

Annex A: 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	Main question	Sub questions / topics	Criteria and indicators	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> <p>A.1.4 Changes in capacity of key services & systems (Health, Education, Utilities, etc.)</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. 	<p>National and sub-national economic, demographic, social, health and other relevant data</p> <p>Relevant reports and journals</p> <p>Recent studies, academic and expert sources</p>

A.2	<p>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>	<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> <p>Incidence and location of drought, floods, other natural hazards (including 2022 earthquake).</p> <p>Changing levels of access to services, including water and power; effective protection / social welfare systems.</p>	<p>Data from HNOs, HRP, Cluster strategies and reports, agency sitreps, other reports (e.g. UNICEF HAC, IPC, IPC-AMA)</p> <p>Data from GTS, REACH, World Bank, ACAPS</p> <p>Other relevant studies</p> <p>In-country and global KIIs with agency and cluster staff spanning the transition</p>
A.3	<p>How has the operational context for humanitarian response by international, national and local organisations evolved since August 2021?</p> <p>What have been the main operating challenges for IASC member agencies?</p> <p>How well prepared were</p>	<p>A.3.1 Evolution of humanitarian space and access since 2021, including by sector/ cluster</p> <p>A.3.2 The roles and interactions of different actors in humanitarian response (DFA, UN, ICRC / Red Crescent, INGO, NNGO, LNGOs, diaspora, private sector, others)</p> <p>A.3.3 In-country operational challenges (security, access, permits, money transfer, exchange rate,</p>	<p>Comparison of humanitarian operating context pre- and post-August 2021; more recent evolution since 2022</p> <p>Changes in access /security</p> <p>Review of preparedness and contingency plans</p> <p>Effects of DFA approval delays on programme implementation</p>	<p>- Document review of FTS, UN/OCHA documentation (HNO, HRP), cluster strategies</p> <p>- KIIs</p> <p>- Online survey</p>

<p>A.3 cont'd</p>	<p>agencies for changes in operating conditions, and how well did they adapt to them?</p> <p>To what extent have IASC member agencies been able to improve operating conditions through joint advocacy and coordinated action (through UN or otherwise)? How in particular have they responded to the ban on female Afghan UN and INGO staff?</p>	<p>taxation, etc.)</p> <p>A.3.4 Other implementation challenges, including strategic and operational coordination, partnerships, management, monitoring, staffing.</p> <p><u>Specific topics</u></p> <ul style="list-style-type: none"> • Ban on female NGO staff • Implications of the ban on achievement of objectives • Ability of the system to find creative solutions 		
<p>A.4</p>	<p>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? What have been the consequences of this for the humanitarian context, needs and response?</p>	<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>	<p>Funding patterns and trends over evaluation period, overall and by sector. Funding constraints and likely future trends.</p> <p>Changes in limits imposed by donor funding conditionality and areas of non-funding</p>	<p>Review of FTS and key agency financial data.</p> <p>KIIs with agencies and donors</p>

B. Collective response strategy, needs assessment, programme design (Relevance, appropriateness, coverage, impartiality, coherence)				
Question	Main question	Sub questions / topics	Criteria and indicators	Sources and MoV
B.1	<p>How well have the scale, balance and coverage of the collective response reflected the priority needs (short and medium term) of vulnerable Afghans?</p> <p>What has been the reach of the response relative to priority needs?</p>	<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>B.1.3 Reach of response to areas and groups assessed most vulnerable.</p>	<p>Coverage comparison (planned, actual, quality of coverage) against answers to A.2 above.</p> <p>Targets set by sector vs PiN figures</p>	<p>HNO, HRP figures - GTS, REACH data</p> <p>Results of IAHE Community Consultation</p> <p>KIIs</p> <p>Online survey</p>
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>	<p>Response content vs evolving context (overall, by sector)</p> <p>Positive/negative feedback from recipient communities (including summary data from AAP and consultation processes), including analysis of gendered differences</p>	<p>HRP and sector strategy and planning documents</p> <p>AAP reporting</p> <p>IAHE Community Consultation</p> <p>Review of sample assessments and monitoring reports</p> <p>KIIs in Afghanistan and at HQ level</p>

<p>B.3</p>	<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>	<p>Regularity and quality of sectoral and multi-sectoral assessments (including e.g. nutrition and SMART surveys, food security assessment).</p> <p>Quality of protection monitoring, and evidence of programmatic adaptations based on shifting protection needs</p> <p>Quality of sector /cluster monitoring and reporting</p>	<p>Review of response strategies (HRP, clusters, agency)</p> <p>KIIs in Afghanistan and at HQ level</p> <p>Review of HNO process</p> <p>Review of monitoring and survey processes</p>
<p>B.4</p>	<p>Has the collective response logic been (i) clear, (ii) sound, 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>B.4.1 What has been the overall logic of the collective response in 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>Clarity and strength of logic in strategy and planning documents (HRP, sector strategies, other)</p> <p>Clarity and strength of sector strategies</p>	<p>Strategy and planning documents (HRPs, sector strategies, other)</p> <p>KIIs with Cluster Coord., Inter-cluster Coord., Agency Chiefs of Sections</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>How well did the response address 'nexus' issues – and specifically questions of sustainability of service provision and the durability and resilience of systems?</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 sustainability, durability, connectedness, local ownership and system strengthening been reflected in responses by sector:</p> <ul style="list-style-type: none"> • FSAC and livelihoods • WASH, Health, Nutrition • Shelter and NFIs • Protection and Education 	<p>Sound rationale (recorded) for strategic decisions taken.</p> <p>Transparency and accountability for strategic decisions made</p> <p>Extent to which the response 'stove piped' by sector/agency or effectively integrated across related sectors</p>	<p>HRP and Sector Strategy Documents</p> <p>KIIs with Clusters Coord., Inter-cluster Coord., Agency Chiefs of Sections</p> <p>Review of HCT and ICCG minutes</p> <p>Analysis of response design and related decision making</p>
B.6	Lessons arising from B.1 – B.5?	Overall and sector-specific lessons on strategy, design, planning, coherence		KIIs with Clusters Coord., Inter-cluster Coord., Agency Chiefs of Sections, OCHA

C. Response delivery, performance and impact (Quality, results, effectiveness)				
Question	Main question	Sub questions / topics	Criteria and indicators	Sources and MoV
	Has the response been	C.1.1 Reasons behind target	Achievement against targets (%), by	Review of cluster and

