

Center for Strategic and International Studies

TRANSCRIPT

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“2022 Washington Humanitarian Forum: Closing the Gap”

Panel 1: Aiding Afghanistan Under Taliban Control

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FEATURING

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Katherine E.
Bliss:

So in the 15 or so months since the collapse of the government of Afghanistan and assumption of power by the Taliban, the country has experienced massive economic shocks and political instability.

In many ways this turn of events already deepened a crisis many Afghans were facing in terms of drought and high food and fuel prices, as well as access to education, water and sanitation, adequate nutrition, and health services.

Over the past year, international partners, including the United States and other donor governments as well as multilateral agencies and nongovernmental organizations, have committed at least \$2 billion to fund essential services for the Afghan people.

However, the international community's imposition of economic sanctions on the Taliban regime and refusal to recognize the central bank as a mechanism through which funds can move have created challenges for that flow of support.

The new Afghan Fund launched in September with \$3.5 billion in frozen assets from the central bank may make it easier to utilize funds in support of essential services but it will take time to assess.

The complex political, economic, social, and even environmental crisis has hit women and children especially hard. Multi-year drought along with conflict has displaced hundreds of thousands of people with flash floods in other provinces killing hundreds.

Secondary education programs for girls have been suspended in many places, meaning at least 850,000 girls between seventh and twelfth grade are missing formal education. Requirements that women leaving the home be accompanied by a male escort have meant that trained female health workers who must travel some distance to get to the clinics or hospitals where they serve have had to curtail their activities lest they face harassment, violence, or abuse. And women who need prenatal care or are in labor are having to forego services if they don't have a male family member available to travel with them to health facilities.

In this context, rates of malnutrition have risen, immunization coverage has decreased, and outbreaks of acute watery diarrhea as well as measles and other infectious diseases have endangered the lives of thousands of children.

I'm Katherine Bliss, senior fellow and director for immunizations and health systems resilience with the CSIS Global Health Policy Center. And here today to join me in trying to make sense of the current situation and to share their

ideas and suggestions for improving access to humanitarian assistance for the people of Afghanistan is a stellar group of speakers.

It's my pleasure to welcome Dr. Zuhra Faizi with the Massachusetts Institute of Technology and Harvard Graduate School of Education; Dr. Rabia Jalalzai at the Johns Hopkins Medical School; and Dr. Davood Moradian with the Afghan Institute of Strategic Studies; and to welcome all of you to this breakout session, those of you here in the room and those of you in our on-stream audience.

Each of these speakers has been researching, writing, and speaking about the political and social situation in Afghanistan both prior to and since August of 2021, and they have kindly agreed to share their expertise in a conversation about the opportunities and challenges associated with delivering care in a context of Taliban rule.

So Zuhra, Rabia, and Davood, welcome to the conversation.

So it's November 9th, a little over a year since the collapse of the government and assumption of power by the Taliban. We're heading into winter months and we're heading into a third year of living with COVID-19, and at the same time, global fuel and food prices remain high due to the crisis over Russia's invasion of Ukraine, among other reasons.

So I want to start by asking each of you to share your top concerns with respect to the humanitarian situation in Afghanistan and what you see as the greatest obstacles to the delivery of assistance from your area of expertise to the Afghan people.

So, Zuhra, let me start with you. You work in the education sector. What do you see as kind of the top issues from the work that you do and the greatest obstacles to the delivery of that assistance in the current context?

Bibi-Zuhra Faizi: Thank you, Katherine.

As you alluded to, Afghanistan has experienced continuous humanitarian crises for four decades and, in fact, the over reliance on international aid has contributed to where we are today.

For 20 years, rather than building a sustainable economic and political system, there was a reliance on aid. And I know there's a lot of attention on the current de facto government of Afghanistan, but as an Afghan, as an American, and as a researcher, I want to ask what kind of system did we build that it fell overnight so quickly.

So, as an education researcher, my main concern today is that children are starving, that pregnant mothers are also starving, and we've all heard the figures by now. Last year, 1 million children were at risk of starvation. This year we have the same statistics. The U.N. predicts that more than half of Afghanistan's 39 –

Audience Member: Could you speak up, please? I can't hear.

Ms. Faizi: Sorry. (Comes on mic.) Is that better?

Audience Member: Yes. Thank you.

Ms. Faizi: OK. Sorry.

The U.N. predicts that more than half of Afghanistan's 39 million people are in need of humanitarian help and that 6 million are at risk of famine.

Food insecurity has a direct impact on education. When children do not have enough to eat, when they have to work in order to help their families make ends meet, education no longer becomes a priority and, moreover, within such extreme conditions families have to make very hard decisions.

Within this calculus, for very pragmatic reasons girls often lose out. Families have to make decisions about which child goes to school, which one stays at home, which one works, and it is often families decide to allow their boys to go to school because they end up becoming the breadwinners.

And, more broadly, again, as an education researcher, I worry about what's going to happen to the public education system. Just as families are making difficult decisions and education no longer becomes a priority, at the national and international level as well we are seeing the same thing, that less aid is going to education and that there are also questions about the government's – the de facto government's priority around education today.

There are many obstacles to delivering international aid to Afghanistan at the national level. Some are obvious. Some are less obvious. The current de facto government, even with the Taliban's admission, is one that is temporary.

In the past year, we have not seen progress in initiating a process to form a more permanent and stable government and, moreover, the ban on girls education has complicated relations with Afghanistan. There's a level of apprehension from countries in engaging with Afghanistan and the possible ramifications of this engagement, in particular, with relationships to the U.S.

