraceptive prevalence rate among married women (Figure 5.10), although the methodological differences of surveys are said to affect the interpretation of findings.

The Afghanistan Mortality Survey 2010 report (latest available data) described considerable geographic variation in contraceptive use: 31 percent of married women at the time of survey in urban areas and 17 percent in rural areas used any modern method of contraception. Variation in contraceptive use was obvious among regions as well, as illustrated in Figure 5.11, with the highest use rate in the central highland, at 35 percent, and the lowest use rate in the southern region, at 9.6 percent.

The most popular family planning method reported in the Afghanistan Mortality Survey 2010 findings was the injectable form of contraception, which was used by almost one in ten women who are married. The next most popular method was the pill, which was used among 6 percent of married women. The highest prevalence of contraception use was found among married women aged 35–44 (at about 30 percent), compared with 7 percent of married women aged 15–19 years. Most women who reported using contraception are using modern methods (92 percent) as opposed to traditional methods. Women's education level was strongly associated with contraceptive prevalence. The percentage of women using any method of contraception varied from nearly 20 percent among those with no education to 27 percent among women with only a primary education and to nearly 38 percent among women with a secondary education.

The 2010 Afghanistan Mortality Survey findings also revealed remarkable disparity between knowledge and use of contraception: 91.8 percent of married women reported awareness of some type of contraceptive method. Two years later, however, only half (49.1 percent) of the married women reported knowledge of at least one modern contraceptive method in the Afghanistan Health Survey. The discrepancy was attributed to methodological differences, which affected the interpretation of findings: The Afghanistan Mortality Survey target group was aged 15–49 years and the Afghanistan Health Survey target group was aged 12–49 years. Yet, the disaggregated data on knowledge of contraceptive methods in both surveys do not reflect any big difference between the findings for

Trend of contraceptive prevalence rate among married women, 2003 to 2020 (%)



urban and rural settings, at 97 percent and 90 percent, respectively, in the 2010 Afghanistan Mortality Survey and at 57 percent and 47 percent, respectively, in the 2012 Afghanistan Health Survey.

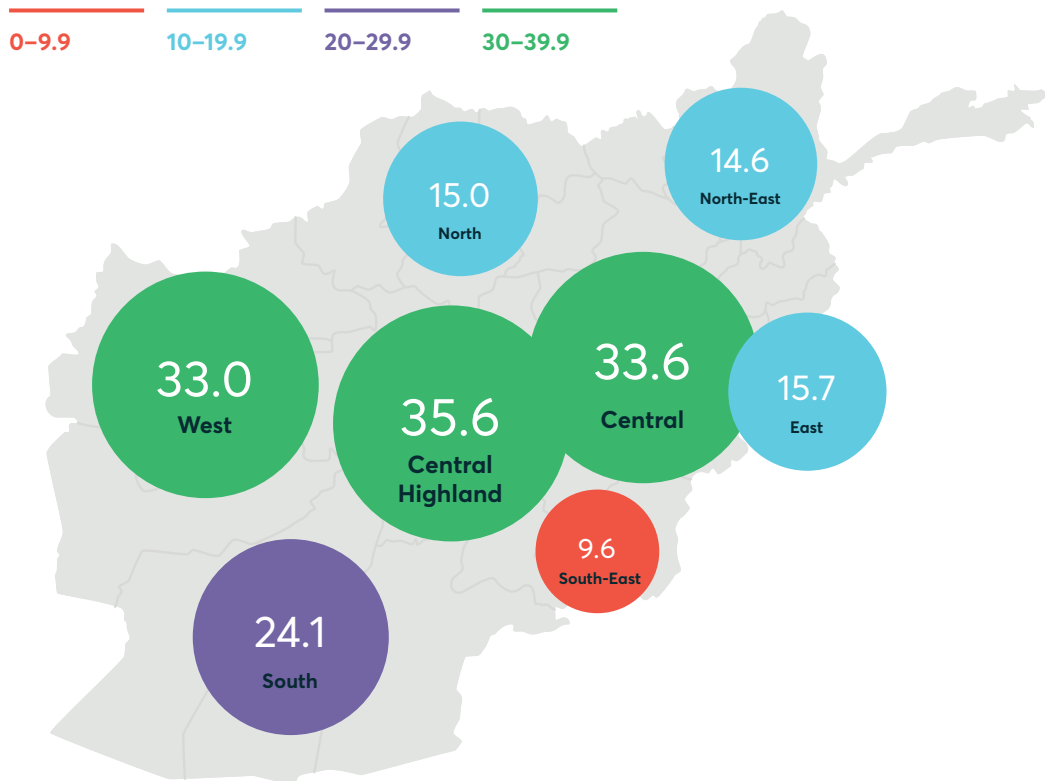
Family planning clearly has health and non-health benefits, including the reduction of poverty. The development of a society, rich or poor, can be judged by the quality of its population's health, how fairly health care is distributed across the social spectrum and the degree of protection provided from disadvantage as a result of ill health.

The social determinants of good health include income and social services, employment and working conditions, the availability of health services, the environment, trade, demographic issues, urbanization, violence and conflict. These determinants cannot be addressed by the health sector alone but require coordinated action among government ministries as well as among non-government and voluntary organizations, the private sector and the media.

MDG 5

FIGURE 5.11

Regional variation in distribution of married women (at the time of survey) aged 15–49 using any contraceptive method (%)



Source: Afghanistan Mortality Survey, 2010.

The Ministry of Public Health set the ambitious target of achieving a contraceptive prevalence rate of 50 percent by 2015. One option to reach this target is to address the supply side and increase access to family planning services. But merely targeting the supply side of the equation is not enough. There are socioeconomic and cultural barriers that hamper access to services that need to be resolved. For instance, the high level of awareness and knowledge of family planning (92 percent of women) does not translate into an equivalent level of contraceptive use (the prevalence rate is only 20 percent).

There are socioeconomic differences in the use of modern contraception. Urban women are twice as likely to use family planning as rural women. The use of modern contraception by women with no education and women with higher education is 19 percent and 35 percent, respectively. There is a large gap in contraceptive use between the poorest (16 percent) and wealthiest quintile (29 percent). Traditions in Afghanistan constitute many barriers to women accessing health services. Afghanistan is a patriarchal society in which men are the main decision-makers in communities and at home. Women's restricted mobility impedes their ability to seek care.

TARGET 9**INDICATOR F**

NO DATA

Adolescent birth rate (%)

The indicator is included in the 2012 MDG report, although no target was set.

TARGET 9**INDICATOR G**

NO DATA

Proportion of women's unmet needs for family planning met (%)

The health sector does not have any valid data regarding the proportion of women's unmet needs for family planning, thus no target has been set for this indicator. ■



MDG 6

Combat HIV, AIDS, malaria and other diseases

MDG 6 **TABLE 6.1**

Indicators for Millennium Development Goal 6

Indicators	2005	2008	2010	2012	2013	2014	Target 2015	Target 2020	
TARGET 10									
Have halted by 2020 and begun to reverse the spread of HIV and AIDS									
TARGET 10A									
Have halted by 2020 and begun to reverse the spreading of HIV									
10a	HIV prevalence among population aged 15–24 years (estimated)	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	
10b	HIV prevalence among blood donors (%)	0.13	0.04	0.03	0.01	0.01	<0.01	<0.01	
10c	Condom use at last high-risk sex								
10c-i	Injecting drug users	–	–	26.8%	23.8% ^b	–	–	30%	40%
10c-ii	Men who have sex with men	–	–	–	15.8%	–	–	20%	30%
10c-iii	Female sex workers	–	–	58.1	52.8%	–	–	65%	70%
10d	Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV or AIDS	–	–	–	17.7% ^c	–	–	–	–
TARGET 10B									
By 2020 achieve universal access to treatment for HIV or AIDS for all those whose need it									
10e	Proportion of population with advanced HIV infection with access to antiretroviral drugs	–	–	0.6%	2.9%	4.7%	3.9%	20%	50%

Indicators for Millennium Development Goal 6

Indicators	2005	2008	2010	2012	2013	2014	Target 2015	Target 2020	
TARGET 11									
Have halted by 2020 and begun to reverse the incidence of malaria and other major diseases									
11a	Prevalence and death rates associated with malaria (total malaria death)	-	46	22	36	24	32	5	0
11a alt	Incidence rates associated with malaria (Routine reporting) (%)	1.48	2.12	1.67	1.53	1.24	1.11	0.70	0.20
11b	Proportion of population in malaria	-	3.4	-	59.2	-	-	85	95
11b alt	Children younger than 5 years sleeping under insecticide-treated nets (%)	-	4.3	-	66.7	-	-	85	95
11c	TB prevalence rate per 100,000 population per year	671	231	337	351	340	-	224	143
11d	TB mortality rates per 100,000 population per year	93	32	38	37	42	39	36	31
11e	TB case notification rate all forms per 100,000 population per year (%)	95	113	109	110	114	117	129	154
11f	TB treatment success rate (%)	90	88	90	90	90	90>	90>	90>

Source: Integrated Biological Behavioural Surveillance Survey: a=2009 and b=2012; c=AMICS 2012, but only among women aged 15–24.

Have halted by 2020 and begun to reverse the spreading of HIV and AIDS

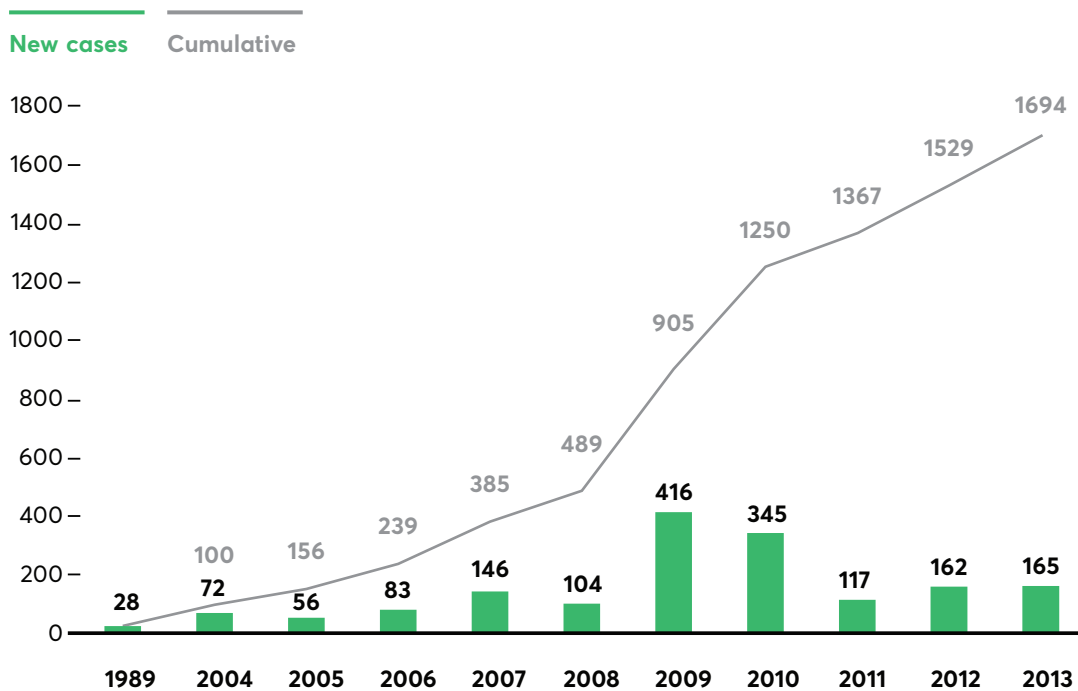
Despite the low HIV prevalence among the general population and some of the key populations in Afghanistan, behavioural data suggest potential for the spread of HIV, especially among injecting drug users. The structural determinants for a wider epidemic are prevalent, including drug production and trafficking, the strong religious and cultural proscriptions against sexual relations outside of marriage (which may likely inhibit people who go against the taboo from seeking tests or treatment), the use of illicit drugs, a large population of young people (more than 60 percent are younger than 25 years), poverty, insecurity, lack of access to quality education and violence. Other determinants include high prevalence of tuberculosis (TB) and sexually transmitted infections (STIs), low literacy rate (at 27 percent) and a high level of stigma and discrimination against people living with HIV.

Injecting drug use appears to drive much of the HIV epidemic in Afghanistan. The National AIDS Control Programme (NACP) estimated around 40,900 persons who inject illicit drugs in 2015 (by extrapolation of existing data). The 2012 Integrated Biological Behavioural Surveillance (IBBS) Survey found the HIV prevalence among people who inject drugs at 4.4 percent of the overall population, ranging among provinces from 0.3 percent in Mazar, 0.9 percent in Charikar, 1 percent in Jalal Abad, 2.4 percent in Kabul to 13.3 percent in Herat. The survey revealed that an estimated 11 percent of all people who inject drugs shared needles or syringes; only 6.2 percent of respondents reported using non-sterile syringes and injection equipment.

According to the extrapolation of the existing data, there are nearly 12,500 female sex workers in Afghanistan. The 2012 IBBS Survey findings indicated HIV prevalence among female sex workers at 0.3 percent. In that survey, 59.8 percent of the female sex workers reported that they had two to five clients total in the previous month. Although research

MDG 6 **FIGURE 6.1**

Estimated number of people living with HIV in Afghanistan, 1989–2013



Source: IBBS Survey, 2012.

suggests that injecting drug use has the largest potential to spread HIV into the population, there is concern as well about the impact of female sex workers’ interactions with clientele and regular sex partners.

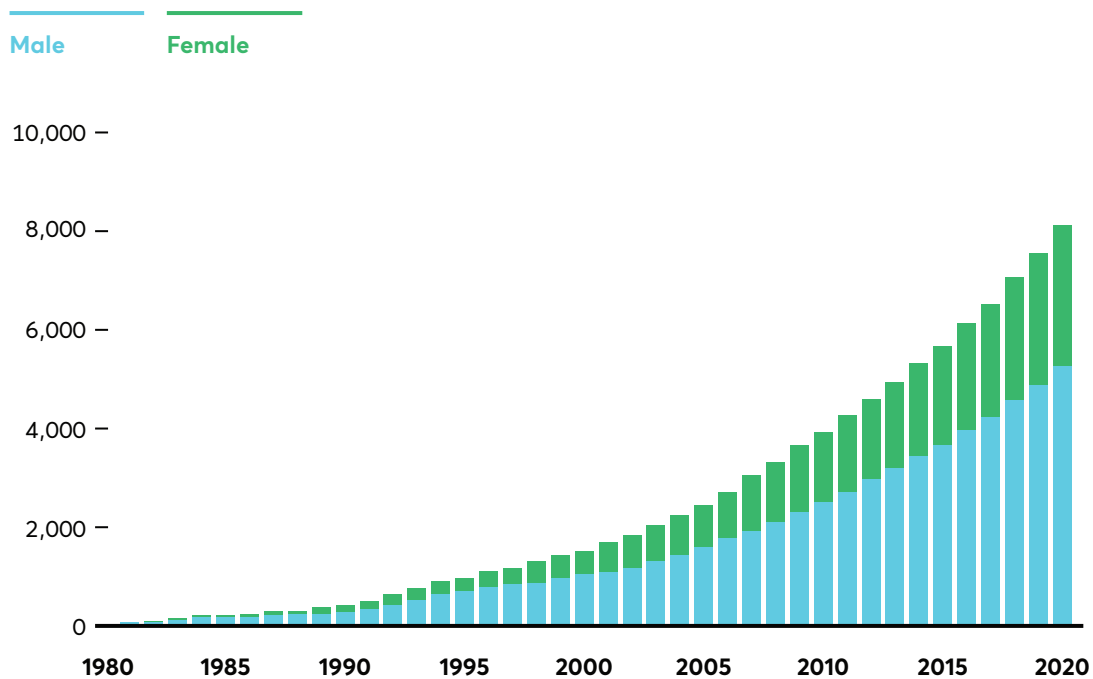
By extrapolating existing data, the NACP estimated that there are 10,700 men who have sex with men in Afghanistan. HIV prevalence among the men who have sex with men population was 0.4 percent in Kabul in 2014.

