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**THE CHANGING ROLE OF NGOS
IN THE PROVISION OF RELIEF
AND REHABILITATION
ASSISTANCE:**

CASE STUDY 1 -

AFGHANISTAN/PAKISTAN

Nigel Nicholds with John Borton

Working Paper 74

Results of ODI research presented in preliminary form
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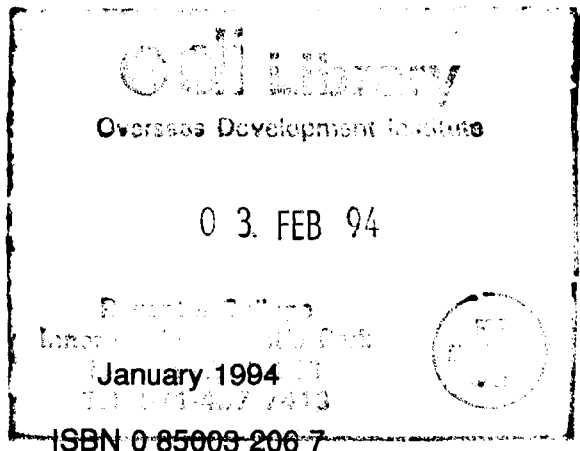
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WORKING PAPER 74

**THE CHANGING ROLE OF NGOS
IN THE PROVISION OF RELIEF
AND REHABILITATION ASSISTANCE:**

CASE STUDY 1 – AFGHANISTAN/PAKISTAN

Nigel Nicholds with John Borton



Overseas Development Institute
Regent's College
Inner Circle, Regent's Park
London NW1 4NS

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Acknowledgements

This case study has been compiled from a wide range of published and unpublished material. Documents seen by the principal author appear in the Bibliography and many of these are cited in the text. The few exceptions are NGO internal documents shown to the author in confidence and on condition that the documents would not be quoted or cited and the formal Annual Reports of NGOs where these have been made available. Thanks are due to all those who have provided material and assistance with sources whether from open or private collections. Particular thanks are due to the staff of the public collections of material consulted in the course of this case study including: the Documentation Centre of the Refugee Studies Programme, Queen Elizabeth House, University of Oxford; British Agencies Afghan Group (BAAG), Refugee Council, London; Nancy Hatch Dupree, and the Librarian and staff of the ACBAR Resource and Information Centre (ARIC) at the Agency Coordinating Body for Afghan Refugees (ACBAR), Peshawar; the United Nations Information Centre, London; United Nations High Commissioner for Refugees (UNCHR) information officers in Islamabad and London. Special thanks are due to the staff of several bilateral and multilateral agencies for providing data relating to this and other case study countries. These include Mary Ann Etchinson of the US Bureau of Refugee Programmes in Washington, Jean-Marie Boucher and staff at the World Food Programme in Rome, and the staff of the UK Overseas Development Administration (ODA) Disaster and Refugee Unit in London.

This study has also benefitted from numerous interviews and informal discussions, primarily in Peshawar, but also in Islamabad and London. Thanks are due to the many staff, past and present, of NGOs, UN agencies, and embassies and missions who willingly gave of their time to be interviewed by the author. As many of these interviewees spoke 'off the record' no information gained only in interview is cited in the text. Particular thanks are due to Anders Fänge, Jon Bennet, Nancy Dupree, Elisabeth Winter, Barbara Harrell-Bond, Peter Marsden and Ivar Munthe for their full and constructive comments on an earlier draft. The authors are also grateful to Marion Couldrey for copy editing an earlier draft, and to Angela O'Brien and Catherine Hollis for assistance in the production of this report.

Preface

This case study is one of a series being prepared as part of a larger study on the changing role of non-governmental organisations (NGOs) in the provision of relief and rehabilitation assistance. It is now widely recognised that NGOs play a much enhanced role in relief and rehabilitation operations compared to ten or fifteen years ago. However, the rate of growth of NGOs in this field of activity and the factors contributing to such growth have not previously been studied in a comprehensive manner. The primary objectives of the overall study, which is funded by the UK Overseas Development Administration, are therefore to:

- a) quantify the relief and rehabilitation resources handled by NGOs since 1979, so as to analyse both the extent to which the role of NGOs undertaken in the provision of such assistance has increased and the ways in which the functions undertaken by NGOs have changed;
- b) make a preliminary examination of the practical and policy implications of the increased role of NGOs in relief operations both for donor organisations that use NGOs as channels for the provision of relief and rehabilitation assistance and for the NGOs themselves.

Three of a series of case studies are to be published in the ODI Working Paper series. As well as the present study, the two others are the role of NGOs in the provision of relief and rehabilitation to Cambodian refugees in Thailand and within Cambodia itself during the period 1979 to 1992, and in the provision of relief and rehabilitation assistance in government and 'rebel'-controlled areas of Ethiopia during the period 1983 until 1991.

In many relief and rehabilitation operations, the role and contribution of NGOs are poorly understood. Among the principal factors contributing to this situation are the large number of agencies involved, the frequent lack of centralised sources of information, the complexities of the different types of resource flows through the system and the relationships between the various organisations involved and, in some cases, the deliberate secrecy of agencies involved in activities that are either covert and/or threaten the safety of agency personnel. The purpose of the individual case studies, therefore, is to examine the role and contribution of NGOs in the provision of assistance in a selection of the largest relief operations to have taken place since 1979. The case studies focus on key aspects of NGO involvement in such operations, i.e. changes over time in the number concerned, the different characteristics, the range and scale of activities undertaken and their relationship with other organisations involved in the operation, in particular UN agencies, donor organisations, government agencies, and the Red Cross Movement. Given the

involvement of many different NGOs in relief operations, coordination is an important activity and so the studies also examine the coordination mechanisms which developed within the NGO community.

The case studies are not intended to be exhaustive studies of the role of NGOs in the selected relief operations. The highly disparate nature of the data sources and the lack of institutional memory of activities undertaken more than three or four years previously within many organisations involved in the provision of relief and rehabilitation assistance mean that exhaustive studies are difficult and time consuming. In those relief and rehabilitation operations which have been underway for several years, exhaustive studies may simply not be possible. Given the limited time available for the case studies (each involved only a two to three week visit to the countries involved), they can therefore only be regarded as provisional assessments of the role of NGOs in such operations. Neither are the studies intended to assess the impact and effectiveness of the assistance provided by NGOs. Such assessments or evaluations would require much more detailed investigation and involve seeking the views of a sample of the recipients of the assistance provided for either all the NGOs involved or at least a representative sample.

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Acronyms

AA	Area Administrator
AAA	Afghan Aid Association
AABRAR	Afghan Amputee Bicyclists for Rehabilitation and Recreation
ACBAR	Agency Coordinating Body for Afghan Refugees
ACC	Australian Council of Churches
ACDO	Afghan Community Development Organisation
ACH	Afghan Children's Hospital
ACLU	Afghanistan Construction and Logistics Unit
ADA	Afghan Development Association
AEC	Afghanistan Education Committee
AETF	Afghanistan Emergency Trust Fund
AFRANE	Association Amitié Franco-Afghane
AHSAO	Afghan Health and Social Assistance Organisation
AIC	Afghan Information Centre
AIG	Afghan Interim Government
AIN	Afghans in Need
AMA	Afghan Medical Aid
AMI	Aide Médicale Internationale
ANCB	Afghan NGO Coordination Bureau
ANCO	Afghan Narcotics Control Organisation
ANH	German Afghanistan Nothilfe
AOGH	Afghan Obstetrics and Gynaecology Hospital
APWO	Afghan Public Welfare Organisation
ARA	Agriculture Rehabilitation of Afghanistan
ARC	Austrian Relief Committee
ARCAR	Ariana Rehabilitation Committee for Afghanistan Reconstruction
ARCON	Afghan Reconstruction Consultants
ARD	Area Rehabilitation Department
ARDA	Agency for Rural Development of Afghanistan
ARDP	Afghanistan Rehabilitation and Development Programme
ARF	Afghan Relief Foundation
ARIC	ACBAR Resource and Information Centre
ARR	Afghan Relief and Rehabilitation
ARS	Afghanistan Reconstruction Services
ASA	Agricultural Survey of Afghanistan
ASDP	Austrian Service for Development Cooperation
ASSP	Agriculture Sector Support Project
ATC	Afghan Technical Consultants
AVICEN	Afghan Vaccination & Immunisation Centre
AWAC	Airborne Warning and Control

AWC	Afghan Welfare Centre
BAAG	British Agencies Afghan Group
BFW	Bread for the World
BHU	Basic Health Units
BHW	Basic Health Workers
BIA	Bureau International Afghanistan
BURC	Bakhter Unity Reconstruction Council
CAFOD	Catholic Fund for Overseas Development
CAR	Commissioner for Afghan Refugees
CARE	Cooperative for American Relief Everywhere
CAS	Comité Afghan de Solidarité
CBR	Consultants Bureau for Reconstruction
CCAR	Chief Commissionerate for Afghan Refugees
CFA	Committee for Free Afghanistan
CFF	Cash-for-food
CFID	Council for International Development
CHA	Coordination of Humanitarian Assistance
CHEA	Coordination Humanitaire Européenne pour l'Afghanistan
CHREP	Christian Hospitals Refugee Extension Project
CIA	Central Intelligence Agency
CIUP	Construction and Irrigation Unit of Pamir
CMC	Committee of Medical Coordination
COAR	Coordination of Afghan Relief
CRAA	Committee for Rehabilitation Aid to Afghanistan
CRFA	Cultural and Relief Foundation for Afghanistan
CRR	Centre for Rural Reconstruction
CRS	Catholic Relief Services
CSA	Church of Sweden Aid
CWS	Church World Services
DACAAR	Danish Committee for Aid to Afghan Refugees
DAI	Development Alternatives Incorporated
DANIDA	Danish International Development Agency
DCA	Dutch Committee for Afghanistan
DCA	Danchurchaid
DCAR	Dental Clinic for Afghan Refugees
DESP	Domestic Energy Saving Project
DIA	Dutch Interchurch Aid
DOD	Department of Defense (USA)
DRC	Danish Refugee Council
DSM	Dried Skimmed Milk
EC	European Community
EEU	Edara Ehya Ul Uloom
EPI	Extended Programme of Immunisation
ERSA	Emergency Relief Services for Afghans
ESAR	Engineering Services for Afghan Reconstruction

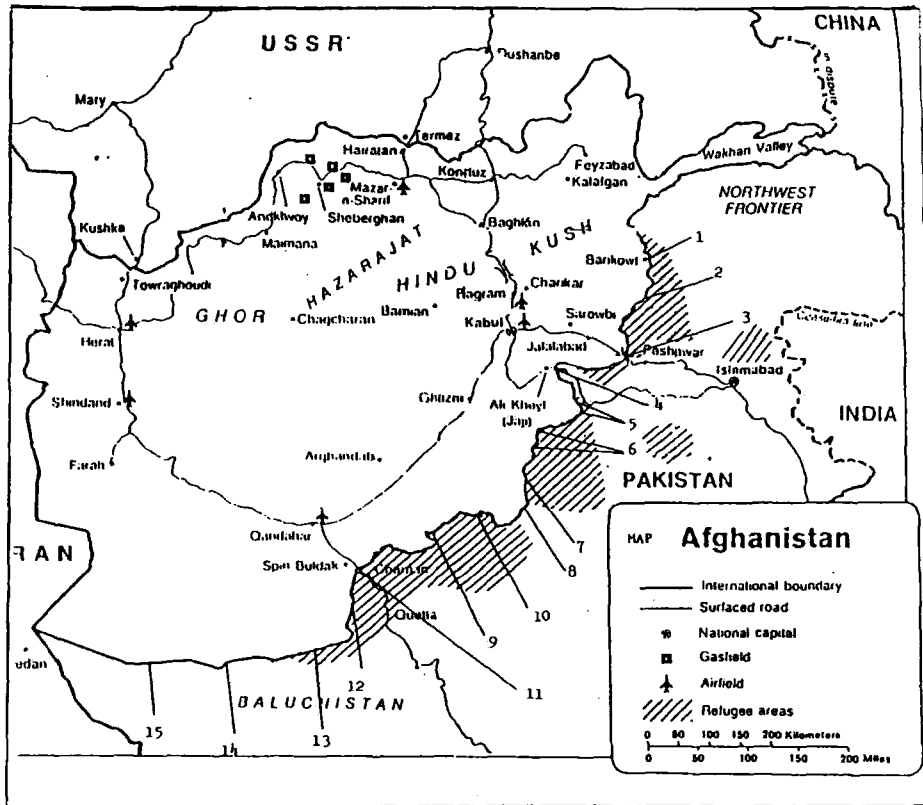
FAO	Food and Agriculture Organisation of the United Nations
FRF	Farah Reconstruction Foundation
HAF	Help the Afghans Foundations
HEKS	Swiss Development Agency
GAA	German Agro Action
GAC	German-Afghanistan Committee
GAF	German Afghan Foundation
GOP	Government of Pakistan
GRC	Gharjistan Reconstruction Council
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HAF	Help the Afghans Foundation
IAAAE	Islamic Association of Afghan Architects and Engineers
IAC	Inter-Aid Committee
IAHC	Islamic Aid Health Centre
IAM	International Assistance Mission
IARA	Islamic African Relief Agency
ICA	Inter Church Aid
ICCO	Inter Church Coordination Committee for Development Projects
ICRC	International Committee of the Red Cross
IFAD	International Fund for Agricultural Development
IHSAN	Independent Humanitarian Services Association
IIRO	International Islamic Relief Organisation
IIZ	Institute for International Cooperation (Austria)
ILO	International Labour Office
IMC	International Medical Corps
INDOORS	International Donors Organisation for Relief and Supplies
IOM	International Migration Organisation
IRC	International Rescue Committee
ISRA	Islamic Relief Agency
JCE	Jihad Consulting Engineers
JWMM	Jacob's Well Medical Mission
KAG	Khorosan Assistance Group
KMA	Kandahar Momenyar Agency
KNF	Koh-i-Noor Foundation
KRCS	Kuwaiti Red Crescent Society
LAQ	Lajnat Al-Quatar
LBI	Lajnat Al-Birr Al-Islamia
LDI	Lajnat Al D'awa Al Islamia
LICROSS	International Federation of Red Cross and Red Crescent Societies
LRO	Lifeline and Relief Organisation
MAMAR	Mamar Construction & Building Materials Production Organisation
MAWA	Mazina Assistance & Welfare Association
MCH	Maternal Child Health
MCPA	Mine Clearance and Planning Agency
MdM	Médecins du Monde

MMC	Mujahid Emergency Medical Centre
MMCT	Mecca Mukarama Charity Trust
MRORA	Maruf Relief Organisation for Reconstruction of Afghanistan
MSF	Médecins Sans Frontières
MSH	Management Sciences for Health
MTA	Medical Training for Afghans
MWL	Muslim World League
NAA	Norwegian Afghanistan Aid
NAC	Norwegian Afghanistan Committee
NCA	Norwegian Church Aid
NGOs	Non-Governmental Organisations
NOVIB	Dutch Organisation for International Development Cooperation
NRC	Norwegian Refugee Council
NRO	Nimroz Rehabilitation Organisation
NWFP	North West Frontier Province
ODA	Overseas Development Administration
OMA	Organisation for Mine Awareness
ORA	Orphans Refugees & Aid
OV	Ockenden Venture
PCA	Psychiatry Centre for Afghans
PDPA	People's Democratic Party of Afghanistan
PHED	Public Health Engineering Department
PRB	Pamir Reconstruction Bureau
PRCS	Pakistan Red Crescent Society
PRS	Pakteka Reconstruction Services
PVO	Private Voluntary Organisation
RAFA	Reconstruction Authority for Afghanistan
RAH	Reconstruction Agency of Hindukush
RAP	Rural Assistance Programme
RDA	Reconstruction and Rural Development of Afghanistan
RDM	Rural Development of Maihan
RIFRAF	Relief Institute for Rehabilitation of Afghanistan
ROL	Rehabilitation Organisation of Logar
RVA	Refugee Village Administrator
RTV	Refugee Tented Village
SA/GR	Solidarités Afghanistan/Gilde du Raid
SAD	Society of Afghan Doctors
SAFRON	States and Frontier Regions Ministry
SBSAB	SOS-PG Belgium/Solidarité Afghanistan Belgium
SCA	Swedish Committee for Afghanistan
SCF	Save the Children Fund
SERVE	Serving Emergency Relief and Vocational Enterprises
SGAA	Sandy Gall Afghanistan Appeal
SIDA	Swedish International Development Agency
SNI	Shelter Now International

SOH	Dutch Interchurch Aid
SOLAF	Solidarités Afghanistan
SRCS	Saudi Red Crescent Society
SRO	Shorawak Rehabilitation Organisation
SRO	Speen Ghar Reconstruction Organisation
START	Short Term Assistance for Rehabilitation Team
SV	Stichting Vluchteling
SWAAD	South West Afghanistan Agency for Demining
SWABAC	Southern and Western Afghanistan Baluchistan Association for Coordination
SWARO	South West Afghanistan Reconstruction Organisation
TPRPA	Telecommunications and Power Reconstruction Program for Afghanistan
UAAR	Union Aid for Afghan Refugees
UMCA	United Medical Centre for Afghans
UMCAMD	United Medical Centre of Afghan Mujahideen Doctors
UNCHR	United Nations High Commissioner for Refugees
UNCHS	United Nations Centre for Housing and Settlement
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFOAL	United Nations Fund for Drug Abuse Control
UNFPA	United Nations Family Planning Agency
UNICEF	United Nations Children's Fund
UNIDO	United Nations Organisation for Industrial Development
UNILOG	United Nations Logistical and Transport Operation
UNO	University of Nebraska at Omaha
UNOCA	Office of the Co-ordination of United Nations Humanitarian and Economic Assistance Programmes relating to Afghanistan
UNV	United Nations Volunteers Programme
USAID	United States Agency for International Development
USSR	Union of Soviet Socialist Republics
VAG	Voluntary Agency Group
VITA	Volunteers in Technical Assistance
VSO	Voluntary Services Overseas
WFP	World Food Programme
WHO	World Health Organisation
WROR	Welfare and Relief Organisation for Reconstruction
YARA	Muslim Youth Association for Rehabilitation of Afghanistan

Map 1

Map of Afghanistan



Crossing Points

1. Arandu
2. Nawa
3. Torkham
4. Teri Mangal
5. Kharlachi/Lakka Tigga
6. Saidgi/Gulam Khan
7. Angurada
8. Gul Katch
9. Badini
10. Qamar-u-Din Karez
11. Chaman
12. Shamuzi
13. Chotu
14. Kushtagan Ghar
15. Baramchah

Boundary representation is not necessarily authoritative

1. Introduction and Method

This case study examines the role of non-governmental organisations (NGOs) in the provision of relief and rehabilitation assistance to Afghan refugees in Pakistan and through 'cross border operations' from Pakistan into those areas of Afghanistan which were outside the control of the Soviet-backed regime in Kabul. The period covered by the study is from 1979, when Afghan refugees began crossing in unprecedented numbers into Iran¹ and Pakistan, until 1992 when the study was undertaken. The fall of the Najibullah regime and the movement of Mujahideen forces into Kabul in effect brought to an end the conflict between the Mujahideen opposition and the Soviet-backed regime in Kabul which had begun in earnest thirteen years earlier during 1979, though fighting has since continued between different factions within the Mujahideen.

The preparation of this case study involved a visit by the principal author of just under three weeks to Islamabad and Peshawar in March 1992. During the visit, extensive use was made of the documentation centre and database maintained by the Agency Coordinating Body for Afghan Relief (ACBAR) in Peshawar. Interviews were held with a range of personnel of UN agencies, international and local NGOs and donor organisations. Interviews were held with personnel from as many NGOs as possible in the time available. In some cases, documentation describing the activities of the NGO for a substantial part of the period covered by the study was available. However, in many cases detailed information was not available for all years. For the international NGOs, UN agencies and donor organisations, additional information was sought, but not always received, through correspondence with personnel in their Head Offices. In the case of the numerous Afghan NGOs, this option was not available. As a result the information on such agencies is patchy, particularly where the NGO was not a member of ACBAR.

A first draft of the case study was circulated for comment in August 1992 to ten individuals who, by virtue of their current or previous positions with NGOs, NGO coordinating bodies, donor organisations or research institutes, had an in-depth knowledge of the relief and rehabilitation operations in Pakistan and Afghanistan. Detailed comments were received from seven of those asked to comment and these were incorporated into the text, which was substantially reorganised. Additional comments were received from others who had also managed to obtain copies of the first draft and these too have been incorporated.

¹ The number of Afghan refugees in Iran was approximately 2.4 million in 1986/7 which compares with approximately 3.2 million in Pakistan in the same year (UNOCA, 1988). This study focuses only on the Afghan refugee population in Pakistan.

A report drawing out and comparing the conclusions from the case studies and providing the results of the overall study is expected to be produced in spring 1994.

2. The Political and Military Context

Afghanistan is a multi-ethnic country with a pre-1979 population of approximately 15 million.² The dominant ethnic group are the Pashtun, but in addition there are at least 21 other distinct ethnic groups speaking upwards of 30 different languages (Arney, 1990). Afghanistan's history has been strongly influenced by its strategic location and the interests of foreign powers. During the nineteenth century and the early part of the twentieth century it was seen as a buffer state between Russian and British imperial interests. Partly as a result of this foreign involvement, the country's modern borders cut across some of the principal ethnic groups, so that the already complex linguistic and ethnic loyalties frequently conflict with national loyalties. The most notable instance of this was the 1893 agreement between the emir of Kabul and the British negotiator Sir Mortimer Durrand which established the 'Durrand line' as the northern border of British India. This line, which continues to form the modern boundary between Pakistan and Afghanistan, splits the overall Pashtun ethnic group into two so that roughly as many Pashtuns live in Pakistan as in Afghanistan. Other examples are the Uzbecks with many more Uzbecks living in Uzbekistan and China than in Afghanistan, and the Baluchs, who inhabit parts of Iran and Pakistan as well as south-western parts of Afghanistan.

Whilst significantly influenced by the complex structure of Afghan society, the conflict which followed the Soviet invasion in 1979 had its roots in the struggle between traditional and modern or progressive values within their society. The 1950s and 1960s saw the emergence of a socialist movement, supported by the Soviet Union, and an Islamist movement, modelled to a significant extent on the Muslim Brotherhood in Egypt, which sought to create a political ideology based on Islam. In the 1960s, the socialist movement formed a united front in the form of the People's Democratic Party of Afghanistan (PDPA), though it remained divided between two main factions - the Khalq and the Parcham. Repression of the PDPA led to a bloody *coup d'état* in April 1978 which installed Nur Mohammed Taraki of the Khalq faction as President. The new regime, which was immediately recognised and supported by the USSR, introduced progressive reforms, such as

² Throughout the 1980s the population within the national boundaries was approximately 9 million as the result of the exodus of between 5-6 million Afghans, principally to live as refugees in Iran and Pakistan, but also to live in exile in other countries. Estimates of the numbers killed during the conflict are inevitably approximations only. The widely respected table of 'Wars and War-Related Deaths, 1500-1990' contained in *World Military and Social Expenditures* (Sivard, 1991), estimates a total of 1.3 million deaths between 1978-89 of which 0.8 million were civilians and 0.5 million military personnel.

land reform, at a pace and with methods that provoked opposition from the bulk of the population. Armed opposition groups began operating in southern and eastern areas of the country and the movement of Afghan refugees across the border into Pakistan began, though the rate was initially much less than that which followed the Soviet invasion. In February 1979, the US Ambassador to Kabul was kidnapped by an unknown group, and his death in a bungled attempt by Afghan police to free him led to the US cutting off of all its foreign assistance programmes to the country.

