

ANNEXES

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

Part 2: Evaluation methods



April 2024

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Annex F Evaluation Matrix

Overall evaluation questions: How well has the collective IASC response in Afghanistan since August 2021 served the best interests (short and longer-term) of vulnerable people across the whole of Afghanistan? Specifically, to what extent has it enabled them to avoid, withstand and recover from acute threats to their well-being and security? How well has it addressed the particular needs of the most vulnerable groups?

Question no.	Main question	Sub questions / topics	Criteria, indicators, metrics	Sources and means of verification
A. Evolution of Afghanistan context, humanitarian priorities, operating context, funding (appropriateness, relevance, coverage)				
A.1	<p>How has the general Afghanistan country context evolved over the period January 2021 to date? Political, economic, social, demographic.</p> <p>What effect has this had on the humanitarian agenda?</p>	<p>A.1.1 Political and security context Including effects of conflict and violent insecurity, withdrawal of foreign forces, political transition and Taliban formation of DFA; geopolitics; governance & human rights issues.</p> <p>A.1.2 Economic context: macro- and micro-economic shocks post Aug 21. Effects of suspension of development aid and banking collapse. Market impacts. Household-level economic changes (livelihoods, debt etc.)</p> <p>A.1.3 Social/demographic context Including population distribution, displacement, ethnicity, age, disability and gender profiles, etc. Social changes since 2021.</p>	<ul style="list-style-type: none"> • Comparison pre- and post- August 2021 • Identification of significant shifts / trends that have a bearing on the humanitarian situation. • Identification of changes in access and vulnerability for women and girls specifically. 	<ul style="list-style-type: none"> - National and sub-national economic, demographic, social, health and other relevant data - Relevant reports and journals - Recent studies, academic and expert sources

		A.1.4 Changes in capacity of key services & systems (Health, Education, Utilities, etc.)		
A.2	How has the humanitarian context evolved over the period 2020-23? What have been the priority needs and vulnerabilities since August 2021? Which groups and areas of the country are most vulnerable?	<p>A.2.1 Overall (PiN, IPC trends etc.) A.2.2 FSAC and livelihoods A.2.3 WASH, Health, Nutrition A.2.4 Shelter and NFIs A.2.5 Protection and Education</p> <p><u>Specific topics</u></p> <ul style="list-style-type: none"> • Gender aspects of above • Age-related issues (children, elderly) and disability • Issues related to displacement • Quality of evidence on needs? 	<p>Changes in key indicators overall and by sector, based on available data. Including People in Need (numbers & distribution), mortality and morbidity data (if available); IPC levels, household income/purchasing power, employment, livelihood and market data; food security, nutrition and food consumption data; incidence of AWD, measles, COVID-19, ARIs, EPI coverage, epidemic outbreaks; school attendance data; GBV incidence and other protection data (if available). Data on disability. Data on displaced people (IDP, Rs, returnees), shelter & related.</p> <ul style="list-style-type: none"> • Incidence and location of drought, floods, other natural hazards (including 2022 earthquake). • Changing levels of access to services, including water and power; effective protection / social welfare systems. 	<ul style="list-style-type: none"> - Data from HNOs, HRPs, Cluster reports, agency sitreps, other reports (e.g., UNICEF HAC) - Data from GTS, REACH, World Bank, ACAPS - Other relevant studies - KIIs with agency staff spanning the transition
A.3	How has the operational context for humanitarian response by international, national and local organisations evolved since August 2021?	<p>A.3.1 Evolution of humanitarian space and access since 2021 A.3.2 The roles and interactions of different actors in humanitarian response (DFA, UN, ICRC / Red Crescent, INGO, NNGO, LNGOs,</p>	<ul style="list-style-type: none"> • Comparison of humanitarian operating context pre- and post-August 2021; more recent evolution since 2022 • Changes in access /security 	<ul style="list-style-type: none"> - Document review of FTS, UN/OCHA documentation, KIIs, online survey

<p>A.3 cont'd</p>	<p>What have been the main operating challenges for IASC member agencies?</p> <p>How well prepared were agencies for changes in operating conditions, and how well did they adapt to them?</p> <p>To what extent have OCHA and responding agencies been able to improve operating conditions through joint advocacy and coordinated action (through UN or otherwise)?</p>	<p>diaspora, private sector, others)</p> <p>A.3.3 In-country operational challenges (security, access, permits, money transfer, exchange rate, taxation, etc.)</p> <p>A.3.4 Other implementation challenges, including strategic and operational coordination, partnerships, management, monitoring, staffing.</p>	<ul style="list-style-type: none"> • Review of preparedness and contingency plans • Effects of DFA approval delays on programme implementation 	
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A.4	How has the humanitarian funding and finance context evolved since August 2021? What has been the effect of suspension of development funding in this regard?	<p>A.4.1 Patterns and levels of international funding and in-kind support</p> <p>A.4.2 Funding constraints and % funding 2021-23 overall & by sector</p> <p>A.4.3 Challenges related to donor funding conditionality and areas of work not funded</p> <p>A.4.4 Complementary and alternative financial sources (developmental, budget support, non-aid, private sector)</p>	<ul style="list-style-type: none"> Funding patterns and trends over evaluation period, overall and by sector. Funding constraints and likely future trends. Changes in limits imposed by donor funding conditionality and areas of non-funding 	
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B. Collective response strategy, needs assessment, programme design (Relevance, appropriateness, coverage, impartiality, coherence)				
Question	Main question	Sub questions / topics	Criteria, indicators, metrics	Sources and MoV
B.1	How well have the scale, balance and coverage of the collective response reflected the priority needs of vulnerable Afghans?	<p>B.1.1 Scale and coverage of response (planned and actual) against assessed priority needs.</p> <p>B.1.2 Balance of response across sectors, locations, vulnerable groups.</p>	<p>Coverage comparison (planned, actual) against answers to A.2 above.</p> <ul style="list-style-type: none"> Targets set by sector vs PiN figures 	<ul style="list-style-type: none"> GTS, REACH data Results of IAHE community consultation KIIs Staff online survey

	What has been the reach of the response relative to priority needs?	B.1.3 Reach of response to areas and groups assessed to be most vulnerable.		
B.2	<p>Has the collective response been relevant and appropriate to the evolving context?</p> <p>How well have specific needs and vulnerabilities related to gender, age, disability, ethnicity and other factors been addressed?</p> <p>How have the specific challenges faced by women and girls (including access) been addressed, and how have these been reflected in response modalities?</p>	<p>B.2.1 Relevance and appropriateness of inputs to assessed and expressed needs of vulnerable people.</p> <p>B.2.2 Quality of response design in relation to specific vulnerabilities and vulnerable groups?</p> <p>B.2.3 How have the specific challenges faced by women and girls been reflected in the response – including choice of delivery modality?</p>	<ul style="list-style-type: none"> • Response content vs evolving context (overall, by sector) • Positive/negative feedback from recipient communities (including summary data from AAP and consultation processes) 	<ul style="list-style-type: none"> - HRP and sector strategy and planning documents - IAHE Community Consultation process - Review of sample assessments and monitoring reports - KIIs in Afghanistan and at HQ level
B.3	<p>How well has the design of the response been informed by evidence of (evolving) needs and capacities?</p> <p>What has been the quality and adequacy of needs assessment, situational and response monitoring processes?</p>	<p>B.3.1 How well have needs and vulnerabilities been assessed and monitored through joint processes since 2021?</p> <p>B.3.2 How responsive has the collective response been to assessment and monitoring data, and to evidence of changing needs?</p>	<ul style="list-style-type: none"> • Regularity and quality of sectoral and multi-sectoral assessments (including e.g., nutrition and SMART surveys, food security assessment). • Quality of sector /cluster monitoring and reporting 	
B.4	Has the collective response logic been (i) clear, (ii) sound,	B.4.1 What has been the overall logic of the collective response in	<ul style="list-style-type: none"> • Clarity and strength of logic in strategy and planning documents 	Strategy and planning documents (HRPs, sector

	<p>overall and by sector?</p> <p>Have the goals set been appropriate, based on realistic assumptions and measurable indicators?</p> <p>Has the collective response strategy been internally coherent and appropriately connected to wider agendas (human rights, development, peace/security)?</p>	<p>Afghanistan since 2021? Has it been clear and coherent? Has this logic proved sound and based on realistic assumptions? Does it remain sound?</p> <p>B.4.2 Has the logic of the sector responses been clear/sound: i.e., clear objectives, well defined links between outputs and outcomes, clearly articulated strategies, realistic indicators and assumptions. For:</p> <ul style="list-style-type: none"> • FSAC and livelihoods • WASH, Health, Nutrition • Shelter and NFIs • Protection and Education <p>B.4.3 Quality of collective response design and planning. To what extent were communities and local partners engaged in the design process?</p>	<p>(HRP, sector strategies, other)</p> <ul style="list-style-type: none"> • Clarity and strength of sector strategies 	<p>strategies, other)</p>
B.5	<p>Were the right strategic choices made (objectives, targets, prioritization, etc.)?</p> <p>How coherent has the response design been across different but related sectors? And across agencies? Was it designed to ensure complementarity and mutual reinforcement between sector interventions?</p>	<p>B.5.1 Was the collective strategy the right one given the evolving context? Choice of objectives, targets, prioritization, delivery modalities, influencing approaches, other.</p> <p>B.5.2 How coherent has the overall response been? Were sector interventions designed in such a way as to take account of related sectors? Were these inter-linkages made explicit in assessment, design, planning and implementation?</p> <p>B.5.3 To what extent have issues of</p>	<ul style="list-style-type: none"> • Sound rationale (recorded) for strategic decisions taken. • Transparency and accountability for strategic decisions made • Was the response ‘stove piped’ by sector/agency or effectively integrated across related sectors? 	

