THE SENLIS COUNCIL

Security and Development Policy Group

The Canadian International Development Agency in Kandahar:

Unanswered Questions

Ottawa, August 2007

Contents

International staff on the ground in Kandahar need more assistance

The international community's staff working in on the ground in Afghanistan, and in Kandahar particular, are committed to helping the people of Afghanistan. However, many staff in Afghanistan and Kandahar provided us with comments on a private basis and cannot be identified.

These staff expressed their frustration at the lack of impact of the programs of the international community.

In addition to the comments made about the program themselves these themes were repeated:

- *There are too few staff members working on the ground in Kandahar.*
- *Policies restrict movement of staff and their restricted mobility prevents them from obtaining first-hand assessments on how projects are progressing*
- *Reports from international staff to head quarters in outside of Afghanistan are not being given proper consideration.*

The frustrations of international community staff on the ground in Kandahar were borne out by what we saw.

This lady lives in the Maghar camp in Kandahar's Panjwai valley, Aug 8, 2007.

Executive Summary

The Good, the Bad, and the Ugly

This report is the result of research conducted by The Senlis Council in response to the Canadian International Development Agency (CIDA). As a reaction to our reports demonstrating that the work of CIDA was not visible in Kandahar, we were invited to verify their work for ourselves. The suffering of the Afghan people in Kandahar not only neglects our humanitarian obligations to our allies in Kandahar, it creates a climate that fuels the insurgency and undermines the already dangerous work of Canada's military in this hostile war zone.

The Good News

The work of International Committee of the Red Cross (ICRC) has put a pharmacy in place in Kandahar's hospital, supplying medicines free of charge to in-patients. The ICRC has also funded a rotating clinical position: a surgeon who is helping to develop a triage system for incoming patients. Also, the ICRC clinical position will include an Obstetrician to help train staff at Kandahar's Mirwais Hospital in contemporary obstetrical care. ICRC is building capacity within the hospital's senior management and planning to make repairs to the roof of Mirwais Hospital. ICRC staff are experienced and committed to helping the Ministry of Public Health in the restoration of Mirwais Hospital in Kandahar.

The bad news:

Mirwais Hospital: We could not find evidence of CIDA work or CIDA funded work at Kandahar Hospital that matched the information given to us by CIDA. We were not able to find the Maternal Waiting Home project at Kandahar Hospital listed by CIDA as one of their projects there, not did we see evidence that the funds CIDA states have been given to hospital had reached the hospital. The situation at the hospital remains desperate:

- the ward for starving children not only still exists but is horribly over-crowded (there were 28 children sharing eight beds in one of the ward's rooms during our visits in August)
- the hospital needs still urgently needs basic medical equipment, basic housekeeping operations,
- the staff are repeatedly asking more equipment, more training, and more assistance overall
- there is no air-conditioning, heating, or ventilation in place ;

- there is no monitoring equipment in any of the wards – particularly the critical care areas (the Emergency Department, the Intensive Care Units, and the Post-anaesthetic Recovery Room) and no plans to provide training to nurses and doctors to be able to use such equipment;

The hospital continues to receive victims from the fighting, including victims of NATO bombing raids on villages in all of southern Afghanistan not only Kandahar province. It is not properly equipped to deal with the numbers or the types of patients it is receiving.

Food Aid: CIDA stated that through their funded partners on the ground in Kandahar, they have distributed thousands of tons of food to starving people throughout Kandahar. We were not able to obtain information on any specific food distribution points so as to validate this claim.

Infrastructure development: CIDA stated that they have given 18.5 Million Canadian dollars towards Kandahar infrastructure development. We found evidence of 5 Million Canadian dollars having been transferred to Kandahar. During the period of this research we were able to visit one CIDA-funded project in this category: CIDA is funding the construction of a new bridge in Kandahar. Construction on the bridge began earlier this year and is expected to continue for just over two years. This is a potential example of important development progress that puts local Afghans to work.

According to workers interviewed at the site however, there is no accident or medical insurance included for the workers so that if they are injured on the job, they are replaced without compensation. Also, children were seen as part of the construction work force (see video).

Civilian Casualties of War: We did not find any CIDA program in place to assist civilian casualties of war.

We were told that the Canadian military has established an informal program to assist those civilian casualties that arrive at the military base as best they can. Getting to the military base from a distant village means using one's own resources and travelling for many hours or days without stabilization on the way.

For the most part civilians living in village that are caught in the fighting or bombing have no assistance from the international community.

There is a UN Convention that states "the wounded and sick shall be collected and cared for".

Refugees and Displaced Persons: We had previously raised deep concerns and questions with regard to the large numbers of Afghans living in informal conditions

through Kandahar province who had fled fighting, bombing, drought and crop eradication.

It was confirmed that the largest refugees settlement in Kandahar province has not received food aid since March 2006. We were unable to find comprehensive programs for these groups of people.

CIDA uses at least five different bureaucratic categories for hungry or starving people in Kandahar and if Afghans are unfortunate enough to fall into the wrong category, they go without aid. As stated above we were not able to validate any widespread CIDA food aid program in Kandahar.

In August 2007 Child labour was seen being used on this CIDA-funded project to build a new bridge in Kandahar.

Unanswered Questions

The following are unanswered questions regarding CIDA funding in Kandahar:

1. *CIDA published an information sheet summarising its funding for Mirwais Hospital in Kandahar. According to this information CIDA has provided $5,000,000.00 for the hospital. Is CIDA able to provide a complete list of who received the funds and the details of what the funds were spent on? What is the current status of each project?*

2. *CIDA's published funding summary also claims that $350,000.00 was provided "to establish a Maternal Waiting Home (MWH) adjacent to the hospital to provide comprehensive essential obstetric care to expectant mothers...**Temporary facilities are already in use** with the construction of a permanent facility scheduled to begin shortly...". This did not happen. A large tent (see photos in section 2) was located beside the hospital but never equipped and never used. The tent was removed during our research. Was the $350,000.00 actually transferred? Will there actually be new construction as stated? If so, who is building it and when will construction begin?*

3. *Is the $5,350,000.00 referred to above the total amount that CIDA has committed for the hospital and when were these funds actually transferred?*

4. *Regarding the World Food Program and Emergency Funds can you provide a list of what funds were given to what agencies for exactly what purposes and locations?*

5. *Regarding the support for "battle affected displaced person, internally displaced persons, drought affected displaced persons, and refugees: could you provide a complete list of what aid was given, to whom, in what amounts, the current status of those programs, and local contact sources.?*

6. *What is the official CIDA policy for each of these categories of Afghan people? Please forward this policy documentation to us.*

7. *At our PRT meeting in Kandahar, we were advised that there is an existing program for civilian casualties and civilian injured. Could we have detailed information concerning the program, its funding and implementation plan/time line, and the local contact individuals responsible for this program?*

8. *As of July 31, how much money has actually arrived in Kandahar?*

9. *Whereas there are published budgeted amounts of funding to various agencies, how much money has actually been spent by each agency as of July 31, 2007?*

10. *What did these agencies actually spend the money on?*

11. How is the expenditure verified or accounted for in each case?

12. How much money still remains allocated but not delivered and to which agencies?

Afghan men waiting for food - Kandahar's Marghar camp, Panjwai valley, Aug 6th.'07

1. Refugees and food aid in Kandahar

Responses to questions put to CIDA about why there are people across the province of Kandahar who are living in camps without access to food, water, employment, and healthcare, were characterized by evasive jargon.

When discussing starving Afghan people with CIDA, the Senlis Council was told that it is important not to confuse the various "categories" that these people are placed into by foreign experts. This is because CIDA's policies exclude, for example, true "refugees" from receiving CIDA aid and development initiatives. The reason given for this exclusion is that refugees are the responsibility of the government of the country according to CIDA. This seems an questionable defence for inaction because CIDA officially recognizes that the fledgling democracy of Afghanistan does not yet have the 'capacity' to carry out many of the basic functions associated with democratic government in western society. Indeed, these growing pains are widely recognized throughout the international community which has been trying to 'build capacity' in all levels of Afghan government.

While officials and experts meet about "categorizations", there are thousands of local Afghan civilian families who are starving and or sick/injured and who are not receiving aid.

The categories of starving people: a 'shell' game

'**Refugees'**: While a 'refugee' is popularly thought to be someone who seeks refuge for safety across an international border in times of political upheaval, the official CIDA policy regarding this group was not available to us. A starving Afghan family found in a camp in Afghanistan having returned from a neighbouring country, is defined as a returned 'refugee' and falls outside those that CIDA's programs would consider.

'**Internally displaced persons**': Afghans whose escape from their homes and villages did not lead them outside of the country; instead, they have remained camped inside the borders of Afghanistan.

CIDA distinguishes between several types of internally displaced persons including: 'battle-affected displaced persons', 'drought-affected displaced persons', and 'security-affected displaced persons' to name some examples.

'Displaced people' and 'refugees' have several things in common: They are Afghan citizens who live in camps away from the villages that were home for many generations, they have few or no belongings and cobble together shelter from garbage, discarded sheet metal, vinyl tarps etc., they are generally unemployed and have no prospects for work, and virtually none of them know where their next meal will come from or when.

CIDA says it has funded food for work programs that have proven effective means for providing meaningful work and sustenance to some families in some camps. However the locations and other details of these programs remain unavailable. Also, many camps have yet to receive aid and will not because of their category of displacement or homelessness.

If a camp is forced to exist long enough through lack of development initiative (and some camps have endured since the invasion following September 11, 2001) there is a tendency to rename them 'settlements'. Such a move then places these people camping in the desert outside of the responsibility of CIDA-funded partners such as the UN's World Food Program (WFP); in this way these people are placed by WFP under the auspices of the local government.

This is disastrous in contemporary Kandahar because the local government is not developed enough to accept responsibility and doesn't necessarily agree with foreigners' interpretations of 'settlement' vs. 'camp'.

The bottom line: this group of Afghan people who are unemployed, homeless, hungry or starving, sick and injured, etc., are not eligible to receive aid – they fall through the very large CIDA bureaucratic cracks.

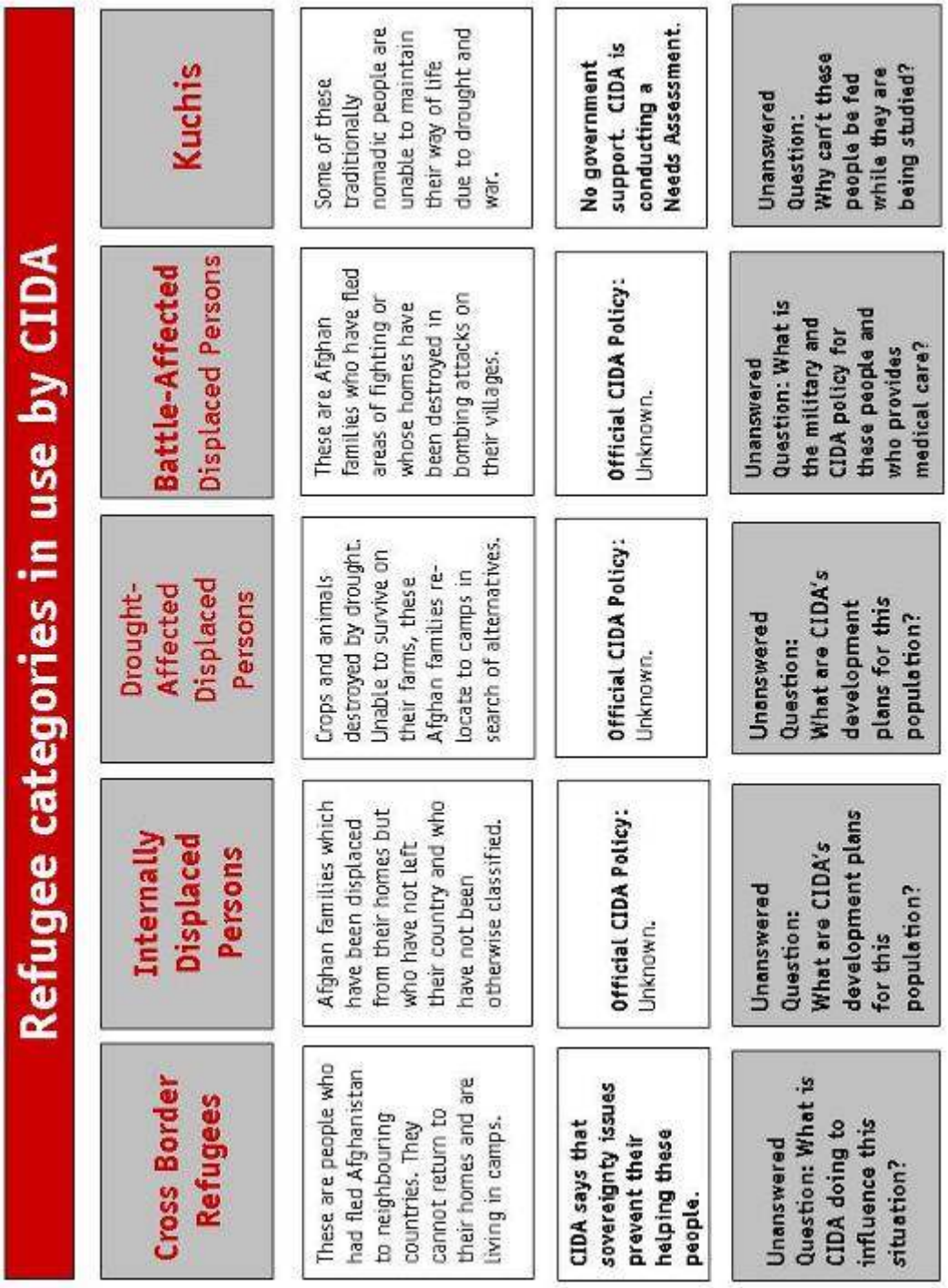
Finally, there is a group of people who were traditionally nomads in Afghanistan known as Kuchis. These are people who, for centuries, supported themselves by moving about the country raising and trading livestock. However, drought has culled most of the herds and nearly thirty years of war have cut off traditional routes of nomadic migration. At present, CIDA is participating in a 'Needs Assessment' on this group of people. Up until now, and during the period of the needs assessment, these people are not receiving food or medical aid.

1.1 CIDA positions regarding the refugee and food aid situation in Kandahar

The Government of Canada

Canada's official position or policy in Kandahar on refugees and food aid is not at all clear. Its strategy to influence all stakeholders - the various levels of government in Afghanistan, the UN's services and agencies, the Afghan people themselves, NGOs, etc., - is not available. There is a lack of coordinated management of the wealth of resources at the disposal of Canada in Afghanistan. Current Canadian policy results in far too few people on the ground in Afghanistan working with the local civilians and military to provide training and other initiatives to rehabilitate Afghanistan. The absence of a plan with measurable objectives (critical success factors) is a disservice to the people who Canada is in Afghanistan to help, precludes accountability to the tax-paying voters in Canada, and undermines the safety of Canada's military in Kandahar.

CIDA's field operating policies are not available. It seems however that employees of the Canadian government are prohibited from leaving the Canadian Armed Forces bases except when they are escorted by a military convoy. Such a practice prevents CIDA staff from gaining first-hand information and profoundly limits the ability of the staff to know what the challenges are, and how they might be addressed.



1.2 What Senlis Found

Food distribution: an invisible system

The system used to transport food is said to start with 'rated' transporters who are guaranteed *by the government of Afghanistan* to move the food to final distribution points. Once the food arrives at the distribution points it is handed over to implementing partners who, in consultation with village elders and/or the local governor to distribute the food to each household.

CIDA does not have a detailed list of which households received food aid nor where they are located. *When* the food distribution actually took place is not available either. Instead, there is a 'summary of districts' **where food is believed to have been distributed** (see Appendix III).

Lining up for help at the Magher camp in Kandahar's Panjwai valley.

1.3 Unanswered question: what leadership is Canada providing to resolve the situation?

1. *What is Canada's overarching plan for development in Afghanistan?*

2. *How is Canada modifying its development and aid strategies to operate in a war zone – an environment that CIDA has little experience with?*

3. *What is CIDA doing to overcome its lack of transparency and accountability both internally and externally with its implementing partners in Afghanistan?*

4. *What steps is CIDA taking to ensure that aid is actually getting to the people who need it?*

Five year-old girl living in Baghepool camp, Kandahar, Aug 10th, 2007.

This young boy, injured in the bombing of Musa Qala on 2 August, was one of the lucky few able to access medical treatment in Kandahar's hospital.

2. Civilian Casualties of War

The international community's military actions, particularly its extensive use of aerial bombing, often as compensation for the limited number of troops on the ground in southern Afghanistan, are causing injury and death to innocent Afghan civilians. These injuries and deaths are more than just 'collateral damage', and as such proper provision must be made by the international community to care for the victims of its counter-insurgency tactics.

2.1 CIDA position regarding the treatment of civilian casualties injured in Canadian or international military action

There is no CIDA program in place to assist civilian casualties of war. The Canadian military has developed their own limited informal practise to assist as best they can.