In September 1979, Taraki attempted to remove the Prime Minister, Hafizulla Amin, but was himself killed and replaced by Amin as President. Amin's regime was no more popular than Taraki's and resistance intensified as the army, assisted by a growing number of Soviet advisers, tried to suppress the resistance. The number of Afghans moving southwards into Pakistan and eastwards into Iran to seek refugee status increased substantially. The Soviets, fearful of losing control of the country to an Islamic fundamentalist regime or possibly one backed by the USA, both of which could potentially act to destabilise the volatile Central Asian Republics within the USSR, began an airlift of troops into Kabul on 24 December 1979. On 27 December, Soviet troops took control of Kabul, assassinated Amin and replaced him with Babrak Karmal, the exiled head of the rival Parcham faction. By January 1980 there were 40,000 Soviet troops in Afghanistan, a number which had doubled by the end of that year (USG, 1985; TFMAP, 1988).

The predominant international reaction was to view the Soviet action as an invasion of a sovereign country. Soviet claims that they had been responding to requests for assistance from troops which had undertaken a successful *coup* against Amin immediately before the airlift were widely dismissed. While in many countries the reaction was against aggression *per se*, in Washington and many other western capitals the occupation was viewed primarily in the context of the Cold War confrontation between the two superpowers. Hardliners in Washington saw the invasion in terms of Soviet expansionism in which Afghanistan was a 'stepping stone' to warm water ports in either the Indian Ocean or the Persian Gulf.³ In January 1980, the Carter Administration, which was entering its last year in office, implemented a variety of sanctions against the USSR including the non-ratification of the SALT II arms control treaty, a ban on exports of wheat and high technology equipment to the Soviet Union and a boycott of the 1980 Moscow Olympics.

Simultaneously, however, the US strove to present the Soviet occupation as something more than a Cold War confrontation between the two superpowers, and

³ This analysis has been challenged, however, and the reasons for the Soviet invasion are now believed to be based more on the fear of US aggression through its support for the growing Mujahideen opposition to the Communist regime (Galster, 1988; Arney, 1990).

an issue of concern to all sovereign nations. As part of this strategy of 'internationalising' the issue the US chose to channel its relief assistance to the Afghan refugees streaming into Pakistan through the UN system of specialised agencies and programmes rather than as direct bilateral support to the relevant agencies of the Government of Pakistan. In part this strategy may also have been influenced by the cool relations between the Carter Administration and President Zia as a result of President Zia's poor record on human rights issues. Thus, though the Carter Administration publicly announced its determination to support Pakistan in 'defending its independence' as early as 4 January 1980, its relations with the regime of President Zia were such that he turned down initial offers of economic and military assistance. Relations improved with the arrival of the Reagan Administration in 1981 and an agreement was quickly reached on a \$3.2 billion package of economic and military assistance from the US spread over six years - a package which made Pakistan the biggest recipient of American aid after Israel and Egypt (Arney, 1990). Despite this, the US continued its policy of channelling the bulk of its assistance multilaterally through the UN system rather than bilaterally. As will be seen, this was to have an important influence on the role of NGOs in the provision of assistance to the refugees in Pakistan.

US policy on the provision of covert military support to the Mujahideen also changed with the shift from the Carter to the Reagan Administrations. Whereas in 1980 \$30 million was requested from Congress for covert military assistance to Afghanistan, by 1985 Congress approved \$285 million in military aid. However, until 1985 the publicly stated position of the US was that Afghan opposition to the Soviet occupation was 'a purely Afghan affair' and that the US was not involved in supporting the Mujahideen. This fiction was maintained by the CIA employing a range of measures such as procuring arms from third countries such as Egypt, Israel and China. Where possible, the weapons procured by the CIA were of Soviet manufacture so as to indicate that the Mujahideen were using captured weaponry (Arney, 1990). In addition, the CIA also organised a multilateral reserve fund for the Mujahideen with contributions from sympathetic governments. Thus Saudi Arabia, in return for permission to buy AWAC surveillance planes, reportedly matched CIA contributions dollar for dollar amounting to over \$500 million in 1984 and 1985 alone (Arney, 1990).

Following President Reagan's re-election for a second term of office, US pressure to force a Soviet withdrawal was increased and became less covert. In 1985, the US Congress approved the supply of sophisticated US-manufactured Stinger anti-aircraft missiles to the Mujahideen and approved funding for a programme of humanitarian assistance inside Afghanistan. With encouragement from the US and Pakistan, a seven-party Mujahideen Alliance in Peshawar was formed⁴(Laumonier

⁴ This Alliance survived, though somewhat shakily, and provided the basis of the Afghan Interim Government (AIG) which was formed at the time of the Soviet

and Ickx, 1987; Baitenmann, 1990; Magnus, 1987). In 1987, Congress appropriated \$660 million in support for the Mujahideen - an amount that was almost doubled in the following year. The provision of the hand-held Stinger missiles was to prove a significant development in the military balance of power between the Mujahideen and the Soviet/Government forces and, as will be seen below in the ability of NGOs to operate cross-border relief and rehabilitation programmes in Mujahideen-held areas.

From the outset, the war was notable for its brutality and the degree to which terror tactics were used against civilian populations. 'Scorched earth', or what have been termed 'rubbleization' (Dupree quoted in Magnus, 1987), tactics were employed, involving blanket bombing campaigns, the deliberate destruction of villages to punish rural populations believed to support the Mujahideen, the destruction of irrigation systems and the widespread mining of farming land.⁵ Apart from such methods, the use of which owed much to the inexperience and frustration of the Soviet and Afghan Government forces, the military tactics initially pursued were conventional 'sweeps' by large armoured columns. However, these proved ineffective as the Mujahideen were able to seek shelter in the higher valleys and mountains. Tactics were therefore changed to that of moving smaller forces around by helicopter and cutting off the Mujahideen's escape routes, and then attacking them with bombers and helicopter gunships. Soviet air mobility therefore became the principal military advantage the Soviet and Afghan Government forces had against the guerilla tactics of the Mujahideen. The provision of the hand-held Stinger missiles to the Mujahideen, the first of which were used in action in 1986, meant that they were able to curtail severely the ability and willingness of the Soviet and Afghan armies to mount airborne campaigns.

Throughout the war, the extent of control of the rural areas by Soviet/Government forces was limited in most areas. Indeed, in terms of functioning civil administrations, the area administered by the Afghan Government never extended much beyond the major urban centres. Nevertheless, prior to the arrival of the Stingers, movement in areas outside Government control was extremely hazardous. From 1986 onwards, however, it was possible to move around more freely and Afghans and NGOs were able to contemplate rehabilitation and reconstruction activities on a much larger scale than previously, both in terms of geographical coverage and in the size of programmes. The decrease in direct military confrontation also reduced relief requirements, enabling NGOs to concentrate on rehabilitation activities.

troop withdrawal in 1989.

⁵ This tactic has been widely likened to Mao Tse Tung's dictum of draining the pond in which the guerillas survive.

From early 1981 onwards, international peace efforts focused on the UN. Initially, Javier Perez de Cuellar was appointed special envoy of the Secretary General, but on his appointment as Secretary General, he, in turn, appointed Diego Cordovez. In June 1982, Diego Cordovez held indirect negotiations between Afghanistan and Pakistan in Geneva. The talks were repeated in April 1983, August 1984 and August 1985 against the background of worsening relationships between the superpowers and with no tangible results (USG, 1985). The turning point in both UN and other negotiations aimed at achieving a withdrawal of the Soviet forces from Afghanistan came with the death of President Chernenko and the succession to the Kremlin of Mikhail Gorbachev in March 1985. Though Gorbachev's public policy on Afghanistan was initially as hard line as that of his two predecessors, the dynamics of the Cold War were changing. In early 1986, evidence began to emerge of Gorbachev's intention to withdraw Soviet troops and achieve a reconciliation between the Afghan Government and opposition groups. To assist the process of national reconciliation, President Karmal was removed by the USSR and replaced by Dr Najibullah, the former head of Afghanistan's internal security agency KHAD. As the Soviet political stance on Afghanistan became clearer, the UN sponsored negotiations became markedly more productive and began to identify areas where agreement might be reached between the parties concerned. These negotiations finally resulted in the Geneva Accords which were signed in April 1988 and which provided for withdrawal of all Soviet troops by mid-February 1989. Whilst the Accords provided a mechanism for the Soviet troop withdrawal, they did not address the causes of the civil war and the profound ideological differences between the 'progressive' and 'traditional' movements. Immediately after the signing of the Accords, the US and Soviet sides announced their intention to pursue a policy of 'positive symmetry' whereby each side would approximately match its level of arms provision to its 'side' in the conflict thereby ensuring that the war would continue.⁶ Hopes that the Mujahideen would be able quickly to exploit the Soviet withdrawal by attacking and capturing the third largest city, Jalalabad, in early 1989 were dashed when their full frontal assaults failed, largely as a result of poor organisation within and between the different Mujahideen factions involved. Under the 'positive symmetry' policy, it has been estimated that Soviet military support to the Najibullah regime was between \$200 and \$300 million a month during 1989, whilst the US and Saudi Arabia are estimated to have each contributed \$500 million of military assistance in that year (Arney, 1990).

⁶ The US State Department had declared in late 1986 a commitment to halt military supplies to the Mujahideen when Soviet troops started to withdraw. However, the deal had been made by the State Department without the approval of Congress, and pressure from right-wing Congressmen condemning the commitment as a sell-out eventually forced the Administration to agree to continue to support the Mujahideen militarily. Ironically this change appears to have been a crucial factor in persuading General Zia to sign a treaty with the Najibullah regime as part of the Geneva Accords (Arney, 1990).

However, the UN peace process continued and eventually succeeded in negotiating the replacement of 'positive symmetry' with 'negative symmetry' aimed at halting all arms supplies by the end of 1991. Deprived of Soviet support, the Najibullah regime was doomed. After years of being supplied by airlift and subjected to random rocket attacks, Kabul finally fell to Mujahideen forces in August 1992. However, since then, fighting has continued between opposing factions within the Mujahideen.

3. The Provision of Assistance to Afghan Refugees in Pakistan

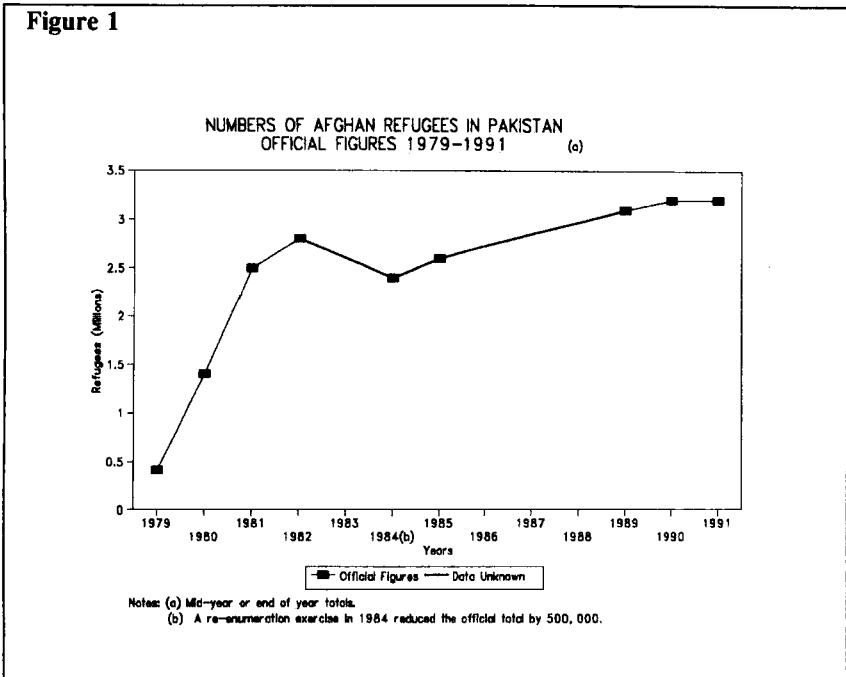
3.1 Refugee Numbers

The refugee influx into Pakistan began in 1978 following the bloody *coup d'état* of April 1978 which installed Nur Mohammed Taraki as President. By April 1979, when Pakistan formally appealed for UNHCR assistance, the Chief Commissionerate for Afghan Refugees (CCAR) estimated that there were 85,000 refugees already in the country. Following the initial Soviet occupation at the end of 1979 and the beginning of 1980, the number of refugees in Pakistan increased dramatically. By the end of 1980, the registered refugee population had reached just over 1.4 million. Of this total, the vast majority were registered in Pakistan's North West Frontier Province (NWFP) with the majority of the remainder in Baluchistan (Dupree, 1985a). The numbers continued to increase dramatically during 1981, though enumeration problems mean that care must be taken in the use of the official CCAR end of year totals, which for 1981 and 1982 were 2.5 million and 2.8 million respectively.

A 1988 study of the problems encountered with the enumeration of the refugees entering Pakistan concluded that the registration system established at an early stage by the Government of Pakistan (GOP) faced particular difficulties stemming from the conditions under which it was implemented (Stephenson, 1988). These conditions included that:

- i) The refugee influx was huge and occurred along a very long border over difficult terrain, some of it in the semi-autonomous tribal areas.
- ii) At the same time, the CCAR had to be built up with all the attendant problems of inadequate staffing and lines of communication.
- iii) There is no formal recording of refugee births and deaths.
- iv) It proved impossible to verify family sizes claimed by heads of household because of too few registration staff and the constraints of the strict *purdah* held to by the refugees.
- v) It was almost impossible to organise simultaneous registration and, because of the high refugee mobility within Pakistan and seasonal returnees to Afghanistan, there were numerous cases of multiple registration.

- vi) The emerging refugee leadership began to exploit the inadequacies of the registration process for gain, drawing in lower level government staff as they did so. By 1984, some 6,000 staff had been 'released from duty' for malpractice (WFP, 1985).
- vii) Some refugee tribal groups initially assimilated with Pakistani kin and subsequently establishing who was and who was not a refugee became almost impossible.
- viii) Some refugees had traditional seasonal migration patterns from Afghanistan into Pakistan's tribal areas and Pakistan at first refused to recognise these as refugees (Stephenson, 1988; WFP, 1985; Dupree, 1984; various interviewees).



Because of these enumeration problems and donor scepticism over their reliability, the GOP periodically froze the registration of new arrivals whilst attempting to bring the system under control. For instance, a re-enumeration exercise was carried out from April to July 1984. However, such re-enumeration exercises were not

unproblematic. For example, the results from Baluchistan of the 1984 exercise were delayed for three months and simultaneous registration was not used to prevent refugees registering more than once in different locations. Nevertheless, the revised total number of registered refugees fell from 2.9 million to 2.4 million as a result of the re-enumeration. The subsequent registration of newly arrived refugees, previously unregistered refugees and, possibly, some new bogus registrations brought the total to 2.6 million in August 1985 (WFP, 1985). An estimated further 130,000 to 200,000 uncounted refugees were assumed to be living in towns in Pakistan in 1983 and thereby ineligible for registration (Dupree, 1984). The CCAR estimated that over 250,000 of these 'scattered refugees' were included in the revised 1985 total of 2.6 million refugees. An intensification of Mujahideen military activity, including the campaign for Jalalabad in 1988, produced a new influx of refugees to Pakistan, bringing the official total to 3.1 million in 1989 and 3.2 million in 1990.

As a result of the lack of donor confidence in the official refugee statistics, despite the various re-enumeration exercises, the World Food Programme (WFP) responsible for the supply of food aid to the refugee ration programmes was obliged to use a planning figure of 2.2 million from July 1982 onwards while UNHCR used a figure of 2.3 million to assess other relief needs.

The administrative structure established by the CCAR for the management of refugee camps initially set an upper limit of 5,000 people for each camp, or Refugee Tented Village (RTV). Whilst the majority of RTVs established during 1978 and the first half of 1979 were in Baluchistan, the subsequent influx was principally into NWFP, and Peshawar District in particular as a result of its proximity to the areas within Pakistan where the refugees originated, their closer ethnic ties with the population of NWFP and the comparative availability of fertile land which was greater than in Baluchistan. By mid-1984, there were 349 RTVs (60 in Baluchistan, 279 in NWFP and 10 in Punjab) and the upper limit for camp size had been revised to 10,000, or approximately 1,500 families⁷ (Dupree, 1984). Pressure on resources, especially water and other essential services, led to the relocation of some RTVs while some smaller ones were amalgamated and others restructured upon re-enumeration. Some RTVs have effectively coalesced to form contiguous camps containing over 100,00 refugees (WFP, 1984). In mid-1987, the provincial totals were 62 in Baluchistan, 248 in NWFP and 15 in Punjab and one in Sind Province (Dupree, 1988a). This concentration of refugees in NWFP accounts for the preponderance of NGOs in that province.

⁷ There has been a wide variation in the population size of RTVs which in 1984, for example, ranged from 400 to 23,000 (WFP, 1984).

3.2 The Government of Pakistan's Administrative Structure for Afghan Refugees

At the federal level, the Pakistan relief operation has been supervised and coordinated by the States and Frontier Regions Ministry (SAFRON). SAFRON is responsible for matters of policy and also acts as counterpart to WFP, UNHCR, other UN agencies and NGOs. A Chief Commissioner for Afghan Refugees is located in Islamabad and reports to the Secretary of SAFRON. The National Logistics Cell, a semi-autonomous branch of the Pakistan Army, has responsibility for delivering food to the camps. Implementation at the provincial level is the responsibility of the Provincial Commissioner for Afghan Refugees (CAR), one each for Baluchistan, Punjab and NWFP. The Provincial CARs report principally to the Provincial governor and are assisted at District level by a District Administrator. Each District Administrator has an Area Administrator (AA) for approximately every 5 RTVs, or a refugee population of some 50,000. Each RTV has a Refugee Village Administrator (RVA) responsible for supervising all assistance programmes, assisted on average by 16 other personnel (WFP/CFA, 1984; WFP, 1985). It is this Provincial CAR structure which supervises food distribution in the camps with some monitoring by WFP.

The GOP receives support, principally from UNHCR, to maintain this substantial administrative structure. In 1985, UNHCR financed some 9,000 posts in the refugee administration plus approximately 8,500 others under various sectoral programmes of assistance such as health and education. Because of the temporary nature of the CCAR, it is understood to have had difficulty in attracting high calibre career officers from the established cadres of Government service necessary for the implementation of an operation involving the distribution of relief assistance with an annual budget in the mid-1980s of approximately \$120 million and with experience in dealing with the wide range of international NGOs present in Pakistan.

3.3 Material Provision for Refugees

Registered refugee families living in RTVs were entitled, under guidelines prepared by GOP and UNHCR, to the following forms of assistance:

- i) **Food allowance** For the first few years, the ration levels were 500g wheat, 30g edible oil, 30g dried skimmed milk (DSM), 20g sugar and 3g tea per person per day. The DSM, tea and sugar allowances were subsequently

phased out.⁸ From January 1991, the wheat allowance was reduced to 400g and edible oil to 20g.

- ii) **Shelter allowance** Initially this was set at one tent per household, but from 1981 it was changed to materials for one *Katcha* (house of mud brick construction).
- iii) **Household items** These included clothing, shoes, blankets, cooking utensils, stoves and kerosene for cooking and heating; the latter allowance, at 20 litres per month, has been made to prevent the continued deforestation of areas in the vicinity of RTVs.
- iv) **Drinking water** This was calculated at 25 litres per person per day.
- v) **Cash allowance** This was set at 50 Rupees per month per head up to a maximum of 350 Rupees per family; however it has only been paid intermittently.

As will be shown below, actual provision has differed from these guidelines, sometimes substantially.

Refugees are also entitled to free education and health care, while RTVs have increasingly also offered vocational training and income generation programmes as well as veterinary assistance (WFP/CFA, 1984). Although the provincial CARs have primary responsibility for these, NGOs have been widely used to implement health, education and, increasingly, from the mid-1980s, income generation/vocational training programmes. These activities have been financed from a variety of sources including UNHCR, bilateral donors and the NGOs' own funding sources.

3.4 The Provision of Food Relief

At an early stage of the international community's response to the refugee influx, it was agreed by the majority of donor organisations that WFP would be the primary channel for food aid for refugees, as far as Karachi, the principal port of entry. At Karachi, the GOP took responsibility for transporting the shipments to the refugee camps and supervising distribution. The National Logistics Cell of the Pakistan Army was responsible for transportation and the Refugee Village

⁸ The withdrawal of DSM stemmed from nutrition surveys in the RTVs which found that the principal cause of malnutrition amongst children was the high rate of diarrhoea, which may in part have resulted from the unsupervised use of DSM as infant formula).

Administrators for camp storage and distribution. Later on, following the Geneva Accords in 1988, when large scale repatriations were anticipated, WFP also set up its own logistics operation, UNILOG, for managing the transportation of the food aid into Afghanistan that would be needed to sustain the returnees, at least until their first harvest. With the continuation of the conflict following the Soviet troop withdrawal, UNILOG's role did not expand as originally anticipated and its principal activity was facilitating a relatively small cross-border food aid programme begun in 1989 and mediated through NGOs (see section 4).

The first formal GOP request to WFP for emergency food aid for Afghan refugees was submitted in 1979. The initial request was for a six month supply of food for 185,000 beneficiaries at a total cost of \$16 million. By the time distribution began in January 1980, the refugee population had risen to 420,000 and the first of what became 20 extensions of the initial project was requested (WFP/CFA, 1984). Despite WFP's attempt to use a realistic and stable figure for the purposes of planning the food aid requirements of the refugees through the adoption of the 2.2 million figure, the actual levels of provision fluctuated significantly. Thus from mid-1982 onwards, the theoretical requirement for 2.2 million people for wheat was 400,400 tonnes and 24,090 tonnes of edible oil. As can be seen from Table 1, the wheat 'target' was only approached (it was never exceeded) in 1982 and the period 1986 to 1988. From 1983 to 1985, the provision through WFP was substantially below the target level; indeed the 1984 figure was just 62% of the target requirement. In terms of the provision of edible oil, the performance of the donor community was even less satisfactory. The edible oil 'target' was only ever approached in 1982, 1985 and 1987. In 1983, provision was just 30% of the target level and in 1984 it was 42%.

A number of factors contributed to these shortfalls. Donor scepticism about the official refugee figures was such that even the much lower WFP planning figure was questioned. In addition, a significant proportion of the male refugees were known to have access to alternative sources of income through irregular temporary jobs in construction, transport, agriculture and petty trading, even though GOP policy was against the economic integration of refugees and included a bar on the purchase of land and other immovable property (WFP/CFA, 1984). Measurement of the income obtained from these alternative sources was extremely difficult and this introduced a significant degree of uncertainty into the appropriateness of the ration requirements which were based on internationally recognised nutrition standards and assumed no significant access to other sources of food.

Another factor was that of the demand for emergency food aid in other areas of the world. Food aid donors operate within budgets that are of limited flexibility, at least in the short term, and they are therefore obliged to balance the needs of different population groups for the resources available. It is significant that the 'worst' years in terms of the divergence between actual and target deliveries for wheat and edible oil were 1983 and 1984 which saw the intensification of the

Table 1 Annual Food Aid Provision Through WFP for Afghan Refugees in Pakistan, 1980-8

	<i>Wheat</i>	<i>Edible oil</i>	<i>Dried skimmed milk</i>	<i>Dates</i>	<i>Total</i>	<i>Value including transport US\$</i>
	<i>mt</i>	<i>mt</i>	<i>mt</i>	<i>mt</i>	<i>mt</i>	
1980	93,697	6,618	7,050	-	107,365	31,395,000
1981	181,255	6,850	1,550	1,800	191,455	46,862,000
1982	397,961	21,648	16,371	1,200	437,180	120,142,000
1983	285,433	7,232	11,504	3,000	307,169	75,787,000
1984	249,404	10,021	4,000	2,500	265,925	62,608,000
1985	340,560	21,947	3,092	3,000	368,599	87,582,000
1986	382,959	19,147	3,600	5,000	410,706	92,033,000
1987	386,399	21,912	-	3,407	411,718	82,135,000
1988	382,399	15,177	-	1,905	399,481	70,090,000

Source: UNOCA, 1988 (Table 8)

African Food Crisis and a substantial increase in the volume of emergency food aid allocated to sub-Saharan Africa. An example of a food aid donor effectively diverting assistance away from Afghan refugees in favour of famine affected Africans was the UK Overseas Development Administration (ODA). Until 1983, ODA had been providing small tonnages of wheat (in the order of 1,000 tonne shipments) on a regular basis to the Afghan refugees, but in 1983 ODA began giving higher priority to sub-Saharan Africa in its bilateral food aid allocations and bilateral food aid assistance to Afghan refugees in Pakistan came to an end (Borton, 1989). It was assumed by officials within ODA that, as the scale of ODA's food aid donations to the Afghan refugees in Pakistan was small, especially when compared to the scale of assistance provided by the USA and the European Community (EC), the shortfall in ODA's contribution would be compensated for by increased contributions by other donors. In the event, other donors appear to have pursued a similar course of action and this assumption appears to have been mistaken.