	How well did the response address 'nexus' issues – and specifically questions of sustainability of service provision and related issues of system strengthening? How has the humanitarian response	sustainability, durability, connectedness, local ownership and system strengthening been reflected in responses by sector: <ul style="list-style-type: none"> • FSAC and livelihoods • WASH, Health, Nutrition • Shelter and NFIs • Protection and Education 		
B.6	Lessons arising from B.1 – B.5?	Overall and sector-specific lessons on strategy, design, planning, coherence		

C. Response delivery, performance and impact (Quality, results, effectiveness)				
Question	Main question	Sub questions / topics	Criteria, indicators, metrics	Sources and MoV
C.1	Has the response been consistently delivered across agencies and locations? Were delivery targets met? What were the gaps and shortfalls, and what explains these? How well did agencies work together to monitor and fill gaps? What was the quality of delivery by sector and how effectively was this monitored?	<p>C.1.1 Reasons behind target achievement/ shortfall in each case?</p> <p>C.1.2 Monitoring of coverage gaps and action to fill them</p> <p>C.1.3 Monitoring of delivery and quality of goods and services</p>	Achievement against targets (%), by sector/programme component and for whole response (2021-22).	

C.2	<p>To what extent has the IASC response achieved the objectives set out in the Afghanistan HRPs (2021-23)? What is the evidence for this (by sector and overall)? Were appropriate indicators established and monitored?</p> <p>What has been the impact of the IASC response on real-world outcomes for Afghan people since August 2021? In particular, who benefited (in what ways) and who did not? Any negative impacts?</p>	<p>C.2.1 Achievement against objectives (outputs and results). What evidence for results?</p> <p>C.2.2 What has been the real-world impact in each sector (outcomes)? Short and longer term? Quality of evidence for this?</p> <p>C.2.3 Where the collective response been unable to achieve its objectives, why has this been?</p> <p>C.2.4 Has the impact of the collective response been more than the sum of its parts? What has been the added value of coordinated within and across sectors?</p>	<p>Analysis against output and outcome indicators, analysis of contributing factors, bottlenecks</p>	
C.3	<p>Accountability to affected populations (AAP)</p> <p>How accountable and responsive has the collective response been to affected populations? To what extent have they engaged communities in programme design and implementation?</p>	<p>C.3.1 How accountable have responding agencies been to affected populations? Were there effective feedback mechanisms? What have been the common concerns of beneficiaries? How well have agencies responded to beneficiary feedback?</p> <p>C.3.2 What has been the extent and quality of community engagement in programme design and implementation?</p>	<p>Evidence of AAP strategy in programme planning and reporting.</p> <p>Evidence of AAP data used to adapt/design programming</p>	<p>AAP documentation, KIIs, partner survey</p> <p>See B.2.3 above</p>
C.4	<p>How effective have the joint advocacy/ influencing and communications elements of the response been?</p>	<p>C.4.1 To what extent were advocacy and communications initiatives harmonized across agencies?</p> <p>C.4.2 Did the HCT have a clear influencing agenda and strategy? How did this evolve over time? What</p>	<p>Evidence of concerted influencing / advocacy and communications</p> <p>Evidence of impacts of the above</p>	<p>HCT minutes</p> <p>Advocacy strategy, advocacy materials, KIIs</p>

		evidence exists of impact?		
C.5	Lessons arising from C.1 – C.4?	Overall and sector-specific lessons on response delivery, performance and impact.		
D. Coordination, collaboration and engagement with authorities (Coherence, effectiveness, connectedness, independence, efficiency)				
Question	Main question	Sub questions / topics	Criteria, indicators, metrics	Sources and MoV
D.1	How well have IASC members collaborated programmatically – between themselves and with others – to achieve their collective goals? Have partnership delivery models been effective and appropriate to the context?	D.1.1 Extent, quality and effectiveness of programmatic partnership/collaboration between international agencies (UN, INGO) D.1.2 Extent, quality and effectiveness of programmatic partnerships and collaboration between IASC members, Afghan civil society, other humanitarian actors.		KIIs Cluster reports
D.2	How effectively have IASC members engaged with the de facto authorities and relevant ministries (nationally and at provincial level)? Has the nature and level of engagement with authorities been appropriate? Have agencies maintained their	D.2.1 Were agreements negotiated to gain access and obtain security for personnel appropriate?	Level of humanitarian access Timeframes for disputes/ blockages to be resolved Implications for security and safety of aid workers (national, international) Unintended consequences (buttressing power and legitimacy of	KIIs

	independence?		the DfA, setting precedence/ raising expectations etc.)	
D.3	How well coordinated and harmonized have the response efforts of IASC members been? How well have joint IASC/HCT strategy and planning processes worked? Collective accountability [TBC]	D.3.1 Strategic coordination and the HCT D.3.2 Sector coordination (Clusters etc.) D.3.3		
D.4	How well did the HPC and other joint processes, mechanisms and policies serve to enable and strengthen the collective response? Specifically, how well did the Scale Up Activation process serve to enable and strengthen the collective response?			
E. Cross-cutting issues				
Question	Main question	Sub questions / topics	Criteria, indicators, metrics	Sources and MoV

E.1	Has the IASC response been consistent with core principles of humanitarian action?	<p>E.1.1 Has the collective response been consistent with core principles of humanitarian action?</p> <p>E.1.2 Has the response been consistent with other key principles (including Do No Harm and Centrality of Protection)?</p>	<p>Equal access and non-discrimination</p> <p>Evidence of individuals most at risk being prioritized (female headed HH, elderly, children, IDPs, PWDs). Quality of indexes/ parameters used for targeting</p> <p>Evidence of potential inclusion/ exclusion errors</p> <p>Quality of monitoring and mitigation of potential unintended consequences (e.g., mismanagement, diversion of supplies, aid as a pull factor, etc.)</p> <p>Availability and quality of services for people with specific needs (medical, psychosocial, legal)</p>	<p>Review of needs assessment and REACH data</p> <p>KIIs with agency staff</p> <p>Review of feedback and complaint mechanisms</p> <p>Community consultations/ interviews with beneficiaries</p>
E.2	How well has the response addressed gender and human rights issues?	<p>Gender</p> <ul style="list-style-type: none"> • How well were gender dimensions integrated in the planning, implementation and monitoring of the response? • To what extent was prevention of Gender-based violence (GBV) included in the response? <p>Human Rights</p> <p>To what extent has the response been able to protect people from actions or omissions by duty-bearers?</p>	<p>Extent to which women and men were consulted and actively taking part in planning, design and follow-up</p> <p>Evidence of needs assessments reflecting the different needs, opportunities and capacities of women, men, boys and girls.</p> <p>Evidence of conclusions from gender analyses reflected in programme design</p> <p>Use of specific goals and indicators</p>	<p>KIIs with agency staff</p> <p>Review of planning documents</p> <p>Review of gender analyses</p> <p>Review of monitoring and evaluation frameworks</p>

			<p>Collection of sex- disaggregated data</p> <p>Availability of services for survivors of GBV</p> <p>Accessibility and inclusiveness of feedback and complaint mechanisms</p> <p>Support to individuals at risk of DfA prosecution/ retaliation (e.g., safe hotlines and registration)</p>	<p>Review of feedback and complaint mechanism</p> <p>Community consultations</p>
E.3	<p>How appropriate and effective has the collective approach to recovery, resilience and the humanitarian-development-peace nexus been?</p>	<p>Were investments in development and peace leveraged whenever possible and appropriate?</p> <p>What were the major factors which influenced achievement or nonachievement of durable solutions?</p> <p>To what extent has the response been able to strengthen systems in a sustainable way? Were approaches used to bolster systems (e.g., health/ education) appropriate?</p>	<p>Extent to which sustainability has been considered overall and across sectors</p> <p>Extent to which the response has strengthened national and local capacities, including capacities for peace (e.g., civil society, community-based organisations, women’s organisations etc.)</p> <p>Evidence of systematic integration of conflict sensitivity (e.g., investments in conflict and context analysis, identification of potential flash points and spoilers)</p> <p>Identification of political, legal, social and economic impediments</p> <p>Evidence that benefits can be sustained</p>	

			Quality and effectiveness of engagement with line ministries and other governance structures Potential unintended consequences (e.g., buttressing power and legitimacy of the DfA, freeing up DfA resources, overstressing capacities of the humanitarian system)	
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Annex G Methodology

This evaluation followed a mixed-methods approach to allow for better triangulation of data. This involved collating and analysing both qualitative and quantitative data, where available and possible. It drew on four main sources of evidence:

- i) **Document and literature review** – relevant publicly available secondary literature, including agencies’ own evaluations or inter-agency evaluations, reviews, humanitarian response plans, agency, cluster, INGO and NGO specific documentation (such as annual reports, meeting minutes, strategies, situation reports, dashboards etc.), IASC-specific documentation, and academic and grey literature. The Evaluation Team also reviewed internal and non-publicly available data shared by the Management Group for this evaluation.
- ii) **Key Informant Interviews and roundtable discussions.** These included senior leaders from the HCT, staff from UN agencies; Cluster coordinators; representatives from INGOs, national and local NGOs; donor representatives; academics and independent informants. They also included a number of senior DfA officials at the provincial level. In total, besides interviews conducted during the community consultation process (below), the evaluators conducted 137 key informant interviews, of which 115 were in country (face to face). In addition, three roundtable discussions were held (in Kabul, Herat and Mazar) during the IAHE field mission to Afghanistan in late May/early June 2023, which included approximately 87 participants in total.
- iii) **Community consultation** and focus group discussions with affected people. See below for the specific methodology followed for the community consultation process.
- iv) **Country visit/direct observation.** The evaluation team visited Afghanistan from 21st May to 8th June 2023. Besides consultations and interviews held in Kabul, Herat and Mazar-i-Sharif (see above), the team made a number of site visits in urban, peri-urban and rural locations. These included health and nutrition centres, water supply facilities, schools, business centres and farms. Direct observation was supplemented with multiple consultations at each site that are not included in the figures above.