Unofficial Canadian policy

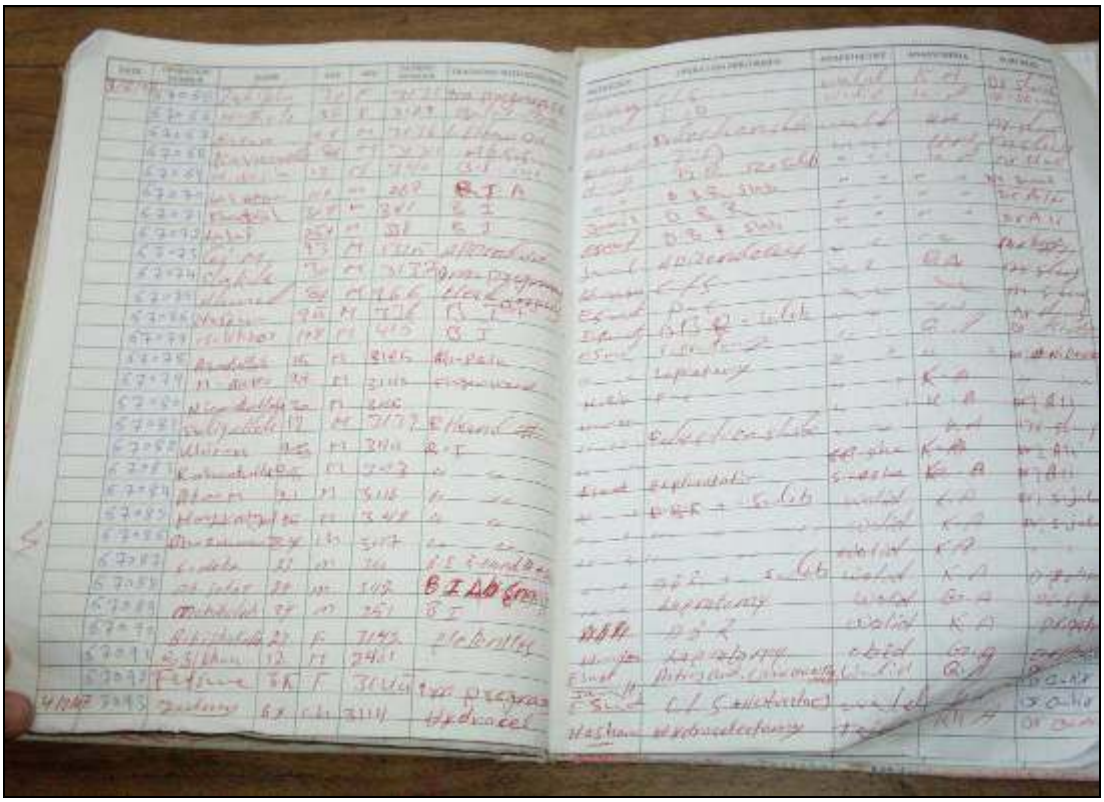
Representatives from the Kandahar Provincial Reconstruction Team have said that they operate an unofficial policy for helping those injured in bombings by the international community's militaries: if the bombing casualties make it to the gates of the PRT, they will be taken in and treated. However, most Afghans do not have access to the transport necessary to travel to the PRT.

When civilians are injured by Canadian military action they are left to their own devices. The current practice is that if these civilians can get to the Canadian Provincial Reconstruction Team military base in Kandahar, (which is not easy for most Afghans to do, they normally do not have any way to transport the injured), and if the military medical facilities have unused capacity when the injured civilians arrive, they will be brought into the military base and treated. However, following treatment, those civilians are then sent to Kandahar Mirwais Hospital where as we have stated elsewhere they cannot be cared for properly. Getting to the military base from a distant village means using one's own resources and travelling for many hours or days without stabilization on the way.

Independent verification of civilian casualties from bombings seen at Kandahar's Mirwais hospital

Because the extremely negative security environment in southern Afghanistan often precludes independent verification of civilian deaths caused by the international militaries' bombings, reports by locals of civilian deaths are often dismissed or not investigated. However, Field research at Kandahar's Mirwais hospital illustrates the burden the bombings are placing on southern Afghanistan's already stretched health services. While many civilians are able to travel to Mirwais Hospital without the benefit

of an ambulance or military stabilization at the bombing scene, more are not. Instead, they are left to languish in their bombed out homes and villages.



The operating room register for Mirwais Hospital's operating room shows the surgeries performed on August 3rd, 2007 on civilian casualties of an aerial bombing on in Baghram District, Helmand province the day before.

2.2 What Senlis Found

Limited support and treatment of civilian bombing casualties

For survivors of bombings by the international community's militaries, accessing medical aid requires expensive private transportation on roads which are either badly damaged from more than three decades of warfare or are too dangerous due to insecurity. Those who have access to transport bring the wounded to the Mirwais hospital in Kandahar or Bost hospital in Lashkar Gah.

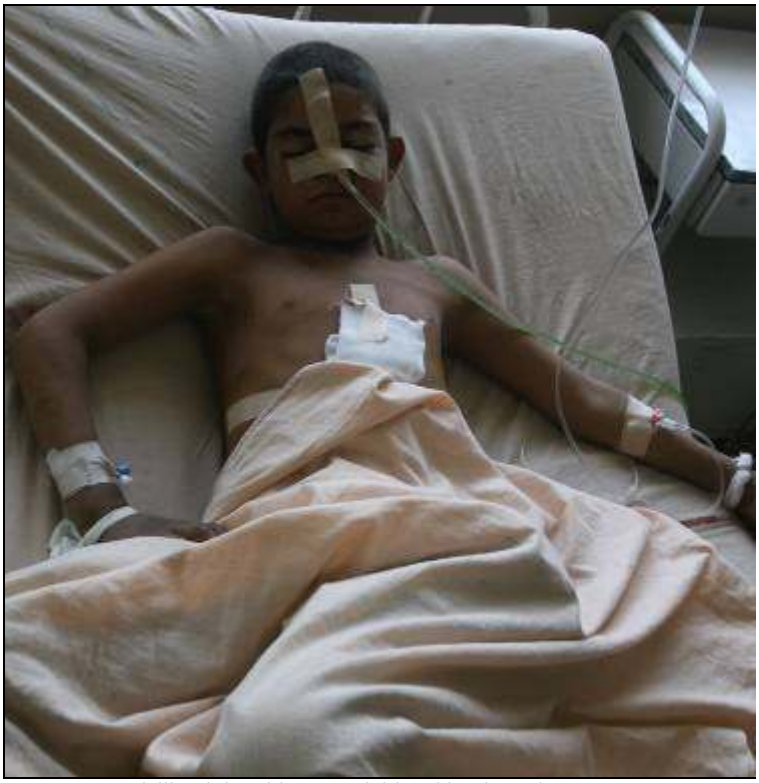
However, as reported in *War Zone Hospitals in Southern Afghanistan: A Symbol of Wilful Neglect,* after six years of international presence in Kandahar and Lashkar Gah, these hospitals – the only provincial hospitals for Kandahar, Helmand, and surrounding provinces respectively - are still rotting, outdated, and filthy, and do not have basic

diagnostic, medical, or surgical equipment.[1] Further, the medical and nursing staff in the hospitals lack the training they desperately desire in order to provide more than just shelter from the extreme desert climate surrounding the two cities.

United Nations Convention on Caring for the Wounded and Sick

"…the wounded and sick shall be collected and cared for…"

Article 3, clause 2



Civilian injured in an aerial bombing in early August.

[1] The Senlis Council, *War Zone Hospitals in Southern Afghanistan: A Symbol of Wilful Neglect*, London, February 2007, [online] Available at: http://www.senliscouncil.net/modules/publications/020_publication

This man was treated at the Mirwais hospital for severe injuries sustained in a bombing of his village in Musa Qala District, Helmand province, on 2 August 2007.

2.3 Unanswered questions

1. *What leadership is Canada providing to resolve the situation?*

2. *When will Canada put emergency medical support in place for civilian victims of military action?*

The extensive use of aerial bombing, often as compensation for the limited number of troops on the ground, has triggered further deterioration of local support. Canada's leadership within NATO-ISAF and the international community can help to decrease the number of civilian casualties of war and ensure the proper treatment of those injured. Canada's military is doing more than its share of the work in southern Afghanistan. Using this as leverage, Canada is in an ideal position to persuade other NATO members to increase their national commitments to ISAF to decrease reliance on aerial bombings, and to increase their support towards Afghan civilians negatively affected by bombings.

3. The Kandahar Hospital situation

Following the February 2007 release of the Senlis report on Kandahar's Mirwais Hospital ***War Zone Hospitals in Afghanistan: A Symbol of Wilful Neglect***:

3.1 Official positions regarding the Kandahar hospital situation

- CIDA states it has been in ongoing contact with the hospital and "closely monitoring the situation at the hospital.

- CIDA looks to Afghanistan's Essential Package of Hospital Services as a guide to how the hospital sector should be staffed, equipped and provided with medicines for the defined set of services at each level

A patient at Kandahar's Mirwais Hospital.

3.2 What Senlis Found

3.2.1 The good news

Patients in the hospital are receiving medicines

A pharmacy has been established in the hospital by the ICRC which supplies medications to patients free of charge. This is not part of any CIDA project for the hospital.

The Mirwais Hospital pharmacy

Due to the work of ICRC clinical capacity is increasing

As part of its support of Kandahar's Mirwais hospital, as well as an administrative consultant, the ICRC supplies international doctors to staff a rotational clinical position. Formerly filled by a pharmacist, this position is currently filled by a surgeon who is helping to develop a triage system. This surgeon will be followed by an Obstetrician/Gynaecologist. There is an ICRC management training medium- to long-term training program being started. This is not a CIDA-funded project.

Due to the work of ICRC some physical improvements are being made to the hospital
The ICRC is in the process of installing a new water tank on the roof of the hospital and is planning to make repairs to the hospital's roof. This is not a CIDA-funded project.

3.2.2 The bad news

The hospital building remains in visible disrepair
With the exception of the roof repair plans, there are no visible maintenance projects underway. There are no plans in place to address the lack of air conditioning, heating, and ventilation. Damaged doors and walls are not being repaired and there are no plans to paint the building.

Relatives of patients waiting at the entrance to Mirwais Hospital's surgical unit.

Conditions in the hospital remain a vector for infection
The hospital is filthy and there is still no organised housekeeping department.

The rate of improvement in clinical care standards remains dangerously slow
Given the presence of only one administrative consultant, and a single clinical position, the rate at which clinical care capacity is increasing in Mirwais remains dangerously slow.

According to basic first aid, unconscious patients unable to protect their airways - such as this man - should not be left on their backs.

3.2.3 The ugly news

The malnutrition ward still remains dangerously overcrowded and under-resourced

The hospital's eight-bed therapeutic feeding unit remains overcrowded, under-resourced and filthy. The lack of ventilation means that summer temperatures inside the unit often surpass 35 degrees Celsius.

At three years of age, this girl weighed only as much as a 6 month old baby.

Innocent victims of Kandahar's starvation crisis have access to only limited treatment at Mirwais hospital.

The hospital's operating rooms and intensive care unit are unable to cope with day-to-day health needs of Kandahar's population, let alone the influx of bombing victims

The over-crowded 'open ward' format of the Intensive Care Unit does not allow for the containment of infectious diseases, and there is no monitoring or resuscitation equipment in the ICU. The airway management equipment remains limited, and there are no ventilators. The operating room consists of two theatres with two operating tables in each theatre, and surgical instrument sets are stored wrapped in stained worn cloth.

Operating instruments are wrapped in worn, stained cloths and stored in the operating theatre.

The CIDA-delivered maternity unit is missing

This year CIDA provided a CAD 350,000 grant to UNICEF to establish a Maternal Waiting Home adjacent to the hospital, to provide comprehensive essential obstetric care to expectant mothers, train local health workers, and carry out a safe motherhood information campaign. Although CIDA-supplied documents claimed that **temporary facilities are already in use** and that the construction of a permanent facility is scheduled to begin shortly, it is clear that Mirwais Hospital does not have such a facility.

During its visit to Mirwais Hospital on 2 August 2007, Senlis found a large empty tent beside the hospital. The temperature outside the tent that day was hotter than 40 degrees Celsius. Although this tent was supposed to house the hospital's temporary maternity unit, ICRC staff reported that the tent had never been used, and that no equipment was ever put in it. By the time Senlis returned to Mirwais the next day, the tent had been removed.

The location of the hospital's morgue precludes any post-mortem examinations[2]

As well as precluding any proper pathological examinations, the Hospital morgue's location - a full city block's distance away from the main hospital building - means that the dead must be transported through patients' families camping in the hospital grounds.

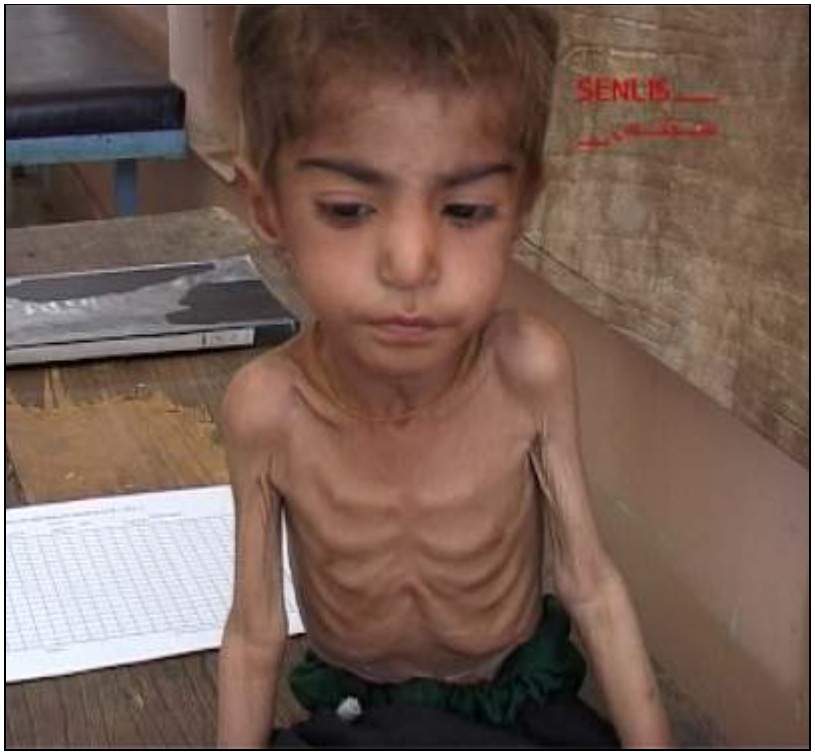
Kandahar hospital morgue.

[2] ***Warning: the photos on the following pages may disturb.***

3.3 Unanswered question: what leadership is Canada providing to resolve the hospital situation?

Discussions with hospital officials and field research in the Mirwais hospital clearly indicate that the Kandahar's hospital remains incapable of providing the necessary health services for a population caught up in an increasingly violent insurgency.

Given this situation, and given the constraint of the International Committee of the Red Cross's need to maintain neutrality, what leadership is Canada providing to resolve the hospital situation?



4. Infrastructure Development

Infrastructure development: CIDA stated that they have given 18.5 Million Canadian dollars towards Kandahar infrastructure development (See appendix 2, p. 42 below). We found evidence that only 5 Million Canadian dollars having been committed and transferred to Kandahar.

4.1 What Senlis Found

CIDA reports that it has been developing and working with District Development Assemblies (DDAs) and Community Development Councils (CDCs) which function at the community level to identify their own infrastructure needs. This process is said to engender local ownership which in turn potentiates the success of each project. CIDA further reports that a long list of community-driven initiatives have been thus identified and funded and are complete or underway. However, we were not provided with the list of project locations or their timelines with one exception (see appendix III).

CIDA-funded bridge in Arghandab, Kandahar, Aug 22, 2007 (Child in foreground is filmed lifting heavy loads)

During the period of this research we were able to visit the construction site of a new bridge in Kandahar. Construction on the bridge began earlier this year and is expected to continue for just over two years. This is a potential example of important development progress that puts local Afghans to work rebuilding their country.

According to workers interviewed at the site however, there is no accident or medical insurance included for the workers so that if they are injured on the job, they are replaced without compensation. Also, children were seen as part of the construction work force (see video). This represents a departure from Canadian work-place health and safety standards and is a result of poor management. Such standards should be brought to bear on any infrastructure development that Canada is funding. In addition to protecting the fundamental rights of Afghans to health and safety in the work place, such management models another dimension of development while demonstrating to Afghans that Canada cares about them.

Attempts to obtain information on the whereabouts of the many projects were evaded. Emails between Senlis and CIDA and/or UN Development Programs regarding the locations of infrastructure project details were unanswered or eluded. For example, Senlis made a request for "...a complete electronic list of the CIDA funded [UNDP infrastructure] projects either completed/underway or planned for the future in Kandahar?" The response was "I would suggest you to contact our main office in Kabul for any electronic copy of our lists." However, the contact information for the Kabul office was not provided. A follow up to CIDA for this information was ignored. (see Appendix III, Aug 18, 19, 20).