At the international level, there are many crises around the world which are competing for the same pool of aid. Most recently, we have seen the Ukraine crisis, and one of the things that – as someone who likes to examine narratives in history one of the things that I've noticed is how the Ukraine crisis is covered very differently from the Afghanistan crisis.

There's a much greater level of sympathy for Ukrainians and for their challenges. We have not seen this level of sympathy for Afghanistan in the past 20 years and, moreover, we know that the delivery of humanitarian assistance requires cooperation between international and national actors. So when there is – when we see these gaps between – as well as obstacles on both fronts it makes it much more difficult to engage.

There's a massive trust deficit between the U.S. and the Taliban, which goes back several decades and, in some ways, it goes back even further. I think the harder we push and the more – the harder we push on conditioning aid on the reopening of girls schools, secondary schools, in particular, the more the hardliners within the Taliban can utilize that to say to the Afghan people, look, they don't care about you, and I think we have to be very careful about politicizing this matter further.

And it is not to say that Afghans are divided on this issue. In fact, I think there's consensus that schools need to reopen as soon as possible. However, we need to reassess how we engage with Afghanistan and how we engage – leverage local actors in order to make this happen.

Dr. Bliss:

Thank you.

I mean, so it sounds like you're really seeing a food security crisis driving a larger set of problems around education – access to education for boys and girls – and then this issue of girls education really becoming highly politicized in a politically already – you know, perhaps, a situation of political – a temporary political situation but, you know, becoming a real sticking point in the longer term.

Rabia Jalalzai, let me turn to you. You are working in the health sector. You've recently co-authored a report with other colleagues at Johns Hopkins, you know, around some of the issues pertaining to maternal and child health in Afghanistan.

But, you know, you've looked at this issue from a variety of perspectives. From your view in – as the health expert, you know, what are the top concerns that you're seeing in terms of access to humanitarian assistance

and what do you see as the greatest obstacles to really addressing the needs of the Afghan people?

Rabia Jalalzai:

Thank you so much, Katherine, for this great discussion.

Like Zuhra mentioned, you know, the figures talk for themselves. Over the past two decades, Afghanistan and the health care system made significant improvements. We have reduced the mother and child mortality to half. We have been able to improve health indicators. We have been able to increase life expectancy.

But with the fall of the regime back in August 2021, a lot of that is now in danger. A lot of the work that was done over the past 20 years is in danger. The humanitarian and health situation in Afghanistan is alarming and concerning.

For myself as a health care worker, I grew up in Afghanistan. I worked in Afghanistan. So it's very concerning for me.

The numbers, like I said, they speak for themselves. Ninety percent of the population is under the poverty line. They're food insecure. Twenty million people don't have enough food to eat in a day. Around 24 million people need immediate humanitarian assistance of which 18 million are in need of immediate medical attention.

Similarly, you know, the health of women and children in Afghanistan throughout the country is declining. We are seeing a rise in the number of maternal mortality rates and child mortality rates.

According to one estimate, if it escalates at the same speed, we – the maternal mortality rate may increase to 50 percent, from 630 to 960 deaths per 100,000 live births, and that's pretty much where we were 20 years ago when the country, you know, came out of the first Taliban rule.

And so looking at all those numbers, I'm pretty concerned that we will lose all of that work that we have done and that we will revert back to the situation that we were in 20 years ago and that some of these disruptions will mean the deterioration of health indicators, particularly, among children and women and vulnerable populations.

And I think the major obstacles in delivering care to the people of Afghanistan, like we all know, are – tie back to financial or the political situation inside the country or the financial crisis. Poverty is the – poverty, unemployment, hunger, the food prices – everything's through the sky and that is definitely going to impact the health care profile – the health profile of the country.

And, like I said, they pretty much boil down to financial problems that we're facing, the crisis – the financial crisis that has been imposed on the people of Afghanistan, and it's very much preventable.

It's a manmade crisis, in my opinion, with international community donors pulling their money, pulling their funding, their people, and shutting down offices. That has posed serious challenges to the health care system in Afghanistan, alongside with the rules and regulations that have been put in place for women in Afghanistan that are restricting their access to health care. I think we don't – in situations like this providing health care services or supporting health care services alone is not going to be sufficient in addressing the well-being of Afghan people.

It's also the social services that we need to support, which means protecting human rights in such conditions, protecting the rights of Afghan or woman rights in the country. And with the limitations that have been imposed on them, you know, the girls being forbidden to go to school and acquire secondary education, limitations on freedom of movement, limited employment, all of that is going to pose challenges and is going to cause problems in the delivery of care.

And as I saw in the report, interviewing the health care workers and it was – as we are seeing in all these reports and surveys coming out of the country, the maternal mortality numbers are on the rise. There's a fear that there will be epidemics of diseases that we were somewhat able to contain over the last 20 years like measles, like polio, like tuberculosis, and so much more.

So I think that the situation in Afghanistan is very dire and the world community needs to do – needs to intervene as soon as possible.

Thank you.

Dr. Bliss:

Rabia, thank you.

Davood Moradian, let me turn to you.

You know, you're based at an Institute of Strategic Studies. You are looking at the situation from, you know, kind of a political lens. I think Zuhra and Rabia have, you know, talked about some of the ways in which food insecurity, the, you know, situation around education and access to health care is really, you know, creating a crisis within the humanitarian sector.

How do you see things from your perspective, and when you think about the obstacles to the delivery of assistance, you know, where do you place your emphasis and research?

Davood
Moradian:

Hello, and good afternoon to all of you.

I'm grateful to have this opportunity to interact with you, particularly since a few days ago President Biden characterized Afghanistan as a godforsaken country.

Now, the fact that CSIS and USAID are still interested in that godforsaken country, I think, is refreshing, that still there are some people who care about Afghanistan, even in Washington.