TARGET 10 **INDICATOR A** **TARGET IS ACHIEVED**

HIV prevalence among population aged 15–24 years (estimated)

UNAIDS with World Health Organization (WHO) estimated there are 6,700 people living with HIV in the country in 2013 (Figure 6.2). By the end of 2013, 1,694 cumulative HIV infections were reported to the NACP, with a

Estimated number of people living with HIV in Afghanistan, 1980–2020



Source: IBBS Survey, 2012

male-to-female ratio of 6:1. Of the total reported number of HIV cases, 58 cases had AIDS-related deaths.

Based on the estimates, the HIV prevalence among both the male and female population aged 15–24 years is less than 0.1 percent (Figure 6.2).

TARGET 10

INDICATOR B

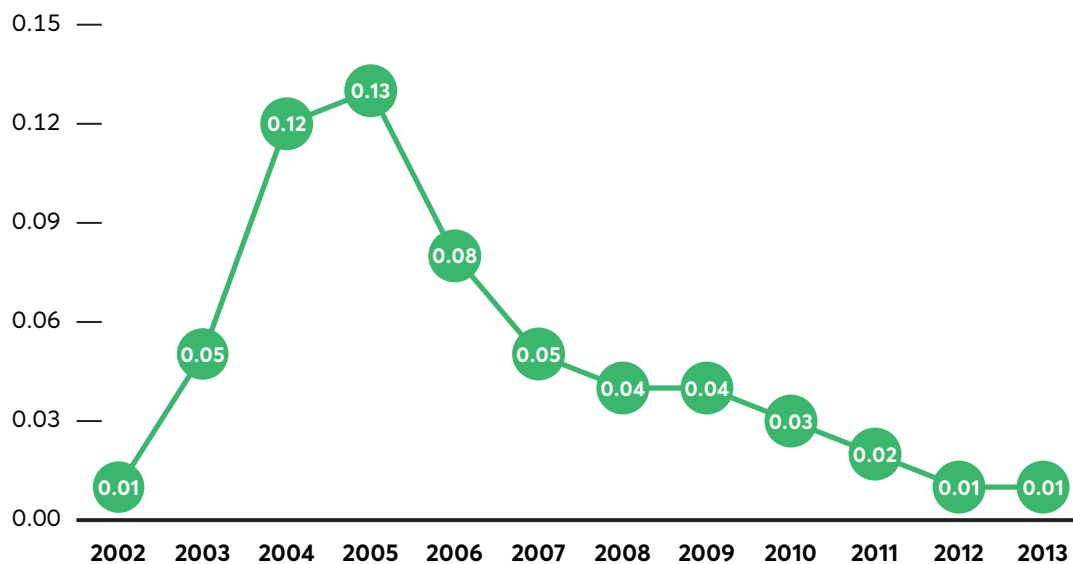
TARGET IS ON TRACK

HIV prevalence among blood donors

In early 2009, the Government established the Afghanistan National Blood Safety and Transfusion Service to provide a safe, quality and adequate blood supply in an equitable and cost-effective manner. Since its formation, the service has increased its collections from 35,662 units in 2008 to 49,887 units from March 2011 to March 2014, amounting to a 39.9 percent increase.

MDG 6 **FIGURE 6.3**

HIV prevalence among blood donors



Source: IBBS Survey 2010.

TARGET 10

INDICATOR C

NO DATA AVAILABLE

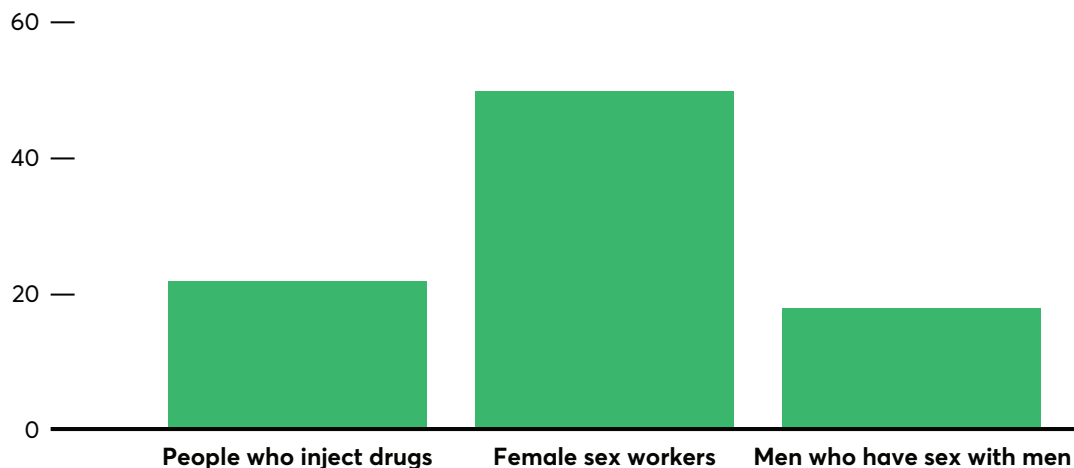
Condom use at last high-risk sex

The 2012 IBBS Survey findings showed that injecting drug users exhibited a range of high HIV risk behaviours. The majority of people who injected drugs in 2012 (at 72.5 percent) were sexually active; 52.9 percent said they bought sex from a woman in their life time, and 16.8 percent reported ever having sex with a male. The findings also reflected a low rate of condom use, with only 23.8 percent of respondents reporting they had used condoms during their latest sexual encounter.

The 2012 IBBS Survey data also indicated that among the 70 percent of female sex workers who had heard of condoms, 97 percent associated condoms with contraception, and only 52.3 percent of female sex workers reported using a condom with their most recent client.

A 2009 Naz Foundation International study in Kabul and Mazar-i-Sharif city revealed that 26 percent of the men who have sex with men who were interviewed reported having more than six sexual partners in the month

Condom use at last high-risk sex among HIV key population



Source: IBBS Survey 2010.

preceding the study.³ The study also highlighted that men who have sex with men had a high incidence of having sex with females, especially in Mazar-i-Sharif (both paid and unpaid) and STI symptoms yet reported low condom use, including during their most recent sexual encounter with a male. The 2012 IBBS Survey revealed that 73.4 percent of men who had sex with men had heard about condoms, but 65 percent had unprotected receptive anal sex with men in the previous 12 months. Almost half of them (49.5 percent) had bought sex from women.

TARGET 10

INDICATOR D

NO DATA AVAILABLE

Proportion of population aged 15–24 years with comprehensive correct knowledge of AIDS

To date, no systematic evidence exists on the knowledge, perceptions and attitudes of the general population regarding HIV. Data recently obtained from various studies has made it possible to identify some of the important perceptions. One of the first studies conducted among male injecting drug users (2005) determined that 43 percent of respondents

3 Naz Foundation International.

in Kabul and Herat had heard of HIV or AIDS.⁴ However, a study in 2006 on knowledge, attitude and behavioural practices found that 40 percent did not know that sharing needles may lead to HIV infection.⁵ Similarly, many injecting drug users who participated in the 2009 IBBS Survey also reported having heard of HIV: 83 percent in Mazar-i-Sharif, 93 percent in Kabul and 96 percent in Herat. The overall comprehensive and correct knowledge among people who inject drugs was found to be 22.1 percent in the 2012 IBBS Survey.

Knowledge of HIV among female sex workers remains extremely low. Less than 1 percent of surveyed female sex workers in Kabul reported awareness of HIV in 2003, whereas 61 percent of female sex workers interviewed in 2007 in Jalalabad and Mazar-i-Sharif had heard of HIV. The 2009 IBBS Survey indicated that only 4 percent of the interviewed female sex workers knew their HIV status and that only 2 percent of the surveyed female sex workers correctly identified ways of preventing the sexual transmission of HIV. The 2012 IBBS Survey revealed that only 15.3 percent of the female sex workers interviewed had comprehensive correct knowledge of how to prevent the spread of HIV.

The 2009 Naz Foundation International study demonstrated that, despite having heard of HIV, poor knowledge prevailed among men who have sex with men in Kabul and Mazar-i-Sharif. In both locations, almost half of the respondents failed to provide correct information on the risks of contracting the virus. In the 2012 IBBS Survey findings, only 4.7 percent of men who have sex with men reported comprehensive and correct knowledge regarding HIV.

A 2005 Action Aid assessment revealed that only an estimated 6 percent of Afghan youth⁶ could identify that HIV is transmitted by a virus, 5 percent knew that it is transmitted through sexual intercourse and 4 percent through infected blood. The study also revealed that only 28 percent had a good level of HIV knowledge. The MICS 2013 found an estimated 2 percent of women aged 15–49 years had comprehensive and correct knowledge on the prevention and transmission of HIV.

4 ActionAid Afghanistan, 2006.

5 University of Manitoba, 2007.

6 ActionAid Afghanistan, 2005.

By 2020 achieve universal access to treatment for HIV or AIDS for all those who need it

By 2020 achieve universal access to treatment for HIV or AIDS for all those who need it

Rada Akbar / UNFPA



TARGET 10

INDICATOR E

TARGET IS OFF TRACK

Proportion of population with advanced HIV infection with access to antiretroviral drugs

Medical care and the provision of HIV treatment are delivered through two antiretroviral treatment (ART) centres in the country – one in Kabul and the other in Herat. By the end of 2014, only 3.9 percent of people living with HIV who are estimated to be eligible for treatment were actually receiving ART. Absence of facilities to conduct viral load testing for those receiving ART is a challenge for monitoring HIV treatment.

Have halted by 2020 and begun to reverse the incidence of malaria and other major diseases

Afghanistan has the seventh-largest malaria burden worldwide outside of Africa and the third-highest burden in the WHO Eastern Mediterranean Region, based on reported total malaria cases.

TARGET 11

INDICATOR A

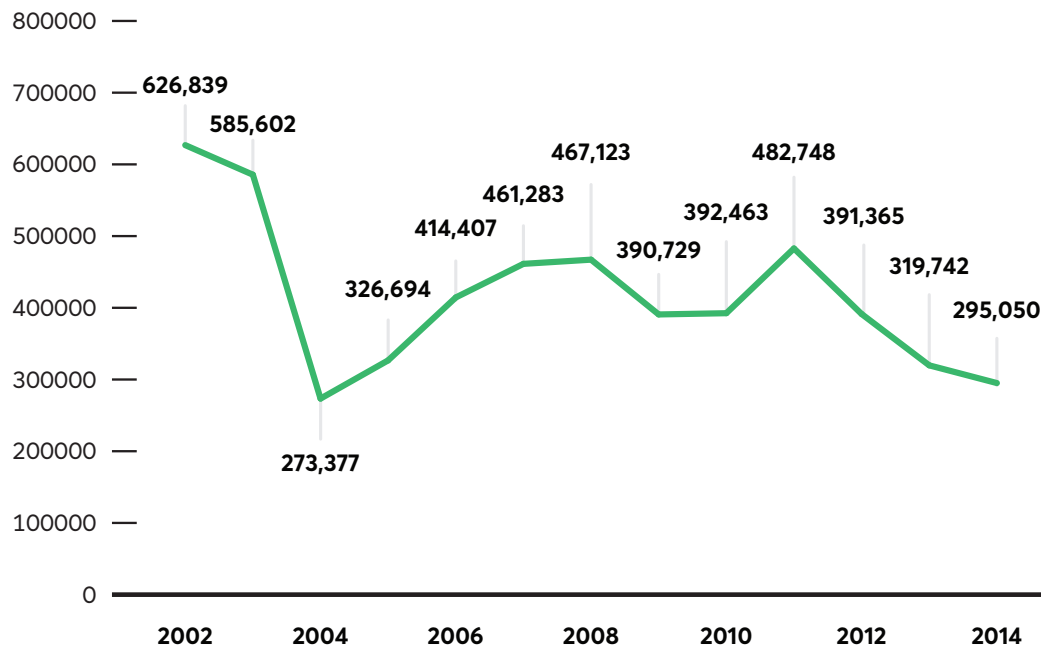
TARGET IS OFF TRACK

Prevalence and death rates associated with malaria (total malaria death)

Before three decades of war, especially in the 1970s, the number of recorded cases of malaria per year varied between 40,000 and 80,000 (an annual incidence of 2.5–5 cases per 1,000 people). Since 1980 and with the beginning of the prolonged period of conflict, there has been a progressive breakdown in malaria-control activities. Environmental deterioration, damaged irrigation systems, population displacement, insecurity, inaccessibility and emigration of health staff have led to a decline in health services and contributed to the progressive rise in the malaria burden. By 1987, more than 400,000 cases were reported per year; this increased to around 620,000 cases by 2002.

Changes in the reporting system resulted in the underreporting of clinical cases in 2004; but with the gradual expansion of the Basic Package of Health Services, the reporting system has shown a steady increase in the number of reported cases. The incidence of confirmed malaria cases has decreased, from 16.8 per 1,000 in 2002 to 3.2 in 2014, perhaps because both the number of health facilities reporting in the Health Management Information System as well as the number of health facilities with diagnosis capacity has increased. The reported slide positivity rate has decreased, from 34.4 percent in 2005 to 12.5 percent in 2014.

Total reported cases confirmed and clinical, 2002–2014

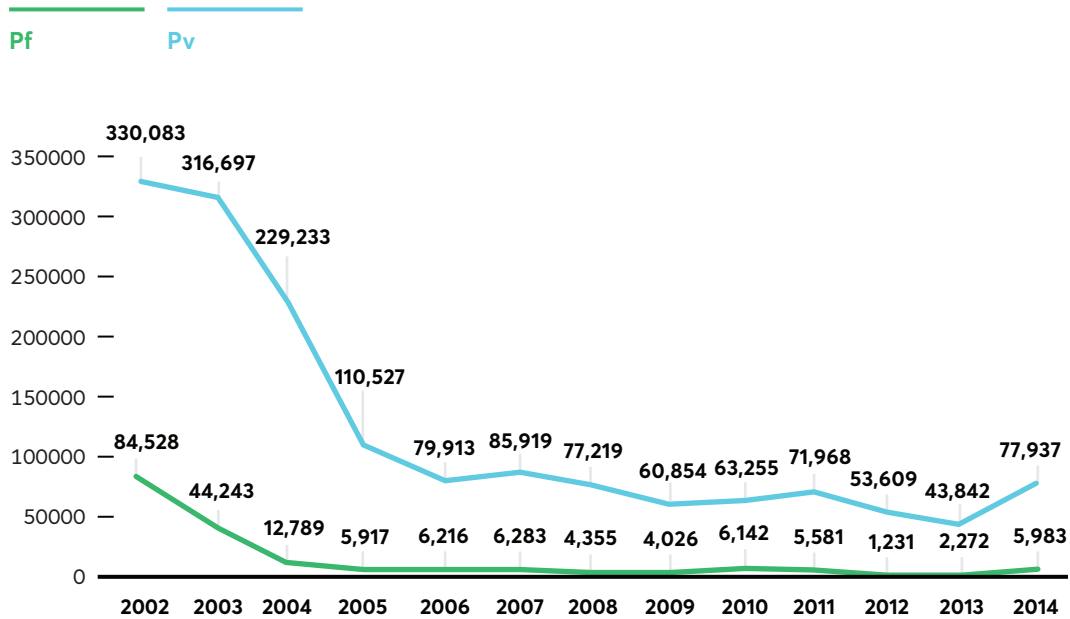


Since 2002, *Plasmodium vivax* cases have decreased, from more than 330,000 reported confirmed cases to around 77,000 in 2014. The proportion of *Plasmodium falciparum* cases has decreased, from 20.4 percent in 2002 to 7 percent in 2014. The reported number of *falciparum* cases in 2014 was 5,983. The proportion of outpatient malaria cases among the total outpatient cases has decreased, from 2.2 percent in 2008 to 0.6 percent in 2014. Hospital-reported malaria deaths also have decreased, from 46 in 2008 to 32 in 2014.