C.1	<p>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?</p> <p>What was the quality of delivery by sector and how effectively was this monitored and adapted?</p>	<p>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>	<p>sector/programme component and for whole response (2021-22).</p> <p>Quality of the achievements and aid provided and its influence on numbers</p>	<p>HRP reports on target achievement</p> <p>Review of quality and delivery monitoring processes.</p> <p>KIIs in Afghanistan with cluster leads, IMOs and OCHA</p>
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 unintended 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 identified contributing factors and constraints.</p> <p>See further the analytical framework in main report text</p>	<p>Review of cluster and HRP reports on target achievement (collective and by sector)</p> <p>KIIs with Clusters Coord., Inter-cluster Coord., Agency Chiefs of Sections, OCHA</p>
C.3	<p>Accountability to affected populations (AAP)</p> <p>How accountable and</p>	<p>C.3.1 How accountable have responding agencies been to affected populations? Were there effective and safe feedback mechanisms (including on PSEA)? What have been</p>	<p>Evidence of AAP strategy in programme planning and reporting.</p> <p>Evidence of AAP data used to</p>	<p>AAP documentation and reports</p> <p>KIIs</p> <p>Community</p>

	responsive has the collective response been to affected populations? To what extent have they engaged communities in programme design and implementation?	the common concerns of beneficiaries? How well have agencies responded to beneficiary feedback? C.3.2 What has been the extent and quality of community engagement in programme design and implementation?	adapt/design programming	consultation Online survey See B.2.3 above
C.4	How effective have the joint advocacy/ influencing and communications elements of the response been?	C.4.1 To what extent were advocacy and communications initiatives harmonized across agencies? C.4.2 Did the HCT have a clear influencing agenda and strategy? How did this evolve over time? What evidence exists of impact?	Evidence of concerted influencing, advocacy and communications Evidence of impacts of the above	HCT minutes Advocacy strategy, advocacy materials KIIs
C.5	Lessons arising from C.1 – C.4?	Overall and sector-specific lessons on response delivery, performance and impact.		KIIs with Clusters Coord., Inter-cluster Coord., Agency Chiefs of Sections, OCHA
D. Coordination, collaboration and engagement with authorities (Coherence, effectiveness, connectedness, independence, efficiency)				
Question	Main question	Sub questions / topics	Criteria and indicators	Sources and MoV
D.1	How well have IASC members collaborated programmatically – between themselves and with others – to achieve their collective goals?	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	Evidence of joint inter-sector/cluster programmatic initiatives Evidence of collaboration with Afghan civil society Quality of collaboration with IPs and Cluster members	Planning and strategic documents underscoring inter-sector/cluster initiatives Minutes from key coordination meetings

	Have partnership delivery models been effective and appropriate to the context?	between IASC members, Afghan civil society, other humanitarian actors.		KIIs with Clusters Coord., Inter-cluster Coord., Agency Chiefs of Sections, IP, other orgs, Civil Society
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 independence?	<p>D.2.1 Did the HCT Joint Operating Principles (rev. August 2021) and Transitional Engagement Framework (Jan 2022) serve to enable principled humanitarian engagement and access? How did the IASC Principals Concept of Operations (Jan 2023) affect this? Did IASC members adhere to the Principles, Framework, CoO?</p> <p>D.2.2 Were bilaterally negotiated access and operating agreements appropriate and effective? How effective were multilateral approaches in this regard?</p>	<p>Level of humanitarian access nationally and at provincial/local level</p> <p>Timeframes for disputes/ blockages to be resolved</p> <p>Implications for security and safety of aid workers (national, international)</p> <p>Unintended consequences of negotiated access? (e.g. setting negative precedents, raising expectations)</p>	<p>REACH data</p> <p>OCHA and other sources on access</p> <p>KIIs (Kabul and provincial level)</p> <p>HQ level KIIs</p>
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? How well has the ICC system worked?	<p>D.3.1 Strategic coordination and the HCT. How strong was the strategic direction given by the HCT over time?</p> <p>D.3.2 Sector coordination. How well did sector and inter-sector coordination work? What were the factors behind relative success or failure?</p> <p>D.3.3 How well did the HPC joint processes, mechanisms and policies</p>	<p>Evidence of coordinated strategic approaches and responses</p> <p>Evidence of coordinated programmatic sector/cluster responses</p> <p>Evidence of effective scale up of capacities and response post August</p>	<p>Minutes from HCT/IASC meetings</p> <p>Minutes from ICC/key cluster meetings</p> <p>KIIs: HC, DHC, HCT members, ICC, Cluster Coord.</p> <p>HQ level KIIs on Scale Up Activation</p>

	How well did the IASC Scale Up Activation process work to enable a stronger collective response?	(HRP, HNO, etc.) serve to enable and strengthen the collective response? D.3.3 Effective implementation and utility of the IASC Scale Up protocols.	2021. Including senior management and technical capacities. Evidence of harmony/disharmony between IASC and agency scale up processes	
D.4	Lessons arising from D.1 – D.3?			
E. Cross-cutting issues				
Question	Main question	Sub questions / topics	Criteria and indicators	Sources and MoV
E.1	Has the IASC response been consistent with core principles of humanitarian action? Has it been consistent with global humanitarian policy priorities?	E.1.1 Has the collective response been consistent with core principles of humanitarian action? C.f. D.2. E.1.2 Has the response been consistent with other key principles (including Do No Harm, Centrality of Protection)? E.1.3 How consistent has the response been with the policy of 'localization'?	Coverage vs needs Equal access and non-discrimination Evidence of individuals most at risk being prioritized (FHH, elderly, children, IDPs, PWDs). Quality of parameters used for targeting. Evidence of potential inclusion/exclusion errors Quality of monitoring and mitigation of potential unintended consequences (e.g. mismanagement, diversion of supplies, aid as a pull factor, etc.) Availability and quality of services for people with specific needs (medical, psychosocial, legal)	Review of needs assessment and REACH data KIIs agency staff Review of feedback and complaint mechanisms Analysis of risk matrices Community consultations/ interviews with beneficiaries
E.2	How well has the response addressed gender and human	E.2.1 How well were gender dimensions integrated in the		KIIs with agency staff

	<p>rights issues?</p> <p>How consistent has been the application of humanitarian and human rights principles? Have these been mutually complementary or in tension?</p>	<p>planning, implementation and monitoring of the response?</p> <p>E.2.2 Specifically, to what extent was prevention of and response to Gender-based violence (GBV) included in the response?</p> <p>E.2.3 With regard to human rights generally, to what extent has the response been able to help protect people or provide redress for denial or breaches of human rights?</p> <p>E.2.4 Has the application of humanitarian and human rights principles together been harmonious? Have there been tensions (in theory or practice) and if so, how have these been resolved?</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 gender-specific goals and indicators</p> <p>Collection of sex- disaggregated data</p> <p>Availability of services for GBV survivors</p> <p>Accessibility and inclusiveness of feedback and complaint mechanisms</p> <p>Adequacy of PSEA policies and practices</p> <p>Quality of data protection</p> <p>Existence of safe mechanisms to deliver humanitarian aid to individuals at risk of prosecution/ retaliation</p>	<p>Review of planning documents</p> <p>Review of gender analyses</p> <p>Review of monitoring and evaluation frameworks</p> <p>Review of feedback and complaint mechanism</p> <p>Community consultations</p> <p>Review of Protection Cluster minutes</p>
E.3	<p>How appropriate and effective has the collective approach to recovery, resilience and the humanitarian-development-peace nexus been?</p>	<p>E.3.1 To what extent has the response been able to ensure service provision is sustainable? Were approaches used to bolster systems (e.g. health, education, WASH) appropriate? How durable were the solutions adopted?</p> <p>E.3.2 To what extent has the response been able to advance the triple nexus? What were the main impediments to effective implementation of the triple nexus,</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 analyses,</p>	<p>HRP and sector strategies</p> <p>Development documents and strategies</p> <p>KII, including with members of larger (beyond humanitarian) coordination fora</p>

		including achievement of durable solutions?	<p>identification of potential flash points and spoilers)</p> <p>Identification of political, legal, social and economic impediments</p> <p>Quality, effectiveness and appropriateness of engagement with line ministries and other governance structures</p>	<p>Risk matrices</p> <p>Conflict and context analyses</p>
E.4	Efficiency, value for money and good collective use of time and resources	<p>E.4.1 Are there significant examples of good or bad value obtained for money spent in the collective response?</p> <p>E.4.2 How efficient have collective working practices been? E.g. has the collective response secured efficiency gains through shared use of resources? How efficient a use of time have coordination and other system-related processes been, against their added value?</p>	<p>Cost effectiveness of sector approaches (including high vs low maintenance, High input cost approaches vs more sustainable approaches with higher up-front investment costs</p> <p>Perceived utility of joint processes vs time invested</p>	<p>KIIs in Kabul, Mazar, Heart</p> <p>Remote KIIs</p>

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

TERMS OF REFERENCE



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1 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

Inter-Agency Humanitarian Evaluations Steering Group

interagencystandingcommittee.org/evaluations

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.