I think as I was listening to the excellent presentation by my fellow panelists, I think what we have seen in Afghanistan there are a number of factors which I would love to highlight one reason – one – for the collective failure in Afghanistan and, here, collective is both the Afghans and our international partner(s), and that is that we couldn't get right to balance between the urgent issue and important issues, to use this business BMA language, that United States persistently, when confronting to choose between the important issue and urgent issue, often the United States choose the urgent issue, which end up losing the important issue.

I'll give you an example of how this played in the real life. The U.S. military logistic needs – as we know, in any kind of military operation logistic is a very urgent issue for the military, whereas addressing the sanctuary for insurgency was an important issue.

United States succeeded in planning one of the world's best logistical strategy for its military needs in Afghanistan because it was an urgent issue. But it failed to address the important issue of sanctuary in Pakistan, the important issue of the governance in Afghanistan.

Now, back to our conversation about humanitarian situation in Afghanistan, again, I see the same, if I can use that word of approach – the same mindset that to see – to look only on the urgent issue and somehow not ignore but discount the importance of the important issue here.

What we're seeing in Afghanistan's humanitarian crisis it is an urgent issue – urgent need issue that needs urgent attention and urgent intervention. But the question is that what is the important issue in this broader conversation, and the broader conversation – the important issue is that we are facing a political crisis in Afghanistan – a political crisis in Afghanistan.

And if I can be very specific that which, unfortunately, is lacking from the conversation about Afghanistan, now we're seeing the first – probably the first gender apartheid regime in the world.

What we see in Afghanistan – really, what the Taliban are doing to Afghan woman is not just some ad hoc isolated policy by one or two individuals. It is a systemic apartheid regime targeting the Afghan woman in Afghanistan.

Two-thirds of Afghan – the Taliban senior leadership are on the U.N. sanction regime, based on the terrorist criteria. In other words, we are seeing the first terrorist state running in charge of a country.

Therefore, what we are seeing, kind of the important issue that very few of us touching is that – have to do with the gender apartheid in the form of the Taliban, what to do with a terrorist state who is in charge of a country called Afghanistan.

Therefore, and the humanitarian crisis derives from that broader political crisis, which is the collapse of constitutional politic last year.

So I would like to finish by highlighting some talking points since we do not have time to go deeper.

First, as I said, this is we are facing with a political problem and not only a humanitarian crisis, which is very acute, very widespread.

I do not – I'm not denying the severity of the humanitarian crisis. But we should contextualize it in a broader picture of a political crisis.

The second reason is this data, the number that comes from Afghanistan, we have to be very cautious when you said 20 million, 75 percent, 95 percent. I would take it with a lot of caution in accepting those data.

The third is that what we're seeing in – we have been seeing in Afghanistan a vivid example of a humanitarian industrial complex. We have heard about the military industrial complex. We see also in the case of the – a humanitarian industrial complex exemplified by the inefficiency, the waste, the secrecy, of the United Nations system in Afghanistan, and of the United Nations system that we have a number of international organizations, an Afghan NGO and local NGO. So there is a hierarchy of these overpriced, inefficient, and, in many cases, corrupted entity operating in places such as Afghanistan.

So, really, yes, there is humanitarian crisis but also we have a humanitarian industrial complex.

And the last issue is that, unfortunately, again, we see the Taliban's clever strategy of weaponizing humanitarian needs to fund their terror regime. During that insurgency phase, based on SIGAR's and other independent

research, it shows that one source of funding of the Taliban insurgency came from the international aid.

The international aid was abused to fund, to support, the insurgency and terror campaign in Afghanistan. Now, since October – since August last year, Taliban are again using international aid to fund the terror apartheid regime in Afghanistan.

In other words, international aid organization have been – outsources the responsibility of the governance of Afghanistan and the Taliban are enjoying the benefit of the government while outsourcing the responsibility to international organization as United Nations is quite happy to assume that role because it is a win-win situation for them because there is no accountability. There is no transparency on how the United Nations is operating in Afghanistan and how the money are allocated and dispersed in Afghanistan.

So, therefore, I think, in order to address the urgent issue of the humanitarian crisis in Afghanistan we have to put it in the broader picture of addressing the political crisis of Afghanistan, which is the absence of a legitimate, accountable, and representative government in Afghanistan.

And I stop here.

Dr. Bliss: Well, thank you.

I mean, both – Davood Moradian, both you and Zuhra Faizi have, you know, really placed this issue in historical context, right, you know, looking back, you know, several decades and the fact that the current crisis we're talking about is not something new but, really, developed out of, you know, a long-standing set of economic, political, and social relationships that have developed over time.

Davood, I want to stay with you for a second and just ask you to reflect a little bit more on some of the points you raised.

I mean, you noted that, you know, even before the Taliban assumption of power Afghanistan relied heavily on humanitarian assistance. You've talked about this industrial complex, as you've called it. We know that aid flows

represented, you know, close to 43 percent of the country's GDP in 2020 and a great deal of public spending was, really, funded from foreign sources.

Back in September, the United States and the Swiss governments announced the fund for Afghan people using the \$3.5 billion in frozen assets to create a

fund based in Switzerland and, you know, the purpose, you know, is meant to, I think, provide assistance for humanitarian support.

How do you see this fund taking shape and being utilized in the current context? And, you know, you've pointed out the importance of, you know, really, supporting the local initiatives and local organizations.

What can be done to ensure that that kind of support really gets to – in the – I guess, in the political governance context that you're talking about what can be done to ensure that local organizations are really able to meet the needs of people at the community level?