Within the camps in NWFP, food rations are distributed monthly by the Refugee Village Administrators and their staff directly to family heads. Until 1984, the system followed in the camps in Baluchistan and Punjab was that food commodities were given to *maliks* (tribal leaders), who were then responsible for allocating the rations within their community. According to CAR procedures, each registered refugee head of family should possess a passbook which serves as both identification and a record of all allowances received - food, non-food and cash. The passbook bears a photograph of the holder and the names, ages and relationship of the passbook holder's dependents. In areas where distribution took place through *maliks*, the *malik* often held the passbooks for all families in his group. As the maximum number of family heads that could be dealt with in one day is around 150, the distribution process in an RTV of recommended size (10,000 people or approximately 1,500 families) takes around ten days.

3.5 The Supply of Water to RTVs⁹

The first spontaneous refugee settlements sprang up around existing sources of water such as streams, springs and urban areas. However, the enormous growth in refugee numbers soon overwhelmed these sources and UNHCR began to fund water schemes in early 1980. The US-based NGO CARE was one of the first NGOs to implement a water supply programme based on open surface hand-dug wells fitted with locally made hand pumps. Fifty wells were constructed in 1980 while 166 were sunk in the first quarter of 1981. By this time CARE was experiencing funding difficulties and it withdrew from the water programme which was then taken over by the United Nations Children's Fund (UNICEF).

UNICEF responded to the GOP's request for safe water for both refugees and the rural population with a 'Special Project of Assistance' for which an appeal was launched that raised \$6.5 million. It appears that UNICEF came to implement the project almost by default. The GOP's new CCAR structure recognised its own inability to take on a project of this size, but at the same time was unwilling to allow NGOs a substantial role or to sanction the use of Afghan labour. UNICEF was therefore the only remaining organisation with sufficient knowledge and institutional capacity to implement the programme.

The project experienced problems including the tying by donors of contributions to national products which were then incompatible with other components of the programme, and delays in forwarding funds, to the extent that some pledges were never fully honoured. Other problems arose because of the rapid rise in refugee numbers during 1981 and 1982. For example, when the project was designed in

⁹ Most of the information in this section on RTV water supplies is drawn from Dupree (1985d).

early 1980, the refugee population was 578,000 but by the time Saudi-funded, Japanese manufactured water-tankers arrived later in the year the total had doubled.

UNICEF's NWFP Water Supply Project involved several components. First, an emergency temporary trucking operation was implemented to provide water to RTVs while the other components of the programme were put into operation. This was managed by UNICEF until its handover to the NWFP CAR at the end of 1982. The second component involved the provision of piped water from existing sources and, where necessary, the construction of new water sources. The implementing agency was the Public Health Engineering Department (PHED) for NWFP with assistance from CAR, UNHCR and UNICEF. Severe problems in finding sufficient trained staff on the part of PHED eventually led UNICEF to overcome GOP reservations and to hire Pakistani and Afghan engineers directly. The use of Afghan engineers was found to reduce the costs of the project because of their consideration of alternatives, including self-reliance projects in refugee communities, before implementing expensive tube wells. PHED resistance to UNICEF involvement remained, however, and this, along with continuing problems, especially prolonged delays in clearing UNICEF materials in Karachi, led UNICEF by the end of 1982 to reduce its role to one of supporting a well-digging team designing and executing small schemes at PHED's request. UNICEF finally completed its withdrawal as an implementing agency by handing over the well-digging project to the Danish Committee for Aid to Afghan Refugees (see Box 1) in July 1986 (DACAAR, 1987 Annual Report).

CARE and UNICEF's involvement in the provision of water supplies for refugees related only to NWFP. In Baluchistan, water supplies for RTVs were funded by UNHCR and implemented through the GOP Irrigation and Power Department and the Baluchistan Development Authority. Overall UNHCR spending on refugee water supplies rose from \$2.7 million in 1981 to a proposed \$4.8 million in 1984. Following UNICEF's withdrawal from the capital intensive water supply programme in NWFP the installation of tube wells for RTVs in both Provinces was coordinated under the GOP/UNHCR water schemes.

3.6 The Provision of Health Services

Responsibility for the provision of health services within the RTVs rested with the CCAR supported by UNHCR. However, their limited capacity and the rapid growth in the number of refugees led to a substantial number of international and local NGOs becoming involved in health programmes in the camps. Information on the early phases of these programmes is not readily available so it is not possible to list all the agencies or indicate the relative significance of their contributions. An important early contribution was made by the Inter-Aid Committee (see Box 2). The ICRC undertook a sizeable programme of medical assistance in the camps, involving mobile medical teams and camp dispensaries, during the 1980-81 period.

Box 1**Danish Committee for Aid
to Afghan Refugees (DACAAR)**

DACAAR is a consortium comprising the Danish People's Relief Organisation, the Danish Association for International Cooperation, Caritas Denmark and the Danish Refugee Council. It has run its own projects in Pakistan since 1984 and in Afghanistan since 1988. DACAAR started with a sewing project at the beginning of 1984 but substantially expanded its programme by taking on the UNICEF NWFP well-digging project in July 1986 (DACAAR, 1987 Annual Report). A year later DACAAR opened a handpump factory with DANIDA funding. The factory introduced the World Bank's 'Afridev' pump which had been developed for rural communities in Africa and which was found to be more robust than the locally-made pumps designed originally for use by individual families and which had continuously broken down under the heavy demands placed on water supplies in RTVs. Employing Afghans, the factory planned to produce 3,000 pumps in 1991, including 2,000 for UNICEF's rural water supply project in Pakistan, and to meet expenses from sales revenue (DACAAR, 1990 Annual Report). DACAAR subsequently applied the concepts of the RTV water supply programme to its Afghanistan Rehabilitation Programme.

However, in 1981 the ICRC concentrated its activities on war surgery (see Box 3 in section 4). The Salvation Army commenced a health programme in 1982.

Afghan NGOs have made an important contribution to health programmes in the camps. In the early years, the principal Afghan NGO in this field was the Society of Afghan Doctors (SAD) which existed from 1982 to the autumn of 1985 when it divided into several smaller NGOs, including the Afghan Welfare Centre (AWC), the Afghan Obstetrics and Gynaecology Hospital (AOGH) and the United Medical Centre of Afghan Mujahideen Doctors (UMCAMD). Other Afghan NGOs involved in health activities in the camps included Afghan Medical Aid (AMA), Afghan Health and Social Assistance Organisation (AHSAO) and Dental Clinic for Afghan Refugees (DCAR). Such organisations, which also operated health programmes in Mujahideen-held areas within Afghanistan, received support from international NGOs such as the US-based International Rescue Committee (IRC) and the Swedish Committee for Afghanistan (SCA).

Among the international NGOs operating their own health programmes in the camps was Freedom Medicine, a US-based NGO. As of 1987, the Freedom Medicine programme in Pakistan included a 30-bed hospital/training centre and a clinic (CCAR, 1987b). It would appear that in the early years the focus of attention of the specialist medical international NGOs such as Médecins Sans Frontières (MSF), Médecins du Monde (Mdm) and Aide Médicale Internationale (AMI) was

Box 2**Inter-Aid Committee (IAC)**

IAC was formed in 1971 to provide assistance to Bengalis in Pakistan (formerly West Pakistan) during and after the secession by Bangladesh (formerly East Pakistan). It was formed by the Karachi Diocese of the Church of Pakistan and the Catholic Church of Pakistan supported by two US-based partner organisations, respectively Church World Services (CWS) and the Catholic Relief Services (CRS). During the course of its work, which effectively ended in the mid-1970s, IAC developed good contacts with senior Pakistani officials. With the first wave of Afghan refugees into Pakistan in 1979, these contacts led to IAC being invited to assist with the GOP's relief efforts. IAC was reconstituted and began relief efforts during 1979 and was therefore among the first NGOs to be involved in the response to the refugees. Its programme of material distributions and medical assistance expanded so that by 1984 its total budget was approximately 50 million Rupees (US\$3.5 million).

In 1984, Norwegian Church Aid, which had become an important funding partner to IAC, commissioned an evaluation which, given the long term nature of the refugee population and the needs of Afghans within Afghanistan, recommended a restructuring of the organisation. At this point the Catholic Church groups withdrew from the organisation. In 1985, three separate but closely linked organisations were formed out of what remained of IAC, namely Inter Church Aid (ICA), Christian Hospitals Refugee Extension Project (CHREP) and International Donors Organisation for Relief and Supplies (known as Indoors) (see Box 10).

on assisting war-wounded rather than the provision of medical assistance in the camps.

3.7 Shelter for Refugees

The vast majority of refugees were initially housed in tented 'villages'. However, tents tended to last little more than a year in the harsh and exposed conditions of most RTVs and tents therefore represented a considerable recurrent cost to the relief operation. For example, UNHCR spent over \$20 million on 'new' and replacement tents, groundsheets and tarpaulins in 1981 alone (Dupree, 1983c). The prolonged use of tented accommodation also presented a number of public and psychological health hazards for refugees unused to such dwellings and with strict cultural customs, especially concerning women's *purdah*. These factors had already led many refugees to erect traditional style *Katcha* (mud brick) dwellings in place of their standard issue tents, particularly in Baluchistan, where compared to NWFP there were fewer land tenure restrictions on the construction of semi-permanent buildings. Following a similar decision by UNHCR, GOP policy was changed in

1981 so as to encourage construction of *Katchas* in RTVs in both Baluchistan and NWF Provinces. By 1984, long after new arrivals had reduced to a relative trickle, established refugee settlements had taken on a more permanent appearance and less than half of the refugee population was estimated to be living in tents.¹⁰

3.8 The Role of UN agencies

UNHCR's first field assessment mission in May 1979 was followed by a joint field mission involving UNHCR, WFP, UNICEF and the United Nations Development Programme (UNDP) in September that year. This joint approach resulted from an agreement amongst the respective agencies that a policy of cooperative action in mounting a refugee relief operation would be beneficial to all concerned. UNHCR expenditure totalled \$180 million for 1980 and 1981 combined, the two peak years of refugee influx, falling to around \$55 million per year at the end of the decade. Annual average expenditure in Pakistan by UNHCR for the period 1980 to 1990 was \$77 million (see Table 2).

From the GOP and UN perspective, the structures put in place by the GOP meant that the provision of food and other forms of assistance to the refugees within the RTVs was relatively well organised and planned, despite the enumeration problems and the high level of refugee mobility. Many of the key roles were, at least notionally, set out by the GOP in agreements with UN agencies which, perhaps unusually, were also relatively well coordinated in terms of role definition. UNHCR took responsibility for supporting CCAR in the management of RTVs, including supervising the provision of camp services by NGOs. As noted above, UNICEF operated the water programme begun by CARE in the RTVs and WFP was the conduit for most, if not all, of the food aid provided for Afghan refugees to the GOP by the international community.

The ability of the various agencies of the UN to play such a central role in the international community's provision of assistance to the Afghan refugees in Pakistan was significantly influenced by the decision of the main donor countries to channel their assistance through the UN agencies rather than to provide it on a direct bilateral basis to the GOP. Table 3 indicates that of the \$35 million of US Government contributions between 1980 and 1991, 90% was channelled through UNHCR and WFP and only 1% was provided to the GOP. In relation to UNHCR

¹⁰ Despite the shift to more permanent structures, the term RTV has been retained by the GOP 'to emphasize their temporary status and promote the principle that the Afghan presence in Pakistan is only a passing phenomenon' (Dupree, 1984).

Table 2 **UNHCR Programme Expenditure**
for Afghan Refugees in Pakistan, 1979-91

<i>UNHCR financial year</i>	<i>Annual cost US\$m</i>	<i>Amount spent on food^a US\$m</i>	<i>Number of Afghan Refugees m</i>	<i>Number of RTVs</i>
1979	4.5		0.4	39
1980	69.3	13.7	1.4	
1981	109.5	17.1	2.5	
1982	94.9	21.9	2.8	
1983	85.5	18.7		348
1984 ^b	87.1	16.2	2.4	349
1985	67.6	13.3	2.6	
1986	78.3	25.9		
1987	81.3	24.0		326
1988	59.9	5.8		
1989	55.2		3.1	
1990	55.9		3.2	345
1991			3.2	338

Source: UNHCR reports to the UN General Assembly and ECOSOC, various years; Dupree, 1984, 1988a.

Notes: ^a Expenditure data on food aid provided by UNHCR as listed here is drawn from the Special Programmes budget. UNHCR also provides 'supplementary foods' from the 'Multipurpose Assistance' budget. However, limited information is available on the composition of this budget, including the amount spent on food. For the years 1982 to 1985, the additional amounts spent on food for Afghan refugees in Pakistan from the Multipurpose Assistance budget were \$6.8m, \$6.4m, \$7.2m and \$8.0m respectively. All food expenditure shown is believed to be additional to food aid provided through WFP.

^b A re-enumeration exercise by the GOP in mid-1984 reduced the official figures from 2.9 to 2.4 million refugees.

and the support provided to it by the US Government, Kent (1987) has written:

The vast amount of assistance that the United States provided through the offices of the United Nations High Commissioner for Refugees to deal with the Afghan refugees after 1979 was more than a humanitarian gesture. By utilizing UNHCR, the United States was able to emphasize that the plight of the Afghans was an international issue. In so doing, it added a degree of international legitimacy to its claims that the 1979 Soviet involvement in Afghanistan was an 'international crime against the peoples of Afghanistan'. To have assisted the refugees bilaterally - *vis à vis* the government of Pakistan - would have left the issue encapsulated in the context of East-West relations. To work through a major agency of the United Nations was to add international opprobrium to Soviet involvement (Kent, 1987).

3.9 The Role of NGOs

By early 1983, 17 NGOs were cooperating with UNHCR and the CCAR, and by 1987 the number had increased to over 50 (CCAR, 1987b; Magnus, 1987). NGO assistance has focused on the provision of health care, and water and sanitation facilities, but they have also been involved in education programmes, supplementary feeding and, once the refugee population had stabilised, income generation projects.

Initial GOP policy was to limit the number of international NGOs working through UNHCR and to restrict their assistance programmes to designated areas. However, by 1981 the scale of the influx was such that the GOP recognised that if the needs of refugees were to be adequately met, then more international NGOs would have to be allowed to assist in the provision of services in the RTVs. The shift in policy is also thought to have been influenced by the potential threat to stability in northern Pakistan posed by large numbers of discontented refugees, the majority of whom were of the Pashtun ethnic group and therefore closely related to the Pashtuns in Pakistan. In addition, it was thought that maintaining the strict limits on the number of international NGOs might limit the external assistance provided to the refugees, thereby forcing Pakistan to divert its own resources from economic development within Pakistan (Magnus, 1987). To assist the growing number of NGOs in the refugee camps and to encourage good practice and greater standardisation among NGO assistance programmes, the CCAR produced a manual for NGOs working in the RTVs covering all aspects of camp management including registration and operational procedures (CCAR, 1981).

A broad range of NGOs has been involved, including established international relief NGOs (such as CARE, Oxfam and Save the Children Fund (SCF)), locally based NGOs in Pakistan (such as Caritas-Pakistan and the Pakistan Red Crescent Society), NGOs formed by Afghan émigrés and the refugees themselves (such as the Society of Afghan Doctors) and a unique group of western 'solidarity' NGOs

formed specifically to assist the Afghans in coping with the situation (such as the Austrian Relief Committee for Afghan Refugees and the Swedish Committee for Afghanistan). Many of the NGOs involved in the provision of assistance to refugees, particularly the 'solidarity' NGOs and the Afghan NGOs, were also involved in the cross-border operations. Because of this considerable overlap, detailed consideration of the characteristics of all NGOs involved in the provision of assistance to Afghans, whether in Pakistan or in Mujahideen-held areas within Afghanistan, is discussed later, in section 5.

It would appear that the US strategy of 'internationalising' the issue of the Soviet occupation and its policy of channelling assistance through UN agencies had significant implications for US-based NGOs. Whereas in other relief contexts US food aid has invariably been channelled through US NGOs such as CARE and CRS, these agencies were not involved in food aid shipment and bulk transport activities, this being the role of WFP and the National Logistics Cell. The level of US Government funding available for US NGOs was also limited. Of the total provision for Afghan refugees between 1980 and 1991 of \$735 million, only \$24.2 million (3.3%) was provided to US NGOs.¹¹ The early recipients of US funding included CARE, Catholic Relief Services (CRS), Church World Service (CWS), IRC and the Salvation Army World Service (US) (Baitenmann, 1990) (see Table 3). Not all of these NGOs were operational at the time and passed the funds on to local Christian NGOs, especially Inter-Church Aid (ICA), and to a few other international NGOs, such as the Salvation Army (UK) which already had programmes in Pakistan. One of those already active, CRS, had maintained a presence in Pakistan since 1954. Following the withdrawal of the Catholic agencies from ICA, CRS became operational in 1986 and began implementing its own projects.

NGOs that started programmes of assistance for Afghan refugees in 1984 include the Islamic Relief Agency (ISRA), the Danish Committee for Aid to Afghan Refugees (DACAAR) (see Box 1), the Ockenden Venture, the Dental Clinic for Afghan Refugees (DCAR) and SOS-PG Belgium/Solidarité Afghanistan Belgium (SBSAB). SBSAB was formed in 1980, became operational in Pakistan in 1984 and specialises in teacher training. DCAR operates mobile dental clinics in refugee camps and, more recently, three in Afghanistan.

¹¹ It is understood that during 1980, as part of its strategy, the US Government actively discouraged US NGOs not already operating in Pakistan from commencing programmes in the country. Such discouragement was reinforced by the GOP which was anxious to limit the presence of US nationals in the border areas and avoid accusations by the USSR that it was harbouring CIA agents. However, both parties relaxed these policies during 1981 and the Bureau for Refugee Programmes began granting funds to US NGOs in that year.

3.10 Estimation of the Overall Resource Flows

Baitenmann (1990) has estimated that the total cost of assistance to refugees in Pakistan, including all multilateral and bilateral contributions and assistance provided by the GOP, has amounted to over \$400 million per year. This figure seems to be on the high side. As noted earlier UNHCR's annual average expenditure in Pakistan for the period 1980-90 was \$77 million with a peak of \$90 million during 1980-81. The average value of food aid provided through WFP was \$74 million for the period 1980-88 with a peak of \$120 million in 1982. Thus the value of assistance provided by the two principal UN agencies involved in the response was in the order of \$150 million. It has not proved possible to identify the value of assistance provided through UNICEF and other UN agencies, the Red Cross Movement (the ICRC and the League of Red Cross and Red Crescent Societies), NGOs and that provided on a bilateral basis to the Government of Pakistan. However, it is known that western donors, led by the USA, channelled the majority of their assistance through the UN. It therefore seems unlikely that the average assistance provided from the international community was much in excess of \$200 million. \$230 million would be a generous estimate. The study was also unable to identify the value of the contributions by the GOP through its involvement in internal transport and the running costs of SAFRON. Nevertheless, \$70 million a year is probably a reasonable estimate. Thus the total cost of assistance from all sources was probably in the order of \$300 million. Because of difficulties in obtaining NGO expenditure information which separately identified that relating to the refugee programmes, it is not possible to estimate accurately the value of NGOs' contributions from their own private sources and the value of the assistance they handled on behalf of UNHCR, SAFRON and bilateral donors. It is unlikely that NGO contributions from their own sources was significantly more than about \$15 million annually.

Table 3**US Government Contributions to Afghan Relief (US\$ million)**

<i>Organisation</i>	<i>1980</i>	<i>1981</i>	<i>1982</i>	<i>1983</i>	<i>1984</i>	<i>1985</i>	<i>1986</i>	<i>1987</i>	<i>1988</i>	<i>1989</i>	<i>1990</i>	<i>1991</i>	<i>Total</i>
I. Afghan Refugee Relief in Pakistan (Bureau of Refugee Program Administered)													
UNHCR	8.8	32.6	27.2	26.5	23.1	22.0	19.0	21.6	16.0	17.0	12.3	14.6	240.7
WFP	31.9	39.3	70.6	37.3	42.2	40.2	25.3	37.5	33.0	35.0	16.0	15.2	423.5
World Bank					0.8	1.0		3.0					4.8
ICRC	0.3	1.0	1.0	1.5	2.2	1.5	1.8	2.2		5.0	3.6	3.5	23.6
LICROSS*	1.0	1.0	1.0	1.0	1.0	0.8	0.7	0.7	0.6	0.6	0.6	0.6	9.6
US volags*		2.1	1.1	1.2	1.2	2.3	2.8	2.9	2.4	2.9	2.4	2.9	24.2
GOP		8.0			0.3								8.3
Subtotal	42.0	84.0	100.9	67.5	70.8	67.8	49.6	67.9	52.0	60.05	34.9	36.8	734.7
II. Afghan Relief inside Afghanistan (AID Administered)													
Cross-Border Program						3.9	18.9	29.9	49.0	68.0	69.5	60.0	299.2
PL 480							10.9	4.7	18.0	34.1	15.0	14.5	97.2
Humanitarian Relief (McCollum)							3.0	9.5	10.0	10.0	10.0	10.0	52.5
Subtotal						3.9	32.8	44.1	77.0	112.1	94.5	84.5	448.9

continued...

Table 3 continued

US Government Contributions to Afghan Relief (US\$ million)

<i>Organisation</i>	<i>1980</i>	<i>1981</i>	<i>1982</i>	<i>1983</i>	<i>1984</i>	<i>1985</i>	<i>1986</i>	<i>1987</i>	<i>1988</i>	<i>1989</i>	<i>1990</i>	<i>1991</i>	<i>Total</i>
III. UN Appeal for Repatriation and Reconstruction													
DOD mine training										12.0			12.0
Food										(16.7)			(16.7)
53,000 MT for WFP/Cross Border									14.5			14.5	
Unearmarked Cash										2.5	13.5	6.5	22.5
Subtotal										12.6	13.5	6.5	49.0
TOTAL	42.0	84.0	100.9	67.5	70.8	71.7	82.4	112.0	129.0	201.6	142.9	127.8	1,232.6

Source: Table provided by US Embassy, Islamabad, 1992.

Note: *These figures do not include allocations from US in-country counterpart funds. Over the period 1982-7, LICROSS (now the International Federation of Red Cross and Red Crescent Societies) received approximately \$5.1 million from Rupee counterpart funds. Between 1985-7, three NGOs (CRS, CWS and IRC) received \$2 million from the same source. Volags = voluntary agencies

4. The Cross-border Operations from Pakistan into Mujahideen-held areas of Afghanistan

4.1 Introduction

Virtually all western development programmes in Afghanistan terminated after the Soviet occupation at the end of 1979. All NATO member countries withdrew their ambassadors following the occupation. Whilst some UN agencies such as FAO, WFP and UNICEF continued to maintain offices in Kabul and run programmes in areas held by Government and Soviet troops, agencies such as ICRC and the World Health Organisation (WHO) were actually requested to leave the country, though the ICRC was eventually able to restart a programme based in Kabul in 1987 (see Box 3). Western NGOs were regarded with suspicion and for the most part were not permitted to work in Afghanistan by the regime in Kabul.¹² For many years the only official charity organisation was the Afghan Red Crescent Society, the *Sara Miashit*, which used funds raised from private sources within Afghanistan and those provided to it by the League (now International Federation) of Red Cross and Red Crescent Societies in Geneva. However, it was closely linked to the Government.