2 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

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](#)

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 in Iran and Pakistan alone. Another 3.5 million people are internally displaced, having fled their homes searching for refuge within the country.⁶

12. Afghanistan has long been ranked the worst place to be a woman or girl⁷ and the situation has worsened more recently following the continued closure of secondary schools for girls⁸ and the closure of women’s shelters⁹, 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.¹⁰

Figure 1 Afghanistan Map¹¹

⁵ [Afghanistan HNO 2022](#)

⁶ [Afghanistan Situation Regional Refugee Response Plan](#)

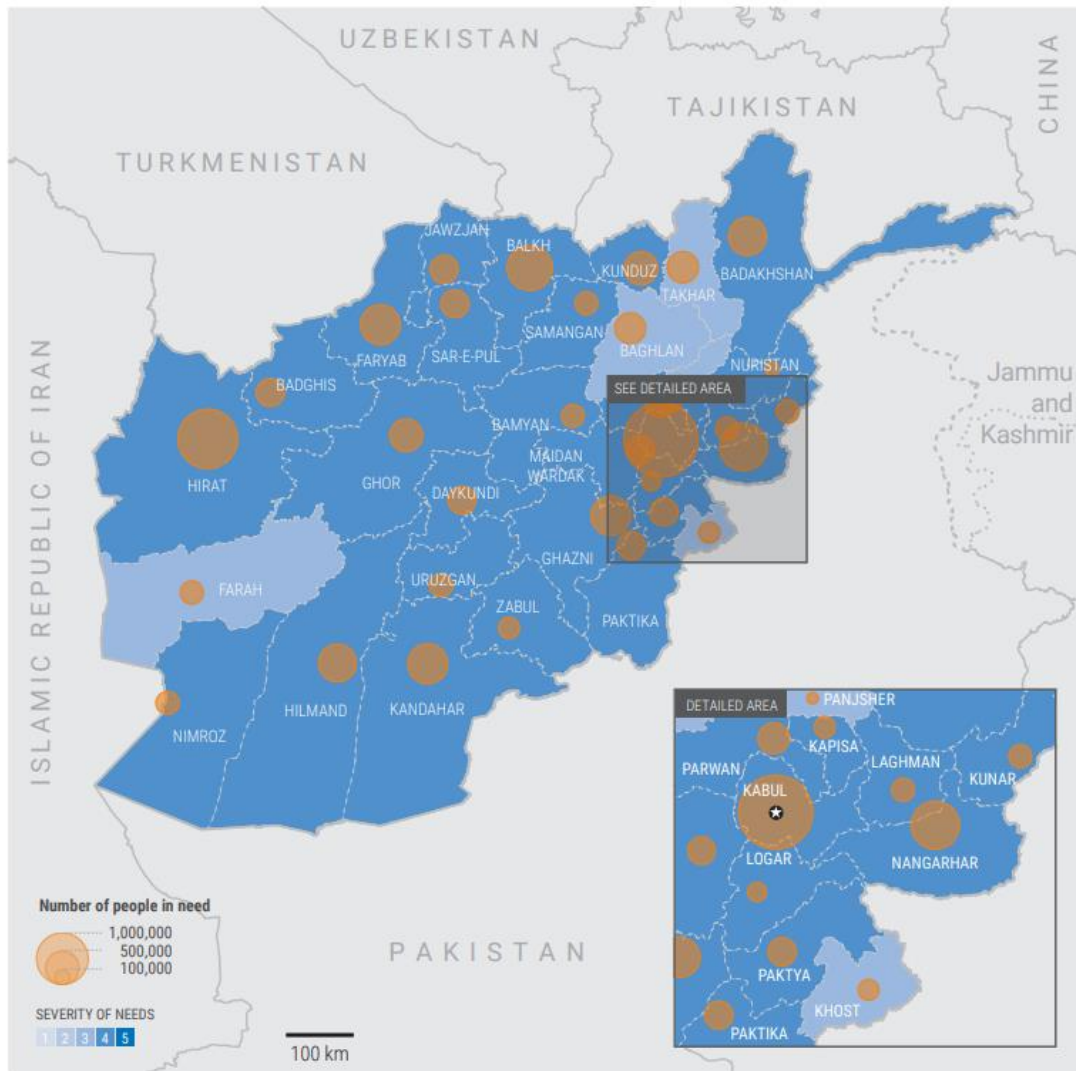
⁷ [GIWPS 2021 Women, Peace and Security Index](#)

⁸ [The Guardian Taliban ban girls from secondary education-in-Afghanistan](#)

⁹ [TNH Protection for women facing violence have vanished](#)

¹⁰ [Afghanistan Humanitarian Response Plan 2022](#)

¹¹ [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 Appeal¹². 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:¹³

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.

¹² [UN Financial Tracking System](#), accessed 15 March 2022

¹³ [Afghanistan Humanitarian Response Plan 2022](#)

3 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:

- a. Determine the extent to which the IASC member agencies' collective preparedness and response actions were relevant, coherent, and effective to address the humanitarian needs.
- b. Assess the results achieved and outcomes generated by the collective response.
- c. Examine the level of gender-responsive programming and women and girls' participation across the collective response.

- d. 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.
- e. 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.

4 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

5 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)
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<p>Relevance</p>	<p>To what extent did the IASC member agencies' collective preparedness and response efforts prove relevant and adaptive in meeting the demands of the crisis and the humanitarian needs caused by it?</p>	<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 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? • 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?
<p>Coherence</p>	<p>To what extent was the IASC members' collective response coherent and well-coordinated?</p>	<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?

<p>Effectiveness</p>	<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?
<p>Cross-cutting issue: gender and inclusivity</p>	<p>To what extent can the IASC member agencies' collective response be considered equitable and inclusive?</p>	<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?

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.

6 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
Inability to collect primary data from women in communities, women's groups and female staff. (High risk: medium likelihood, high impact)	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>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>

7 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.¹⁴ 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*,¹⁵ the UN System-Wide Action Plan (UN-SWAP) on gender equality¹⁶ and *the 2017 IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action*¹⁷ 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.

¹⁴ 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).

¹⁵ www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401

¹⁶ www.unsystem.org/content/un-system-wide-action-plan-gender-equality-and-empowerment-women-swap

¹⁷ <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Policy%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%20in%20Humanitarian%20Action.pdf>.