Mr. Moradian: I think one is – a very big element is this transparency. We had an interaction with the senior U.N. official a few weeks ago. And the participant keep asking this gentleman to provide some data – data to Afghan audience, to Afghan citizen – that how much money that United Nations system receives, how those money are spent locally, nationally here. And he cited the confidentiality issue, the privacy of the donors here. So I think that the first thing is very basic, is that the United Nations and other donor organization should provide an accurate information about the money that are allocating and spending in Afghanistan.

We know from August 2001 till last week 1.6 billion (dollars) of hard currency has been given to Taliban-controlled central banks in Afghanistan – 1.6 billion (dollars). I really would like to know how this money are spent – basically, how those money are spent and what are the mechanism of allocating it.

So the first thing is a transparency in allocating those money. And the second thing is that, again, I'm not giving privilege to local actors because local actor, as I say, are part of this humanitarian complex industry here.

What I think, we need kind of a broader picture as a kind of an enhanced political mandate for United Nations, and that has to be a U.N. Security Council direct engagement in Afghanistan in all matters. In other words, we are – because now there is no basic elementary government.

In Afghanistan there is a vacuum of the governance state institution in Afghanistan. Therefore, this vacuum needs to be filled by kind of a U.N.

mandate. We know a U.N. mandate is a 20th century concept, kind of colonial era, but as a kind of a compromise still we have our own government. There is a need for a greater U.N. mandate – a political mandate in Afghanistan which has an element of an international legitimacy but also an element of Afghan ownership of this U.N. mandate. Again, kind of

a hybrid model of U.N. plus element of Afghan representative in overseeing this process.

So when we put in place such a hybrid governing authority then, I think, we can be more forthcoming in terms of providing direct assistance to local community in Afghanistan. But if we have only kind of a U.N.-centric approach in the absence of the Afghan participation or a Taliban-centric approach, again, in the absence of the U.N. and Afghan approach. And I think we are just reinforcing the driver of the Afghan conflict, which is the absence of a representative governance for Afghanistan.

Dr. Bliss: So you're really calling for a great deal more transparency not just around data but also around funding for different kinds of projects and a greater sense of participation on the part of Afghan experts and decision makers with the U.N. around some of that work.

So, Rabia, I want to turn to you to hear a little bit more about some of the challenges you're seeing within the health sector.

So you recently co-authored this report with other colleagues at Johns Hopkins based on surveys with health workers in a number of different entities and provinces, you know, across the country, and I wanted you to see – I wanted to ask you to say a little bit more about the top findings from the surveys that you carried out, what the health workers told you about what they're seeing and, you know, what you, really, see as the most significant challenges facing the overall health system in the near to longer term.

Ms. Jalalzai: Yes. The scope of the Afghan health care system is mainly defined by EPHS and BPHS, the basic packages of service – health services and essential packages of hospital services, and these were greatly financed by international donors.

As much as Mr. Moradian will not agree with me, but I think – as a health care worker, I think we need to address the urgent before we can get to the emergent because we're talking about millions of people who are being taken hostage for political reasons. And, quite frankly, looking at the – we're hitting a two years mark and to look at – look back at this time, it's really the

people of Afghanistan that are suffering and they're struggling, and they always have.

They've always paid the price of bad financial decisions and bad politics, bad policies, national and international, and I think in our report when I was interviewing, you know, there was – when I was talking to the health care workers, interviewing them, there was a figurative and literal cry for help,

and as a health care worker and as an Afghan it was heartbreaking for me to be on the other side of the call listening to these health care workers talk about not having as much as medicine to give to their patients. They had to watch them bleed to death. And this is multiplied by millions across the country but – and this is what they are facing in every part of Afghanistan.

And so, again, for me and as long as the findings of the report are concerned, it all boils down to the financial crisis that has come about as a result of the – you know, the funding that has been pulled, the sanctions that have been placed, the pause that has been placed on the money and assets that belong to the people of Afghanistan by the World Bank and by the international community, and so the findings corroborate that.

And just to make sure that I'm giving you the correct numbers, I'll just read the four main points and main findings of the report to you. Over 40 percent of the respondents reported that their working condition was worse or much worse, and more than half reported a reduction in their pay. Almost half of the respondents reported a decrease in availability of essential medicine to meet patient care needs.

Eighty-one percent of female health care workers reported safety issues that included being stopped by the Taliban because they did not have a mahram. Eighty-one percent of the respondents in public health facilities reported that work attendance had decreased since August 2021. That was one of the findings.

And the second finding is what – that the health care workers brought repeatedly in their interviews was the decline in availability and quality of care. Forty percent of respondents reported that the availability of maternal and child health care has decreased a little or a lot in their communities. Almost 24 percent of respondents reported that because of the worsening conditions in health facilities they were not able to provide care for mothers and children.

The national economic crisis, in addition to the loss of skilled health staff, poor working conditions, limited resources, and insecurities has forced women and their families to delay accessing needed care or make the

decision to deliver the baby at home because they do not have the funds to pay for transport or care at the public or private health facilities.

The practicing health professionals perceived an increase in maternal and infant and child mortality. Specifically, more than one-third of the respondents reported that infant or child mortality has increased.

Approximately one-third of the respondents perceive that maternal mortality has increased in their communities since August 2021, and the health workers expressed great concerns about future health care in Afghanistan. The health professionals were interviewed and identified – they identified several factors that unless addressed immediately will likely result in the loss of access and provision of quality care, leading to a national increase in maternal, infant, and child mortality.

And these were some of the findings of the report and they pretty much all boil down to the lack of global financial support that we're facing right now, as well as the political changes that have come about in Afghanistan since August 2021.

Thank you.

Dr. Bliss:

Thank you.

So, you know, what this report really points out are the challenges facing children in particular.