Without the benefit of seeing any other CIDA-funded infrastructure projects, it is impossible to verify their existence or to know whether the labour standards observed at the bridge are exceptional or not.

4.2 Unanswered questions: What infrastructure?

1. *What is the actual location of each of the infrastructure development projects that CIDA has funded in Kandahar?*

2. *What is CIDA's policy on child labour?*

3. *What is CIDA's policy on project management? Does CIDA include explicit standards, (including health and safety, hours of work, compensation, health benefits, etc.) for the management of projects that it funds?*

4. *Does CIDA use a tendering process when letting development projects? If so, how does CIDA bring Canadian labour practice to bear on the evaluation of bids?*

Appendices

I. Initial correspondence between The Senlis Council and CIDA

II. Extracts from CIDA's recent document on its Kandahar projects

III. Email traffic between Senlis and CIDA PRT staff regarding CIDA-funded projects and activities in Kandahar

IV. Email traffic between Senlis and World Food Program staff regarding CIDA-funded projects in Kandahar

V. Email traffic between Senlis and UNICEF staff regarding CIDA-funded projects in Kandahar

VI. Email traffic between Senlis and Ministry of Rural Rehabilitation and Development staff regarding CIDA-funded projects in Kandahar

VII. Email traffic between Senlis and UN-Habitat staff regarding CIDA-funded projects in Kandahar

"These appendices contain the email correspondence between CIDA staff operating from Kandahar's Provincial Reconstruction Team, staff from the various agencies charged with implementing CIDA-funded projects, and Edward McCormick, Afghanistan Country Director for The Senlis Council. For the sake of completeness, all the email traffic between Senlis and the different agencies has been included in this section."

I. Initial correspondence between The Senlis Council and CIDA

Country Director, Senlis Afghanistan

Mr. Stephen Wallace
Vice President, Afghanistan Task Force
CIDA
200 Promenade du Portage, Gatineau
Quebec, K1A 0G4

26 June 2007

Dear Mr. Wallace,

Thank you once again for taking the time to meet with us to discuss the hospital and starvation crises in Kandahar, Afghanistan. We appreciate having established open communication with your agency and the ongoing opportunity to assist you in addressing the development and aid needs in Afghanistan.

Among those needs are the starvation crisis in the villages and refugee/internally displaced persons' camps throughout southern Afghanistan, the war-injured civilians who now have no basic or acute medical/surgical care access, and the dilapidated and barren state of Mirwais Hospital in Kandahar city. As requested you will find enclosed (i) a sample list of camps that we visit during our field work and which are populated by people succumbing to starvation and various untreated maladies and, (ii) a list of specific starting points to address the needs of Mirwais Hospital in Kandahar. In addition to this list, we continue to look for the following simple but high-profile initiatives that would assist in Canada's efforts to bring peace and prosperity to Afghanistan:

1. Introduce emergency field treatment of civilians injured in fighting and bombing
The deployment of highly skilled military paramedics must be implemented in southern Afghanistan. These paramedics would seek, transport and stabilise casualties of war in liaison with the armed forces and should also be used to train Afghan women and men as future paramedics.

2. Immediately Provide Mobile Field Hospitals
These are urgently needed to deal with war casualties, severe malnutrition and other urgent medical cases, and should be immediately established until proper hospitals are in place in southern Afghanistan. Blood banks must be established as part of each temporary mobile medical and surgical facility and eventually become part of the permanent hospitals.

3. ***Rebuild existing hospitals to help Afghans and provide jobs (see the attached detailed recommendation regarding Mirwais Hospital in Kandahar):***

Existing hospitals must be immediately renovated to provide not only basic health care, but also care for war casualties and the endemic malnutrition. As part of this hospital renovation, training in basic hygiene and institutional housekeeping should be provided to local Afghan people to create immediate employment in the existing hospitals.

4. ***Implement outreach and training programmes to foster sustainable improvements in health***

Medical doctors should be provided with continuing medical education by their military counterparts to manage the trauma of war, and outreach programs for the malnourished, children under five, pregnant women and the elderly must be developed and implemented. Meanwhile, comprehensive surveillance of health indicators such as disease prevalence must begin immediately and include those living in refugee camps and remote villages, and the information gained should be used to guide the response of the international community.

5. ***Build new hospitals to international standards to meet Afghans' expectations***

The international community should immediately fund and provide the engineering and construction expertise to build new hospitals in Kandahar and Lashkar Gah. To positively impact on Afghans' perceptions, these hospitals must be built to British and Canadian standards, the same standards as the hospitals provided for NATO military troops.

We remain very concerned that we do not see any evidence of initiatives that are intended to address the following goals that Canada helped to developed and endorsed in 2000 as a member of the United Nations (see: http://www.un.org/millenniumgoals/goals.html). We see the objectives articulated within these eight goals as objective critical success factors and we are interested to know what is being done to address them:

- Eradicate extreme poverty and hunger.
  - – Reduce by half the proportion of people living on less than a dollar a day
  - – Reduce by half the proportion of people who suffer from hunger
- Achieve universal primary education
  - Ensure that all boys and girls complete a full course of primary education
- Promote gender equality and empower women
  - Eliminate gender disparity in primary and secondary education by 2005
- Reduce child mortality
  - Reduce by two thirds the mortality rate among children under the age of five which, in Afghanistan, is one in four.
- Improve maternal health
  - Reduce by three quarters the maternal mortality rate – Afghanistan remains one of the worst in the world

- Combat HIV/AIDS, malaria and other diseases
    - Halt and begin to reverse the spread of HIV/AIDS
    - Halt and begin to reverse the incidence of malaria and other major diseases
- Ensure environment sustainability
    - Integrate the principles of sustainable development into outry policies and programmes; reverse loss of environmental resources
    - Reduce by half the proportion of people without sustainable access to safe drinking water
    - Achieve significant improvement in lives of at least 100 million slum dwellers
- Develop a global partnership for development
    - Develop further an open trading and financial system that is rue-based, predictable and non-discriminatory, includes a commitment to good governance, development and poverty reduction – nationally and internationally
    - Address the least developed countries' special needs. This includes tariff and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction
    - Address the special needs of landlocked and small island developing States
    - Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term
    - In cooperation with the developing countries, develop decent and productive work for youth
    - In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
    - In cooperation with the private sector, make available the benefits of new technologies – especially information and communications technologies

We reiterate our offer to assist your agency by providing more information on the locations of camps, their size and access to aid along with managing the renovation of the Mirwais hospital. I will be returning to Ottawa late on July 5th and look forward to meeting with you again at your earliest convenience.

Sincerely,

Edward McCormick

c.c.: Mr. Robert Greenhill
Mr. David Mulroney
Mr. Emmanuel Reinert
Ms. Norine MacDonald

Attachment 1

Starvation Crisis in Kandahar

Food Aid urgently needed

The following is a list of the camps visited by The Senlis Council which are not being provided with food or medical aid.

1. Marghar Camp

The Marghar refugee camp is located in the Panjwayi district of Kandahar province, 18 km southwest of Kandahar City. Approximately 1,800 families comprising more than 10,000 people. The majority of the camps' inhabitants are ethically Kuchi, Balouch or Pashtuns, displaced from Reg district by drought.

In spring 2006, all international assistance previously provided by the UN was stopped. The camp has no electricity and no energy for heating. The nearest water pump is almost a mile away. There are no schools in the camp, and there is no medical aid.

2. Zahray Dhast camp

Zehray Dhast camp is a complex of twelve camps lying 12 km from Zeherai District centre, 32 km from Kandahar City. Established by the UN to accommodate 1,000 families, the camp now houses over 7,000 families, the majority originally from Wesh camp, Spin Boldak.

The camp has eleven schools, but it has no healthcare facilities. Residents of the Zehray Dhast camp also report they have never received any visit or help from WFP or any other aid agency.

The refugees in the camp face severe malnutrition, as the land is not suitable for cultivation and there are no alternative income opportunities. Prior to Spring 2006, the UN was providing food aid 50kg of flour and 5kg of oil to each family, as well as 1kg lentils and 300gr of sugar to each refugee on a monthly basis.

3. Zour Ganj camp

Zour Ganj is one of several camps located next to Zabar camp in Kandahar City. The camp is divided in thirteen sections (also referred to as mosques), with a total of 600 homes accommodating 6,000 people.

The only functioning institutions in both camps are the mosques, which provide religious schooling and work to some of the villagers. However, food, medical aid, and

work are scarce and refugees reported that they often have to rely on the generosity of the city dwellers nearby, who provide them with some water. The lack of tents and suitable housing is creating serious hazards in the camp, and although the sick are within walking distance of Kandahar City's doctors, they cannot pay for care.

4. Baldak Ada camp

The camp is situated right outside Kandahar city, by the airport road. Approximately 300 Pashtuns and Tajdiks families live together. Most of the families are returnees from Iran and have been there for the past two years.

Although the camp is located next to UNICEF and the large WFP warehouse, there is considerable poverty and no substantial aid is provided to camp inhabitants. Refugees live in tents and there is no healthcare or schooling facilities. The displaced are hugely dependent on the pump station and the mosque nearby for clean water. However, as the pump station is privately owned, access to water relies on the goodwill of the owner and he sometimes refuses access to it.

5. Haji Arab Camp

The camp is situated about 500 meters south of Kandahar City. The camp now houses 150 families. These refugees have escaped from the Sangin and Sarwan Kala districts of Helmand province due to combat to settle in Haij Arab camp. No food or medical aid has reached the people of this camp and there are no schools located in or near it.

6. Airport Road camp

The camp is located adjacent to the airport road. Approximately 100 families living in the Airport Road camp at the moment. The refugees in this camp have also fled the combat in the Sangin and Sarwan Kala districts of Helmand Province. The inhabitants living in the camp have reported that they have not received aid from any agency.

7. Mirwais Mina camp

Mirwais Mina camp is situated about 4 km west of Kandahar city on the left side of Kandahar-Herat Highway. The camp comprises 50 families who have escaped combat in Sangin, Grishk and Lashkargah districts of Helmand province. The situation in the camp is dire, families living in tents, and the residents have reported that they were assisted only once with Dates in the month of Ramadhan.

8. Nagahan camp

Nagahan camp is located in the Nagahan village of Arghandab district, and consists of an estimated 150 families. Similar to the other camps across the province, there is minimal food available to the camp's inhabitants. Food and medical aid are not provided and there is no access to education for the children of the camp.

9. Loya Wyalla homes

Loya Wyalla homes are situated in the Loya Wyala district 8 of Kandahar City, contains approximately 1,000 displaced families. Food and medical aid are not provided to this camp and there are no schools.

Note:
The foregoing list does not include descriptive detail of the living conditions of these camps. However, all of them are characterized by make-shift shelters with some of the more fortunate families living in tents. While safe drinking water is limited at best, these people are living out of doors all year round with temperatures ranging from -30C to +45C between winter and summer.

Attachment 2

Mirwais Hospital Rescue
Kandahar, Afghanistan

The following recommendations represent first, immediate measures to rescue this hospital and to allow staff to provide primary acute care in a clean, well supplied environment. These initial steps are cost-effective but highly visible measures that will be symbolic of Canada's commitment to the safety and security of the people of Kandahar. The recommendations are divided into two groups: (i) Ancillary Services, and (ii) Medical/Surgical Services.

Recommendations (i) Ancillary Services

- **Housekeeping**: Fund the recruitment, training, and salaries of house-keepers to bring a (Canadian) hospital standard of hygiene to Mirwais Hospital.

- **Laundry**: Fund a laundry/linen services system that also employs and trains, laundry services staff for the hospital.

- **Health Records**. A department of health records should be established. Staff needs to be trained and employed to collect and maintain health records.

- **Dietary Services**: Adequate funding to properly feed inpatients using Canadian standards for inpatient nutrition and food services hygiene.

- **Medical Gases**: A consistent supply of oxygen, oxygen delivery adjuncts and suction should be funded and monitored.

- **Central Supply Department (CSD)**: The coordination of medical supplies to all areas of the hospital should be established in cooperation with the purchasing department along with funding to purchase medications and medical/surgical supplies to properly stock all wards in the hospital.

- **Pharmacy**: A pharmacy department should be funded to provide medications for the hospital along with training for 24 hour Pharmacist staffing.

Recommendations (ii) Medical/Surgical Services

- **ACLS certification**: Training in patient assessment and critical intervention should be provided to Critical Care Unit (Emergency, Intensive Care, Anaesthesia, Post-anasthesia etc.) physicians and nurses. The Canadian standards for Advanced Cardiac and Advanced Trauma Life Support should be used.

- **Emergency Resuscitation**: Critical and sub-critical care areas should have a "crash-cart" available on each ward with airway management and Advanced Cardiac Life Support equipment. The training to perform emergency resuscitation should be provided to physicians and nurses in both critical care and non-critical care and a response team for resuscitation should be set up.

- **Monitoring Equipment**: Hemodynamic monitoring equipment should be purchased and installed in the Emergency and all Critical/Intensive Care Units. The training to properly use the monitoring equipment should be provided as the new equipment is deployed.

- **Rounds**: Weekly rounds should be established with visiting internationally trained physicians to permit cross-fertilization of ideas and strategies for the management of med/surg and particularly trauma patients.

- **Laboratory Services**: Laboratory Services should be reviewed to ensure that they meet Canadian Council on Health Facilities Accreditation standards for tertiary referral hospital laboratories.

The foregoing recommendations are not intended to be comprehensive. Instead, they are intended as the first steps toward immediate, cost-effective, and highly visible modifications.

II. Extracts from CIDA's document on its Kandahar projects

Supporting Public Health in Kandahar – Mirwais Hospital

Mirwais Hospital is the primary provider of the Essential Package of Health Services (EPHS) within the province, a program developed by the Ministry of Public Health to establish clinical and administrative quality standards across the country. The Hospital was built in the mid 1970's and has a capacity of 450 beds.

CIDA is currently funding a number of projects that support health care provision through the Hospital:

1. A grant of $350,000 was provided to UNICEF to establish a Maternal Waiting Home (MWH) adjacent to the hospital to provide comprehensive essential obstetric care to expectant mothers, train local health workers, and carry out a safe motherhood information campaign. Temporary facilities are already in use with construction of a permanent facility scheduled to begin shortly. Once the MWH is fully operational, it is estimated that over 1000 female patients will benefit from the facility each year.

2. A grant of $5M was provided to the WHO-UNICEF National Polio Campaign with the goal of eradicating polio in Afghanistan. Polio vaccinations and training to health care workers take place both at the Mirwais Hospital and throughout the province.

3. A grant of $4.5M was given to UNICEF to provide non-food assistance to 20,000 IDP families which includes the following health-related activities:

    a. The procurement of health and medical supplies for a population of 140,000 people (eg. Emergency health kits, medical supplies for the in-patient department of the hospital, etc.);
    b. To date, A vaccination campaign has already immunized more than 76,000 children against measles and more than 63,000 women of child-bearing age against tetanus.

4. A grant of $5M to the 2007 Emergency Appeal of the International Committee of the Red Cross (ICRC). The 2007 Appeal includes specific assistance to Mirwais Hospital designed to improve public health care delivery through the supply of materials, conducting technical training and carrying out building maintenance and renovations.

CIDA is continuing to work with the WHO, UNICEF and the ICRC to identify needs and make improvements to health services within the province, and specifically to Mirwais Hospital as the primary provider of the EPHS.

Project Name: Integrated Alternative Livelihood Program in Kandahar (IALP-K)

Implementing Agency: United Nations Development Programme (UNDP)

Budget: $18,500,000 CAD

Duration: October 2006 – October 2010

Description: Afghanistan's trade in drugs is seen as one of the biggest challenges to its long-term security, development and governance. According to a 2005 United Nations survey, the province of Kandahar is the second largest producer of poppies in Afghanistan. This initiative, a pilot conducted in Kandahar by the Afghan Ministry of Rural Rehabilitation and Development (MRRD), in close collaboration with CIDA development officers within the Provincial Reconstruction Team (PRT), seeks to demonstrate that there are viable and sustainable alternatives to poppy cultivation. These alternatives are offered to farmers to allow them to sustain their families, while giving up the illegal cultivation of poppies. It will also provide alternative options for work for villagers who have been dependent on the illicit activities to support their families.

The project aims to increase licit, or legal, livelihood opportunities for poor Afghans and vulnerable groups, and to improve access for communities to markets and other economic and social services. The project supports the Afghan Government's Alternative Livelihoods Implementation Plan and could lead to similar approaches elsewhere in the country.

Results - Kandahar

Examples of completed projects include:

- Irrigation canals: 20
- Water intake: 5
- Karezes (horizontal hand-dug irrigation systems): 17

Project Name: Maternal Health Initiative in Kandahar

Implementing Agency: United Nations Children's Fund (UNICEF)

Budget: $350,000 CAD

Duration: October 2006 – October 2007

Description: As part of a new multi-donor initiative led by UNICEF and the Afghan Ministry of Public Health to reduce maternal mortality throughout the country, CIDA's contribution will support UNICEF's project in **Kandahar Province**. UNICEF will set up a residential obstetric care facility next to Kandahar City's Mirwais Hospital, provide maternal and neonatal health care training at the Mirwais Hospital, and deliver a safe motherhood information campaign throughout Kandahar Province. CIDA development officers within the Provincial Reconstruction Team are closely involved in launching this initiative.