Additionally, the IAHE shall establish the extent to which existing feedback and complaint mechanisms are sufficiently available and used (and followed up on).

8 MANAGEMENT ARRANGEMENTS AND STAKEHOLDER PARTICIPATION¹⁸

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

¹⁸ For 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.

- Experience in facilitating consultative, participatory workshops involving a wide range of organizations, stakeholders, and participants (in-person and virtual)
 - 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.

9 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.

10 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.¹⁹
 - ⇒ 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.
 - ⇒ 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):

¹⁹Challenges, 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.

- 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.

11 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.

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- 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.

12 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	Pooled and agency funds	Guidance and programming tools (HPC,	Sector/cluster leads activation and common services provision	

		surge capacity		MIRA, Sphere Standards, etc.)	
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Annex III: Overview of key requirements

This annex serves as instructions for the proposal to conduct the IAHE of the response to the humanitarian crisis in Afghanistan. The technical proposal (70%) will be evaluated separately from the financial proposal (30%). The award to conduct this evaluation is subject to winning the competitive secondary bidding process and the availability of funding. For more detailed information please see Annex C – Special Instructions.

Your technical proposal must clearly **illustrate your interpretation of the TOR and how your proposed services will be able to successfully respond to the IAHE's purpose, objectives and evaluation questions**, taking into account the information provided in the TOR. If you are proposing deviations from the TOR, include a justification/rationale.

Your proposal will be evaluated against the following criteria:

Pass/Fail criteria:

- Company has managed at least 3 evaluations of humanitarian responses or programs in the past 5 years
- Company demonstrate ability and systems for quality assurance
- Gantt Chart is provided
- Team Leader has a minimum of 15 years of experience
- Team Leader has led at least 5 humanitarian evaluations

Technical Criteria according to sections indicated below:

- Company profile and experience (100 points)
- Technical Approach (160 points)
- Human Resources (170 points)

In addition to the needs of the evaluation described in the TOR above, please structure your technical proposal according to the following three section including, at minimum, the following elements.

1. **Company experience and resources:** A brief profile of your company, focusing on your experience with evaluations of humanitarian programs in conflict settings in the past 5 years. (max 4 pages)
 - 1.1. List 5 humanitarian evaluations you have conducted recently (Title, client, link to the evaluation report if possible). Please indicate which evaluations where in an insecure region or in a conflict affected zone and which sectors or themes you evaluated. If you have conducted inter-agency or joint evaluations before, please include these in your example.
 - 1.2. Describe your ability to support an evaluation team during field work in Afghanistan including the duty of care arrangements, e.g. security management, staff health and medevac procedures and support to the team during field visit.
 - 1.3. Describe the quality assurance mechanisms or systems within your company that you will use to support this evaluation. Who will be responsible for quality assurance and what processes will you employ to ensure quality?

- 1.4. Describe the project management arrangements you will make to support this evaluation. What will be the arrangements within your company with regards to human resources and support to the evaluation team and processes?
- 1.5. Describe your ability to conduct formal surveys among affected communities or other stakeholders if and when required. Include experiences from surveys you conducted in the past about the type of survey, how you sampled respondents, how you reached respondents or any other elements you would like to include.²⁰
- 1.6. Has your company been previously or is currently involved in an evaluation in Afghanistan? If yes, provide a brief statement about this.

2. Technical Approach (max 8 pages)

- 2.1. The Evaluation Team’s understanding of the humanitarian context in Afghanistan
- 2.2. Proposed methodological approach to the evaluation, assuming you will be able to collect primary data across Afghanistan:
 - 2.2.1. Elaborate how your proposed approach will enable you to fulfil the purpose and objectives of the IAHE.
 - 2.2.2. Propose key aspects of a conceptual evaluation framework, demonstrating your understanding of the objectives of the IAHE and your analysis of the evaluation questions.
 - 2.2.3. Indicate how you will address the request towards gender and inclusivity and other cross-cutting themes throughout the evaluation.
 - 2.2.4. Present details about the data collection and analysis methods you plan to use to answer the evaluation questions. Include planning for field data collection. Include how you will use existing data, for example from the Reach Initiative. (Consult section 5 and 6 of the TOR)
- 2.3. Present an analysis of risks to the successful completion of the IAHE and how you will mitigate the risks
- 2.4. Gantt Chart including timeline, expected deliverables, and expected level of effort of team members/evaluation phase. Please consider eventual national holidays that might affect availability of key stakeholders. (Consult especially section 8 and 10)

3. Proposed Team (max 4 pages excluding CVs)

- 3.1. Description how the composed team meets the requirements stipulated under “The Evaluation Team” above.

²⁰ Please note that the survey will be decided during the inception phase, at which point you would provide a separate, detailed proposal for the survey.

- 3.2. Background, experience and skills of each team member of the Evaluation Team, including language skills
- 3.3. CV of each team member + 3 recommendation letters each for TL and SE
- 3.4. Background, experience and skills of company staff supporting this evaluation (quality assurance, project or operational management)
- 3.5. Overview of responsibilities and task division between the team members across the different evaluation phases

Annex C: Community consultation plan on humanitarian assistance in Afghanistan

Rationale

This plan for community consultation forms part of the Inter-Agency Humanitarian Evaluation (IAHE) of the IASC humanitarian response to the crisis in Afghanistan that is being conducted by Valid Evaluations.²¹ Valid is seeking one or more partner organisations to manage and oversee this consultation process. It is envisaged that local teams of researchers will be hired to conduct community consultations in at least two localities in each of the five regions of Afghanistan: Central, Northern, Eastern, Western and Southern.

Although the Valid team has access to various data sets derived from earlier surveys,²² as the situation is evolving with new developments (for example the ban on women aid workers and the exceptionally cold winter of 2022/23), and in order to have direct engagement with the recipients of humanitarian aid, the team believes the process of engagement proposed here will enhance its understanding of the context and make the evaluation more balanced, allowing the evaluators to hear as much from the recipient communities themselves as from aid agencies and other key actors.

The community consultation is part of the mixed methods approach proposed in the original Valid proposal for the IAHE. It will include a mix of Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) in around 10 locations 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 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.

The questions to be explored during the community consultations fall broadly into two categories: those concerned with identifying people's priority needs, and those concerned with whether people are able to access assistance and services most relevant to those needs. Related questions are likely to include:

On family needs, household economy, coping mechanisms, etc.

1) Please introduce yourself and your family: How many members depend on you, their age group and whether the house/shelter you live in is yours, rented or shared with others?

²¹ Commissioned by UN OCHA on behalf of the IAHE Steering Group. The conduct of an IAHE is a requirement of the Humanitarian System-Wide Scale Up Protocols activated in September 2021 by the Inter-Agency Standing Committee (IASC). The crisis response by IASC members since August 2021 is the subject of the evaluation.

²² These include data gathered by Ground Truth Solutions (GTS), REACH and the World Bank. A summary of the findings from recent data-gathering exercises is being prepared as part of the present evaluation. For the moment, the geographic targeting of the proposed community consultation will take account of areas covered by other data-gathering processes (to avoid duplication of effort) as well as the dates on which those exercises were conducted.