Zuhra, you talked about, I mean, just the challenge of, you know, children can't get enough to eat. They can't focus in school. If they can't get medical treatment – if the family, you know, has to pool precious resources to get services for a sick child then that can't go toward education and other kinds of investments in that child. Rabia has also pointed out just the lack of training in the long term for health care workers.

So, you know, just as you think about the education sector I know you had, I guess, prior to August 2021, through some of your research really focused on the role of community-based schools through kind of a nonprofit model, although I want to ask you to tell us about those and how they connect with the public system, but, you know, the security challenges that Rabia has talked about in terms of just some of the health workers being able to get to work, I think, also affect students trying to get to school as well.

And so, you know, I just wanted to ask you to discuss the state of education – you've already touched on some of this – but, you know, in particular, how you see some of the community-based educational opportunities changing

over the past year and a half, and as you think about the impacts of the current situation, you know, on top of the COVID-19 crisis and what we've seen really happening with education all around the world and setbacks for children everywhere, you know, where do you – you know, how do you see the situation particularly with respect to, you know, the focus at the community level evolving over the next couple of years?

Ms. Faizi:

Thank you.

You're absolutely correct. I think before the current crisis or many crises the biggest impediment to education was security. In fact, that's how my interest in community-based education began when I saw my own cousins in rural Afghanistan who did not – who could not go to school because of the security, because of the dangers on the way to school.

Community schools in their current form have existed in Afghanistan for several decades with the help of international NGOs as well as local NGOs. The big ones are IRC, Catholic Relief Services, as well as local ones. They are – these classrooms – they're called schools but they're more like classrooms – they're established by NGOs with the support of communities within homes, within mosques, and, in some cases, within madrassas.

The main point is that it has to be a centralized location that is safe and – that is safe and where parents trust the local teachers.

NGOs are mainly involved in mobilizing communities as well as training local teachers. So they identify trustworthy individuals from within the community with participation from community members and then they train them with – in pedagogical tools.

The majority of these schools exist in the rural parts of Afghanistan, although we do see them in the cities as well as the population has increased over the years, and the main reason is because the central government did not have the capacity and still does not have the capacity to reach all children, and, in fact, even before the political transition 4 million children were still out of school in Afghanistan of primary age alone.

So, again, there's this common theme of these issues are not new. It goes back decades. And there's a lot of research that shows – my research, as well as research by professors such as Dana Brady and Jackie Kirk and Rebecca Winthrop that these schools are remarkably successful in widening access in remote and hard-to-reach areas, and we also have data that shows that they perform at levels that are pretty similar to students in formal public schools.

My data – my research focuses primarily on teachers and the role of teachers within these schools, and one of the things that I take away is that there's a high level of trust between communities and schools and this is really important, especially in rural Afghanistan, where there's been a history of distrust with the education system and the goals of education.

And we can go back in history to the 1920s during the Amanullah Khan era when there were aggressive social and political changes enforced on Afghanistan. Seventy percent of Afghanistan's population still lives in rural

areas, and then more recently during the communist era, similarly, the communist government utilized education to push forward communist ideas, and this was primarily met with backlash in rural areas.

So this is really important and it's important not just to understanding the educational context but also to understanding the Taliban, to some extent, because they are majority from remote areas that have not been – that have not experienced the type of growth and development that cities like Kabul did.

These schools are, in fact, part of the public education system. They are intended to complement the public education system. So they're used typically grades one to three and the goal is to eventually – force students to eventually transition to formal public schools.

So they use a national curriculum and there is oversight by national actors, and this is this is critical because it ensures that students are – that students' education is officially recognized and that they can move on to other schools.

Just to give you a sense of the scale of community-based education in Afghanistan, in 2021 USAID funded around 8,000 of these classrooms that serve 170,000 students and, currently, UNICEF is still doing this work. IRC, Catholic Relief Services, as well as a plethora of other NGOs continue to work in Afghanistan unhindered – mostly unhindered.

The Taliban have not stopped community schools. As I said, they are only primary schools. And, in fact, even during the war and, to some extent, during the '90s these schools continued to function under Taliban rule.

So there's so much potential for community-based education. However, I do think we have to think more about sustainability of these schools. Currently, they rely almost entirely if not entirely on international funding. So as soon aid finishes the schools end, and all that effort that we put into training teachers, mobilizing communities, ends immediately.

And, again, my work focuses on trust. What does that say to communities when we promise them education and then we don't commit and we don't deliver?

So there are many benefits to NGO involvement in facilitating this work. These NGOs have had a long history of engaging with Afghanistan, and I'm speaking primarily about the international NGOs. There are also NGOs funded by the diaspora as well who do this work.

There's a level of cultural sensitivity and contextual knowledge that enables them to do their work well in communities that have not interacted with

even people outside of their own communities in Afghanistan. The local staff carry out most of this work, which ensures that the training material they have is customized to the local needs and values.

In fact, to just give you an example, the IRC customizes all of its training materials to communities in Afghanistan. And as I said before, NGOs fill capacity limitations of the central government. They provide salaries for teachers as well as resources within classrooms.

When I was in Afghanistan in 2018 doing this work, I was surprised to see that in a lot of cases the classrooms – the community school classrooms had far more learning materials than the public school classrooms.

And, finally, I think, in terms of the future, looking forward, I think there is great potential to extend these local efforts – (audio break) – sustainability. There has to be a clear strategy for how students can transition to the public education system and that is currently missing from the policy.

In terms of the future of girls education, I think it remains uncertain. However, I'm still hopeful because I was actually in Afghanistan this summer visiting my relatives and what I saw was how involved local actors are in pushing this government to make the right decisions and engaging – actively engaging with this government.