Semi-structured Key Informant Interviews (KIIs) were carried out with agency staff currently in post and those who were involved in the response at the time of the Taliban takeover in August 2021. The Evaluation Team used interviews to identify other key informants, adopting a snowball sampling approach. Interviews were not recorded but interviewers took detailed notes that were then coded against an agreed coding tree, using MAXQDA data analysis software. No attribution is made of views or quotations to persons or organisations consulted. Interview guides designed in the inception phase were used for the interview process (see inception report).

Roundtable discussions. These were held in three locations: Kabul, Herat and Mazar-i Sharif. The discussion held in Kabul was hosted by ACBAR and was limited to national and international NGOs only (decided on the basis that this would better promote free discussion). Those in Herat and Mazar involved UN agencies as well as NGOs (decided after consultation with both). Discussions in each case involved participants in person and online – the latter option allowing women who were working from home because of the Taliban bans to participate. In each case, discussion as structured loosely around three

topics: the situation and response prior to August 2021; the scale up and response since that date; and issues affecting the current and future response.

Documentary Analysis. The Evaluation Team carried out a literature review that informed the development of interview questions, roundtable discussions and the final report. Primary and secondary data have been safely stored on Microsoft Teams/Sharepoint with access given to evaluation team members only. Secondary data has been uploaded to a Zotero library and organised for analysis purposes using MaxQDA coding system. This process has enabled triangulation of evidence and findings.

Primary data such as key informant interviews and roundtable discussions has been analysed using MaxQDA software.

Ethical considerations. The Evaluation Team has been guided by the United Nations Evaluation Group (UNEG) Norms and Standards, Code of Conduct for Evaluation in the UN System, and 2020 Ethical Guidelines for Evaluation. Other standards have informed quality assessment, including OECD/DAC quality standards and the Evaluation Quality Proforma of the Active Learning Network for Accountability and Performance (ALNAP).

The Evaluation Team has been aware throughout of contextual sensitivities, particularly surrounding the involvement of women. When carrying out interviews and FGDs, the confidentiality of the interview has been emphasised, as has the option to terminate an interview/FGD without negative consequences. Participation in community consultation FGDs were given a clear explanation of the process and the lack of any linkage between participation and assistance was explained.

Data protection

The Evaluation Team undertakes to ensure correct treatment of personal information to maintain confidence between our interviewees/FGD participants and ourselves. We will follow the following principles, that information:

- 1) Shall be processed fairly, and shall not be processed unless specific conditions are met;
- 2) Shall be obtained for one or more specified purpose, and shall not be further processed in any manner incompatible with the purpose(s);
- 3) Shall be adequate, relevant and not excessive in relation to the purpose(s) for which they are processed;
- 4) Shall be accurate and, where necessary, kept up to date;
- 5) Shall not be kept for longer than is necessary for the agreed purposes, after which time (provisionally two years) electronic data will be deleted from all the drives on which they may be stored; and that:
- 6) Appropriate technical and organisational measures shall be taken against unauthorized or unlawful processing of personal data.

Community consultation methodology

The community consultation is part of the mixed methods approach proposed in the original Valid Evaluation proposal for the IAHE. It includes a mix of Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) in around ten provinces within Afghanistan’s five regions. The objective is to bring the voices of aid recipients into the IAHE, and specifically to understand the role aid is playing in the lives of ordinary Afghans, the extent to which aid is accessible and relevant to vulnerable people’s needs, and the extent to which the views of communities are reflected in the design and delivery of aid interventions. A coding system is applied to secure the identity of individuals with whom interviews are conducted.

The questions that are explored during the community consultations fall 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.

Figure 1: Regional coverage for the consultation

No.	Regions	No of FGDs	No of KIIs	No of districts
1	Central	8	20	6
2	Northern	6	11	4
3	Eastern	4	10	3
4	Southern	4	10	4
5	Western	4	11	4
6	Total	26	62	21



Figure 2: Breakdown of KIIs and FGDs with total participation of male and female

Kabul:	KIIs/FGD/participants	Female	Male		Badakhshan:	KIIs/FGDs/participants	Female	Male
Total number of KIIs	10	1	9		Total number of KIIs	6	3	3
Total number of FGD	5	14	21		Total number of FGD	2	0	10
Total number of participants	45	15	30		Total number of participants	16	3	13
Parwan:					Takhar:			
Total number of KIIs	10	2	8		Total number of KIIs	5	3	2
Total Number of FGDs	3	1	21		Total number of FGD	2	0	10
Total number of participants	32	3	29		Total number of participants	15	3	12
Zabul:					Ghazni:			
Total number of KIIs	5	0	5		Total number of KIIs	5	0	5
Total number of FGD	2	0	8		Total number of FGD	2	5	5
Total number of participants	13	0	13		Total number of participants	15	5	10
Herat:					Nuristan:			
Total number of KIIs	6	0	6		Total number of KIIs	5	0	5
Total number of FGD	2	4	5		Total number of FGD	2	0	8
Total number of participants	15	4	11		Total numero of participants	13		13
Farah:					Nangarhar:			
Total number of KIIs	5	0	5		Total number of KIIs	5	0	5
Total number of FGD	2	5	4		Total number of FGD	2	5	4
Total number of participants	14	5	9		Total numero of participants	14	5	9

A range of criteria was used for the selection of sites across the regions:

- Communities (and households in these communities) that have received one or more forms of assistance or aid-assisted service from humanitarian agencies over the past 18 months.
- Communities that are currently receiving such assistance or services
- Communities that have received no services and have not been reached out to at all by any of the humanitarian agencies over the past 18 months.

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

TERMS OF REFERENCE



INTRODUCTION

1. Inter-Agency Humanitarian Evaluations (IAHEs) were introduced to strengthen system-wide learning and promote accountability towards affected people, national governments, donors, and the public, and are guided by a vision of addressing the most urgent needs of people impacted by crises through coordinated and accountable humanitarian action. IAHEs inform humanitarian reforms and help the humanitarian community to improve aid effectiveness to ultimately better assist affected people. IAHEs are not an in-depth evaluation of any one sector or of the performance of a specific organization.
2. As such, IAHEs cannot replace any other form of agency-specific humanitarian evaluation, joint or otherwise, which may be undertaken or required. Since 2008, the Inter-Agency Humanitarian Steering Group (IAHE SG) has conducted dozens of system-wide evaluations of humanitarian action by the United Nations (UN), the Red Cross and Red Crescent Movement and non-governmental organizations (NGOs). IAHEs are triggered by the Emergency Relief Coordinator (ERC) and are the only UN-led activity assessing the system-wide humanitarian response to emergencies.
3. The Scale-Up Activation is an inter-agency mobilization mechanism in response to a sudden onset and/or rapidly deteriorating humanitarian situation in a given country, including at the subnational level, where capacity to lead, coordinate and deliver humanitarian assistance does not match the scale, complexity and urgency of the crisis. It is regulated through the IASC Scale-Up Protocols. They also require that an IAHE be automatically triggered within 9 to 12 months of the Scale-Up declaration.
4. The procedure activates mechanisms and tools to: (a) ensure that the Inter-Agency Standing Committee (IASC) system delivers effectively in support of national authorities and existing capacities and monitors its own performance, (b) ensure that adequate capacities and tools for empowered leadership and coordination of the humanitarian system are in place, and (c) engage IASC member organizations and Global Cluster Lead Agencies to put in place the required systems and to mobilize the required resources to contribute to the response as per their respective mandates.
5. These Terms of Reference (TOR) provide the context for the IAHE of the response to the humanitarian crisis in Afghanistan. It includes its subject and scope, objectives and key areas of inquiry and a proposed methodology with key deliverables of the evaluation. It also describes the intended users of the IAHE as well as its management arrangements. Detailed requirements for a response to this TOR by evaluation companies can be viewed in Annex 3.
6. The IAHE's primary focus is the collective efforts of the IASC member organizations in support of people, and with government and local actors, in meeting the needs and priorities of the most vulnerable people in the context of humanitarian crisis.
7. The evaluation will be carried out under the auspices of the IASC-associated Inter-Agency Evaluation Humanitarian Steering Group (IAHE SG), which is chaired by the Office for the Coordination of Humanitarian Affairs (OCHA) and consists of the Evaluation Directors of the Food and Agriculture Organization (FAO), International Organization for Migration (IOM),

United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR), United Nations Children’s Fund (UNICEF), World Food Programme (WFP) and World Health Organization (WHO), as well as representatives from the Danish Refugee Council (DRC), International Committee of the Red Cross (ICRC), International Federation of the Red Cross (IFRC), the Steering Committee for Humanitarian Response (SCHR), and the humanitarian learning and accountability network known as ALNAP.

8. The IAHE SG pursues an interest to learn across simultaneously ongoing responses, most notably the response to the humanitarian crisis in Afghanistan and Northern Ethiopia, and other recent Scale-Up Activations. Close cooperation between the respective management groups and exchange between the evaluation teams is expected. This may lead to a capstone piece that can provide valuable learning for the IASC member organizations.