- 2) What is the main source of your income? Who else in your family earns a living? Do you work in more than one area?
- 3) Is the income you and your family members earn sufficient for the household? If not, how do you manage it?
- 4) Did you receive any form of assistance and support for your household? From whom and what did you receive? How long was the aid helpful for? Please elaborate with examples different types of assistance received and services accessed (health, education, advice, etc.)
- 5) What is your future plan? Are you planning to stay or move to another location? Do you expect another job/source of income (seasonal for example)?

On priorities for assistance and people's experience of aid

1. What are the key needs and priorities in your area and who (what type of families/individuals) are in the highest need of humanitarian aid?
2. What type of humanitarian assistance or service have you received over the past 18 months? And from whom? What kind of winter assistance have you received most recently?
3. How was the process of aid distribution organised in your area? Who took part and what type of people were benefiting and excluded from this process?
4. What are the main challenges in getting access to humanitarian assistance or basic services like water supply or health? Please elaborate on these challenges at different levels (beneficiaries, organisers, NGOs, Donors etc.)
5. How and to whom do you report any issues in receiving humanitarian assistance? Is there a feedback mechanism? Have you or anyone you know used that mechanism?
6. How can aid distribution and identification of needs and vulnerable people be improved? Please provide your recommendations in:
 - a) identifying vulnerable people,
 - b) process of organising aid distribution or service provision
 - c) ensuring better quality of the aid or assistance,
 - d) ensuring transparency and accountability by service providers and organisers.
7. Do you have any messages or recommendations to humanitarian aid providers?

Each consultation process will take 60-90 minutes. Consent with interviewees should be either verbal or recorded before the interviews.

Criteria for selection of sites and KII/FGD members

A range of sites will be selected that meet at least one of the following criteria:

- Communities in the highest assessed need categories (IPC 3 and 4)
- Communities (and households in these communities) that have received one or more forms of or 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 assistance or services and have not been reached out to at all by any of the humanitarian agencies over the past 18 months. *[Note: based on reporting, there are two districts, one in Ghor and one in Daikundi, that are not covered by*

aid; other than that, all received food assistance.] Ideally, conducting 2 consultations with these communities is proposed.

- *KII and FGD members will be selected from the above-identified areas in both rural and urban settings through a mixed snowball method and also looking at the profile of the region on who are key actors within these communities.*
- *Local partners will ensure that their researchers have a good level of knowledge and previous familiarity/work experience in the selected sites, so an initial trust is already built between interviewees and researchers.*
- *In the selection of KIIs and FGD participants, roughly equal representation of male and female voices will be the goal. A 25-30% female participation rate will be the minimum target.*

The FGD and KIIs will be selected from the following list of provinces in each region:

Central Region

1. Kabul
2. Parwan
3. Bamyan

Northern region

1. Balkh
2. Badakhshan
3. Konduz

Eastern region

1. Nuristan
2. Nangarhar
3. Paktya

Western Region

1. Herat
2. Ghor
3. Farah

Southern Region

1. Kandahar
2. Nimroz
3. Ghazni

No.	Regions	No of FGDs	No of KIIs	No of districts

1	Central	8	20	
2	Northern	2	10	
3	Eastern	2	10	
4	Southern	2	10	
5	Western	2	10	
6	Total	16	60	

Interviews (KII) & FGDs

In each province, 2 focus group discussions will be held with groups of 4-10 members. Local partners will ensure that at least one FGD will be held with women in these regions. Given the latest limitations on female workers and more generally on participation by women, there may be limited possibilities for this, but our local partners reassure us that it is feasible to interview women. If FGDs are not feasible for women, we will try at least three female KIIs with individuals in the selected sites.

Number of FGDs: 2 per region and 8 in central region = 16

The number of KII:10 per region and 20 in central region = 60

Members of the FGDs participants will be selected by a lead facilitator in each region based on the following factors:

- They are representative of the community they live in, for example, members of former Community Development Councils or other influential settings such as Qaryadar/Wakeel e Guzar (village representative/Guzar representative in urban settings), Mullah of the Mosques (religious lead prayers), tribal elders, etc.
- They and or their families received (and those who did not receive) humanitarian support.
- They benefited from one or more of the 7 clusters' assistance (Education, Emergency Shelter and NFI, Food Security and Agriculture, Health, Nutrition, Protection, and Child Protection)
- They are among the vulnerable members of the community based on (gender, disability, ethnicity or tribe, class etc.)
- They will represent different age groups from 18 and above.
- They work in the distribution of humanitarian sites and or are part of the organisers.

The same criteria will be used in the selection of key informants for interview, taking account of the potential need to extend representation beyond that achieved in the FGDs.

Management Team

The selected local partner organisation will build a team of local researchers (male and female) in each of the localities who will conduct the consultations. The lead consultant will work closely with the local partner to ensure the smooth execution of this process.

The local partner will coordinate the provincial data-gathering process and will review all transcription in local languages and translate them into English as soon as they are provided by local facilitators. Interview tools, including their Dari and Pashto translations, should be reviewed by the lead consultant (Orzala Nemat) before the start of the data gathering. Care will be taken to ensure that aid and other technical jargon is avoided in questions used to guide FGDs and KIIs.

A focal point from the local partner will be linked with the management data focal point to ensure all data entry is made into the system accordingly.

The lead consultant for this assignment will be Orzala Nemat (ON), who will coordinate closely with the rest of the team on the development process of community consultations.

Translation, recording and note-taking

The local partner will be responsible for the full transcription and translation of all field data in due time. The lead consultant will be virtually part of the consultation with all FGDs when the internet services and security situation allow this.

After the interview and FGD questionnaire is approved by the Valid team, the local partner will turn them into KII and FGD tools and translate them into both local languages. Then, ON will review the translation for accuracy and an orientation session will be organised by local partner for the introduction of the tools and its testing.

The local partner team will review the questions and make sure they understand them well and identify key probing topics that may emerge during FGDs.

The local partner will be responsible for notetaking, transcribing the voice recorded for all FGDs and sharing transcription and voice clips for all with the lead consultant (ON).

A translator will work with a lead consultant to ensure that all materials are translated accurately and in full detail and that files are shared with the management team.

Timeline and project phases

The proposed start date for the contract is February 20th valid until May 30th, 2023. This assignment needs to be completed within that period (three months & two weeks).

A phased approach is proposed. Phase 1, to be initiated in mid-March, will involve the conduct of FGDs and KIIs in the Central region. The Valid team will review the data submitted in Phase 1 and agree with the partner organisation(s) on any adjustments to the approach for Phase 2, covering the four remaining regions. Phase 2 will be conducted from April to mid-May (making due allowance for Ramadan), with related material to be submitted no later than May 31st May, 2023.

Material to be handed over to the Valid project team:

- Participant details (with names anonymised), including their location.
- All transcripts (16 FGDs and 60 interviews) in English with notes in local languages
- Notes from each FGD (flipcharts or personal notes)
- Some photos from the community consultation process

Safety and Security

Given the nature of working under the current context, we will consult and contract a local partner in the country registered with the Ministry of Economy NGO directorate so as to be able to work across the country. The assumption made here is that a local partner has experienced and trusted members in their localities who are capable of organising and conducting interviews and providing us with the desirable data. Steps to be taken to ensure the ethics of the process and the safety of local researchers and respondents include:

- Ensuring informed consent is obtained from all those participating in FGDs and KIIs
- Ensuring transparency on the goals and objectives of this study
- Making sure that no original name of any interviewees is typed in a transcription. Instead, the names and locations will be codified.
- To secure the best way to transfer audio/video/photos and ensure the informants that none of these will be used with attribution to them and/or without their consent.
- To ensure that all researchers, particularly female researchers, will have all security and risk assessment clearance from local partners to conduct the interviews and that all support required by them is provided, such as covering their close male relative's costs for travelling with them. Covering telephone and internet costs etc. in case interviews happen via mobile calls.
- Ensuring the necessary steps are taken to clear the consultation process with the relevant authorities.

