INTER-AGENCY HUMANITARIAN EVALUATION

ANNEXES

INTER-AGENCY HUMANITARIAN EVALUATION OF THE RESPONSE TO THE CRISIS IN AFGHANISTAN

Part 1: Thematic Annexes

April 2024

Contents

# ANNEX A The scaled-up response in funding

The scaled-up humanitarian response in Afghanistan was enabled by a major increase in available funding, as shown in Figures 1 to 6 below. Funding for the COVID-19 response had already raised the total in 2021, but the bulk of the increase came at the time of the Flash Appeal of September 2021 and subsequently, in response to the 2022 Humanitarian Response Plan. The sharp drop off in 2023 is apparent: although this figure is 'year to date', it accounts for funding reported through to September. In order to fund programmes in 2023, there has been heavy dependence on carried forward funds.[1]

Figure 1: Total reported humanitarian funding for Afghanistan by year 2020 – 2023 (YTD)
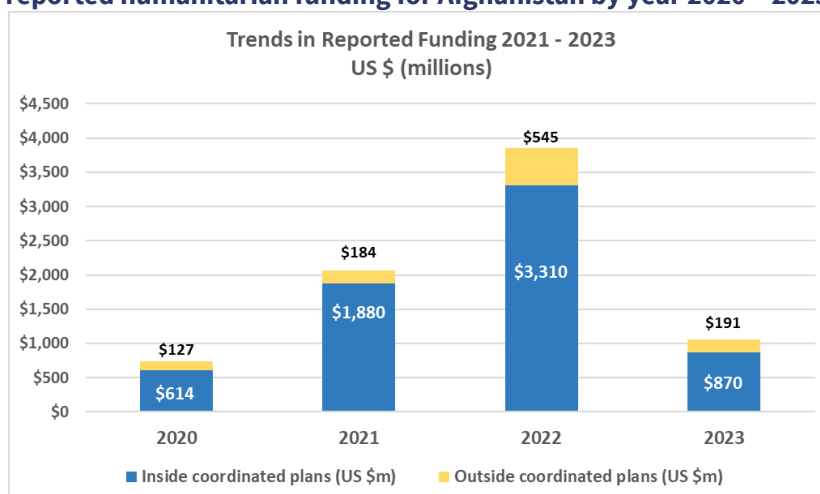
Source: fts.unocha.org [12/09/2023]; paid funds only. Figures in USD millions.

Figure 2: Total reported humanitarian funding for Afghanistan 2020 – 2023 (YTD) vs requirement [2]

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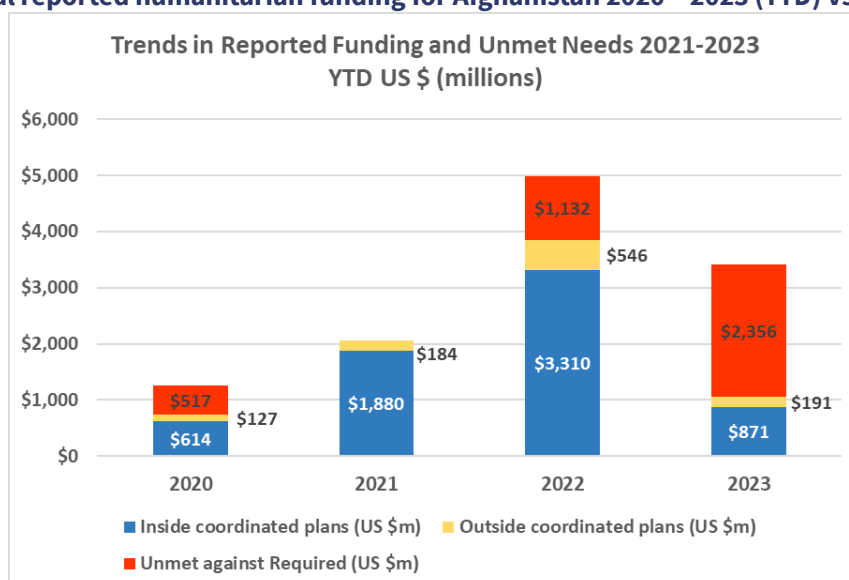
[1] The mid-year revision of the HRP 2023 reports that funding for the first five months of the year amounted to $942 million, which includes $850 million carried over from 2022. In other words, carried forward funds constituted around 90% of total funding in the first half of 2023.

[2] Note: 'Coordinated plans' here refers to the HRPs and Flash Appeals in respective years. 'Unmet' refers to deficits against coordinated fund requirements and does not consider funding outside of coordinated plans. 2021 was over-funded against coordinated fund requirements by c. $404m.

Figure 3 below shows the cumulative total funding during the period January 2021 – June 2023 from major donors and funding sources, by order of size of contribution.
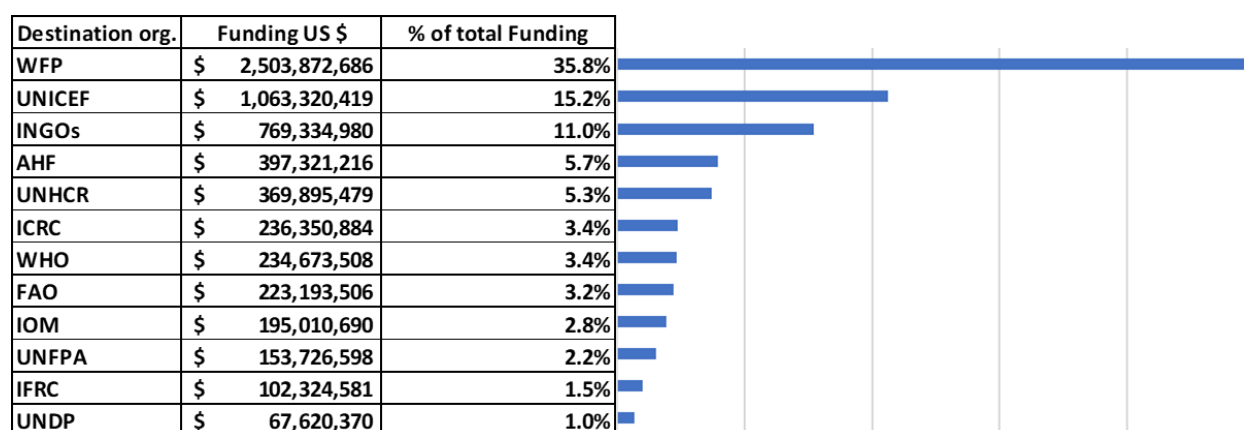
Figure 3: Table of main funding sources by donor, Jan 2021 – June 2023

Donor	Total Funding 2021-2023 (USD)	As a share of overall funding 2021-2023 (%)
USA	$ 1,977,282,439	28.9%
Germany	$ 869,293,574	12.7%
UK	$ 718,479,771	10.5%
EC	$ 658,103,346	9.6%
Asian Development Bank	$ 380,001,000	5.6%
Japan	$ 279,120,946	4.1%
World Bank	$ 244,053,933	3.6%
Canada	$ 135,438,481	2.0%
France	$ 99,605,332	1.5%
Italy	$ 96,187,048	1.4%
Denmark	$ 95,023,382	1.4%
Sweden	$ 94,635,592	1.4%
CERF	$ 92,322,109	1.3%
Australia	$ 81,429,398	1.2%
DEC	$ 59,840,424	0.9%
Netherlands	$ 26,865,000	0.4%

Figure 4 below shows the top agency recipients of funding in Afghanistan, cumulatively during the period January 2021 – June 2023 inclusive.

**Figure 4: Top twelve agency recipients of funding 2021-23 [1]**

Destination org.	Funding US $	% of total Funding	
WFP	$ 2,503,872,686	35.8%	
UNICEF	$ 1,063,320,419	15.2%	
INGOs	$ 769,334,980	11.0%	
AHF	$ 397,321,216	5.7%	
UNHCR	$ 369,895,479	5.3%	
ICRC	$ 236,350,884	3.4%	
WHO	$ 234,673,508	3.4%	
FAO	$ 223,193,506	3.2%	
IOM	$ 195,010,690	2.8%	
UNFPA	$ 153,726,598	2.2%	
IFRC	$ 102,324,581	1.5%	
UNDP	$ 67,620,370	1.0%	

[1] INGO recipients are combined. The above figures represent c.90% of the total funds received, at a total of $6.3bn. Note: excludes "UN agencies and NGOs (Confidential)" and "UN Agencies (Confidential)" but it should be noted these are significant sums during the period, totalling c.$440m. Of funds received outside of HRP in 2022 (c.$465m) more than $335m was to UNICEF from WB, ADB, EC, and others.

These agency figures in turn reflect the balance of funding across different sectors of intervention, which is shown in Figure 5.

Figure 5: Proportion of Total Funding by Sector from January 2021 – June 2023
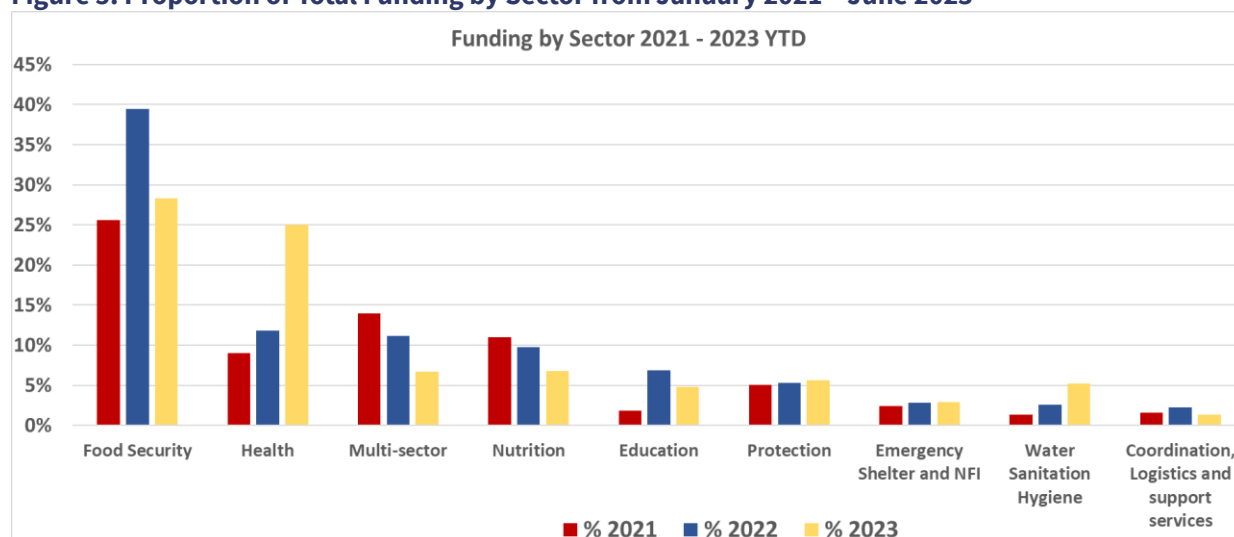
Data source: fts.unocha.org [12/09/2023]; paid funds only. Note: excludes "Other" and "Not Specified" of $579m [2021], $315m [2022], $141m [2023 YTD].

These figures show the relative 'share' of funding across the main sectors from 2021 to 2023. They illustrate the dominance of the food security and livelihoods component of the response, but also the (growing) importance of the humanitarian component of the health response. It is notable that more infrastructure-related sectors (WASH, ES-NFI) are funded only at a very low level.

Figure 6: World Bank - Afghanistan Reconstruction Trust Fund contributions and disbursements
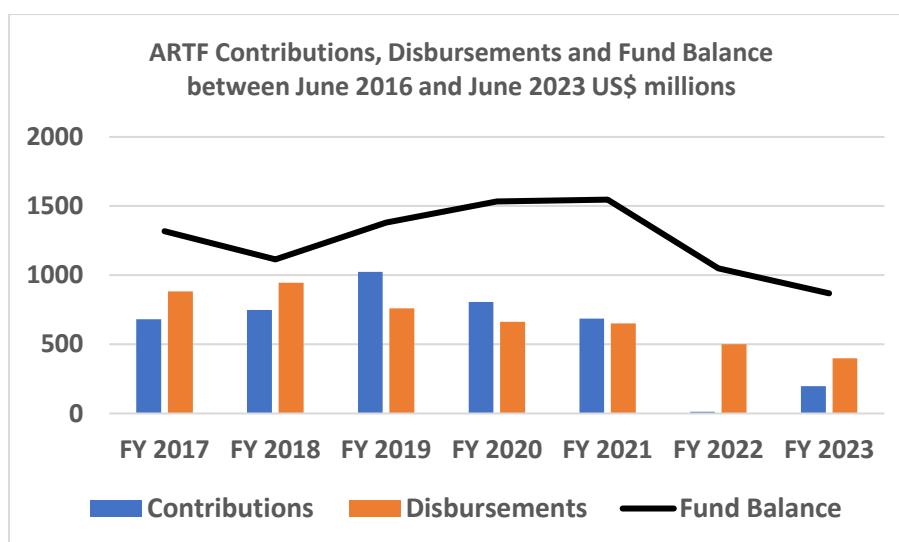
Source: The World Bank Group Modified Cash Basis Trust Funds: Report on Internal Control over Financial Reporting & Combined Statements of Receipts, Disbursements and Fund Balance; Fiscal year reports (June – June) between June 2016 and June 2023

Figure 6 shows the significant scale of ARTF funding for Afghanistan over the past six years, but also the considerable drop off in both contributions and disbursements during the period July 2021 –

June 2022. Contributions during FY 2022 dropped to just above 1% of the average contributions in the previous 5 years and in the year ending June 2023 are still only up to around 25% of the average contributions in the previous period. Disbursements also dropped, but not so significantly, sitting at around 64% of the previous periods' average in FY 2022 and 51% in the year just ended. This is reflected in the fall of the overall funds balance in the period.

The **Afghanistan Humanitarian Fund** (AHF) Afghanistan, one of OCHA's country-based pooled funds, was established in 2014 for 'swift and strategic humanitarian action in Afghanistan'. It lies under the authority of the Humanitarian Coordinator (HC), which gives the HC a greater ability to target available funds to the most critical humanitarian needs and enable efficient and rapid response to emergencies.

With support from an Advisory Board, the cluster leads, OCHA Afghanistan, the Humanitarian Financing Unit (HFU) and an Administrative Agent, the HC directs the strategic and operational focus of the AHF with three key objectives:

1. To support humanitarian partners (national and international NGOs and UN Agencies) to address the most pressing needs in accordance with humanitarian principles.
2. To improve the relevance and coherence of humanitarian response by strategically funding assessed humanitarian action as identified in the Humanitarian Response Plan (HRP) process.
3. To strengthen coordination and leadership through the function of the HC and the humanitarian cluster system.

Only humanitarian projects responding to needs identified in OCHA's HRP are eligible for funding during a AHF allocation. The HRP outlines the strategic and operational plan for the coordination of assistance by UN agencies and NGO partners in Afghanistan and is developed in consultation with the clusters. [Source: Multi-Partner Trust Fund Office of UNDP: https://mptf.undp.org/fund/haf10]

The AHF has grown substantially since 2020. As stated in the 2022 AHF report, the fund has grown from allocating US $74 million in 2020, to $165 million in 2021, and $283 million in 2022. Germany and UK have been by far the largest contributors.

TEF and Strategic Framework funding mechanism

A multi-partner trust fund was established in 2021 to fund work on the SDGs, specifically in this case supporting the 'basic needs' agenda with the aim of 'promoting joint action and multi-stakeholder partnerships'. '*The UN established the **Special Trust Fund for Afghanistan** in October 2021 to help address basic human needs across the country– in areas ranging from essential services and basic infrastructure to livelihoods, disaster mitigation and response and advocacy for the promotion of human rights and women's empowerment. Done in tandem with strengthening links to peace and humanitarian action, the Fund serves as an inter-agency mechanism where donors can channel resources to support the United Nations Strategic Framework for Afghanistan*'. https://mptf.undp.org/fund/afg00

The top three donors to the fund have been Germany, Sweden and Norway. As of 10 October 2023, the amount donated stood at US$ 189,388,647. Funds are channelled through UN agencies, funds and programmes.