In 2014, 80 percent of the confirmed malaria cases were reported from the three eastern provinces of Nangarhar, Kunar and Laghman, with an estimated total population of 2.3 million. Based on confirmed reported data in 2014, 27.2 percent of the population lived in high-risk areas, with at least one malaria case per day per 1,000 people, while 48.2 percent lived in low-risk areas (fewer than 1 case per 1,000 people), and the remaining 24.6 percent of the population live in malaria risk-free areas.

MDG 6 **FIGURE 6.6**

Plasmodium falciparum and plasmodium vivax confirmed, 2002–2014



Source: WHO, 2012.

In 2012, WHO estimated that the number of cases had decreased, from an average of 1.6 million (with a range of 1.4 million–1.8 million) in 2000 to an average of 370,000 (318,000–415,000) in 2012, representing a 74 percent reduction. Table 6.2 shows new malaria stratification by district and its risk (reported confirmed malaria incidence).

TARGET 11 **INDICATOR B** **NO DATA AVAILABLE**

Proportion of population in malaria-risk areas using effective malaria prevention measures

More than 59 percent of the population in malaria-risk areas uses effective malaria prevention measures. Because there is a traditional culture in the use of long-lasting insecticidal (treated) bed nets, they are accepted and utilized. In May 2010, the National Malaria and Leishmaniasis Control

Malaria stratification, by district and risk

Stratum	Risk of transmission	Transmission status	Number of districts	Estimated population	Number confirmed cases	Number Plasmodium falciparum	Confirmed malaria incidence per 1,000 people
1	High	Active (accounts for 83% of nationally confirmed reported cases)	63	2,944,800	112,427	8,168	38
2	Medium	Medium (malaria is controlled but receptive to reintroduction)	138	12,133,500	19,097	1,580	1.6
3	Low	Low, with risk of epidemics or outbreaks	96	5,023,200	1,965	268	0.4
4	Very low or malaria-free	Nil or very low	103	4,168,400	727	151	0.2

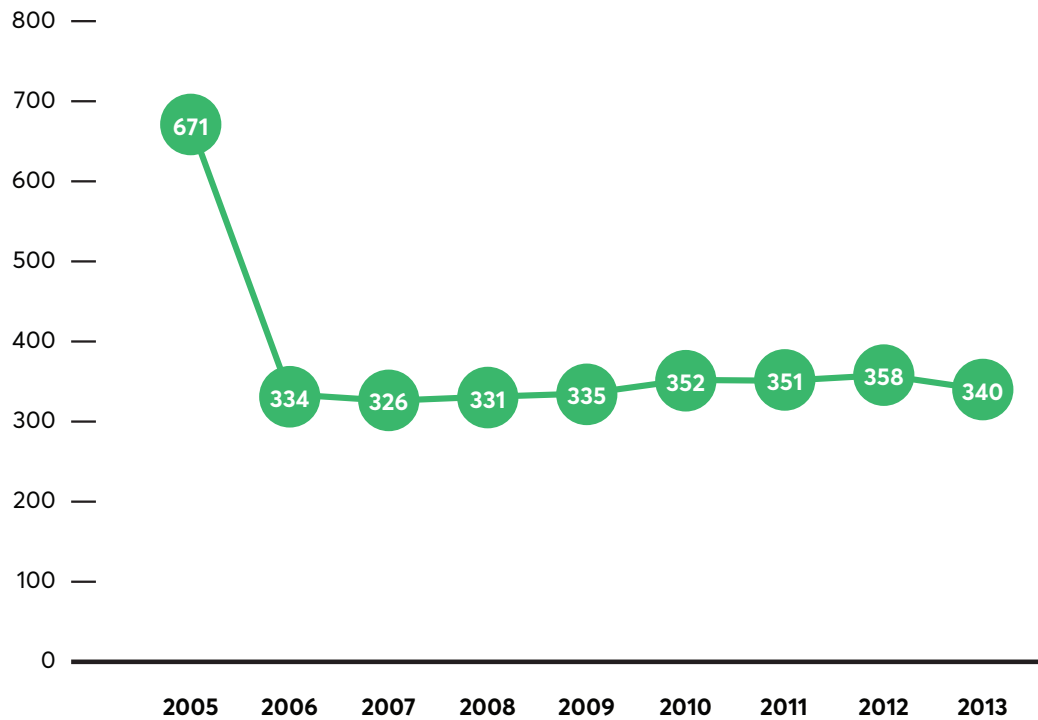
Source: WHO, 2012.

Programme, through its implementing partners, adopted universal coverage of free treated bed nets, with standard operating procedures for house-to-house distribution campaigns. As of now, more than 4 million treated bed nets have been distributed in high-burden provinces. As per the malaria indicator survey conducted in 2011, 66.7 percent of children younger than 5 years and 68.8 percent of pregnant women were sleeping under insecticide treated nets in the night previous to the survey.

Indoor residual spraying is implemented during outbreaks in the epidemic-prone provinces and in elimination districts with reported falciparum cases.

MDG 6 **FIGURE 6.7**

TB prevalence rate per 100,000 population



Source: National TB Control Programme.

TARGET 11 **INDICATOR C** **NO DATA AVAILABLE**

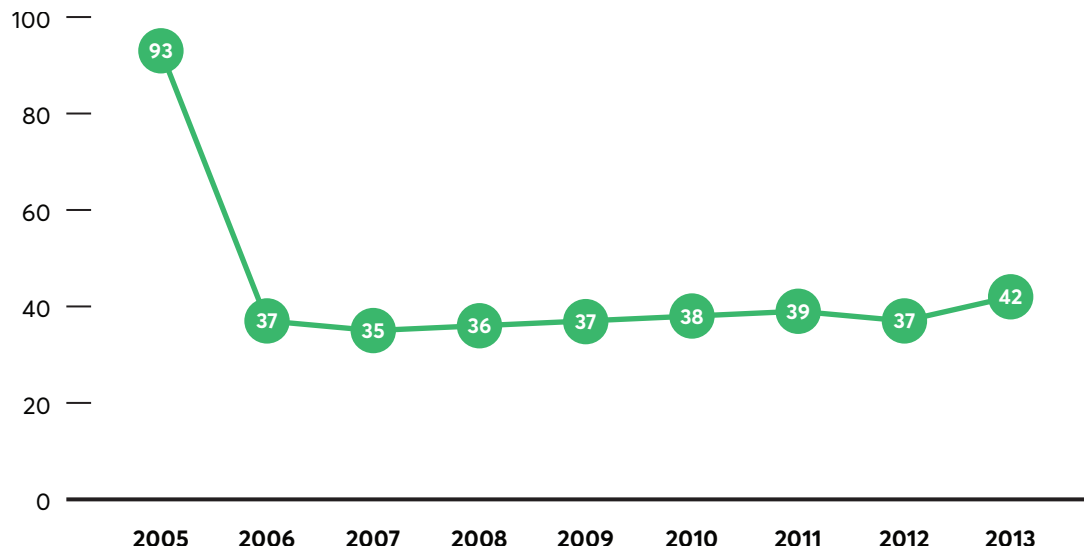
TB prevalence rate per 100,000 population per year

The National TB Control Programme (NTP) has made significant progress and many achievements since 2002. With the establishment of 1,304 DOTS (directly observed therapy, short course) centres providing TB services and care according to the International Standards for Tuberculosis Care, the estimated population having access to the DOTS facilities has steadily increased, from 14 percent in 2001 to 97 percent in 2014. In close coordination and support from partners, the NTP has developed standard operating procedures for almost all its operational and technical areas. As well, NTP is comprehensively collecting routine surveillance data for

MDG 6

FIGURE 6.8

TB mortality rate per 100,000 population



Source: WHO reports.

monitoring and evaluation to address national and provincial challenges and for use in programme planning. Initiatives, such as the public-private mixed DOTS, TB and HIV services, have been expanded in major cities. The laboratory network for sputum smear examinations expanded with a quality control system, and the National Reference Laboratory and two Regional Reference Laboratories initiated culture examinations.

TARGET 11

INDICATOR D

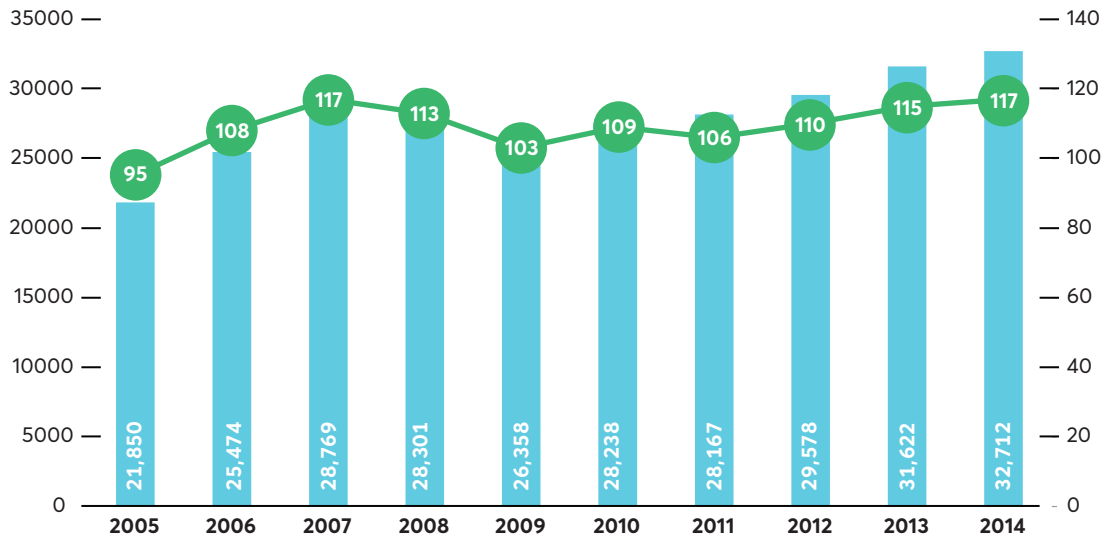
TARGET IS ON TRACK

TB mortality rates per 100,000 population per year

The TB mortality and prevalence rates were reported based on the WHO TB global reports. Ideally, Afghanistan should have had vital registration data to estimate the TB mortality rate. Where vital registration systems are weak or not yet developed, sample vital registration can be used as an interim solution for measuring TB-related mortality. Unfortunately in Afghanistan, vital or sample registration data are not complete or reliable enough to use to measure TB deaths; additionally, due to the security situation and budget limitations, the country is not able to conduct a prev-

MDG 6 **FIGURE 6.9**

TB cases notified and TB case notification rate of all forms per 100,000 population per year, 2005–2014

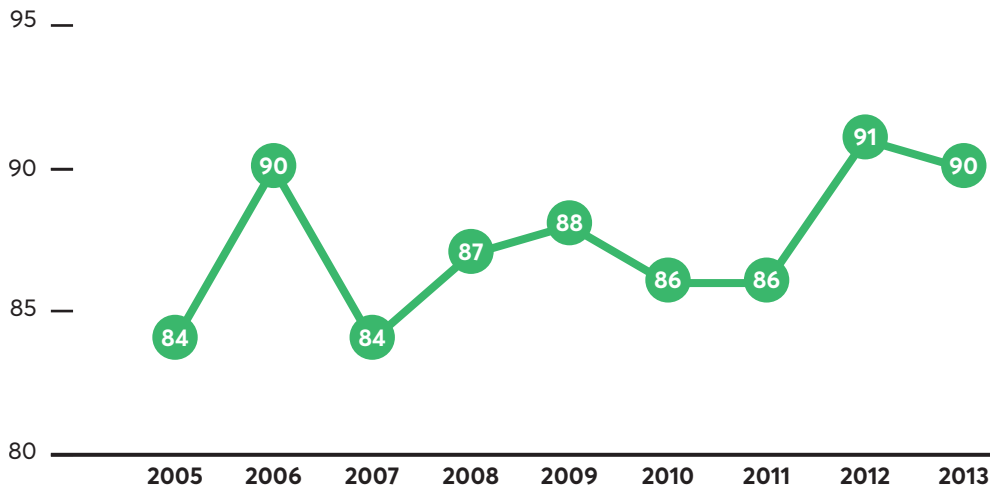


absence survey. In this context, WHO estimates mortality and prevalence indirectly by using incidence and estimated case fatality rates.

According to the trend analysis, the treatment success rate has increased, from 84 percent in 2001 to 90 percent in 2013. As a result, the mortality rate has decreased, from 93 to 42 deaths per 100,000 population per year (Figure 6.8); the prevalence rate decreased from 671 to 340 per 100,000 population per year.

For all forms of TB cases, the per year notification rate significantly increased between 1997 and 2014, from 7 cases per 100,000 people to 117 cases. The number of notified TB cases significantly increased between 2001 and 2014, from 9,581 to 32,712. The TB case notification rate was calculated based on the number of reported cases per year. During 2014, a total of 32,712 (all types of TB) cases and 14,737 of new smear positive pulmonary TB cases were notified. The new smear positive pulmonary TB cases constituted 45 percent of all pulmonary TB cases. Extra-pulmonary TB cases constituted 22 percent. New smear negative and unknown cases constituted 26 percent, while other previously treated TB cases amounted to 7 percent.

TB treatment success rate under DOTS (%)



Note: DOTS = directly observed therapy, short course.

Source: WHO reports.

The trend analysis also found variations in the distribution of TB cases by age and sex. A high TB incidence was reported among people aged 15–44 years in 2014; among them, the highest incidence was reported from the most reproductive age group of 25–34 years old. Although children younger than 15 years made up 40 percent of the total population, in 2014 only 17 percent of all TB cases notified were among children younger than 15.

More female cases (particularly among women aged 15–45 years) than males were seen for any form of TB infection (at a female-to-male ratio of 2:1). The 2014 NTP data (distributed by age and sex) showed female predominance as extremely prominent in the reproductive age group.