The contract with the partner organisation(s) will include a requirement to ensure that the principles set out in the UNEG Ethical Guidelines (including Integrity, Accountability, Respect, and Beneficence) are adhered to.

Annex D: Description of DFA Ministries and Departments

The following is a brief overview of the role of the DFA ministries and departments most relevant to the humanitarian response.

- *Office for the State Ministry for Disaster Management, known as ANDMA*
ANDMA's main role is described in a regulatory document in four chapters and 26 articles. Although this document dates back to the republic time, the current DFAs also follow this in general. The main role is to regulate and coordinate the general work on disaster risk reduction, protection of all types of properties and providing welfare and public safety against natural and man-made disasters; effective management of reducing mortality rate, minimizing economic losses, and preserving public and government assets. The ANDMA also coordinates its activities with the Ministry of Foreign Affairs and national and international NGOs.
- *NGO directorate of Ministry of Economy:*
Although the Ministry of the economy has other departments, the NGO directorate and the team under this directorate that monitors NGOs' work are the most important department as they regulate all reporting systems of the INGOs and NGOs. The directorate remained fully functional and active throughout the changes, with only the director and head of units replaced with a Taliban member, the rest remaining in post from the Republic. NGO directorate's role is to provide registration, receive full details of NGO assets, human resources lists, regular biannual reports from their activities, project registration; and to provide support letters for NGOs to visit project sites and coordinate with other ministries.

MoEc NGO directorate also has provincial structures across 34 provinces, with varying and limited capacities. If a Kabul-based NGO wishes to operate at the provincial level, it must follow a procedure of getting approval from MoEc in Kabul, then a letter from the provincial government which includes a whole series of directorates to review and provide a 'no objection' letter for the NGO to run its operations at the provincial level. In the past, usually, it was MoEc provincial directorate and the line ministry, now it goes to the governor's office and GDI for further review.

- *Ministry of Martyrs and Disabled Affairs (MOMDA)*
The main focus of this ministry is to provide welfare support to the families of martyrs and people with disabilities. The ministry also works closely with NGOs, some INGOs and USAID contractors to run projects that deliver aid for widows and orphans and support orphanages, rehabilitation centres and people with disabilities. This ministry too did not see any significant transformation but rather a change in the top management of the ministry since the republic time. Most of the relevant guidelines, laws and policies that lead everyday practices in the ministry are the ones from the republic time.
- *Ministry of Labour and Social Affairs (MoLSA)*
This ministry focuses on social protection. MoLSA and MoMDA, having been merged, then got separated from each other. There is a clear overlap between the two as MoLSA too works on vulnerable groups such as widows and orphans etc. Additionally, MoLSA regulates work permits for International NGO staff in the country.
- *Ministry of Agriculture, Irrigation and Livestock (MAIL)*
This ministry focuses on three thematic areas: agriculture, irrigation and livestock support. In the ~~current context, a proportion of humanitarian aid is channeled through this ministry as it relates~~

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to alternative livelihoods related programs by donors and implementing agencies. For instance, FAO provides support for rural livelihoods, and several other organizations working on different aspects of animal husbandry, agriculture and seed distributions etc. are working in collaboration with MAIL. The ministry's relations with NGOs/INGOs/contractors are coordinated via its policy department.

- *Ministry of Refugees and Repatriations (MoRR)*

MoRR also follows the same mandate as the previous government dealing with refugees and repatriation matters. This ministry is led by a senior member of the Haqqani group and although there is no formal database on which NGOs are cooperating with MoRR, the website shows several meetings with the UNHCR, IRC and many other INGO delegates visiting the ministry and discussing their activities in relation to refugees and repatriations.

- *Ministry of Foreign Affairs*

The Ministry of Foreign Affairs has a department that deals with the UN agencies and international organisations registrations such as the UN, World Bank, ICRC and others. The decree banning female aid staff from working was for those organisations operating at the MoEc NGO directorate, and hence did not apply to the above-mentioned organisations.

Annex E: List of inception phase interviews

Completed - in alphabetical order, by last name.

Name	Role	Agency/Organisation
Fatuma Akellos	Child Protection Cluster Coordinator	UNICEF
Archuthan Amir	General Protection Cluster Coordinator	NRC
Riccardo Conti	Head of Operations for Afghanistan and Pakistan	ICRC, Geneva
Linda Doull	Global Health Cluster Coordinator	WHO, Geneva
Stefano Fedele	Nutrition Global Cluster Coordinator	UNICEF, Geneva
Ben Flower	HLP Taskforce Cluster Coordinator	UN Habitat
Garth Price-Jones	Executive Secretary of Steering Committee for Humanitarian Response (SCHR)	SCHR, Geneva
Marie-Helene Kyprianou	Global Food Security Cluster Coordinator	WFP, Rome
Nouar Labidi	Former Food Security and Agriculture Global Cluster Coordinator	WFP, Rome
Rebecca Leabeater	HLP Taskforce Cluster Coordinator	NRC
Abdul Majid	Current Global Cluster Coordinator and former Afghanistan Country Cluster Coordinator, Food Security and Agriculture Cluster (FSAC)	FAO
Cristina Majorano	FSAC Global Cluster Information Manager	WFP, Rome
Adelheid Marschang	Senior Emergency Officer	WHO, Geneva
Ron Pouwels	Global Coordinator Child Protection Area of Responsibility	UNICEF, Geneva
Monica Ramos	WASH Global Cluster Coordinator	UNICEF, Geneva

To be completed - in alphabetical order, by last name.

Name	Role	Agency/Organisation
Gul Mohammad Ahmadi	Shelter/NFI Cluster Co-Chair	IOM
Vicki Aken	Country Director	IRC
TBC	Deputy Representative, Programme Section	UNICEF
Rex Arnold Alamban	Head of Preparedness and Response Division (PRD)	IOM