ANNEX B   The Joint Operating Principles

The Joint Operating Principles (JOPs) were endorsed by the HCT in December 2019 and revised in August 2021.

Purpose and scope: The aid community engaged in humanitarian response in Afghanistan agrees that these Joint Operating Principles (JOPs) reflect humanitarian policies and established practices for interaction with parties to the conflict and other stakeholders.[1] All humanitarian actors – including those with dual mandates (humanitarian and development) – agree to hold ourselves and our sub-contractors, suppliers and those we contract for related programming accountable to these shared thresholds. These JOPs form the framework for engagement in bilateral and joint negotiations with authorities and armed groups at local, national and international levels in an increasingly complex situation.

Core Humanitarian Principles: Humanity, neutrality, impartiality, and operational independence are the core fundamental principles for humanitarian action. These principles are derived from International Humanitarian Law, Human Rights Law and other normative documents,[2] and are part of codes of conduct and mission statements guiding humanitarian organizations.

A. Principles - Humanitarian operations and actors are guided by:
1. **Humanity**: Human suffering must be addressed wherever it is found, with particular attention to the most vulnerable populations, such as children, women, people with disabilities and the elderly. The dignity and rights of survivors must be respected and protected.
2. **Neutrality**: Humanitarian actors will not participate individually or organizationally in hostilities or taking sides in controversies of a political, religious or ideological nature.
3. **Impartiality**: Assistance is provided without discrimination on the basis of ethnic origin, political opinion, gender, nationality, race or religion. Provision of humanitarian assistance is guided solely by needs, and priority is given to the most vulnerable cases.
4. **Operational Independence**: Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian activities are being implemented.

In practice, the humanitarian actors agree to principles of:
1. **Do no harm**: Humanitarian actors must strive to 'do no harm' or to minimize potential harm when being present and providing assistance.
2. **Dignity**: People in need shall be respected as equal partners in action in all activities and their dignity as human beings will be maintained in all communications.
3. **Transparency and accountability**: Humanitarian actors act in a transparent manner with all parties and are accountable to those whom they assist.
4. **Cultural Sensitivity**: Humanitarian actors aim to ensure that local customs, cultures and religions are respected while simultaneously adhering to international humanitarian standards around gender and equality.

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[1] This includes the Afghan Government, state and non-state armed groups as well as community leaders.
[2] Including the Geneva Conventions (1949), the Fundamental Principles of the Red Cross (1965), the Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (1992), UN General Assembly Resolutions (1991 and 2003), the Sphere Standards (1999), and the Core Humanitarian Standard (2015).

5. **Prevention of Sexual Exploitation and Abuse**: Humanitarian actors commit – individually and organizationally – to creating and maintaining an environment in which sexual violence is not tolerated and prohibited for all interactions.

B. Actions:

In order to be able to address human suffering, provide life-saving assistance and protection activities, humanitarian actors will:

1. Engage with parties to the conflict and relevant actors; this engagement should never be considered political legitimization, recognition of - or support to - a party of conflict.
2. Call for all parties to the conflict to respect and promote humanitarian principles and ensure the protection of aid workers and those communities served.
3. Coordinate and compliment their activities with other humanitarian partners operating in the same locations to share lessons learnt, ensure transparency and avoid duplication.
4. Seek safe, timely, principled and unimpeded access to all affected people.
5. Conduct independent needs assessments and identify beneficiaries for humanitarian assistance based on established vulnerability criteria that accounts for specific vulnerabilities, including gender and disability.
6. Inform and educate beneficiaries that the provided assistance fully belongs to them without any obligation to share it with third parties, including parties to the conflict and other community members.
7. Ensure a meaningful engagement of beneficiaries in needs assessment, prioritization, planning, implementation and monitoring of humanitarian activities under a coordinated framework of accountability to affected populations.
8. Conduct monitoring and evaluation activities to ensure that the assistance reached the intended beneficiaries.
9. Where applicable, and as mandated under International Humanitarian Law, deliver medical assistance to all persons based on need; this may include parties to the conflict 'hors de combat'.
10. Support other humanitarian partners in operating in line with the JOPs and ensure transparent reporting on access challenges, including on lessons learnt.
11. Sensitize donors to adopt a flexible and conflict sensitive approach to enable principled access for humanitarian programming in line with the engagement strategy.

Humanitarian actors will not accede to requests to:

1. Submit to programming demands from any party to the conflict based on violence, abduction or intimidation (physical or administrative).
2. Interfere with the selection of staff, partners, vendors or beneficiaries of humanitarian actors or provide confidential information about staff, partners, vendors and beneficiaries.
3. Pay taxes, duties or other payments on humanitarian projects, services to beneficiaries or aid deliveries.[1]
4. Allow parties to the conflict to take control of humanitarian facilities - including warehouse, vehicles, commodities and any other humanitarian assets - or permit armed actors to enter or control access to humanitarian facilities or vehicles.
5. Deliver humanitarian assistance to armed actors or parties the conflict.[2]
6. Limit access of humanitarian actors based on demographic characteristics, including gender, age and ethnicity.
7. Provide personal information identifying beneficiaries of humanitarian assistance to any external actors in exchange for access, nor in instances where it would place the beneficiary at risk of exploitation or harm.

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[1] This includes the intentional sub-contracting of local/national humanitarian actors and suppliers to circumvent this issue.

[2] Medical assistance may be provided in certain circumstances – as mandated by IHL – as per point B5.

8. Share sensitive personal information of staff members. Any request for staff details for humanitarian notification purposes will be handled in compliance with humanitarian principles and data sharing protocols[1] and information will only be shared with the approval of the concerned staff member.
9. Enable coercive or other unsafe returns, relocations or resettlements of affected population.

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[1] https://www.humanitarianresponse.info/en/operations/afghanistan/document/afghanistan-data-sharing-protocol

ANNEX C   The bans on female Afghan staff

On 24th December 2022, the DfA (Ministry of Economy) issued a decree preventing female Afghan aid staff from working for national and international NGOs, citing '*serious complaints regarding non-compliance with the Islamic hijab*' and other alleged breaches. This ban was consistent with the rapidly shrinking space for women to live and work freely in the public sphere, outlined in section 2 above; and came days after the decree banning young women from attending university. The ban itself was the culmination of an increasingly restrictive and insecure working environment for female aid workers over the course of 2022. In practice, it was applied with different degrees of rigour in different provinces, and some sectoral exemptions from the ban were soon agreed, notably in the health, nutrition and education sectors. But it raised quite fundamental issues both of principle and of the viability of existing operational approaches. An 'operational pause' was agreed by the HCT, some NGOs temporarily suspended their programmes, while others struggled to implement those programmes, particularly the components that depended on contact with crisis-affected Afghan women for their delivery. Women's organisations faced particular pressures [HCT 120123].

At first the UN appeared not to be directly affected by the decree, although many of its implementing partners were. But four months later, in April 2023, the situation was compounded when the ban was extended to the female Afghan staff of UN agencies. UNAMA issued a statement condemning the ban, refusing to comply and describing it as '*unlawful under international law, including the UN Charter*'.[1] The head of UNAMA, as SRSG, initiated a period operational review up to 5 May 2023.

The bans had an immediate disruptive impact on the functioning of aid programmes and led to heated policy debate in the international humanitarian system and the Afghanistan HCT. The decrees themselves were seen by many as part of an attack on women's rights as well as on humanitarian agencies' independence and the viability of their programmes. The ERC and IASC Principles were asked to advise on a situation that had political and policy ramifications within and beyond the country. After issuing a strongly-worded joint statement on the NGO ban,[2] they visited in January 2023 for discussion with senior DfA officials and with the HCT.[3] Following that visit, a basic common approach was agreed that reaffirmed the humanitarian imperative and commitment to 'stay and deliver', but which was based on an insistence that services '*be delivered whenever and wherever possible with a meaningful and active presence and participation of female aid workers*'. The ERC noted a consensus in the humanitarian community that it '*would work when it can with women's participation*' and would not replace female staff members with male staff [HCT 250123].

In practice, agencies and clusters had to forge their own solutions, depending largely on local context and the attitude of different authorities, as well as that of different donors. An IASC monitoring framework was established by OCHA to monitor the impact of the bans on the humanitarian response, based on reports from agencies against an agreed set of indicators. Although by the time the evaluation team visited Afghanistan, much of the impact of the bans

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[1] The statement went on: '*Through this ban, the Taliban de facto authorities seek to force the United Nations into having to make an appalling choice between staying and delivering in support of the Afghan people and standing by the norms and principles we are duty-bound to uphold. It should be clear that any negative consequences of this crisis for the Afghan people will be the responsibility of the de facto authorities.*' https://unama.unmissions.org/statement-and-update-united-nations-afghanistan

[2] '*Female staff are key to every aspect of the humanitarian response in Afghanistan… They have access to populations that their male colleagues cannot reach and are critical to safeguarding the communities we serve. They save lives. Their professional expertise is indispensable. Their participation in aid delivery is not negotiable and must continue… Banning women from humanitarian work has immediate life-threatening consequences for all Afghans.*' Extracts from Statement by Principals of the Inter-Agency Standing Committee on Afghanistan: *Women's participation in aid delivery must continue* – 28 December 2022

[3] A summary of the discussions can be found in the HCT minutes for 23rd and 25th January 2023 [HCT 230123 and 250123].

appeared to have dissipated and most agencies had found more or less effective 'workarounds', it remained a live issue and one from which lessons can be learned.[1] This was one of the issues on which the team consulted informants specifically; though more detailed analysis is contained in the two studies referred to above. [2]

A divided humanitarian system

The bans on female aid workers proved highly divisive and created a dilemma for the humanitarian system, caught between its commitment to women's rights and operational independence, on the one hand, and the imperative of continuing to deliver life-sustaining humanitarian assistance on the other. Agencies adopted diverse approaches to addressing this, ranging from a complete suspension of aid to maintaining business (more or less) as usual. Each agency has had to consider its own mandate and policies in responding to the bans. Some, like WFP, were less affected because they employed relatively fewer women in the delivery of assistance, while for those working in health, nutrition and education, their sectors were largely exempted from the bans. Overall, a divide is evident from the HCT minutes [see e.g., HCT 230123] and from informant interviews, between the attitudes of the more operational agencies and those whose mandates are more 'normative' and policy related. Other fault lines arose between UN agencies and NGOs, many of the latter feeling unsupported by the UN and simply expected to continue to deliver after the ban on their female staff [REFS]. This impacted local agencies in particular. As one experienced Afghan commentator wrote (following the NGO ban): '*There is… no coherence among the major UN agencies, some of whom ask their local partners to resume their activities without women staff while others protest the ban and support advocacy efforts to reverse it completely*.'[3]

Although some analysts see inter-agency competition as an aggravating factor here,[4] many of the differences of opinion between agencies were based on real differences of view as to how best to serve the interests of women and girls in both the short and longer-terms. These views also reflected different mandates and perspectives on the prevailing political situation and different understandings as to whether and how influence could be brought to bear by humanitarian agencies. As a result, the humanitarian system has struggled to speak with one voice on this issue and was profoundly divided on the right way to proceed. Many saw this as a deliberate provocation by the DfA to hit back at the international community and confound the process of international assistance. In this it largely succeeded, sewing confusion and disagreement for a period within the coordinated system. *"The ban on women working for NGOs was the most effective way no divide the humanitarian community. It fragmented and divided everything and everyone. There were some divides even before the ban, but the current situation is truly unprecedented."* [Key Informant].

Debates on the suspension of aid

Some of those advocating from a women's rights perspective, wanted to see a complete suspension of aid, arguing that short-term sacrifices are justifiable in pursuit of potential long-term gains. Those (the majority in the HCT) arguing from a more humanitarian perspective tended to argue that the

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[1] The same could be said for the period in the 1990s when the Taliban were last in power and applied similar restrictions on women and aid organisations, as well as a complete ban on girls' education. See Clark, K. (2023). *Bans on women working, then and now: The dilemmas of delivering humanitarian aid during the first and second Islamic Emirates.* Afghanistan Analysts Network (AAN). The preamble to this paper sums up the choices for humanitarians as: '*familiar, and all unattractive: comply, boycott or fudge*.'

[2] (i) *Principled Humanitarian Action in Afghanistan* - May 2023. Jackson, A., Amiri, R. and Kilani, S., for DG-ECHO and DRC. (ii) *Navigating Ethical Dilemmas for Humanitarian Action in Afghanistan* – Humanitarian Outcomes for UK HIH, June 2023. https://www.humanitarianoutcomes.org/sites/default/files/publications/ho-ukhih_afghanistan_final_6_21_23.pdf.

[3] *Afghanistan's freezing winter: humanitarian crisis and the Taliban's ban on women aid workers.* Nemat, O., 24 Jan 2023, ODI.

[4] Jackson, A. *et al.* (2023)

humanitarian imperative demanded that they continue to operate, that the Taliban was in any case impervious to external pressure, and that a suspension of aid would further harm the most vulnerable members of society, particularly women and girls. All agreed that pressure should be maintained on the DfA to reverse their policy, that female staff should continue to be supported (and not replaced by men), and that the effects of the ban should be documented. All were concerned for the ongoing security of their women staff.

In practice, it cannot be determined whether a system-wide suspension would have led the Taliban to reverse its policies. Anecdotal evidence does suggest that localized suspensions have compelled certain communities to exert pressure on the de facto authorities to permit the return of female aid workers [Key Informant], and it is possible that smaller, localized suspensions facilitated the process of negotiating localized exemptions. *"When some services were suspended after the ban it had a positive impact. Many community members came out and complained to the DfA. Some services were subsequently re-instated"*. Key Informant] But the consensus, shared by the evaluators, is that the humanitarian community and its main international backers had little leverage on this issue with the central authorities from whom it originated.

The growing body of literature on the gendered impacts of sanctions also underscores the sobering reality of how externally imposed deprivation disproportionately affects women and girls.[1] For numerous Afghan women and girls, especially those in female-headed households, the provision of humanitarian aid is a vital lifeline. Recent research suggests that a majority of Afghan women oppose any blanket suspension of aid programming,[2] and the community consultations conducted for this evaluation suggest support not just for continuing but for growing the scale of assistance (Section 5).

Throughout the evaluation process, the evaluation team has encountered widely divergent views among Afghan women on how best to address the current situation. This diversity reflects the complexity of the matter: reducing the debate to which side holds the moral high ground does not do justice to the complexities involved. *"It is a clash of human and women rights vis-à-vis right to lifesaving assistance. We are put in an impossible position. The level of compromise that is required is unprecedented"* [Key Informant]. *"…the dichotomy rights-based vs. humanitarian principles is too simplistic. Women require humanitarian assistance, so a suspension of aid would have disastrous consequences for women."* [Key Informant].

Implications of the ban for programmes and staff
The apparent effects of these bans on assistance provision shows significant variation across different sectors and regions. Some sectors (health, nutrition and to some extent education) have been exempted from the ban, and in various other domains, female aid workers have managed to find continued entry points to engage. Despite the inherent fragility and limitations of these locally negotiated arrangements, they have proved pivotal role in enabling the humanitarian system to sustain operations amid an increasingly restrictive environment.

The insistence of certain donors and aid agencies to work 'with women for women' should be commended, although it should be noted that even before the imposition of the ban on female UN

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[1] See e.g., Buck et al. (1998). *Sanctions as a Gendered Instrument of Statecraft: The Case of of Iraq*. Available at: https://www.jstor.org/stable/20097506; or Hakeeem (2021). *Martyrs of Economic Warfare: The Gendered Impact of Sanctions on Iran*. Available at: https://ugs.utexas.edu/researchweek/poster-session/archive/intl-policy/martyrs-economic

[2] *Navigating Ethical Dilemmas for Humanitarian Action in Afghanistan* – Humanitarian Outcomes for UK HIH, June 2023.

workers, only 17% of UN staff in Afghanistan were women [KII 92], and for some agencies, notably WFP, this ratio has been even smaller. Most NGOs have higher levels of female staff.