BACKGROUND

9. The takeover of Afghanistan and all government functions by the Taliban on 15 August 2021 have led to a rapid deterioration of an already dire humanitarian situation in Afghanistan; the freezing of government assets and the suspending of the implementation of development frameworks by international actors; and a near collapse of the public systems and the economy.
10. The ensuing economic, financial, and banking crises, combined with a serious drought and displacement, resulted in serious food security and malnutrition crisis. The Integrated Food Security Phase Classification (IPC) estimates 22.8 million people to be in phases 3 (crisis) and 4 (emergency) in the first quarter of 2022.¹ A recent World Bank household survey sheds a similar light: The number of households unable to cover basic food and non-food needs has doubled compared to May 2021 and 85% of households report that both quality and quantity of food are insufficient. The number of people looking for employment has increased and those in employment are experiencing a significant decline in their earnings.² The Whole of Afghanistan assessment, conducted at the district level in December 2021 and January 2022, showed that many households continue to be faced with the inability to meet the basic need and a lack of access to enough food, medicines and health care services and markets was reported. This has resulted in a high reliance on debts.³
11. There are a projected 24.4 million people in humanitarian need of which 22.8 million are projected to phase acute food insecurity in 2022⁴, up from 18.4 million people at the start of 2021. There are needs across every province in Afghanistan with extreme needs spread across 29 provinces and severe needs in the remaining five provinces.⁵ Furthermore, there are 2.6 million registered Afghan refugees in the world, of whom 2.2 million are registered

¹ [IPC Afghanistan Sep 2021 to March 2022](#)

² [World Bank Afghanistan Welfare Survey 2022](#)

³ Reach Initiative 2022 [Présentation PowerPoint \(impact-repository.org\)](#), accessed 7 March 2022

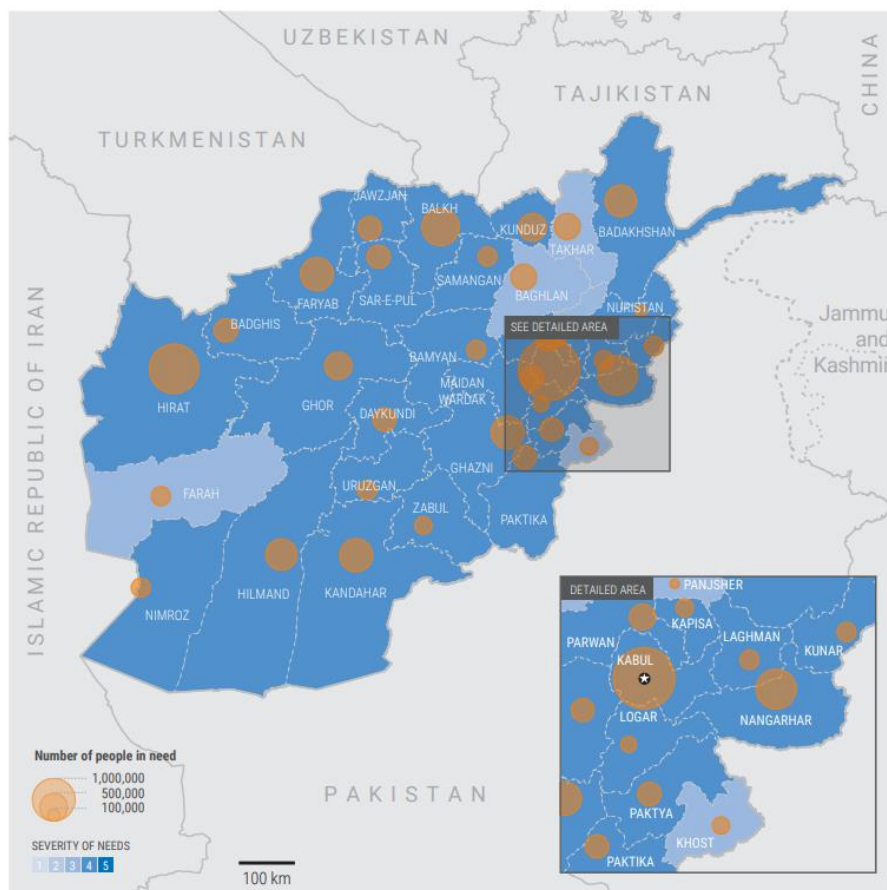
⁴ [Afghanistan: Acute Food Insecurity Situation and Projection](#)

⁵ [Afghanistan HNO 2022](#)

in Iran and Pakistan alone. Another 3.5 million people are internally displaced, having fled their homes searching for refuge within the country.¹

12. Afghanistan has long been ranked the worst place to be a woman or girl² and the situation has worsened more recently following the continued closure of secondary schools for girls³ and the closure of women’s shelters⁴, to name just two aspects. The humanitarian community continues to negotiate with the de-facto authorities about the safe participation of women in humanitarian aid as recipients and employees. Significant worries about the realization of the rights of girls and women across all areas of society remain.
13. Humanitarian needs were increasing even prior to August 2021 and humanitarian agencies have been able to increase their assistance to serve 10.3 million people in the first 3 quarters of the year. In late 2021, previously hard-to-reach areas have become more accessible. Currently, the challenges of the financial system are affecting the entire country including all service delivery.⁵

Figure 1 Afghanistan Map⁶



¹ [Afghanistan Situation Regional Refugee Response Plan](#)
² [GIWPS 2021 Women, Peace and Security Index](#)
³ [The Guardian Taliban ban girls from secondary education-in-Afghanistan](#)
⁴ [TNH Protection for women facing violence have vanished](#)
⁵ [Afghanistan Humanitarian Response Plan 2022](#)
⁶ [Afghanistan HNO 2022](#)

14. [Scale-up Activation](#): The Emergency Relief Coordinator (ERC) and Inter-Agency Standing Committee (IASC) Principals on 11 September 2021 designated a Humanitarian System-Wide Scale-Up (henceforth referred to as ‘Scale-Up Activation’) for Afghanistan.
15. The current Scale-Up protocols, superseding the previous IASC L3 protocols, are entering their fourth year of implementation. Its activation for Afghanistan in September 2021 is the second in a political conflict setting and is following the still active Scale-up Activation Northern Ethiopia (since April 2021) and preceding the recent activation for Ukraine (since March 2022). The Afghanistan Scale-Up Activation has been extended until 11 June 2022.
16. The Humanitarian Response Plan (HRP) 2021 for Afghanistan required US\$1.3bn to serve 15.7 million people. A flash appeal covered additional needs from August to December 2021 and required US\$193.1m to serve an additional 2 million people. The level of funding has been at 90% for the HRP and at 164% for the Flash Appeal¹. The 2022 HRP for Afghanistan requires US\$ 4.4bn to assist 22.1 million people. This represents the largest ever single country appeal. The HRP covers pillar 1, save lives, of the overarching United Nations Transitional Engagement Framework (TEF) for Afghanistan. The Afghanistan Regional Refugee Response Plan (RRP) is requesting an additional US\$ 623 million to assist 5.7 million Afghan Refugees in the region.
17. The strategic objectives of the HRP are as follows:²
 1. Timely, multi-sectoral, live-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.
 2. Protection Risks are mitigated, while protection and human rights needs for people of all genders and diversities are monitored and addressed through integrated and inclusive humanitarian action.
 3. Vulnerable people of all gender and diversities are supported to build their resilience and live their lives in dignity.
18. The Operational Peer Review (OPR), as mandated by the [IASC protocols](#), took place in May. A mission by the Emergency Directors Group (EDG) took place from 20 to 24 February 2022.
19. In line with IASC protocols, an evaluation of Scale-Up responses is required within 9 to 12 months of the declaration of the Scale-Up to meet its formal learning and accountability needs.
20. On 20 May 2022, the Emergency Response Coordinator (ERC) officially launched the Inter Agency Humanitarian Evaluation of the collective response to the crisis in Afghanistan.

¹ [UN Financial Tracking System](#), accessed 15 March 2022

² [Afghanistan Humanitarian Response Plan 2022](#)

PURPOSE, SCOPE AND OBJECTIVES

21. The **purpose** of this evaluation is two-fold:

- 1) enable learning for the humanitarian system. The IAHE can provide valuable lessons for future IASC Scale-Up Activations and for the humanitarian responses under conditions similar to those in Afghanistan.
- 2) ensure accountability of the IASC organizations towards both affected populations and donors. IAHEs are an integral element of the Humanitarian Program Cycle, assessing to which extent the humanitarian response has met the needs of the people affected in Afghanistan.

22. The **scope** of the evaluation is as follows:

- Substantive scope: The subject of this evaluation is the collective action of IASC member organizations to meet the humanitarian needs of people in Afghanistan. Collective action refers to the sum of individual relief efforts aligned with the HRP and all related collective action of the humanitarian community. For the response, the Afghanistan Flash Appeal 2021 and the Afghanistan Humanitarian Response Plan 2022 will provide guidance to assess if the set goals were appropriate and achieved.
- Temporal scope: The evaluation will cover the IASC-led humanitarian response, starting with the start of the Scale-Up Activation in September 2021 and cover the response until the time of data collection. It will also extend its view to a relevant period before the Scale-Up Activation to ensure a comprehensive understanding of the level of preparedness and the humanitarian response in its context.
- Geographical scope: This IAHE will cover the collective response to humanitarian needs in the whole of Afghanistan.

The scope of the evaluation is subject to consultation with the Humanitarian Country Team (HCT) in Afghanistan during the inception phase.