TARGET 11

INDICATOR F

TARGET IS ACHIEVED

Tuberculosis treatment success rate

NTP has a good achievement in treatment success rate. Trends in available data reflect an increasing treatment success rate, from 84 percent in 2001 to 90 percent in 2013. ■



UNAMA

MDG 7

Ensure environmental sustainability

MDG 7 **TABLE 7.1**

Indicators for Millennium Development Goal 7

No.	Indicators	2003	2010	2011	2012	2013	2014	2015	2020
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TARGET 12

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

12a	Proportion of land area covered by forest (%)	1.6	-	-	2.6	-	-	2.1	3.0
12b	Carbon dioxide emissions (metric tons per capita)	0.037	-	-	0.29	-	-	-	-
12c	Consumption of ozone-depleting substances (total annual consumption on ODP metric tons)	99.40			17.34	-	-	21.10	13.70

Source: 12a=Ministry of Agriculture, Irrigation and Livestock/Food and Agriculture Organization of the United Nations; 12b=United Nations Statistical Division; 12c=National Environmental Policy Act.

No.	Indicators	2003	2010	2011	2012	2013	2014	2015	2020
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TARGET 13

Halve by 2020, the proportion of people without sustainable access to safe drinking water and sanitation

13a	Proportion of population with access to an improved water source (urban and rural %)	23.0	-	-	43.7	-	67.3	-	61.5
13b	Proportion of population using improved sanitation facilities (urban and rural %)	12.0	-	-	8.3	-	14.9	-	66.0

Source: 13a = For baseline, MICS/UNICEF, for 2014, ALCS, for 2012 NRVA 2011–2012; 13b = For 2012, NRVA 2011–2012 and for 2014, Afghanistan Living Conditions Survey.

No.	Indicators	2003	2010	2011	2012	2013	2014	2015	2020
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TARGET 14

By 2020, to have achieved a significant improvement in the lives of all slum dwellers

14a	Total slum population (million)	2.45	-	-	4.50	-	-	1.54	-
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Source: United Nations Statistical Division and Ministry of Urban Development Affairs.



More than 30 years of instability and conflict has dissolved institutional structures, degraded any existing environmental governance and compounded poor resource management. Yet, in the past decade there has been substantial progress towards environmental sustainability in Afghanistan, spearheaded by the relatively new National Environmental Protection Agency (NEPA). Through an Environmental Law established in 2007, sustainability and natural resource management policies, increased government capacity and public awareness, the embrace of sustainable development and expanded protected areas, Afghanistan has developed increasingly robust systems for environmental sustainability.

Nonetheless, serious challenges lay ahead. There is need for improving the skills of national structures, including communities, district leaders, researchers and government agency staff. Low-emission development and environmental sustainability needs to be further integrated into policies and national development strategies. So too does an awareness of climate change, which will compound existing problems and affect all sectors of Afghanistan. Furthermore, non-climate change-driven threats are exacerbating the country's vulnerability to climate change impacts. These threats include: unsustainable use of natural resources; high poverty levels; dependence on rain-fed agriculture; a poorly developed policy environment; and continued insecurity. Climate change impacts, in turn, will also exacerbate these issues.

At present, Afghanistan is experiencing an increase in the frequency of flooding events and the number and intensity of droughts as a result of increased climate variability and the melting of glaciers in the highland regions. Under the conditions of climate change, it is predicted that the incidence of extreme weather events and droughts will increase along with climate change-linked disasters, such as glacial lake outflows. These changes are likely to adversely affect natural ecosystems, agriculture and community livelihoods throughout the country.

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

TARGET 12

INDICATOR A

TARGET IS ACHIEVED

Proportion of land area covered by forest (%)

The latest available data from the Ministry of Agriculture, Irrigation and Livestock and the Food and Agriculture Organization of the United Nations for 2012 revealed the proportion of forest cover at 2.6 percent, up from the baseline of 1.6 percent in 2003 (Table 7.1). The 2015 target of 2.1 percent thus has been achieved, and the trend is well on the way to the 3 percent target for 2020.

Afghanistan's forests have experienced negative impact of deforestation and degradation due to decades of conflict, which compounded or caused a lack of management, absence of data and little existence or enforcement of laws. Over the past few decades, more than half of Afghanistan's forests were cut down illegally for fuel wood or to be smuggled outside the country as timber. The 1.6 percent of land covered by forest estimated in 2003 was considerably down from almost 4 percent in the 1970s. This further decreased to 1.3 percent in 2008. However, attempts to revive the country's forests are currently underway, which include the 2011 Afghanistan Forestry Law, development of a Forestry Management Plan, large-scale agro forestry projects, strong governance and increased capacity to manage and enforce the legal and policy frameworks. The success of these efforts can be seen in the increase of forestland to 2.6 percent.

Carbon dioxide emissions (metric tons per capita)

The baseline for carbon dioxide (CO₂) was set at 0.0371 metric tons per capita in 2000 by the United Nations Statistics Division. In 2012, the World Resource Institute estimated 0.29 metric tons, illustrating that Afghanistan is one of world's smallest contributors in both per capita and total amount. No target was set for the expected amount of carbon dioxide (CO₂) emissions for 2015 and 2020, but carbon emissions have been on the rise since 2000. The World Bank reported that CO₂ emissions were 0.3 metric tons per capita in 2010, which made Afghanistan still one of the lowest emitters globally. However, the country is on a growth path, which is expected to strengthen over the coming years. The Government recognizes that this also presents an opportunity to pursue low-emission development and has been focusing on renewable energies and climate-smart technologies.

Consumption of ozone-depleting substances (total annual consumption of ODP metric tons)

There has been considerable success towards reducing ozone-depleting substances (ODS) over the past few years. The use of ODS has steadily decreased, from nearly 100 ozone-depleting potential (ODP) metric tons in 2006 to 17.3 metric tons in 2012, surpassing the 2015 target of 21.1 metric tons. This trend is expected to continue through 2020, well below the target of 13.7 metric tons, and beyond, achieving the 2030 target consumption reduction of 97.5 metric tons. Through a United Nations Environment Programme-supported Ozone Unit in the National Environmental Protection Agency, these major achievements regarding ODS reduction have been possible. Chlorofluorocarbons, the most critical compound under ODS, were fully phased out in 2010. Consequently, there has been a gradual but constant reduction in the consumption of ODS.

Halve by 2020, the proportion of people without sustainable access to safe drinking water and sanitation

Halve by 2020, the proportion of people without sustainable access to safe drinking water and sanitation

TARGET 13

INDICATOR A

TARGET IS ACHIEVED

Proportion of population with access to an improved water source (urban and rural %)

Based on the 2003 MICS, the baseline proportion of the population with access to an improved water source was estimated at 23 percent. In 2014, the Afghanistan Living Conditions Survey (ALCS) reported that 67.3 percent of the population had access to an improved water source, up from the 43.7 percent reported in the 2011–2012 NRVA and beyond the 2020 target of 61.5 percent. However, there is some discrepancy in estimates, with the Ministry of Rural Rehabilitation and Development reporting 31 percent in 2012.

By 2020, the Government has targeted at least 61.5 percent of the population for access to an improved water source and 66 percent of the population for improved sanitation. Again, however, there were discrepancies in the collection and analysis of previous data regarding progress towards this target. Reports in 2008 noted that 41.4 percent of people had sustainable access to an improved water source; in 2010, this portion was adjusted to 27.2 percent.

Environmental protections, especially for water resource management, continue to pose serious constraints to sustainable reconstruction efforts. Afghanistan largely lags behind its neighbours in accessing safe water and sanitation. According to United Nations estimates, Afghanistan has the worst provision of safe water in the world. However, official surveys indicate that 58 percent of urban households have access to water for domestic purposes by means of hand pumps, wells, springs or a piped system. There are significant variations in these figures, with only 39 percent of the poorest fifth of urban households having access – which is well below the 80 percent target for water supplies. Additionally, the

Ministry of Urban Development Affairs reported that in 2014, 31 percent of the urban population had access to improved water sources, indicating further discrepancies in data.

TARGET 13

INDICATOR B

TARGET IS OFF TRACK

Proportion of population using improved sanitation facilities (urban and rural %)

The baseline proportion for the population using an improved sanitation facility was 12 percent in 2003. However, the 2007–2008 NRVA findings led to an estimate of 5.2 percent (2007) and 5.1 percent (2008), which suggests unreliability in the baseline. The 2011–2012 NRVA findings estimated the proportion of the population with improved sanitation at 8.3 percent, while the ALCS findings estimate it at 14.9 percent, indicating strong improvements.

Currently, there are no public piped sewerage systems in Afghan cities. Waste from such facilities is often improperly disposed into drains or rivers or on landfill sites, risking pollution of domestic water sources. Lack of facilities for the proper disposal of sewage and waste presents difficulties in insuring access to improved sanitation. Although significant improvements have been made since 2007, the 2020 goal of 66 percent of the population having improved sanitation facilities does not appear feasible.

In 2015, the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation estimated that 55 percent of the Afghan population use an improved drinking water source and 32 percent use an improved sanitation facility. The estimate was based on ten nationally representative household surveys conducted by the Central Statistics Organization over the past eight years. The WHO/UNICEF Joint Monitoring Programme applied the MDG classification of improved and unimproved water and sanitation services to derive comparable estimates across all ten surveys and used a linear regression method to arrive at its 2015 estimates.

The latest ALCS 2014 data were not available to the Joint Monitoring Programme at the time they made the 2015 projections. The ALCS 2014 estimated drinking water coverage at 44 percent and sanitation coverage at 15 percent for Afghanistan. The discrepancy between the Joint Monitoring Programme's drinking water coverage estimates and the ALCS 2014 estimates are attributed to the ALCS 2014 estimates being lower than previous surveys findings (NRVA 2011–2012: 49 percent, MICS 2011: 59 percent, NRVA 2007–2008: 35 percent).

By 2020, to have achieved a significant improvement in the lives of all slum dwellers

The large discrepancy between the Joint Monitoring Programme and ALCS 2014 sanitation estimates are attributed to the use of a different classification of improved and unimproved sanitation facilities. The ALCS 2014 used a more strict definition of access than the Joint Monitoring Programme – and hence found lower sanitation coverage for Afghanistan than did the WHO/UNICEF Joint Monitoring Programme.

TARGET 14

INDICATOR A

TARGET IS OFF TRACK

Total slum population (million)

According to United Nations estimates, the baseline number for the population of slum dwellers in Afghanistan was 2.45 million people in the 1990s (during the civil war). This number almost doubled in the following decade, and the trend is expected to continue over the coming few years and may accelerate due to urban development and growth. The growth of slum dwellers was also compounded by unforeseen conflict (an outbreak of hostilities in 2008 that continued intensely through 2012), which resulted in large numbers of internally displaced people. As of March 2013, the United Nations High Commissioner for Refugees recorded a total of 534,006 people as internally displaced by conflict. Experts thus regard the 2010 and 2012 figures as inexact due to unregulated movements of internally displaced people and slum denizens. The 2011–2012 NRVA findings revealed that up to 93 percent of urban households live in conditions of physical and environmental deprivation. The 2015 target of 1.54 million people has not been met. No 2020 target was set. ■

Note: The National Environmental Protection Agency excludes the following indicators from Goal 7 because they are no longer MDG official indicators.

Ratio of area protected to maintain biological diversity to surface area

Energy use (kilogram of oil equivalent) per US\$1,000 GDP (PPP)

Proportion of population using solid fuels

Proportion of households with access to secure tenure.

Tokyo Conference on Afghanistan
アフガニスタンに関する東京会合
July 8, 2012 Tokyo, Japan



MDG 8

Develop a global
partnership for
development

Indicators for Millennium Development Goal 8

Indicators	Base	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2020	
TARGET 15														
Deal comprehensively and influence the provision of foreign aid through appropriate measures to enable Afghanistan to develop sustainability in the long term														
15a	Proportion of total bilateral sector allocation (%)	-	-	-	-	-	-	-	-	90	58	56	-	-
15b	ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) (%)	26										-	-	
15b alt	Proportion of external budget spent on social sectors(education, health, rural development, social protection) (%)	28	-	-			27	41	35	44	45	47	27.5	-
15c	Proportion of bilateral ODA of OECD/DAC donors that is untied (%)	26	13	18	32	27	20	23	26	28	24	30	100	-
15d	ODA received as a proportion of GDP (%)	49	51	44	55	42	53	42	38	21	24	18	-	-
15e	Proportion of ODA provided to help build capacity (%)	9	72	25	21	25	39	7	6	7	10	13	18	-

Indicators for Millennium Development Goal 8

Indicators	Base	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2020
TARGET 16													
Develop an open, rule-based, predictable, non-discriminatory trading and financial system, including a commitment to good governance, development and poverty reduction													
16a	Percentage of total exports to countries with which Afghanistan has a preferential trade agreement (%)	11.8	11.8		20.7	33.4	44.3	33.2	33.7	41.5	-	-	100
TARGET 17													
Develop and implement strategies for decent and productive work for youth													
17a	Unemployment rate of young people aged 15–24 years, each sex and total (%)	26	26		47				37.4	39		-	0
TARGET 18													
In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries													
18a	Proportion of population with access to affordable essential drugs on a sustainable basis (%)	65	65		75		75		90	95	90	95	100
TARGET 19													
In cooperation with the private sector, make available the benefits of new technologies, especially information and communication													
19a	Cellular subscribers per 1,000 population	1	1		210	492	578	744	779	842	882	500	800
19b	Internet users per 1,000 population	0.7	0.7		17.2		28		39	121	141	200	400

Source: Donor assistance database, Ministry of Telecommunication and Information Technology annual reports, Afghanistan Statistic Year Book and Afghanistan Medicines Quality Assurance Assessment.

Deal comprehensively and influence the provision of foreign aid through appropriate measures to enable Afghanistan to develop sustainability in the long term

The large aid inflows that have benefited Afghanistan have also brought problems. Aid has underpinned much of the progress since 2001 – including in key services, infrastructure and government administration – but it has also been linked to corruption, fragmented and parallel delivery systems, poor aid effectiveness and weakened governance.

Most aid is directly delivered by donors outside the government budget. In 2010–2011, US\$13.8 billion (88 percent) in aid was executed by donors and their implementing partners through the ‘external budget’, and only US\$1.9 billion (12 percent) was on-budget, through the core budget.

Aid effectiveness and transparency have remained a huge concern both for the Government and the international community. In 2005, the Paris Declaration on Aid Effectiveness was adopted. After the Paris Declaration, successive conferences took place in London, Kabul and Tokyo that addressed socioeconomic and political issues, with commitments to improve aid effectiveness in Afghanistan. The lack of capacity, transparency and joint collaboration between the donors and government institutions are key factors influencing the aid effectiveness process. A conducive group’s mechanism, the Joint Coordination and Monitoring Board and the Afghanistan Development Forum, were established to improve aid effectiveness.

In addition, the Tokyo Mutual Accountability Framework established a mechanism to monitor and review commitments on a regular basis through which the Afghan Government and the international community reaffirm their partnership in economic growth and development through a process of achieving mutually decided goals. However, the low level of capacity and high level of corruption are two major impediments to those

commitments. Corruption in tax collection, high government spending (particularly military expenditure) and the fragile economy remain critical factors, particularly sustaining a large fiscal deficit over the past decade. Still, Afghanistan has made important achievements in terms of strengthened partnerships with regional neighbours and other countries in terms of trade expansion and transit agreements.