The Protection agenda is one that has been particularly affected by the bans, given the essential and irreplaceable role played by female staff in engaging with women and girls on the issues involved. *"The ban on female aid workers affects the work of the GBV cluster. Now most humanitarian assistance is delivered by men. This is against GBV principles. During national disaster we distributed hygiene and dignity kits to men because women were not allowed to come".* [KII 105]

Addressing the challenges posed by the ban on female aid workers requires a strategy that focuses on solutions and meaningful engagement with the de facto authorities. The Taliban's general stance is that women should not work in areas where they are not required; so, it is essential to articulate the non-replaceable role played by female aid workers and the positive impact they can have on reaching vulnerable communities, particularly women and girls. To effectively engage with the de facto authorities, it is essential to keep channels of dialogue open and maintain realistic expectations. Engagement with the DfA on this agenda has shown mixed results across different sectors and regions, mainly due to the diverse perspectives of different DfA officials. For some organizations, adopting a strategy of discreet diplomacy has proven effective. *"We always stick to our humanitarian principles. For us, silent diplomacy has worked really well. We try to educate the Taliban and we try to lead by example."* [KII 109]

The bans have of course had direct implications for the female staff concerned. Those consulted in interviews and focus group discussions generally appreciated the efforts made by their organizations to support remote work from home [KII 108]. Many organizations provide internet access and IT equipment to facilitate remote work, demonstrating a commitment to ensuring female staff can continue their duties effectively – although persistent challenges of internet connectivity was a dominant concern [KII 108]. Another issue has been the mahram requirement, requiring women to be accompanied by a male guardian when traveling, which imposes additional costs and logistical challenges for female employees. Some organizations struggle to afford these additional costs. There may also be other consequences. "*The mahram requirement increases violence against women. We should consider payments for mahrams*." [KII 108]

Another issue that emerged from the discussions was the fear among female staff of being replaced by male counterparts following the ban [KII 108].[1] While agencies denied such practices and asserted their commitment to supporting female staff, the fear of potential replacement remained, and informants reported that some agencies had in fact replaced female staff with male staff after the ban [KII 89, 92]. *"In in my opinion, some agencies were too fast to replace female staff with male staff following the ban. I know this is the case, but people do not talk about it."* [KII 89]. Some female employees also expressed concerns about the visibility and recognition of their work within their organizations, feeling their contributions were not adequately appreciated or acknowledged – adding to the pressure faced by female staff while working remotely. Many feel invisible and few are given mental health support or coaching. *"All the female staff have mental health problems. We are like prisoners".* [KII 95]. *"There should be counselling for women who work from home. Too little is being done to support us."* [KII 108].

Concerns were also raised about allowing female staff to return to the office without any assurances from the de facto authorities, effectively transferring the burden of decision-making and risk onto the individual employees [KII 92]. Female staff particularly in the provinces, expressed deep concerns

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[1] Focus group with Afghan female aid workers [KII 108]

about the repercussions they and their families could face if the de facto authorities were to find out about their returning to work [KII 108]. The IASC reporting requirements may have inadvertently increased pressure on women to return to work, even in situations where their safety isn't ensured, and the practice of tracking the number of female staff attending field missions, contributes to the fear that their contributions may be undervalued if they are unable to participate in a mission. The emotional toll of such requirements on female aid workers needs to be understood.

Funding for women's organizations

Funding for women's organizations is an area where the humanitarian system has not fully supported women to the extent required. While concerns have been raised about the *de facto* authorities not granting new licenses to new women's organisations [KII 92], the more significant risk lies in the lack of funding for existing women's organizations [KII 102]. Under the current NGO law which is still enforced by the de facto authorities, existing licenses expire if an organization cannot demonstrate a credible track record over the past two years. This requirement places women's organizations at a higher risk of losing their licenses due to the challenges they face in securing consistent funding to sustain their operations. *"[Some UN agencies] are concerned about women not obtaining new licenses, but they provide no support to women organizations that have licenses. There is no funding for them. If they don't have any active projects, then the licenses of these organizations will be revoked"* [KII 102].

ANNEX D   Community Consultation report

Introduction

As part of the IAHE process, a community consultation exercise was undertaken covering multiple provinces across the five regions of the country.[1] The aim was to bring to the evaluation the voices and concerns of Afghan communities concerning their priorities, their experiences as aid recipients (or non-recipients) and their suggestions for improving the ways in which assistance is provided, particularly to vulnerable people within their communities.

The consultation exercise, conducted mainly in June 2023, builds on the results of earlier surveys and reports conducted by GeoPoll (2021), GIHA (2022), REACH (2022), and GTS (2022), providing a perspective one year on. It is unusual in that all the interviews were conducted face to face with people in their communities, and researchers visited each site. In areas where it was possible to work with local female research assistants, the consultation succeeded in talking with women in the communities and better understanding the gender dimensions of the situation.[2]

The questions explored during the community consultations fell broadly into two categories: those concerned with identifying people's priority needs and those concerned with whether people can access assistance and services most relevant to those needs. We present here some of the main findings and examples under the following headings:

- Categories of vulnerability
- Household economy and coping mechanisms
- Threats faced by children
- Access to healthcare
- Access to water
- Humanitarian assistance: coverage, quality, process
- Categories of vulnerability
- Feedback mechanisms, accountability and transparency
- The role of local interlocutors and local authorities
- Community recommendations

Categories of vulnerability

Asked to identify the neediest families in their communities, respondents identified the following categories as priorities for assistance:

- Widows who have no one work for them.
- Internally Displaced People (IDPs).
- People with disabilities, plus families with disabled children.
- Those who have a large family with no one working.
- Those who are completely unemployed.
- Families who lack a male worker.
- Farmers and other people who are old and cannot work.
- Those who are sick and have no family members to work.

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[1] For this consultation exercise, 21 districts were selected with a view to obtaining a diversity of views across different contexts within ten provinces of Northern, Southern, Eastern, Western and Central regions of Afghanistan. The consultation was undertaken in partnership with PTRO in Kabul. The methods used involved a mix of focus group discussion and key informant interviews. In total, 24 focus group discussions and 62 KIIs were held. While the consultation exercise was not extensive enough to be fully representative or to generate statistically meaningful results, it did provide a window (taken together with the results of other surveys) into people's situation, their coping mechanisms, and their experiences of aid.
[2] The consultation had around 23% female representation among its respondents.

- Those who have many children and are the only breadwinners.

Below, we summarise community responses about the kinds of threats people face and the kinds of assistance they need.

Household economy and coping mechanisms

Household economies in Afghanistan have been directly affected by multiple crises over recent years, including natural disasters, violent conflict, displacements, the COVID-19 lock down[1] and (more recently) the economic decline that followed the regime change of August 2021. According to the REACH report (2022), **household food expenditure** increased from 65% of the household budget (5077 AFN) in 2021 to 73% (4573 AFN) by the middle of 2022.[2] Whether in urban or rural contexts, the changes over the last two years resulted in the further deterioration of the economic well-being of families. Many households who relied on their daily labouring income no longer have access to jobs in the market: *"I am a daily labourer in the city. But I have not been able to find any work in the last two years. That's why we have arranged a rug-weaving factory in our own house. We weave a four-metre rug in about three months. My wife and my children also help me in this activity. There is no one else in* the *family to earn a living except me. We earn a very small amount of money from this work which is not sufficient for our household expenses."* [Community member, male]

Natural disasters such as floods, droughts and low groundwater levels have affected people's livelihoods as much as the regime change and the collapse of job opportunities: *"Our agriculture fields are destroyed by flood and our animals are killed by natural disasters. We take our animals to the mountains for pasture during the summer. Last year unexpectedly, the weather got cold, and there was snow, and we lost around 200 animals due to the unexpected snow in the mountains at a time when our animals were in the mountains. Now, very few people are busy with animal husbandry."* [FGD particpant]

A family in Parwan province also explain their coping mechanisms dealing with the current phase of poverty and lack of income: *"We have no income; We meet our household expenses from selling our household belongings. No one can help anyone in the current situation. We have no one to help us other than God. My brothers and my brothers-in-law help me sometimes, only when they earn something. My son lives separately. He helps us whenever we face problems and whenever he has something in hand. My son also has children and is unemployed. He himself can't find food to eat. We do not have any income, everyone in the village helps us whenever they get anything. Whenever we get into trouble we sell what we have from the past and we live a life to eat and try not to die. We do not have any fixed income."* [Community member, female]

In terms of coping mechanisms, many people reported taking **loans** from relatives and buying food on **credit** from local shops, with a view to paying this off once they take their harvest or get money from relatives. In the worst-case scenario, families sell their animals, land or other household valuables. Some families mostly depend on relatives' remittances abroad who support them. *"In the past, my children were in private school. Now we changed them into public schools because we cannot afford to pay their fees. The minimum consumption and expenses of our house*

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[1] Nemat, O., Diwakar, V., Ghafoori, I., & Azadmanesh, S. (2022), "Livelihoods and Welfare Amidst Layered Crises in Afghanistan", Published by Institute of Development Studies (IDS), PDF accessed on 22.07.2023.
[2] REACH, (2022), "Whole of Afghanistan Assessment 2022: Key findings Presentation, Inter-Cluster Coordination Team, September, PDF report accessed on 22.07.2023.

are about 15 thousand AFN per month. We will face many problems if these donations from our relatives discontinue." [community member, female]

Most interviewees who have some level of income indicated that **what they earn is not enough** for them to feed their families regular meals: "*We control our food consumption as much as we can. But the expenses are still high, no matter how hard we try. After all, we have a large family, and we have children at home. But we have to meet our needs with the money we get because there is no other solution.*" [Community member, female]. "*I had a job in the previous regime, but I am unemployed now. Our main source of income is farming but our agricultural land is [scarce]. Still, we try to get some harvest from the land, sell it in the market and then get some income from it.*" [Community member, male]

The **major challenge at the household level is the loss of usual sources of income**, such as skilled-based jobs (tailoring, carpentry, animal husbandry, etc.) and daily labouring jobs that, due to the general economic crisis, have been widely affected. More vulnerable people, such as those with disabilities, face even greater challenges. The story of a young man who lost both legs during the conflict is good example: "*Currently, I have no income because I personally cannot work and don't have money to run a shop. I rely on the aid programs [...] We try to pass life tolerably. During critical needs, I receive credit from shops; we are already indebted to some shops. During my service in I got engaged and spent an amount of 55000 on the engagement party. She did not agree to marry me after my disability. During the previous year, I married a girl who was experiencing psychological problems. Currently, we have a child. We live in my parents' house, where I occupy only one room. In other rooms, my parents and my three brothers. Our income and expenses are separate.*" [Community member, male]

Regarding **coping mechanisms**, interviewees reported relying on borrowing from trusted family and friends; relying on extended family (such as parents, siblings and in-laws) for accommodation, and remittances from relatives abroad.[1] They also reported involving younger children in income earning: "*I don't have a specific source of income. My 16-year-old son is a student in a tailoring shop. He earns almost 800 to 1000 AFN per month from his apprenticeship. I also have a piece of land in Ghor province from which they send me an amount of wheat every year. My married son left for Iran, and he used to send some money from there.*" [Community member, male]

Additionally, the interviewees also highlighted the **mental health aspects of the poverty** that they face. According to one interviewee, on average, 14-15% of residents in their community have something to eat, and only 3% may have a regular source of income. Women who have lost their jobs and girls without educational prospects are at an increasing risk of mental health: "*Poverty has mentally disturbed people, and some of them have mental health problems. In our area, out of 350 families, only 50 families have something to eat, and ten families have jobs.*" [FGD participant]

Threats faced by children
The humanitarian crisis over the past two years has dramatically affected children and their well-being, largely due to the adoption of **harmful coping mechanisms involving children**. Earlier surveys indicated that the rate of child marriage has increased due to the existing economic crisis and humanitarian needs in several parts of the country. Some resort to even more extreme measures: [2] "*People in our area sold their children's kidney due to poverty. There are many of such*

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[1] For a recent review of remittances, see the ACAPS thematic report: *Remittances: the scale and role of private financial transfers.* 27 July 2023. *www.acaps.org.*

[2] GiHA, (2022), *Afghanistan Inter-Agency Rapid Gender Analysis*, prepared by Afghanistan Gender in Humanitarian Action (GIHA) Working Group. PDF Report accessed on 22.07.2023

issues. Underage children become victims of their parents' decisions due to difficult economic conditions, otherwise no father is willing to sell his little daughter. I regretfully did so." [Community member]

"I am very worried about their [children's] future because now my daughter does not go to school, maybe it will continue in the same way in the future. […] There are a couple of underage marriages in our area that I know myself. I believe underage marriages are very harmful to girls, let me tell you that almost 90 per cent or 95 per cent of women's deaths are in premature births. […] There are no playgrounds for children here." [Community member]

"[…] most of the families still have that fear about their children. For example, if they send their children to school, they try to send an older family member with them, or they send their friends with them. Children are at risk of being addicted to drugs by someone who would either be selling drug or would want to damage a family member purposefully. Families try to keep their children away from people who smoke cigarettes or use other types of drugs so that they don't fall into any trap or get addicted because of their bad friends […]" [Community member]

"My children are all boys, two of them are malnourished due to economic problems. And I can't send them to a private school because I am unable to pay their fees. I haven't enrolled them in the public school either because their lessons seem to be very weak; the private schools are making efforts for them." [Community member]

In general, many raised examples such as sending their underage children to work, forced marriages due to poverty, selling of body organs and many other ways to tackle their immediate needs. "Two people I know forced their daughters to marry at the age of 12 and 13, even though the girls were not satisfied with the marriage. The main reason for this is poverty and financial problems." [FGD participant]

There has been a dramatic rise in child labour over the course of the past two years (GIHA, 2022). According to the REACH report (2022), households reported 13% (female) and 19% (male) children working in 2021. This increased to 21% (female) and 29% (male) during 2022. Findings from the IAHE community consultation also reinforce the earlier surveys concerning the increase in child protection issues: "In our area, besides a school and a religious centre, there are no other services available, especially for children. Unfortunately, my own children attended school only till the third and fourth grades. The reason they dropped out of school was their involvement in manual labour as we were unable to afford the expenses of their essentials like notebooks, pencils etc. Consequently, they had to discontinue their education and join the labour." [KII-04BDK-F]. "People are poor in this district. Most of them use children for labour work to bring them income. Although the rate of underage marriages has decreased compared to the past, but they still take place due to economic problems." [Community member]

One general observation by the research team is that almost in all study sites, children (especially boys) were seen to be working outside the home, while many interviewees indicated that their children help them in their jobs at home, which means both girls and boys are increasingly involved in income-generating activities for the family survival: "Most of our children suffer from malnutrition due to the lack of proper nutrition. I forced my son to work out of necessity; he should have continued his studies by now, but we have to send him back to labour work. People force their children to work and labour, because the economic problems of the people have increased. […]" [Community member]

Access to healthcare

Food, livelihoods and health care have remained the three top priorities identified by households in the earlier surveys conducted by REACH (2022). The REACH survey indicated that there has been an increase from 19% to 31% in non-functional health facilities. The IAHE consultation confirms access to health services among communities' top priorities. The demand for health care is rising, while services were felt to be reducing. Some reported very poor medical facilities that they feared would shut down due to a lack of resources. Others highlighted the economic barriers to accessing essential health care: "I *have a one-year-old child, and he has been sick since he is born. His medication costs 500 to 1000 AFS every month. He always gets pneumonia. The doctor state that the treatment should be continued so that the child does not die. The doctor prescribes a long-lasting medicine for him. I try to stay hungry myself, but I will definitely purchase my child's medicine for him. The regular medicine that the doctor prescribes for him costs 500 to 600 AFN, but whenever the problem gets serious, it can reach up to 2000 Afg*." [Community member]

"*Whenever any of our family members get ill, we take them to Herat province because there is no good doctor found here. We rent a taxi car and transfer our patient to Herat city; the taxi fare is approximately 700 to 800 AFN, it is a 5-hour drive to Herat province. Sometimes when we have to transfer our patient to Kabul city because he/she cannot be treated here, we spend even 100,000 AFN.*" [Community member]