Results - Kandahar

To date, seven maternal health care professionals have been trained in emergency obstetric care and in the monitoring and use of obstetric register data.

III. Email traffic between Senlis and CIDA PRT staff regarding CIDA-funded projects and activities in Kandahar

Date: Jul 28, 2007

From: Ed McCormick
To: Helene Kadi

Subject: The Senlis Council request to meet

Dear Ms. Kadi,

Thank you once again for your kind invitation to meet with you to discuss the development and aid initiatives that CIDA has completed or is currently working on and to look for ways in which we might be of some assistance to your agency. As you may know, I met again with Mr. Wallace in Ottawa recently who shared with me a draft list of the completed projects funded by CIDA. This list includes which was to be posted on your website that we would like to visit.

If you could suggest some times when you are available to meet either in Kandahar or in Kabul, I would be most grateful.

Sincerely,

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: Jul 29, 2007

From: Helene Kadi
To: Ed McCormick
Cc: Michel Huneault, Sandra Choufani, Andrew Scyner, Steve Hallihan, Michel de Salaberry

Subject: RE: The Senlis Council request to meet

Mr. McCormick

I am on transit travel at the moment and away for the month of August. My CIDA colleagues at the PRT will get back to you with a proposed time for a meeting.

Best regards
Helene

Date: July 31, 2007

From: Edward McCormick
To: Michel de Salaberry, Ed Jager

Subject: The Senlis Council Request for meeting

Dear Mssrs. deSalaberry and Jager,

I am just following up on my earlier email to request a meeting with you. You may have replied to the additional email address I included (Address deleted for privacy) but my access to Outlook is down.

If you have replied would you please be so kind as to re-send your reply to me at this email address? If you have not, I look forward to hearing from you at your earliest convenience.

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: Jul 31, 2007

From: Michel de Salaberry
To: Ed McCormick, Ed Jager
CC: Michel Huneault, Sandra Choufani, Karen Foss

Subject: RE: The Senlis Council Request for meeting

Dear Mr McCormick,

I believe Sandra Choufani has tried to reach you to suggest a meeting on Thursday, which she is coordinating on behalf of the PRT and myself.

Yours sincerely

Michel de S

Date: Jul 31, 2007

From: Sandra Choufani
To: Edward McCormick

Hello Mr. McCormick,

We would be happy to meet with you at the PRT this Thursday at 13:30 pm. Please confirm your availability as soon as possible.

Looking forward to meeting you,
Regards

Sandra Choufani

Program Officer/Agent de programme
Afghanistan Task Force/Groupe de travail sur l'Afghanistan
CIDA / ACDI
Kandahar

Date: Aug 4, 2007

From: Edward McCormick
To: Major Madic
Subject: Follow up from Aug 2 mtg.

Hello again Major Madic

I am not sure that my emails are getting through - your card indicates that your email address has two "@" figures as part of it but the system doesn't permit this syntax.

I have had no response from Sandra of CIDA either and would greatly appreciate any assistance you can provide me with gaining access to the contact list of the attendees at our meeting. Sandra had committed to forwarding the list but is not answering her telephone and has not been able to reply to my email.

Thanks for your guidance and consideration,

Edward

Date: Aug 5, 2007

From: Edward McCormick
To: Sandra Choufani
Subject: CIDA funding UNDP

Hello Sandra

I had a very interesting meeting with Hariq this morning of the UNDP. He reviewed for me the function of the MRRD and its work with DDAs, the selection process for projects, the open bidding system, and so on. He indicated that the UNDP is so far using about $5 million of the $18.5 million that CIDA has budgeted for UNDP. I then went back and looked at the list that was provided to us as the PRT meeting and noticed that the term "budgeted" is used in every case. This has raised the following questions: (I just want to focus on CIDA activities in Kandahar for the moment.)

1. *What is the total actual amount of money allocated for Kandahar by CIDA?*
2. *When did CIDA Aid to Kandahar begin?*
3. *As of July 31, how much money has actually arrived in Kandahar?*
4. *Whereas there are published budgeted amounts of funding to various agencies, how much money has actually been spent by each agency as of July 31, 2007? What did these agencies actually spend the money on and how is the expenditure verified or accounted for in each case?*
5. *How much money still remains allocated but not delivered and to which agencies?*

Thank you in advance for your assistance with these questions.

Edward

ps - my outlook account is not reliable so I will be using this email account going forward with you.

Date: Aug 8, 2007

From: Edward McCormick
To: Sharif Azami, Sandra Choufani

Subject: Mirwais Hospital

Hello Mr. Azami and Ms. Choufani

I am writing to enquire about the nature of the work that CIDA is doing with WHO and UNICEF to "identify needs and make improvements to health services within the province, and specifically to Mirwais Hospital as the primary provider of the EPHS."

Would you please detail the needs that have been identified to date and what plans are in place to address the needs?

Also, would you please email me an electronic copy of the document that you handed out to me at our PRT meeting?

Thank you for your kind attention to these matters.

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: Aug 9, 2007

From: Sandra Choufani
To: Ed McCormick
Cc: Michel de Salaberry

Subject: **Mirwais hospital**

Hi Ed,

Sorry for the delays, it's quite busy here these days. Michel De Salaberry will be responding to your requests in the next day or so.

Thanks for your patience

Sandra Choufani

Program Officer/Agent de programme
Afghanistan Task Force/Groupe de travail sur l'Afghanistan
CIDA/ACDI
Kandahar

Date: Aug 16, 2007

From: Edward McCormick

To: Sandra Choufani
Subject: Contact list - PRT meeting

Hello again Sandra

You mentioned that you are working with other smaller NGOs aside from the main ones listed below which you were kind enough to forward to me. Do you have a list of those that I can have?

Also, I have not received the contact list of the people who attended our meeting at the PRT which everyone agreed to have passed on to me. Do you still have that list and, if so, would you please forward it to me at your convenience?

Thanks again for your help.

Sincerely,

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: Aug 16 2007

From: Sandra Choufani
To: Ed McCormick, Michel de Salaberry, Steven Hallihan, Michael Callan, Michel Huneault, Andrew Scyner

Dear Ed,

Two of our partners, UNDP and ICRC, have shared with us their concerns about the way Senlis has visited their projects. ICRC was upset that Senlis had arrived at the hospital with armed guards. ICRC is committed to keeping the hospital as a neutral ground and this is a genuine concern for the safety and security of the hospital. Both the Canadian Forces and CIDA have made the commitment to ICRC that no military convoy would visit the hospital for the same reasons.

UNDP was also deeply concerned by the fact that Senlis visited the Arghandab bridge without informing MRRD and not accompanied by an engineer, as advised by UNDP.

Our partners work extensively to establish measures and modus operendi with local communities and their partners to ensure adequate security and a level of comfort for all. Thus, it is very important to respect the wishes of our partners on project visits

procedures. Failing to do so could prejudice the projects and CIDA's relationship with its partners.

We ask that you please take into account the advice given to you by the organisations you are meeting with when visiting future projects.

We thank you for your understanding and your full collaboration,

Best regards,

Sandra Choufani

Program Officer/Agent de programme
Afghanistan Task Force/Groupe de travail sur l'Afghanistan
CIDA/ACDI
Kandahar

Date: Aug 17 2007

From: Edward McCormick
To: Sandra Choufani, Michel de Salaberry, Steve Hallihan, Michael Callan, Michel Huneault, Andrew Scyner

Dear Sandra

Thank you for your email regarding this very important security issue.

ICRC conveyed their concerns to us at the time. Since then we have had a number of meetings with the ICRC at Mirwais hospital without our armed security staff and we are no longer taking weapons onto the hospital grounds.

We take note of your concerns regarding our visit to the bridge however, there has been a misunderstanding arising from my meeting with Hariq of the UNDP in that he indicated that we were welcome to visit the bridge at any time and if I would like, he would have one of his engineers join us. Hariq did not ask that we ensure that an engineer is along whenever we visit the bridge.

Finally, I have not yet received from you or Mr. de Salleberry the answers to our questions that I sent in an email of August 4th which were:

1. ***Mirwais Hospital:*** *Regarding all the funding going to Mirwais hospital, does the info sheet list all funds and projects and did all of that go through ICRC? Can you give us a*

complete list of who received the funds and the details of what the funds were spent on, and who the local contact person is? What is the current status of the project?

2. ***Food Aid:*** *Regarding the WFP and Emergency Funds can you provide a list of what funds were given to what agencies for exactly what purposes and locations, and the exact local contacts so we could confirm this? Can you confirm the total amount paid to date?*

3. *Regarding the support for "battle affected displaced person, IDP's and refugees" could you provide a complete list of what aid was given, to whom, in what amounts, the current status of those programs, and local contact sources? Also, I would like to have the official CIDA policy for each of these categories of people.*

4. *It was mentioned in the meeting that there is an existing program for civilian casualties and civilian injured, could we have detailed information concerning the program, its funding and implementation, and the local contact individuals?*

The contact information does not include Karen from the Department of Foreign Affairs. Ms. MacDonald has requested that I organize a meeting with Karen so that Ms. MacDonald can follow up on the comments that Karen made during our meeting.

Also, on August 5th, I asked the following questions that are still not answered:

1. *What is the total actual amount of money allocated for Kandahar by CIDA?*

2. *When did CIDA Aid to Kandahar begin?*

3. *As of July 31, how much money has actually arrived in Kandahar?*

4. *Whereas there are published budgeted amounts of funding to various agencies, how much money has actually been spent by each agency as of July 31, 2007? What did these agencies actually spend the money on and how is the expenditure verified or accounted for in each case?*

5. *How much money still remains allocated but not delivered and to which agencies?*

In your email to me dated August 9th, you indicated that Mr. de Saleberry would be answering my questions within a day or two. After several unanswered emails to Mr. de Saleberry, I reached him on the telephone on August 15th. Mr de Salaberry indicated to me in that telephone conversation that he is awaiting input from Ottawa but was not sure when to expect the information. I understand from Ms. MacDonald that the Canadian embassy in Kabul affirms that Mr de Salaberry would be responding to our inquiries.

Could you let us know by reply when the information requested will be available. I am not aware of who the other CIDA gentlemen are who are copied on this email but if you

do not have the information requested, perhaps one of them does? I'd be happy to hear from anyone who could help on any part of this.

Sandra, thank you again for your assistance is these matters and, as always, if we can be of assistance to you or your colleagues, please do not hesitate to contact me.

Warm regards,

Edward

Date: Aug 17 2007

From: Sandra Choufani
To: Ed McCormick, Michel de Salaberry, Steve Hallihan, Michael Callan, Michel Huneault, Andrew Scyner

Hello Ed,

Thank you for your response. Regarding the list of questions you sent us, a response should be sent to you shortly.

Thank you for your patience,

Have a nice weekend,

Sandra Choufani

Program Officer/Agent de programme
Afghanistan Task Force/Groupe de travail sur l'Afghanistan
CIDA /ACDI
Kandahar

Date: Aug 18 2007

From: Edward McCormick
To: Tariq Ismati

Dear Tariq

I received a letter from Ms. Choufani of CIDA indicating that you were very upset that we had gone to see the CIDA-funded Arghandab Bridge project without a UNDP

engineer. I am very sorry about this misunderstanding as I believed that you were making an engineer available to us if we wanted one.

I would like to re-visit the bridge with one of your engineers at your convenience as our first visit to the bridge lacked that expertise and we would greatly benefit from understanding the stage the project is at now and the plans going forward.

Also, would you please confirm that the funding for the bridge has been transferred from CIDA to UNDP and when the transfer took place?

Finally, would you be so kind as to forward to me a complete electronic list of the CIDA funded projects either completed, underway, or planned for the future in Kandahar?

Warm regards,

Edward

Date: Aug 18 2007

From: Moh'd Tariq Ismati
To: Ed McCormick

Dear Edward,

Following our discussion in my office, we agreed to stay in touch in order to have a joint visit as the technical projects are usually difficult to be understood by non-engineers due to its complexity and all designing and structures, unless a visitor wants to take only photos.

Secondly, the funding issues and its management is handled between CIDA and our headquarters in Kabul, you can contact them for mentioned information. However I confirm hereby that all funds from donors to NABDP are channelled through UNDP.

I would suggest you to contact our main office in Kabul for any electronic copy of our lists.

Regards

Tariq

Date: Aug 18 2007

From: Edward McCormick
To: Moh'd Tariq Ismati

Thank you Tariq

Would you please provide me with the contact information of the people in the UNDP head office in Kabul who can help me?

Warm regards,
Edward

Date: Aug 19 2007

From: Edward McCormick
To: Sandra Choufani

Dear Sandra,

Further to your telephone call to me this afternoon in which you requested a report of Senlis Council's activities in Kandahar: We are following up on an invitation from Mr. Stephen Wallace, Vice President, CIDA which I received during a meeting with him in his Ottawa office on July 13th to meet with CIDA staff here in Kandahar to see CIDA' funded projects in Kandahar.

Mr. Wallace indicated that CIDA staff here in Kandahar would answer any questions we might have regarding CIDA programs, and put us in touch with the local representatives of the agencies that are funded by CIDA (such as World Food Program, UNICEF, ICRC, etc.) so that we can see ourselves the CIDA-funded projects.

On a separate note: In a meeting with WFP today, I requested the 'qualifying' or 'selection' criteria for each of the various programs that WFP uses in their food-aid efforts to determine who is eligible for aid. I was told that the request would be passed on to Mr. Rick Corsini in Kabul whose contact information was not available to me. Perhaps you or someone else at CIDA can provide me with Mr. Corsini's email address so that I might be allowed to correspond with him?

Many thanks in advance for your assistance Sandra.

Regards,

Edward

Date: Aug 20 2007

From: Michel de Salaberry
To: Ed McCormick

Dear Mr. McCormick

Your continued interest in Canada's aid program is appreciated and I am pleased to respond to questions you addressed recently to CIDA and the PRT.

Disbursements to Kandahar

Before 2001, Canada's assistance to Afghanistan focused largely on humanitarian aid, and ranged between $10 and $20 million per year for basic human needs. Since the Tokyo Conference on Afghan Reconstruction in January 2002, Afghanistan has been the single largest recipient of Canadian bilateral aid. With announcements made in May 2006, and February 2007, Canada increased its pledge of aid to Afghanistan to a total commitment of $1.2 billion dollars for the period 2001-2011.

In fiscal year 06/07, CIDA transferred $39M to Kandahar through a range of programming activities. The breakdown of these disbursements and associated program results was provided to you earlier in the summer by Stephen Wallace but have been attached again here for ease of reference. It's important to note that the $39M figure cited above represents actual disbursements to our project partners in Kandahar for fiscal year 06/07 and does not take into consideration additional disbursements expected in future years. For example, in our current fiscal year (07/08) we expect to expand our activities even further and exceed the amount disbursed in 06/07.

In your series of questions you raised the issue of financial accountability. CIDA takes its accountability responsibilities very seriously and relies on a variety of internal and external monitoring, reporting, and evaluation tools to ensure that its investments are achieving the greatest impact possible on the ground. Our pursuit of development results is driven by the mutually-agreed objectives of the Afghanistan Compact as well as Canada's whole-of-government strategy and programming objectives nationally, regionally, and by priority and theme.

CIDA has a three-tiered accountability and oversight regime which ensures that there is proper use of CIDA funds as well as clear accountability for results, from small individual projects right up to nationwide programs. Attached are details of CIDA's approach, which should also give you a sense of the roles played by the Government of Afghanistan and development partners.

On the basis of the above accountability framework CIDA can confirm that all $39M of its assistance has been disbursed to Kandahar and that the majority of these funds have in turn been spent by our project partners on the ground. For examples of completed activities and program results achieved with CIDA's disbursements in Kandahar to-date please see the results section of the CIDA/Afghanistan website – copied here for reference:
http://www.acdi-cida.gc.ca/CIDAWEB/acdicida.nsf/En/JUD-125141414-QKF

Mirwais Hospital

With respect to Mirwais Hospital, CIDA transferred $3M this year to the ICRC country appeal for Afghanistan, 50% of which was earmarked for the health component as defined in ICRC's 2007 Emergency Appeal for Afghanistan. Mirwais Hospital is a specific element of the appeal. In addition, a CIDA grant of $350,000 to UNICEF has helped to train maternal healthcare workers as part of a Maternal Waiting Home (MWH) initiative immediately adjacent to Mirwais hospital. We're pleased to report that through assistance such as this the World Bank reports that the number of national facilities with trained female health workers has increased from 25% prior to 2003 to 85% today and the number of pregnant women receiving prenatal care per year has increased from 8,500 in 2003 to 123,000 in 2006.

Canada has supported the National Polio Campaign with a $5M grant to UNICEF and the World Health Organisation. Polio vaccinations and training to health care workers take place both at the Mirwais Hospital and throughout the province. These activities allow Canada to build on positive trends in the struggle against the spread of polio. The percentage of children 12-23 months of age in rural Afghanistan who received the full dosage of oral polio vaccine, for example, has increased to 69.7% in 2006, up from 29.9% in 2003.