As noted in section 2, the area effectively administered by the Kabul regime did not extend significantly beyond the main towns. For most of the war, movement between these towns had to be either in armed convoys or by air because of the risk of attack from the Mujahideen. Whilst it would be wrong to claim that the Mujahideen exercised effective administration in the rural areas, they were able to move around these, though until the introduction of the Stinger missiles in 1986, such movement involved a considerable risk of air attack.

In attempting to explain the involvement of NGOs in cross-border operations, it is necessary to examine the position of the ICRC and the UN in relation to meeting the humanitarian needs of the population in areas of Afghanistan outside the control of the Kabul regime.

¹² However, some small, western NGOs did manage to continue operating in government-held areas. For instance, the International Assistance Mission (IAM) undertook a number of small-scale development projects. The IAM is funded by a consortium of mainly Christian NGOs. For much of the 1980s it was based in the UK, but is apparently now to be based in Cyprus.

4.2 The Role of the UN and ICRC in Relation to the Mujahideen-held areas

The provision of humanitarian assistance to civilians in areas of armed conflict conventionally falls to the International Committee of the Red Cross (ICRC) which also has responsibilities for the protection of members of armed forces when wounded, sick, shipwrecked or prisoners of war (Macalister-Smith, 1985). In carrying out these duties, the ICRC possesses a legally defined status and traditional function established both by legal instruments and practice.¹³ In international conflicts, the occupying power is obliged to provide the ICRC with access and to facilitate the provision of relief commodities. By comparison, in non-international conflicts, it has an obligation to seek the consent of the parties concerned. As a result of this requirement, the ICRC's role in providing humanitarian assistance in situations of civil conflict can therefore be severely constrained if the agreement of all parties cannot be obtained. Such constraints on a number of ICRC operations in the past, notably the Biafra conflict in the late 1960s, led to the creation of new medical assistance NGOs such as Médecins sans Frontières which are prepared to operate in areas of conflict without first obtaining the consent of all parties.

As can be seen from Box 4, the ICRC's role in the provision of assistance within Afghanistan was extremely limited until 1987, when it was finally given permission to establish a mission in Kabul and the first aid/evacuation teams located along the border began to operate within Afghanistan. Because of the ICRC's strict confidentiality, it is not possible to identify precisely the reasons why it was effectively unable to provide relief assistance within Afghanistan for a period of eight years. The fact that the Kabul authorities only agreed to the establishment of an ICRC mission in Kabul after eight years indicates the difficulties faced by the ICRC in obtaining the consent of the Kabul regime for it to operate in Mujahideen-held areas. Without such agreement there could be no guarantee that ICRC staff and facilities in Mujahideen-held areas would not be attacked by Government forces. The fragmented nature of the Mujahideen is also likely to have increased the ICRC's difficulties in obtaining the consent of all the parties. There can be few situations of civil conflict where the rebel forces were as fragmented. At a formal level, seven political parties in exile are recognised by the international community

¹³ These instruments are the 1949 Geneva Conventions which deal with protection and assistance for victims of conflict, including members of armed forces (Conventions I and II); prisoners of war (Convention III); and civilians (Convention IV). The 1977 Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts brought into being two Protocols, additional to the Geneva Conventions of 1949. Protocol I relates to the protection of victims of international armed conflict and Protocol II to non-international conflicts (Macalister-Smith, 1985).

**Box 3 Activities of the International Committee
of the Red Cross (ICRC) in Pakistan and Afghanistan**

The ICRC's activities in the Government controlled areas were severely constrained from 1979 until 1987. From 1979 onwards, approaches to the new Government in Kabul with the objective of establishing protection, tracing and assistance activities were frequently rejected. Occasionally ICRC delegations were allowed to visit the country but were frequently unable to carry out their missions. For instance, on several occasions delegations intent on visiting the main Kabul prison to undertake interviews (conducted in private in accordance with the Geneva Protocols) with Mujahideen detainees were prevented from entering the prison. During 1986, the ICRC provided medical supplies to the Afghan Red Crescent and held discussions on the establishment of war surgery and orthopaedic programmes. In 1987, agreement was reached for the ICRC to establish these programmes and a resident mission was established in Kabul. The war surgery hospital and an orthopaedic centre were opened in 1988, and in addition a programme was begun to supply medicines and supplies to dispensaries in Kabul run by the Afghan Red Crescent. The programme of visits to Mujahideen detainees was expanded to include prisons in other areas of the country under Government control. By the end of 1988, ICRC staff in Kabul included 54 expatriates (some provided by National Red Cross Societies) and 280 local employees.

In Pakistan, the ICRC ran a joint programme with the Pakistani Red Crescent from early 1980 to early 1981 providing medical assistance (medicines and three mobile medical teams covering ten camps), tents and clothing. During 1981, the Pakistan authorities sought to improve coordination of medical assistance to the refugees. Control of public health was shifted to Government teams supervised by the UNHCR, and the ICRC withdrew the mobile teams and concentrated on war surgery for civil and military victims of the conflict. A surgical hospital was opened in Peshawar in mid-1981 and an orthopaedic workshop subsequently added. In 1983, a second surgical hospital was opened in Quetta and blood collection and transfusion facilities established in both locations. Starting in 1981, in conjunction with the Pakistani Red Crescent, first aid/evacuation teams were established along the border to provide initial treatment to victims at the border and to transport them to the surgical hospital in Peshawar. In subsequent years it appears that the teams shifted from their initial respect for the border to collecting victims from points within Afghanistan but still relatively close to the border. In addition, the ICRC provided a tracing service and a protection service for Afghan Government and Soviet soldiers captured by the Mujahideen. The workload of the first aid teams and hospitals increased substantially after 1985 with the intensification of the conflict. In 1988, ICRC staff working along the border included 65 expatriates (some provided by National Red Cross Societies) and 812 local employees.

Box 3 continued:

**Activities of the International Committee
of the Red Cross (ICRC) in Pakistan and Afghanistan**

The withdrawal of Soviet troops in February 1989 and the subsequent intensification of the fighting resulted in increased demands on the ICRC's medical facilities in Kabul and Pakistan and the further expansion of staffing levels (approximately 20 expatriates and 200 local staff were added to the 1988 staffing levels in Afghanistan and Pakistan). Two new sub-delegations were opened in Afghanistan at Herat in the west and Mazar-i-Sharif in the north. A regular weekly ICRC airlift was established between Peshawar and Kabul and the two new sub-delegations to transport ICRC supplies and staff. In agreement with Mujahideen leaders, four first aid posts run by local staff with supervision from ICRC delegates were opened in Mujahideen-held areas of Afghanistan and ICRC delegations began to operate freely from Pakistan into Mujahideen-held areas deep inside Afghanistan. In 1990, cross-line and 'joint missions' commenced. The former involved ICRC teams in Government-held areas crossing into Mujahideen-held areas to treat and evacuate war-wounded to the hospital in Kabul. Once treatment had been completed, the Mujahideen victims were transferred back to Mujahideen-held areas. 'Joint missions' involved ICRC teams from both sides of the conflict meeting up and working together to treat the war-wounded. By the end of 1990, ICRC staff based in Government-held areas totalled over 100 expatriate staff and 700 Afghan employees.

and comprised the Afghan Interim Government (AIG). From an early stage in the refugee influx, registration as a refugee was not possible without proof of membership of one of these parties. Below this level, many sub-groups exist, further complicating attempts to provide assistance to, or to move around in, Afghanistan.

Under Article 2(7) of the UN Charter, the United Nations is prevented from intervening in a member state's internal affairs unless it is requested to do so by the member state or unless the Security Council identifies a situation within a member state as representing a threat to international peace and security. With the Kabul regime legally occupying its UN seat and the USSR able, if necessary, to veto any intervention proposals put before the Security Council, the UN was effectively prevented from participating in Mujahideen-held areas until the signing of the Geneva Accords in 1988.

Whilst all other specialised agencies and programmes of the UN system reflect the provisions of Article 2(7) in their constitutions, UNICEF's constitution is unique in that it allows the agency to operate in any country without the approval of the government and in countries whose governments are not recognised by the UN

General Assembly. Over the 47 years since its creation, therefore, UNICEF has played an important role in the provision of humanitarian assistance to civilians in civil wars such as Nigeria/Biafra, Cambodia and the Lebanon. UNICEF is the UN agency most likely to have some involvement in cross-border activities (Minear, 1991). However, UNICEF only commenced a consistent programme supporting cross-border operations in 1986 when it began supporting NGO Extended Programme of Immunisation (EPI) programmes (principally those implemented by Afghan Vaccination & Immunisation Centre (AVICEN)) with funding and equipment to establish cold chains. No UNICEF staff were allowed across the Pakistan border into Mujahideen-held areas of Afghanistan until after the signing of the Geneva Accords in 1988. During the course of this study, several of those interviewed remarked upon UNICEF's lack of involvement in the cross-border operations prior to 1986. Interviews with two former UNICEF-Pakistan staff indicate that attempts were made by UNICEF-Pakistan to involve UNICEF in cross-border operations as early as 1982 but these were not supported by the UNICEF Head Office in New York (M. Griffiths and C. Schonmeyr, personal communications, November 1992). Whilst the reason for this lack of support can only be surmised, the most plausible explanation is that the USSR brought pressure to bear on the agency to desist from activities that could be construed as supporting the Mujahideen.

As a result of the constraints facing UN agencies and the ICRC in the provision of humanitarian assistance in Mujahideen-held areas until 1988, local and international NGOs became the principal means by which humanitarian relief and rehabilitation assistance was provided in these areas.

4.3 The Availability of Information about NGO Relief Activities in Afghanistan

Information on cross-border operations in the early years of the Afghan war is difficult to obtain for a number of reasons.

Firstly, there was a widely perceived need for secrecy amongst most agencies with programmes in Afghanistan. This stemmed from considerations for the safety of programme personnel in the war zone and the initially covert nature of the operations. To a certain extent, this secrecy also arose from an awareness of the sensitivity of such actions, both in the geo-politics of Afghanistan and Pakistan and in the wider context of international law.

Secondly, many of the NGOs involved in cross-border programmes (as well as some of those providing assistance to refugees in Pakistan) were established as political 'solidarity' organisations following the Soviet occupation. The priority given to the establishment of administrative and management systems appears, at

least initially, to have been low.¹⁴ As a result, the records maintained by some of these NGOs on their activities and resource flows in the first half of the 1980s were poor. The lack of readily available documentary information on the early years is compounded by the high turnover of staff since the early 1980s and the lack of institutional memory of the operations undertaken more than four or five years previously in the organisations contacted during the preparation of this case study.

More information on NGO cross-border activities is, however, available from around 1986 onwards. Among the factors contributing to this were a greater openness about cross-border activities in general, partly because of the decline in military activities with the introduction of Stinger missiles and partly because the growth in awareness of their cross-border work made much of the previous secrecy unnecessary. From 1986, the US and other bilateral donors began openly funding NGO cross-border programmes. Following the 1988 Geneva Accords, several innovative UN assistance programmes using NGOs as implementing partners began under the separate auspices of UNDP, FAO and WFP (UNICEF had begun a substantial programme of assistance to NGO immunisation programmes a year earlier). The involvement of the UN in cross-border programmes led, amongst other things, to improved NGO coordination and information sharing. NGOs also became increasingly reliant on bilateral and multilateral donor organisations as relative to privately raised sources of funding. Simultaneously, the increasing number of NGOs involved in cross-border operations led to greater competition for funding. The enhanced involvement of bilateral and multilateral donors plus the transition to a more planned, rehabilitation-focused, phase of assistance led to a greater emphasis on monitoring and reporting by many NGOs involved in cross-border operations and thus a greater transparency of NGO activities.

Nevertheless, the fact that many of the NGOs involved in the cross-border operations were also involved in refugee assistance programmes in Pakistan makes it difficult to disentangle expenditures on cross-border activities from their refugee-related activities. For this and the other reasons, precise information on the financial flows through NGO cross-border operations is not readily available, even for the more recent years.

4.4 The Development of NGO Cross-Border Operations

Until 1986, NGO cross-border programmes were very limited in their scale and involved only a small number of NGOs - probably fewer than fifteen. So little information is available on the early cross-border activities that the annual

¹⁴ The development of these spontaneous or solidarity-type NGOs is discussed in section 5.

expenditures can only be guessed at. On the basis of the very limited information available to these researchers, the cost of the early cross-border operations is estimated to be between \$5m and \$10m, with approximately half of this amount being made up of in-kind contributions of medical and agricultural supplies and the voluntary contributions of personnel.¹⁵ It would appear that they were of the order of \$5 million a year. This compares to the approximate annual cost of the refugee relief operation in the same period of \$200 million. However, the period after 1985 saw a rapid expansion of cross-border operations. By 1990, the number of NGOs involved had increased to between 50 and 60. Total annual expenditures were in the order of \$200 million and the programmes involved a wide range of rehabilitation as well as relief activities.

Many of the first NGOs to operate cross-border programmes were the international 'solidarity' NGOs formed specifically for the Afghan relief operation, such as the Swedish Committee for Afghanistan (SCA) (see Box 4), the Norwegian Committee for Afghanistan (NCAf),¹⁶ the German Afghanistan Nothilfe (ANH), l'Association Amitié Franco-Afghane (AFRANE), Guilde du Raid (now Solidarités Afghanistan/Guilde du Raid - SA/GR) and the UK NGO Afghanaid (see Box 5). The three French specialist medical NGOs, Médecins Sans Frontières (MSF), Médecins du Monde (MdM) and Aide Médicale Internationale (AMI), appear to have been the first international NGOs to work in Afghanistan from Pakistan. In addition there were Afghan NGOs such as the Society of Afghan Doctors (SAD). The conditions under which NGOs undertook cross-border operations were extremely difficult, particularly in the years prior to 1986 when the arrival of the Stinger missiles significantly reduced the risk of air attack. Apart from security, the mountainous terrain and the harsh winters severely constrained the operations seasonally and in terms of the type of activity that could be undertaken. A crucial influence on the operations was the deep political, military and ethnic divisions within the Mujahideen. NGOs wishing to undertake project activities inside Afghanistan had to (a) obtain the agreement and support of those groups controlling the area in which the NGO wished to work, and (b) obtain a safe passage agreement with the groups controlling the routes to the proposed project area. Although military commanders usually exercised effective control over an area, political and ethnic leaders also exercised a significant degree of control, and it was not unusual for the boundaries of the areas 'controlled' by each not to coincide.

¹⁵ It has been estimated that between 1978 and 1987 in the medical sector alone, more than 500 expatriate doctors and nurses worked in Afghanistan (Laumonier and Ickx, 1987). In addition, significant in-kind contributions appear to have been made, particularly of medical and agricultural inputs, many of which are not included in the financial reports of NGOs.

¹⁶ Because of confusion between the NCAf and Norwegian Church Aid (NCA), the NCAf recently changed its name to Norwegian Afghanistan Committee (NAC).

Box 4 Swedish Committee for Afghanistan (SCA)

The Swedish Committee for Afghanistan (SCA) was founded in 1980 with the objective of raising awareness in Sweden of conditions in Afghanistan and providing small quantities of humanitarian aid to areas controlled by the Mujahideen. However, SCA's role and scale of operations changed significantly in 1982 following a grant from the Swedish International Development Authority (SIDA) for humanitarian assistance to Afghanistan. SCA's budget in that year rose to approximately \$310,000 and the grant enabled SCA to open an office in Peshawar. One of the first actions of the new office was to support the Society of Afghan Doctors (SAD) (now the United Medical Centre for Afghans) in setting up six clinics in Afghanistan. SIDA's support for SCA continued at an expanded level, influenced by Swedish foreign policy support for small nations against either of the superpowers and the Government's desire to be seen to be standing up to Soviet pressure at a time when Soviet submarines were intruding in Swedish territorial waters. Wider awareness of SCA's support for cross-border programmes also led to increased support from other NGOs including the British Afghanistan Support Committee Charitable Trust and the Americares Foundation. By the end of 1985, SCA was supporting 51 clinics in Afghanistan (Magnus, 1987) while the SCA budget for 1987 was some \$3.5 million (CCAR, 1987b).

Through its Medical Department, SCA has been a major supplier of medicines to Afghanistan, mostly to health practitioners but also to health centres. In 1989, SCA supplied medicines to 1,584 individuals and 133 clinics at a total cost of approximately \$4 million out of an overall budget of approximately \$10.4 million. Some of the individual recipients were graduates of training courses run by other NGOs which, in 1989, were Freedom Medicine, International Medical Corps (IMC), Medical Training for Afghans (MTA), Mercy Corps, United Medical Centre for Afghans (UMCA) and Afghan Welfare Centre (AWC).

Apart from medical inputs, SCA also serves the agriculture and education sectors through what, until 1990, were known as the Area Rehabilitation Department (ARD), the Agricultural Survey of Afghanistan (ASA) and the Afghanistan Education Committee (AEC). The latter two appear to have operated as semi-autonomous organisations funded from a number of sources through SCA. In 1989, for example, the ASA was funded largely by UNDP and UNHCR with a smaller grant from SIDA, while the AEC was funded by SIDA and UNICEF, with smaller grants from SCA core funds, Norwegian Church Aid (NCA), Norwegian Afghanistan Aid (NAA), Danish International Development Agency (DANIDA) and Stichting Vluchteling (SV). SCA's medical, cash-for-food (CFF) and agricultural rehabilitation programmes were funded in 1989 mainly by a grant from SIDA with a small additional grant from UNHCR.

Continued...

Box 4 continued: Swedish Committee for Afghanistan (SCA)

In the same year, approximately 80% of SCA's overall expenditure was on projects in Afghanistan while 70% of its total funding was from SIDA. The proportion of SCA's expenditure in each of its main sectors of activity in 1990 was approximately 40% medical, 25% agriculture and 15% education with the remainder going to CFF, projects in RTVs and administration expenses. As part of the professionalisation process undertaken in recent years by many NGOs with Afghan programmes, SCA began a reorganisation in 1989 which was completed by 1991.

As part of this reorganisation, the ASA and the ARD were amalgamated into a newly formed Agriculture Department, the AEC was renamed the Education Department and administrative and accounting systems were harmonised. At the same time, SCA introduced a new salary structure, training for Afghan staff and improved project monitoring. Under a separate but related process, a strategic plan was adopted. This involved a sequence of internal discussions, review by a team of consultants, further internal discussions, the drafting of a long term policy statement followed by further discussions between staff and the SCA board from Sweden, with the final policy document receiving approval at the SCA annual meeting in March 1991. The whole process took 15 months to complete.

Consultations over the design of projects to be undertaken in an area were therefore complex and lengthy.

Many agencies concentrated their activities geographically, working in areas controlled by particular Mujahideen military commanders. Thus, Médecins du Monde and Guilde du Raid worked in Jelatu and Wardak, an area under the control of Amin Wardak. The Norwegian Committee for Afghanistan worked in Ghazni with Kari Baba, and Afghanaid in Panshir with Massoud. The reasons for this geographical concentration varied but the limited resources available for their cross-border operations in the early 1980s obliged most agencies to focus their efforts geographically. The selection of particular commanders to work with by the 'solidarity' organisations and the few international NGOs appears to have been influenced largely by practical rather than political factors. Thus, the fact that Amin Wardak spoke French presumably influenced the location of the activities of MDM and AS/GR. However, political factors do appear to have played a significant role in the location of the programmes of the Islamic organisations which worked primarily in areas controlled by the two main fundamentalist factions Hezb-e-Islami and Aastad Sayaf's Ittehad Islami.

The majority of these 'early' cross-border NGO programmes were directed at the provision of medical assistance to those affected by the war including wounded

Box 5**Afghanaid**

In 1981, the Afghanistan Support Committee was established in the UK to lobby against the Soviet occupation. Because of the restrictions placed by UK Charity Law on the political activities of charities, a separate trust, the Afghanistan Support Committee Charitable Trust, was formed to raise funds to provide relief to Afghan refugees. In 1983, the Charitable Trust was renamed Afghanaid and the Support Committee became the Afghanistan Information Office which received much of its funding from the UK Foreign Office. The purpose of these changes was to ensure a clearer separation of the charitable functions from the political activities. Nevertheless the two organisations remained closely linked. Located in the same offices, they used different telephone numbers and had separate management committees but shared the same chairperson. As the scale of Afghanaid's relief assistance grew, so it shifted its role from a funding agency to become operational in 1984 - the same year that it opened an office in Peshawar.

In its first few years of operation, Afghanaid's programme included cross-border agricultural rehabilitation, cash-for-food programmes and an income generation project for disabled refugee tailors. In 1986, a cross-border ambulance service was added. The latter provides a front-line evacuation service for war-wounded and by 1991 employed 7 ambulances. As one of the few NGOs with a cash-for-food (CFF) programme, begun in 1985, Afghanaid was one of the first NGOs to receive funds from USAID's cross-border programme in 1985/6. USAID was initially Afghanaid's major funder, providing up to 70% of Afghanaid income in 1985/6, a large part of which was used in CFF (Baitenmann, 1990). USAID funding declined very quickly, however, apparently because of difficulties in meeting USAID's reporting requirements and USAID's subsequent switch to a small core of US contracting NGOs responsible for the disbursement of funds for cross-border operations. However, Afghanaid's interest in cash as a relief tool did not decline with the USAID funding. It spent £500,000 on cash-for-work (CFW) and £300,000 on CFF in 1989/90, amounting to 36% of total expenditure in 1989/90. Afghanaid now receives the majority of its funds from the UK ODA and has recently begun to explore funding opportunities with the EC (Afghanaid Annual Reports, various years).

AfghanAid made use of volunteers not only in its UK office but also in its operational activities in Pakistan and Afghanistan. As with other NGOs of similar origins, Afghanaid has in recent years responded to increased donor monitoring and reporting requirements and has taken steps to professionalise its expatriate and local staffing capabilities. As part of this process, the agency reduced and in 1989 halted its use of volunteers.

Mujahideen. Some rehabilitation and reconstruction assistance was provided as early as 1981 with the objective of stemming the displacement of Afghans within Afghanistan and as refugees to Pakistan and Iran, but these programmes remained of limited scope until the second half of the 1980s. Within the medical programmes, the emphasis remained on emergency medical care until the mid-1980s, despite some modest attempts to introduce preventive programmes earlier, such as a vaccination campaign mounted by MdM in Jelatu and Wardak. However, from around 1985, the medical programmes began to encompass preventive health activities such as the establishment of primary health care facilities, EPI (Extended Programme of Immunisation) networks, training of medical personnel and the construction/rehabilitation of clinics. Some projects involved providing physical inputs for equipping these facilities in Afghanistan, while others provided training facilities in Pakistan for Afghans who would return to Afghanistan. Education and agricultural rehabilitation activities also became more prevalent from the mid-1980s onwards. In the education sector, early projects included setting up and running primary schools. In the agriculture sector, the rehabilitation of irrigation systems and seeds and tools programmes featured strongly. These programmes were undertaken by those NGOs which had focused initially on medical programmes diversifying their activities and those NGOs which joined the cross-border operations after 1985.