Borrowing for health treatment is common among communities; and a sizeable part of family income is spent on medical treatments. One of the reasons many respondents in all regions **asked for cash distribution instead of food was that families could spend the money on their urgent needs**, and health issues were specifically mentioned. Some respondents also reported that some people sell assisted food items at half price to pay for their family members' medical treatment: "*Aid should not be distributed in the district administration. It will be very good If they distribute cash instead of food. That will not need transportation cost, quality will not be a concern and people will use the money according to their priorities and basic needs*." [FGD particpant]

"If we fall ill, we tend to visit private clinic. Because the public hospital does not provide proper care. There is a private doctor, in case of illness of my family, we visit him. If I lack money to pay for medicine, I borrow it from someone. The transportation cost for the hospital is 50 Afghani." [Community member, male, disabled]

Access to water

When the GeoPoll survey in October 2021 asked people if they had experienced shortages of necessities such as electricity, fuel, or water in the past 90 days, 76% of the respondents said yes.[1] This indicates that the **shortage of drinking water** is one of the major issues in many parts of the country, as also raised in this consultation in (for example) some parts of Farah province: "*We get our water from the hand pump located at the end of our alley. We used to have drinking water wells in our houses. But the water in the well dried up last year, and we are currently facing a water shortage. If the hand pump at the end of the alley dries up, people may face many problems of water shortage. This hand pump was dug by organisations during the republic regime.*" [Community member]

Some communities said that they have no access to drinking water at all and rely on river water for drinking even if that is a kilometre far from their residence: "*We use water from the river. It is a one-*

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[1] GeoPoll, (2021), "On the Ground Data on the Humanitarian Crisis in Afghanistan), a survey conducted by GeoPoll through Interactive Voice Response (IVR) in October 2021. Accessed via PDF on 22.07.2023

kilometre way, and women and children carry water on their backs. These waters are of poor quality." [KII-01NRSTN]. In Ghazni Province also interviewees informed us that they use canal water for drinking [KII-03Gh]. Drinking unsafe water is known to result in diseases, but people have no choice other than relying on the rivers as the only water source: "[…] *Diseases definitely arise from them [unsafe water], but we use it out of necessity because we have no other choice.*" [Community member]

In addition to drinking water, communities face **shortage of water for agriculture**: "[…] *our area is facing a shortage of agricultural and drinking water. We are facing serious droughts here; if we have water plenitude two years here, then two or three years after that we experience droughts. This is the reason why we can't cultivate our lands here. We bring drinking water from areas 500-600 meters away from us. Wells were drilled by some organisations … but they were not standard, so they got damaged quickly, and many dried up. Budyalai area is facing many water problems.*" [Community member]

The quality of construction of water supply projects was raised as an issue in a couple of communities, as was the increasing decline of the ground water level. Respondents variously attributed problems to the poor construction work or weak community mobilisation to manage the water supply systems built by NGOs.

Humanitarian assistance: coverage, quality, process

The general observation based on this study is that, overall, humanitarian aid did reach almost all areas where our research team visited and interviewed community members. But the amount and frequency of individual assistance received varied from person to person, even within a given community, and priority community needs were not always addressed.

In each region, a number of interviewees indicated that the needs among communities were much higher than the aid reaching their area: "*People's economic conditions are very bad, and that is why they can't concentrate on children's education and even their health. Our children are malnourished, and people can't afford to buy food. Children are sent to work to help their parents. And the other issue in this village is that we have got a clinic that needs some maintenance work. We have a doctor and medicine in the clinic, but it needs some maintenance work which is a priority in this village.*" [FGD participant]. "*The number of needy people in the village exceeds the number of aid packages available. For example, there are 80 needy families while aid packages are only provided to 50 families.*" [FGD participant]

"*The basic problem in our village is drinking water, and the food sector is very weak. The people are happy to get the assistance but cannot afford anything.*" [FGD participant]. "*There are problems in the health sector in Sheenkai district, including the problem of the bridge, which connects the district to Zabul.*" [FGD participant]

Some communities managed to **redistribute** humanitarian packages within their communities among the list of neediest families, while others received only limited aid that was not enough to share [FGD participant]. Some of the interviewees raised the issue of poor quality of food that they received; in some instances, the complaints improved the quality, while in other cases, recipients ended up with uneatable types of food items that they received. "*If they were distributed on time, they were good; otherwise, the flour would get spoiled and was not of use. And almost all the food material stored for a long time was not eatable. The NGO would get fingerprints of people, and once the food was brought home and people then realised that this is not eatable and instead will give it*

to animals." [FGD participant]. The quality issue was linked to keeping the purchased food items in storage for a long time and sometimes local NGOs buying a lower price food than the standard.

Interviewees in remote areas shared examples concerning the **transportation of humanitarian aid** from the district centre to their home. Some had to sell parts of the food package to pay for the transport. "*Many people lose the aid because of they do not have money for transportation. We have a bad road that has made it difficult for vehicles to reach all villages.*" [FGD participant]

Some of the **IDPs** consulted complained about not being included on the village/district level surveys, and their needs not being recognised by the local representative because they were not originally from the locality. This becomes an issue when there is an overreliance on the survey and beneficiary aid list provided by the local council and community leaders. "*Over the past 18 months several families in this area received assistance. However, I personally belong to the Khawaja Bahawddin district and have been living in this village for two years. I live in a rented house of a monthly rent of 1500 AFN. I do manual labour to fulfil the family's needs. Unfortunately, despite my poor economic condition, my name is not included in the list of eligible recipients for assistance.*" [FGD participant] One interviewee from a district in Takhar said: "*In the list of assistance, mostly ineligible families are included. I am personally a displaced person. I also have not received any assistance till today, which is why I do not know and have no information about the distribution process.*" [FGD participant]

The content and frequency of aid distributions were reported to cause problems for some, as different organisations carried out humanitarian aid in different places. Interviewees commented that lack of consistency in the times or the amount of aid they receive created uncertainty and gaps. One female interviewee received aid in six stages, but the oil was missing in one of the stages, and they only gave her flour. She remained "silent and complained only to her God." [FGD participant]

Feedback mechanisms, accountability and transparency

Responses about the aid-related feedback mechanisms varied, from those who did not know about such things as complaint mechanisms, to those who had tried using these mechanisms – but often got no response. "*This is the first time we hear from you about any complaint mechanism. No one has told us that we can complain too.*" [FGD participant][1] "*I personally submitted a complaint to the provincial department for refugees and returnees, but no one listened to me.*" [FGD participant] "*Once we all got together and decided to stand against this injustice, we wrote a petition and handed it over to the district administrator.*" [FGD participant]

Some communities or individuals who tried to register a complaint never heard back. Relatively few reported a positive outcome to such feedback: "[…] *We shared the matter with the Department of Economy, then the [food] quality improved a little, and it became edible.*" [FGD participant] Some reported gaps in the feedback system or barriers to accessing these systems: "*There is lack of an organized mechanism for addressing people's complaints regarding aid distribution process. People try to visit the organization's office or the provincial governor's office, but their problems remain the same.*" [FGD participant]. "*People are illiterate and don't know how to write a complaint or call the number written on the cards.*" [FGD participant]. "*People visit the district governor's office, but their problems remain unresolved because the organisation's employees and heads of councils listen to the district governor and abide by his orders.*" [FGD participant]

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[1] The community where this comment was in a remote part where aid may have reached less frequently.

Findings from the earlier studies also highlighted a lack of understanding of complaints and feedback mechanisms. For instance, the GTS (2022) report indicated that 73% did not know how to complain about health services; and that those who did so saw no results.[1] Some positive cases were reported where interviewees complained to local district authorities about misconduct and steps were taken to address the issue.

Fear of exclusion from future aid was one factor that discouraged complaints by community members. Some reported being told that if they complained, their names would be excluded from future aid distribution: "*We have been threatened repeatedly to stay calm. Otherwise, you will be left out of any aid distribution. That is the reason we have kept quiet. We have left to Allah to do justice and take our rights from the oppressors.*" [FGD participant]

One observation from the research team was that NGOs surveyors appear to spend little time in a community for beneficiary selection. Many people who are poor but were out for work are left from aid only because the NGO staff have not made a second or third visit to the community. This has also made people stay at home and not work in order to catch the surveyors. [FGD participant]

Aid recipients consistently complained about a lack of transparency. Specifically, they reported that NGOs did not disclose what the contents of food packages when they made beneficiary selections, or how many families in that community were supposed to receive food aid. In many cases, only a few of those who supplied ID cards actually received aid. This raised questions about NGOs' transparency and accountability and has damaged their reputation. Some questioned their impartiality: "*NGO employees commit favouritism by including ineligible families in the list, and people contribute to the problem by creating a disturbance and other techniques.*" [FGD participant]

Some of the surveys were conducted in unusual ways – one example involved a survey at a bus station in the neighbouring province: "*This approach automatically excludes the most vulnerable members of the community who cannot afford to travel from their remote villages in Nuristan to Laghman to be included on such surveys.*" In another instance, lack of oversight and monitoring systems on the local staff of the distributing agencies also resulted in some misconduct: "*A woman from our district was hired … to carry out a beneficiary selection survey, but sent her 10-year-old son instead, who was already given names of individuals in our area to be selected.*" [FGD participant]

Some felt that aid agencies were cutting corners (and lowering standards) in order to complete their projects, for example contracting local shops that sold low quality and high price food to ration cardholders: "*Cooking oil was for 1500 in the free market and these super stores would charge it for 1800 AFN. The NGOs were actually trying to spend the money, complete the project without any effort to reach to the poorest families in the community.*" [FGD participant]

The role of local interlocutors and local authorities
There has been **widespread concern with regard to local interlocutors** (**community representatives**) both in urban and rural settings. The Wakeel-e-Guzar (Community representatives in the urban settings) and the Malik (Community representatives in the rural settings) have been the main gatekeepers in humanitarian aid distribution across the country. Most interviewees shared concerns about nepotism among these representatives, including

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[1] GTS, (2022), "*Protecting and improving healthcare: Community insight from Afghanistan*", prepared by Ground Truth Solutions and commissioned by WHO. PDF file accessed on 15.07.2023.

diversion of aid to their preferred list as opposed to those most vulnerable. Most official reporting refers to rural community representation as the Community Development Council (CDC) heads; but given that neither CDC elections nor the representation process have been renewed in recent years, there is a much concern about the legitimacy of their representation and downwards accountability to the population they represent. This raises questions about the mechanisms humanitarian aid agencies rely on when identifying local interlocutors prior to surveying an area or selecting a site for aid distribution. "*There is lack of transparency in the process of survey, and council heads try to influence surveyors to include their relatives*." [FGD participant]

Some of the steps taken by local communities to fight corruption by community leaders proved effective. One female interviewee explained how pressure from the community resulted in the local council head not getting his own share after he asked her to share her aid package with him. [FGD participant]

Parts of remote provinces like Nuristan, largely deprived of aid over the past decades due to insecurity, are reportedly receiving less aid than others. One interviewee reported: "There was transparency in our community, but we see that there is corruption at the district level. [There] was obvious discrimination from the district government side. I mean that the government does the allocation to each district, and they give more to one district and less to others... If NGOs do it, it is out of fear of government officials. In the end, it is a violation of our rights." [FGD participant] Heads of councils at times seems to be pressured by local authorities to offer their share of aid. More generally, there are issues of transparency and accountability at different levels: "*According to the heads of councils, local authorities intervene in aid distribution, prioritising aid to their own individuals/supporters, including distributing it to their own warriors (Taliban)*." [FGD participant]

An interviewee in Badakhshan offered a recommendation to tackle the issue of accountability and transparency: "*It would be better if NGO establishes a five-member committee at the level of each council, consisting of one tribal influential, one Imam-e-Masjid (clergyman), one educated youth and two members of the council. The door-to-door survey should be conducted by this committee so that real eligible people can be identified in a better way*." [FGD participant]. This interviewee stated that if the whole process is left to local councils or NGOs alone, there will be injustices in the process and no accountability: "*Additionally, the process of aid distribution should not be executed by councils, and especially the councils' heads, because they do dishonesty. There is no availability of justice in our country, in case if the NGO's employees conduct survey only by themselves, there are chances of injustice again*." [FGD participant]

The role of local authorities
Interviewees also shared their views on accountability to and from local authorities. The major issues raised concerned local authorities asking for beneficiary lists, pressuring NGOs to recruit their favoured staff or adding their preferred beneficiaries to the list – although in some instances, local authorities have also reportedly been helpful in tackling corruption. "*When we complain to the government officials, they would say they are not involved in this aid distribution. While the fact is that the whole process is under their control and aid is distributed as they wish.*" [FGD participant]. "*The aid does not go to poor families, the government officials interfere in beneficiary lists, and NGOs are accepting relations. In Nuristan, corruption was an issue, but the distribution process was relatively well organised*." [FGD participant]

Community Recommendations

Various recommendations were shared with the consultation team during the KIIs and FGDs across all twenty-one districts. In general, communities appreciate international humanitarian support at a very challenging time, and their recommendations are mainly for improving how the services are delivered. It was observed across the country that there is very limited downward accountability to keep recipient communities informed about the aid that they are entitled to and receiving. It was felt that involving communities themselves in more organised ways in the process of delivery would reduce the risk of corruption, disputes, and conflict at the time of distribution.

The vast majority of communities reiterated about the importance of continuing – and indeed increasing – humanitarian aid. Many gave example on how aid was inadequate to meet the needs of the most vulnerable in their communities.

Recommendations on the content and form of aid
- It was suggested that aid could move beyond food packages to include more agricultural support (seeds etc.); and expansion and improvement of water sources in order to avoid disease.
- Offering *cash for work* seemed to have work very well in a number of communities where there was less chance of corruption as "*well off people won't work for the type of jobs on offer, and hence will not be able to take the cash.*"
- "*The organisations should provide services in the agricultural sector in our district, build dams and distribute solar panels to the people. They should build clean water networks so that people get busy and benefit from these projects in the future as well.*"

Recommendations on the improvement of the aid distribution process
"*From my perspective, NGO should establish a five member's committee at the level of each council, consisting of one tribal influential, one Imam-e-Masjid (clergy man), one educated youth and two members of council to conduct a door-to-door survey*". [FGD participant]

"*My first recommendation is that Donors should increase the quantity of aid. My second recommendation is that they should establish a special team for monitoring which can monitor the distribution process executed by NGOs.*" [FGD participant]

"*NGOs should organise meetings at the community level and ask people who are their representatives to identify vulnerable families. They should tell them about the selection criteria, type and amount of assistance and the complaint mechanisms.*" [FGD participant]

"*In Afghanistan, many poor families need humanitarian aid, but the current level of aid is relatively very low. I suggest distributing cash instead of food packages.*" [FGD participants]

"*The aid distribution site should not be too far away from the recipients, or else there will be issues with transporting the food items, and also if the food aid is distributed through a general store where communities usually buy their food, they can't mess with the quality of food.*" [FGD participant]

"*In Nangarhar, donors should appoint external supervisors to better supervise the performance of NGOs in the distribution process. Families should be seen to determine if they deserve aid, and Maliks should not have the right to select people.*" [FGD participant]

Recommendations on the survey process and identification of vulnerable groups

"*Aid should not be distributed in the district administration. It will be very good If they distribute cash instead of food. That will not need transportation cost, quality will not be a concern and people will use the money according to their priorities and basic needs.*" [FGD participant]

"*Although certain areas within a locality are considered neutral points of congregation and gatherings, the most vulnerable members of the community will not even enter those places, so it is important to develop survey tools and guidelines for identifying the most vulnerable people.*" [FGD participant]

"*Presence of female surveyors is very important. When the survey team comes, male surveyors can't enter the houses when male household members are out for work or are not in the province and country at all; and so can't get the real information. So, it is important to have female surveyors; otherwise, these families are left out of aid distribution.*" [FGD participant]

"*One issue is that when they do the survey, it is done for one day. If people are poor and are not at home that day, they are losing the chance. The survey should last at least three days. […] They should increase the number of general stores they are contracting. This will help people to get food from a relatively closer one and will avoid too much rush on one general store.*" [FGD participant]

"*NGO surveyors spend little time in a community for beneficiary selection. Many people who are poor but were out for work are out of aid only because the NGO staff have not made a second or third visit to the community. This has also made people stay at home and not work to catch the surveyors.*" [FGD participants]

# ANNEX E   Expanded sector analysis

The Food Security and Livelihoods response

By far the largest single component of the response has been that mounted by agencies in the Food Security and Agriculture Cluster (FSAC). This has accounted for around 40% of total humanitarian funding over the evaluation period (Figures 10, 12) with WFP by far the largest direct recipient of funds (see Figure 9 above). It is notable that FAO and the agriculture response has received funding (from both development and humanitarian sources) at a much higher level than is usual in a humanitarian context – reflecting recognition of the critical need to support fragile farming and rural livelihoods and rural households.