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Name	Role	Agency/Organisation
Fran Equiza	Representative	UNICEF
Gianluca Siega Battel		UNAMA
Samira Tika Bavand	Protection Cluster Coordinator	NRC
François Bellet	WASH Cluster Coordinator	UNICEF
Aleksandar Sasha Bodiroza	Representative	UNFPA
Jeanette Camarillo	Deputy Emergency Director	IOM
Elisa Cappelletti	Gender-Based Violence Area of Responsibility Coordinator	UNFPA
Katherine Carey	Deputy Head of Office	OCHA
Isabelle Moussard Carlsen	Head of Office	OCHA
Fabrizio Cesaretti	Deputy Representative	FAO
Cleopatra Chipuriro	Education Cluster Co-Lead	UNICEF
Abdallah Al Dardari	Representative	UNDP
Alison Miriam Davidian	Deputy Representative	UN Women
Kaustubh Devale	Head of Programme	FAO
Matho Nianga Doren	Senior Protection Cluster Coordinator	UNHCR
Fran Equiza	Representative	UNICEF
Marco Ferloni	Food Security and Agriculture Cluster Coordinator	WFP
Olivier Franchi	Country Director	Save the Children International
Fiona Gall	Acting Director	Agency Coordinating Body for Afghan Relief and Development (ACBAR)
Melinda Good	Country Director	World Bank
Mohammad Baqir Haidari	Shelter/NFI Cluster Deputy Coordinator	UNHCR
Umair Hasan	Country Director	Islamic Relief World Wide
Muhammad Hashim	Shelter/NFI Cluster Deputy Co-Chair	IOM
Anouk Heili	Gender in Humanitarian Action (GiHA) Working Group Co-Lead	UN Women
Husni Husni	Specialist, Accountability to Affected People (AAP)	UNFPA

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Name	Role	Agency/Organisation
Godwin Kudzotsa	Disability Inclusion Working Group Coordinator	Handicap International (HI)
Jeff Labovitz	Emergency Director	IOM
Hsiaowei Lee	Acting Representative	WFP
Dr Dapeng Luo	Representative	WHO
Daniel Mlenga	Food Security and Agriculture Cluster Coordinator	FAO
Maria Moita	Chief of Mission	IOM
Victor Moses	Country Director	CARE
Patrick Mutai	Shelter/NFI Cluster Coordinator	UNHCR
Elizabeth Njoki Muthama	Child Protection Area of Responsibility Co-lead	UNICEF
Janet Omogi	PSEA Coordinator	WFP
Hermann Ouedraogo	Nutrition Cluster Coordinator	UNICEF
Lisa Piper	Previous Director	Agency Coordinating Body for Afghan Relief and Development (ACBAR)
Najeebullah Qadri	Education Cluster Co-Lead	Save the Children
Filipe Ribeiro	Country Director	MSF
Stenly Hely Sajow	Head of Humanitarian Programme	UNFPA
Teresa Schwarz	Deputy Country Coordinator	REACH
Isis Sunwoo	Inter Cluster Coordinator (Head of Strategy and Coordination)	OCHA, Afghanistan
Jamshed Tanoli	Health Cluster Coordinator	WHO
Mete Temurcin	Camp Coordination and Camp Management Coordinator	UNHCR
Richard Trenchard	Representative	FAO
Neil Turner	Country Director	NRC
Negina Yari	Representative	Women's Advisory Group (WAG)
Mohammed Zaid	Deputy Head of Office	OHCA
Leonard Zulu	Representative	UNHCR
	Sub-National Cluster Reps	

Name	Role	Agency/Organisation
	Durable Solutions Working Group	

Annex F: Interview protocols & questions

General interview protocol and meeting guidelines

- Agree the length of the interview or meeting (typically 45-60 minutes) – preferably by written message in advance, including main topics / questions to be covered.
- Go through the following informed consent protocol: explain that we need to follow a certain protocol around informed consent and have some (brief) related questions.

Verbal consent form (KIIs and FGDs)

Title of evaluation: Inter-Agency Humanitarian Response (IAHE) for Afghanistan since August 2021

Nature and purpose of the evaluation

We are conducting an independent evaluation of the internationally coordinated (IASC) response to the humanitarian crisis in Afghanistan from August 2021 to date. Commissioned by UN OCHA in New York, this inter-agency humanitarian evaluation is required under Inter-Agency Steering Committee (IASC) Scale-Up Activation protocols. The independent Evaluation Team consists of James Darcy (Team Leader), Katharina Merkel (Deputy Team Leader), Enrico Leonardi, Tina Nelis, Alistair Hallam (Quality Assurance) and Orzala Nemat (Afghan specialist). The evaluation started in January 2023 and is scheduled to run to October 2023.

We are looking at how effectively resources were used to achieve *collective* goals and objectives set out in humanitarian response plans and aiming to identify lessons to help inform adaptations to the response in Afghanistan, as well as lessons for the humanitarian sector globally. The evaluation provides one form of accountability to affected populations, donors and other stakeholders.

This is not a technical evaluation and we are not looking at the performance of individual agencies and programmes. Rather our main concern is with how well *collectively* international agencies (UN, INGO), working with their Afghan partners, responded to the priority humanitarian needs of vulnerable people in Afghanistan. This evaluation, therefore, is *strategic* and seeks to address the system-wide nature of the response.

Time commitment

We appreciate your willingness to speak with us and will aim to keep interviews to no more than one hour.

Voluntary Participation and Confidentiality

Participation is voluntary, and you may choose not to respond to any or all of the questions or may withdraw at any time without consequences. For the purposes of the evaluation, we will take written notes of the interview. In writing the evaluation report, we will not attribute views to individuals or specific organisations, unless explicitly requested otherwise. All interviews are treated as strictly confidential. Data will be anonymised, and only Evaluation Team members will have access to the data.

Key Informant List

- *General –We intend to list individuals (or individual roles) and organisations as informants in an Annex to the evaluation report. Do you consent to this? Note consent or dissent.*
- *De Facto Authorities and other ministries/authorities - Are you content for us to refer to the Ministry/Authority in connection with this interview? NB we will not name individuals or specific departments. Note consent or dissent.*

Clarification points

Do you have any questions for us about the process before we proceed. If you have any questions after this meeting, we can be contacted directly or via the OCHA Kabul Office.

Overall consent

Do you agree to be interviewed on the basis of what we have just discussed? Note consent.

Guidance for Key Informant Interviews

It is important to take account of the following:

- **Topic guides:** Will need to be contextualised for individual stakeholders.
- **Agenda and framing:** Set the agenda for the meeting and the issues you would like to cover – see notes below.
- **Sensitivities:** Be aware in advance of potential sensitivities by consulting OCHA or relevant agency staff.
- **Consent:** Give respondents the introduction to the evaluation and ensure you have gained the required verbal consent.

Setting the agenda and framing questions

Our approach to interviews and meetings is a semi-structured one. Decide before the meeting the topics, guiding questions and specific issues from the Evaluation Matrix that you wish to pursue in the meeting – but also allow participants to raise new issues. Do not try to cover too much ground (suggest focusing on 4-5 questions or issues).

Use open questions. Start with a broad/descriptive question to open the conversation, e.g. ‘can you explain to us how you/your organisation are involved in this agenda’. But do not allow the meeting to become simply a descriptive briefing. This is an *evaluative* process, and we are trying to elicit evaluative judgements that can help IASC members think e.g. about alternative approaches that might work better than those currently adopted. These should be backed up with evidence/examples, and we may need to prompt those involved to illustrate their judgements (‘can you give me an example of that?’).

General procedure

Record the names, position and organisations of those you are interviewing or meeting with. The following table can be used to capture this information.

Interviewee name	
Position and organisation	
Interviewer name	
Date of interview	
Location of interview	

Key Informant Sample Questions

Devise appropriate questions using the list below as a guide. **Suggest focusing on no more than 5-7 core questions for the particular KII, with follow up questions as appropriate.** There are likely to be specific issues of concern other than those listed below, which reflect the questions in the Evaluation Matrix.