TARGET 15**INDICATOR A**

NO TARGET IS SET

Proportion of total bilateral sector allocation (%)

Although data is not consistently available for each year over the past decade, the Ministry of Finance reported the proportion of total bilateral sector allocation in 2013 at around 58 percent, or US\$4,928 million, with US\$2,859 million allocated to current sectors. There is no baseline figure, but in 2008, the proportion of total bilateral sector allocation was 13 percent; in 2010 it declined to 11 percent, but then jumped to nearly 50 percent in 2012, reflecting an average increase of approximately 9 percentage points.

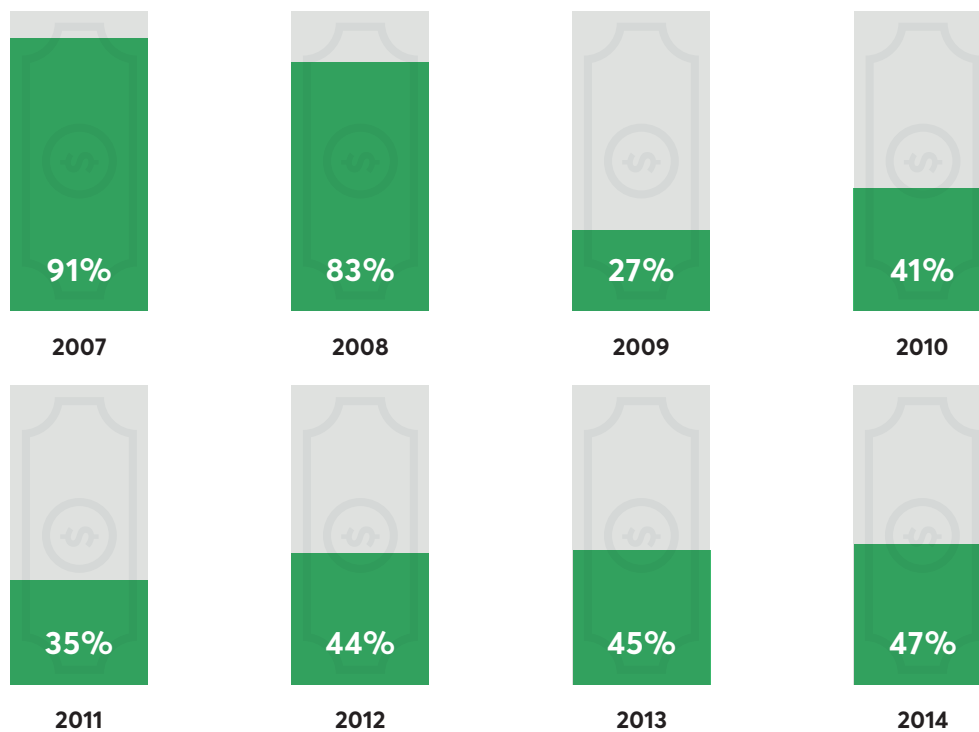
TARGET 15**INDICATOR B**

TARGET IS ACHIEVABLE

Proportion of external budget spent on social sectors (education, health, rural development, social protection) (%)

The external budget spent on social services absorbed a huge part of the off-budget until 2009, although it decreased to 21 percent in 2007. In 2009, 91 percent of the external budget was directed to the social sectors, such as education, health, rural development and social protection; however, the figures for 2007–2008 were extremely high, indicating a possibility that Ministry of Finance data reporting and information sharing mechanisms were likely weak, if in place at all. In 2014, the percentage of external budget spent on the social sector was 47 percent, reflecting a 2 percentage point increase over the previous year. This is common in post-conflict countries where social sectors are highly affected and a huge proportion of money is invested in social services.

Proportion of external budget spent on social sectors (education, health, rural development, social protection) (%)



Source: Ministry of Finance.

TARGET 15

INDICATOR C

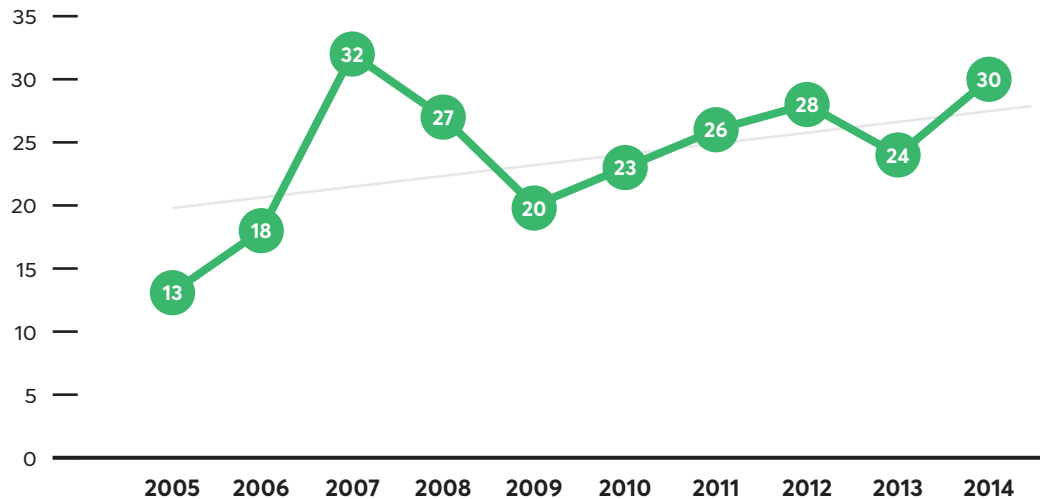
TARGET IS OFF TRACK

Proportion of bilateral ODA of OECD/DAC donors that is untied (%)

The percentage of official development assistance (ODA) of donors in the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD/DAC) increased more than twofold between 2005 and 2014. In 2005, the bilateral ODA was 13 percent and constantly improved, to 32 percent, by 2007, but then declined to 20 and 30 percent in 2009 and 2010, respectively. It rose slightly higher in 2014. ODA appears largely dependent on the OECD/DAC country commitments towards supporting Afghanistan, which in turn directly affects the proportion of bilateral ODA of OECD/DAC.

MDG 8 **FIGURE 8.2**

Proportion of bilateral ODA of OECD/DAC donors that is untied (%)



Source: Ministry of Finance.

TARGET 15 **INDICATOR D** **NO TARGET IS SET**

ODA received as a proportion of GDP (%)

The trend analysis over the past decade found that 18–55 percent of GDP had been met through ODA (from 2005 to 2014). The proportion of ODA received as a percentage of GDP remained unchanged in that same period, moving from 51 percent in 2005 to 21 percent in 2012 and further to 18 percent in 2014. Corruption in tax collection, higher government expenditure (particularly the high military expenditure) and the fragile economy are credited for the country’s high dependency on international assistance.

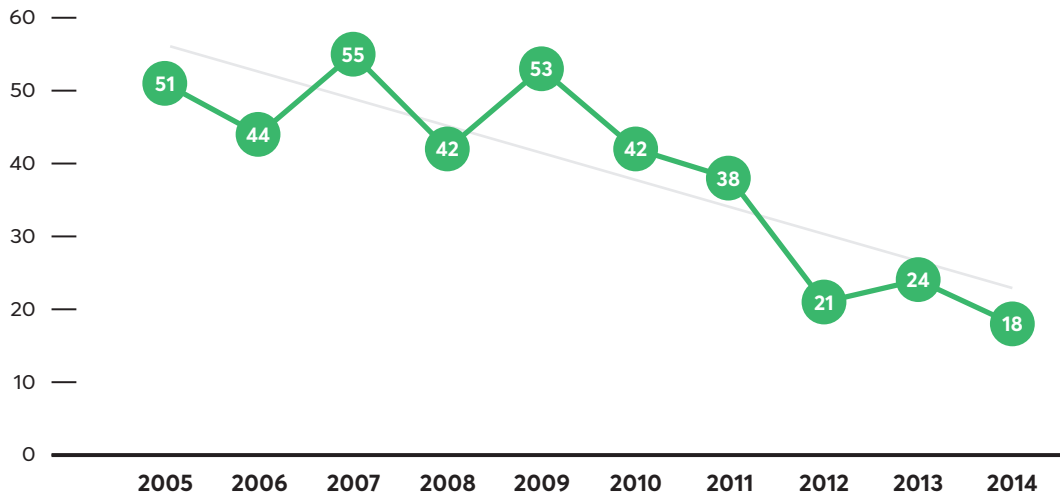
TARGET 15 **INDICATOR E** **NO DATA AVAILABLE**

Proportion of ODA provided to help build capacity (%)

The proportion of ODA allocated to help build capacity dropped tremendously between 2005 and 2014, from 72 percent to 13 percent – a 59 percentage point decline. On average, 22.5 percent of ODA over the past decade targeted capacity building. The reduction might be a reflection of the notable achievements in terms of capacity building since 2005.

MDG 8 **FIGURE 8.3**

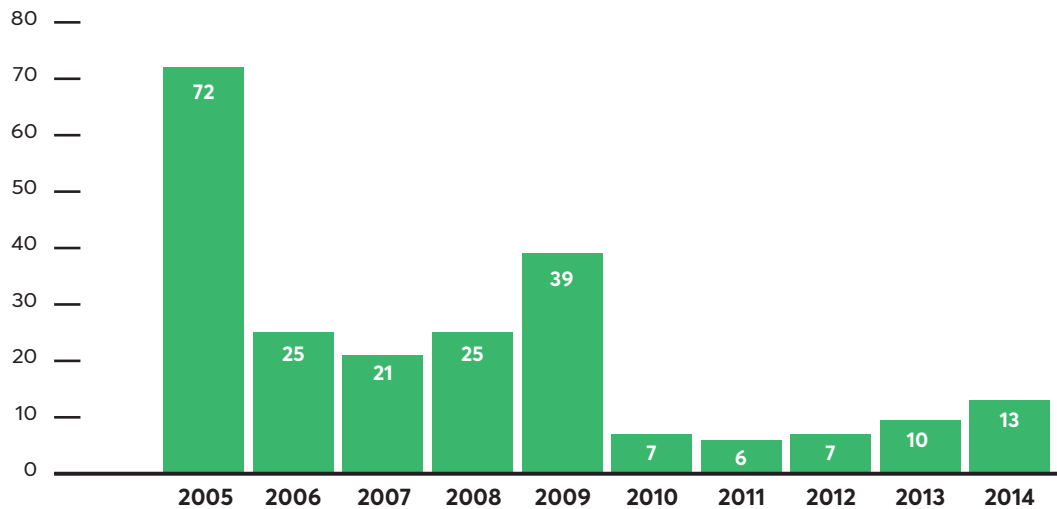
ODA received as a proportion of GDP (%)



Source: Ministry of Finance.

MDG 8 **FIGURE 8.4**

Proportion of ODA provided to help build capacity (%)



Source: Ministry of Finance.

Develop an open, rule-based, predictable, non-discriminatory trading and financial system, including a commitment to good governance, development and poverty reduction

TARGET 16

INDICATOR A

TARGET IS OFF TRACK

Percentage of total exports to countries with which Afghanistan has a preferential trade agreement

The proportion of total exports to countries with which Afghanistan has a preferential trade agreement has steadily improved, from 11.8 percent in 2005 to 28 percent in 2014, reflecting a 17 percentage point increase within the five years. In the year 2009 the total value of export reported to be 403 million USD while PTA value for the given year is 17 percent. Though in 2010 the preferential trade agreement value has not changed. Yet it steadily increased from 2011. Although Afghanistan signed several region-based free trade agreements, such as the Economic Cooperation Organization Trade Agreement, the Framework Agreement on Trade Preferential System of the Organization of Islamic Countries, the India-Afghanistan Preferential Trading Agreement and the Agreement on the South Asian Free Trade Area (SAFTA), only one (the SAFTA) has taken effect.

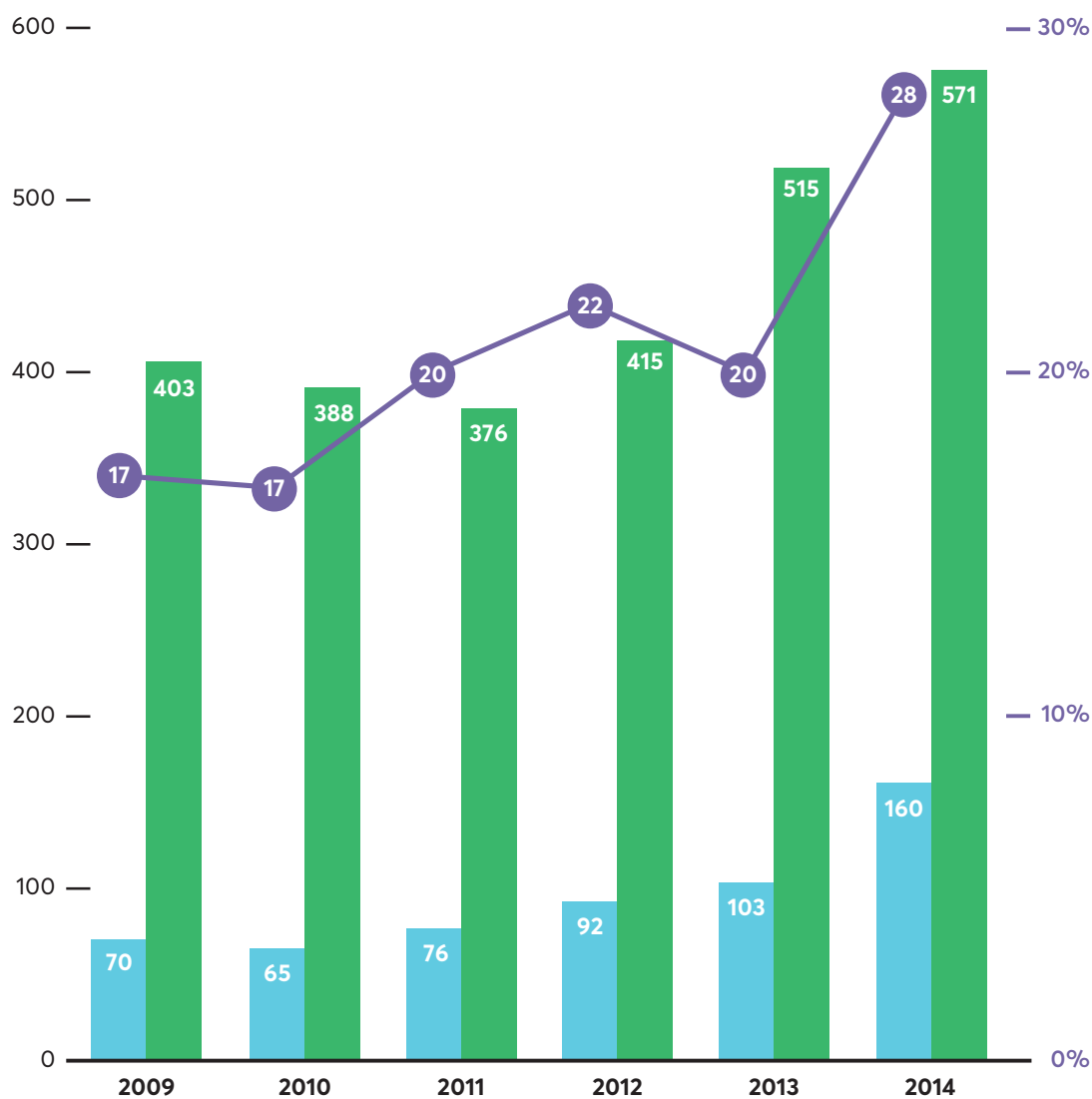
The share of total exports to countries with which Afghanistan has a preferential trade agreement in terms of millions of dollars has increased in value, from US\$267 million in 2009 to US\$301 million in 2013, or an improvement of 34 percent.