23. The main **objective** of this evaluation is to provide an independent assessment of the collective action of IASC member organizations to meet the humanitarian needs of people affected by the humanitarian crisis in Afghanistan. In more detail, the IAHE will:

- Determine the extent to which the IASC member agencies' collective preparedness and response actions were relevant, coherent, and effective to address the humanitarian needs.
- Assess the results achieved and outcomes generated by the collective response.
- Examine the level of gender-responsive programming and women and girls' participation across the collective response.
- Provide learning of the relevance and effectiveness of the Scale-Up Activation for the response in Afghanistan and contribute to learning across different Scale-Up Activations.
- Identify good practices, opportunities and lessons learnt that will illustrate how collective response mechanisms might be strengthened or be refigured to contribute to a relevant, coherent, and effective response.

INTENDED USERS

24. The IAHE’s findings and recommendations are expected to:

- Provide the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT) in Afghanistan with independent and credible evidence of the collective progress towards objectives and results of the response plan and/or other collectively agreed humanitarian plans and strategies as determined during inception phase. Further, facilitate the development of actionable recommendations with the HCT for improving the ongoing humanitarian response in Afghanistan.
- Provide the IASC Deputies Forum, the Operations, Policy and Advocacy Group (OPAG) and the Emergency Directors Group with independent and credible evidence of the effectiveness of the Scale-Up Activation and the collective response in the context of the conflict in Afghanistan.
- Contribute to the evidence base for decision-making at the global level – improving future humanitarian action, policy development, and reform by the IASC Principals, Operations, Policy and Advocacy Group (OPAG), Emergency Directors Group, and other stakeholders.

25. In doing so, the evaluation will also aim to:

- Provide information to affected people on the outcomes of the response.
- Provide information about external factors enabling or impeding the response
- Provide local actors, international organizations, and learning and evaluation networks with evaluative evidence of collective response efforts for accountability and learning purposes

EVALUATION QUESTIONS

26. The matrix provided below contains indicative questions. Together with the Humanitarian Country Team in Afghanistan, they will be further elaborated and/or adapted during the inception phase to produce the final list of key questions and sub-questions that will guide the evaluation.

Evaluation Criteria	Main Evaluation Questions	Proposed Evaluation Sub questions (To be further developed and adapted during inception phase)
Relevance	To what extent did the IASC member agencies’ collective preparedness and response efforts prove relevant and adaptive in meeting the demands	<ul style="list-style-type: none"> • To what extent were IASC member agencies able to anticipate contextual changes and what capacities were in place to respond? • To what extent has the collective response been based on identified needs of and consultation

	of the crisis and the humanitarian needs caused by it?	<p>with affected people, including girls, women, men, and boys from different groups and those that belong to the most vulnerable and hardest to reach groups?</p> <ul style="list-style-type: none"> • To what extent were the humanitarian principles, accountability to affected populations, PSEA and gender taken into consideration and mainstreamed throughout the humanitarian response plans? • How well has the IASC's collective response been able to react and adapt to major and minor changes in context?
Coherence	To what extent was the IASC members' collective response coherent and well-coordinated?	<ul style="list-style-type: none"> • How has the system wide IASC Scale-up Activation and its protocols and IASC guidance documents contributed to the response? • To what extent were national and local response capacities utilized and integrated at coordination and response level? • How well did IASC member organizations coordinate their efforts in responding to the humanitarian needs and in accordance with IASC policies?
Effectiveness	<p>To what extent were the IASC members' collective efforts able to effectively respond to the humanitarian crisis in Afghanistan?</p> <p>To what extent has the collective response generated significant positive or negative, intended or unintended outcomes?</p>	<ul style="list-style-type: none"> • To what extent were the planned strategic objectives, as formulated by the HCT, achieved? • What are the enabling and inhibiting factors of the response (and how were the latter addressed)? • To what extent has the IASC Scale-Up Activation enhanced the effectiveness and timeliness of the response? • Are feedback mechanisms effective? • For whom, and in what ways did the collective response work? • To what extent did the effects reach all identified target groups and specifically women and girls, minorities and people living with disabilities?
Cross-cutting issue: gender and inclusivity	To what extent can the IASC member agencies' collective response be considered equitable and inclusive?	<ul style="list-style-type: none"> • To what extent has the IASC's members collective response been able to ensure equitable inclusive participation and access to

		all services, especially for women and girls, people with disabilities, communities in hard-to-reach areas, minorities?
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27. Whenever possible and in line with the cross-cutting theme of gender, the evaluation findings will present with disaggregated data across all questions, especially with regards to women and girls.
28. To support answering these questions, the IAHE will also conduct or use an existing, agreed analysis of the political, security, and operational environment that interacts with the humanitarian action in Afghanistan. Wherever required, the evaluation findings will refer to specific contexts of the various locations of implementation.
29. In addition, a range of cross-cutting themes will be included in the evaluation questions during the inception phase. This pertains to themes such as humanitarian principles, inclusivity, protection, gender and accountability to affected people (see section # 7 for cross cutting themes) and how they were taken into consideration throughout the Humanitarian Programme Cycle – from preparedness measures, needs assessments and planning processes for the response itself, as well as the monitoring of it – to ensure that no one, including the most vulnerable, was left behind.

EVALUATION APPROACH AND METHODOLOGY

30. The conduct of this evaluation is subject to the availability of funding.
31. The IAHE will be conducted by a team of independent evaluation experts. The gender balance, geographic diversity and language abilities of the team will be ensured to the extent possible.
32. The evaluation is expected to require a work effort of 120 – 140 days for the Team Leader over a period of 9 – 10 months.
33. The evaluation is expected to start in July 2022.
34. This ToR proposes a theory-driven approach to the evaluation. The collective response in Afghanistan currently does not have an explicitly defined Theory of Change. This would need to be developed by the evaluation team at the outset of the evaluation, on the basis of the HRP and consultations with the HCT and other stakeholders, as relevant.
35. Innovative approaches to the evaluation, data collection and analysis or presentation are encouraged.
36. A range of data collection tools are expected to be used to answer the evaluation questions. The evaluation methodology will integrate participatory processes, especially at the community level to adequately engage women, men, boys and girls of different ages and take into consideration the existence of disadvantaged groups, such as people with disabilities. Data is expected to be derived from primary and secondary sources. Data collection methods might include: a desk review of relevant documents, semi-structured key informant interviews, focus group discussions, workshops, and an analysis of existing

survey(s), monitoring and financial data. Key informants will include employees from national and international organizations, recipients/non-recipients of aid in affected communities, local and national authorities and inter-locutors of humanitarian organizations. Others might be added throughout the evaluation. In this way, the evaluation will seek to be inclusive of the views of diverse stakeholder groups at all levels.

37. To gather further perspectives from communities, the option to conduct a survey of affected communities across Afghanistan will be explored during the inception phase. The objective is to obtain, as systematically as possible, the experience of the assistance received by people affected by the conflict, and as related to the evaluation questions. The evaluation team shall explore existing household or community level data (for example from REACH-initiative) and will be able to propose alternative approaches, as relevant. The evaluation team will identify suitable data analysis methods, including the use of software at their disposal. The analytical framework will be refined and finalized during the inception phase.
38. With sufficient planning, the evaluation team is expected to be able to conduct field visits across Afghanistan during the data collection phase. This will allow for direct /in-person exchanges with key informants as well as the direct observation of unfolding humanitarian operations. This will also allow engagement with a broad range of stakeholders. The field visit is expected to last 2 to 4 weeks.
39. Subject to its completion, the current IAHE will be informed by the findings of the OPR and assess its role to support the collective response. Further, the IAHE will harness findings from available IASC members' evaluations, for example the agency-specific L3 evaluations, and link closely with the team leaders of these evaluations. Specific linkages, such as joint missions, shared data sources, focus group discussions or surveys, with the aim of creating synergies, avoiding duplication and reducing the burden on affected communities and frontline responders shall be explored. As mentioned above, existing household-level survey data (for example from Reach Initiative, World Bank, Awaaz Afghanistan etc.), will be considered. The inception report is expected to detail the role such evidence will play for the IAHE.
40. The specific contours of the above proposed evaluation approaches and methodologies will be refined during the inception phase by the evaluation team and in accordance with the Management Group (MG).
41. It is expected that the Team Leader of this evaluation exchanges regularly with the Team Leader of the IAHE Northern Ethiopia to identify learning pertaining to the humanitarian system across responses. Two half-day, online workshops with both Team Leaders, the respective Management Groups and other stakeholders will be conducted to further support these exchanges.
42. The following risks and mitigation strategies have been identified by the Management Group. This table will be revised by the evaluation team during the inception phase.

Evaluation risks and mitigation

Potential risks	Mitigation measures
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<p>Inability to collect primary data from women in communities, women's groups and female staff.</p> <p>(High risk: medium likelihood, high impact)</p>	<p>Allow sufficient time for early planning and negotiation. Identify and include gate-keepers in such negotiations on access for the evaluation team across the country and where security allows. Ensure that women participate as evaluators and, in case of surveys, as interviewers/enumerators.</p>
<p>Volatile access and security situation subject to unpredictable dynamics threatens the conduct of the evaluation (security of team, participants and ability to seek perspectives of affected populations).</p> <p>(Moderate risk: medium likelihood, high impact)</p>	<p>The scope and implementation of the IAHE will be subject to the evolution of the conflict and depend heavily on the support of all stakeholders.</p> <p>Continuous monitoring of the political and security developments with agile/ adaptive evaluation planning at the outset and flexible planning to allow for last minute adjustments in the implementation of the evaluation.</p>
<p>Excessive burden and workload on humanitarian aid workers in Afghanistan limit their engagement with the evaluation.</p> <p>(Moderate risk: medium likelihood, medium impact)</p>	<p>Evaluation Team to actively identify ways to reduce evaluative burden, including through mapping of and strong coordination with other evaluative exercises. To further reduce the burden, the Team will also seek to collaborate with and harness pre-existing information, in particular stemming from the OPR and other recent evaluations in Afghanistan (L3) as well as survey data (for example Reach Initiative), without replicating efforts already underway/conducted.</p>
<p>Logistical and access challenges with regards to the COVID-19 pandemic.</p> <p>(Low risk: medium likelihood, low impact)</p>	<p>Consider travel requirements including vaccination, testing and eventual quarantines when planning travel to Afghanistan and within Afghanistan and upon return. Assess the predictions for Covid-19 transmission in Afghanistan when planning field missions, as well as national arrangements of tele-working etc</p>
<p>Insufficient ability to collect relevant information remotely, in case in-person visits to the country are not possible</p> <p>(Low risk: low likelihood, medium impact)</p>	<p>This is currently considered to be a low risk, but this could change at short notice at any time in the evaluation process.</p> <p>In reaction to such a situation, the evaluation team and management group will revisit the evaluation plans to reconsider timing and/or the evaluation questions that can be answered</p>

CROSS-CUTTING THEMES

43. The evaluation team is expected to consider the following cross-cutting themes throughout the evaluation and demonstrate in the proposal how these themes will be applied to the evaluation questions.