Another type of activity which began as early as 1981 as part of the programmes of AFRANE and AS/GR but which was to grow significantly after 1985 involved the provision of cash relief. This unconventional form of relief assistance involves the distribution of cash grants either to Mujahideen commanders, community leaders or household heads on the understanding that it be used to purchase food, hence the alternative title of cash-for-food (CFF) programmes. The provision of cash was an apparently viable alternative to the direct distribution of food aid because the activities of traders in Afghanistan ensured that many goods, including food, were available in rural areas to those with sufficient cash to purchase them. However, the way that recipients utilise the cash may extend to activities other than purchasing food, and for this reason cash relief programmes have, particularly in the case of the early cross-border operations where monitoring and supervision were lax, and have been suspected of providing Mujahideen commanders with funding for their military activities. Many NGOs with what they term cash-for-food programmes acknowledge, if not encourage, the cash to be used for purposes other than purchasing food. For example, AFRANE, SCA and NCAf encouraged commanders to use cash relief as wages for activities such as rural public works (Carter, 1988).

The proponents of cash-for-food in Afghanistan argued that cash distribution was superior to direct food or other relief because families could spend it on what they most needed and because of an assumed multiplier effect on local economies. In the case of food, there was also limited storage capacity for large quantities of food in rural areas of Afghanistan. The transportation of goods from Pakistan was also

extremely costly (up to five or six times the value of the food) and time-consuming, involving the use of limited numbers of pack animals for some or all of some journeys. Cash was far easier to carry and to store and it permitted a rapid response in areas where all coping mechanisms had failed. Areas in the north of the country furthest from Pakistan, particularly those north of the Hindu Kush, routes to which are snowbound during winter, were especially difficult to supply with goods. Using pack animals for humanitarian relief would also have diverted them from the transport of war materials for the Mujahideen. Scarce financial resources, it was argued, were therefore better spent on transporting those items not available on the local market such as medicines and some agricultural inputs¹⁷ (Carter, 1988).

Unfortunately, information available on the sums involved in cash relief is confined to the latter half of the 1980s. *Guilde du Raid* appears to have had the largest programme with a cash-for-food budget of \$2.5 to \$3 million in 1987 while SCA's budget for cash-for-food was approximately \$1.2 million in the same year (Carter, 1988).¹⁸ Other NGOs with large cash-for-food programmes include *Afghanaid* (approximately \$500,000 in 1985 (Wray, 1987), *Norwegian Committee for Afghanistan (NCAf)* (approximately \$500,000 in 1987) and *AFRANE*.¹⁹ Funding for cash-for-food programmes appears to have peaked around 1986/7. Subsequently, growing reservations about the effectiveness of cash distribution combined with the increasing impact of rehabilitation projects aimed at raising rural incomes led to a reduced level of interest in CFF programmes among NGOs. One example of the decline in levels of funding for cash relief is the Swedish Committee's allocation of only \$600,000 for cash-for-food in 1989, half the amount budgeted two years previously.

¹⁷ Some of the first agricultural equipment brought into Afghanistan was provided by *AFRANE* in 1982 (Carter, 1988).

¹⁸ The costs of *Guilde du Raid*'s CFF programme in 1987 (Carter, 1988) do not tally with *SA/GR*'s total 1987 budget of \$1.2 million as reported in the *ACBAR Directory of Members* (ACBAR, 1991). Greater weight has been given to the figure reproduced by Carter because her report was commissioned by a group of agencies, including *SA-GR*, in an effort to persuade *USAID* of the continued need for and value of CFF programmes. As a large proportion of its funding comes from *USAID*, albeit via the *IRC*, it is unlikely that *SA-GR* would wish to misrepresent its spending in a report aimed at ensuring the continuation of that funding. Other sources of *SA-GR* income include *NCAf*, *SCA*, the *EC*, French government and private sources, *WFP* and *UNDP* (ACBAR, 1991).

¹⁹ Interestingly, the Carter report provides no information on the expenditure on cash relief of *Afghanaid* and *AFRANE* for the same period, presumably a relic of the secrecy that surrounded cross-border activities during the first half of the 1980s. No information is given on border cash-for-food expenditure before 1987.

The background to at least one NGO's decision to switch to cash-for-food activities has been documented. Afghanaid's cash-for-food programmes apparently resulted from the effects of the Soviet offensive in the Panshir valley in 1984 which left an estimated 100,000 people homeless and without the means to produce or obtain food. Up to half a million people were estimated to be threatened with famine in that year (Wray, 1987). Until 1984, apart from some medical inputs for Afghanistan, Afghanaid had concentrated its relief efforts on Afghan refugees in Pakistan. In that year, however, Afghanaid commissioned a study by Frances D'Souza of the London-based International Disaster Institute into food availability in Afghanistan. As a direct outcome of the study, 'The Threat of Famine in Afghanistan' (D'Souza, 1984a), Afghanaid promptly switched its entire funding from refugee assistance in Pakistan to financing cash-for-food distributions in Afghanistan. In 1985, more than £400,000 was provided by Afghanaid for this purpose with further sums being provided by other European NGOs. Afghanaid's cross-border agricultural rehabilitation and ambulance programmes then developed from this initial involvement.

Afghanaid is also one of several NGOs to have used expatriate monitors to oversee transportation and distribution of CFF consignments (Wray, 1987). However, not all NGOs felt this was essential to ensure accountability. The Swedish Committee for Afghanistan (SCA) and the Austrian Relief Committee (ARC), for example, have been hesitant in their use of foreigners and have made extensive use of Afghan monitors (Carter, 1988). SCA has also been rather flexible on the 'success rate' of CFF shipments into Afghanistan and has accepted up to 25% losses on the funds allocated for this purpose. This flexibility has been possible only with the agreement of SCA's main funder, Swedish International Development Agency (SIDA), which provides 80 to 90% of SCA's budget. SIDA has been prepared to accept losses of up to a remarkable 40% on CFF programmes in Afghanistan. SCA argues that this allows them to attempt to reach areas not served by other NGOs (SCA, various Annual Reports).

4.5 The Limited Involvement of International NGOs in the Early Cross-border Operations

The NGOs operationally involved in cross-border activities before the 1985 watershed were principally the 'solidarity' NGOs, Afghan NGOs such as the Society of Afghan Doctors and the specialist medical French NGOs. Established international NGOs were generally reluctant to become involved in cross-border operations, though some such as Oxfam UK did provide funding to cross-border agencies from 1984 onwards. The illegality of such activities, in terms of international law, and the risk to the safety of NGO personnel were important factors. However, a number of other factors appear to have contributed to their reluctance:

The initial belief that the Mujahideen would lose the war. During the years immediately following the Soviet occupation it was widely believed by western governments, and some international NGOs, that a Soviet victory was inevitable. Many governments, and possibly some international NGOs, were therefore unwilling, at least until the mid-1980s, to support NGO cross-border relief operations to Mujahideen-held areas for fear of jeopardising their future relationship with a secure, post-war regime in Kabul.

The perception that the Mujahideen were reactionary. For those western NGOs preferring to support 'progressive' causes such as land reform, liberalising attitudes to the role of women in society and empowering the poor, the Mujahideen, with their traditional Islamic values and resistance to the progressive measures introduced by the Taraki regime before the Soviet occupation, appeared to be a highly conservative, even reactionary force. Working with Mujahideen groups, and being seen to be working with such groups, would have been unattractive to such NGOs.

The risk of being associated with a particular faction. Whilst many of the Islamic NGOs chose to work only in an area supporting (or controlled by) a particular party or faction of the Mujahideen, it is probably fair to say that most western NGOs aimed to be non-partisan and cover humanitarian needs wherever they were within the Mujahideen-held areas. For these NGOs the conditions of operating in Mujahideen-held areas were extremely complex and often unacceptably restrictive.

The experience of those NGOs involved in early cross-border operations showed that to be able to function in any one area required careful preparation and trust-building with one or more military, political or ethnic leaders both in the project area and along the route from Pakistan to that area. Once that trust had been built up then the NGO was often perceived by other factions, and indeed other NGOs, as a supporter of those particular groups and treated with suspicion. The risk that an NGO might effectively forfeit the ability to respond to humanitarian needs elsewhere in Afghanistan increased the reluctance of some international agencies to become involved in cross-border activities. Later, as the scale of cross-border programmes increased, some NGOs, such as the Swedish Committee for Afghanistan (SCA) and the International Rescue Committee (IRC), whose programmes were capable of covering numerous provinces, were able to avoid being associated with any particular faction or party.

The difficulty of ensuring adequate supervision or monitoring. For those NGOs motivated solely by humanitarian concerns and anxious to avoid being seen to be supporting the Mujahideen directly, the difficulty of supervising the distribution of assistance and ensuring that it was not diverted for use by the local commanders made cross-border activities unattractive.

The risk of programmes being unsustainable. The unpredictability of the security situation and the risk of air attack on any physical structures meant that projects involving the construction of health facilities or agricultural schemes were extremely risky investments.

4.6 The 1985-6 Watershed in the Cross-border Operations

As noted in section 2, 1985 saw a significant shift in US policy towards Afghanistan following the re-election of President Reagan for a second term. Congress gave approval for the supply of Stinger anti-aircraft missiles to the Mujahideen and approved funding for a programme of humanitarian assistance inside Afghanistan. The substantial increase in the funding available for cross-border operations and the reduced risk of air attack from 1986 onwards led to the rapid expansion of cross-border operations in which many more NGOs became involved and the nature of activities broadened to incorporate non-medical relief activities and more rehabilitation-type activities. By 1991, 42 out of 58 member agencies of the Agency Coordinating Body for Afghan Relief (ACBAR) were involved in programmes in Mujahideen-held areas within Afghanistan. If non-ACBAR members are added, then the total number of NGOs involved in the cross-border operations increases substantially, probably to more than 100.

The US programmes to provide humanitarian assistance inside Afghanistan commenced at the end of 1985. Total expenditures during 1986 were just under \$33 million and the programme peaked in 1989 (when expenditures under the UN's Operation Salam were at their height) with total expenditures of \$112 million (see Table 3). This compares with an estimate of the total value of cross-border operations of \$5-10 million during the early years. From 1985 to 1991, total expenditures were just under \$450 million, with just under \$100 million of this accounted for by food aid. Major components of the programme have been managed for USAID by the International Rescue Committee (IRC), Management Sciences for Health (MSH), Volunteers in Technical Assistance (VITA) and Development Alternatives Incorporated (DAI). Each of these organisations has a 'cooperative agreement', effectively a contract, with USAID to manage its particular component. For this reason, these organisations are often referred to as 'USAID's contractors'.

The USAID cross-border programme was divided into three components, the Agriculture Sector Support Project (ASSP) managed principally by VITA but with some input by DAI, the Rural Assistance Programme (RAP) managed by IRC and the Health Sector Support Programme managed by MSH. In all three components, the majority of the funds were provided to political parties and military commanders to implement the agreed activities, though a substantial component of the RAP involved the funding of the activities of other NGOs. The ASSP funds rehabilitation and extension projects aimed at enhancing agricultural productivity.

VITA's main activities include the provision of tree seedlings, agricultural equipment and nurseries. It also supports projects for the rehabilitation and construction of roads and irrigation facilities. VITA's budget was just over \$11 million each year from 1988 to 1991 (ACBAR, 1991). DAI's input focuses on improving private sector agribusiness and agricultural planning and training. DAI is a Washington-based consultancy/contracting company. The ASSP is DAI's sole source of funding in Pakistan/Afghanistan.

The Rural Assistance Programme (RAP) provides funding and technical support for agricultural projects in Afghanistan and in health projects on both sides of the border. IRC has been providing assistance to refugees in countries of first asylum since the mid-1970s, and only since 1988 has it also provided assistance in refugees' country of origin. The overall IRC budget for Pakistan/Afghanistan has grown from \$5.6 million in 1987 (46% in Afghanistan, 54% in Pakistan) to \$13 million in 1991 (65% in Afghanistan, 35% in Pakistan) (ACBAR, 1991). The Health Sector Support Programme aims to expand and strengthen primary health care services in Afghanistan and to strengthen the capability of Afghan organisations to take over this process throughout Afghanistan. For example, from 1986 through 1991, over 2,000 Basic Health Workers (BHWs) have been trained and have set up health posts in each of Afghanistan's 29 provinces. The annual budget of Management Sciences for Health (MSH) rose from \$2.25 million in 1987 to \$8.6 million in 1990, falling to \$7.7 million in 1991 (ACBAR, 1991). MSH had some institutional knowledge of Afghanistan, having been involved in strengthening basic health care systems during the 1970s.

There is some anecdotal evidence to suggest that the rapid implementation of the USAID cross-border programme did have its costs as the contractors did not have sufficient time to build up their information and monitoring systems and were encouraged to adhere to high expenditure targets. Reports of misappropriation of funds by political parties and military commanders appeared in US media in 1987 (Fänge, personal communication, October 1992).

4.7 UNOCA and Operation Salam

As well as including the Soviet commitment to withdraw its troops by February 1989, the Geneva Accords also included an agreement that under UN auspices, the international community should undertake a substantial programme of relief and rehabilitation in *all* areas of Afghanistan. The Accords created the widespread belief that it would not be long before the war ended, either through a military victory by the Mujahideen or through a negotiated settlement between the Mujahideen and the (severely weakened) regime in Kabul. In May 1988, a month after the signing of the Accords, the UN Secretary-General appointed a Coordinator for Humanitarian and Economic Assistance Programmes Relating to Afghanistan

(UNOCA).²⁰ UNOCA's role was to assist in the mobilisation and coordination of the resources to be provided by the international community. In the event, the optimism generated by the Geneva Accords was distinctly premature and the war continued for another four years. Nevertheless, the creation of UNOCA and the substantial increase in resources used on rehabilitation activities within Afghanistan had a further dramatic effect on NGO cross-border operations.

A provisional planning exercise by UNOCA and other UN agencies resulted in the launching of a consolidated Appeal by the Secretary-General for funding the programme (known as Operation Salam) to the international community in June 1988. This envisaged a two phase programme, with the first phase termed the ('relief and rehabilitation' phase) covering the period until the end of 1989, and the second termed (the 'rehabilitation and recovery' phase) covering the period from the beginning of 1990 until the end of 1993. A total of \$1.6 billion was requested for the first phase and \$0.8 billion for the second phase. Of the \$1.6 billion figure, approximately \$430 million was estimated as being the requirement of the voluntary repatriation programme, though it was recognised that the timing of that programme was dependent upon the ending of the fighting. The bulk of the remaining funds was to rehabilitate agricultural production, social services and communications within Afghanistan. A breakdown of the Appeal is shown in Table 2.

Largely as a result of the continuation of the conflict, the scale of the voluntary repatriation programme remained limited. By the end of 1990, an estimated 300,000 refugees had returned, the majority of which had done so spontaneously, not taking advantage of the programme administered by UNHCR and WFP. As a result, not only was the level of funding required for repatriation activities much less than originally envisaged, but also many donors held back on their support for the rehabilitation activities in the agricultural, social services and communications sectors in Afghanistan. Thus by September 1990 (nine months after the period initially envisaged as the first phase), total contributions (pledged and received) in response to the Secretary-General's Appeal were just over \$1 billion of which \$694 million (67%) were contributions in-kind (principally food aid). The behaviour of donor organisations in effectively making their support for rehabilitation activities inside Afghanistan conditional upon the return of the refugees was strongly criticised by UNOCA in its Third Consolidated Report (1990).

The way donor organisations channelled their assistance is of interest. When UNOCA was established, it was envisaged that in-kind contributions by donors (principally food aid) would be provided direct to executing UN agencies. However, in order to strengthen UNOCA's coordinating role and to ensure its

²⁰ The first Coordinator was Prince Sadruddin Aga Khan who held the post until early 1991.

Table 4 Consolidated UN Appeal, June 1988 (US\$ million)

	<i>Relief/rehab.</i> 1988-9	<i>Rehab./recovery</i> 1990-3
Voluntary repatriation (principally transport and shelter)	225	
Food aid (principally for the repatriation programme and internally displaced populations)	335	
Agriculture and rural development	332	383
Social services (health, medicines, water, education and mine clearance)	139	252
Communications, industry and power	129	186
Administration and management	11	17
Total	1,166	839

operational flexibility, an Afghanistan Emergency Trust Fund (AETF), managed by UNOCA, was established through which it was hoped all donor cash contributions would be channelled. Of the \$337 million pledged or received in cash by September 1990 in response to the Secretary-General's Appeal, \$105 million (31%) were contributed directly by donors to executing UN agencies or NGOs and \$232 million (69%) were contributions to the AETF. Table 5 shows the way in which the cash contributions (amounts received as opposed to outstanding pledges) to the AETF were earmarked by donors when making their contribution. As can be seen, the majority of funds were 'earmarked' for use by UN agencies rather than UNOCA itself, and even within the unearmarked category the bulk of the funds were, at the request of the donors, held in the form of a reserve for use in activities related to refugee repatriation and could only be allocated to programmes with the agreement of the donor. Thus UNOCA only had sole allocative control over 17% of the cash contributions to the AETF up to September 1990. If the in-kind contributions are taken into account, UNOCA's sole allocative control extended to just 3.3% of total contributions by the donor community. The factors influencing donor attitudes towards UNOCA and their apparent reluctance to provide it with flexibility in the use of funds cannot be known with any certainty. It would appear

Table 5 **Earmarkings of Cash Contributions
to the Afghanistan Emergency Trust Fund
(1988 to September 1990)**

	<i>US\$ million</i>	<i>Percentage of total</i>
Earmarked to UN agencies	85.5	41
Earmarked to programmes	26.6	13
Coordinators office	6.3	3
Unearmarked 'reserve'	54.0	26
Unearmarked	35.0	17
Total	207.4	100

that some donors were anxious to avoid UNOCA providing funding for activities, even if these were humanitarian, in areas still under the control of the Najibullah regime. Also some donors may have been unhappy at the standard of financial and administrative management within UNOCA.²¹

Despite the limited repatriation of Afghan refugees which took place and UNOCA's limited control over resources provided in support of Operation Salam, the Operation did result in a very substantial increase in the resources being provided inside Afghanistan. Whilst donor organisations continued to provide funds directly to NGOs as before, the principal UN agencies involved in Operation Salam used NGOs in the role of 'operational partners' to a significant degree. Information contained in published UNOCA reports does not provide a breakdown of the value of assistance handled by NGOs in this way. However, the 1990 report lists some 67 NGOs as 'implementing partners on UN-related activities' inside Afghanistan. Examples of such relationships during 1989 include FAO's agreement with 12 NGOs to distribute 1,700 tonnes of wheat seed and with 16 NGOs to distribute 200,000 fruit tree saplings as part of a combined orchard rehabilitation and community forestry programme. In the same year, UNICEF supported 10 NGO cross-border immunisation projects. During 1989, UNDP established an NGO Support Unit which by September 1989 was providing \$800,000 to some 20 NGO projects including agricultural and veterinary assistance, rehabilitation of irrigation systems and a seed testing and multiplication project undertaken by SCA.

²¹ In 1991, the UN Department of Administration and Management audited UNOCA's accounts and issued a highly critical report which was leaked to the media.

Thus, after years of operating without any UN presence in Mujahideen-held areas of Afghanistan and with financial support from only one UN agency (UNICEF - and then only from 1987), NGOs suddenly had to adapt themselves to a major UN coordination and funding programme. Whilst the number of UN agencies and programmes with a direct involvement in the funding of NGO programmes was limited to 6 (UNHCR, WFP, FAO, WFP, UNDP and WHO), another 10 had some involvement in Operation Salam. These others included the International Labour Office (ILO), UN Centre for Housing and Settlement (UNCHS), the UN Educational, Scientific and Cultural Organisation (UNESCO), the International Fund for Agricultural Development (IFAD), the UN Fund for Drug Abuse Control (UNFOAL), the UN Family Planning Agency (UNFPA), the UN Organisation for Industrial Development (UNIDO) and the UN Volunteers Programme (UNV). The sudden interest of UN agencies in the situation in Mujahideen-held areas and in the activities of the NGOs in cross-border operations inevitably had a profound impact upon the NGO community and the attitudes of NGO personnel.

The most immediate impact was in the field of NGO coordination. The creation of UNOCA and, to a certain extent, the style of the first Coordinator were the catalyst for the establishment of the first multi-sectoral coordinating body for NGOs working in Mujahideen-held areas - the Agency Coordinating Body for Afghan Relief (ACBAR) based in Peshawar. This was closely followed by the Southern and Western Afghanistan Baluchistan Association for Coordination (SWABAC) (see section 6). Thus, the NGOs, or at least a substantial proportion of them, began to organise themselves collectively to deal with the changed circumstances and the 'arrival' of agencies that were much larger than themselves.

Not only did the scale and scope of NGO operations increase after 1988 with the creation of UNOCA and Operation Salam, but the number of NGOs working in Mujahideen-held areas also increased substantially. Though many NGOs felt that their knowledge and experience of cross-border operations was not, initially at least, given sufficient recognition by UNOCA, it was always apparent to UNOCA and the executing UN agencies that they would have to rely heavily on NGOs as 'operational partners'. However, as early as the publication of UNOCA's Second Consolidated Report in October 1989, UNOCA was perceiving limitations in working with the existing group of NGOs involved in the cross-border operations. Specifically it was felt that:

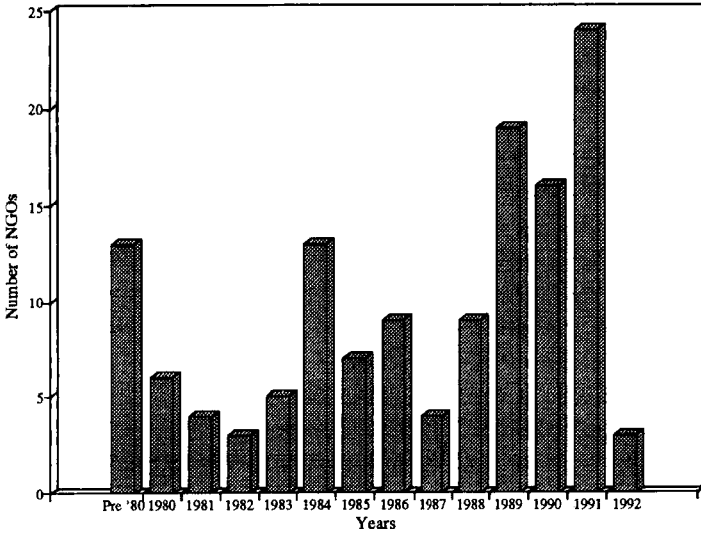
- i) the capacity of the existing NGOs was being strained by the increased scale of operations,
- ii) there was 'a limit to what the United Nations can ask NGOs to undertake on its behalf',
- iii) there were 'large areas of western, northern and central Afghanistan where NGOs do not operate at all' and
- iv) it was desirable to strengthen the capacity of Afghan organisations to manage their own affairs.

As a result, UNOCA and the principal UN agencies actively encouraged the formation of new, Afghan NGOs which were then contracted to undertake a particular activity with Operation Salam. This process is most clearly illustrated in the area of mine clearance operations where the capacity of existing NGOs was limited. Three Afghan NGOs were set up with the assistance of UNOCA. The Mine Clearance and Planning Agency (MCPA) was established in early 1990 to carry out surveys, prepare demining plans and manuals. Afghan Technical Consultants (ATC) was established in late 1989 to carry out mine clearance projects in the eastern provinces of Afghanistan, whilst the South-West Afghanistan Agency for Demining (SWAAD) was responsible for mine clearance in the south-western provinces.

Largely as a result of UN encouragement of the formation of Afghan NGOs, by 1992 the number of Afghan NGOs had grown dramatically - the ACBAR database listing no fewer than 88 Afghan NGOs (ACBAR, 1992). It is understood that the average initial grant allocated to newly formed NGOs was in the order of \$30,000, which many international NGO personnel regarded as being too large and likely to lead to the creation of NGOs merely to qualify for the initial grant (Marsden, personal communication, January 1993). Many of the Afghan NGOs are indeed very small with only two or three personnel in their Peshawar offices and an indeterminate number of personnel working in Afghanistan. The wisdom of creating such a large number of small NGOs, rather than encouraging individuals wishing to become involved in rehabilitation activities to join other NGOs, is open to question and has served to increase greatly the difficulties of achieving effective coordination.