Canada also provided $4.5M to UNICEF to provide non-food assistance in Kandahar to 20,000 at-risk IDP families which includes the following health-related activities:

The procurement of health and medical supplies for a population of 140,000 people (eg. emergency health kits, medical supplies for the in-patient department of the hospital, etc.);

The vaccinations of 10,000 child-bearing age women against tetanus and 189,000 children against measles in Kandahar builds on the success of a national measles mortality reduction campaign that, according to UNICEF, will reach more than 90% of children 6 months to 12 years and result in the saving of an estimated 30,000 lives.

With respect to specific questions regarding Mirwais hospital, please note that we have been in ongoing contact with the ICRC as the primary authority with day-to-day administrative responsibility for Mirwais operations. The Government of Afghanistan and health experts from the international community have put considerable effort into establishing national standards and priorities for the health sector across Afghanistan.

Included in these targets is the Essential Package of Hospital Services (EPHS), also attached, which has three objectives:

i. To identify a standardised package of defined clinical, diagnostic and administrative services for district, provincial, regional and national hospitals.
ii. To provide a guide for the Ministry, NGOs and donors on how the hospital sector should be staffed, equipped and provided with drugs for the defined set of services at each level
iii. To promote a health referral system that integrates the BPHS with the hospitals.

We have discussed the suggestions you raised regarding Mirwais hospital with the ICRC who noted that they would consider them further in consultation with Hospital administrators. Based on our follow-up with the ICRC, local authorities are fully aware that CIDA stands ready and willing to support any further recommendations that the ICRC and Mirwais management recommend.

Regarding your list of camps in Kandahar, the Government of Canada continually receives information from a variety of expert partners in the field on the status of vulnerable populations in Kandahar Province. We were pleased to facilitate your meeting with UN experts at the PRT in July and understand that it was your first occasion to meet with these principals. We have been in direct contact with the WFP, UNHCR and Department of Refugees and Returnees regarding your specific concerns and they have pledged to respond following further investigation. We will be pleased to share their conclusions with you as soon as they are available. As you are aware, Canada is one of the largest single country donors to the World Food Program, both worldwide and in Kandahar. Since December 2006, Canada's $8.9m contribution to the World Food Program has led to the distribution in Kandahar of 6,721 metric tonnes to 34,366 families in need.

I trust that the above information will be useful, and that combined with earlier information provided, Senlis will now publicly clarify its earlier statements that "CIDA's efforts are non-existent", that "there has been no substantial food aid into Kandahar" and that Canada's results are characterized as "extremely limited".

I invite you to contact me with any additional concerns or suggestions you may have. In the interests of coordination and information exchange, I'd be grateful for details from Senlis on your current program in Kandahar, including activities, financial commitments and results achieved. Many thanks again for your continued engagement and close interest in Canada's development activities in Kandahar.

Best wishes,

Michel de Salaberry

3 Attachments

- CIDA Accountability and Oversight.doc
- Results-May-24_EN.pdf
- Afghanistan_EPHS.pdf

Date: Aug 22 2007

From: Edward McCormick
To: Michel de Salaberry

Dear Mr. de Salaberry

Thank you for your recent email.

You requested information on the programs and activities of The Senlis Council in Kandahar. Thank you for your interest, which we very much appreciate.

Our work encompasses foreign policy, security, development and counter-narcotics policies and aims to provide innovative analysis and proposals within these areas. The extensive programme currently underway in Afghanistan focuses on global policy development in conjunction with field research to investigate the relationships between counter-narcotics, military, and development policies and their consequences on Afghanistan's reconstruction efforts.

To be more specific, and in order to properly reply to your questions as set out in your email, I will begin with some background comments which provide the context for our current program. By explaining this background and then moving through some of the research program activities/findings below, I hope to reply to your question regarding our activities by demonstrating the underlying primary field research, secondary academic research and conferencing, and finally, provide you with results by listing the many publications of our findings and discussions.

Background about Senlis activities in Kandahar
Our current program in Kandahar begins with the recognition that the multi-billion dollar aid contributed every year and the military commitment of the coalition reflects the international community's shared sense of urgency for a stable Afghanistan. However, the drug policy response led by the US, the UK and the Afghan Government. is based on a combination of interdiction, eradication and alternative livelihood strategies with little short term returns. Ineffective policy responses are being applied to an unprecedented threat. The licensing of opium in Afghanistan for the production of medicine adds a missing link to the country's current drug policy. It would provide an economically viable and controllable response to the extraordinary nature and scope of the illegal opium economy in Afghanistan.

Record levels of production, which has spread to the 34 Afghan provinces, indicate that traditional drug policy responses have failed to contain the illegal opium threat. The illegal heroin trade is the largest and fastest growing business sector in Afghanistan, accounting for a multi-billion-dollar per year market. With agriculture employing 80% of the economically active populations, it is easy to see the impact of the illegal opium crop on Afghan society. It reaches all levels of both the informal and the formal economies, creating an imbalance which starves the country of healthy economic development. In a country striving for peace, opium remains a conflict commodity with its concurrent vicious cycle: small farmers, who account for 356,000 households, depend on illegal opium for access to credit and land; lawlessness and opium cash strengthen belligerent actors such as terrorist or insurgent groups. Ultimately, the efforts to build a rule of law are undermined at their core. With its share of world illegal heroin growing to over 90% by the end of 2004, the problem reaches beyond Afghanistan and becomes a crisis of global magnitude. The Afghan illegal heroin industry feeds aggressive trends affecting people and societies throughout Asia and Europe: the security of transit countries in southwest Asia is deeply affected by illegal trafficking as well as by new drug use patterns. Russia and Eastern Europe's growing heroin use fuel an expanding HIV/AIDS epidemic, with 70% of cases in Russia related to injecting heroin use. Finally, Western Europe represents the biggest market in monetary terms for Afghan illegal heroin valued at approximately US$65 billion. Driving supply, consuming countries have a special responsibility to respond to the opium crisis in Afghanistan.

Counter-narcotics policy in Afghanistan

The current drug policy framework in Afghanistan relies on a combination of interdiction, eradication and alternative livelihood interventions. As required under the 1961 Single Convention on Narcotic Drugs, the Afghan drug law contains provisions for the legal production of opium for medicinal purposes. However, no current policy link is established between the strategies against illegal heroin and the provisions to produce opium for essential medicines. Current policy chooses to destroy a valuable natural resource rather than turning it into a powerful driver for economic development. Moreover, the wrong sequencing in counter narcotic strategies can severely affect the economies and stability of rural communities and lead to higher political risk for the country as a whole.

The recent increase in international funding for drug policy has not fundamentally questioned the effectiveness of these strategies, widening the gap between the policy response and the on-the-ground drug crisis in Afghanistan. The proper link between the fight against illegal heroin and rural economic development is yet to be made. With the consolidation of the illegal heroin trade under way, and the potential risk of take-over by international crime, time is of the essence for Afghanistan. A comprehensive response to Feasibility Study on Opium Licensing in Afghanistan for the Production of Morphine and Other Essential Medicines develop farmers' livelihoods, to subsequently create stability in local communities, and to disrupt the illegal heroin economy, which threatens security in Afghanistan, is therefore urgently needed.

In parallel, a global crisis of another nature has developed: the pain relief crisis. With increasing prevalence of HIV/AIDS and cancer cases, the need for pain relief medicines is also escalating. However, high-prices, coupled with stringent and inappropriate market regulation, mean that today too many people are dying in pain, particularly in the developing world. 77% of the world's morphine in 2002 was consumed by seven rich countries: USA, UK, Italy, Australia, France, Spain and Japan. Even so, official morphine consumption figures measured in terms of therapeutic effectiveness show that only 24% of moderate to severe palliative need was being met in those countries. In Central Asia and Eastern Europe, which face fast-growing HIV/AIDS epidemics, unmet need for pain relief is estimated at 3.9 metric tons morphine-equivalent. Even in leading morphine-producing countries like India, market obstacles bring the consumption of pain killers to dangerously low levels. The response of the International Narcotics Control Board (INCB), the independent monitoring body tasked with ensuring the adequate supply of opium for medicines, has been clogged in paradox. On the one hand, the Board maintains that global opium production levels are too high, whilst on the other it tacitly recognises the global under-consumption of opium-based medicines. The gap between morphine production and the needs for pain relief stands as clear signs of a system in deep crisis.

Afghanistan is party to the 1961 Single Convention on Narcotic Drugs. This Convention provides a clear framework within which Afghanistan can develop a system of opium production for medical purposes. The control system laid down in the 1961 Convention would not require Afghanistan to seek Economic and Social Council of the United Nations (ECOSOC) approval, or to notify the INCB where it intends to produce opium sufficient for its own requirements. This would include its own domestic needs for Feasibility Study on Opium Licensing in Afghanistan for the Production of Morphine and Other Essential Medicines opium, opium preparations, as well as opium required for manufacture inside Afghanistan of alkaloids such as morphine or codeine. Crucially, this latter provision applies irrespective of whether this medicine is for domestic use or export. In the context of an expanded opium licensing system, within which raw opium itself is desired to be exported, Afghanistan may present its case before ECOSOC in order to seek formal approval of such export. One of the key provisions for the establishment of a licensing system requires that prohibition of poppy cultivation should be enforced if prevailing conditions make prohibition the most suitable measure to reduce the risk of diversion into the illegal heroin market and to protect public health. However, under the current drug policy regime, 100% of opium produced is diverted. At the same time, current counter-narcotic strategies themselves have failed to protect and have even led to the undermining of public health and welfare. The Afghan Government could determine that legal cultivation through a controlled licensing system would provide a more effective response to Afghanistan's immediate drug policy, security and public health and welfare needs.

Poppy for Medicine projects in Afghanistan

The international framework for producing opium for essential medicines opens the way to the implementation of an opium licensing scheme in Afghanistan. Both the Afghan formal legal system, namely the 2004 Constitution and the 2003 Drug Law, and Sharia

law provide a framework within which a national opium licensing system can be implemented with no legal obstacles. An opium licensing framework requires the development of effective law-enforcement and control mechanisms to reduce diversion into the illegal market. Traditional forms of justice and social control, mainly tribal conflict-resolutions assemblies such as jirga and shura, are deeply embedded in today's Afghanistan, particularly in rural communities. As such, opium licensing should mobilise traditional forms of governance together with formal Afghan national law enforcement agencies, and international security forces. The bridge between informal and formal institutions is part of the wider strategy to develop an effective multi-level enforcement and control system for opium licensing. This is a pre-condition to reach out to all stakeholders of the licensed opium chain, especially farmers. As for formal law Feasibility Study on Opium Licensing in Afghanistan for the Production of Morphine and Other Essential Medicines enforcement, opium licensing sets a more feasible task for police and judicial forces than the general task of law enforcement capacity-building. The mission of police forces, particularly the Counter-Narcotic Police of Afghanistan, could be broadened to include monitoring and control for the production of opium for medicines. Opium licensing will help phase out part of the illegal heroin market, thus making possible the re-allocation of a portion of eradication funds to opium licensing control and monitoring capacity-building. With the partial switch to licensed production, traditional interdiction and alternative livelihood strategies will be provided with the breathing space to tackle the illegal heroin market more effectively.

The new link established between informal and formal types of governance, as well as between farmers livelihood and enforcement authorities, will bring the relationships between rural communities and the central government to a new, more collaborative ground. The development of the rule of law in Afghanistan can only benefit from this shift in rural perceptions.

A bottom-up implementation of the control and development strategies for licensed opium is therefore crucial for the scheme to directly empower farmers and their communities as well as to build an effective control system. Farmers will be provided with an enabling environment to integrate the formal rural economy. This dynamic is key to strengthening economic and political stability in poppy-growing areas, often the most volatile and lawless regions in Afghanistan. A range of financial incentives and subsidies such as licensed micro-credit will also strengthen farmers' livelihood strategies. Rural communities involved in opium cultivation will move from the fear of punishment to a position of making a responsible contribution to the development of Afghanistan. An examination of the licensing and control systems of the four main opium-producing countries - Turkey, India, Australia and France - show that there is more than one licensed opium production model. The implementation of scientific pilot projects will test and validate initial agronomic options, control systems as well as the economic requirements to make licensing a viable solution to the problem of illegal heroin in Afghanistan. Through special trade agreements and economic partnerships, such as those already existing between the US and Turkey and India for the purchase of licensed opium for medicine, the international community can also work on the linkages between Afghan licensed opium and opium medicine markets world-wide.

Benefits of Poppy for Medicine projects

By disrupting the illegal heroin economy, opium licensing will represent a direct threat to important players who currently gain economic and social leverage from illegal opium. A comprehensive amnesty scheme in the early phase of an opium licensing system will help to mitigate this risk by proposing to re-integrate the stakeholders who are currently high up the illegal opium chain. This risk is nothing compared with the general state of lawlessness and impunity that the current situation of illegal opium feeds. More broadly, it is evident that opium licensing comes with its own level of risk, first and foremost the risk of diversion into the illegal market. Yet with the state of general diversion currently in place, the risk generated by opium licensing is reasonable and manageable. By complementing its drug strategy for Afghanistan with opium licensing, the Afghan government and the international community will make a choice of a policy driven by pragmatism and vision.

For more information on the feasibility of opium licensing in Afghanistan, our research results in this regard are published and available on line:
http://www.senliscouncil.net/modules/publications/008_publication/documents/Feasibility_Study

Further Senlis research on Poppy for Medicine projects

Following the initial findings of the Feasibility Study, The Senlis Council launched a second phase of academic research to explore a wide-range of recommendations and address key areas of further investigation. Through a series of research papers, Phase II of the Study examined how the results of the initial research may be practically applied, and provided further insight into the methods and implications of an opium licensing system in Afghanistan.

This Phase II paper, the Impact Assessment of Crop Eradication in Afghanistan and Lessons Learned from Latin America and South East Asia is the first in this series. The paper aims to assess the impact of current and future eradication efforts in Afghanistan and draws on the South East Asian (Laos, Myanmar and Thailand) and Latin American (Colombia and Bolivia) experiences with eradication.

Other areas of further research concerning an opium licensing system in Afghanistan will, as seen below focus on agronomic aspects, the economic implementation of such a system, international law in relation to opium export, aspects of governance, the design of an Amnesty scheme for those involved in the drug trade, health care and research on alternate methods of eradication.

Recommendations on counter-narcotics policy in Afghanistan

This phase of our work resulted in the following five recommendations:

Eradication interventions, including aerial spraying, are crude policy instruments that fail to resolve the root causes of opium cultivation in Afghanistan. The rationale for

eradication interventions turns on a simplistic model according to which law enforcement agents must sanction law-breakers. However, this model breaks down because the law-breaking activity â€" opium cultivation â€" is deeply embedded in the social, economic and political fabric of Afghanistan. Opium cultivation must therefore be conceived of as being far broader than simply a drug policy challenge. Failure to do so will, as eradication interventions in Latin America and South East Asia have shown, blur distinctions between development and repression, and escalate social tensions as livelihoods are destroyed.

The social, economic and political structures that create and maintain poverty in Afghanistan are the same structures that have created and maintained opium cultivation. Thus although the illegal opium economy provides subsistence livelihoods for many Afghans, it enriches very few. For most Afghans involved in opium cultivation, opium is virtually the only means by which they can gain access to credit and land for farming.

Yet the first casualties of current opium eradication responses are the farming communities: the impact of eradication is felt most acutely by the most impoverished elements in Afghan society, namely, resource-poor farmers and labourers. Opium poppy eradication cannot therefore succeed where so many poor farmers are dependent on its cultivation and where no viable economic alternatives exist as a means for their survival.

Alternative livelihoods, which by definition includes opium licensing, must be promoted in order to create economically sustainable opportunities and hence incentives for stakeholders to move away from the illicit trade. Alternative development programmes must adopt a pro-poor approach if they are to empower those communities they purport to assist. They must therefore incorporate high levels of community-level participation at all stages of planning, implementation and evaluation. Crucially, they must not be integrated into eradication or interdiction strategies. Communities must not be asked to prove their willingness to substitute opium cultivation for other crops. Impact Assessment of Crop Eradication in Afghanistan and Lessons Learned from Latin America and South East Asia. Rather the Afghan government must prove the viability of alternatives, before demanding that communities place the foundations of their survival economy at risk.

Most alternative development strategies which centre on crop substitution are, by their nature, medium to long-term interventions. Opium licensing, however, should be viewed and endorsed as a measure that is able to achieve a much faster response to the current crisis, since it seeks to utilise existing agrarian skills and expertise.

International donor assistance is organised according to a rationale by which each lead nation country is tasked with pursuing a distinct portfolio. However, by failing to give due recognition to the centrality of the opium crisis to all aspects of Afghanistan's reconstruction, this approach has artificially fragmented the reconstruction process. The international community must re-orientate its activities towards the formulation of

a coordinated and integrated development agenda. At its core, this agenda must recognise that security and development are inescapably linked and must be pursued in strict parallel.