Context, targeting and response coverage

In the early part of the evaluation period, the last quarter of 2021 leading into winter 2021/22, there was particular concern about acute food insecurity in Afghanistan. The data and trends were shocking. Food security had been eroding since the drought of 2018; and with the economic collapse that followed the transition of August 2021, there were found to be close to 9 million people in level IPC4 in December 2021 – the worst such situation in the world. The outlook was so threatening that WFP declared a 'risk of famine'. Whether there was a risk of generalized famine is debatable; but pockets of IPC5 were found in Ghor province, compound risk factors had greatly escalated and the situation was rightly judged to be potentially catastrophic. The IPC numbers have improved somewhat since the winter of August 2021 (see Figure 1), but they remain the fourth highest in the world according to the revised 2023 HRP, which reports that "between May and October 2023, approximately 15.5 million people will fall in 'crisis' (IPC 3) and 'emergency' (IPC 4) levels of food insecurity, with 2.7 million people in IPC 4 category. "

Figure 1: IPC food security trends: relative proportions of <IPC3, IPC3 and IPC4 over time
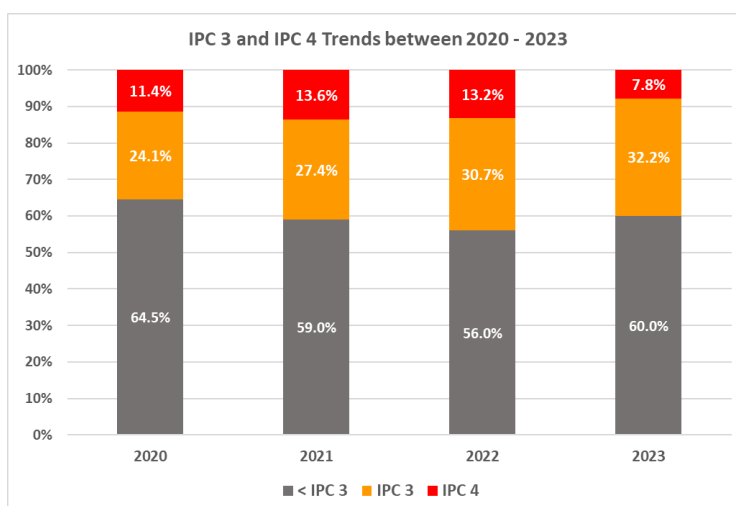
Percentages calculated using average of reported IPC 3 and IPC 4 data points during each calendar year. Excludes IPC projection figures in averages and uncertain data on IPC 5. Data source: https://www.ipcinfo.org/ipcinfo-website/where-what/asia/afghanistan/en/

Extremely high levels of food insecurity persisted throughout the evaluation period.[1] The most striking indicator of this has been in the number of people assessed to be in need of food and livelihood assistance. From a figure of 4.9 million in 2019 (almost certainly an underestimate), the

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[1] The REACH Whole of Afghanistan Assessment for 2022 shows the seasonal variations in food consumption, but a particularly marked increase in hunger between 2021 and 2022. (WoAA Presentation, ICCT, Kabul, 20 September 2022)

PiN figure rose to 13.2 million in 2020 (as revised post-COVID-19) and 17.6 million in 2021, reflecting effects of drought and COVID-19. It was then revised sharply up again for 2022 to 24 million; and was slightly lower in the 2023 – 21.2 million in the initial HRP, reduced to 19.1 million in the mid-year revision for 2023. Figure 2 below shows this trend, along with the corresponding increase in annual targets and the target achievement to the end of 2022.

It is notable from Figure 2 below that there is relatively little difference between the assessed PiN and the target over this period: the ambition up until 2023 has been to try to reach almost all those in categories IPC 3 and above, together with high dependency vulnerable groups: returnees, IDPs, victims of natural disaster. As Figure 2 shows, that ambition was largely achieved up until 2023. Given the timeframe and scale of operations involved, this is a remarkable achievement in itself; although the impressive top line numbers may be unreliable, and they conceal a much more mixed picture with regard to benefit actually delivered, particularly for 2023 (see below). [1]

Figure 2: Food security and livelihoods targets and achievement vs assessed needs [2]
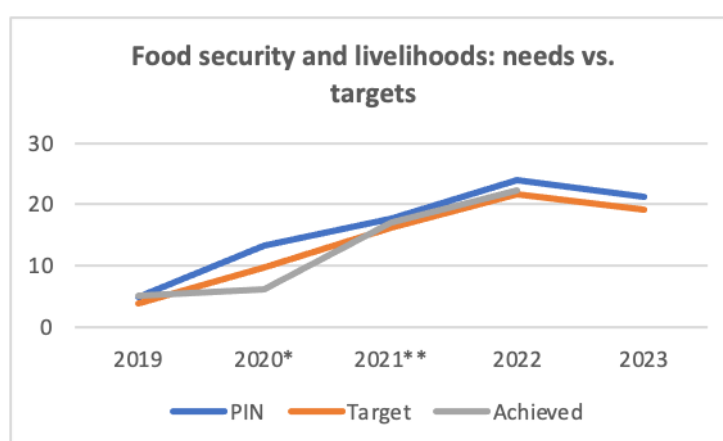
Y-axis in millions of people. Data sources: HRPs (as revised), FSAC reports

The scale of funding and response in these sectors reflects the seriousness of the food security situation. The need for food assistance cannot be divorced from the extreme pressures the household economy, and part of the function of food assistance (food in kind, cash and vouchers) has been to relieve some of that pressure. [3] With regard to livelihoods, the situation has remained critical throughout the period. While in the rural economy, harvest prospects and the drought situation have improved to near average in 2023, the deficit left by years of under-production remains along with high levels of indebtedness and much reduced opportunities for causal labour and other income sources. One result is a rise in damaging coping mechanisms [see e.g., Community Consultation Key Informants and FDG participant].

In 2023, while the PiN figure for FSAC remains high, more recent shortfalls in available funding have led to a *major scale-down of food assistance*, with reductions in targets together with a radical change in targeting strategy. From April 2023 there was a reduction both in the coverage of assistance and the amount of assistance provided, with numbers assisted reducing from 13m to 9m

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[1] As one respondent put it, "*the high performance of 2021 and 2022 should be taken with a pinch of salt*" [KII 39]. Another said '*I don't trust the historic data. There is a big problem of reporting, with (unintentional) inflation of figures and double counting of beneficiaries.*' [KII 124] These are legacy issues and FSAC is now '*taking steps to do a 'reality check' on the figures.*'

[2] These figures represent the combined food assistance and agriculture support caseloads, i.e., the total target for the FSA Cluster. The extent of overlap in beneficiary lists for food and agricultural assistance is unclear even to FSAC members [KII 60]

[3] According to data gathered by REACH in 2022, household food expenditure increased from 65% of the household budget (5077 AFN) in 2021 to 73% (4573 AFN) by the middle of 2022. REACH "*Whole of Afghanistan Assessment 2022: Key findings Presentation, Inter-Cluster Coordination Team, September 2022*", PDF report accessed on 22.07.2023.

(a drop of 30%) and the food ration cut from 75% to 50% [KII 25, 55]. The target curve on the graph in Figure 2 above is therefore misleading for 2023. Following these cuts in the first half of 2023, WFP reported in September[1] that it was forced to drop another 2 million hungry people from food assistance in Afghanistan in September, *'bringing to 10 million the number of people cut off from its support this year in the country'*.

> Drought is not the only natural hazard facing farmers. A community member said:
>
> "Our agriculture fields are destroyed by flood and our animals are killed by natural disasters. We take our animals to the mountains for pasture during the summer. Last year unexpectedly, the weather got cold, and there was snow, and we lost around 200 animals due to the unexpected snow in the mountains at a time when our animals were in the mountains. Now, very few people are busy with animal husbandry."
>
> In 2023, a major outbreak of locust in northern Afghanistan threatened to "destroy a quarter of this year's wheat harvest", with the potential for an even worse outbreak in 2024 (WFP Situation Report 25 June 2023).

Response rationale

The overall logic of providing large scale food assistance – rather than a more targeted approach – has been compelling over the evaluation period, given the IPC analysis and the known economic stresses at household level. As food markets recovered in the aftermath of the August 2021 transition, the challenge for many was (and remains) food affordability and the income to pay for food as well as other necessities[2] With the collapse of casual labour markets, large-scale urban unemployment, and high levels of indebtedness, the household economy has come under enormous strain across all parts of the country. With respect to livelihood and agricultural support, the logic of intervention has combined *relief* and *resilience* elements: boosting income in the short term while building the resilience of food production and marketing systems.[3]

With the scale-down of general food distributions in 2023 has come a **major shift of balance** in terms of targeting, in two ways. First, assistance is now largely limited to those in level 4 together with vulnerable groups. As one UN staffer put it: *'We cover IPC4 plus as much of IPC3 as we think we can afford'* [Key Informant]. The second major shift concerns the rural-urban balance. The June revision of the 2023 HRP shows a re-focus on urban populations: there are 12.3 million planned direct urban beneficiaries as against 3.4 million planned direct rural beneficiaries. This appears to be in line with needs assessment data, although assessing different vulnerabilities in rural and urban/peri-urban settings has been a major challenge for the FSAC [Key Informants].

This uncertainty about comparative vulnerabilities in urban and rural contexts reflects a more general 'diagnostic' challenge for the FSAC response, concerning the ways in which households in different categories are coping with economic stress. For example, borrowing and deferred payment

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[1] *WFP in Afghanistan forced to drop 10 million people from lifesaving assistance, deepening despair and worry for Afghans* - Relief Web 5 September 2023. Looking ahead to the winter, the Country Director is quoted as saying "*A small window of opportunity remains to avert catastrophe in Afghanistan, but we are running out of time*."

[2] The revised 2023 HRP (p.9) reports that *'people spend three quarters of their income on food, trading off their other basic needs'*, which if accurate reinforces the urgent priority of relieving pressure on household budgets.

[3] As the HRP 2022 describes: *Emergency livelihood assistance will be provided to the most vulnerable urban and rural populations, including farmers, herders, and landless people to sustain the local production of food, protect productive assets, and boost short-term income streams*. This included food and cash for work on *'enhancing community level assets… including a focus on water and land management to contribute to improved natural resource management and livelihoods outcomes.'* The wider rationale included strengthening of *'climate-smart food systems and market linkages that move beyond immediate household subsistence and production.'*

are known to be important mechanisms, but their role in relation to other coping strategies is unclear [Key Informant]. The other related challenge concerns the limited understanding of the role played by aid in this sector. Agencies working in food assistance also appear to lack a clear and evidence-based understanding of the role of that food assistance (food, cash, vouchers) plays in the household economy of recipients. This is a serious obstacle to determining both the appropriate package of assistance and the value of such assistance to recipients.[1] The role played by livelihood support interventions – including agricultural support – appears somewhat better understood, although its medium-term impacts have yet to be demonstrated (see below).

The cuts in coverage and rations – only partly explicable in terms of seasonal fluctuation – are very concerning given the prospects for the lean winter season. With the reduction in available funding, FSAC members are having to make difficult choices. On food assistance '*we are discussing very basic safety net system for those who really have no means of coping*' [Key Informant]. Whereas for most of the evaluation period, proactive work on prevention (stabilisation, resilience) had been a major part of the rationale, the prospects were now for a much more reactive approach tackling food insecurity 'hotspots' with a major reduction in areas covered [Key Informants].

Effectiveness and impact
Beyond anecdotal evidence, the evaluation found little hard data on the effects of the food security and livelihoods assistance provided. Given the multiple and evolving non-aid factors at play, and the fact that much of the rationale for aid is based on counterfactual argument (i.e., prediction of likely outcomes *without* such assistance), this is not entirely surprising. In the context of extreme pressures on household budgets, the logic of the food assistance interventions is compelling; and indeed, the worsening trend in IPC indicators seen in late 2021 has significantly reversed, although the figures remain worrying and acute malnutrition levels are still very concerning.

The scale of livelihoods support, particularly in agriculture, has been unusually large compared to other crisis responses. This has been essential to short-term stabilisation of rural livelihoods in particular and should provide important lessons for future responses.[2] However, the scale and timeframe of this 'emergency' investment remains small in comparison to needs. In agriculture, farmers' need for (expensive) fertiliser and high-quality seed has accounted for much of the commodity input. In consultations undertaken with farmers during field visits by the evaluation team, the seed provided was said to have resulted in significantly higher wheat yields in 2023 than previous years. For example, one farmer in Herat told the evaluators that as consequence of this '*we did not have to migrate across the border to Iran to look for construction work*' – a dangerous and highly insecure coping mechanism to which many families in the west of the country have resorted. This appeared to be typical of the experience of others in the same community.

Market impacts are difficult to evidence. WFP reports that *food in kind* has helped keep market prices low and, in some cases, has been the only viable option (e.g., in Ghor when food markets were at one stage not functioning). It has also helped support local producers where the food has been procured in country and kept millers in business with the many jobs they support [KII 24]. *Cash and vouchers*, on the other hand, are believed to have helped stimulate trade and keep markets open [KII 24, 77]. Consultation exercises, including the community consultation conducted for this evaluation,

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[1] Evidence on this appears to be largely anecdotal. One senior UN official described the situation as follows: '*Relatively few households rely on us 100%, but other sources are much smaller than before. Anecdotally, the ration we were providing before might last to day 20 or 25 within the month. After we cut the ration to 50% (from 75%), it lasted only 10-15 days. But we don't yet have good data on this – we are working on it. We should have better data in September (2023)*'

[2] One key informant noted that it was '*too early to measure the impact of the early large investment in agriculture. The World Bank want evidence. The third quarter of 2024 will be the test, but we are seeing the right trend.*' [KII 4]

tend to show a preference for cash among recipients, largely for its multi-use benefit. This suggests that income support and relief of pressure on household budgets is the primary benefit delivered by food assistance of all kinds.

With regard to food in kind, the evaluation witnessed well-run food distributions and spoke to numerous satisfied food recipients. However, there have also been complaints about inadequate or inconsistent food delivery and about the quality of food provided. While this is not unusual, the major scale down of food assistance in 2023 only heightens the concern. The question about the *balance* of forms of assistance is also a valid one. In the early days post-August 2021, with a highly unstable economy and severe market disruption, the use of food in kind was certainly justified. But with the relative stability of prices thereafter and the opening of markets, the evaluation suggests that greater use of cash could have increased the benefit delivered to vulnerable families over the evaluation period.[1] The relative efficiency of this modality is also a factor here, and the evaluation notes the apparently very high cost of delivery of in-kind assistance in the scaled-up response based on the related budget figures.[2]

> Participants in FGDs shared:
>
> "It will be very good If they distribute cash instead of food. That will not need transportation cost, quality will not be a concern and people will use the money according to their priorities and basic needs."
>
> "Many people lose the aid because of they do not have money for transportation. We have a bad road that has made it difficult for vehicles to reach all villages."