And I think I also see some positive signs on the U.S. front as well that there is continuous engagement. I think the worst thing we can do right now, which is what happened in the 1990s, is to completely isolate Afghanistan again.

And just to give you an example of what I saw this summer, one of the NGOs that I visited – they're a local NGO – they offer classrooms – classes for out of school children in the neighborhood, including girls who cannot access secondary schools at the moment, and they do this with the help of the diaspora.

In addition to how local actors as well as international actors are engaging, currently, there is a week-long Twitter campaign under the hashtag of #LetAfghanGirlsLearn, and it might seem somewhat silly to bring up Twitter in this discussion but it's a great tool and it's a way we can engage globally with the local officials as well as local NGOs and people who are invested in doing this work.

The campaign is aimed to raise awareness, to make sure that this issue does not slip away and that there is pressure on the government to reopen schools as soon as possible.

Dr. Bliss: And so even though most of those community-based schools are focused at the primary level, it sounds like you found at least some that were able to offer girls who are a little bit older in that secondary level access to some kind of learning during this period?

Ms. Faizi: Yes, absolutely. So it's not limited to – although it is limited to primary schools in most places it is not limited to a particular age group. So, in some cases, you will see 13-year-olds in these classrooms. In fact, in one of the classrooms that I went to in Kabul, in fact, was an 18-year-old and it was because the family did not want her to go to a formal public school.

So there are a lot and, you know, we can discuss what's at the root of these issues and it goes back – I think we need to understand some of the history, particularly communist policies, around politicizing education.

Dr. Bliss: Mmm hmm.

So we'll get to more of this in a minute. Right now, I want to invite members of the audience who are either in person or online to submit questions for the panelists, drawing on the discussion we've had so far.

If you're here in the room you can use the QR code on the back of your seat to scan and access a platform where you can enter a question, and if you're online, of course, you can submit a question through the website itself.

In the meantime, while you're thinking about questions and putting some of those forward, I want to follow up on a couple of issues with our speakers.

One – and this is for Rabia and Zuhra – a recent analysis by Save the Children, NGO working in Afghanistan, said that, you know, there's really a looming mental health catastrophe.

At least 4.5 million children and adults require mental health or psychosocial support but only one in four is actually able to receive the treatment that they need, and there's great concern that this could lead to longer-term consequences.

So from – Zuhra, from your perspective, from the focus on schools and school-aged children, and, Rabia, from your work in the health sector, how can international – is there anything international actors can do to support mental health services in this context and, you know, particularly children? How – what are the best ways in the current context to deliver that kind of support?

Rabia, maybe let me start with you.

Ms. Jalalzai:

Yeah, that is a great question. It's very less talked about. Mental health issues are rarely addressed in Afghanistan. Even before the fall of the regime in the previous government we had – we did not have any significant improvement in trying to address the mental health crisis that was there.

And in terms of, you know, capacity building, we were living in 40 – we are living in 40 years of war in Afghanistan and that has had major implications on the mental health of people. People are suffering from depression, anxiety, PTSD, and a variety of mental health issues but, you know, living in scarcity and in conditions where you can barely support the physical health of people in a country. So, obviously, that topic was put on the back burner.

So the numbers, obviously, are very high in terms of anxiety, depression, PTSD, and I think what we can do right now to address that is to invest and capitalize on workforce in human – on national capacity in Afghanistan. We need to provide opportunities for health care workers to train – we have all of these students who weren't able to go to school anymore from seventh grade and above – and I don't think any of them would mind any further training in health care specialties, becoming health care workers, mental health workers.

So I think that's something we can do right now. The international community, they can – they should invest in initiatives to train health care workers and mental health diseases, to bring health to them, as well as providing them support and providing funding to create centers where people can seek care for mental health services.

And I think that one thing that came about from the pandemic was distance learning and putting, you know, technology to work to help people and I think we can definitely implement that right now. We can definitely provide services to people in Afghanistan to seek care, you know, from a distance and also as well as train health care workers in this area.

Dr. Bliss:

So more training and better utilization of existing digital technologies and other kinds of technologies for distance kind of work.

Zuhra, what do you think?

Ms. Faizi:

I agree with Rabia. I think she brought up some really important points. Mental health is a privilege when you look at everything else that the country is facing and that children are facing.

I do believe it's connected to the economic situation. Even education researchers in the U.S. will tell you if you want to help improve the mental

health conditions of a community we have to focus not just – the solution is not just only within education but we have to focus on the broader context.

So, but I will focus here on what education – what we can do within education. When I first started my research in Afghanistan in 2018 I went into these classrooms with, in some cases, 50 kids in a small room in someone's home and I thought, why are they here.

You know, instantly, I – from my initial perception, it didn't look like there was learning happening. But it took me time, and I spent a good nine months in Afghanistan, and over time I saw just how important this space was for young children, from children ages five to 13 just to be able to get out of their homes, to be able to engage in a safe learning space, to engage with their peers in the neighborhood, which is often not possible in Afghanistan.

And, at that time, the security situation was much worse, and it was so horrific in Kabul at the time that families would not allow their kids to play in the neighborhood at certain times during the day. So school offered a safe space for these kids to play, to learn, to listen to stories.

So I think there are – I mean, it just comes down to we have the solutions. We don't need new ideas. We have the tools in place. It comes down to just funding them and making sure that there are more of these opportunities that we have for more children.

I will stress, however, that, you know, going back to one of my initial points about what all of this does, what all of these alternative opportunities do to the public education system, I think that remains a concern. While right now, yes, we are in an emergency situation and we should act, we should provide more opportunities in whatever forms they may be available.

I do believe in the long run we need to make sure that the public education system doesn't collapse entirely.