Our publication entitled "Impact Assessment of Crop Eradication in Afghanistan and Lessons Learned from Latin America and South East Asia" addresses this topic in detail and can be found on line at:
http://www.senliscouncil.net/modules/publications/009_publication/documents/Eradication_Assessment_Paper_Jan%2006

Research on insurgency in Afghanistan

Over a year ago, in June of 2006, we focused our research on the evolving nature of the insurgency in Helmand Province. In this case, our research showed how insurgency patterns had undergone a substantial shift from disturbances to open warfare. For the local population, the insurgents became the de facto established power holders. People affiliated with every side of the conflict were interviewed, providing unique insights into the reality of life in Helmand. A complex set of factors were identified as the main contributors to Helmand's descent into a state of war.

We found that there are a number of structural factors which render the region prone to instability. Helmand is made up of a barren desert-like landscape with a very arid climate. The main cultivation and transport areas are located in the valley of the Helmand River. Thirty years of conflict have almost entirely destroyed the irrigation infrastructure. The lack of roads, schools and hospitals also hinders progress in the province, which is one of the poorest of Afghanistan. The economy in Helmand is entirely rural, unemployment is rife and opium poppy represents the main source of revenue. In such bleak conditions insurgency finds fertile ground for recruitment against a government which has failed to bring economic development and security in the region. The phantom border with Pakistan is another structural factor for Helmand's fragility, allowing insurgents to infiltrate and ex-filtrate at leisure. Due to geographical and tribal associations with neighbouring Pakistan, the Afghan central government struggles to retain local allegiance.

In addition to these structural factors which render Helmand particularly vulnerable to high intensity political violence, a number of contextual factors are contributing to the escalation of the security situation into a fully fledged war. The extreme poverty and illegal economy have allowed anti state actors to penetrate Helmand's social fabric whilst eradication policies, through their destruction of people's livelihoods, have alienated rural communities and strengthened the legitimacy claims of the insurgents. Alongside eradication the government has exacerbated local dissatisfaction and disillusionment by failing to deliver security and enforce law and order in the province. The insurgents are taking advantage of this weak control system. They are also intensifying the attacks on government and international forces by employing more sophisticated, low cost, high intensity tactics, such as remotely activated IEDs, suicide bombings and rocket attacks. Insurgents are also increasingly willing to engage in open clashes with ANP and ANA troops, turning Helmand in a out-and-out battle ground.

As insurgency tactics change, government control over the province dwindles; entire villages and towns fall under insurgent control. As the insurgents' hold grows in size and duration the local population's perception of who are the real power holders shifts.

For more on our investigation of the changing nature of the insurgency see our published results on line at
http://www.senliscouncil.net/modules/publications/010_publication/exe_sum

Again, to appreciate our work in Kandahar at present, it is important to know that opium licensing has been implemented elsewhere. Indeed, analogous to the current situation in Afghanistan, in the 1960s Turkey was one of the world's main opium producing countries. During this period the United States faced significant drug consumption problems, associated with the increasingly unpopular Vietnam War, through heroin-consuming American soldiers. Increasingly, the US Government perceived Turkey to be the source of much of its heroin, and by the late 1960s Turkish opium production became a significant issue in the two countries' political relationship.

After several years of tense negotiations, political pragmatism prevailed, resulting in Turkey switching from unregulated crop growing to licensed poppy cultivation for the production of medicines. The Turkish political dynamic was such that poppy farmers' interests were key to the stability of the country. When Turkey deemed total eradication both technically and socially impracticable, the US and the Turkish Governments worked together to implement a poppy licensing system for the production of opium-based medicines, as an alternative means of bringing poppy cultivation under control. Turkey was then able to resume poppy cultivation, under a strict licensing system supported by the United Nations and a preferential trade agreement with the US. The Turkish experience shows that the United States has actively supported a switch from un-regulated to licensed, legal poppy cultivation for the production of medicines as a drug supply reduction strategy.

For a detailed study of the history of the Turkish experience in this regard, see the results of our study on line at
http://www.senliscouncil.net/modules/publications/010bis_publication/documents/Political_History_Poppy_Licensing_Turkey_May_2006

Interlinks between security, development, and counter-narcotics in Kandahar

Turning our attention to the relationship between conflict and instability and its impact on development, we looked extensively at the history of violence as a key factor in the challenges faced by the Government of Afghanistan and the international community regarding Kandahar. The second largest province of Afghanistan, Kandahar is located in the harsh barren, desert environment of the volatile south-eastern corner of the country. Following the end of the war between Afghanistan and the Soviet Union, this was the province from where the Taliban emerged in the mid-1990s to capture south, east and central Afghanistan. The province is home to many different tribes of mainly Pashtun origin with a very long and dramatic history of violence and

war. For centuries now, almost without exception, every generation of young men from Kandahar has been involved in violent tribal conflicts or conflicts with foreign forces invading Afghanistan.

Kandahar's primarily agriculture-based economy has been entirely destroyed by decades of war and drought. What is left is a province where poppy cultivation is the backbone of the rural economy and where thousands of people live in extreme poverty, dependant on growing opium for heroin for their survival. Regular incomes, electricity, running water, schooling and health services are luxury items. The local population for the most part live with the constant fear of local violence, and with uncertainty, and with the lack of hope for a better future.

The province has always, throughout history, maintained a kind of autonomy from any of the various central governments in Kabul, resulting in a fierce distrust of strong central governmental authority, and the maintenance of informal governmental structures based on local and traditional systems.

The national and international security forces operating in Kandahar are over-stretched and resources are extremely scarce, with both Afghan policemen and soldiers being underpaid. The Taliban movement is increasingly targeting these security forces to further weaken the control that these have over security in Kandahar. Afghanistan's insurgency is spreading deeper within the social fabric of the province.

Crop eradication in Kandahar is contributing to instability and public insecurity by removing the livelihoods of the rural communities. Recent poppy eradication activities have provided anti-state actors such as the Taliban with an opportunity to offer protection to farmers, and thereby gain the confidence and support of poppy farming communities in their struggle against the local government. The local population cannot and does not distinguish between the military troops of the different foreign countries who are stationed there. Indeed during our field research we saw numerous military patrols without flag markers indicating their country of origin.

Senlis report on Kandahar

The results of our research into the military coalitions in the province of Kandahar, entitled 'Canada in Kandahar: No Peace to Keep - A Case Study of the Military Coalitions in Southern Afghanistan' is available on line at
http://www.senliscouncil.net/modules/publications/013_publication

Our research last summer showed that after five years of international donor pledges to provide resources and assistance to Afghanistan, Afghans are starving to death, and there is evidence that poverty is driving support for the Taliban. Prioritising military-based security, the United States' and United Kingdom's focus on counter-terrorism initiatives and militaristic responses to Afghanistan's opium crisis has undermined the local and international development community's abilities to respond to Afghanistan's many poverty-related challenges.

By focusing aid funds away from development and poverty relief, failed counter-narcotics policies have hijacked the international community's nation-building efforts in the country and undermined Afghanistan's democratically elected government. Poppy cultivation is a food survival strategy for millions of Afghans, and the United States' and United Kingdom-led poppy eradication policies are fuelling violence and insecurity.

Five years of internationally lauded democracy-building achievements in Afghanistan mask the growing scepticism with which Afghans view their central government. Increasingly, Afghans perceive that their government is accountable to international donors, and not to the Afghans themselves. In establishing democratic institutions, the international community raised expectations high, yet stood back as the United States and United Kingdom undercut the Afghan government's ability to deliver on these expectations by forcing the adoption and implementation of militaristic counter-narcotics policies. Failed counter-narcotics policies have undermined the legitimacy of the Afghan government.

Massive international expenditure on security illustrates that right from 2001, the international community's priorities for Afghanistan were not in line with those of the Afghan population. Rather, for the past five years, the US-led international community has prioritised military-focused security over the relief of Afghans' extreme poverty and economic instability. Military expenditure outpaces development and reconstruction spending by 900%. An intensive and extended focus on relieving the poverty of Afghans could have created a solid foundation on which to re-build Afghanistan. Instead, because the fight against poverty has not been prioritised, the international community's democracy-building efforts are collapsing as Afghans starve.

The complete publication resulting from last summer's research is available on line at http://www.senliscouncil.net/modules/publications/014_publication/

Senlis research into Canadian efforts in Kandahar

Also last autumn, our research results showed that Canada had been active in Southern Afghanistan and that the Canadian Armed Forces had done a brave job under extreme circumstances and should be commended for this. Nevertheless, Canada and the Canadian forces have been unable to maximise their impact on Afghanistan's reconstruction and development process.

The failure to tackle the root causes of poverty in Kandahar has provided Afghanistan 's insurgency movements with a broad recruitment base, and enabled insurgents to establish themselves as substantial power holders in a number of regions. This power-holding now allows the insurgency movements to successfully compete with the weak Kabul government for legitimacy and the support of the impoverished local communities.

Canada can and should do more to break this circle of poverty, insecurity and violence. To really win the hearts and minds of the Afghan people, Canada must take a more

efficient strategic and military approach. Because the current crisis cannot be resolved through military means alone, Canada should focus on a new approach:

- immediate food and medical aid;
- a science-based search for alternatives to the dominant illegal opium industry that currently holds Afghanistan in its grip. Crop eradication programmes have proven to be an ineffective and destabilising policy tools that should be stopped.

With a new strategic approach to the Canadian mission in Afghanistan, Canada will be able to bring a winning strategy, one that can be truly effective in both its military objectives and its development and reconstruction agenda.

For the complete results of our study and its examination of the negative strategic consequences of failing to address the hearts and minds of Afghan people see our published findings on line at:
http://www.senliscouncil.net/documents/Canadian_Policy_Paper_October_2006

Earlier this year, our research continued to delve into the complex nature of insurgency as a function of socio-economic factors and others. The current insurgency consists of two different types of insurgency: one driven by political and religious concerns, another by economic incentives and legitimate grievances. The latter insurgency, a 'grassroots' movement largely fed by social protest, unemployment, and various grievances the people hold against the government and the international community, is significantly larger than the former group. It lacks the political purpose and fundamentalist nature of its counterpart. Structural unemployment, despair and extreme poverty provide an ideal recruiting ground for this insurgency.

Counter-insurgency in Kandahar

The practice of counter-insurgency in Afghanistan has so far predominantly focused on military instruments to fight against the insurgency. By doing this, it has wrongfully left out all the non-military elements that form part of counter-insurgency theory: for example humanitarian aid, economic development, establishing health care and developing the educational system. Five years after the international community committed to stability and reconstruction in Afghanistan, these instruments have been insufficiently funded and implemented. Instead, what Afghans in the south see in their daily lives from the international community are mere negative policy instruments. They see military bombing campaigns, where bombs do not distinguish between innocent civilians and insurgents. The policy of poppy crop eradication reinforces poverty and fuels both anger towards the government and the international community, while it also provides the insurgency with an easy recruitment base.

If properly applied, the non-military elements of classic counter-insurgency practice would immediately improve security and create more support for the Karzai government. From this research we recommended the full matrix of proper counter-insurgency tactics be utilized as a coordinated Emergency Stabilization Process to provide the necessary support for a successful military effort.

Our results regarding the grave implications of ignoring classical counter-insurgency theory are published in a report entitled 'Countering the Insurgency in Afghanistan - Losing Friends and Making Enemies' and is available on line at:
http://www.senliscouncil.net/modules/publications/018_publication

Senlis research into southern Afghanistan's hospitals

Following that report, we then investigated the only tertiary referral hospital for approximately 9 million people in the Kandahar and its surrounding provinces as a case study in failing to address infrastructure needs while waging a counter-insurgency campaign. The results of our research in this case show that the war in Afghanistan is being unnecessarily prolonged, and even conceded, by the international community's decision not to use obvious strategic weapons such as the provision of effective assistance to injured and displaced civilian casualties to build trust and win the hearts and minds of the Afghan people. In so doing, the international community is seen as making the situation worse for local Afghan people, not better, provoking anger and frustration, and providing the perfect conditions for insurgents to gain support.

The international community's military actions, particularly its bombing campaigns, are causing injury and death to innocent Afghan civilians. These injuries and deaths are more than just 'collateral damage', and as such proper provision must be made by the international community to care for the victims of its counter-insurgency tactics.

Despite five years of international military operations in Kandahar and Lashkar Gah, the hospitals remain in a state of complete decay and are seen as a glaring symbol of the international community's lack of concern for the Afghan people. This disregard for the welfare of Afghan people is resulting in anger and frustration, and as a direct consequence, support for international efforts is being lost, and receptivity for insurgent propaganda in increasing.

The hospitals in the southern provincial capitals of Kandahar and Helmand are dilapidated, barren, and filthy. After five years of international presence in Afghanistan, the absence of basic war zone trauma treatment, medical diagnostic and treatment equipment, medicines, oxygen, and trained staff, have come to symbolise to the Afghan people the international community's disregard for the health and safety of the Afghan population, as the Afghan people are painfully aware that the international military and NATO bases benefit from sophisticated medical services. The anger that this generates further endangers the lives of the military troops who are doing their best to bring peace to Afghanistan.

Given access to basics such as safe drinking water, nutrition, sewage management, and skilled health care, the people of developed countries enjoy a life expectancy that is twice that of Afghan people. Currently, life expectancy in Afghanistan is just 45 years for men, and 44 years for women. Just a fraction of the money spent on military activities in Afghanistan could significantly improve the quality of Afghan people's

lives, through the introduction of simple, inexpensive, low technology health infrastructure.

To optimise the effectiveness and safety of military personnel in countering the insurgency in Afghanistan, political and military leaders must immediately implement their professed belief in the importance of providing - and being seen to provide - access to medical care. The provision of healthcare is particularly important for those civilians injured by the international community's war actions.

Our detailed findings are published in a report entitled 'War Zone Hospitals in Afghanistan - A Symbol of Wilful Neglect' and is available on line at
http://www.senliscouncil.net/modules/publications/020_publication

Senlis survey of Afghan's perceptions of the insurgency

In March of this year, we conducted a Rapid Assessment Field Survey which was carried out by a team of over fifty researchers polling 17,000 Afghan men in randomly selected districts in southern and eastern Afghanistan.

The Survey shows how rapidly the situation is deteriorating in these areas. Moreover, it underlines the need for an immediate reaction to this crisis. The main findings of the survey are: 26.8% of those surveyed openly support the Taliban; 80.3% worry about feeing their families; 49% do not believe that NATO will defeat the Taliban; and over 80% of those interviewed believe that International troops are not helping the people of Afghanistan.

These findings are a clear indication that we are losing the support of the local population and that we are losing the battle for the hearts and minds in Afghanistan. The international community should quickly change course as there is no time to waste. Afghans must be convinced that their future lies with the democratically elected Afghan Government, and not with the Taliban.

Poppy for Medicine projects - details

Earlier this summer we published a technical dossier that sets out in detail the business and socio-economic factors associated with successfully implementing a 'Poppy for Medicine' trial in Afghanistan. Our research, in Afghanistan, Turkey, India and South America shows that resolving Afghanistan's illegal opium crisis is the key to the international community's successful stabilisation and development of the country. Yet, by overemphasising failed counter-narcotics strategies such as forced poppy eradication, the United States-led international community has aggravated the security situation, precluding the very reconstruction and development necessary to remove Afghan farmers' need to cultivate poppy.

In 2006 Afghanistan produced 92% of the world's total illegal opium. The size of the illegal opium economy is threatening the development and reconstruction process by weakening the rule of law and jeopardising the legitimacy of the Afghan government.

Yet the counter-narcotics policies currently being pursued in an attempt to resolve Afghanistan's poppy crisis are fuelling support for the Taliban and the insurgency. In particular, the failure to deliver promised livelihoods alternative to illegal poppy cultivation has caused disillusionment and increased distrust. The Taliban is capitalising on this and the forced eradication of poppy crops to increase its support base within rural farming communities.

Based on extensive on-the-ground research, The Senlis Council has developed a Poppy for Medicine project model for Afghanistan as a means of bringing illegal poppy cultivation under control, and building support for the international community's counter-insurgency mission in an immediate yet sustainable manner. It involves licensing the controlled cultivation of poppy to produce essential poppy based medicines such as morphine, with unlicensed poppy cultivation remaining a criminal activity. Poppy licensing for the production of medicines is an alternative counter-narcotics strategy that has been successfully implemented in many countries.

Tailored to the realities of Afghanistan, Poppy for Medicine projects would link the country's two most valuable resources - poppy cultivation and strong local village control systems - to secure the controlled cultivation of poppy for the local production of morphine. The resulting economic benefits would provide farming communities with access to the strategic economic assets necessary to end their reliance on poppy cultivation. The key feature of the Afghan Poppy for Medicine project model is that village-cultivated poppy would be transformed into morphine tablets in the Afghan villages. The entire production process, from seed to medicine tablet, can thus be controlled by the village in collaboration with government and international actors, and all economic profits from medicine sales would remain in the village, triggering economic diversification. As internationally tradable commodities, locally-produced medicines would also benefit the Afghan government.

By transforming poppy into morphine medicines in Afghan villages, the entire poppy cultivation system can be controlled at three levels, by maximising Afghanistan's renowned tradition of strong local control systems. Poppy for Medicine project villages, with the support of government actors and international development and security experts, can secure and provide quality control the entire manufacturing process, from the seeds to the final medicine tablets. Exported directly from the villages to Kabul and international markets in tablet form, the trade in locally produced medicines can be completely secured.