The WFP statement of September 2023[3] warning of catastrophic consequences from any further cuts in rations is premised on the assumption that food assistance is 'lifesaving'. The evaluation found too little evidence to support this assertion *per se*: it depends on assumptions about the role of food assistance at household level that do not appear to be validated. Nor did it find data-based evidence to demonstrate the impact of the cuts already made to the scale and coverage of assistance provided. Yet despite this lack of direct evidence, the evaluation found the logic of intervention combined with indirect evidence – including positive trends in the IPC data (Figure 13) – to be compelling. Food assistance in its various forms has been one of the few lifelines available to people during the crisis, taking pressure off household economies under extreme stress, as well as having likely wider market-related and macro-economic benefits. On this basis, given the severity of the threats to household survival and the nature of the vulnerabilities involved, the urgent call for an increase in funding for food and livelihood assistance appears well justified.

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[1] The shift in the ratio of in-kind food to cash-based transfers (cash/vouchers) from approximately 80:20 to 70:30 between 2021 and 2022 shows progress in this direction. Source: HRP Monitoring Reports 2021, 2022.

[2] As noted in section 3 above, the 'cost per person' calculation for this sector increased in the 2022 HRP from the previous average of $52 to $123 due to increase in food rations and scaled up livelihood support. The overall budget requirement rose fivefold, from USD 553m in 2021 to USD 2.66 billion in 2022. Some informants [e.g., KII 128, 135] argued that 'excessive' indirect costs were charged by WFP in calculating budgets.

[3] https://www.wfp.org/news/wfp-afghanistan-forced-drop-10-million-people-lifesaving-assistance-deepening-despair-and

The Health response

Context and response coverage

Before August 2021, the health system in Afghanistan was centred around the 'Sehatmandi Project'. This contributed to several improvements in the health status of the Afghan population, including dramatic falls in new-born and under 5 mortality rates.[1] However, the Project had major coverage limits (particularly in Taliban-controlled areas) and was affected by structural, management and corruption problems [KIIs 36, 53, 62, 72, 76]. A health system that was already fragile become even more so after August 2021 as demand increased, skilled capacity was lost and funding became more restricted. The imperative of preventing the collapse of the health system led to urgent discussions both in Kabul and internationally. With World Bank / ARTF funding temporarily suspended, bridging funding was made available by UNDP (one month) and the CERF (three months). It took few months to identify more stable alternative funding arrangements. The Project was effectively re-launched as the 'Health Emergency Response' (HER), part of the wider 'basic needs' initiative.

In light of the deteriorating situation and the increased access to previously hard-to-reach areas, the HRP-related health response dramatically increased in scope, shaped to complement the HER Project interventions and coverage. The PiN number increased from 1.9 million in 2019 to 18.1 in 2022 and the target number from 1.5 to 14.7 million, reflecting a major growth in demand for and access to health services. Anecdotes from informants describe remote communities seeing medical staff for the first time in a number of years.[2] Out of approximately 4,400 health facilities (hospitals, sub-health centers, mobile clinics) in the country, around 2,300 are supported by the HER Project. Humanitarian partners support 1,000-1,200 facilities, of which around 60% are mobile teams covering underserved areas. While different funding streams clearly support the humanitarian (Health Cluster) response and the HER Project, the line between the two is blurred [KII 62].

The scale and coverage of the humanitarian health response increased dramatically after August 2021 to meet the increase in need and demand. By the end of 2021, according to the HRP 2022, the number or PIN for the Health Cluster had increased from 1.9 million in 2019 and 10 million in 2020 (reflecting COVID-19) to 18.1 million. The Cluster target increased over that time from 1.5 million to 14.7 million, reported achievement against which is shown below. Over this same period, the number of partners reporting through ReportHub increased from 11-12 to around 70 by the end of 2022.

With the major increase of access to previously neglected areas came an increase in the numbers of people left vulnerable in health terms by the financial and livelihood crisis and unable to cover the costs for private medical assistance. The overall escalation of people in need meant that scale up of the humanitarian response in the health sector was essential. A mobile health clinic system was developed to expand outreach to remote and previously uncovered areas. According to WHO guidelines, there should be no difference in the services provided in the static and mobile facilities: basic package of health services (BPHS) and essential package of health services (EPHS). However, not all facilities are compliant and there are gaps [KII 62].

4.25   Although there are still glitches in the complementarity between the HER Project and the humanitarian response, and the overall coverage still needs further expansion, the evaluation

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[1] Under-5 mortality rate decreased from 191 to 50 per 1,000 live births between 2006 to 2018; the new-born mortality rate fell from 53 to 23 per 1,000 live births from 2003 to 2018. Source: "Delivering Strong and Sustainable Health Gains in Afghanistan: The Sehatmandi Project." Results brief 23 October 2020. The World Bank.
https://www.worldbank.org/en/results/2020/10/23/delivering-strong-and-sustained-health-gains-in-afghanistan-the-sehatmandi-project
[2] Personal communication from senior UN staff member

concluded that the overall humanitarian rationale of complementing the HER was sound. However, the limits and weaknesses of the latter obliged the Cluster to over-expand the humanitarian agenda into areas and domains beyond humanitarian capacities [KII 36, 62]. The current decrease of financial resources threatens to have major adverse consequences, and the evaluation noted multiple instances of projects lacking sustainability which could soon be stopped for lack of funds.

> Economic barriers to accessing health care have become increasingly pressing for many, often demanding considerable sacrifice by family members. Community members said:
>
> "I have a one-year-old child, and he has been sick since he was born. His medication costs 500 to 1000 AFS every month. He always gets pneumonia. The doctor state that the treatment should be continued so that the child does not die. The doctor prescribes a long-lasting medicine for him. I try to stay hungry myself, but I will definitely purchase my child's medicine for him."
>
> "Whenever any of our family members get ill, we take them to Herat province because there is no good doctor found here. We rent a taxi car and transfer our patient to Herat city; the taxi fare is approximately 700 to 800 AFN, it is a 5-hour drive to Herat province."

Effectiveness and future prospects

Based on the review of the HRP figures and of key indicators – particularly numbers of primary health care (PHC) consultations conducted – the Health Cluster response appears to have performed relatively well in 2021 and 2022 (hitting 79% and 90% of target respectively). However, these figures reflect consultations rather than beneficiaries and are inflated by the way these are counted – a patient can have more than one consultation. The other key indicator tracked for the Cluster performance is the number of people treated for physical trauma. Coverage and achievement under this component of the programme expanded dramatically in 2022, reflecting the increase in access and coverage.

One area of major concern brought to the attention of the evaluation is what is generally recognized as a crisis in general mental health (anxiety and depression). While this issue existed before the change of leadership, it appears that the current livelihood crisis and the restrictions imposed by the Taliban have dramatically increased its magnitude. The evaluators were unable to find reliable figures and trends related to this problem, but the vital importance is clear of enabling people to access help with mental ill health at both primary and secondary health care levels, not least for the wider socio-economic effects of failing to do so. It appears that needs far outstrip capacities in both diagnosis and treatment in this area.

As with other sectors, information and data related to the effectiveness and impact of the health response are limited, beyond the output level. While surveillance systems have progressively improved during the evaluation period, key data sets are weak or missing. The Ministry of Public Health has not to date allowed a morbidity and mortality survey to be conducted at household level. Counterfactually, several practitioners interviewed [e.g., KII 22, 36] expressed the view that the avoidance of major outbreaks confirms the effectiveness of the response. According to the main surveillance system,[1] EPI coverage (children aged 12-23 month fully immunized) is currently 51%, although the Cluster believes this figure may be overoptimistic as measles, whooping cough and diphtheria outbreaks are still occurring [KII 61].

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[1] This monitors 16-17 disease parameters at 612 sentinel sites. It was badly affected by the crisis and although improving, it is still considered 'shaky' by the Health Cluster.

In terms of health risk factors and vulnerability, therefore, the situation remains very precarious. Health service-related statistics underline this. The number of health care workers (9 for 10,000 people) is well below the recommended 23/10,000, while service coverage is below standards: one in two children is not vaccinated and less than two-thirds of births are supported by a skilled attendant [KII 53, 72]. The maternal mortality rate is put at 638/100,000 live births and under-five mortality rate at 50/1,000 live births [KII 62].[1]

The future of the health systems in Afghanistan is a major concern for all actors consulted. Numerous ICRC- and NGO-run hospitals and health facilities are planning to stop operating before the end of the year unless a sustainable funding solution can been found. The HER Project is expected to continue without any expansion in scope and coverage, and still limiting urgently needed long-term investments in technical equipment and rehabilitation/reconstruction. The health system – and consequently the nutrition system – will feel even more than other sectors the consequences of the ban on girl secondary and tertiary education. While exemptions from the current ban on female Afghan health staff have been negotiated, the stop in the stream of female doctors, nurses and technicians has the potential to dramatically disrupt the functionality of hospitals, health centers and mobile clinics. This represents a clear priority for policy advocacy.

The Nutrition response

Even before the Taliban take-over, Afghanistan had some of the worst figures in the world for malnutrition, both acute and chronic. At that time, the main challenges were humanitarian access to non-government-controlled areas and the limited capacity of health systems on which the nutrition programme relies heavily. Additionally, the sheer scale of the crisis was too big for the resources available through the HRP [KIIs 38, 52, 57]. However, reliable nutrition data from this period are scarce. Estimations for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) levels were extrapolated by applying global standards and adapting these to the Afghan context. These have been considered indicative only.

The great majority of the nutrition interventions have been embedded in the health system (hospitals and sub-health centers) and linked to the Sehatmandi Project [KII 52]. The Nutrition Cluster – and UNICEF in particular – was already in 2021 planning an expansion of its programme centred around the treatment of SAM and MAM, together with interventions for Pregnant and Lactating Women (PLW) and Infant and Young Child Feeding (IYCF). The large increase of financial resources after August 2021 enabled a dramatic expansion of the programme and its various components.

Coverage and targeting

As a consequence of the improved access to previously hard-to-reach areas and of the availability of funds, the Cluster expanded nutrition service delivery through static and outreach facilities integrated into the health system. The number of mobile health and nutrition teams (MHNT) deployed to remote areas not covered by the HER Project or other static health facilities was increased. The PiN figures for nutrition increased from 2.1 million in 2019 to 7.8 in 2022, and targets from 1 million to 5.9 million. In response, the Cluster nearly doubled its response capacity between end 2021 and 2022, from 1,400 to 2,700 service delivery points [KII 52].

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[1] Health practitioners consulted think that the mortality rate may have decreased to around 620/100,000 live births. This could be confirmed by a comprehensive morbidity and mortality survey, that the MoPH has not yet allowed yet.

The first IPC Acute Malnutrition Analysis (IPC-AMA) in Afghanistan was carried out in 2022,[1] based on a SMART survey run between March and September. The projected picture offered by the analysis for the period November 2022 – April 2023 was very serious, although not as dramatic as previously feared.[2][3] In 2022, in light of the increasing nutrition needs at urban level, UNICEF started to establish dedicated community preventative and therapeutic (SAM only) nutrition centers in Kabul to complement the existing facilities integrated with the health system.[4]

The Nutrition Cluster took the ambitious decision in 2023 to target 100% of SAM and 70% of MAM cases, although the expansion of these two complementary interventions did not happen at the same pace. UNICEF managed to strengthen and increase the number of SAM treatment facilities (mobile and static) relatively quickly thanks to the increase of financial resources in 2021 and 2022. WFP struggled to expand its MAM response at the same pace, and there have been some delays.[5] According to HRP figures, the Nutrition programme performed successfully in terms of reach of targeted beneficiaries. There is a recognition among practitioners, however, that targets set in 2021 and 2022 were probably not sufficiently ambitious [e.g., KII 58].

Rationale, relevance, effectiveness

The scale up of the nutrition response matched the worrying increase in assessed levels of acute malnutrition. The expanded programme was designed on the assumption that support for the health system would be maintained, either as a continued developmental program, or in the form of an emergency health system operated by partners and the agency provider of last resort. The close links between the Nutrition and Health programmes, as well the way the former in embedded in the latter, while allowing addressing malnutrition in remote areas through mobile clinics, exposes the Nutrition systems to the same risks faced by the health system.

The request in 2023 by the MoPH to reduce the number of mobile clinics – and (when that was rejected) to stop them altogether – was met with shock by responding agencies. After some negotiation, during which both UN agencies and NGOs acknowledged that several mobile clinics were indeed redundant and overlapping with the static health facilities, a compromise was found (as of June 2023). This is an example of a case where being more open to discussing DfA concerns could have avoided a good deal of misunderstanding and tension [KII 52, 57, 62].

Given the high numbers of SAM, MAM and PLW cases enrolled and treated, the evaluators conclude that the programme was generally effective based on reported data and the programme logic. However, this conclusion must be qualified: results are difficult to quantify, information on the rate of drop-out and re-enrolment is limited, and the more general trends in acute malnutrition are not yet well enough evidenced through surveys.[6]

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[1] IPC Acute Malnutrition Analysis September 2022 – April 2023. (January 30, 2023)

[2] According to several Nutrition practitioners interviewed, the better-than-expected figures might be partially explained by the expansion of the programme started before August 2021 and intensified after that date.

[3] While some informants criticised the analysis as being too broad and imprecise (i.e., based at provincial and not district level data), all those interviewed acknowledged that it was an important step to have some preliminary baseline data to guide the nutrition response and assess Cluster performance.

[4] By June 2023, about 50 of these dedicated centers were active in the capital. (Field visit, personal communications)

[5] KIIs 52, 57. Reflecting the very strong collaboration between the two agencies – noted by many informants – UNICEF agreed to cover part of the MAM requirements with RUTF (normally used for SAM therapy) for several months.

[6] A new SMART survey was originally planned for 2023, but it appears it will be postponed till 2024 due to lack of capacity to conduct it sooner. [KII 52]

Decreasing funding trends pose a problem for the Nutrition sector. While UNICEF – the main provider of malnutrition treatment supplies – should be able to cover the SAM needs till the end of 2023, the situation for 2024 is concerning. This is particularly so for MAM and PLW interventions, as WFP has been facing a drastic reduction of resources since the beginning of this year [KII 52, 57, 79].[1]

As noted above, uncertainty concerning funding for the health sector makes the current model of nutrition service provision itself uncertain. Among other risk factors, the Taliban edict on girls' secondary and tertiary education could have a significant adverse effect on the nutrition programme.

The WASH response

Context and coverage

Water and sanitation infrastructure has historically been under-developed in Afghanistan. Despite years of investment, decades of conflict and recurrent natural disasters inflicted damage on the limited WASH infrastructure that was in place across Afghanistan. As a result, the proportion of the Afghan population with access to safe drinking water was among the lowest in the world prior to the transition of 2021.[2] Following the drought of 2018-19, a new national drought was officially declared in June 2021, the worst in more than three decades. Effects of drought are especially felt at rural level, with 73% of households affected, compared with 24% of urban households. According to the WASH Cluster strategy , in 2018, 68% of Afghans were living with no access to improved sanitation and nearly 45% still using unimproved water sources.[3]

Until 2021, the WASH humanitarian response was relatively small, and the focus of the Cluster was on rural interventions and on IDPs who in several cases concentrated on peri-urban areas. The number of returnees, refugees, IDPs and victims of natural disasters was augmented by populations suffering chronic, unmet needs due to lack of proper infrastructures. Development interventions were more consistent and largely implemented with and through the Ministry of Rural Rehabilitation and Development (MRRD). [4]

The context changed dramatically with the change of regime. Much technical staff capacity was lost, and WASH needs in urban areas dramatically increased due to lack of products and maintenance [KII 61].[5] The suspension of development funding had multiple effects on the Cluster. Several WASH partners faced immediate financial challenges as they based part of their response on development funding; some put all their operations temporarily on hold. WASH institutional management saw a near collapse and the water supply system was unable to meet demand for 80% of its urban population. Lack of supplies (chlorine, fuel, spare parts, etc.) and technical capacity hampered operational capacity in major urban areas like Kabul, Kandahar, and Mazar-e-Sharif. [6]

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[1] WFP are said to have enough supplies to continue at least its BPSF programme till the end of 2023.