44. **Humanitarian principles:** Humanitarian action is governed by the four humanitarian principles of humanity, impartiality, neutrality and independence.¹ The evaluation shall examine how these principles were considered and applied in the collective humanitarian response in Afghanistan and assess how potential trade-offs between humanitarian principles were managed.
45. **Protection:** In line with the [ALNAP Guide: Evaluating Protection in Humanitarian Action](#) and the [IAHE Guidelines](#), the evaluation shall consider the extent to which the inter-agency humanitarian response has mainstreamed protection issues and considered protection risks, particularly affecting the most vulnerable people. Additionally, the IAHE will determine the extent to which the response covered protection needs and identified and addressed gaps in the capacity of rights holders to claim their rights and of duty bearers to fulfil their obligations. In a bid to promote durable solutions and sustainability, the IAHE processes shall, where possible, seek to understand how underlying issues, barriers and drivers of inequalities are identified and addressed within humanitarian programming. The IAHE shall also consider how the IASC strategy and commitments on protection from sexual exploitation and abuse have been integrated into the collective humanitarian response.
46. **Gender and inclusiveness:** The evaluation process will aim to assess the extent to which the differential needs, priorities, risks and vulnerabilities of women, girls, men and boys are being identified, assessed and integrated in the humanitarian response. In line with the *UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation*,² the UN System-Wide Action Plan (UN-SWAP) on gender equality³ and *the 2017 IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action*⁴ the evaluation will apply a gender lens in all phases of the evaluation. The evaluation methodology will integrate participatory processes, especially at the community level, to adequately engage women, men, boys and girls of different ages and take into consideration the existence of disadvantaged groups, such as people with disabilities.
47. **Accountability to affected people:** The IAHE will endeavor to examine how the various segments of the affected population have been consulted and involved in the design of country-level plans, especially regarding the prioritization of needs, decision-making processes, and how limitations to participation and inclusion have been addressed. Additionally, the IAHE shall establish the extent to which existing feedback and complaint mechanisms are sufficiently available and used (and followed up on).

¹ Humanitarian action should be motivated by the sole aim of helping other human beings affected by conflicts or disasters (humanity); exclusively based on people's needs and without discrimination (impartiality); without favoring any side in a conflict or engaging in controversies where assistance is deployed (neutrality); and free from any economic, political or military interest at stake (independence).

² www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401

³ www.unsystem.org/content/un-system-wide-action-plan-gender-equality-and-empowerment-women-swap

⁴ <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Policy%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%20in%20Humanitarian%20Action.pdf>.

MANAGEMENT ARRANGEMENTS AND STAKEHOLDER PARTICIPATION¹

48. The IAHE will be conducted by a team of external independent evaluation experts under the guidance, supervision and support of an IAHE Management Group (MG). The MG is chaired by the OCHA Evaluation Manager.
49. There will be a frequent exchange with the MG for the IAHE of Northern Ethiopia.

The Evaluation Team

50. The Evaluation Team will be recruited by the Management Group, through OCHA's procurement systems.
51. The team will comprise of at least five team members: Team Leader, 1 senior evaluator with relevant thematic expertise, senior research assistant or research assistant and two analysts (local evaluators). The team should collectively bring the following experiences and skills:
 - At least 1 female member, between Team Leader and senior evaluator, with a preference for the TL to be female. 1 female and 1 male analyst (local evaluator).
 - Extensive experience conducting inter-agency or joint evaluations of humanitarian strategies and programs, and other key humanitarian issues
 - Experience with and institutional knowledge of UN, NGO and civil society organization (CSO) actors, as well as interagency mechanisms at headquarters and in the field is desirable: food security, health/nutrition, WASH, emergency shelter, education, protection.
 - Experience conducting humanitarian evaluations in conflict-affected and access constrained environments.
 - Extensive knowledge of evaluation methodology/approaches, data collection and analysis methods and tools
 - An appropriate range of humanitarian field experience
 - Experience in gender analysis or gender mainstreaming and programming
 - At least one team member should have context-specific knowledge and experience, including on the humanitarian system in Afghanistan
 - At least one team member should have extensive skills in data analysis and visualization
 - Experience in facilitating consultative, participatory workshops involving a wide range of organizations, stakeholders, and participants (in-person and virtual)

¹For further details on the specific roles and responsibilities of the different IAHE stakeholders, please see "Inter-Agency Process Guidelines", developed by the IAHE Steering Group, May 2018.

- All evaluation team members should be free from conflict of interest both from their past engagements and for any planned future engagements during and for at least 6 months after their engagement with the IAHE
52. The Team Leader and senior evaluator should have excellent writing and communication skills in English. All team members must have a working knowledge of English. The team must show working knowledge of Pashto and Dari, ideally across several team members.
 53. The Team Leader will have at least 15 years of professional experience in humanitarian action, including experience in management of humanitarian operations or coordination. Further, they will have led at least 5 evaluations of humanitarian operations and demonstrate strong analytical, communication and writing skills. They will be responsible for the overall conduct of the evaluation in accordance with the TOR, including developing and adjusting the evaluation methodology, managing the Evaluation Team, ensuring efficient division of tasks between team members and taking responsibility for the quality of their work, undertaking the inception field visit, representing the Evaluation Team in meetings, ensuring the quality of all outputs, submitting all outputs in a timely manner.
 54. The Senior Evaluator will have at least 10 years of professional experience in humanitarian aid and conducted at least 5 evaluations in the role of the senior evaluator or above.
 55. The Analysts (local evaluators) will have more than 2 years of experience in humanitarian aid, be familiar with research methods and have previously worked as evaluators.
 56. A senior research assistant/research assistant will have 5+/2-5 years of experience.

Management Group

57. The IAHE will be managed by an Inter-Agency Management Group comprised of senior-level evaluation professionals representing the independent evaluation offices of IAHE Steering Group members, including the following organizations: FAO, IOM, UNICEF, UNHCR, WFP and OCHA (chair).
58. The Management Group will provide sustained support and guidance to the evaluation process, to ensure its alignment with the ToR, independence and transparency, and promote the dissemination and utilization of evaluation findings.
59. The members of the Management Group are mandated by their respective Steering Group representatives within all the delegation of authority of the Management Group to manage IAHE deliverables as per the IAHE guidelines. In accordance with said guidelines, the Management Group members will act as point of contact for the evaluation for their organizations and provide quality control and inputs to the IAHE including with regard to scoping, inception, planning, guidance, oversight, quality control, internal liaison, consultation, support and utilization of the evaluation.
60. The independence of the evaluation process will be safeguarded by, and will reside with, the Management Group. The Team Leader will report to the Management Group through the MG's chair, with all final quality control and process decisions resting with the Management Group in order to ensure the smooth functioning of the evaluation. Wherever necessary, the Management Group will work with the Team Leader to finalize individual

evaluation outputs, so as to ensure the maximum quality, credibility and utility of all end products.

61. The Chair of the Management Group will be OCHA's Evaluation Manager. They will be the main point of contact for the evaluation and ensure day-to-day support and consistency throughout the evaluation process, from drafting the TOR to the dissemination of the report.

Advisory group

62. An In-Country Advisory Group might be established during the inception phase. It would represent country-level stakeholders that have been directly involved in the response in Afghanistan. It will play a key role in advising the Evaluation Team and Management Group, and in supporting the evaluation through the planning, implementation and follow-up stages. It serves in an advisory and not in a decision-making capacity. The HCT might fulfil the role of in-country advisory group.
63. The responsibilities of this group will include: to help ensure the relevance, credibility and utility of the evaluation, to facilitate evaluation planning and data collection, to review and provide feedback on draft documents, to participate in a validation workshop, to help promote ownership of stakeholders, to support the HCT in the preparation of the management response plan and to assist with developing and implementing a communication strategy. The in-country advisory group is chaired by the OCHA evaluation manager. Further details on membership and meeting modalities will be outlined in the Terms of Reference of the Advisory Group.

IAHE Steering Group

64. As per IAHE Guidelines, the IAHE Steering Group will approve the TOR, as well as the final evaluation report, based on the recommendations provided by the IAHE Management Group. The Steering Group will also contribute to the development of a communications strategy for the dissemination of the IAHE.

QUALITY ASSURANCE

65. The evaluation will be guided by the UNEG Norms and Standards and the UNEG ethical guidance for evaluation to ensure the quality of evaluation process. The evaluation team is expected to consider ethical considerations throughout the entire evaluation process. Due diligence will be given to effectively integrating good ethical practices and paying due attention to robust ethical considerations in the conduct of any IAHE, as stipulated in the [United Nations Evaluation Group \(UNEG\) Ethical Guidelines for Evaluation](#) of 2020. Furthermore, it is vital for the evaluation to fully comply with the precautionary measures put in place by the collective agencies and host governments, in order to protect staff, teams and consultants, partners and people. It is of utmost importance that the 'do no harm' principle consistently guide evaluation efforts across the board, including as it applies to those involved in the on-going response as well as affected populations.