Benefits of Poppy for Medicine projects

Locally owned and operated, these village-based poppy control models would have beneficial ink-blot effects on security and economic development in the regions around the villages, and thus complement the international community's mission in Afghanistan. As an economic development-orientated counter-narcotics initiative, Poppy for Medicine projects would impact significantly on the international community's efforts to counter the insurgency. Field research has revealed that the vast majority of current insurgents are driven primarily by economic incentives. These

insurgents join the insurgency because they have no jobs and no way to feed their families. By triggering economic development in rural communities and integrating these communities within the Afghan legal economy and government system, the Poppy for Medicine projects would decrease insurgents' recruitment bases.

In Poppy for Medicine projects, the local transformation of raw poppy materials into medicines would bring the inherent economic value of poppy directly to the village, thereby providing strong economic incentives for rural communities to permanently terminate their links with drug traffickers.

The locally-based production of poppy-based medicines in Poppy for Medicine projects would not only reduce illegal opium and heroin production in Afghanistan, they would also provide emerging and transitional countries with access to affordable essential painkilling medicines. According to the International Narcotics Control Board whose mandate is to ensure an adequate supply of morphine for medical and scientific purposes, 80 percent of the world's population, including Afghans, face an acute shortage of essential morphine medicines. Further, pain experts have highlighted that even when these medicines are available, patients often face significant affordability problems. There is a clear the need to find structural solutions to enhancing the affordability of controlled medicines. Exported under special trade frameworks from Afghan villages for use within the region and around the world, Afghan village-produced morphine would provide a structural solution to help address the global demand for affordable essential painkillers. Extensive field research and economic modelling demonstrates that Afghanistan could supply this market with medical morphine at a price at least 55 percent lower than the market average.

I hope that the foregoing serves to give you a sense of our activities and results achieved in Kandahar. I have not detailed the various methodologies that we employed in conducting our research but in each report, there is an appendix that deals with this.

You also asked about financial commitments. We are funded by the Network of European Foundations - a group of twelve foundations with whom we share our reports. While we provide informal and modest food and medical aid where it is possible during our research activity, it is not our primary mandate as an international political policy group. Our financial commitments therefore are associated with the research and publications that are set out above.

We hope you find our work of interest. You can find video and photos associated with our work posted on the website.

We reiterate our invitation to you and your colleagues to visit the villages, camps and hospitals were we have done the research mentioned above. We would very much appreciate an opportunity to organize such field visits.

It was a pleasure to meet you at the PRT and thank you again for your interest in the work we are doing in Kandahar.

All the best,

Edward McCormick
Senlis Afghanistan

IV. Email traffic between Senlis and World Food Program staff regarding CIDA-funded projects in Kandahar

Date: Aug 4, 2007

From: Ed McCormick
To: Bakhtiar Elmi

Subject: Food aid sites

Hello Mr. Elmi

I am following up from our meeting of Thursday, August 2nd 2007 in which you were kind enough to allow us to visit the locations where food aide, funded by the Canadian International Development Agency, has taken place over the last year. Would you please provide us with a complete list of these locations and the local contact persons so that we can make arrangements to visit them?

Thank you once again. If you have any questions please do not hesitate to contact me.

Sincerely,

Edward McCormick
Country Director
The Senlis Council

Date: Aug 07, 2007

From: Bakhtiar Elmi
To: Ed McCormick

Dear Edward

Thanks for your message.

Attached please find locations of WFP Projects funded by CIDA in Kandahar.
I and Tahir Sarwari Programme assistant are the contact persons to coordinate your visits with communities and WFP IPs.

WFP Kandahar in consultation with other stake holders is planning to conduct needs assessment survey in and around Kandahar city for BDPs and Kuchis, would it possible for senlis council to visit with WFP staff could you please

T&R
Mohammad Bakhtiar Elmi
Head of Programme Unit
WFP Kandahar Area Office

Attachment:

Locations of WFP Projects funded by CIDA in Kandahar

WFP Kandahar Area Office

Updated list of CIDA funded projects in Kandahar province
As of 07-Aug-07

Activity	District
Recovery Drought Food For Work (REC-DFFW)	Daman
Recovery Drought Food For Work (REC-DFFW)	Shorabak
Recovery Drought Food For Work (REC-DFFW)	Maruf
Recovery Drought Food For Work (REC-DFFW)	Spin Boldak
Recovery Drought Food For Work (REC-DFFW)	Nesh
Recovery Drought Food For Work (REC-DFFW)	Panjwayi
Recovery Drought Food For Work (REC-DFFW)	Ghorak
Recovery Drought Food For Work (REC-DFFW)	Arghistan
Recovery Regular Food For Work (REC-RFFW)	Registan
Recovery Regular Food For Work (REC-RFFW)	Kandahar City (Dand)
Recovery Regular Food For Work (REC-RFFW)	Khakrez
Recovery Regular Food For Work (REC-RFFW)	Shah Wali Kot
Recovery Regular Food For Work (REC-RFFW)	Registan (Shega)
Recovery Regular Food For Work (REC-RFFW)	Arghandab
Recovery Regular Food For Work (REC-RFFW)	Kandahar City (Dand)
Recovery Regular Food For Work (REC-RFFW)	Maywand
Recovery Regular Food For Work (REC-RFFW)	Miya Nishin

Recovery Regular Food For Work (REC-RFFW)	Zhari	
Recovery Regular Food For Work (REC-RFFW)	Panjwayi	
Recovery Functional Literacy (REC-FL)	Kandahar City	
Relief Drought (REL-DRG)	Daman	
Relief Drought (REL-DRG)	Maruf/Nesh	
Relief Drought (REL-DRG)	Arghistan	
Relief Drought (REL-DRG)	Panjwai,Spin boldak, and Zari	
Relief Drought (REL-DRG)	Shorabak	
Relief Drought (REL-DRG)	Ghorak	

Date: Aug 19, 2007

From: Edward McCormick
To: Bakhtiar Elmi

Hello Bakhtiar

Firstly, thank you again for your time to meet today. I have attached my notes for your review and there are a few questions that I have highlighted therein if you would be kind enough to clarify.

Also, you mentioned in our meeting and on the telephone this afternoon that you were in contact with Mr. Rick Corsino. I am hoping to contact him to obtain the methods and criteria by which WFP qualifies people as in need of food assistance. You stated that this qualification process varies by program (for example, Food for Work, Adult Literacy, and Adult Vocational programs). So I am seeking the selections processes for each of these and any other food distribution/aid program that receives funding from CIDA.

Warm regards,

Edward

Attachment:

Minutes of 19 August meeting between The Senlis Council and World Food Program

Date: August 19 2007

For The Senlis Council: Ed McCormick
For the WFP: Mr. Bakhtiar Elmi

CIDA has transferred $9 – 10 Million CAD since Nov. 2006 and has committed an additional $20m CAD over the next four years.

WFP has just finished a food distribution campaign and has forwarded the list of districts to Senlis. I said that we cannot verify the distribution because the list of districts is too vague. Bakhtiar said that if we want to go and check, we must contact him and he will make arrangements for us to visit the sites and speak to relevant implementing partner(s) IPs.

The qualification of recipients varies between programs. For example, TB patients who are confirmed by the WHO and MOPH in Kandahar, receive food aide. But each program has its own objectives and all of this, Rick Corsino WFP rep in Kabul can supply. Bakhtiar would not give me Mr. Corsino's email address – instead, he will forward my email address to Mr. Corsino and ask him to contact me. I will follow up with an email to Bakhtiar.

Bakhtiar noted that in our reports we refer to 'Battle Affected Displaced Persons' in the camps in Kandahar City and surrounding areas. In their research to verify this WFP was not able to find one BADP in any of the camps. They are instead Kuchis of all three types (Nomadic, Settlement, and Farmer). Food distribution is being considered and will be based on a Needs Assessment geared toward the unique challenges associated with Kuchis and the assessment is starting this week. Bakhtiar welcomed Senlis representatives to be part of this Needs Assessment.

Ensuring Food is delivered as planned

WFP does not use marked UN vehicles for food distribution; instead, WFP uses government rated transporters which are guaranteed by the government of Afghanistan to move food to its final distribution point. Transporters are not paid unless the food arrives. Once the food arrives at its distribution point, it is handed over to IPs and then, in consultation with village elders, CDCs, a district Tribal Shura, the Governor, distribution is determined and allocated to each head of household who comes to receive his entitlement.

Question to Bakhtiar: How is individual entitlement determined? Are there explicit criteria that are applied? If so, who applies them – who decides?

Does the food ever go missing? There have been two incidents or reported attacks and looting. One was legitimate and one was fraud – the latter was investigated and the confirmed to be fraud – the driver was beaten and sent to jail. Otherwise there have been no incidents of missing food.

Security

Security is assured by the communities/villages receiving the food and the government provides police and military escorts.

Monitoring
Now being outsourced to Global Security – Bakhtiar did I get this right?

General
WFP does not want to break government rules. In 2005, the Government of Afghanistan declared that the country is now in recovery mode and therefore discourages dependency on food distribution to avoid habit of begging.

Tribal conflicts are an inherent part of Afghan culture. The government of Afghanistan does not support the Kuchi tribes.

There are some achievements that should be noted:
More than 5000 women are enrolled in and participating in literacy training in Kandahar
More than 50,000 families have received food assistance in the province of Kandahar across all districts

This was a very positive meeting and the extensive food aide along with the innovative programs that food is delivered within, are a significant measure of success.

End of meeting

Date: Aug 19 2007

From: Edward McCormick
To: Bakhtiar Elmi

Hello again Bakhtiar

Further to our telephone conversation earlier this afternoon: The connection was not very good but I think you said that if we want to visit the sites where food aide has taken place, such visit must be arranged by you in communication with an implementing partner. Instead, I would like to have a list of specific locations where Food Aide has been delivered this year along with the dates and the local contacts. The initial list that you provided us includes only district names and precludes locating any aid recipients.

As you can appreciate it is important that we be permitted to conduct independent visits to the recipients in order to complete the validation process that Mr. Stephen Wallace of CIDA invited us to do here.

During our meeting, you indicated that you could not provide me with Mr. Rick Corsino's contact information but that you would forward my request for the criteria WFP uses in each of its different programs to qualify or include people who are asking for food aide. Would you please confirm by reply that he has that request?

Thanks again,

Edward

Date: Aug 20 2007

From: Bakhtiar Elmi
To: Ed McCormick, Rick, Sandra Choufani

Dear Edward

You can contact Mr. Rick Corsino through his email mentioned in CC.

T&R

Mohammad Bakhtiar Elmi
Head of Programme Unit
WFP Kandahar Area Office

Date: Aug 21 2007

From: Bakhtiar Elmi
To: Ed McCormick

Dear Edward

Please find bellow information I have provided you during our meeting.

Agenda of the meeting

1. How much Canadian dolors did CIDA provided to WFP Kandahar (What are the programmes).
2. What is WFP and CIDA future plans for Kandahar
3. what measures did WFP take to ensure that food is reaching to the intended beneficiaries
4. How did WFP Kandahar deliver food to the most insecure and remote districts of Kandahar
5. Camps in Kandahar city for battle displaced people (BDP).

Comments

Q.1: I briefed you that WFP Kandahar received around 10 mln Canadian dolors from CIDA during 2007. For detail information he will contact CIDA or WFP CO. WFP utilized CIDA funds for FLT (mostly women) and FFW projects in Kandahar Province.

Q.2: I informed you that CIDA promised to provide 20 mln Canadian dolors to WFP for next four years starting from 2007. WFP has already sent plan and request for the release of donation to CIDA for 2007 and 2008.

Q.3: WFP Kandahar is working very close with communities and using community approaches by monitoring food distribution/deliveries through DRRD, elected District Development Assemblies (DDAs), District tribal Shura, Provincial Council (PC), NSP CDCs, food distribution committees, village elders, Miravs (Head of karize or canal) and District authorities to confirm/verify food distribution, ensure that food is distributed to the intended beneficiaries and reduce/avoid corruption. IP/CDC(s) should submit confirmation reports of the above mentioned stake-holders along with their reports as supporting documents.

Q.4: WFP Kandahar is working with commercial transporters which are guaranteed/ registered by the Government of Afghanistan. As soon as the food is released WFP contracted transporters are informing communities through their agents in the field or WFP Implementing Partners to be prepared and pro-active for food distribution and to organize proper security to the WFP food deliveries for insecure areas/Districts. Community approach in food delivery is successfully experienced in Helmand, Kandahar, Uruzgan and some districts of Zabul.

Q.5: I informed him about the joint assessment of WFP, UNHCR/DORR, CIDA, PDMC, HAPA and community representatives. During our visit no BDP camp or BDP family could be found/observed in the settlements around Kandahar city. It is noticed during the visit that there are kuchis living in the mentioned informal settlements in their traditional tents around Kandahar city.

Mr. Edward McCormick appreciated WFP transparent measures, achievements and mentioned that they will have a press conference in Canada by 25 August 2007. He said

that WFP achievements are one of the successful stories and will be mentioned in their report that CIDA/WFP distributed food for many hungry people during the crises situation in very remote areas/Districts. He also mentioned that he is Interested to visit the women literacy course in Kandahar city and WFP food distribution sites, if possible. Senlis is planning to visit the project sites and verify WFP food distributions by meeting/interviewing beneficiaries.

He also mentioned, many time and repeatedly expressed that Kandahar hospital is facing many problems, which I informed him that it is not WFP mandate but, he recommend that CIDA to address this problems if possible.

Mohammad Bakhtiar Elmi
Head of Programme Unit
WFP Kandahar Area Office

Attachment:

Edited list of CIDA-funded projects

WFP Kandahar Area Office

Updated list of CDA funded projects in Kandahar province
As of 07-Aug-07

Activity	District
Recovery Drought Food For Work (REC-DFFW)	Daman
Recovery Drought Food For Work (REC-DFFW)	Shorabak
Recovery Drought Food For Work (REC-DFFW)	Maruf
Recovery Drought Food For Work (REC-DFFW)	Spin Boldak
Recovery Drought Food For Work (REC-DFFW)	Nesh
Recovery Drought Food For Work (REC-DFFW)	Panjwayi
Recovery Drought Food For Work (REC-DFFW)	Ghorak
Recovery Drought Food For Work (REC-DFFW)	Arghistan
Recovery Regular Food For Work (REC-RFFW)	Registan
Recovery Regular Food For Work (REC-RFFW)	Kandahar City (Dand)
Recovery Regular Food For Work (REC-RFFW)	Khakrez
Recovery Regular Food For Work (REC-RFFW)	Shah Wali Kot

Recovery Regular Food For Work (REC-RFFW)	Registan (Shega)	
Recovery Regular Food For Work (REC-RFFW)	Arghandab	
Recovery Regular Food For Work (REC-RFFW)	Kandahar City (Dand)	
Recovery Regular Food For Work (REC-RFFW)	Maywand	
Recovery Regular Food For Work (REC-RFFW)	Miya Nishin	
Recovery Regular Food For Work (REC-RFFW)	Zhari	
Recovery Regular Food For Work (REC-RFFW)	Panjwayi	
Recovery Functional Literacy (REC-FL)	Kandahar City	
Relief Drought (REL-DRG)	Daman	
Relief Drought (REL-DRG)	Maruf/Nesh	
Relief Drought (REL-DRG)	Arghistan	
Relief Drought (REL-DRG)	Panjwai,Spin boldak, and Zari	
Relief Drought (REL-DRG)	Shorabak	
Relief Drought (REL-DRG)	Ghorak	

Date: Aug 21 2007

From: Edward McCormick
To: Rick Corsino

Dear Mr. Corsino

I am following up on a very good meeting that I had with Bakhtiar Elmi here in Kandahar. Mr. Elmi listed a number of the different CIDA-funded programs within which WFP distributes food. He also mentioned that the 'selection' or 'inclusion' criteria to determine who is eligible for enrolment into each of the programs varies by program. However, these various sets of inclusion criteria were not available to me from Mr. Elmi; instead, he said that I should contact you to obtain them. Would you please, therefore, forward to me the criteria for each of your CIDA-funded programs?

Thank you in advance for your assistance with this matter.

Best regards,

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: Aug 21, 2007

From: Edward McCormick
To: Bakhtiar Elmi

Thank you for your email.

I note that your summary omits some of the notes that I forwarded to you dated August 19th following our meeting. At that time, I asked you to review the minutes of our meeting and make any corrections that you required. I have not received a reply to that email.

Your representation of my comments regarding the overall food distribution also omits my stated need to verify the distribution and my associated request for a detailed list of the locations/villages/contacts that can assist us in this regard. I am still awaiting a response in this regard from Mr. Corsini in Kabul.

I still have not received a response to my email of yesterday in which I sent you two requests as follows:

1. You clarified that you do not have a list of the actual food distribution sites as the program is too large and there are too many. Instead, you can provide me with a list of the Implementing Partners (IPs) in each district and their contact information so that we can make arrangements through the IPs for visits to specific sites where food was delivered. This is very helpful. Please forward that IP contact list to me as soon as possible.