[2] i) Afghanistan WASH Cluster Strategy and Operation Plan HRP 2018-2019. April 2018. ii) HNO 2021

[3] Afghanistan WASH Cluster Strategy and Operation Plan HRP 2018-2019. April 2018

[4] MRRD received around 80% of UNICEF's WASH budget for development interventions, largely at urban level.

[5] Estimations indicate that in Kabul ~40% of households used to have piped water at house level but went down to 23/27% in the second half of 2021.

[6] HNO 2022

Depending on location, families face different levels of challenge in accessing clean water. Community members said:

"We get our water from the hand pump located at the end of our alley. We used to have drinking water wells in our houses. But the water in the well dried up last year, and we are currently facing a water shortage."
"We use water from the river. It is a one-kilometre way, and women and children carry water on their backs. These waters are of poor quality."

Others told us that they use canal water for drinking, despite knowing the risks:

"Diseases definitely arise from them [unsafe water sources], but we use it out of necessity because we have no other choice."

In urban areas, lack of money to purchase water is a major constraint on access.

Response rationale and effectiveness

The dramatic change of context post-August 2021 led to a drastic revision of the WASH Cluster approach. The scope of WASH interventions greatly increased at urban level, as partners had to pick up parts of the previously MRRD-run programme, while coverage in many rural settings expanded due to increased access to previously hard-to-reach areas. Over the evaluation period, WASH programme coverage has prioritized heavily drought-affected provinces (14 out of 35), AWD-affected populations in provinces at risks, urban and peri-urban populations affected by diminished urban WASH services, and other vulnerable categories. Overall, the Cluster managed to triple the number of targeted beneficiaries from the beginning of 2021 to the beginning of 2022: from 3.6 to 10.4 million.

According to HRP figures, the WASH Cluster performed well in meeting its targets in 2021 and especially in 2022 (82% and 106% of targeted beneficiaries reached, respectively), following a large expansion of its programme and the doubling of its target. However, as in other humanitarian crises, achievement overestimations (e.g., beneficiary counting based on cheap NFI distribution or hygiene awareness campaigns) have been acknowledged by numerous WASH specialists.

The increase in access post-August 2021 revealed a multi-layered WASH crisis. The deterioration of the urban water systems was compounded by the livelihoods crisis, and decreased access to drinkable water affected millions of people [KII 49, 56]. Some rural locations had to be abandoned due to drought and water salination problems, triggering new displacements. Such issues would normally be addressed through development interventions but given the acute nature of the problem, they become part of the WASH Cluster response [KII 49]. The Cluster's operational model was progressively reshaped around evolving priorities (different for urban/peri-urban and rural contexts), currently focused on provision of safe drinking water, hygiene promotion and sanitation.

The WASH humanitarian programme was radically reshaped and expanded between 2021 and 2022. Indicators for water provision, sanitation, hygiene promotion and supplies can be tracked throughout the period under scrutiny, but – as for other Clusters – information is mainly available only at the output level. Little data exists about the effectiveness and impact of the different interventions. While no consistent information is collected about outcomes and impact, WASH practitioners make the counterfactual argument that the limited and contained nature of outbreaks of water-borne diseases (AWD, cholera) indicate the overall effectiveness of the response.

The suspension of development funding and the donors' reluctance to support the essential hardware component of the humanitarian response ("*Any infrastructure is considered an asset benefiting the Taliban*" [KII 59]) are seriously hampering the design and implementation of a sound WASH programme. Unless and until this is reversed, no real progress in this sector is possible. With regard to humanitarian funding, there appears to be a major disconnect between the funding raised through the HRP every year and the Cluster overall reported performance.[1] This is difficult to reconcile with the seemingly high levels of target achievement. The problem may be a systemic one: a similar discrepancy is one that the WASH Cluster also faces in other humanitarian crises.

The Emergency Shelter and Non-Food Item response

Context, coverage and targeting

As described in Section 2 of the report, internal and external displacement and migration has been one of the defining features of the Afghan context over the past 40 years, related partly to conflict but also to economic factors and to natural hazards. The need for support to the victims of these events – IDPs, returnees, refugees and victims of natural disasters – has formed the core of interventions by the Emergency Shelter and Non-Food Item Cluster, the scale of which has progressively increased since 2012. The Cluster has also been the main responder for the winterization programme, helping Afghans most exposed to freezing winter conditions to survive. As with other Clusters, the overall number of potential beneficiaries increased following the fall of the previous government. However, given the reduction in conflict-induced displacements, the stabilisation of the security situation and increased access, the Cluster has aimed to expand the 'transitional shelter' component of its strategy for IDPs who have returned to their areas of origin and those in informal settlements.

From a focus on key vulnerable categories (IDPs, returnees, victims of natural disasters), the Cluster progressively shifted its focus to a new beneficiary category: 'vulnerable people with humanitarian needs'. Started as a small number (251,000 people) in 2020 besides the traditional vulnerable groups, this number gradually increased to nearly 1.7 million in 2022, eventually including long-term, protracted IDPs and host communities. Among these are the main beneficiaries for the 'transitional shelter' interventions.

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[1] The OCHA Funding Tracking System (FTS) indicates that for the years 2020, 2021 and 2022, contributions to the Cluster were respectively 14.3%, 22.1% and 29.8% of the requested amounts.

The Cluster has been characterized by a persistent disconnect between PiN and target numbers.[1] This is attributed by informants to poor funding for the Cluster, the limited presence and capacity of the implementing partners, and the decision by Cluster members and leading agencies (UNHCR and IOM) to be 'honest' about PiN figures and realistic about targets [KII 45, 46, 51, 54, 65].

Response rationale and effectiveness

Improving the shelter conditions has implications for the livelihood, health, nutrition and protection of the whole family, additionally it increases its capacity to withstand the winter season. Lack of proper shelter and dignified living conditions contribute to a range of protection risks, including eviction, exploitation, and exposure to gender-based violence. According to the 2021 Whole of Afghanistan Assessment: *"…internally displaced people have reported shelter to be their second highest priority need after food and 71% of the population need shelter repairs and upgrades. Shelter needs are central to people's immediate survival and wellbeing, risking their safety, security and health through exposure to the harsh weather conditions or overcrowding."*[2]

The response comprised a number of different modes of intervention, as shown in Box 3. A post-distribution monitoring exercise conducted by REACH for the ES-NFI Cluster in late 2022 compared the relative merits of cash vs in kind assistance as perceived by recipients, and found that '*Cash-based shelter, in-kind shelter, and in-kind NFI had an almost equal impact on improvement in shelter conditions*', but that '*Cash was the preferred modality for 95% of beneficiary households*'.[3] The shift to the more sustainable 'transitional shelter' approach is perceived by most practitioners as an important step in the right direction, pending more permanent housing solutions. However, since this approach is much more costly and requires technical expertise, donors have been reluctant to fund it consistently. As a result, it represents only a marginal component of the ES-NFI programme in terms of PiN and target numbers and has underperformed in target achievement.

The evaluation found several inconsistencies in its analysis of the performance of the ES-NFI Cluster programme. While the HRP figures indicate good overall results in terms of beneficiaries reached in 2021 (97%) and 2022 (105%), a more in-depth review of the various elements of the response gives

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[1] PIN/target in million: 2020, 5.3/1.41; 2021, 6.6/1.1; 2022, 10.9/1.94; 2023, 9.7/1.3
[2] Cited in the Shelter Cluster Strategy 2022, Shelter Cluster Afghanistan
[3] *Post Distribution Monitoring Assessment Key Findings* Presentation - ES/NFI Cluster and REACH Afghanistan, March 2023.

a different picture. Only the winterization and NFI distribution components indicate performance between 50-100%, while the others consistently underperformed. The discrepancies seem to be linked to the double-counting of different categories of beneficiaries [KII 65]. Cluster staff acknowledged that achieved target numbers have been skewed by the cheaper interventions, namely NFI distribution and winterization [KII 54, 65].

The Protection response

This section differs slightly from the earlier sections, reflecting the different nature of the protection agenda and the multiple sub-agendas encompassed by the sub-Clusters or areas of responsibility within the wider protection Cluster. Issues of both coverage and effectiveness are particularly hard to quantify (or even to define) in this sector. There is no doubt that the restrictive operating and policy environment, and the nature of the threats involved, means that the response has not been – and probably could not be – proportionate to the protection needs of vulnerable groups in Afghanistan.

Context

Although the overall security picture in Afghanistan improved with the ending of conflict, the protection situation for many vulnerable groups deteriorated over 2022 and 2023. Over this period, the Taliban imposed increasingly restrictive limits on the freedoms of women and girls, and the economic situation led households to adopt coping strategies that have been particularly damaging to children. Many of the protection threats facing vulnerable Afghans are matters of policy and law, or practices that are socially or culturally embedded (see Box 4 below), exacerbated by the prevailing crisis. Much of the protection response is concerned with mitigating the after-effects of abuses rather than with prevention of abuse, an agenda that typically requires institutional, cultural and behavioural change on a large scale – and depends on a favourable policy and legal environment. That environment does not currently exist in Afghanistan. The DfA is unsympathetic to – or at best uninterested in – many aspects of the protection agenda. There is also a community-level challenge (social, cultural, economic) to this agenda, particularly in areas where the progress made on women and girls' rights over the past twenty years has been more limited.

Just as the overall 'people in need' (PiN) rose sharply over the evaluation period, so too there has been a surge in the **numbers assessed to be in urgent need of protection assistance**. Between 2018 and 2021, the number stood at 12.8 million. By 2022, this had risen to 16.2 million, and further escalated to 20.3 million in 2023. National policy changes have been the main driver of this increase, particularly the restrictive policies imposed by the Taliban curtailing the freedoms of women and girls, which in turn has increased exposure to gender-based violence.[1] More generally, growing economic hardships and limited livelihood opportunities have placed individuals, particularly women and vulnerable populations, at greater risk of exploitation and human rights abuse. The protection of children is of particular concern in this context: economic pressures have increasingly led some households to send their sons to work rather than school, and to marry – essentially to sell – their daughters into early marriages (see further section 5). Some children have no family to protect them: the number of unaccompanied children has risen by about 170% according to one informant [KII 114].

The **collapse of social service systems** has further exacerbated the situation. Following the Taliban takeover, the closure of almost all orphanages has forced these children to flee, as the de facto authorities were unable to provide them with basic necessities [KII 104]. The lack of funds and

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[1] No recent data for this are available because data collection is not possible in the current environment. But with women restricted to the home, households struggling economically and the collapse of legal and protective mechanisms, there is a very strong assumption that violence has increased.

capacity to sustain these institutions has left children without proper care and support. Similarly, the absence of women's shelters has left vulnerable women without essential resources and protection, compounding the challenges they face. More generally, the breakdown or suspension of referral mechanisms involving government authorities has created a significant void in coordinated response efforts. The absence of these mechanisms hinders effective coordination of support services and limits access to crucial assistance for those in need.

The regime change in Afghanistan also brought sweeping changes to the **legal and policy landscape**. While the Taliban's stance on existing policies and laws is that they will remain valid as long as they conform to Sharia law, this stance has created a sense of ambiguity and unpredictability in the application of these laws. More recently, the new prime minister has called for a comprehensive screening of all laws, further adding to the complexity of protecting vulnerable groups and addressing their specific needs [KII 104]. This erosion of the legal mechanisms designed to safeguard women's rights has created a significant gap in the **support system for survivors of gender-based violence**. The handling of cases through Sharia courts has raised concerns regarding the lack of accessible legal assistance for women and girls. The justice system, including the utilization of jirgas for mediation, fails to meet minimum standards and is inadequate for effectively addressing gender-based violence. With the suspension of civic courts, women have lost the ability to file for divorces, leaving them trapped in potentially harmful or abusive marriages. Furthermore, the dismantling of the legal framework that previously facilitated the reporting of cases to the police, as well as the involvement of prosecutors and judges, including female lawyers, has severely restricted the avenues available for GBV survivors to pursue justice and seek protection. *"The main challenge for us is the legal framework. We cannot offer any legal support or shelter anymore. These were some of the most important elements alongside MPHSS"* [KII 95].

One area where significant progress had been made during the time of the Republic was in child protection. Afghanistan had developed a well-established legal and policy framework, including the Law on the Protection of Children's Rights established in 2019. However, under the new regime, challenges have emerged regarding the definition of a child. The Taliban's lack of adherence to international definitions has created uncertainty in determining the age at which individuals are considered adults, which directly impacts the application of child protection laws and policies. This ambiguity is particularly concerning given the increased child protection needs in Afghanistan.

Even before August 2021, Afghanistan faced significant challenges related to land ownership and property rights, resulting in tenure insecurity across the country. The regime change has further intensified these uncertainties. Since the Taliban assumed control, there have been several reports of forced evictions, with households being expelled from informal settlements.[1] Forced evictions have not only disrupted the lives of affected individuals and communities but have also raised concerns about their access to basic services. With the suspension of land allocation schemes and the discontinuation of the Ministry of Land and Urban Development, HLP rights have become less secure [KII 113] and the governance and management of land and property rights has been weakened.

Other elements of the state apparatus for protection have also been severely weakened. The report of the Operational Peer Review in May 2022 noted that '*Almost all of the pathways that existed to address protection issues such as police family response units, courts, social services, and women's support services – have been closed down. Issues such as gender-based violence can no longer be addressed directly. Self-censorship by the aid community and members of the affected population is on the increase, and there is widespread fear to report any type of protection incident, including to*

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[1] NRC (2023). Afghanistan: Taliban authorities violently evict displaced people from makeshift camps in Kabul. Available at: https://www.nrc.no/news/2023/july/afghanistan-taliban-authorities-violently-evict-displaced-people-from-makeshift-camps-in-kabul/

community elders who remain the last avenue of redress. The traumatic impacts of these changes on affected people, particularly women, and on aid workers cannot be underestimated.[1]

Response strategy and rationale

Some of those consulted for the evaluation describe the ongoing crisis in Afghanistan as primarily a 'protection crisis' in which individuals, communities and whole demographic groups face threats to their safety, dignity, and overall well-being through the denial of rights. This raises questions about the ways in which the humanitarian and human rights agendas overlap, how the 'protection crisis' relates to the prevailing humanitarian crisis, and how related questions of principle and engagement should be resolved. The failure to resolve those questions in practice led to protracted debate in the HCT, particularly between the more 'normative' agencies (focused on rights issues and policy advocacy) and those more operational agencies whose remit was more directly humanitarian. The result was a stalemate in the HCT over questions of principle and engagement with the authorities

With regard to the various sub-agendas within the protection Cluster, each has had to adapt to the very difficult operating environment described above. This has led, for example, to the suspension certain activities related to **gender-based violence** (GBV) and the closure of several child protection centers due to a lack of acceptance and support from the de facto authorities [Key Informant]. With regard to **child protection** more generally, the focus of the child protection sub-Cluster prior to the Taliban takeover revolved mainly around system strengthening and the establishment of a social work force. In the current context, the sub-Cluster has shifted the focus towards the provision of services related to mental, psycho-social, and health support; and strengthening case management.

Despite the challenges, there are some areas where collaboration with the de facto authorities continues, particularly with the Ministry of Justice and Internal Affairs, which has been described as a relatively collaborative entry point and partner. *"We are able to engage with the DfA on some levels and we are able to push some topics forward. For example, the criminalization of child recruitment as well as a ban of the harmful practice of bacha baazi"* [Key Informant].

Mine action is also a less sensitive agenda for the de facto authorities, and disruptions within this sector have primarily resulted from donor conditionalities rather than interference from the Taliban [KII 99]. Prior to the Taliban takeover, the United States provided financial support for technical consultants to assist the Directorate of Mine Action, which is part of the Afghanistan National Disaster Management Authority (ANDMA). However, following the political change, this assistance was suspended, raising concerns about the absence of external quality assurance in the field. *"After the political change, donors said this work cannot be continued. It presents a significant challenge for mine action. Because the international advisors are no longer there, there is no external quality assurance to assess if everything is conducted safely."* [KII 99].