Figure 2 shows changes in the number of NGOs commencing programmes in support of either Afghan refugee and/or the cross-border operations. The information is approximate, only having been derived from the most recent ACBAR *Directory* (ACBAR, 1992). Of the 160 NGOs recorded, information on the year in which operations were started was not available for 16 NGOs. Those agencies which were operating programmes within Pakistan before 1980 and which are known to have become involved in the provision of assistance to Afghans at an early stage have been grouped in the 'pre-1980' category. Despite these limitations the graph does show the substantial increase in the number of NGOs commencing programmes during the period 1989-91, principally as a result of the policies of UNOCA and other UN agencies. The factors contributing to the increase in the number of agencies commencing programmes during 1984 are less clear. An examination of the agencies involved suggests that there was something of a 'second wave' of agencies starting programmes in the refugee camps and cross-border operations in that year.

Figure 2 **Number of NGOs Commencing Programmes in Support of Afghans by Year**



Source: ACBAR Directory 1992

NB: Information was not available for 16 NGOs

5. The Characteristics and Roles of NGOs in the Provision of Relief and Rehabilitation Assistance to Afghans since 1979

5.1 The Number of NGOs

Precise information on the number of NGOs involved in the refugee and cross-border operations at any point since 1980 is not readily available. At no point has a single definitive list of NGOs been prepared, though the 1992 ACBAR *Directory* represents a first and creditable attempt to cover all NGOs rather than just ACBAR and SWABAC members. The early secrecy of the cross-border operations, the facts that many NGOs, particularly the new Afghan NGOs, are not members of the main coordinating bodies, and that the very rapid growth in the number of Afghan NGOs since UNOCA and the UN agencies intentionally encouraged their formation from late 1989 onwards, have contributed to this situation. The organic process of organisational development further increases the difficulty of drawing up a definitive list. As will be seen below, many NGOs have gone through a process of expansion, division and reforming. Furthermore, there is the question as to what constitutes an NGO. Several agencies are effectively contracting companies solely dependent upon funding from a bilateral donor or UN agency. Whether or not they make a 'profit' from such contracts or how they utilise such 'profits' if they are made is not known. Nevertheless it is questionable whether agencies such as Development Alternatives Inc. (which managed a component of USAID's Agriculture Sector Support Programme) and some of the recently formed Afghan agencies specialising in mine clearing are NGOs.

By early 1983, 17 NGOs were cooperating with UNHCR and the Chief Commissionerate for Afghan Refugees (CCAR) alone, and by 1987 this figure was over 50 (CCAR, 1987b; Magnus, 1987). If the number of NGOs implementing only cross-border programmes in Afghanistan is added, the total for that year was probably nearer 70 or 80. Following the creation of UNOCA, funding from the international community expanded again drawing in still more NGOs, many of them newly formed Afghan NGOs. By the end of 1992, ACBAR identified the total number of NGOs working in either or both Pakistan and Afghanistan to be 160. In addition, a substantial number of NGOs have been involved in a non-operational capacity, funding the activities of the operational agencies. These primarily North American or European NGOs have provided funds to the operational NGOs either on an individual basis or through the operations of a group of NGOs organised into funding consortia. This probably takes the number of NGOs (local and international, operational and non-operational) to over 200. Baitenmann (1990) estimates the total to be over 250.

Table 6 Ranking of the Ten Largest Agencies within the ACBAR membership for the years 1988 and 1991 and for all Agencies for 1992

1988		1991		1992	
Agency	Budget US\$m	Agency	Budget US\$m	Agency	Budget US\$m
1. VITA	11.5	SCA	15.6	ARCON	20.0
2. IRC	9.3	IRC	13.0	IRC	14.0
3. SCA	7.6	VITA	11.3	ACLU	12.9
4. ISRA	5.7	UNO	7.9	CARE	9.8
5. MSH	5.1	MSH	7.6	UNO	9.6
6. Afghanaid	3.8	NRC/NCA	6.3	SCA	9.4
7. UNO	3.3	CARE	4.7	DAI	8.0
8. NRC/NCA	3.3	Afghanaid	3.6	MSH	7.8
9. DACAAR	2.5	DACAAR	3.6	NRC/NCA	6.5
10. ARC	2.1	OV	3.0	VITA	6.0

Key:

VITA - Volunteers in Technical Assistance
 IRC - International Rescue Committee
 SCA - Swedish Committee for Afghanistan
 ISRA - Islamic Relief Agency
 MSH - Management Sciences for Health
 UNO - University of Nebraska at Omaha
 NRC/NCA - Norwegian Refugee Council/Norwegian Church Aid
 DACAAR - Danish Committee for Aid to Afghan Refugees
 ARC - Austrian Relief Committee for Afghan Refugees
 CARE - Cooperative for American Relief Everywhere
 OV - Ockenden Venture
 ARCON - Afghanistan Reconstruction Consultants
 ACLU - Afghanistan Construction and Logistics Unit
 DAI - Development Alternatives Incorporated

Sources: ACBAR Directories 1991 and 1992

5.2 The Scale of their Operations

Within this large and varied group of NGOs there has been a wide variation in the scale of their operations. As discussed later in this section, the complexity of NGO funding sources, the practice of one NGO funding the activities of other NGOs (resulting in double counting) and the fact that budgetary information is not available for a significant number of the NGOs involved, render budgetary information an unreliable means of comparison between agencies. Nevertheless, the budgetary information for the members of the largest NGO coordinating body ACBAR, is of some use in conveying a sense of the range of operations and suggesting which were the most significant agencies in terms of the resources handled. Thus the 1991 budget of the Swedish Committee for Afghanistan was \$15.6 million, whereas the previous year's budget of the United Medical Centre for Afghans was just \$56,000. The limitations of this data are indicated by the fact that many, well resourced Islamic and Afghan agencies are not included in the ACBAR data set. Thus the largest agency in terms of its 1991 budget was probably Afghan Reconstruction Consultants (ARCON), headed by an Egyptian-Kuwaiti, which received the bulk of a \$40 million contribution from the Saudi Government to Afghanistan. ARCON channels funds to some 10 to 15 Afghan NGOs and is also directly operational itself.

5.3 Sources of Funding of NGO Programmes

Few, if any, NGOs providing relief assistance to Afghans are completely self-financed from private donations or finance only their own projects. Most NGOs providing humanitarian assistance to Afghans have been resourced from a combination of:

- i) private donations,
- ii) grants from the government of the country in which the agency is based,
- iii) multilateral grants from the EC or one or more agency of the UN,
- iv) grants from other NGOs whose funding sources may be equally diverse.

So far as it is known, no NGOs have received grants from the Government of Pakistan.

The combination of the lack of detailed published breakdowns of NGO finances, the very large number of NGOs involved and the complexity of the funding flows through the system make any analysis of NGO funding in the Pakistan/Afghanistan context extremely problematic. Even if complete information was available on NGO expenditures, an accurate estimate of the total resource flows through the system would not be possible because of the risk of multiple-counting. There has been a considerable degree of cross-funding of programmes between NGOs as well

as the use by some bilateral donors, most notably the US, of larger NGOs as disbursement agencies. Disbursements to other NGOs are counted as expenditure by both the source NGO or donor and the recipient NGO. Data on NGO expenditure is therefore only of use in determining the relative sizes of the programmes of those NGOs.

Diversity of NGO funding has characterised assistance to Afghans from early on. For example, the actual funding sources in 1984 and proposed sources in 1991 of the Austrian Relief Committee Afghan programme are shown in Table 7 with an indication of the approximate overall cost of each programme element. Table 8 shows the breakdown of the same agency's cash expenditure from 1980 to 1991, including the proportion funded by UN agencies, and illustrates the funding patterns experienced by many NGOs providing assistance to Afghans. From 1986 until the end of 1989, UN and NGO expenditure on refugee programmes expanded, particularly in the areas of training and income generation. UN funding also began to be made available for programmes in Afghanistan following the signing of the Geneva Accords in April 1988 and peaked the following year. However, with the concentration in 1989 of UN funding on cross-border programmes aimed either at encouraging or facilitating mass repatriation, funding for refugee programmes declined sharply. UN funding for ARC projects in Pakistan fell by almost two-thirds in 1989. Overall funding also declined once the initial post-Geneva Accords optimism over mass repatriation subsided.

Whilst it would be desirable to make a detailed analysis of the sources of funding, in particular of the role of bilateral donor funds on the cross-border operations, this has not proved possible during this study. Such an analysis would require obtaining and collating data from bilateral and multilateral donors on their allocations to NGOs, and then combining this with detailed financial expenditure information showing their expenditures in Pakistan and Afghanistan and on the proportion of their funds generated from private donations. Given the large number of NGOs involved in this case study, a comprehensive exercise of this nature was not possible in the time available.

The apparent extent of NGOs funding other NGOs in the provision of relief to Afghans is remarkable. It is possible to imagine a number of factors which might have contributed to the prevalence of this practice. An important factor is likely to have been the highly divided nature of the Mujahideen. As noted earlier, there was a tendency for operational NGOs to work in areas controlled by particular military commanders, either for political reasons, as in the case of several Islamic NGOs, or for practical operational reasons, as in the case of many international NGOs. For those donors and NGOs not wishing to channel their funds into particular geographical areas or be seen to be wholly supporting a particular political or military group, it was necessary to allocate funds to a range of NGOs. The large number of NGOs involved, particularly from 1986 onwards, and the political and military complexities of the situation, meant that donors required well

**Table 7 An Example of the Variety of NGO Funding Sources:
Austrian Relief Committee for Afghan Refugees**

<i>Programme</i>	<i>1981-4 actual^a</i>	<i>1991 budget^b</i>
Primary health care	NRC, Church Aid (<i>sic</i>)	ADC, approx. \$304,000
Health and sanitation training	UNHCR, CRS \$328,000	UNHCR (94%), UNICEF approx. \$154,000
Technical training centres	SV, OXFAM, NCA/NRC \$42,700	ADC approx. \$270,000
Assistance to skilled Afghans	UNHCR \$52,000	Projects transferred to NRC at the end of 1989
Sewing project	DRC, Danida, NRC, CRS 1984 cost \$142,700	Project taken over by Danida
Cross border	None	BFW, NOVIB, HEKS, SOH, OXFAM, UNDP, FAO approx. US\$1m
Staff development	No information	Donors not given approx. \$124, 800
Other projects	No information	ARC, Private approx. \$12,500

Sources: ^a Jawad (1985)

^b ARC Annual Report 1991

continued...

developed information networks to ensure that funds were used effectively. Most donor organisations would probably have had difficulty in developing and maintaining such a capacity themselves, and therefore used NGOs which either had such a capacity or were at least better placed to make such judgements to interface between themselves and a large and complex group of NGOs.

Table 7 continued

**An Example of the Variety of NGO Funding Sources:
Austrian Relief Committee for Afghan Refugees**

Other donors have also contributed to ARC's programmes. ARC's 1991 cash income of approximately \$1.8 million was made up as follows:

NRC/NCA	24.1%	IIZ	4.9%
NOVIB	15.6%	OXFAM	4.7%
UNHCR	13.6%	HEKS	4.2%
ASDC	13.1%	BFW	3.2%
UNDP	8.5%	Private	1.0%
DIA	6.9%	IOM	0.1%

Key:

ASDC	Austrian Service for Development Cooperation	NRC/NCA	Norwegian Refugee Council/ Norwegian Church Aid
BFW	Bread for the World	IOM	International Migration Organisation
CRS	Catholic Relief Services	NOVIB	Dutch Organisation for International Development Cooperation
DRC	Danish Refugee Council	SOH	Dutch Interchurch Aid
HEKS	Swiss Development Agency		
IIZ	Institute for International Cooperation (Austria)		
SV	Stichting Vluchteling (Netherlands)		

In some cases this interfacing role was entirely contractual, such as in USAID's use of IRC, VITA, MSH and DAI to manage the disbursement of the USAID cross-border programme funds. In other cases, however, the obligation has been less contractual. For instance SCA, which has been an important source of funds for other NGOs involved in cross-border programmes, has received a substantial part of its funding from the Swedish International Development Authority (SIDA), but it is understood that SCA had considerable freedom in allocating this funding.

Table 8 **Growth in Annual Expenditure of
Austrian Relief Committee, 1980-91**

<i>Financial year</i>	<i>Pakistan</i>		<i>Afghanistan</i>		<i>Total US\$th</i>
	<i>Expenditure US\$ thousand</i>	<i>Percentage funded by UN</i>	<i>Expenditure US\$ thousand</i>	<i>Percentage funded by UN</i>	
1980	303	0.0	0.0	0.0	303
1981	340	0.0	0.0	0.0	340
1982	340	15.0	0.0	0.0	340
1983	390	39.2	0.0	0.0	390
1984	620	60.9	0.0	0.0	620
1985	685	66.1	56.0	0.0	741
1986	1,010	63.7	155.0	0.0	1,165
1987	1,050	55.7	290.0	0.0	1,340
1988	1,170	54.0	575.0	49.0	1,745
1989	1,445	15.8	1,250.0	41.6	2,695
1990	635	31.9	605.0	50.4	1,240
1991*	710	21.8	695.0	42.2	1,405

Source: UNOCA

* Budget, not expenditure.

Besides administrative convenience, another factor contributing to the use of NGOs to interface between donor organisations and operational NGOs is likely to have been the desire on the part of the donor to maintain a distance from the cross-border operations for diplomatic purposes. In the years before 1986 when there was considerable secrecy as to the involvement of bilateral donor organisations in the funding of cross-border programmes, the use of NGO 'middlemen' between the donor and other NGOs, or donors and military commanders, was a way of obscuring the original source of funding. As well as being diplomatically useful, the distancing was also advantageous in that it permitted a dilution of the accountability standards that the donor would otherwise apply to the activity. For example, it is likely that many of the NGOs implementing projects under USAID's cross-border programme would not otherwise have been considered for USAID funding and likewise would not normally seek funding from the US Government. Such intentional dilution of accountability on the part of donor organisations is likely to have contributed to the apparently slow rate of professionalisation among and between NGOs involved in the cross-border operations (see section 6).

5.4 An Attempt at a Typology of NGOs

Given the very large number of NGOs involved in the provision of assistance to Afghans, an attempt to develop a typology of NGOs is desirable. This is also a useful exercise as it helps to clarify the unusual nature of this NGO community. The NGOs involved have a wide range of political and geographical backgrounds, scale of operations, sources of funding and location and scope of programme.

Typologies may be based on any one or combination of these criteria. A distinction commonly used to differentiate NGOs is that between operational and non-operational, funding NGOs. However, as discussed above, this distinction is particularly blurred in the Afghan relief context as many operational NGOs also provide funding to other NGOs.

In an earlier analysis of the role of NGOs in the provision of assistance to the Afghan refugees and in the Mujahideen-held areas, Baitenmann (1990) uses a three-fold typology: NGOs working with refugees in Pakistan, cross-border NGOs and advocacy NGOs, recognising that these categories often overlap. Although Baitenmann's typology is useful, this case study uses a slightly different typology in an attempt to draw out more clearly the nature of the roles and characteristics of NGOs providing relief and rehabilitation assistance to Afghans.

The principal distinction underlying the typology used here is that between:

- i) international NGOs with programmes in other countries as well as Pakistan and Afghanistan,
- ii) NGOs formed specifically in response to the needs of Afghans.

The principal justification for this division is to demonstrate the substantial number of agencies in the latter category and the central role they have played in the provision of assistance to Afghans. Each of these two groups have been further subdivided. Within the international NGOs group, a distinction has been drawn between NGOs and the 'contracting' agencies used by USAID. Whilst many NGOs are being increasingly drawn into contractual funding arrangements with bilateral and multilateral donor agencies, the size and importance of the USAID contracts to this group of agencies and the nature of their relationship with USAID make them quite distinctive. Strictly speaking, agencies which are wholly dependent upon bilateral donors for their funding should not be classified as non-governmental, the term 'private contractor' being more appropriate. Whilst a principal characteristic of many of the international agencies is their religious faith (whether Christian or

Box 6**Typology of NGOs****Already established international NGOs**

Aide Médicale Internationale (AMI)
 CARE
 Caritas-Pakistan
 Catholic Relief Services
 Domestic Energy Saving Project
 Edara Ehya Ul Uloom (EEU)
 Experiment in International Living
 German Agro Action - GAA
 Global Partners - UK
 Halo Trust
 Handicap International
 Health Unlimited
 Human Concern International
 Inter-Church Aid
 International Islamic Relief
 Organisation (IIRO)
 International Rescue Committee
 Islamic Relief Agency (ISRA)
 Jacob's Well Medical Mission (JWMM)
 Kuwaiti Red Crescent Society
 Lajnat Al-Birr Al-Islamia (LBI)
 Lajnat Al D'awa Al Islamia (LDI)
 Lajnat Al-Quatar (LAQ)
 Mecca Mukarama Charity Trust (MMCT)
 Mercy Corps International
 Medicine du Monde
 Médecins Sans Frontières
 Muslim Aid - UK
 Muslim World League (MWL)
 Norwegian Refugee Council/Norwegian
 Church Aid
 Ockenden Venture
 Orphans Refugees & Aid (ORA)
 Oxfam
 Pakistan Red Crescent Society (PRCS)
 Radda Barnen (SCF Sweden)
 Saudi Red Crescent Society (SRCS)
 Save the Children Fund UK
 Save the Children Fund US
 Shelter Now International (SNI)
 Voluntary Services Overseas (VSO)
 World Vision

USAID Contractors

Management Sciences for Health (MSH)
 Development Alternatives Inc (DAI)
 International Medical Corps (IMC)
 Volunteers in Technical Assistance
 (VITA)
 RONCO/MDDC
 University of Nebraska at Omaha (UNO)

NGOs formed specifically in response to the needs of Afghans*'International' NGOs*

Afghanistan Nothilfe
 Afghanistan Vaccination and
 Immunisation Centre (AVICEN)
 Afghan Reconstruction Consultants
 (ARCON)
 AfghanAid
 Afghans in Need
 L'Association Amitié Franco-Afghane
 Comité Afghan de Solidarité (CAS)
 Committee for Free Afghanistan
 La Coordination Humanitaire Européenne
 pour l'Afghanistan
 Danish Committee for Aid to Afghan
 Refugees (DACAAR)
 German Afghan Foundation (GAF)
 German-Afghanistan Committee (GAC)
 Help the Afghans Foundation (HAF)
 Medical Training for Afghans (MTA)
 Norwegian Afghanistan Aid
 Norwegian Afghanistan Committee (NAC)
 Sandy Gall Afghanistan Appeal (SGAA)
 Solidarité Afghanistan/Guilde du Raid
 (SOLAF)
 SOS-PG Belgium/Solidarité Afghanistan
 Belgium
 Swedish Committee for Afghanistan
 (SCA)

Continued...

*Box 6 continued***Typology of NGOs***Afghan NGOs*

Afghan Aid Association
 Afghan Amputee Bicyclists for Rehabilitation and Recreation (AABRAR)
 Afghan Centre for Rural Development
 Afghan Children's Hospital (ACH)
 Afghan Community Development Organisation (ACDO)
 Afghan Construction and Logistics Unit (ACLU)
 Afghan Development Agency
 Afghan Development Association
 Afghan Education Committee
 Afghan Health and Development Services
 Afghan Information Centre (AIC)
 Afghan Medical Aid
 Afghan Narcotics Control Organisation (ANCO)
 Afghan Obstetrics and Gynaecology Hospital
 Afghan Planning Agency
 Afghan Public Welfare Organisation (APWO)
 Afghanistan Reconstruction Services (ARS)
 Afghanistan Rehabilitation and Development Programme (ARDP)
 Afghan Relief and Rehabilitation (ARR)
 Afghan Relief Foundation
 Afghan Technical Consultants
 Afghan Welfare Centre
 Afghan Women's Resource Centre
 Afghan's Health and Social Assistance Organisation
 Afghanistan Rehabilitation Organisation
 Agency for Rural Development of Afghanistan (ARDA)
 Agriculture Rehabilitation of Afghanistan (ARA)
 Ariana Rehabilitation Committee for Afghanistan Reconstruction (ARCAR)
 Bakhter Unity Reconstruction Council (BURC)
 Centre for Rural Reconstruction (CRR)
 Committee for Rehabilitation Aid to Afghanistan (CRAA)
 Construction and Irrigation Unit of Pamir (CIUP)
 Consultants Bureau for Reconstruction (CBR)
 Coordination of Afghan Relief (COAR)
 Coordination of Humanitarian Assistance (CHA)
 Cooperation Centre for Afghanistan
 Cultural and Relief Foundation for Afghanistan (CRFA)
 Dar es Salam (DS)
 Dental Clinic for Afghan Refugees
 Emergency Relief Services for Afghans (ERSA)
 Engineering Services for Afghan Reconstruction
 Farah Reconstruction Foundation (FRF)
 Free Welfare Society for Afghan Disabled
 Gharjistan Reconstruction Council (GRC)
 Health Committee of the Northern Provinces of Afghanistan
 Help Afghan Farmers Organisation

continued...

Box 6 continued

Typology of NGOs

Afghan NGOs continued

Independent Humanitarian Services Association (IHSAN)
 Islamic Aid Health Centre (IAHC)
 Islamic Association of Afghan Architects and Engineers (IAAAE)
 Jihad Consulting Engineers (JCE)
 Kandahar Momenyar Agency (KMA)
 Khorosan Assistance Group (KAG)
 Koh-i-Noor Foundation (KNF)
 Lifeline and Relief Organisation (LRO)
 Mamar Construction & Building Materials Production Organisation (MAMAR)
 Maruf Relief Organisation for Reconstruction of Afghanistan (MRORA)
 Mazina Assistance & Welfare Association (MAWA)
 Mine Clearance Planning Agency
 Mujahid Emergency Medical Centre (MMC)
 Muslim Association of Afghan Refugee Women in Islamabad
 Muslim Sisters Organisation
 Muslim Youth Association for Rehabilitation of Afghanistan (YARA)
 Nimroz Rehabilitation Organisation (NRO)
 Organisation for Mine Awareness (OMA)
 Pakteka Reconstruction Services (PRS)
 Pamir Reconstruction Bureau (PRB)
 Physician Association for Afghan Refugees
 Psychiatry Centre for Afghans
 Reconstruction Agency of Hindukush (RAH)
 Reconstruction and Rural Development of Afghanistan (RDA)
 Reconstruction Authority for Afghanistan (RAFA)
 Rehabilitation Organisation of Logar (ROL)
 Relief Institute for Rehabilitation of Afghanistan (RIFRAF)
 Rural Development of Maihan (RDM)
 Sayed Jamaluddin Afghani Welfare Organisation
 Shorawak Rehabilitation Organisation (SRO)
 Short Term Assistance for Rehabilitation Team (START)
 Shuhada Clinic
 South West Afghanistan Agency for Demining (SWAAD)
 South West Afghanistan Reconstruction Organisation (SWARO)
 South West Farmers Assistance Organisation
 Speen Ghar Reconstruction Organisation (SRO)
 Telecommunications and Power Reconstruction Program
 for Afghanistan (TPRPA)
 United Medical Centre for Afghans (originally Society of Afghan Doctors)
 Welfare and Relief Committee
 Welfare and Relief Organisation for Reconstruction (WROR)

Islamic), a further subdivision in terms of secular/non-secular has not been attempted within the international NGO category. The principal reason for not attempting such a division is that there would be a significant number of

'problematic' cases where agencies associated with a particular religion, but which seek to implement programmes free of any religious connotations, might dispute being classified along secular/no-secular lines.