2. Also, during our meeting you talked to me about the Literacy program and mentioned that it would be possible for our staff to make visits to the classrooms to see this program in operation. You said that there are over 5000 women currently receiving literacy training in Kandahar. I would be grateful to you for the detailed information on the locations of this so that we can make similar arrangements for visits. Would you please, therefore, provide me with the list of all of the locations and the relevant contact information?

If you could furnish us with this information, I would be most grateful.

Sincerely,

Edward

Date: Aug 22 2007

From: Rick Corsino
To: Ed McCormick, Heera, Rikki

Mr McCormick,

WFP's project selection criteria is primarily based on National Risk and Vulnerability (NRVA) findings and recommendations (for geographical targeting). Within the geographical areas defined for assistance, individual beneficiaries are selected by the community shuras, elders or CDCs, as well as our Implementing Partners - especially for Food For Work, Food For Training, Adult Literacy and Vocational Training programmes. We do not select individual beneficiaries, rather the community identifies the most vulnerable that need food assistance.

Sincerely,

Rick Corsino
WFP Representative in Afghanistan

V. Email traffic between Senlis and UNICEF staff regarding CIDA-funded projects in Kandahar

Date: July 28, 2007

From: Edward McCormick
To: S Mawunganidze

Dear Mr. Samual Mawunganidze

I am the Afghanistan Country Director for The Senlis Council, a counter-narcotics, security and development policy group established by the Network of European Foundations. The Senlis Council has offices in Europe and Brazil, Ottawa and Afghanistan.

I was referred to you by Ms Kadi of the Canadian International Development Agency. I am writing to enquire about organizing a meeting to introduce our organization and its work and to discuss UNICEF activities and policies in Afghanistan.

Could you let me know what would be possible on your schedules?

I am normally reachable at mccormick@senliscouncil.net. Alternatively please do not hesitate to telephone me on my local mobile (number deleted for security reasons)

Sincerely,

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: July 29, 2007

From: Samuel Mawunganidze
To: Ed McCormick

Dear Edward

It is with great interest we will have an opportunity to meet here and see how we can leverage our resources through our mandates in making a difference in this country of contrast and protracted conflict.

Unfortunately, I am currently out of Kandahar, in Kabul for a week for various organizational meetings and proceed for 10 day break. I am back in Kandahar on Wednesday 15th August for another long stint of 8 or so weeks.

However, we may touch base during the week by phone to prepare for our meeting. I will also be putting together a pager or so outlining some of the activities we are supporting in southern provinces.

Wbr

Two Drops, One Dream
A Polio Free Afghanistan

Sam

Date: Aug 16 2007

From: Edward McCormick
To: S. Mawunganidze, Shpopal

Dear Sirs,

I am writing to request a brief meeting to further discuss specific issues of the CIDA funding to UNICEF. I am available to meet at your earliest convenience in Kandahar. If you prefer, I can also travel to Kabul to meet with you.

Thank you for your kind consideration.

Sincerely,

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: Aug 17 2007

From: Samuel Mawunganidze
To: Ed McCormick, Shopal

Dear Edward

Came back into Kandahar yesterday. Still catching up with emails. I have time slots available this week for a possible meeting:

Sunday 19th - anytime after 12:30
Monday 20th - 08:30 - 10:00
Tuesday 21st - 08:30 - 11:00

Wbr

Two Drops, One Dream
A Polio Free Afghanistan

Sam

Date: Aug 19 2007

From: Edward McCormick
To: Samuel Mawunganidze

Hello again Samuel

Thank you for your time this afternoon and discussion on CIDA funded projects. I have made some notes which are attached for your review - I have a couple of questions that are highlighted in red for clarification but you might also find that I have missed important points or that we did not cover something of note.

Thanks again.

Edward

Attachment:
Minutes from 19 August meeting between The Senlis Council and UNICEF

Date: August 19 2007

For The Senlis Council: Ed McCormick
For UNICEF: Mr. Samuel Mawunganidze

CIDA has transferred $4.5million to UNICEF this year.

Highlights of UNICEF's work to date:

Using funds from the UN natural disaster appeal to assist displaced persons who are victims of flood, snow, earthquakes etc. along with Battle Affected Displaced Persons, UNICEF has been distributing basic kitchen utensils and ensuring safe water supply. Also, this appeal has funded immunization against measles for women and children.

In March, UNICEF started a literacy program in collaboration with WFP and has an 80% rate of enrolment of women. This program primarily targets Kandahar City but also reaches Dunt, Daman, Arghandab, and Spin Boldak. A building is being constructed to house the literacy program using some of the donated funds.

UNICEF is participating in a nation-wide Polio vaccination program centered in Kabul.

Reporting/Accountability

UNICEF has monthly meetings with CIDA to discuss progress and challenges. Some of the challenges historically included the use of the government's MRRD for aide distribution – this was problematic because the reporting was not complete or objective. Now distribution is managed by NGOs with locals verifying receipt in each community.

Example: Humanitarian Action for People in Afghanistan (HAPA) is one NGO which receives a list of qualified recipients from the government. This list is based on CDC input to government. However, verification of the authenticity of the list is very difficult – particularly in insecure/conflict zones. Some verification is done by NGO immediately prior to or during package distribution.

Example: UNICEF has just signed an agreement with Panjwai and Zhari districts (Samuel: who signed on behalf of these areas? Are districts correct? Or is it another level of community?) for water points and latrines. However UNICEF sometimes then goes to the villages in question and is not permitted photography to verify drill cores. Communities provide lists but they are suspect and verification is difficult/rare.

Boreholes for water points are paid for in stages; however, payment is based on written reports from the communities – not on eye-witness accounts.

Districts that have several tribes are very difficult to make any progress in or achieve consensus due to inter-tribal competition/conflict. What works is village-by-village project work and funding.

There are no other CIDA funded UNICEF projects in the province of Kandahar this year.– is this correct Samuel?.

The most significant challenge by far is not security; it is the gap between providers and the community.

Date: Aug 19 2007

From: Samuel Mawunganidze
To: Ed McCormick

Hi Edward

Many thanks for the meeting and exchange of views. Attached are the notes with some of my inputs.

Wbr

Sam

Attachment:
Amended minutes from 19 August meeting between The Senlis Council and UNICEF – changes in blue

Amended Minutes of Meeting between The Senlis Council and UNICEF (changes in blue)

Date: August 19 2007

For The Senlis Council: Ed McCormick
For UNICEF: Mr. Samuel Mawunganidze

CIDA has transferred $4.5million to UNICEF this year.

Highlights of UNICEF's work to date:

Using funds from the UN natural disaster appeal to assist displaced persons who are victims of flood, snow, earthquakes etc. along with Battle Affected Displaced Persons, UNICEF has been distributing basic kitchen utensils and ensuring safe water supply. Also, this appeal has funded immunization against tetanus and measles for women and children, respectively. The appeal funding also covers support to the Ministry of Public Health in implementing a Therapeutic Feeding initiative for the severely malnurioushed under five year old children.

In March, UNICEF started a literacy program in collaboration with WFP and has an 80% rate of enrolment of women. This program primarily targets Kandahar City but also reaches Dand, Daman and Arghandab. A building is being constructed to house the literacy program using some of the donated funds.

UNICEF is participating in a nation-wide Polio vaccination program centered in Kabul.

Reporting/Accountability

UNICEF has monthly meetings with CIDA to discuss progress and challenges. Some of the challenges historically included the use of the government's MRRD for aide distribution – this was problematic because the reporting was not complete or objective. Now distribution is managed by NGOs with Provincial RRD and locals verifying receipt in each community.

Example: Humanitarian Action for People in Afghanistan (HAPA) is one NGO which receives a list of qualified recipients from the government. This list is based on CDC input to government. However, verification of the authenticity of the list is very difficult – particularly in insecure/conflict zones. Some verification is done by NGO immediately prior to or during package distribution.

Example: MRRD has just signed an agreement with Panjwai and Zhari districts communities for the provision of safe water points and household latrines. Based on these agreements, UNICEF is providing the various water and sanitation supplies directly to the community representatives. While communities provide their priority list, it is not always easy for UNICEF to visit the villages in question to verify and to take photography of progress or completion of works.

Completed construction and installation of water supplies is paid for in stages; however, payment is based on written reports from the communities – not on eye-witness accounts.

Districts that have several tribes are very difficult to make any progress in or achieve consensus due to inter-tribal competition/conflict. What works is village-by-village project work and funding.

There are no other CIDA funded UNICEF projects in the province of Kandahar this year

Also with CIDA support, UNICEF is also working with the Kandahar Department of Public Health in initiating a maternal health services aimed at improving access to quality Emergency Obstetric Care (EmOC) services. This is initiative is however, still in early stages of implementation.

The most significant challenge by far is not security; it is the widening gap between providers and the community.

VI. Email traffic between Senlis and Ministry of Rural Rehabilitation and Development staff regarding CIDA-funded projects in Kandahar

Date: Aug 4, 2007

From: Edward McCormick
To: Tariq Ismati, Sandra Choufani

Dear Mr. Ismati

I am writing to follow up on our meeting of August 2, 2007. As the Country Director of the Senlis Council in Afghanistan, I have been invited by Mr. Stephen Wallace of the Canadian International Development Agency (CIDA) to visit the UNICEF programs that have been funded by CIDA. CIDA has contributed $18.5 million to your Integrated Alternative Livelihood program in Kandahar. I would like to make arrangements at your earliest convenience to visit the farms and families who have benefited from this program.

If you could supply me with a detailed list of all of the areas here in Kandahar where this program has been delivering this aid along with the dates when the aid was delivered, I would be most grateful. Any other information that would help me following up in this regard would also be appreciated.

If you have any questions, or if I can be of any assistance to you or your colleagues, please do not hesitate to contact me at any time.

Sincerely,

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: Aug 5, 2007

From: Moh'd Tariq Ismati
To: Ed McCormick, Sandra Choufani

Dear Mr. Edward,

Thanks for your email and it was nice meeting you that day in PRT, we as MRRD/NABDP and being a big player within development context in south welcome any partner to sit with and share information in order to achieve our collective goal which is developing the local communities. As far as IALP fund is concerned, we have been managing projects within this fund that falls within different sectors of development following the set procedures for IALP by line ministries and are located in different districts of Kandahar. To help you further we need to know precisely what sort of information you are looking for as the projects don't focus only on farming, I believe it would be wise to talk about it face to face and then determine if info or visits are required to be accomplished. If you want to meet, you can come to our office which is located just in front of AIB bank the tallest building in the area famous by Kandahar Hotel.

One thing I have to insist that we are following our own measures for safety of our team and communities during projects management that often convoy visits or internationals visiting sites have to be assessed carefully in order to avoid any hindrance later on.

With regards,
Tariq

Date: Aug 5, 2007

From: Edward McCormick
To: Tariq Ismati

Hello Tariq and thank you once again for your generous time and information this morning.

A brief couple of questions for clarification regarding DDAs as compared with CDCs:

1. CDCs work with MRRD but not NABDP - is this the difference between them?

2. If not, why were DDAs invented instead of using CDCs?

Thank you Tariq

Edward

Date: Aug 5 2007

From: Moh'd Tariq Ismati
To: Ed McCormick

Hi Edward,

District Development Assemblies (DDA) are operating at district level representing the entire district while identification focuses more or less on projects that benefit more then one village which this is one of the reason we are National Area based Development Program. After the execution of NSP (National Solidarity Program) it was noticed that CDCs representing one village were proposing needs only at their village level, however there were many projects that lay as infrastructural asset of many villages such as roads, long canals, clinics at district level, schools and etc and CDCs could not prioritize them. Therefore, DDAs at larger scale were created just to have systematized local structures starting from village to district that can play as community representatives to help managing projects.

Hope this works,

Regards
Tariq

Date: Aug 5 2007

From: Edward McCormick
To: Tariq Ismati

Thank you Tariq that is very helpful. So I would imagine that frequently, members of CDCs are also members of DDAs - is that true?

Also, please find attached notes that I took from our meeting this morning - if you have a minute to read through them to make sure I did not misunderstand or incorrectly recount our conversation, I would be grateful.

Warm regards,

Edward

Attachment:

Minutes of Meeting between The Senlis Council and the Ministry of Rural Rehabilitation and Development

Date: August 5 2007

For The Senlis Council: Ed McCormick
For the MMRD: Tariq Ismati

About the MRRD
The Ministry of Rural Rehabilitation and Development (MRRD) became decentralised and set up an office in Kandahar in November of 2006 with clearance from the central government in Kabul to fast-track the RFP process.

The MRRD, (which works in eight sectors: Infrastucture, Health, Education, Irrigation, Agriculture, Social Security, and Hariq couldn't remember the other two) through the National Area Based Development Program (NABDP) calls on and depends upon the input of people in the villages to identify their needs. The province of Kandahar is divided into 18 districts and each one has several development assemblies which is comparable to a Community Development Council.

MRRD Projects
To date, 1,499 projects have been identified. Those that seem feasible are then surveyed to determine the scope and cost of the project. Once this step is completed, the project is "designed" and announced in the local media and open for bids. This is a less formal and faster-paced step than an RFP that would normally be included here. Because the needs come form the village locals, once funded there is a high degree of ownership. Hariq gave the example of funding granted for a 12 km canal cleaning project – the locals running the project completed 20 km instead.

Within Kandahar City, there are two projects underway: Vocational training for 100 women for fashion, carpet weaving, and literacy; and, the construction of a health clinic.

In Spin Boldak, the criteria for selection of projects included either the presence of poppy growing so that projects directed at alternative livelihoods would be funded; or, trafficking in opium – again project funding was aimed at putting people to work as alternative to trafficking. The trafficking problem in Spin Boldak is being attacked by the construction of drinking water pipe schemes that benefit several villages each. Not only has this put people to work, but it has also eliminated a need to beg for or buy water which has removed a vulnerability that catalyzed trafficking.

In Daman and Maiwand, the lack of sufficient irrigation has result in poppy cultivation. Prior to the drought, natural sources of water were many and were free and did not impinge upon the cost of producing various crops; since the drought, the scarcity of

water has meant either paying for it, reducing or eliminating the profits from non-poppy crops or growing poppies which do not require the same kind of irrigation.

The cost of drilling for water and then paying for fuel to pump the water from the wells has been prohibitive when compared with the market prices of non-poppy crops.

The construction of clinics remote rural settings requires ongoing security and ongoing funding. Also, there is little or no management capacity to run a clinic once it is built and opened in remote rural settings.

MRRD and CIDA
From the $18.5 million of CIDA funds, only 5 million has so far been tapped in the first tranche.

The only partner that CIDA has in Kandahar to put its money to work is MRRD. The workload is such that we work 7 days/week until midnight every night.

MRRD and Senlis
Senlis staff are welcome to visit any of the projects that are underway or complete but for security reasons, only the Afghan staff should visit any of the distant projects. The 190m CIDA funded bridge in Argandaub is safe to visit as is the clinic in the city of Kandahar.

Senlis reports are offensive because they begin with negative statements and point out only negative things. They do not talk about the work that is being done and do not acknowledge that the Afghans that we spoke with who claim to be ignored have actually developed a dependency on handouts and are choosing to live in camps etc.

Ongoing relations between MRRD and Senlis
We ended our meeting with a mutual desire to help and communicate. Mr Tariq extended a warm invitation for me to call/write anytime and to visit him in his office whenever I would like to.

VII. Email traffic between Senlis and UN-Habitat staff regarding CIDA-funded projects in Kandahar

Date: Aug 16, 2007

From: Edward McCormick
To: Hajji Hamidzada

Dear Mr. Hamidi:

I am the Country Director for The Senlis Council and I have been invited by Mr. Stephen Wallace, Vice President CIDA to follow up with you to look at the UNHABITAT projects and programs funded by CIDA.

I would like to meet with you at your earliest convenience to review CIDA funded programs. In the meantime, I need to know:

1. *What funding has CIDA committed to UNHABITAT to date?*

2. *Has any funding actually been transferred from CIDA to UNHABITAT yet and, if so, how much and what are the dates of each funding transfer?*

3. *Does CIDA provide you with any non-financial assistance such as professional (expatriate or Afghan national) consulting expertise such as engineers, project managers, etc.?*

4. *Please list the individual projects and their locations that are underway or have been completed that have been funded by CIDA.*

I look forward to meeting with you at your earliest convenience to discuss these and other issues. If you have any questions or I can be of assistance to you or your colleagues, please do not hesitate to contact me.

Warm regards,

Edward McCormick
Afghanistan Country Director
The Senlis Council

Date: Aug 21 2007

From: Haji Mohd Hamidzada
To: Ed McCormick

Dear Mr. Edward,

Sorry for being so late to respond your request and in the same time I would like to thank you for the meeting invitation.

I shall be glad to explain you the current activities of UN-Habitat, particularly the ones which is funded by CIDA.

I will be only able to give you the general information I have.

If it fits you please let make an appointment for the meeting date, time and venue.

Once again thank you for invitation.

With best regards,

Haji Mohd Hamidi