Percentage of total exports to countries with which Afghanistan has a preferential trade agreement

Total export (millions of dollars)

Preferential trade agreement value

Preferential trade agreement %



Source: Ministry of Finance.

Develop and implement strategies for decent and productive work for youth

TARGET 17

INDICATOR A

TARGET IS OFF TRACK

Unemployment rate of young people aged 15–24 years, each sex and total (%)

The youth unemployment rate as a percentage of total employment rate reported in the 2011–2012 NRVA findings (published in 2013) was 39 percent. In contrast to the baseline of 26 percent in 2005, the unemployment rate for youth aged 15–24 years increased by 11.4 percent between 2005 and 2013, amounting to a 1.26 percentage point increase. Given the national population growth rate of slightly more than 2 percent annually, combined with the steady increase in the youth unemployment rate since 2005, there is considerable potential that the current percentage of unemployment will drastically deteriorate. However, future government policies formulated towards generating new employment opportunities could reduce the current level of youth unemployment.

According to the 2011–2012 NRVA findings, young people aged 15–24 years represented 18.9 percent of the aggregate national population, 23.6 percent of the urban population and 17.8 percent of the rural population. Of them, 19.6 percent were female and 18.3 percent were male.

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

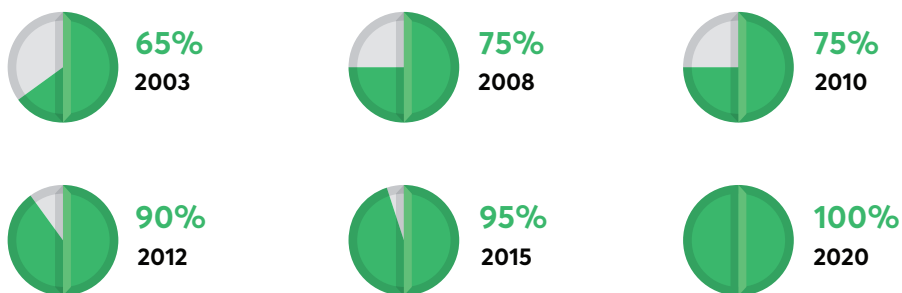
TARGET 18 INDICATOR A TARGET IS ON TRACK

Proportion of population with access to affordable essential drugs on a sustainable basis (%)

The trend analysis found that the proportion of the population with access to affordable essential drugs improved overtime, from the 65 percent in the 2003 baseline to 95 percent currently (Figure 8.6). The 2015 and 2020 targets are on track to be achieved. Access to health services has significantly improved in Afghanistan due to the huge inflow of investment in this sector from the Government, the international community and the private sector.

MDG 8 FIGURE 8.6

Proportion of population with access to affordable essential drugs on a sustainable basis (%)



Source: Afghanistan Medicine Quality Assurance Assessment.

Develop and implement strategies for decent and productive work for youth

TARGET 19

INDICATOR A

TARGET IS ACHIEVED

Cellular subscribers per 1,000 population

The trend analysis of cellular subscribers in Afghanistan found substantial growth over the past decade: The 1 in 1,000 population estimate in the 2005 baseline jumped to 210 subscribers in 2008 and then to 882 subscribers in 2014 (Figure 8.7). This translated to 23.4 million people with access to cellular communication in 2014, reflecting massive progress in telecommunication expansion.

TARGET 19

INDICATOR B

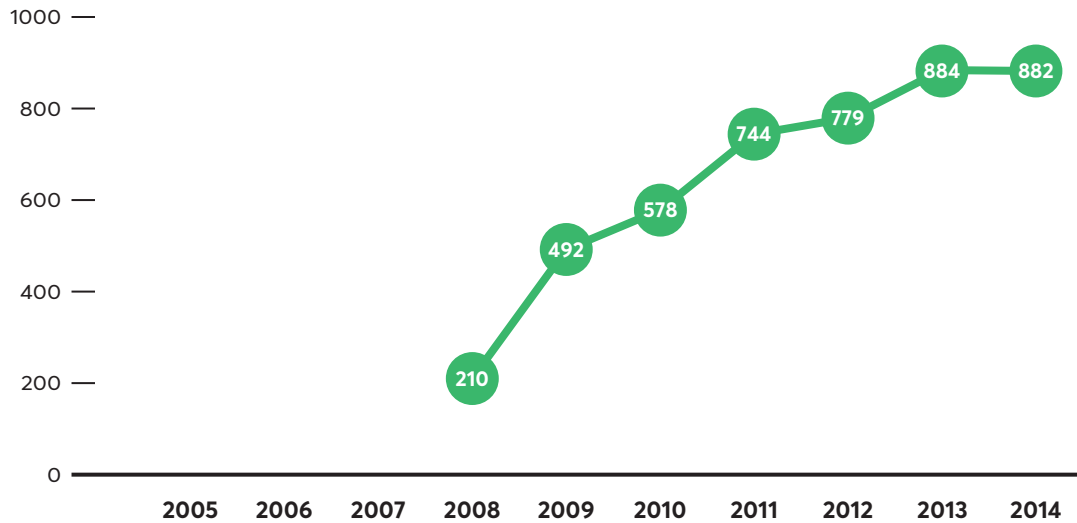
TARGET IS ACHIEVED

Internet users per 1,000 population

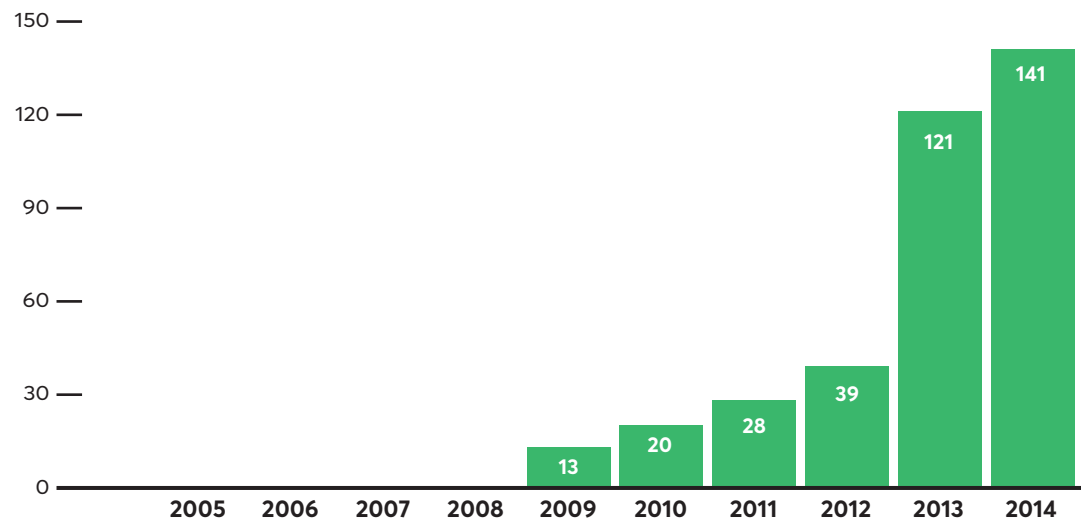
Although the number of internet users has significantly grown since 2009 (latest available data), from 13 users per 1,000 to 141 users in 2014, which was equal to 3.7 million people (Figure 8.8), it is still a small proportion compared with the progress in cellular subscribers. Internet users are also a small portion of the population in Afghanistan compared with other countries, due to the high cost of access, the low level of technological knowledge and education and the low level of connectivity with other parts of the world. However, the trend indicates the number of internet users will steadily increase due to the Government's intentions to strengthen connectivity with other parts of the world in terms of trade, cultural and other socioeconomic activities. ■

MDG 8 [FIGURE 8.7](#)

Cellular subscribers per 1,000 population

MDG 8 [FIGURE 8.8](#)

Internet users per 1,000 population



Source: MCIT, 2015.



Eric Kanalstein / UN Photo

MDG 9

Enhance security

MDG 9 **TABLE 9.1**

Indicators for Millennium Development Goal 9

No.	Indicators	2006	2007	2008	2009	2010	2011	2012	2013	2014	2020
TARGET 20											
Reform and professionalize the Afghan National Army by 2010											
20a	Military expenditure as % of GDP	2.0	2.0	3.0	3.0	4.0	5.0	3.0	5.0	5.0	-
20a alt	Military expenditure as % of public expenditure (core +development budget)	9	10	12	14	18	20	20	24	21	20
20b	Professional training of ANA (%of personnel having undergone a full training)	42	-	60	-	-	-	90	90	90	100
20c	Nationwide fielding of the ANA	46	-	80	-	-	-	90	90	90	100
20d	Operational capability (battalions with validated capability)	-	-	60	-	80	90	90	92	93	100

Source: For 20a and 20a alternative, Ministry of Finance *Annual Fiscal Reports* and for 20b, 20c and 20d, Ministry of Defence.

Indicators for Millennium Development Goal 9

No.	Indicators	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
TARGET 21											
Reduce the misuse of weapons, and reduce the proportion of illegally held weapons by 2010											
21a	Number of firearms licensed	-	-	-	5,385	12,062	-	-	17,944	7,728	18,370
21b	Gun crime, as a proportion of overall reported crimes	-	-	-	10,754	-	8,550	-	10,617	10,967	18,761
21b alt	Total number of reported crimes in the country	10,556	10,653	13,045	12,317	10,722	11,419	16,260	11,904	18,236	20,009

Source: Ministry of Interior Affairs.

No.	Indicators	2008	2010	2011	2012	2013	2014	2015
TARGET 22								
Reform, restructure and professionalize the Afghan National Police by 2010								
22a	Citizens' confidence in police ability to provide security and access to justice (%)	70.8	71		75	82	75	100
22b	Ratio of reported crimes to convictions (%)				90.7			100

MDG 9 **TABLE 9.1**

Indicators for Millennium Development Goal 9

No.	Indicators	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2020
TARGET 23												
All emplaced antipersonnel mines destroyed by 2013.												
All other explosive contaminants destroyed by 2015												
23a	Number of high-impact communities	281	158	171	74	484	654	295	194	186	384	NT
23a alt	Hazardous areas (km ²)	715	723	765.2	690	671	779.9	652.6	570.9	518.8	524.5	110
23b	Total number of impacted communities	2,368	2,374	2,160	2,082	2,130	2,103	1,930	1,717	1,603	1,620	376
23c	Number of Afghans directly affected (millions)	4.2	4	4	3.5	3.4	3.2	1.9	2.4	1.6	1.7	0.2
23d	Number of mine and UXO victims (deaths and injuries per month)	92	73	64	67	44	59	36	33	42	49	NT

Note: NT = no target.

Source: Mine Action Coordination Centre of Afghanistan, Ministry of Interior Affairs.

Indicators for Millennium Development Goal 9

No.	Indicators	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
TARGET 24											
All stockpiled antipersonnel mines destroyed by 2007; All other abandoned or unwanted explosive stocks destroyed by 2020											
24a	Number of stockpiled antipersonnel destroyed	28,895	45,9810	12,947	62,485	272	1,658	1,888	2,276	5,653	786
24b	Number of remaining explosive remnant stockpiles to be destroyed (total unexploded ammunition, mt)	-	-	-	28,676 pieces	-	8,008,174 pieces	899	834	496	402

Source: Ministry of Defence and MACCA.

No.	Indicators	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
TARGET 25											
Reduce the contribution of opium to the total (licit and illicit) GDP to less than 5% by 2015 and to less than 1% by 2020											
25a	Eradicate poppy cultivation by 2020 (hectares cultivated)	4,007	13,051	17,587	5,480	5,351	2,316	3,810	9,672	7,348	2,692
25b	Reduce the number of Afghans dependent on opium for their livelihoods by 75% by 2015 and by 90% by 2020 from the 2005 level (millions)	1.7	2.9	3.3	2.4	1.4	1.5	1.2	1.25	-	-

Source: Ministry of Counter Narcotics.



When signing the Millennium Declaration in 2004, Afghanistan added a ninth, country-tailored development goal: Enhance security. As a post-conflict country and a country that was increasingly experiencing active rebellion by previously deposed, illegally-armed insurgent groups, the country had to address security-related concerns in its newly adopted development agenda.

The main issues of concern were (i) the cost of military operations to combat the insurgency in balance with the country's economy and enhancement of the Afghan National Army (ANA) capability, (ii) the illegally available guns and gun-related crimes and the capability of the Afghan National Police to curb these crimes, (iii) land mines and explosive remnants of war and (iv) the vulnerability of arable lands to poppy cultivation. Realization of the MDGs in Afghanistan was considered un-doable without addressing these issues.

There have been some achievements over the past decade, but much more work is needed to restore the peace and stability the country once enjoyed, to announce Afghanistan free of landmines and explosive remnants and to eradicate poppy cultivation in all its forms by the final 2020 MDG target period.

Reform and professionalize the Afghan National Army by 2010

TARGET 20

INDICATOR A

NO TARGET

Military expenditure as a percentage of GDP

The military expenditure as a percentage of GDP in Afghanistan has increased over the past couple of years. According to the Afghanistan Financial Management Information System 2002–2014, from barely 2 percent in 2006, the value increased to 5 percent in 2014, or nearly a threefold increase. The reason may be because of the increase in the military expenses as the security responsibilities transfer to the Afghan force from the International Security Assistance Force (ISAF).

TARGET 20

INDICATOR A ALT

TARGET IS ON TRACK

Military expenditure as percent of public expenditure (core + development budget)

According to Financial Management Information System data, the overall expenditure in military activities was reported in 2006 to be around US\$134 million, which increased dramatically to US\$1.24 billion in 2014, representing 21 percent of public expenditure and 5 percent of GDP. The security transition from the international forces to the Afghan national forces and the increase in the number of army personnel (around 200,000 in 2014) have contributed to the increase in the military expenditure as a proportion of public expenditure and GDP.

TARGET 20

INDICATOR B

TARGET IS ON TRACK

Professional training of ANA (% of personnel having undergone a full training)

According to Ministry of Defence records, 42 percent of the ANA troops had received professional training in 2006. As of 2014, 90 percent of ANA personnel had finished their training. The remaining 10 percent were still in training. This indicates a marked improvement from the baseline, and considering this pace of progress, the 100 percent 2020 target should be achievable.

TARGET 20

INDICATOR C

TARGET IS ON TRACK

Nationwide fielding of the ANA

Since 2008 when nationwide fielding of ANA was around 80 percent, a 10 percent increase brought the proportion to 90 percent in 2014. Although the trend has been on an increasing trajectory, the current increase is attributed to the full transfer of security responsibilities to Afghan forces at the end of 2014 when the international forces ceased all combat activities. The 2020 target of 100 percent is on track.

TARGET 20

INDICATOR D

TARGET IS ON TRACK

Operational capability (battalions with validated capability)

The operation capability of ANA has improved over the past few years, hitting 93 percent as of 2014. The 2020 target of 100 percent is considered on track. The improvement in the national forces' operational capability is visible, especially since the transformation of security responsibilities at the end of 2014. Currently, the lack of artillery and air force are said to be the main challenges to the Afghan national forces capability.