Within the second group, a distinction may be drawn between 'solidarity' NGOs and Afghan NGOs. No attempt has been made to distinguish between NGOs and 'contracting agencies' within this second group even though a significant number of Afghan NGOs are solely dependent upon UN funding. As discussed below not all agencies fit comfortably within this classification. Nevertheless, Box 6 is an attempt to place each of the NGOs known to the authors within the above classification. What is striking about Box 6 is that approximately two-thirds of the NGOs were formed specifically in response to the needs created by conflicts. The broad characteristics of each group will now be discussed and summary information will be given for a selection of the NGOs within each group.

5.5 International NGOs

This category includes 39 NGOs based in North America, Europe, the Middle East and one from Africa. In terms of the scale of their programmes, the main NGOs in this category appear to have been the International Rescue Committee (IRC), the joint programme of the Norwegian Refugee Council and Norwegian Church Aid (NRC/NCA), the Islamic Relief Agency (ISRA) and CARE.

Box 7 Norwegian Refugee Council and Norwegian Church Aid (NRC/NCA)

NRC and NCA are both separately established Norwegian NGOs. At an early stage they began funding relief activities jointly among Afghan refugees through local Pakistani structures such as Inter-Church Aid (ICA) and the Christian Hospitals Refugee Extension Project (CHREP) in 1979. At the end of 1982, a joint NRC/NCA office was opened in Peshawar and NRC/NCA continued as a non-operational funding agency until 1989, providing funding for the International Rescue Committee (IRC), Indoors and the Austrian Relief Committee for Afghan Refugees (ARC), the Afghan Obstetric and Gynaecology Hospital (AOGH), the Psychiatry Centre for Afghans (PCA) and Engineering Services for Afghan Reconstruction (ESAR), as well as to CHREP and ICA. In 1989, NRC/NCA took over some of the projects run by ARC and therefore became a mixed operational/non-operational NGO. The majority of the funding for NRC/NCA's programme in Pakistan and Afghanistan is provided by the Norwegian Ministry of Foreign Affairs with the balance made up of equal allocations from NRC and NCA resources. NRC/NCA is in the process of turning the department responsible for project implementation into an independent Afghan NGO and will shortly revert to its former non-operational, funding role.

Though being an important contracting agency for USAID's Rural Assistance Programme (RAP - see page 58), IRC still qualifies as an NGO rather than a private contractor. The agency was formed in 1933 to assist refugees fleeing violence and persecution and began its programmes for Afghans in 1980. As well as USAID, the IRC's sources of funding for its Afghan programmes included contributions from private donors, other NGOs, other governments and UN agencies.

Besides ISRA (see Box 7), other international Islamic NGOs include Edara Ehya Ul Uloom (EEU), a Pakistani NGO founded in 1964, and the UK-based Muslim Aid founded in 1985. EEU provided material assistance to newly arrived refugees from 1979 and later developed a large health programme. Approximately \$2 million of in-kind relief assistance was provided by EEU during the first refugee influxes, and between \$1 and \$2 million was spent on mobile and fixed health facilities between 1981 and 1986. EEU also provided over 100 Koranic primary schools in RTVs (CCAR, 1987b). It is not clear what EEU's activities are, other than in relation to Afghans. Muslim Aid began its Pakistan programme in 1987 providing in-kind relief and establishing Koranic and other schools in RTVs. In its first seven months in Pakistan, Muslim Aid spent approximately \$500,000 (CCAR, 1987). Subsequently the agency began a cross-border programme.

Box 8

Islamic Relief Agency (ISRA)

ISRA is the wing of the Islamic African Relief Agency (IARA) which operates outside Africa. IARA was founded in 1979 and the headquarters of both IARA and ISRA are in Sudan. ISRA's annual budget in 1984, its first year in Pakistan, was just over \$200,000 (CCAR, 1987b). This figure rose to a peak of \$5.8 million in 1988, falling back to \$1.7 million in 1990.

ISRA is apparently the only African NGO that provides relief assistance outside the borders of its home country. The countries covered by its international programme include Bangladesh, Jordan and Iran. ISRA's involvement in the latter two countries resulted from the Gulf war whilst the Bangladesh programme was initiated from the Pakistan Office. In Pakistan and Afghanistan, ISRA's programmes cover health, education, social welfare, relief and rural development. ISRA's stated public funding sources for its Afghan programme include UNDP, UNHCR and FAO but it is also in receipt of significant sums from Islamic governments, particularly in the Middle East. However, a significant part of its funding also comes from private sources in the Middle East, Europe and North America, although the proportion represented by this source is unclear.

Not surprisingly, a number of NGOs from the Gulf states, including several national Red Crescent Societies, have established programmes for Afghans. Among them are two Kuwaiti NGOs, the Kuwaiti Red Crescent Society (KRCS) and Lajnat Al D'awa Al Islamia (LDI) which translates as the Society for International Reforms. The KRCS established its office in Peshawar in 1983. By 1987, its programme encompassed: three hospitals, an orthopaedic workshop, basic health units in RTVs, dental clinics, scholarships for Afghan medical students, well-digging in RTVs, financial support for orphans, funding for EEU's hospitals and in-kind relief assistance. LDI was founded in Kuwait in 1984. LDI at first channelled funds through the KRCS, HCI and others but later the same year established an office in Peshawar from which it began to run its own projects. LDI's annual budget in 1986 was approximately \$1 million and it appears to be operational only in Pakistan.

5.6 USAID Contractors

According to the 1992 ACBAR *Directory*, all funding received by Management Sciences for Health (MSH), RONCO/MDDC, Volunteers in Technical Assistance (VITA), and the University of Nebraska at Omaha (UNO) for their programmes for Afghans was provided by the US Government. In the case of Development Alternatives Inc. (DAI) and the International Medical Corps (IMC) 88% of funding in that year was provided by the US Government. The programmes of DAI, VITA and MSH were described briefly in page 57 and that of UNO in Box 9. RONCO/MDDC is involved in a contract to train dogs to search for mines. The IMC was formed in 1984 and initially provided medical training for Afghans but has since expanded into the construction and running of clinics and hospitals in Afghanistan. In 1992 IMC was operating 59 such medical facilities. Its budget in that year was \$8.9 million.

5.7 NGOs Formed Specifically in Response to the Situation in Afghanistan: International NGOs

Most of the international NGOs formed specifically to respond to the situation in Afghanistan may be characterised as 'solidarity' organisations. Many such organisations sprang up in Europe and North America in the early 1980s specifically for assisting Afghans and saw as one of their objectives the morale-boosting effect that their financial support or field presence had on Afghans. The presence of foreign organisations also provided a conduit for information on conditions in Afghanistan, thus stimulating the international political debate on the superpower involvement in Afghanistan (Wray, 1987; Laumonier and Ickx, 1987; numerous interviewees). Indeed one of the initial purposes for many of the 'solidarity' NGOs was to act as a lobby group raising public awareness of the

Box 9**University of Nebraska at Omaha (UNO)**

UNO is the technical assistance contractor for USAID's Education Sector Support Project (ESSP) which is aimed at improving educational provision to Afghans in Pakistan and within Afghanistan. UNO's involvement in such a role stemmed from the work of its Centre for Afghan Studies with the University of Kabul in the 1974-8 period. Implementation of the ESSP began in October 1986. According to ACBAR, UNO's budget has grown steadily from \$3.3 million in 1988, to \$6.3 million in 1990 and to \$9.7 million in 1992. In terms of the size of budget, UNO ranked as the fifth largest agency in 1992 (ACBAR, 1992) and it claimed to employ a total of 7,600 personnel. UNO's activities since 1986 included: support for the establishment of an Educational Centre for Afghanistan; the distribution of 9 million textbooks for primary schools, of which 6 million were to the refugee camps and 3 million within Afghanistan; the distribution of instructional materials including on mine awareness; the provision of literacy training to Mujahideen fighters in their winter camps near Peshawar and Quetta; and the training of district supervisors of primary schools in Afghanistan.

Source: ACBAR, 1992.

Soviet invasion and its effects on Afghanistan²² and a number of them, including AFRANE, Bureau International Afghanistan (BIA), Solidarité Afghanistan and Afghanaid continue to produce their own awareness raising publications on Afghanistan. However, most of these organisations sooner or later became operational, some with programmes comprised solely of cross-border activities and others with a mix of refugee-related and cross-border activities. NGOs in this former group include Afghanaid (see Box 5), Afghanistan Nothilfe (ANH), l'Association Amitié Franco-Afghane (AFRANE), the Austrian Relief Committee for Afghan Refugees (ARC), Bureau International Afghanistan (BIA), Comité Afghan de Solidarité (CAS) founded in Canada in 1988 by an exiled Afghan, Council for International Development (CFID) previously known as Mercy Fund, Dutch Committee for Afghanistan (DCA - or Stichting Afghanistan Comité Nederland), the German-Afghanistan Committee (GAC) and the German Afghan Foundation (GAF) established in 1986 by an exiled Afghan.

At least two of these agencies are non-operational and fund only Afghan NGOs, namely Help the Afghans Foundation (HAF) and HELP-Germany (Hilfe zur Selbsthilfe).

²² One particular potential benefit from increased public awareness is that this may have assisted the NGO's case in applications for bilateral funding.

HELP was established in Germany in 1981 and receives funding from the German government and private donations. It supports the work of Afghan medical NGOs working with refugees, including the Afghans Health and Social Assistance Organisation (AHSAO), the Dental Clinic for Afghan Refugees (DCAR) and the erstwhile Union Aid for Afghan Refugees (UAAR).

HAF was founded in the Netherlands in 1984. Although the relief project activities of HAF are typical of other solidarity type NGOs, a record of its formation and development provides an insight into the development of this type of NGO. In a summary of NGO relief programmes in Pakistan published by the Chief Commissionerate for Afghan Refugees (CCAR, 1987b), the entry for HAF comprises a chronological record of the stages by which it was established. The description of HAF in Box 11 below draws on that chronology and on HAF's entry in the ACBAR *Directory* (ACBAR, 1991).

In one or two cases a 'solidarity' NGO, established to publicise the war in Afghanistan in its country of origin, has, in its public relations role, become something of a mouthpiece for NGOs with Afghan programmes and has provided a forum for discussion of issues. One example is the Bureau International Afghanistan (BIA) which, because of its left-of-centre interests and its facilitation of a wider discussion of policy issues, was perceived as providing a voice for NGOs not represented by La Coordination Humanitaire Européenne pour l'Afghanistan (CHEA) (see section 6). BIA's lobbying role remains an important part of its activities which therefore include a journal and other publications. It became operational in 1984 with a small agricultural programme. Its 1987 budget was approximately \$500,000 with funding in that year coming from the EC (40%) and NGOs such as Oxfam, Swiss Aid and the Swiss Committee for Afghanistan plus a small grant from the French government (Carter, 1988; ACBAR, 1991). In 1988 BIA changed its name to MADERA.

Human Concern International (HCI) began to implement its own projects in both Pakistan and Afghanistan in 1985. It was formed in Canada in 1980 as a lobby group under the name Afghan Relief Fund Society (ARFS) with the initial aims of both providing publicity on the situation of Afghans and raising funds for relief materials. Between 1980 and 1985, as its countries of interest widened beyond Afghanistan, the organisation was renamed first as the Human Concern Relief Fund Society and then Human Concern International (CCAR, 1987b; ACBAR, 1991).

In the early 1980s, growing interest in Afghanistan led to the creation of two Dutch NGOs, the Committee for Free Afghanistan (CFA) and Afghans in Need (AIN). AIN had a board of two, an anthropologist who had worked in Afghanistan and Iran in the 1970s and a vet who had worked in Afghanistan for FAO prior to 1979. AIN provided assistance to Afghans through the Afghan Education Committee (AEC), a project of the Swedish Committee for Afghanistan (SCA), from 1985 until 1987 when the AEC funding base was diversified to include SCA, IRC,

Box 10 Inter Church Aid (ICA), Christian Hospitals Refugee Extension Project (CHREP) and the International Donors Organisation for Relief and Supplies (Indoors)

ICA, CHREP and Indoors were formed in 1985 from the former Inter-Aid Committee (see section 3). The available information on the process leading up to their formation and their respective constitutions is limited. However, it is understood that the Bishops of Karachi and Peshawar were instrumental in the formation of the three organisations. Much of ICA's activities are in support of unregistered refugees who are not eligible for the assistance programmes administered by the GOP and UNHCR. It supports schools, income generation and provides relief aid to destitute refugees. CHREP supports a range of medical facilities and health care activities in the refugee camps. Indoors funds the provision of relief and rehabilitation assistance inside Afghanistan, the bulk of its funds being spent on the provision of food and other relief items and agricultural rehabilitation activities. The three organisations share a common funding consortium although not all consortium members support all three NGOs. The consortium budget was \$6.5 million in 1989, \$5.8 million in 1990 and \$3.7 million in 1991. The consortium members from 1989 to 1991 and their total contribution over those three years are shown below.

	<i>Contribution 1989-91 US\$</i>	<i>Percentage of total contribution of common funding organisation</i>
Australian Council of Churches (ACC)	15,000	0.1
Bread for the World (BFW)	190,000	1.2
Catholic Fund for Overseas Development (CAFOD)	62,000	0.4
Christian Aid	1,510,000	9.4
Church World Service (CWS)	783,000	4.9
Church of Sweden Aid (CSA)	2,830,000	17.7
Danchurchaid (DCA)	1,917,000	12.0
Dutch Interchurch Aid (DIA)	816,000	5.1
Inter Church Coordination Committee for Development Projects (ICCO)	2,595,000	16.3
Norwegian Church Aid (NCA)	2,932,000	18.4
Norwegian Refugee Council (NRC)	2,279,000	14.3

NB: Numbers have been rounded

*Box 10 Continued***Inter Church Aid (ICA), Christian Hospitals Refugee Extension Project (CHREP) and the International Donors Organisation for Relief and Supplies (Indoors)**

In 1989, UNHCR provided \$122,000 to the consortium.

During 1990, several members expressed a desire to shift their support from refugee programmes in Pakistan to the cross-border activities of Indoors. However, this coincided with critical reports of activities undertaken by Indoors and the joint NRC/NCA programme (which provided approximately one-third of the consortium funding) froze its contributions, a move which was followed by other members. An evaluation of the three organisations was undertaken during 1991. The outcome of the evaluation and the future of the three organisations are unclear.

NCAf, NAA and SIDA. CFA appears to have had a purely lobbying role. In 1987, AIN and CFA sent a joint mission to Afghanistan. The products of this mission and the changing political and military situation in Afghanistan in 1988 led AIN to turn its attention to cross-border programmes and in the same year AIN proposed to the Dutch Government a programme of assistance with five components: cash for food, the AEC, Medical Refresher courses, the Agricultural Survey of Afghanistan and an agricultural project in Kunar. The Kunar project was almost immediately transferred to the French NGO Bureau International Afghanistan (the Pakistan programme of which later became MADERA) while AIN's increasingly precarious funding base led to further collaboration with MADERA in 1991. By this time, MADERA and AIN also shared a common board member.

A further product of the 1987 mission was the formation of the Dutch Committee for Afghanistan (DCA) in August 1988 with Dutch Government funding and with the same board as AIN. The 1987 mission had included a vet and DCA's first project was a paravet training programme which was complemented in 1989 with a vaccinator's course taken over from SCA. In 1989, UNDP funding was also secured. It appears that DCA's focus on veterinary training is unique in the overall programme of assistance to Afghans and it therefore plays a key role in setting policy on assistance to the veterinary sector in Afghanistan.

Box 11**Help the Afghans Foundation (HAF)**

HAF was established in October 1984 with a board of six members and in December funds were solicited from the general public via an advertisement in the press. An advisory board was established in February 1985 to 'ensure independence of the foundation'. In March a 'leader of an Afghan refugee organisation' (presumably the head of one of the seven Afghan political parties in Peshawar) was invited to make a public tour of the Netherlands as well as to meet Afghanistan 'solidarity' committees in France, Norway, Germany and Switzerland. Later the same month a representative of HAF visited Pakistan.

The chairman of the HAF board visited the US in April 1985 'for discussions with Afghan experts on humanitarian help' while fund-raising continued in the Netherlands. In November, another representative of a refugee organisation visited the Netherlands, receiving wide press coverage, and HAF's first doctor was seconded to the Khyber Teaching Hospital.

In early 1986, HAF's doctor in Peshawar decided that HAF should support Afghan Health and Social Assistance Organisation's (AHSAO) children's clinic in Peshawar. Yet another representative of an Afghan refugee organisation was invited to speak publicly in the Netherlands, this time at the invitation of the Ministry of Foreign Affairs. Two HAF board members visited Pakistan in March 1987 to assess HAF's contribution so far and to review new programme possibilities. A month later, the Deputy Director of Public Relations (the writer of the document containing the HAF chronology) was a guest of HAF in the Netherlands.

In 1988 HAF funded two Basic Health Units (BHUs) and a milk distribution project in Aza Khel camp and a year later, in conjunction with SCA and UNICEF, a MCH programme was started. Since 1987 HAF has also provided funding for the Afghan Obstetrics and Gynaecology Hospital (AOGH), and orthopaedic operations by a local consultant. More recently HAF has provided funding and in-kind assistance for AVICEN's Afghanistan programme, a school in an RTV through the Afghan Relief Foundation (ARF), new AHSAO activities in Pakistan and Afghanistan's programmes in Afghanistan.

The majority of HAF's funding now comes from the Dutch government with additional sums from Stichting Vluchteling and private donations. HAF's 1990 budget was \$464,450 (ACBAR, 1991).

5.8 NGOs Formed Specifically in Response to the Situation in Afghanistan: Afghan NGOs

The second sub-group of 'new' NGOs is made up of local operational 'NGOs' formed by Afghans in Pakistan and Afghanistan to provide relief and rehabilitation assistance either in the refugee camps or inside Afghanistan. Rahim (1991) distinguishes between four types of Afghan NGO, namely:

- independent NGOs formed by non-affiliated professionals
- those backed by local *shuras* (councils) and commanders
- those established by political parties either individually or in coalition
- those established by international organisations (UN or international NGOs)

However, he does not attempt to indicate which NGOs fit into which of these four types and so the utility of this distinction cannot be determined. This exercise is not attempted here because of the writer's lack of knowledge of the background and history of the numerous Afghan NGOs, though as indicated earlier UNOCA's policy of encouraging the formation of Afghan NGOs suggests that a substantial proportion of the Afghan NGOs would fall within the fourth of Rahim's categories.

In terms of functional activities, it was noted in section 4 that the majority of the Afghan NGOs formed in the early 1980s were established to provide medical care.²³ The agencies in this group, with dates of establishment where known, include Afghan Aid Association (AAA), Afghan Medical Aid (AMA) (1983), Afghan Obstetrics and Gynaecology Hospital (AOGH) (1984), Afghan Welfare Centre (AWC) (1982), Afghan Health and Social Assistance Organisation (AHSAO) 1985, Union Aid for Afghan Refugees (UAAR), and United Medical Centre for Afghans (UMCA), formerly the Society of Afghan Doctors founded in 1982.

A further difference, at least from the established international relief NGOs (although not necessarily from some of the international solidarity NGOs), is that most Afghan NGOs are affiliated to an Afghan political party and therefore serve only areas loyal to or controlled by that party. Largely because of these factors, most if not all Afghan 'NGOs' are perhaps more accurately described as

²³ Of course, given the high mobility of refugees and the involvement of many Afghan males as Mujahideen, some of the services made available in Pakistan to 'refugees' also benefitted the Mujahideen. In addition, medical programmes for refugees with any training component also meant that those trained could also practise their skills in Afghanistan. From the mid-1980s onwards, many health orientated NGOs operating cross-border programmes achieved this largely through the provision of Pakistan-based training facilities combined with physical inputs to Afghanistan such as hospital and clinic construction projects and the provision of medicines.

Box 12 Afghan Obstetrics and Gynaecology Hospital (AOGH)

AOGH was founded in Peshawar in 1984 with financial support from the IRC. It started as an outpatient unit, later supplemented by a small (5 bed) in-patient facility and in 1986 by an operating theatre and a further 10 in-patient places. In 1987, paediatric and special care facilities were added. As of 1991, the hospital's capacity had grown further to a total of 24 beds. Afghan medical staff are augmented by expatriates who also participate in the training programme for female Afghans from both AOGH and other NGOs providing medical assistance to women. The AOGH also operates a mobile obstetrics and gynaecology clinic, initially financed by Mercy Fund (now CID), to some RTVs and has health education and immunisation programmes.

In addition to IRC and Mercy Fund, AOGH's funding sources over the years have included HELP, HAF, NRC/NCA, Doctors for Afghanistan (origin unknown), SCA, the governments of Australia, New Zealand, Japan and the US as well as (un-named) non-operational NGOs in the US and France. The AOGH annual budget has risen from approximately \$300,000 in 1987 to approximately \$500,000 in 1991 (CCAR, 1987b; ACBAR, 1991). Some Afghan NGOs were formed from an established project or programme of another, often international, NGO, either as the result of the restructuring of a solidarity type of NGO where a different, not overtly political, identity was felt to be desirable in carrying out the project or as a planned progression to independence for the project or programme. NGOs in this group include the Afghan Development Association (ADA), established in 1991 as the successor to the Salvation Army's Afghan programme (see Box 12), the Afghan Vaccination and Immunisation Centre (AVICEN) established in 1987 to support an existing vaccination campaign in rural Afghanistan begun in 1983 and the Domestic Energy Saving Project (DESP) (established 1984), an off-shoot of the GTZ refugee programme.

'contractors' especially as many of the newer ones receive the bulk of their funding from the UN agencies.

It is widely expected that a number of Afghan 'NGOs' will exist in their current form only in the medium term. The process of change may take one of several courses: (i) disbandment, (ii) conversion into a commercial organisation, (iii) conversion into an arm of a nascent government administration or (iv) consolidation into an Afghan version of an NGO or PVO. Even with disbandment, it is anticipated that in a skill-scarce Afghanistan the former staff of such organisations will readily find employment in government or commerce.

6. The Coordination of NGO Activities in Pakistan and Afghanistan

6.1 Coordination Mechanisms Prior to 1988

Prior to the formation of Agency Coordinating Body for Afghan Refugees (ACBAR) in 1988, there appear to have been four Peshawar-based coordinating groups of NGOs.

The Voluntary Agency Group (VAG) was established in 1986 in Peshawar by NGOs working with UNHCR on refugee assistance programmes but who were also interested in repatriation and thus cross-border activities. It appears to have been an informal grouping. Its members included Afghanaid, Afghanistan Agricultural Survey (SCA), ARC, DACAAR, IRC, Salvation Army, SCF (US), SCF (UK), SERVE, SNI and SOS/PG Belgium.

The Cooperative Committee was an informal coordinating body and forum for exchanging information on cash-for-food (CFF) programmes. The date of its creation is not clear. The total number of member agencies is believed to have totalled twelve and included Afghanaid, Afrane, ARC, BIA, GAC, NCAF, SA/GR, SCA and VITA.

A Committee of Medical Coordination (CMC) was formed, also in 1986, specifically to coordinate cross-border work in the health sector. Its members included AMI, MSF, MDM, MTA, Medical Refresher Courses for Afghans, Freedom Medicine, IMC, German Afghanistan Committee, NCAF and SCA. The following year, MSH, after some initial hesitation, also joined. Unlike VAG, CMC had a board, statutes regulating elections of board officials, the keeping of board and annual meetings, auditing of financial records, etc. CMC had its first office in the premises of Freedom Medicine but moved later to its own offices. It had a permanent secretariat with a medical coordinator and three to four local staff. Funding was provided by USAID, SCA and through membership fees. CMC introduced a standard list of medicines which was used by members both in training courses and in support of health facilities in Afghanistan. Skill standards were adopted for the different training courses. Cross-checking was regularly undertaken on the assistance being provided by member agencies to specific health facilities in Afghanistan, to minimise duplication of effort. Finally, CMC provided a forum for members to discuss and decide on joint agreements with particular donor organisations. Much of CMC's activities were later taken over by ACBAR's Health Sub-Committee.

