

Data Sheet

USAID Mission:	Afghanistan
Program Title:	Basic Education and Health
Pillar:	Global Health
Strategic Objective:	306-002
Proposed FY 2004 Obligation:	\$21,000,000 CSH; \$2,599,000 DA; \$144,000,000 ESF
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$22,000,000 CSH; \$23,926,000 DA
Year of Initial Obligation:	FY 2003
Year of Final Obligation:	FY 2006

Summary: Although no current or reliable statistics are available, it is generally agreed that the health and nutritional status of approximately 22 million Afghans is the worst in Asia and among the worst in the world. Life expectancy is 44 years for women and 43 years for men. One in four infants die before their first birthday, compared to one in 45 in neighboring Tajikistan. The average maternal mortality ratio (MMR) is 1,600 maternal deaths per 100,000 live births, one of the highest in the world. Afghanistan's educational system has been devastated by over two decades of war and a succession of governments who have used education as a political and religious tool. An estimated 80% of all school buildings have been severely damaged or destroyed, including primary and secondary schools, teacher training colleges, vocational training institutes, and universities. Of all students in Afghan schools today, nearly 50% are in the first grade. Of those (students in the first grade), approximately one third (or about 440,000 students) is overage many of them 10-14 years old. Many of these overage children will likely drop out before completing the primary cycle. The problem is most severe for girls who were denied education during the Taliban regime. Dropping out or "wastage" is a significant loss to both the individual and the broader society.

Inputs, Outputs, Activities:

FY 2004 Program:

Rural Expansion of Afghanistan's Community-Based Health Care program (REACH) (\$21,000,000 CSH, \$49,000,000 ESF). REACH is focused on rural primary health care for vulnerable populations, especially women and children. Work is being implemented at the central and provincial levels, in partnership with the Ministry of Health (MOH), to develop a sustainable foundation for a nationwide health care system including cost recovery and privatization. The goal is to improve the health of women of reproductive age and children less than 5 years of age. A key component is performance-based grants to nongovernmental organizations (NGOs) to deliver basic health services including maternal and newborn care, child health care and immunization, public nutrition, control of communicable diseases, supply of essential drugs, and as a second tier MoH priority, mental health care and disability care. The program includes hospital and clinic construction and rehabilitation expanding into urban and peri-urban areas to repair and replace up to 200 damaged or rented health facilities. To improve health services delivered from the newly built or rehabilitated health facilities, the program is supporting the training of community-based health workers and facility-based health care providers as well as providing equipment, supplies and drugs. USAID is developing a standard hospital management training and an infection prevention program to be delivered nationally. To increase the number and quality of available nurses and midwives, the REACH program is assisting four of the Institutes of Health Services, where instructors are taught to provide competency-based training. In addition, USAID is supporting an accelerated health-focused literacy program for rural women, many of whom may subsequently qualify to be trained as healthcare providers under the REACH grants program. Implemented by Management Sciences for Health, subcontractors TBD.

Afghanistan Primary Education Program (APEP) (\$2,599,000 DA, \$95,000,000 ESF). APEP includes construction and rehabilitation of school facilities, printing and distribution of textbooks, accelerated

learning classes for overage, out-of-school students, and radio-based teacher training. A main component of APEP is to improve the quality of and access to primary education for overage learners. APEP will expand its current work from three to twelve provinces and increase the number of students enrolled from 40,000 to 120,000. 45% of these overage students are girls, which APEP intends to increase to 70%. An additional goal for students who complete accelerated learning programs is to transition into an age appropriate level in the formal school system. APEP intends to increase the percentage of functioning school facilities from 34% to 45%. In addition, increased numbers of teachers will receive pre-service and in-service teacher training in order to improve the quality of classroom instruction. The goal is that at least 20,000 teachers will receive training to promote student-centered learning. All aspects of APEP are focused on increasing opportunities for girls and women. Implemented by a consortium led by Chemonics and including other U.S. and Afghan organizations.

FY 2005 Program:

The Rural Extension of Afghanistan's Community-Based Health Care program (REACH) (\$22,000,000 CSH). The REACH program intends to have its greatest impact in FY 2005 through implementation of performance-based grants. The program is structured to improve the performance of NGOs in delivery of health services. Access to health care will continue to improve with the construction and equipping of an additional 100 health centers. USAID will also support social marketing of safe water systems, contraceptives, and insecticide treated bed nets, conduct a national demographic household survey in coordination with other donors and partners, and will help the MOH establish a foundation for the accreditation of health facilities to ensure quality health care delivery. Implemented by Management Sciences for Health, subcontractors TBD.

Afghanistan Primary Education Program (APEP) (23,926,000 DA). USAID will continue to improve the quality of and access to primary education for overage learners. To enable schools to be functional centers of learning in rural communities, USAID proposes to continue its support to the four components of APEP: community-based school construction, textbook production, learner-centered teacher training, and accelerated learning. The program will expand to an additional 500 schools. The accelerated learning and radio-based teacher training will be expanded into additional provinces and deeper into currently targeted provinces. Textbook printing and distribution will include building capacity in the Ministry of Education (MOE) to manage printing requirements in future years and build capacity in the private sector to print the millions of textbooks needed annually. USAID will also build management and technical capacity in the MOE in other educational disciplines. A nationwide systemic program to assure a pipeline of quality teachers will be designed in connection with both ministries and other donors. Pilot projects, particularly in vocational education, will be implemented for overage students who complete accelerated learning programs, but do not enter the formal system. USAID will continue to increase the number of girls who participate in all educational programs. Implemented by a consortium led by Chemonics, including U.S. and Afghan organizations.

Performance and Results: In FY 2003, to address the major problems of child and maternal mortality and morbidity, USAID began the construction of 78 rural health clinics, assisted the MOH to establish construction protocols, established a grant review process with the MOH, and reviewed 33 NGO grant proposals, of which 15 were selected for funding. USAID also extended the grants awarded in FY 2002 to avoid any interruption in service delivery, developed a standardized equipment list, and piloted community mapping as a community-based information management tool. Great strides were made in drug management with the approval of key policy and legislation being adopted which will guide pharmacy policy and availability of essential drugs for the next 10 to 20 years.

USAID also distributed over 11 million textbooks to children nationwide, provided teacher training kits to 30,000 teachers, and trained over 1,300 teachers, including over 900 women. USAID reconstructed 85 schools and provided food, valued at 26% of monthly income, as a salary supplement to 50,000 teachers. USAID also provided food rations as incentive for families to send their daughters to school, and hosted curriculum development workshops for the Ministry of Education.

US Financing in Thousands of Dollars

Afghanistan

306-002 Basic Education and Health	CSH	DA	ESF	IDA
Through September 30, 2002				
Obligations	2,000	0	0	7,110
Expenditures	450	0	0	6,240
Unliquidated	1,550	0	0	870
Fiscal Year 2003				
Obligations	4,569	630	0	8,610
Expenditures	427	58	0	8,982
Through September 30, 2003				
Obligations	6,569	630	0	15,720
Expenditures	877	58	0	15,222
Unliquidated	5,692	572	0	498
Prior Year Unobligated Funds				
Obligations	0	0	0	0
Planned Fiscal Year 2004 NOA				
Obligations	21,000	2,599	144,000	0
Total Planned Fiscal Year 2004				
Obligations	21,000	2,599	144,000	0
Proposed Fiscal Year 2005 NOA				
Obligations	22,000	23,926	0	0
Future Obligations	0	0	0	0
Est. Total Cost	49,569	27,155	144,000	15,720