Reduce the misuse of weapons, and reduce the proportion of illegally held weapons by 2010

TARGET 21 **INDICATOR A** **NO TARGET**

Number of firearms licensed

Although law enforcement and various disarmament, demobilization and reintegration programmes, along with the disbandment of illegal armed groups, has significantly removed the number of illegal guns from citizens and previously armed groups, the number of licensed guns has increased – from around 5,385 in 2008 to 18,370 in 2014.

TARGET 21 **INDICATOR B** **NO TARGET**

Gun crime as a proportion of overall reported crimes

Based on Ministry of Interior Affairs reports, 90 percent of all crimes in the country were reported as gun crimes in 2014. In 2010, slightly more than 10,000 gun crimes were reported and registered with the Afghan National Police in the Ministry of Interior Affairs. In 2014, the incidence increased dramatically to 18,761 cases.

TARGET 21 **INDICATOR B ALT** **NO TARGET**

Total number of reported crimes in the country

Unfortunately, the total number of crimes increased over the past decade. From slightly more than 10,000 crimes in 2005, it doubled to 20,009 in 2014.

Reform, restructure and professionalize the Afghan National Police by 2010

TARGET 22

INDICATOR A

TARGET IS OFF TRACK

Citizens' confidence in police ability to provide security and access to justice (%)

The Afghan National Police is making significant improvement in public support, gaining greater confidence, respect and regard from Afghan citizens. Overall trends are positive in the national perception. According to surveys commissioned by the United Nations Development Programme and the Law and Order Trust Fund for Afghanistan, many gauges of perceptions showed positive improvements between 2009 and 2010. Sizable majorities, ranging from 74 percent to 81 percent of Afghans, regard the ANP favourably, expressing confidence in its abilities, respecting it personally and regarding police work as prestigious. These views, however, remain more broad than deep and are varied across regions.

TARGET 22

INDICATOR B

TARGET IS OFF TRACK

Ratio of reported crimes to convictions (%)

The ANP is committed to arresting and convicting criminals. According to a 2013 Ministry of Labour report, 91 percent of cases led to a conviction, representing an increase from the 2012 report.

All emplaced antipersonnel mines destroyed by 2013; All other explosive contaminants destroyed by 2015

TARGET 23

INDICATOR A

NO TARGET

Number of high-impact communities

The baseline for 2005 is 281 impacted communities. The trend in the number of high-impact communities reduced to 74 in 2008. In 2009, a Mine and ERW Impact Free Community Survey (a non-technical survey) was conducted and aimed to mark and clear 128 km² of hazardous land at 946 sites. This survey found new communities to be contaminated that had previously been unrecorded; the number of high impact communities therefore increased to 484. This trend continued in 2010, when the number of high impact communities rose to 654. In 2011, the number of high impact communities reduced due to increased efficiencies in the planning process, whereby all hazards were prioritized based on their impact on the community.

The abandoned firing ranges used by international military forces and engagement sites contaminated huge areas around the country. The Mine Action Coordination Centre of Afghanistan (MACCA), a project of the UN Mine Action Service, recorded 130 casualties resulting from explosive remnants of war in or around ISAF and NATO firing ranges that had been abandoned. The surrounding communities were included in the number of high-impact communities, which dramatically increased to 384 in 2014. The number of high-impact communities recorded in 2014 increased by 136 percent against the baseline.

Reduction of hazardous areas

In 2005 (baseline), a total of 715 km² of hazardous land area was cleaned. The number of hazards and the size of the contaminated area were based on the information received from field teams as a result of the non-technical survey. The purpose of the survey activities is to collect evidence to support efficient and reliable decision-making on where hazards are present and where they are not. All survey methods and techniques need to be tailored to the local circumstances and conditions, the nature of the contamination and the purposes for which data/information will be used. Based on data provided by survey teams and updated in the Information Management System for Mine Action (IMSMA), the trend has fluctuated, as shown in Figure 9.2. In 2006, 723 km² of area was recorded as contaminated, which increased to 765.2 km² in 2007. Since 2010, the recorded contaminated area has decreased steadily, reaching 524.5 km² in 2014.

Total number of impacted communities

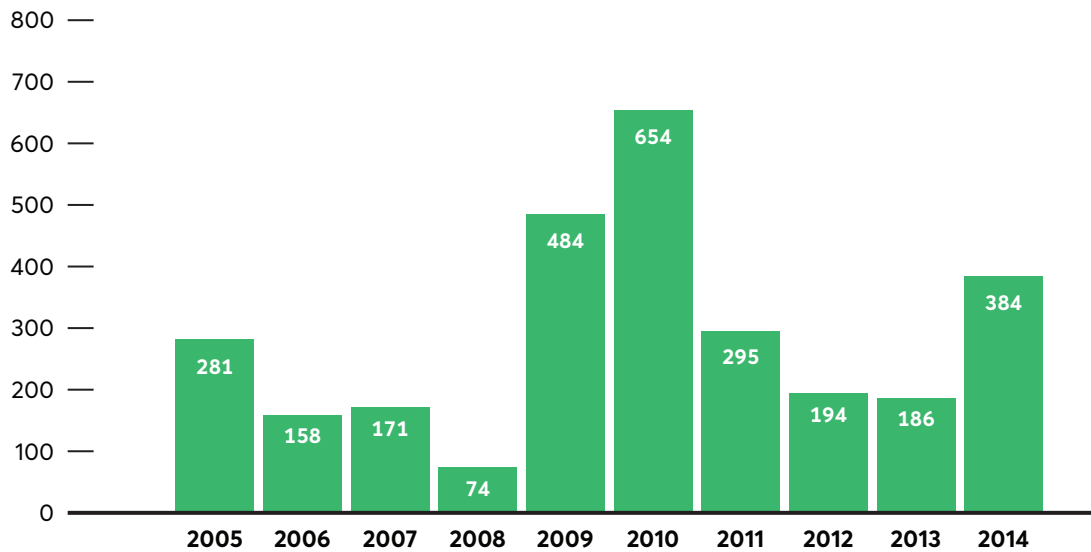
The trend analysis, based on MACCA data, found a substantial decrease in the number of communities impacted by hazards, from 2,638 in 2005 to 1,620 in 2014. The Mine and ERW Impact Free Community Survey (MEIFCS), which is a non-technical survey, began in 2012 as a country-wide, village-by-village appraisal to quantify the validity and impact of mine-impacted land. As of end December 2014, 40,347 communities had been visited by MEIFCS teams since the project's inception in 2012. Through the survey process, an additional 107 minefields and battlefields were discovered in 42 communities, and these sites have been targeted for clearance. MEIFCS teams also conduct on-site destruction of explosive remnants of war (ERW), and by the end of 2014 had destroyed 18,805 devices in the course of operations. The survey is ongoing through 2015.

The MEIFCS methodology makes use of desk assessments, analysis of historical records, interviews with various informants, assessments of the results of surveys and clearance operations at other sites and physical visits to field locations, usually without technical equipment and without entering hazardous areas.

Based on the results of MEFICS, the number of impacted communities is continuously updated. The review is based on information provided

MDG 9 **FIGURE 9.1**

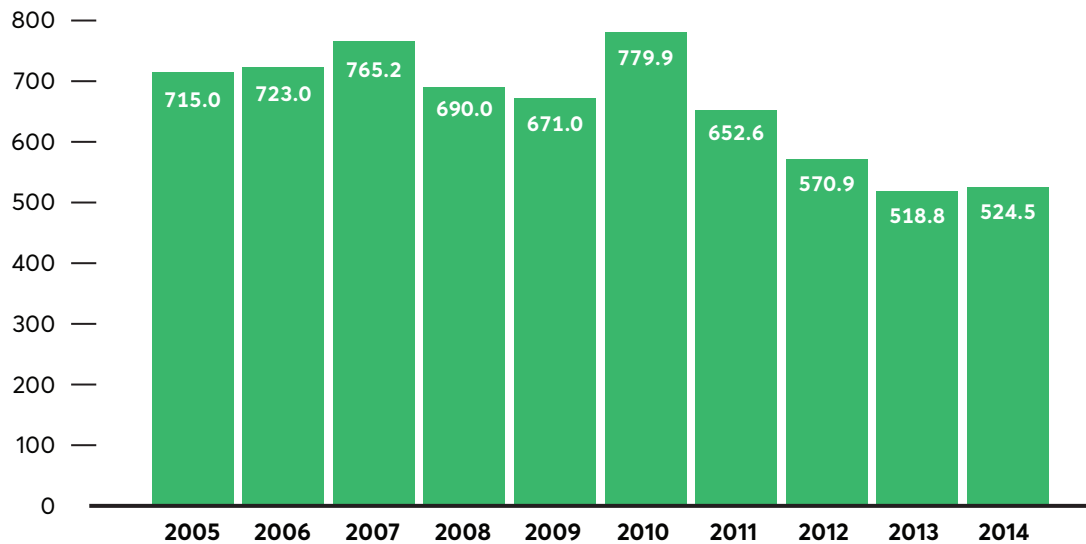
Number of high-impact communities



Source: Mine Action Coordination Centre of Afghanistan.

MDG 9 **FIGURE 9.2**

Hazardous areas (km²)



Source: Mine Action Coordination Centre of Afghanistan.

by survey teams and entered into the IMSMA database. According to Afghanistan's extension request to the Ottawa Treaty, there should be 1,284 impacted communities by 2015 and 238 communities by 2020.

A ten-year plan has been developed to clear the hazardous areas and impacted communities. Table 9.2 shows the targeted number of impacted communities to be declared free of the impact of mines and explosive remnants as the ten-year plan progresses.

MDG 9

TABLE 9.2

MACCA plan for clearance of high-impact communities

Milestone	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Number of communities declared impact-free	313	352	310	214	161	145	146	70	196	42

TARGET 23

INDICATOR C

TARGET IS OFF TRACK

Number of Afghans directly affected (millions)

According to MACCA estimates, 4.2 million Afghans were directly affected by the presence of mines and explosive remnants of war in 2005 (baseline). The trend analysis found a gradual reduction in the numbers of affected people, reaching 1.9 million in 2011. As noted, the data are continually updated, based on new information received from the field and entered in to the IMSMA system. The MEFICS that was launched in 2012 throughout the country resulted in the discovery of new communities previously thought to be unaffected by mines or explosive remnants. The number of Afghans directly affected therefore increased to 2.4 million in 2012, before reducing to 1.7 million in 2014, thanks to clearance efforts representing a reduction of nearly 30 percent.

Number of mine or explosive remnant victims (deaths and injuries per month)

The number of mine or explosive remnant victims is a key driver in the total impact score. Based on the findings of a national MCPA survey in 1993, there were 20–25 civilian casualties caused by landmines each day, or 8,000 casualties each year. MCPA also reported that, partially due to the lack of medical facilities, half of the victims died and the remaining half suffered the loss of a limb or an injury that left them with a disability. In the 979 villages identified as contaminated by mines during the 1993 national survey, a total of 20,316 people were reported to have been killed and 15,985 injured by landmines.

Between November 1997 and February 1998, MCPA conducted a second survey, the Socioeconomic Impact Study of Landmines and Mine Action Operations in Afghanistan (known as the SEIS), which reported a reduced daily casualty rate of 14–16 persons, leading to an average of about 4,300 persons per year. The highest casualty rate (at 51.7 percent) was found to be among persons aged between 20 and 40 years of age. And 36 percent of the casualties were among children younger than 18, with the remaining 12.3 percent of the total casualties among people older than 40. Only 4 percent of the casualties were female. About 40 percent of victims were either single- or double-limb amputees.

In 2001, the World Bank commissioned research on the socioeconomic impact of mine action in Afghanistan. Part of this research aimed to bring together the accident information recorded by MCPA (as previously described) and the International Committee of the Red Cross estimation of 300–500 victims a month. The recorded casualties indicated that most of the mine- and explosive remnant-related injuries and deaths took place while the victims were engaged in livelihood activities, such as food, water and wood collection, farming, household activity, tending animals or travelling. Children were generally herding, playing or collecting firewood when an accident occurred. This sad reality clearly demonstrates the negative impact of landmines and explosive remnants on the social, economic and developmental aspects of Afghan society.

As a result of proper prioritization, survey and clearance of the most impacted areas as well as the implementation of mine and explosive remnant risk education for communities most at risk, the number of victims reduced to 49 persons per month in 2014, a significant decrease.

The other challenges that place civilian lives in danger in Afghanistan is the use of pressure-plate improvised explosive devices (IED) and the explosive remnants left behind by the ongoing conflict in nearly every part of the country. Under the terms of the Ottawa Treaty, victim-activated pressure-plate IEDs are considered anti-personnel mines. According to the UNAMA *Annual Report on the Protection of Civilians in Armed Conflict*, 417 people were killed and another 358 were injured by pressure-plate IEDs during 2014, which translates to an average of 64 persons killed or injured each month. When the civilian casualties caused by mines, explosive remnants and pressure-plate IEDs are combined, the total number of civilian casualties rose to 113 per month in 2014.

In response to this situation, MACCA set up an impact indicator scoring system. With this system, MACCA measures the impact weight of each blockage type to ensure proper planning and prioritization of the hazards for clearance operations. Every hazardous anti-personnel minefield, anti-tank minefield or battlefield is classified in terms of its impact (high, medium and low) on the community and the result is recorded in the IMSMA database. To enable impact classification, MACCA uses a set of impact indicators with an assigned numeric weighting. By applying these weighting factors each hazard is given a score. Hazards with total scores above 9 are classified as high impact, hazards with scores of 6–9 are classified as medium impact and hazards that score 5 or lower are classified as low impact. Hazards with recorded victims and those where the community has requested clearance, which is confirmed by MACCA, are automatically classified as high impact. In preparation for the Ottawa Treaty extension request, every minefield and battlefield was further analysed and categorized, resulting in the allocation of an Ottawa Ranking. The Ottawa Ranking refers to the priority for clearance. Any hazard that has caused an accident within the past two years has been given an Ottawa Ranking of 1, which means those hazards will be cleared first. By applying this impact-level system, the hazards causing the most civilian casualties will be cleared first, thus contributing to the reduction in the overall civilian casualty rate.

All stockpiled antipersonnel mines destroyed by 2007; All other abandoned or unwanted explosive stocks destroyed by 2020

TARGET 24

INDICATOR A

TARGET IS REVISED

Number of stockpiled anti-personnel landmines destroyed

Afghanistan completed the destruction of all known stockpiled anti-personnel mines in 2007. However, some previously unknown stockpiles of anti-personnel landmines were discovered in 2015. A total of 73,360 anti-personnel mines were destroyed after 2007, bringing the total of stockpiled anti-personnel mines destroyed to 520,430. In addition, 30,850 anti-tank mines were also destroyed.

TARGET 24

INDICATOR B

NO TARGET

Number of remaining explosive remnant stockpiles to be destroyed (total unexploded ammunition)

A 2002 survey by the New Beginnings Programme for the Afghan Ministry of Defence led to an estimation of about 120,000 metric tons of ammunition remaining in Afghanistan. Of this total, 42,365 metric tons have been surveyed so far; 11,174 metric tons were found to be serviceable and were moved to Ministry of Defence bunkers. The remaining 31,191 metric tons of unserviceable munitions were destroyed. In addition, 713 metric tons of ammonium nitrate, 173 metric tons of potassium chloride, 150 kg of urea, 35,550 kg of ammonium phosphate, 28 kg of toxic antacid, 2,292 kg of gun powder, 1 metric ton of silver nitrate and 9 metric tons of homemade explosives were destroyed by the end of May 2015.