Dr. Bliss:

So both of you have really emphasized the nature of the security challenges as being critical to the mental health issues and that, you know, what you've shown, I mean, going back many years, schools provide a safe space where children who, you know, might not be able to walk to or get to a school that was further away could take advantage of the safe space of the community school and find friends and ways to connect with the broader world.

You know, thinking about some of these security challenges, Davood, I want to turn to you.

The institute that you had – the Afghan Institute for Strategic Studies – hosted a discussion in October, I guess, just last month, you know, really looking at some of the issues around holding the Taliban accountable under

international law for the allegations of human rights abuses and some of the security challenges.

And I just wanted to ask you to, you know, reflect on that conversation and, you know, why or, you know, how can international legal bodies – I mean, we know that the International Criminal Court’s investigation has been on hold for some period of time.

So, you know, how can the international community continue, you know, a process of seeking transparency and holding accountable for some of these violations within the current context?

Mr. Moradian: I think before we – I think we have to practice what preach others before expecting the governments and international organizations to respond.

I think it is an ethical obligation on the research community, which I’m also part of it, in the language that we use it. I think the clarity that we have seen in describing the situation in Ukraine – I listened to your opening remark. You rightly state the Russian invasion of Ukraine. So there is a clarity here who is the invader, who is the victim. Yes.

But, unfortunately, when they’re talking about Afghanistan, most of us we use very ambiguous, very sanitized language, and the big – well, I don’t insult the animals – the big elephant in the room is the Taliban. Who are the Taliban we are talking about here?

So one of the objective of the recent meeting that we had in London said to use the vocabularies and the principle of international law in understanding the Taliban from a legalistic point of view. And we had the author who

described the Taliban as meeting a number of international crimes, including gender apartheid. Again, particularly for who care about the woman equality, I think we have to be clear about the identity of the Taliban, the Taliban as a system. They are a gender apartheid regime. Therefore, I wouldn’t use kind of a de facto authority as the United Nation system use it or the government, as some of the commentator used. The Taliban are what the South African apartheid regime were in South Africa during it. Therefore, there is a clarity in describing the Taliban among the researcher community, I think it would help also clarify the international conversation about Afghanistan.

Again, I would like to emphasize that the problem of Afghanistan is a political crisis. It is the absence of a legitimate and a governance constitutional state for Afghanistan. And that problem was not started in August last year. It was started almost 40 years ago.

I listened to my colleague, Dr. Zuhra, who says that the communists' politicization of the Afghanistan education system.

No, I'm sorry. That was not the case. It was the Western support to Islamists who Islamized Afghans' education system in Pakistan in madrassas who promote Islamization of the Afghanistan education who used Islam as a tool against the Soviet Union that somehow created that division.

Therefore, I think we should have a historical context in discussing in Afghanistan and apportion the blame – where the blame goes. Again, I want to emphasize that Afghanistan needs an enhanced United Nations mandate because Afghanistan is too big to be handled by the Taliban or by that NGO community or the U.S. Treasury.

I think that is – they are not capable of handling Afghanistan burdens alone. Therefore, it needs a collective international mandate supported by United Nations with the important contribution of Afghan diaspora, Afghan community inside the country, and also all the stakeholders.

Dr. Bliss:

Thank you.

We have had some questions come in and so I want to make sure that we have some time to address some of them. Some are for specific speakers and some are sort of more general.

So, you know, one here is on immunizations and health security.

So, Rabia, I will turn to you for that one. You know, we've seen around the world during the course of COVID-19, you know, based on if you look at the World Health Organization, UNICEF, national estimates of immunization coverage the trend has been downward in almost all countries around the world.

Afghanistan, you know, starting in year 2000 went from a very, very low level of, like, DTP-3 coverage and had really risen quite a bit but has also seen, you know, a decrease in recent years.

And, you know, the question here is, you know, what steps are being taken to ensure that children, in particular, have access to routine immunizations across the country. We know that there are many rural areas and remote areas where it can be difficult and challenging to get routine immunizations and, much less, COVID vaccines. We know that that coverage is not very high.

And, you know, as we think about immunizations within a context of health security, really, you know, understanding that preventing outbreaks is

essential not just for a national community and national well-being but for global well-being, what steps can be – are being taken or can be taken to improve immunization coverage in the country?

I think you're on mute. Sorry.

Ms. Jalalzai:

I think, again, like the majority of the problems we're facing in Afghanistan, this one also is a multifaceted one and it's not really a technical problem where we can say, you know, one plus one equals two – we need to do one and two and, you know, we'll have this rate of immunization.

I think it's more of an adaptive challenge and it needs to be dealt with in that way, and financial problems, lack of funding, security problems, restrictive mobility, lack of access to health care centers, all of these have played a significant role in us not hitting the milestones that we would like to as health care workers in the last 20 years in terms of immunization.

But, I think, right now that all of that work is, like I said, reverting back to where it was in 2001 and I'm afraid that people – that children are not getting vaccinated at the same rate and the same way that they should be and that's why we're seeing a rise in the number of measles cases in Afghanistan.

To answer that question, I don't think any steps are being taken in the way that they should be to make sure that at least we're staying at the same level of immunization. I mean, right now the country is going through a health

care crisis, and when I'm talking to my colleagues back home in Afghanistan they're telling me about not even having food to feed the children in a ward where they're treating malnourished children so, let alone, you know, giving – providing vaccinations for these children.

I'm talking to colleagues and they tell me horrible, horrible stories it's hard for me as a health care worker to listen to. They're telling me that they now have to use plastic bags instead of colostomy bags to collect feces of patients who have undergone abdominal surgeries and they have to now, you know, shove all the patients into one room that they can keep heated because of lack of heat, electricity, and water in the facilities.