66. The [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) shall serve as point of reference to integrate human rights and gender equality concepts, standards, values and principles throughout the evaluation.
67. IAHEs apply internationally established evaluation criteria that draw from the evaluation criteria in the [United Nations Evaluation Group \(UNEG\) norms and standards](#), revised [Development Assistance Committee of the Organization for Economic Co-operation and Development \(OECD/DAC\) criteria for development evaluation](#), and the [ALNAP criteria for the evaluation of humanitarian action](#).
68. All quality assurance, both of a technical and linguistic nature, will be the responsibility of the Evaluation Team under the leadership of the Team Leader. Key deliverables will be reviewed according to the OCHA Quality Assurance System for Evaluations. All final evaluation products will be in IAHE formatting and conform with OCHA's Style Guide. First level quality assurance is the responsibility of the evaluation firm. Second level quality assurance will be provided by the Management Group. Payment of consulting fees at each stage of the evaluation will be contingent on the Management Group's satisfaction with the quality of deliverables provided at each milestone. To ensure the quality of the final outputs, the evaluation team should also include a peer review as part of its quality control procedures.

EVALUATION PLANNING AND DELIVERABLES

69. The Evaluation Team is responsible for the following deliverables:

Inception phase

70. The inception phase is one of the opportunities for the Management Group and the in-country Advisory Group/HCT to feed into the evaluation process.
71. The inception phase is expected to be carried out remotely and last 3 months.
72. The evaluation team is expected to consider the humanitarian and operational context as well as data availability and accessibility before developing the evaluation framework:
 - Review available documents and data related to the response planning and implementation. An initial set of documentation will be made available by the Management Group and will include, but is not limited to, humanitarian response plans, humanitarian bulletins or situation reports, (mid-year) reviews of the humanitarian response plan, collective response data (clusters), assessments, the OPR report, available evaluations, survey reports and data, other reports and documentations. This review will be completed during the data collection phase.
73. The objective of the **document review** is to serve as contextual analysis and a review of the operational conditions of the collective humanitarian response. The results of the document review will be reported separately from the inception report and serves to inform the evaluation framework and the adaptation of the evaluation questions.
74. The Evaluation Team will produce an inception report which will outline:

- The Team’s understanding of the issues to be evaluated (objectives), their understanding of the context in which the IAHE takes place and any suggested deviations from the TOR, including any additional issues raised during the initial consultations. This shall not be a repetition of the TOR.
- A **detailed stakeholder analysis** and clear indication of national entities and communities to be consulted, engaged with and involved in the evaluation process, as relevant. Per stakeholder, a plan of action should be proposed, outlining the planned level and scope of engagement in the evaluation.
- The details of the gender analysis approach
- A **comprehensive methodological approach** for the evaluation, including:
 - ⇒ Evaluation approach and design
 - ⇒ A draft Theory of Change (TOC), developed on the basis of the HRP and in consultation with key stakeholders
 - ⇒ An evaluation matrix relating to the TOC, with sub-questions for each of the evaluation questions. This matrix should indicate, for each question, the assumptions to be assessed, the indicators proposed and corresponding sources of information. It should also outline sources of data and methods required to answer those questions (including documents, information, and data asked of all agencies involved in the response, including those not represented on the Management Group or Advisory Group)
 - ⇒ An **assessment of data availability and accessibility** in relation to the evaluation questions at hand, and the identification of challenges/gaps and a plan for mitigating them, resulting in a set of final key evaluation questions.¹
 - ⇒ Approaches and strategies used to identify and reach affected people, and to adequately engage women, men, boys and girls of different ages at various stages through the evaluation process, including methodology development, taking into consideration disadvantaged groups, including people with disabilities.
 - ⇒ Data collection plan and analysis tools that will be used to conduct the IAHE (survey instruments, interview guides, field data collection plan and schedule of interviews, and other tools to be employed for the evaluation).
 - ⇒ Any limitations of the chosen methods of data collection and analysis and how they will be addressed. This might include, for example, methodological and management measures to reduce any potential bias in data collection undertaken by the consultants that may arise due to their regional, religious or ethnic identity.

¹Challenges, even significant challenges, in answering individual questions will not be considered a reason for not answering them; rather, the identification of these challenges should result in a preliminary indication of the level of robustness with which each can be answered in light of the available data – and, where necessary, what the level of effort will be necessary to increase the robustness of the analysis on key questions, wherever appropriate.

- ⇒ A final list of data sources to be used, including where applicable pre-existing survey data, and a finalized sampling strategy.
 - ⇒ A data analysis plan and factors for comparative analysis and validation strategy
 - A **detailed workplan/timeline** for the remaining evaluation phases including planning for field mission, and for all deliverables
 - A description of team organization and quality assurance arrangements
75. In sum: The deliverables of the inception phase are a (1) findings from document review, a (2) inception report including a (2a) stakeholder analysis, (2b) draft TOC, (2c) assessment of data availability and accessibility and (3) a workplan/timeline.

Evaluation phase

76. The evaluation phase is expected to last up to 6 to 7 months.
77. It is expected that the evaluation team will plan for and collect primary data during a 2 – 4 weeks long **field visit** to Afghanistan.
78. The **evaluation report** should not exceed 25,000 words (excluding executive summary and annexes). It should be written in a clear and concise manner that allows readers and all intended users, especially decision makers, to understand the main evaluation findings, conclusions and corresponding recommendations, and their inter-relationship. The report should be comprised of a(n):
- Executive summary of 2,500 words.
 - Summary table linking findings, conclusions and recommendations, including where responsibility for follow-up should lie.
 - Analysis of the context in which the response was implemented.
 - Methodology summary. This should be a brief chapter in the main report, with a more detailed description provided in an Annex.
 - Main body of the report, including an overall assessment, findings in response to the evaluation questions, conclusions and recommendations. The report should contain a dedicated section that consolidates all the key lessons learned from the response and any innovations that IASC should be further brought to scale.
79. The final report should present recommendations that are specific, clearly stated and not broad or vague; as well as realistic, reflecting an understanding of the humanitarian system and potential constraints to follow-up. They should suggest where responsibility for follow-up should lie and include a timeframe for follow-up.
80. Annexes will include: 1) TOR, 2) detailed methodology, 3) list of persons interviewed, 4) details of qualitative and quantitative analysis undertaken, 5) team itinerary, 6) all evaluation tools employed including an evidence matrix, 7) list of acronyms, 8) complete bibliography of references 9) a summary table that links the key findings, conclusions and recommendations of the evaluation.

81. The draft report and its versions will be reviewed by the Management Group. The final report will be cleared by the IAHE Steering Group prior to dissemination. No limited number of drafts is set due to the need to optimize the quality of the evaluation report.
82. Prior to finalization of the evaluation report, the Evaluation Team should conduct a validation workshop to collect views on the findings and emerging recommendations from the in-country advisory group/HCT and other, identified stakeholders (for example, sub-national humanitarian teams).

Other evaluation products or deliverables

- **Two half-day Workshops:** The Evaluation Team Leader is expected to plan, together with the MG, two half-day workshops harnessing learning for the humanitarian system across responses. These are expected to occur around the end of the inception phase and during the reporting phase, respectively. The workshops are for the evaluation team and the management group of the IAHE Northern Ethiopia and the IAHE Afghanistan.
 - **Ranking of strength of evidence:** The Evaluation Team will present a matrix listing evidence available, per evaluation question. This will include an indication of the level of strength of the evidence collected. (Part of annex 6 of evaluation report)
 - **Presentations:** Based on the dissemination plan prepared by the Management Group, the Evaluation Team will produce presentations, including for the Humanitarian Coordinator (HC)/ Humanitarian Country Team (HCT), IASC members, donors, and in-country to national and local actors, including affected populations where possible.
83. **Additional evaluation products** such as briefs, video presentations or similar may be proposed in the inception report for the Management Group's consideration. All deliverables listed will be written in standard UK English, and submitted as Word and PDF documents, using the IAHE template. If in the estimation of the Evaluation Manager the reports do not meet required standards, the Evaluation Team will ensure at their own expense the editing and changes needed to bring it to the required standards.

DISSEMINATION AND FOLLOW UP

84. In consultation with the Evaluation Team and the in-country Advisory Group, the Management Group will prepare a dissemination, communication, and engagement strategy for the IAHE. The strategy will outline how the evaluation's findings, conclusions and recommendations will be disseminated to all relevant audiences, including affected people and public. The strategy will also outline specific communication products, and their most effective and interactive dissemination channels.
85. The Evaluation Team will conduct the following presentations:
 - Exit brief with the relevant international humanitarian response teams (UN/HCT), the relevant Government counterparts, and the Management Group share first impressions, preliminary findings and possible areas of conclusions and recommendations at the

end of the field visit. The brief will help clarify issues and outline expected or pending actions from any stakeholders as relevant and discuss the next steps.

- Upon completion of the evaluation report, the results of the IAHE will be presented by the Evaluation Team Leader to the.
- Once the evaluation is completed, presentations of the main findings and recommendations will be made available to various fora, as decided by the IAHE Management and Steering Groups. This may include the IASC Operations, Policy and Advocacy Group (OPAG), the IASC Emergency Directors Group (EDG) and the IASC Deputies Forum or other stakeholders as required. The Evaluation Team may be requested to assist with these presentations.