Afghanistan has made significant progress in addressing the challenge of landmines and explosive remnants of war. The clearing of more than 20,965 hazardous areas, with a total size of 1,735 km², resulted in the discovery and destruction of 1.27 million landmines and more than 16.6 million items of explosive remnants as well as the destruction of 31,191 metric tons of unserviceable ammunition. Additionally, 2,390 hazards covering 262.2 km² area have been removed from the database, bringing the total number of communities cleared to more than 2,587; 109 districts have been declared entirely free of all known landmine and explosive remnant contamination.

As of 2014, the civilian casualties due to landmines and explosive remnants of war had reduced by 46.7 percent, while the number of civilian casualties caused by pressure-plate IEDs had increased and reached an average of 64 persons per month. This brought the total casualties caused by mines, explosive remnants and pressure-plate IEDs to 113 in 2014, a 22.8 percent increase when compared with the baseline. It is evidence of a major challenge for both the Government and the Mine Action Programme of Afghanistan.

Afghanistan has achieved its obligations under article 4 of the Ottawa Treaty by destroying all known stockpiled anti-personnel landmines. Afghanistan's request for extending the 2013 deadline for clearing all known landmine and explosive remnant-contaminated areas was approved by the State Parties to the Ottawa Treaty in December 2012, resulting in a revised deadline of March 2023.

ISAF and NATO have abandoned scores of firing ranges infested with the explosives. Dozens of children have been killed or wounded as they have crossed these sites. From 2009 to the end of March 2015, the Mine Action Coordination Centre of Afghanistan recorded 130 casualties resulting from explosive remnant accidents in or around abandoned ISAF and NATO firing ranges. Of the 130 casualties, 39 were fatalities, with 75 percent of the casualties children. During 2014, 19 casualties were reported, with 50 casualties reported in 2013, 45 casualties in 2012, 9 in 2011, 6 in 2010 and 1 casualty reported in 2009. These numbers reflect an increasing trend in casualties, coinciding with the drawdown of the ISAF and NATO troops. Accidents have occurred in 18 of the 34 provinces, indicating that the problem is widespread.

So far, 93 firing ranges covering 1,050 km² area have been surveyed (this area is not included in the hazardous areas of minefields and battlefields



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previously cited) and are located in 18 provinces (Balkh, Farah, Ghazni, Helmand, Herat, Kandahar, Kapisa, Khost, Kunar, Kunduz, Laghman, Logar, Maydan Wardak, Nuristan, Paktya, Paktika, Uruzgan and Zabul).

Based on the Information Management System for Mine Action, 26 firing ranges have been closed and cleared, while 23 are currently undergoing clearance operations. A total area of 372 km² has been cleared to date (184 km² of 372 km² has been cleared using the subsurface method). During these operations, 1 anti-personnel mine, 70,286 items of explosive remnants and 56,681 small arms ammunitions) left by ISAF and NATO troops were found and destroyed. Overall, 75 different types of explosive remnants were found and destroyed, the majority of which were fuses, projected grenades, projectiles, mortars, bomb lets and rockets.

Reduce the contribution of opium to the total (licit and illicit) GDP to less than 5 percent by 2015 and to less than 1 percent by 2020

Reduce the contribution of opium to the total (licit and illicit) GDP to less than 5 percent by 2015 and to less than 1 percent by 2020

According to the Ministry of Counter Narcotics, poppy cultivation in Afghanistan is not only a national and regional problem but a problem that affects much of the world. Hence, augmented cooperation between national and international partners is deemed an imperative to fight this phenomenon. Based on the annual Ministry of Counter Narcotics and the United Nations Office of Drugs and Crime (UNODC) Opium Survey, the amount of poppy cultivation in Afghanistan increased year on year, reaching a record high of 224,000 ha in 2014 (Table 9.3). These continuing increases can be attributed to a number of factors:

1

SECURITY CHALLENGES

- Insecurity, weak governance and lack of rule of law in the provinces where poppies are cultivated. The UNODC *Afghanistan Drug Report 2013* cited an undisputed link between insecurity and opium cultivation, which has been noted annually in the Afghanistan Opinion Poll and Survey since 2007. The biggest poppy cultivating provinces – Helmand, Kandahar, Uruzgan and Zabul – are all in the South, which is also considered the most insecure region in the country. In insecure regions, the Government and the international community have a limited ability to provide basic services and to offer development opportunities that would help farmers move away from poppy cultivation.
- Transition of security responsibilities from foreign forces to Afghan forces.
- Provision of incentives (negative) for farmers by those who are involved in the poppy trade, such as drug mafias and insurgent armed groups, despite the cost fluctuations. The comparatively high price of opium continues to make it an attractive cash crop and may stimulate a further spread of poppy cultivation.
- Large presence of drug smugglers in Afghanistan and neighbouring countries.

2 **INCREASING DOMESTIC DRUG CONSUMPTION CHALLENGES**

Increasing prevalence of drug use in Afghanistan, as highlighted by the most recent Bureau of International Narcotics and Law Enforcement Affairs' National Drug Use Survey, which estimated that 11 percent of the population used illicit drugs.

Lack of sufficient drug demand-reduction initiatives and treatment capacity to meet the need.

3 **CHALLENGES WITH ALTERNATIVE LIVELIHOODS**

- Existence of demand and market for illicit products related to poppy cultivation.
- Lack of sustainable jobs and job security for farmers.
- Lack of a good irrigation systems and canals for arable land.
- Lack of markets for agricultural products.
- Lack of farmers' access to improved seeds, fertilizer and agricultural machinery.
- Lack of coordination between foreign implementing agencies and their Afghan counterparts in alternative development and livelihood projects.
- Lack of commitment of the international community to the provision of alternative livelihoods for farmers. For examples, the Ministry of Counter Narcotics has not found the funds to implement the Food Zone Programme in counter-narcotic priority provinces; the Ministry of Agriculture, Irrigation and Livestock has not found the funds to implement the Food for Life Programme across the country; the Ministry of Mines and Petroleum is facing challenges with the implementation of copper and iron mines by foreign companies.
- Higher price of narcotics compared with other agricultural products: Input costs for poppy cultivation and marketing of the product is provided beforehand by buyers or others in the chain – a dramatic contrast with the other agricultural products that require farmers to search for markets.

- Lack of cooperation from neighbouring countries to tackle the trafficking of illicit drugs from Afghanistan and precursors into the country and its neighbours.
- High demand for drugs in international drug markets after making their own investments in cultivation.
- Lack of regional and global cooperation in fighting narcotics in Afghanistan. The 22 national priority programmes drafted in 2010 were completed by 2013. Although there was nothing dedicated to counter-narcotic activity among them, many of the priority programmes contributed directly or indirectly to alternative development. Nonetheless, the international community did not fulfil their commitments to fund the national priority programmes as per the Tokyo Conference on Afghanistan (2012). Hence, the National Alternative Livelihood Policy endorsed by the Government and the international community in 2012 has not been fully implemented.
- Low capacity of the Counter Narcotics Police and lack of access of Afghanistan Border Police to intelligence facilities and information.

These issues are perceived as only some of the reasons for the prevalence of poppy cultivation in Afghanistan. The Ministry of Counter Narcotics and Opium Survey reports of 2012–2014 cited additional reasons for the phenomenon. ■

Opium in Afghanistan

No.	Indicators	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1	Net opium poppy cultivation (after eradication) in hectares	74,000	80,000	131,000	104,000	160,000	193,000	157,000	123,000	123,000	131,000	154,000	209,000	224,000
2	Number of poppy-free provinces	8	4	-	6	4	13	18	20	20	17	17	15	15
3	Number of provinces affected by poppy cultivation	24	28	32	26	28	21	16	14	14	17	17	19	19
4	Eradication (hectares)	-	-	-	4,007	13,051	17,587	5,880	5,351	2,316	3,810	9,672	7,348	2,692
5	Average opium yield (weighted by cultivation) kg/Ha	42	45	32	39	37	43	49	56	29	45	24	26	29
6	Potential production of opium (metric tons)	3,400	3,600	4,200	4,100	6,100	8,200	7,700	6,900	3,600	5,800	3,700	5,500	6,400
7	Average farm-gate price (weighted by production) of fresh opium at harvest time US\$/kg	300	95	92	102	94	86	70	48	128	180	163	143	114
8	Average farm-gate price (weighted by production) of dry opium at harvest time US\$/kg	350	283	142	138	125	122	95	64	164	242	196	172	133
9	Total farm-gate value of opium production (US\$ billion)	1.02	1.02	0.60	0.56	0.78	1.00	0.73	0.44	0.61	1.40	0.73	0.95	0.85
10	Affected people (millions)	-	1.70	2.30	2.00	2.90	3.30	2.40	1.60	1.47	-	-	-	-
11	Opium production as % of GDP	-	23%	13%	11%	11%	13%	7%	4%	5%	9%	4%	4%	3%

Source: UNODC: Afghanistan Opium Survey Reports, 2002–2014.

Methodology

Data collection method and sources

The contextual analysis and analyses of the data compiled are based on a literature review- academic, civil society organization, development practitioners' analyses and government and related agency documentation and reports. In July 2015, data request forms and formats were sent to all government institutions responsible for providing data for MDGs indicators. Data collection process however, was the most difficult task during this process. It spanned throughout the months of July and August of 2015. To avoid delays, drafting the report was begun as simultaneously data and information flowed in on daily basis. Indicators for which complete and reliable data were collected fared better and were rather analyzed in timely manner, on the other hand indicators with missing or unreliable data held up for further data collection and data verification. Some data were never provided and/or could not be verified making the analysis rather complicated. Most importantly, almost the entire data received were only up to 2014, and postponement of the NRVA made the issue of data availability and sufficiency rather truncated and difficult.

Consultative processes with the line ministries and other agencies

During the period data was requested from line ministries/United Nations agencies the General Directorate of Policy and Result-Based Monitoring and his team a conducted desk study and open-source research on MDGs indicators. The study included a deep review of Afghanistan's previous MDGs reports and reports published by other national and international institutions that contained data for MDGs indicators mainly by Central Statistics Organization, World Bank, UNEP, UNHCR, UNDP and etc. Data compared from various sources helped in triangulation, justifications and augmenting the analysis.

Invitation to line ministries and United Nations agencies

Upon the time of request for data for *A Decade of Opportunities*, certain line ministries/United Nations agencies were invited to Ministry of Economy for discussion, direction, data comparison, objection review and endorsement of the final draft of the *Afghanistan Millennium Development Report 2015*.

Receiving of data request forms and formats

Some of the involved institutions prepared and sent back data collection forms in more than one phase due to non-availability of data at times, or some data never materialized. Despite the improvement over the past decade, developing of a proper and centralized mechanism for data collection, analysis and recording still remains a challenge in Afghanistan. Therefore, analysis and predictions on MDGs indicators is overshadowed and largely affected by lack and inaccuracy of data.

Verification, confirmation and data comparison with concerned institutions

Whilst data was collected from line ministries/United Nations agencies they were compared with data obtained during desk studies from different sources and Afghanistan's previous MDGs reports. Where discrepancies and differences were observed during the initial stage of data processing and analysis, they were discussed with the relevant line ministries/United Nations agencies. Subsequently a draft analysis was shared with the relevant ministries/United Nations agencies for review and feedback, in some cases the process was repeated numerous times, before the analysis were finalized.

Invitation to deputy ministers and policy and planning directorates

Upon the completion of first draft of the report, deputy ministers and officials from policy and planning departments of relevant ministers were invited to Ministry of Economy for final discussion, review and endorsement of the final draft of the Afghanistan 10 Years Millennium Development report.

References

- ActionAid Afghanistan (2005). *Study on Knowledge, Attitudes, Behaviour and Practices in High Risk and Vulnerable Groups in Afghanistan*. Kabul.
- _____ (2006). *Study on Knowledge, Attitudes, Behaviour and Practices in High Risk and Vulnerable Groups in Afghanistan*. Kabul.
- Afghan Public Health Institute, Ministry of Public Health, Central Statistics Organization, ICF Macro, Indian Institute of Health Management Research and World Health Organization Regional Office for the Eastern Mediterranean (2011). *Afghanistan Mortality Survey 2010*. Calverton, Maryland.
- Central Statistics Organization (2005). *National Risk and Vulnerability Assessment 2005: Afghanistan Living Conditions Survey*. Kabul.
- _____ (2009). *National Risk and Vulnerability Assessment 2007–08: Afghanistan Living Condition Survey*. Kabul.
- _____ (2012). *National Risk and Vulnerability Assessment 2011–12. Afghanistan Living Condition Survey*. Kabul.
- _____ (2014). *National Risk and Vulnerability Assessment 2013–14. Afghanistan Living Condition Survey*. Kabul.
- _____ (forthcoming). *National Risk and Vulnerability Assessment 2015. Afghanistan Living Condition Survey*. Kabul.
- Central Statistics Organization and United Nations Children’s Fund (2013). *Multiple Indicator Cluster Survey 2010/2011*. Kabul.
- Islamic Republic of Afghanistan (2005). *Millennium Development Goals: Afghanistan Country Progress Report 2005*. Kabul.
- _____ (2007). *Millennium Development Goals: Afghanistan Country Progress Report 2007*. Kabul.
- _____ (2010). *Millennium Development Goals: Afghanistan Country Progress Report 2010*. Kabul.
- _____ (2011). *Millennium Development Goals: Afghanistan Country Progress Report 2011*. Kabul.
- _____ (2012). *Millennium Development Goals: Afghanistan Country Progress Report 2012*. Kabul.
- Islamic State of Afghanistan, Central Statistics Organization and United Nations Children’s Fund (2011). *Multiple Indicator Cluster Survey 2010–2011*. Kabul.
- _____ (2012). *Multiple Indicator Cluster Survey 2012*. Kabul.
- _____ (2014). *Multiple Indicator Cluster Survey 2014*. Kabul.
- Ministry of Education (2015). *Education for All 2015 National Review Report: Afghanistan*. Kabul: Islamic State of Afghanistan.
- Ministry of Public Health (2012). *National Health and Nutrition Policy 2012–2020*. Kabul.
- Ministry of Public Health, Centres for Disease Control and Prevention and United Nations Children’s Fund (2002). *Maternal Mortality in Afghanistan: Magnitude, Causes, Risk Factors and Preventability*. Kabul.
- Ministry of Public Health, Johns Hopkins Bloomberg School of Public Health and Indian Institute of Health Management Research (2007). *Afghanistan Health Survey 2006*. Kabul: Islamic Republic of Afghanistan.
- _____ (2013). *Afghanistan Health Survey 2012*. Kabul: Islamic Republic of Afghanistan.
- Naz Foundation International (2009). *Rapid Assessment of Male Vulnerabilities to HIV and Sexual Exploitation*. Kabul.
- Transitional Islamic State of Afghanistan, Central Statistics Organization and United Nations Children’s Fund (2004). *Multiple Indicator Cluster Survey 2003*. Kabul.
- United Nations Population Fund (2014). *State of Afghanistan’s Midwifery 2014*. Kabul.



Andrea Bruce/ NOOR