So, I think, you know, it's all these. It's easy to anticipate what the situation is with vaccinations and I think what can be done, again, the buzzword here is funding, I think. We need more and more support, global support. We had programs in place in the past that were helping bring vaccinations to the people.

Like Zuhra said, majority of the population is rural people in these rural areas. They live – they practice traditional medicine and there’s an apprehension when it comes to vaccines. There is a vaccine hesitancy.

So, you know, having all these health care workers that used to go to these places and bring vaccinations to children and now, you know, with majority of that professional population leaving the country we’re facing a gap in health care workers and nurses in facilities that provide vaccination.

So I think that those are all kind of – will lead to a decrease in the rate of vaccination and an increase in the different diseases like polio and measles, and I think what can be done right now is to kind of go back. And I think this is a movie we have watched before. This is something we’ve seen before 20 years ago. We know where the country is going to bleed the most. We know where the needs are going to be more pronounced.

So, I guess, unfortunately, we just have to go back to our old files and look through those and kind of fill those gaps. I think the countries, whether it was UNICEF, WHO, all these organizations, international donors, they need to put back the money that they used to provide for the ministry of public health to bring vaccinations.

We need to train more community health care workers because that’s contextual and has – it has proved – been proven in the past that it has – it works. So we need to train more staff. We need to provide more vaccines.

So, again, like I said, more – we need more medicine. We need more vaccines. We need more people who are trained, and we need to get to the rural and remote areas in Afghanistan to make sure that children do receive the vaccines that they should be.

Ms. Faizi: Katherine, can I respond to –

Dr. Bliss: Yes, please.

Ms. Faizi: Thank you.

I am aware of this fact that the U.S. was also involved in politicizing education in Afghanistan. In fact, in the ’80s the U.S. funded textbooks for the Mujahedeen to promote the Mujahedeen and to promote resistance against the Soviets.

However, that is also just part of the story. That’s not the whole story. The other part that we have to recognize is what the communist government did. And in my work, I focus on rural Afghanistan because it is the largest part. It makes up the largest segment of society in Afghanistan, and because it is

often underrepresented it's not – when we hear – to this day, when we hear stories about Afghanistan it is most likely focused on someone who lives in a city and not in one of the villages of Afghanistan.

And the other fact remains that there was mass resistance against the Soviet occupation in the 1980s, unlike something that we've seen before, and part of that had to do with communist ideology that was promoted through education in schools, in fact, and we have research on this, that children were coming home singing communist songs that denounced religion, and you can imagine what this did in rural, more conservative Afghanistan.

It didn't have the same effect in the cities and, in fact, Kabul was – Kabul was a sanctuary during the war – during the decade-long war, and this still has implications for today. I met a mother of two children – several children who were at one of the community schools I studied – she was in southern Kabul so a more rural part of Kabul – who talked about her own education growing up and how, when she was in primary school, her parents decided that she could no longer go to school because of the communist policies.

So this absolutely has implications.

Dr. Bliss:

So I think among the many words that we've heard today or the many concepts – history, the relevance of history, trust at the community level, trust within the international community, trust, you know, within different sectors of society – have also been, you know, words – we've heard a lot

about the importance of transparency not just around data and funding, but also, you know, perhaps, around the different kinds of ideologies that underpin the provision of humanitarian assistance as, you know, Davood has pointed out, health care, or different kinds of educational approaches.

We don't have time to collect thoughts from all of the additional speakers here. But I did want to give each of our panelists a chance to offer just one, you know, very brief kind of final thought on, you know, the one thing that you're really looking for over the next year that can really make a difference in the humanitarian situation.

So, Davood Moradian, let me turn to you first for your very brief thought.

Mr. Moradian:

I think to have the moral and intellectual courage to face the truth in Afghanistan and the truth is that the Taliban represents a totalitarian regime that needs to be dismantled on the moral, ethical, and also humanitarian basis.

Dr. Bliss:

All right. Thank you.

Rabia?

Ms. Jalalzai: Yes. I think that we, the international community, needs to intervene in addressing the economical crisis that are – that is posing health challenges to the health care system in Afghanistan as well as U.S. and allies negotiating with the Taliban regime to create – to cease its breach of women’s human rights violations that are taking place in the country.

Dr. Bliss: All right. Thank you.

Zuhra?

Ms. Faizi: I point out harsh truths not to support a side but because we need to gain a greater and a deeper understanding of Afghanistan.

For far too long we have based our strategies on a lack of understanding of the complexities of this country.

And my final point is if I could advocate for one thing it’s further engagement. The last thing we want to do in this moment is to disengage from Afghanistan and isolate this country again as we did in the 1990s, which led to the civil war and then to the Taliban government.

So I think engagement, and as recently Tom West was here and it was reassuring to hear some of his remarks, that the U.S. is engaging, although it’s somewhat of a silent diplomacy I find it encouraging that we’re doing that.

Dr. Bliss: So truth, trust, history, and continued ethical engagement are all – among the many issues that we’ve heard our speakers really emphasize today.

I want to thank Zuhra Faizi, Rabia Jalalzai, and Davood Moradian for joining me today to share their expert views on the challenges and opportunities for enhancing the delivery of humanitarian assistance in Afghanistan under Taliban control.

I think we went far beyond just the delivery of assistance but, really, you know, thinking about some of the origins of the challenges and some of the ways that we can use history to kind of move into a more hopeful future.

I also want to thank Jude Larnerd, Hareem Abdullah, from the CSIS Humanitarian Agenda Program, and Mackenzie Burke from the CSIS Global Health Policy Center for their support, and I thank you, the audience, for joining and participating in this discussion at the Humanitarian Forum today.

Thank you. (Applause.)

(END)