1. Introductory questions

- (i) *Please could you introduce yourself, including your post/role in the organisation/agency and length of time in the organisation?*
- (ii) *Can you provide an overview of the presence of your organisation/agency in Afghanistan and the work that it carries out?*

2. Evolution of Afghanistan context, humanitarian priorities, operating environment, funding (Response appropriateness, relevance, coverage)

- (i) *How has the general Afghanistan context evolved since you joined the mission? (Prompt in relation to the following contexts: political, security, access; economic; social and demographic; changes in capacity of key services and systems)*
- (ii) *What are the priority needs of vulnerable Afghans? Which areas and groups are the most vulnerable?*
- (iii) *What evidence is this based on?*
- (iv) *How has the humanitarian context evolved since the Taliban takeover in August 2021 or since you joined the mission? (Prompt in relation to PiN, IPC trends, key sectors, themes such as gender, age and disability, displacement)*
- (v) *Has the operational environment improved/worsened since August 2021?*
- (vi) *What are the main challenges?*
- (vii) *Were agencies able to adapt to these challenges or new operating environment?*
- (viii) *Are you able to access the most vulnerable groups? Are you now able to access the hardest-to-reach?*
- (ix) *Can you describe your agency/organisation's funding model?*
- (x) *How has the funding and finance context since August 2021 affected your agency/organisation? (Prompt effect of suspension of development funding, economic sanctions, banking collapse, donor conditionality).*

3. Collective response strategy, needs assessment, programme design (Relevance, appropriateness, coverage, impartiality, coherence)

- (i) *Can you explain the collective response logic? Has it been clear and sound, in particular by sector? (Prompt in relation to whether assumptions were realistic and indicators measurable).*
- (ii) *How well has the collective response addressed the (evolving) needs of vulnerable Afghans? (Prompt in terms of scale, coverage and balance).*
- (iii) *Are aid resources aligned with the main needs identified?*
- (iv) *How well have specific needs and vulnerabilities related to gender, age, disability, ethnicity and other factors been addressed?*
- (v) *How have the specific challenges faced by women and girls (including access) been addressed, and how have these been reflected in response modalities?*
- (vi) *To what extent did the response consider equally the special needs of women, girls, men, boys, elderly, people with disabilities, and/or people with other vulnerabilities?*
- (vii) *To what extent have communities and local partners been engaged in programme design?*
- (viii) *Can you explain some programme design decisions that have been made in response to the changing context?*
- (ix) *What are the data gathering processes to assess these needs in your organisation/agency and how have they changed over time?*
- (x) *How have you been able to mitigate these challenges?*

- (xi) *What is your view on the accuracy and reliability of data sets collected and used? How disaggregated is the data?*
- (xii) *Has coordination between agencies, INGOs, NNGOs or between sectors improved/worsened since August 2021? Why?*
- (xiii) *Has there been adequate transparency and accountability for strategic decisions made? Please provide examples.*
- (xiv) *Have there been difficult moments where the collective response has been challenged in terms of coordination and advocacy? Can you provide an example?*
- (xv) *To what extent have issues of sustainability, durability, connectedness, local ownership and system strengthening been reflected in responses by sector?*
- (xvi) *Are there medium to long-term aspects of the collective response that can support development and resilience efforts? (If not, are there plans to do this? What would need to change/be put in place to do this?).*

4. Response delivery, performance and impact (Quality, results, effectiveness)

- (i) *Has the collective response been able to meet the objectives set out in the HRPs? (Prompt using the headline of the strategic objectives). Please provide examples.*
- (ii) *Has the response been consistently delivered across agencies/organisations and locations and targets met? Please provide examples.*
- (iii) *Has there been any issues relating to the quality of delivery by sectors? What were the reasons behind these issues and how have they been overcome (or not)?*
- (iv) *How accountable have responding agencies/organisations been to affected populations in terms of services and goods delivered?*
- (v) *What feedback mechanisms have been used/what mechanisms worked well/not so well?*
- (vi) *Was the data obtained through feedback channels disaggregated in terms of age; gender; other factors?*
- (vii) *To what extent has your agency/organisation engaged in follow up with affected populations?*

5. Coordination, collaboration and engagement with authorities, partners (Coherence, effectiveness, connectedness, independence, efficiency)

- (i) *What did your agency/organisation do in relation to the L3 activation? (Prompt around timing of scale up, increased capacity).*
- (ii) *How well did the Scale Up Activation process enable and strengthen the collective response?*
- (iii) *To what extent has the collective response collaborated to achieve their collective goals? (Prompt in relation to collaboration between agencies, INGOs, NNGOs)*
- (iv) *What has enabled or inhibited this collaboration?*
- (v) *How does the HCT operate as a strategic body? Has it enabled an effective collective response? How well do the major operational agencies work together on strategy?*
- (vi) *How do the clusters operate and are they functioning well? Are there any improvements that could be made?*
- (vii) *How have IASC members engaged with the De Facto Authorities (DFA) and relevant ministries? Do they engage as a collective or bilaterally with DFA? Has there been any cases where redlines have been drawn? (Prompt on use of armed escorts, ban on women workers, education).*

- (viii) *What have been the main points of contention between IASC members and DFA since August 2021? How have these been addressed (not addressed)?*
- (ix) *How is access negotiated and secured? What could be done better?*
- (x) *To what extent have humanitarian actors been able to adhere to the humanitarian principles when engaging with the DFA?*
- (xi) *To your knowledge, are the humanitarian principles and/or reference to International Humanitarian Law raised when negotiating access or in relation to other activities?*
- (xii) *Do the authorities allow for marginalised and excluded groups to be included in the response?*
- (xiii) *Has there been collective communications or advocacy strategy when dealing with the DFA around access/programme implementation etc?*
- (xiv) *Since the Taliban take over in August 2021, to what extent have there been effective links to development and peace partners?*
- (xv) *To what extent has it been possible to advance the localisation agenda in Afghanistan pre- and post-Taliban takeover?*
- (xvi) *Are there current restrictions on NNGOs and the way in which they can work with UN agencies/INGOs?*

6. Cross-cutting issues

- (i) *Has the IASC response been consistent with core principles of humanitarian action: independence, neutrality, impartiality and humanity? Please provide examples.*
- (ii) *How has the system dealt with issues raised and what are the mechanisms for raising concerns?*
- (iii) *What other principles has your agency/organisation/sector adhered to? (Prompt do no harm, centrality of protection)*
- (iv) *To what extent have the humanitarian principles been consistent with or at odds with human rights approaches in Afghanistan since August 2021?*
- (v) *Is there in-depth gender analysis and to what extent is this shaping the collective response?*
- (vi) *Are there strategies for ensuring gender equity?*
- (vii) *To what extent has gender-based violence prevention been addressed in the humanitarian response?*
- (viii) *Were protection services provided at scale and at an adequate level of coverage?*
- (ix) *We are interested in questions of efficiency and value for money in the collective response. Can you give us any examples of interventions or approaches that provided either good or bad value for money?*
- (x) *How useful have the coordination processes been? Efficient use of time?*

End the interview by:

- Thanking the interviewee.
- Ask if they have any immediate follow up questions.
- Share your contact details in case they want to follow up.
- Ask if there is anyone else the Evaluation Team should contact.

Annex G: List of reference documents

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