86. Other dissemination channels:

- The IAHE final reports will be submitted to the ERC and shared with the IASC Principals, the Operations, Policy and Advocacy Group and the Emergency Directors Group.
- The inception, evaluation reports and policy briefs will be made available on the websites of the IASC and the IAHE Steering Group member agencies.
- In addition to the evaluation report and oral briefings, the evaluation findings and recommendations can be presented through alternative means of dissemination, such as websites, social media, videos, etc.

MANAGEMENT RESPONSE PLAN

87. The global recommendations of the evaluation will be addressed through a formal Management Response Plan (MRP). The preparation of the MRP will be facilitated by the IASC Secretariat and OCHA and approved by the Emergency Relief Coordinator.

ANNEXES

Annex I: Tentative timeline and phases of the evaluation (subject to funding availability)

Phase	Timeline	Main activities
Preparation	March - April	Set up Management Group Finalize Terms of Reference and draft budget Identify and collect relevant documents/ reports
Contracting	May – June	Evaluation company recruitment
Inception	July – September 2022	Inception mission (online) Prepare deliverables of the inception phase Feedback on Inception Report Half day workshop
Data collection	October - November 2022	Field mission Primary data collection
Reporting	December 2022 to February 2023	Data Analysis Prepare draft report Presentation of preliminary findings/Validation Workshop Review and revision Final report
Dissemination	March 2023 onwards	Prepare presentation materials Final presentation
Management Response Plan	March to April 2023	Preparation of MRP by Afghanistan HCT Preparation of MRP by IASC for global recommendations

Annex II: Coordinated Humanitarian Action: The Ideal Model – Impact Pathway

LONGER-TERM IMPACT	Affected people live in enhanced safety and dignity with better prospects of thriving as agents of their own destinies					
↑ ↑ ↑						
CORE RESPONSIBILITIES	Prevent and end conflicts [conflict-related crises]	Uphold norms of safeguard of humanity	Leave no one behind	Change people’s lives: from delivering aid to ending needs	Invest in humanity & in local leadership and ownership of the response	
↑ ↑ ↑						
OUTCOMES	Humanitarian access secured for all	Relevant response		Connectedness and coordination between humanitarian stakeholders	Good coverage	
↑ ↑ ↑						
OUTPUTS	Effective coordination mechanisms	Adequate partnerships	Common needs assessments & response plans	Common services	Concerted advocacy for adequate response capacity across sectors	Accountability
↑ ↑ ↑						
INPUTS	Enhanced leadership	Human resources, including surge capacity	Pooled and agency funds	Guidance and programming tools (HPC, MIRA, Sphere Standards, etc.)	Sector/cluster leads activation and common services provision	

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Annex J List of key informants

Afghanistan	
UNITED NATIONS	
Organization	Position
FAO	Country Director
FAO	FSAC Information Manager
FAO	FSAC Cluster Co-coordinator
FAO	FSAC IPC specialist
FAO Mazar	Livestock Specialist, Field Office, OiC
IOM	Emergency Coordinator, OiC
IOM	ES-NFI Deputy Cluster Co-chair
IOM Mazar	ES-NFI Cluster Co-Coordinator
OCHA	Head of Office
OCHA	Deputy Head of Office
OCHA	Inter-Cluster Coordination
OCHA	Deputy Head of Office
OCHA	Inter-Cluster Coordinator
OCHA Mazar	Head of sub-office
OCHA Mazar	Humanitarian Affairs Officer
OCHA Herat	Humanitarian Affairs Officer
UNAMA	DSRSG/ Humanitarian Coordinator
UNAMA	Human Rights Officer
UNAMA	Human Rights Officer
UNFPA	AAP Specialist
UNFPA	GBV AoR Coordinator
UNFPA	GBV Coordination Northern Region
UNFPA	Head of Humanitarian Programs
UN Habitat	HLP AoR
UNHCR	ES-NFI Cluster Coordinator
UNHCR	ES-NFI Cluster Coordinator
UNHCR	ES-NFI Cluster Information Manager
UNHCR	Protection Cluster Coord.
UNHCR	Strategic Partnership Advisor
UNICEF	Representative
UNICEF	Child Protection AoR
UNICEF	Nutrition Cluster Information Manager
UNICEF	WASH Cluster Coordinator
UNICEF	WASH Cluster Coordinator
UNICEF	Education Cluster Co-lead
UNICEF	Child Protection officer
UNICEF	Chief Nutrition
UNICEF	WASH Cluster Information Manager
UNICEF	Child Protection
UNICEF	Child Protection Officer
UNICEF	Chief Field Operations & Emergency
UNICEF	Nutrition Cluster Coordinator
UNICEF	Chief WASH
UNICEF	Education Specialist

UNICEF	Education Cluster Lead
UNICEF Herat	Nutrition Cluster Coordinator
UNICEF Herat	Chief of Field Office
UNICEF Mazar	Nutrition Cluster Coord.
UNICEF Mazar	OiC / Head of office
UNOPS – AWAAZ	Director
UNMAS – Mine Action	AoR Coordinator
UNOPS – Mine Action	Specialist
UN Women	GiHA Focal Point
UN Women	GiHA Specialist
WFP	Country Director
WFP	Emergency Team Head
WFP	FSAC Cluster Co-coordinator
WFP	Head of M&E Unit
WFP Mazar	FASC Coordinator
WFP Mazar	Head of office
WHO	Country Director
WHO	Chief Emergency
WHO	Health Cluster IM
WHO	Health Cluster Support Off.
WHO	Health Cluster Coordinator
WHO	Head of PR & Partnerships
WHO Mazar	Health Cluster Coordinator
NGO/CSO/RC	
Organization	Position
ACBAR	Director
ACF France	Country Director
ACF France	Deputy Country Director/OiC
Care	GiHA Specialist
Concern Worldwide	Country Director
CRS Kabul	Co-chair Cash/Voucher Working Group
DACAAR Kabul	Country Director
DACAAR Kabul	WASH Cluster Co-coordinator
DRC Kabul	Head of Programme
ICRC Kabul	Head of office
IFCR	Operations Manager
INSO Kabul	Deputy Country Director
IRC	GiHA WG Co Lead
MSF Kabul	Country Director
NRC	Protection Cluster Coord.
NRC	Country Director
NRC	Housing Land and Property AoR
PTRO	Deputy Director
REACH Afghanistan	Deputy Country Coord.
Save the Children	Child Protection AoR
Search for Common Ground	Director
Donor and Other	
Organization	Position

Asian Development Bank	Senior Official
EC / ECHO Kabul	Chargés d’Affaires
Independent commentator	n/a
Women’s Advisory Group	WAG Representative
De facto authorities	
Department of Education, Herat	Director
Department of Health, Herat	Deputy Director
Governor’s office, Herat	Deputy Governor
GLOBAL	
UNITED NATIONS	
Organization	Position
FAO	FSAC Global Cluster Coordinator
OCHA	Central Region Sub-office
UNHCR	ES-NFI Deputy Global Cluster Coordinator
UNHCR	Senior Protection Associate
UNICEF	WASH Global Cluster Coordinator
UNICEF	Nutrition Global Cluster Coordinator
UNICEF	Protection Global Cluster Coordinator
WFP	FSAC Global Information Manager Rome
WFP	Global Food Security Cluster Coordinator
WFP	Global Food Security Coordinator
WHO	Senior Emergency Officer
WHO	Global Health Cluster
NGO/CSO/RC	
Organization	Position
ICRC	Regional Director (Afghanistan/Pakistan)
Independent	Former ACBAR director
SCHR	Executive Secretary
Donors and Others	
Organization	Position
FCDO UK	Senior Official
Independent	Former DSRSG/ Humanitarian Coordinator
USAID BHA / DART, Bangkok	Senior Official

ACBAR	Agency Coordinating Body for Afghan Relief
AOR	Area of Responsibility
CSO	Civil Society Organization
DSRSG	Deputy Special Representative Secretary General
GiHA	Gender in Humanitarian Action
ES-NFI	Emergency Shelter and Non-Food Items
FSAC	Food Security and Agriculture
NGO	Non-Governmental Organization
OiC	Officer in Charge
RC	Red Cross/Red Crescent Movement
SCHR	Steering Committee for Humanitarian Response

Annex K Evaluation Team Itinerary Afghanistan

22 May to 8 June 2023

Identifying information (project sites and organizations) have been removed. This information is available upon request.

Date	Mission element
22 May	Team arrives in Kabul
22-26 May	Key informant interviews in Kabul Initial briefing to HCT – presentation of inception report, etc.
27-30 May	Field visit – Herat City / Province <ul style="list-style-type: none"> ○ Key informant interviews ○ Meeting with RHT and ICCG ○ Meeting with De facto Provincial Governor ○ Visit to High School ○ Visit to cash for a work project ○ Visit to Comprehensive Health Center (CHC) ○ Meeting with the Directorate of Public Health ○ Meeting with the Directorate of Education ○ Visit to Women Business Centre ○ Visit to wheat cultivation area ○ Roundtable Meeting with UN and NGOs
1 – 3 June	Field visit – Mazar-i-Sharif / Balkh Province <ul style="list-style-type: none"> ○ Key informant interviews ○ Roundtable meeting with UN and NGOs ○ Site visit to informal IDP settlement ○ Site visit to Hospita ○ Site visit to Mazar regional hospital ○ Debrief with RHT and ICCG
4 th June	Field visit - Kabul City <ul style="list-style-type: none"> ○ Nutrition Daycare Centre ○ Free food distribution centre
5-7 June	Key informant interviews NGO Roundtable at ACBAR Evaluation Team analysis workshop
8 June	De-brief with HCT – presentation of initial findings ET departs Kabul