The **Housing, Land, and Property** task force has undergone a strategic shift, placing a greater emphasis on communal land rights [KII 113]. Despite the challenging operating environment, the sub-Cluster has managed to maintain relatively smooth operations, encountering fewer restrictions imposed by the de facto authorities. Even prior to the collapse of the Republic, the Taliban acknowledged the validity of land titles issued by the previous government in the areas under their control [KII 99]. However, similar to the challenges faced in mine action, donor conditionalities continue to pose a significant obstacle in this domain. The short-term nature of humanitarian

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[1] Afghanistan: Operational Peer Review, Mission Report, 13.06.22 (unpublished)

assistance and the restrictions imposed on water supply systems continue to present ongoing challenges for the effective delivery of HLP assistance [KII 113].

The provision of **social protection cash assistance** has played an important role in aiding individuals at risk, providing vital support for periods ranging from 2 to 12 months. However, the limitations of short funding cycles have become apparent. To effectively address the multifaceted challenges faced by vulnerable populations, there is a pressing need for more comprehensive social protection programming alongside humanitarian funding. Unfortunately, the weaknesses of the state and donor conditionalities have hindered the implementation of such integrated approaches.

Box 4: Framing the protection agenda

The evaluation found the overall protection agenda to be poorly conceptualised and difficult for those working in the wider humanitarian field to understand. Work is needed to remedy this, not least to enable more effective communication and collective action around protection. This evaluation suggests the need to distinguish four main sources of protection concern:

A. **Policy threats** limiting rights and freedoms to act ('**freedom to'**), in particular those related to the edicts limiting the rights of women and girls to work, education, free movement and association, etc.

B. **Behavioural and environmental threats** to physical and mental security ('**freedom from'**) including threats of violence (GBV, VAC, etc.), threats from remnants of war (UXO, landmines, etc.), threats of exploitation and coercion (child labour, child marriage, PSEA, etc.)

C. **Threats to right to life and health** from **deprivation of the means of subsistence** and denial of access to services (including denial of access to aid and aid diversion)

D. **Threats to legal entitlements**, access to justice, status recognition, security of property and land tenure (HLP rights).

These are interrelated and overlapping categories, but they allow some analysis of different agendas of concern and the links between those agendas. From a humanitarian perspective, these include threats directly associated with the humanitarian agenda (2 and 3 above) and others (1 & 4) which may have less direct but potentially serious humanitarian implications. Both the ban on female aid workers and the ban on girls secondary and tertiary education fall into this latter category. So too does the widespread lack of security of land tenure. Freedom from fear cuts across all categories, as do issues related to forced displacement.

Effectiveness, impact, and quality

In the absence of well-defined metrics of success, evaluating the effectiveness of the protection response is difficult. The quality of **monitoring and evaluation** (M&E) systems within the response varies across sub-Clusters but is weak for the Cluster as a whole. The absence of overarching outcome-level indicators at the Cluster level and the prevailing focus on output-oriented assessments hinders evaluation of overall impact. The HLP sub-Cluster serves as a positive example in this regard, having implemented mechanisms for collecting outcome-level data based on defined improvements of the situation regarding rights and tenure. The mine action sub-Cluster, while conceptually strong in M&E, suffers from weak data collection by the de facto authorities [KII 99], making it difficult to correlate mine action interventions with reductions in death and injury from mine-related incidents. What can be said with greater certainty is that the *risk* of death and injury have been significantly reduced in the areas where these interventions have taken place.

For the GBV response, Cluster members have been able to maintain a functioning support system for survivors of sexual and gender-based violence (SGBV) – an indicator of effectiveness and appropriateness of the approaches adopted. During field missions, the evaluation team was able to observe well-run mental health and psychosocial support (MPHSS) services and discuss these with various stakeholders [e.g., KII 95, 100, 105]. The system has successfully sustained the operation of crucial multi-functional support centers for women [KII 90].

In the area of housing, land, and property rights, the evidence collected by the sub-Cluster indicates good progress in enabling beneficiaries to claim their rights through a combination of legal advice, training, sensitization, and advocacy efforts. According to data gathered by the HLP sub-Cluster, in 2022 approximately 60% of male beneficiaries and 40% of female beneficiaries have successfully asserted their rights as a direct consequence of these interventions.[1] More generally, the provision of services appears to have played an important role in empowering individuals to understand their rights and take necessary steps to protect their housing, land, and property.

In other areas, such as child protection and general protection assistance, there is insufficient evidence to make a reliable judgment regarding the effectiveness of the response. Data collection has primarily focused on output-level indicators, with variable success in reach recorded, primarily impacted by restrictions imposed by the Taliban.

Evaluating the **quality of services and data** within the response has presented challenges, but the evaluation found several positive indications of response quality. Notably, there has been a consistent updating of service mapping and referral pathways under the Child Protection Area of Responsibility (AoR) with regular follow-up in response to high-priority child protection concerns. Strong efforts have been made to ensure the well-being and safety of survivors of sexual and gender-based violence (GBV), with ongoing support provided through intensive phone calls and community connections. More generally, the protection monitoring system has seen gradual improvements, strengthening its ability to gather critical data and inform strategic decision-making. *"There have been positive developments in terms of collecting more granular information, particularly in previously inaccessible areas such as Lashkar Gah, Helmand, and others. This enhanced knowledge has facilitated more targeted and informed decision-making within the protection response"* [KeyInformant].

The effectiveness of **protection mainstreaming** has been a topic of concern within the overall response. Instead of being recognized as a collective responsibility of the entire humanitarian system, protection has predominantly been perceived as a sectoral activity [KII 117]. This may partly relate to the way in which this agenda is framed, as described above. The slow implementation of adequate accountability to affected people (AAP) mechanisms is another contributory factor: the relative lack of attention to addressing the concerns of local populations raises concerns about the overall effectiveness of the protection mainstreaming efforts. Ensuring cross-referral of protection cases that arise during consultation and feedback is one essential component of this, but the evaluation was unable to determine how effectively this was happening in practice.

One reason that protection mainstreaming is important is that many issues of protection concern do not fall neatly into the categories and sub-Clusters above and tend to be treated more as operational matters related to aid delivery. One example is access negotiation. The work of the access working groups around the country has been key to addressing the agenda described as threat C in Box 4 above, yet this is not generally conceived as an integral part of protection agenda (as it should be). A second example concerns the protection dimensions of aid delivery, and specifically where and how it is provided. During community consultations, concerns were expressed about the difficulties faced by internally displaced people in accessing aid away from their

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[1] Data submitted by HLP task force on 21.05.2023

home communities. This situation poses a protection concern, particularly for individuals (including women's rights activists) perceived as opponents of the regime who might be at risk of retaliation and prosecution by the authorities.

The Education response

The Taliban's takeover dramatically altered Afghanistan's education landscape. Despite the gains made since 2001, much of that progress – particularly in girls' secondary education – has been reversed. While the Education Cluster has tried to adapt, the sector's challenges are structural and policy-related: they go well beyond the capacity of the humanitarian system alone to address. The lack of an ongoing development agenda is felt particularly acutely in this sector.

Although some of the targets set out in the HRP 2022 were achieved, overall coverage of need in the education sector has fallen far short of ambition: only 37% of the target set out in the HRP 2022 was reached.[1] This substantial gap can be primarily attributed to the bans and restrictions imposed by the de facto authorities, which hindered the implementation of planned activities. Ensuring access to education for all children, especially secondary school-aged girls, remains a formidable challenge due to sensitivities and restrictions imposed by the de facto authorities, making this the most challenging aspect of the response – and one in which there has been very little demonstrable impact. Some progress has been made in other areas, including support to girls' primary education, and the recruitment and training of female teachers. But overall, education – and particularly access to education – is the area of the response in which perhaps least progress has been possible.

The education context prior to August 2021 was a generally positive one. Since 2001, Afghanistan experienced remarkable growth in school enrollment, witnessing a substantial increase from approximately one million students in 2001 to around ten million in 2018. Notably, the country made considerable strides towards achieving gender equity in education, exemplified by the rise in the number of girls attending primary school from nearly zero in 2001 to 2.5 million in 2018; and girls in higher education increasing from around 5,000 in 2001 to approximately 90,000 in 2018.[2] The female literacy rate also saw rapid progress, doubling between 2011 and 2018.[3]

Despite these achievements, the education sector faced major challenges even before the Taliban takeover. High levels of insecurity and displacement posed significant obstacles to accessing schooling for many children, severely limiting their educational opportunities. The lack of schools in remote regions further exacerbated access constraints and hindered efforts to ensure quality education for all. Chronic underfunding meant there were limited basic resources and inadequate infrastructure [KII 120]. Adding to these challenges, the closure of schools in response to the COVID-19 pandemic resulted in a considerable number of school-aged children being unable to access education.

The challenges of access to education have escalated and taken new forms since the Taliban takeover. The suspension of most development funding that the education system heavily relied upon is a significant factor here: prior to August 2021, nearly half of the education budget was financed through donor funding,[4] and the disruption of this financial support has further exacerbated the challenges faced by the education sector. But the most serious change is in education policy: the Taliban edicts preventing girls from accessing secondary and tertiary

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[1] As recorded in the 2023 HRP
[2] *The right to education: what's at stake in Afghanistan? A 20-year review.* UNESCO report (2021)
[3] Ibid.
[4] Afghanistan Education Transitional Framework

education. An estimated 1.1 million secondary school-aged girls are currently unable to continue their education due to this restriction. This deprivation not only denies girls their right to education but also hinders their potential to actively participate in the nation's social and economic development, with long-term implications for gender equality and women's empowerment in the country.

The most recent decree prohibiting international NGOs from directly delivering Community-Based Education has further complicated the situation. This ban potentially leaves more children without access to vital learning opportunities, especially in areas where formal schooling is not feasible. The restrictions on female staff working for NGOs and the United Nations have further compounded these challenges, impacting the representation and involvement of women in the education sector's response. While there has been a partial exception for education, allowing female teachers to continue their work, the restrictions have significantly affected the presence and effectiveness of female monitors involved in the education response. Recent figures suggest that only around a third of female monitors are currently able to perform their work effectively [Key Informant].

The extraordinary figures for children assessed to be in need (PiN) of education in emergency (EiE) assistance – 7.9 million in 2022 and 8.7 million in 2023 – reflect the severity of the education crisis in the country. The 2022 figure reflected the dire situation facing Afghanistan's education system at that time, with concerns of a potential total collapse of the system due to the initial struggles of the de facto authorities in funding the education sector [KII 121]. Although this catastrophic scenario was ultimately averted through the utilization of state revenues and other means, the decision to propose an even higher PiN in 2023 reflects persistent concerns regarding the accessibility and quality of education for millions of children and young people.[1]

While the high PiN is acknowledged by key informants as a significant advocacy indicator, specifically concerning girls' education (*"We needed to make a statement on girls"* [Key Informant]), it is important to recognize that concerns related to girls' secondary education are not the sole driving factor behind the high PiN. The education crisis in Afghanistan extends beyond gender disparities and the figure of 8.7 million represents a significant proportion of the entire school age population in the country. Notably, the planned reach in the HRP 2023 is to support 1.6 million boys and 1.5 million girls, which illustrates this wider mandate and concern.

As noted earlier, defining the education 'crisis' is not a simple matter. The current education crisis in Afghanistan goes beyond immediate emergencies as it is deeply rooted in structural causes. Thus, during the formulation of the HRP 2022 and the HRP 2023, there were complex discussions about the classification of the education crisis. *"There was a lot of debate on what should go in the HRP… Was this an emergency? Should we focus on those most in need or the whole population?"* [Key Informant].

> The dramatic rise in child labour over the course of the past two years *(Gender in Humanitarian Action, 2022),* as well as being a protection concern its own right, has had clear negative impacts on education. A female community member said:
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> *"Unfortunately, my own children attended school only till the third and fourth grades. The reason they dropped out of school was their involvement in manual labour as we were unable to afford the expenses of their essentials like notebooks, pencils etc."*

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[1] One significant factor contributing to the high PiN is the livelihoods and food security crisis, which is hindering children's ability to attend school as families struggle to meet their basic needs [KII 121]. The calculation of the PiN also takes into account other factors, including increased access to new areas, which poses additional demands on the sector.

Response rationale and effectiveness

The humanitarian system is not inherently equipped to tackle the underlying structural challenges in the education sector. Issues like the lack of adequate infrastructure, teacher shortages, lack of training, and the need for policy reforms require sustained efforts and long-term planning that extend beyond the scope of emergency response. However, with the suspension of development assistance, the humanitarian system has taken on a primary role for implementing international assistance to the education sector; and the HRP becomes a crucial tool to mobilize financial support.

Since the Taliban takeover, the fluid and increasingly restrictive environment has made it hard for the cluster to devise a comprehensive strategy to address the education crisis. The majority of support has been delivered through temporary learning spaces and community-based education initiatives which have witnessed significant expansion over the past two years. One critical focus is on reaching secondary school-aged girls, who have been deprived of access to schools for the past two years. In response, the Cluster explored the possibility of implementing alternative learning modalities, such as radio and TV programs, to facilitate distance education. Various obstacles and sensitivities surrounding these programmes have prevented them from being implemented as planned [Key Informant].

The Education Cluster also recognises the need to support the public school system, especially in light of the suspension of development aid.[1] One such initiative was providing teacher incentives to state schoolteachers, but this effort was abruptly suspended within just two months of its implementation due to the ban on girls' secondary education and subsequent funding restrictions imposed by donors [Key Informant].

The disruption of development funding has had far-reaching implications for the education sector's ability to sustain its efforts. With restrictions imposed by donors, essential forms of support, such as funding for teacher training and investments in school infrastructure, have been interrupted.[2] The reduction in development funding has also led to a growing reliance on humanitarian interventions to meet immediate educational needs.[3] But while community-based education (CBE) plays a critical role in extending educational services,[4] without adequate support to strengthen the capacity of the public education system, the number of children requiring Education in Emergency (EiE) interventions will continue to grow, further straining humanitarian resources. Meanwhile, the capacity of the public system is likely to continue to be eroded.

The indicators used for **monitoring and evaluation** in the education sector have remained largely focused on output delivery and 'reach' since the scale-up in 2021. While important, such indicators do not in themselves capture the impact of those interventions on the lives of beneficiaries. The proposed outcome indicator in the Humanitarian Response Plan 2023, which measures the number of boys and girls reached through community-based education initiatives, should properly be seen as an output indicator. Genuine outcome indicators might include reduced drop-out rates, improved

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[1] See Education Cluster Strategy

[2] Ibid.

[3] The complementary Afghanistan Education Sector Transitional Framework (AESTF) which contains a separate funding pledge of $708 million per year over two years for development-related work remains significantly underfunded [KII 120]. The humanitarian education response was well funded in 2022, securing $164m through the HRP (against a requested $137m), but has received far less in 2023.

[4] The recent ban on international organizations operating in the field poses new challenges for the education Cluster, particularly as 60% of the response is currently delivered by international rather than national NGOs.

learning outcomes, and enhanced well-being of the beneficiaries, particularly when linked to Mental Health and Psychosocial Support (MHPSS) or cash assistance interventions.[1]

One area where there is potential to strengthen existing metrics is at the nexus between education and child protection. The evaluation notes continued efforts to integrate child protection and Mental Health and Psychosocial Support (MHPSS) services into the education response, suggesting a recognition of the centrality of protection in education interventions. Despite the multiple challenges, the Education Cluster also reports some positive achievements. The recruitment of nearly 20,000 teachers to support Community-Based Education initiatives is one particularly positive example, and it is noteworthy that more than half of these teachers are women.

Evaluating the **quality** of the education response poses several challenges, primarily due to the focus on measuring reach rather than quality and outcomes. During field visits, the evaluation team saw examples of high-quality Community-Based Education (CBE) classes, but also noted some quality deficits – including some concerns about the quality of some of the student kits provided. Such anecdotal observations are clearly no substitute for more systematic assessment of the quality of teaching provided and the educational outcomes that follow from this

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[1] There has been some recent progress on this. For example, one of the output indicators in the HRP 2023 assesses the number of boys and girls continuing with their studies during winter, in an effort to measure continuity of education in challenging conditions. But more emphasis on genuine outcome indicators is needed.