Finally there was the Joint Council established in March 1988, which has been described as a platform for information sharing and policy dialogue between NGOs, donors and UN agencies (English, 1988). It was an informal grouping, though Afghanaid often chaired the meetings which were open to any agency interested in cross-border programmes.

The signing of the Geneva Accords in April 1988 stimulated the formation of two major NGO coordinating bodies - the Peshawar-based Agency Coordinating Body for Afghan Relief (ACBAR) which was established in August 1988 and the Quetta-based Southern and Western Afghanistan and Baluchistan Association for Coordination (SWABAC) formed at the same time. Both are membership agencies involving a modest subscription and voting rights in major policy decisions.

6.2 ACBAR and SWABAC

Whilst ACBAR's formation was strongly rooted in the changed context that the Geneva Accords apparently heralded, initial contact between the newly formed UNOCA and the NGO community appears to have been catalytic. The Soviet commitment to withdraw its troops was widely seen as presaging both an end to the conflict and a substantial programme of rehabilitation work in Afghanistan in which NGOs, including those which had previously worked only with the refugees, would play an important role. The need for improved coordination, particularly between the cross-border group of NGOs and those working with the refugees, was generally recognised. Within the cross-border group, there was also a widely held view that UNOCA and the established UN agencies could learn from the experience of NGOs in undertaking cross-border programmes. Whereas UN agencies traditionally worked in support of and through central government ministries and local authorities, working in the Mujahideen-held areas would require dealing with hundreds of local counterparts.

During the Coordinator's first visit to Peshawar, he was, by several accounts, perfunctory in his dealings with NGOs and used the first meeting to brief the representatives of the larger NGOs (including IRC, AVICEN and SCA) on the ambitious plans being prepared within the UN system, rather than opening a dialogue. The NGOs were apparently advised to rationalise the various NGO coordination groups that already existed in order to present one voice for dialogue with the UNOCA. The impression was created within the cross-border group of NGOs that UNOCA had little interest in learning from their experience and that NGOs would have little opportunity to contribute to or even comment upon the ambitious relief, repatriation and resettlement plans being coordinated by UNOCA.

Shortly after the Coordinator's visit, it was learnt that UNOCA had requested the International Council of Voluntary Agencies in Geneva to take on the role of coordinating NGOs based in Quetta and Peshawar. This caused considerable

resentment as the NGO community in Pakistan had not been consulted and only a small proportion of the NGOs were members of ICVA; indeed only one of the cross-border NGOs was a member of ICVA. At a preparatory meeting in Peshawar to discuss NGO coordination, many NGO representatives indicated their preference for a 'home grown' approach to coordination rather than an externally imposed solution. This led directly to the holding of more preparatory meetings and the formation of ACBAR (Fänge, personal communication, September 1992).

According to the description of itself in the 1991-92 *Directory of Members*, ACBAR's organisational structure has three tiers: General Assembly, the Steering Committee and the Secretariat. The General Assembly brings together directors of member agencies approximately six times a year to discuss and decide ACBAR policy issues and to elect the Steering Committee. The Steering Committee has twelve elected members, meeting regularly to discuss and determine the operational policy of ACBAR. The Secretariat which services the General Assembly and the Steering Committee is responsible for executing the decisions and directives of the Steering Committee and for initiating policy and donor related activities on behalf of the donor membership. In 1991, the combined staffing of the Secretariat and the ACBAR Resource and Information Centre (see below) consisted of 32 staff of which five were expatriate. ACBAR has been financed by grants from the Asia Foundation, UN agencies (UNHCR, UNDP, UNICEF and UNOCA) and a number of bilateral donors.²⁴ Member NGOs contribute 17% through subscriptions. ACBAR's budget was just under \$500,000 in 1989 and \$600,000 in 1990.

ACBAR provides the following services to its members:

- representing them in discussions of policy with the UN and donors;
- producing a regularly updated *Directory of Members* (SWABAC members are also included) and maintaining a database which describes the activities of members both geographically and sectorally;
- organising regular regional coordination meetings (in 1991 such meetings were held for 13 separate geographical areas covering 19 of the 28 Provinces of Afghanistan)
- producing provincial maps of NGO project areas;
- facilitating information exchange, standardisation and coordination within the principal sectors (health, agriculture, veterinary and construction) by the holding of regular sectoral sub-committee meetings.
- maintaining a collection of all reports, studies, surveys etc. generated by all organisations providing assistance to Afghan refugees and the Cross-Border Operations through ARIC (the ACBAR Resource and Information Centre). Key material is disseminated among member agencies. ARIC also holds a map

²⁴ In 1991 these were: Australia, Canada, Denmark, Netherlands, Norway, Sweden, United Kingdom and United States.

Table 9 ACBAR Members' Programmes in Pakistan and Afghanistan in 1991

	<i>Pakistan only</i>	<i>Afghanistan only</i>	<i>Both countries</i>	<i>Total</i>
European	10	4	13	27
North American	1	4	9	14
Afghan	3	6	5	14
Others	2	0	1	3
TOTAL	16	14	28	58

Source: ACBAR (1992).

collection used extensively by agencies operating in Afghanistan.

ACBAR's membership has never included all NGOs assisting Afghans. In its first year its membership was 59 and this fell to 56 in 1991 despite a dramatic increase in the number of Afghan NGOs in the interim period as a result of UNOCA's policy of encouraging the formation of new Afghan NGOs. Many of these new NGOs were small and ACBAR's subscription fees, even though modest, discouraged them from applying for membership. The fact that ACBAR meetings were held in English is likely also to have discouraged their membership. It is difficult to judge the extent to which ACBAR's effectiveness was limited by its membership being less than complete because a significant proportion of the non-members received funding from the members and so information on their programmes and attitudes on various issues will have been represented in ACBAR meetings. The former Executive Director perceived the most significant factor weakening ACBAR's ability to provide effective coordination as being the lack of flexibility of some international NGOs or contracting agencies whose policies were determined outside Pakistan (Bennett, personal communication, September 1992). In 1990, in response to the problem of the incomplete membership issue, ACBAR adopted an 'open door' policy. At subsequent meetings approximately 25% of those attending were from non-member agencies (Bennett, personal communication, September 1992). Moreover, by 1992 ACBAR's membership had increased to 62.

Southern and Western Afghanistan Baluchistan Association for Coordination (SWABAC) is a smaller body than ACBAR though it functions along very similar lines. In 1991 it had two staff and its operating budget was \$28,000. General meetings are held monthly and part of the meeting is open to non-members so that

representatives of UN agencies, donor organisations and GOP officials can make announcements and discuss issues.

6.3 Other NGO Coordinating bodies in Pakistan

In 1987, Islamic funding agencies and NGOs formed the Islamic Coordination Council (ICC) which now has 14 members and holds regular sectoral meetings. In 1991, following the rapid increase in the number of Afghan NGOs, the Afghan NGO Coordination Bureau (ANCB) was established. By the end of 1992 the ANCB had approximately 30 members and was in the process of establishing a mandate and a set of coordination practices.

6.4 Other NGO Coordinating bodies outside Pakistan

As well as the Pakistan-based NGO coordinating bodies, a small number of organisations were established in Europe and North America in order to facilitate the sharing of information between NGOs involved in the provision of assistance to Afghans. Probably the oldest European Afghan coordination group is La Coordination Humanitaire Européenne pour l'Afghanistan (CHEA) which was established in Luxembourg in the early 1980s. At its peak, CHEA had a membership of 20 NGOs drawn from 9 European countries. French NGOs formed the largest national grouping. The UK-based Afghanistan Support Committee was one of the agencies instrumental in the formation of CHEA. CHEA was wound up in 1991 as European public interest in Afghanistan declined while, at the same time, increasing coordination amongst NGOs and donors in Pakistan removed the need for a Europe-wide coordinating body (Afghanaid, 1991). CHEA was generally characterised as a right-of-centre organisation and member agencies included Afghanaid, SCA, GAC and a number of Belgian, Luxembourg and Norwegian NGOs.

In the UK, the British Agencies Afghanistan Group (BAAG) was established in 1988, initially with 15 member agencies, to promote a coordinated response by British NGOs to the needs of refugee returnees. The BAAG office is situated in the Refugee Council in London. BAAG's main purpose has been seen as providing an information resource for the UK headquarters of NGOs working with Afghans. Its only employee, a full-time Information Coordinator, maintains a bibliographic collection and prepares regular briefing papers for member agencies on issues pertaining to Afghan relief programmes and Afghanistan generally. As donor interest in Afghanistan declined when the widespread optimism over mass repatriation after the Geneva Accords gave way to uncertainty regarding a political settlement in Kabul, BAAG also became increasingly involved in lobbying on behalf of its member agencies for the maintenance of funding for Afghan cross-border programmes.

6.5 Difficulties in Coordination and UN/NGO relations

Despite the large number of NGOs involved in Pakistan and Afghanistan and the sheer scale of the relief resources being channelled through NGOs from 1985 onwards, coordination structures encompassing all agencies were surprisingly slow to develop. The first formal coordination structures representing anything more than half of the NGOs present in Pakistan (i.e. ACBAR and SWABAC) were not put in place until 1988. Even this move was largely the result of political expediency on the part of the NGO community seeking to define its role when confronted with the prospect of new funding sources and institutional relationships resulting from Operation Salam and the advent of UNOCA. The following factors are likely to have contributed to the failure of the international community to establish wide ranging coordination mechanisms concerning the provision of relief to Afghans.

Because of the comparatively limited role played by many of the international NGOs usually present in relief operations, the majority of NGO staff initially involved in the Afghan relief operation had little or no past experience of either running a relief programme or dealing with bilateral and international donors. In addition, as discussed above, for many years NGOs have tended to be discrete, even secretive about their programmes. Though difficult to gauge there appears to have been a general lack of self-confidence within the NGO community in their individual and collective roles as providers of humanitarian assistance.

On the donor side, bilateral donors by and large dealt with their own national NGOs with Afghan programmes and with UN agencies. In addition, bilateral donors, many of whom were funding cross-border activities, then as now lacked any sort of structure within which to coordinate their relief activities including their support of NGO programmes. As a consequence, donors on the whole had little reason to take an interest in the activities of NGOs providing cross-border assistance and it appears that there was no attempt by donors, in this context of the non-involvement of the UN, to collate information on NGO activities in Afghanistan.

As a result of their lack of group identity and the contrasting self-confidence of the UN agencies, NGO attitudes towards donors generally, but particularly the UN, appears, at best, to have been ambivalent. For their part, most UN agencies, at least at senior management level, appear to have seen NGOs as playing a limited or an insignificant role in the provision of relief assistance, rather than seeking to strengthen working relationships. Even though a number of NGOs to a greater or lesser extent depended on UNHCR for funding, UNHCR efforts to encourage better NGO/NGO and NGO/UN coordination appear to have been limited. One interviewee, a UN employee but with extensive experience of working for NGOs, described UN/NGO relationships in Pakistan for much of the 1980s as the UN having a superiority complex and NGOs having an inferiority complex.

As a result of their relatively small size, NGOs may have regarded the motives and abilities of multilateral and bilateral donors with suspicion. As discussed in section 4, such suspicions were probably reinforced by the particular circumstances faced by relief agencies operating in Mujahideen-held areas. However, towards the end of the 1980s, the NGO/donor relationship changed substantially. Not only had some of the longer serving staff and the headquarters operations developed a more measured view of their role and the role of others but, following the Geneva Accords, the UN attitude to Cross-Border Operations changed and almost overnight increasing amounts of new money were available to NGOs through the UN for programmes in Afghanistan. By the late 1980s, NGOs began to view the UN in a different light, especially as a result of its role in bringing about the Geneva Accords. However many NGO personnel interviewed expressed disappointment at the apparent difficulty UN agencies seem to experience in interacting with organisations outside the UN system, especially organisations smaller than themselves or with different mandates. In addition, many of those interviewed were also disappointed by the lack of the coordination between UN agencies. In the course of this case study, no evidence has emerged of any UN-orchestrated attempt to set up coordination mechanisms prior to the Geneva Accords or even to collate formally the names and programmes of NGOs active in providing assistance to Afghans. This is presumably because, with the creation of UNOCA, no single UN agency appears to have had an overall lead role and because coordination amongst the UN agencies themselves was reactive rather than proactive. The manner in which UNOCA initially handled its relationships with NGOs was cited by many of the NGO personnel interviewed as limiting their confidence in the abilities and intentions of the UN.

7. Conclusions

The role of NGOs in the provision of relief and rehabilitation assistance to Afghan refugees in Pakistan and those areas of Afghanistan under the control of Mujahideen forces up to 1991 has undoubtedly been significant. In the refugee camps as many as 50 NGOs complemented the capacity of the UNHCR and the Government of Pakistan's agency SAFRON in supporting some 3 million refugees. Within Mujahideen-controlled areas of Afghanistan NGOs were, for much of the 1980s the only channel by which relief and rehabilitation assistance could be provided to the population due to the inability of UN agencies and the ICRC to operate in such areas. Once the Geneva Accords had been signed UN agencies and bilateral donors were able to fund substantial rehabilitation programmes but were obliged to rely heavily upon NGOs to implement them. Over 100 NGOs are now involved in such programmes.

For a variety of reasons, it has proven extremely difficult to estimate the value of assistance provided by NGOs and compare this to the overall levels of assistance provided by the international community and Government of Pakistan in order to assess the relative contribution of NGOs. Aggregate information on the annual levels of UN, NGO and GOP assistance to the refugee camps was not readily available. Though in theory it should have been possible to collate information for individual NGOs this was not possible due to the large number of NGOs involved, the fact that expenditure records for much of the 1980s were simply not available, and the fact that during the 1980s an increasing number of NGOs became involved in the cross-border operations in Mujahideen-controlled areas of Afghanistan and for those that kept expenditure records many did not separately record such activities. Thus for most of the period it has not been possible to separate the data relating to the refugee camps and that relating to the cross-border operations and this has severely hampered efforts to assess the role of NGOs in quantitative terms.

With the creation of UNOCA and ACBAR in 1988, information on assistance flows improved substantially, though in terms of the information required for this study major difficulties remained. For instance, the information on NGO expenditure collated by ACBAR only covered its member agencies and it was not until 1992 that all NGOs involved in the provision of assistance were included in the ACBAR survey. Again the aggregate data collected did not differentiate between assistance provided as part of the refugee programme and that provided as part of the cross-border activities. A problem with data throughout the period since 1979, and this applies also to ACBAR data, has been the fact that a substantial proportion of the funds have been channelled through intermediary agencies and there is therefore a substantial risk of double counting the same assistance.

As a result of these difficulties the following estimates of the levels of assistance provided in the refugee camps and through the cross-border operations are little more than best guesses, particularly for the period before the creation of UNOCA and ACBAR. Throughout the 1980s the total level of assistance to the refugee camps in Pakistan appears to have been of the order of \$300 million annually, of which perhaps \$220 million was provided by bilateral donors, the UN and NGOs and \$70 million by the GOP. From their own resources NGOs may have provided \$10-15 million annually. Before 1986 the cross-border operation was modest growing from less than \$1 million per year at the beginning of the 1980s to perhaps \$5 million by 1986. Most of the funds involved were privately raised by NGOs and their supporters, though some funds were discretely provided by bilateral donors, such as the SIDA support to SCA. During 1986 the scale of NGO cross-border operations was substantially increased as a result of the US Government's programme of humanitarian support. The programme was administered by 'contractor' organisations which included NGOs. Whilst much of the funding was provided direct to political parties and local commanders, some was channelled through NGOs. Other bilateral donor organisations also began supporting NGO cross-border activities. The total value of assistance provided by and channelled through NGOs in this period was probably around \$20 million per year. With the signing of the Geneva Accords and the creation of Operation Salam, the scale of the cross-border programmes increased dramatically to perhaps \$300 million in 1989 and \$400 million in 1990. These funds were channelled in various ways. Bilateral donors channelled substantial sums directly to NGOs whilst funds channelled through UNOCA and the specialised agencies were variously used in implementation by some of the agencies themselves or were passed on to local commanders/authorities or NGOs for implementation. Precisely how much funding from UN agencies appears in NGO budgets or reflects in-kind assistance handled by NGOs is unclear. However, the proportion channelled through NGOs is likely to have increased over time as it was the express policy of the UN to encourage the formation of new Afghan NGOs in order to increase implementation capacity within the Mujahideen-controlled areas.

In terms of the activities undertaken by NGOs, there was a predictable variation between the two contexts. In the refugee camps the principal role of NGOs was the provision of services to the camp populations, either on contract to UNHCR or operating more independently whilst complementing the services funded by or provided by UNHCR and the GOP. The services in which NGOs have played a substantial role were health care, water and sanitation, supplementary feeding, education and income generation.

Within the Mujahideen-held areas there was considerable development in the range of activities over time as the scale of the cross-border operations increased. Until about 1985 the principal activity was emergency medical care. Thereafter, health sector activities were broadened and emphasis given to preventive care including Extended Programme of Immunisation (EPI), the establishment and supply of

primary health care facilities and the training of local health workers. Also from around 1985 education, agriculture and cash distribution (also referred to as cash-for-food) programmes were introduced. The latter involved providing cash grants to local leaders (military commanders and community leaders) on the understanding that they would be used to purchase food on the local markets, and between \$5 and 6 million appears to have been expended on such programmes by NGOs in the peak year of 1987. Such programmes were attractive to agencies through their avoidance of having to transport food aid from Pakistan through the mountains. However, they have been criticised as providing loosely monitored funding, much of which was probably used in support of military activities. The scale of the agriculture and health programmes increased substantially in 1986 with the USAID's Rural Assistance Programme and Agriculture Sector Health Sector Support Programmes.

With the arrival of the various UN agencies in the cross-border operations after 1988, NGOs increasingly became involved in contractual relationships, working as 'operational partners' to implement a particular activity or range of activities on behalf of a UN agency. The range of activities undertaken was also substantially broadened to include activities such as rehabilitation programmes for roads, telecommunications, irrigation systems and even mine clearance programmes. Thus, NGOs have been a crucial part of the UN's mechanisms for providing relief and rehabilitation in a context where local administrative structures and implementation capacity had been destroyed and/or were very weak.

An overriding feature of the case study has been the extent to which the role of both NGOs and the UN was determined by political and military factors. Thus the USA, which might normally have been expected to channel much of its assistance to the refugees either bilaterally or through US PVOs, deliberately channelled the bulk of its assistance through the UN in order to 'internationalise' its confrontation with the USSR. Consequently the direct funding of US PVO activities in the refugee camps was comparatively limited and UNHCR's role enhanced. The threat of air attack severely limited the ability of NGOs to operate in Mujahideen-controlled areas during the period up to 1986. The provision of US-made 'Stinger' missiles to the Mujahideen in that year transformed the situation and made it considerably less dangerous for people (Mujahideen fighters as well as NGO personnel and civilians) to move about during the daylight hours. This military development was part of a more confrontational US approach to the Soviet presence in Afghanistan adopted after the election of President Reagan for a second term. As part of this approach substantial resources were allocated to health and agricultural programmes in the Mujahideen-held areas and this increased the scale of the NGO cross-border operations.

The inability of the UN to respond to the severe humanitarian needs in the Mujahideen-held areas prior to 1986 reflected the absolutist approach to national sovereignty in the conduct of international relations. The case for humanitarian

interventions by the international community has only begun to be taken seriously since the end of the Cold War. Even UNICEF, the one UN agency whose mandate allowed it to provide or support the provision of humanitarian relief in the areas outside the control of the internationally recognised government was unable, or perhaps unwilling to attempt such an 'intervention', presumably because it would have been against the wishes of a Superpower holding, among other forms of influence, a right of veto on the UN Security Council.

The reasons why the ICRC was unable to provide assistance to the victims on both sides of the conflict within Afghanistan for much of the 1980s were different to those for the UN. Despite repeated efforts the ICRC was unable to obtain the agreement of all the parties to the conflict for it to commence programmes providing impartial assistance. Without such agreement the agency, which was formed in 1863 specifically to provide protection and assistance to the victims of conflict, was paralysed.

With the two principal conventional channels within the international relief system (i.e. the UN and ICRC) prevented from operating in the Mujahideen-controlled areas, the NGOs were, apart from the option of providing support directly to the Mujahideen themselves, the only means by which humanitarian assistance could be provided to the population within large areas of the country. Initially, the cross-border NGOs funded their activities almost entirely from private sources but from the mid-1980s onwards were increasingly used by bilateral donors as channels for the provision of publicly funded relief and rehabilitation assistance. Thus NGOs effectively 'stepped into' the vacuum created by the absence of the UN and ICRC, though as discussed below it would be quite mistaken to regard NGOs as having replaced the ICRC. Once the UN was allowed to begin operating in the Mujahideen-controlled areas it found that, in a context of weakened or absent local government structures, it had to rely heavily upon NGOs to implement its substantial programmes of assistance.

Virtually all the NGOs involved in the cross-border operation worked only on the Mujahideen side of the conflict. This study has not been able to determine how many NGOs approached the Kabul regime with a view to establishing relief and rehabilitation programmes in Government-controlled areas but it is believed to have been a very limited number indeed. Only two or three western funded NGOs are understood to have established programmes in Government-controlled areas. This close association with only one side of a conflict raises a number of issues.

NGOs cannot be considered to have been 'impartial' or 'neutral' in that they only provided assistance on one side of the conflict and generally appear not to have supervised their distributions of relief assistance sufficiently closely to ensure that they reached affected civilians and were not diverted for use by the Mujahideen - the cash distribution programmes being a particularly stark example. Such observations are not intended as criticisms of NGOs. By and large the choice facing

NGOs was either to operate on one side of the conflict and then on terms laid down by local military commanders or not to operate at all. Given the extent of humanitarian needs in the Mujahideen-controlled areas many NGOs, to their credit, chose the former. Nevertheless, this lays such NGOs open to the charge, which is difficult to dispute, that they were tools of western, particularly US, interests in the Cold War confrontation with the USSR. For many of the NGOs involved in the cross-border operations such a charge is not disturbing as they were Afghan and international 'solidarity' NGOs formed specifically in response to the Soviet occupation of a poor, small neighbour. As such they had greater identification with the Mujahideen commanders and fewer difficulties with the operating conditions required by the commanders than would have been the case for international relief NGOs. As such the 'solidarity' NGOs were substantially different organisations from the international relief NGOs, many of which aspire to the concepts of impartiality and neutrality. It is significant that many of the large, well-known international NGOs were either uninvolved in the cross-border operation or maintained a discrete distance by providing funding for other agencies rather than becoming operationally involved themselves.

This study suggests that the systems of accountability involved in the cross-border operations were less rigorous than normally associated with many NGO programmes. This may be attributed to the peculiar circumstances of the situation including the difficult operating conditions within Afghanistan, the relative inexperience of many of the NGOs involved, the secrecy which surrounded the cross-border activities for much of the 1980s, the complex routes and intermediary organisations through which such programmes were funded, and the apparently more relaxed attitude of bilateral donor agencies towards monitoring and reporting on grants channelled through NGOs in the Afghan context.

In view of the large number of NGOs involved in providing assistance to Afghans, there was a clear need for the development of effective coordination mechanisms. Formal mechanisms appear to have been slow to develop for the cross-border operations, the Committee on Medical Coordination and the Cooperative Committee not being formed until 1986. The creation of UNOCA in 1988, the prospect of large scale UN operations in Afghanistan and the perception amongst NGOs that the UN had little interest in their views on the design and management of cross-border programmes, resulted in the formation of ACBAR and SWABAC. ACBAR in particular represented a substantial improvement over the previous situation and developed a range of services to its members. Though ACBAR's membership has included most of the large NGOs it has never included all NGOs involved in providing assistance to Afghans, particularly the numerous small Afghan NGOs formed after 1988, and this must have limited its overall effectiveness.

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Overseas Development Institute
Regent's College
Inner Circle
Regent's Park
London NW1 4NS
UK

Telephone: 071-487 7413
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Telex: 94082191 ODIUK
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