

**INCEPTION REPORT:**

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



**30 June 2023**



**Administrative map of Afghanistan showing Provinces**

Source: <https://www.un.org/geospatial/content/afghanistan-2>

## Abbreviations

AAP	Accountability to Affected Population/People
ACBAR	Agency Coordinating Body for Afghan Relief and Development
ACF	Action contre la Faim / Action Against Hunger
AWD	Acute Watery Diarrhoea
BPHS	Basic Package of Health Services
BSFP	Blanket Supplementary Feeding Programme
CBE	Community-Based Education
CC	Community Consultation
CCHF	Crimean-Congo Haemorrhagic Fever
CDC	Community Development Committee
CERF	Central Emergency Response Fund
DACAAR	Danish Committee for Aid to Afghan Refugees
DFA	De Facto Authority
DRC	Danish Refugee Council
EiE	Education in Emergencies
EMG	Evaluation Management Group
EO	Evaluation Office
EPHS	Essential Package of Health Services
ES-NFI	Emergency Shelter-Non-Food Item
ET	Evaluation Team
EU	European Union
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FS&A	Food Security and Agriculture
FSAC	Food Security and Agriculture Cluster
FTS	Financial Tracking Service
GBV	Gender-Based Violence
HCT	Humanitarian Country Team
HER	Health Emergency Response
HI	Handicap International
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee

ICCG	Inter-Cluster Coordination Group
ICCT	Inter-Cluster Coordination Team
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDP	Internally Displaced Person
IFAD	International Fund for Agricultural Development
IFRC	International Federation of the Red Cross and Red Crescent Societies
ILO	International Labour Organization
INGO	International Non-Governmental Organisation
INSO	International NGO Safety Organisation
IOM	International Organization for Migration
IP	Implementing Partner
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
ISK	Islamic State – Khorasan
KII	Key Informant Interview
MAM	Moderate Acute Malnutrition
MHNT	Mobile Health and Nutrition Team
MoE	Ministry of Education
MoFA	Ministry of Foreign Affairs
MoPH	Ministry of Public Health
MOU	Memorandum of Understanding
MRRD	Ministry of Rural Rehabilitation and Development
MSF	Médecins Sans Frontières
MUAC	Mid-Upper Arm Circumference
NFI	Non-Food Item
NGO	Non-Governmental Organisation
NNGO	National Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD-DAC	Organisation for Economic Co-operation-Development Assistance Committee
OHCHR	Office of the High Commissioner for Human Rights
PiN	People in Need
PLW	Pregnant and Lactating Women
PSEA	Protection from Sexual Exploitation and Abuse
PTRO	Peace Training and Research Organization

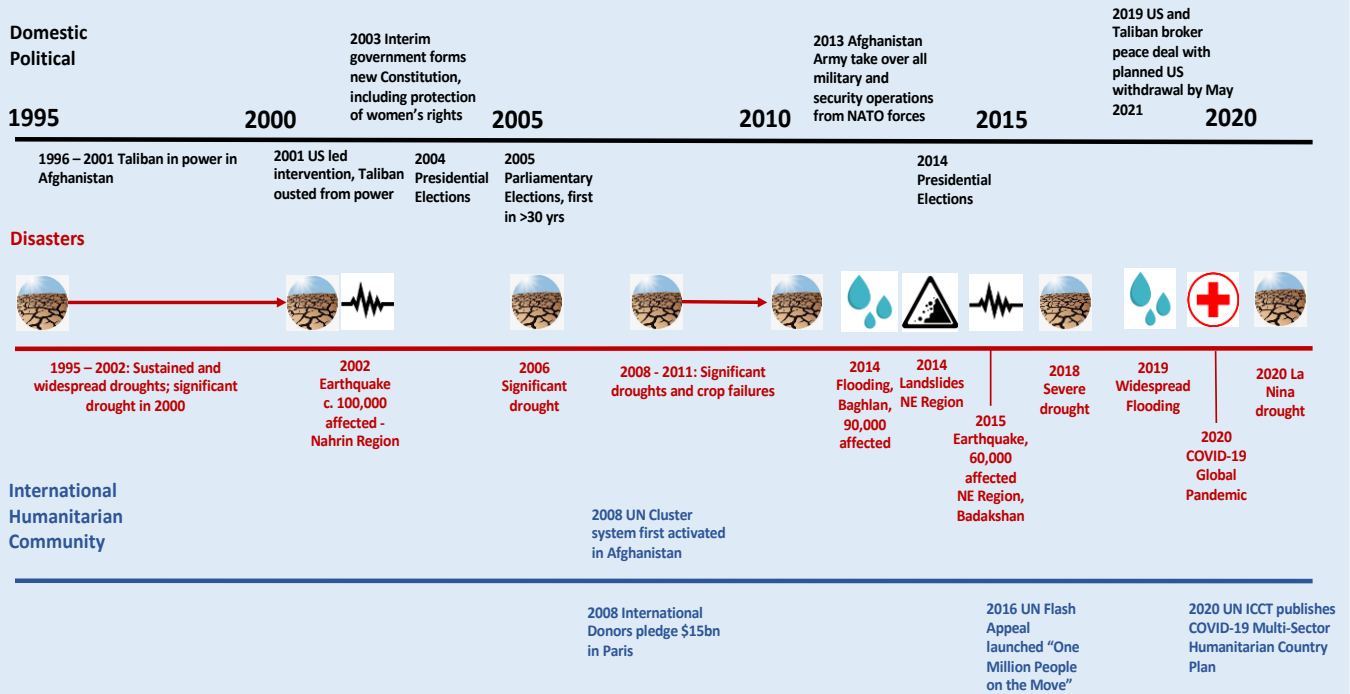
SAG	Strategic Advisory Group
SAM	Severe Acute Malnutrition
SCHR	Steering Committee for Humanitarian Response
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SRP	Strategic Response Plan
ToR	Terms of Reference
UNAMA	United Nations Assistance Mission in Afghanistan
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Centre for Human Settlements
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNIDO	United Nations Industrial Development Organization
UNITAR	United Nations Institute for Training and Research
UNMAS	United Nations Mine Action Service
UNOCA	United Nations Operations Centre in Afghanistan
UNODC	United Nations Office on Drugs and Crime
UNOPS	UN Office for Project Services
US	United States
USD	United States Dollar
WAG	Women’s Advisory Group
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

## Contents

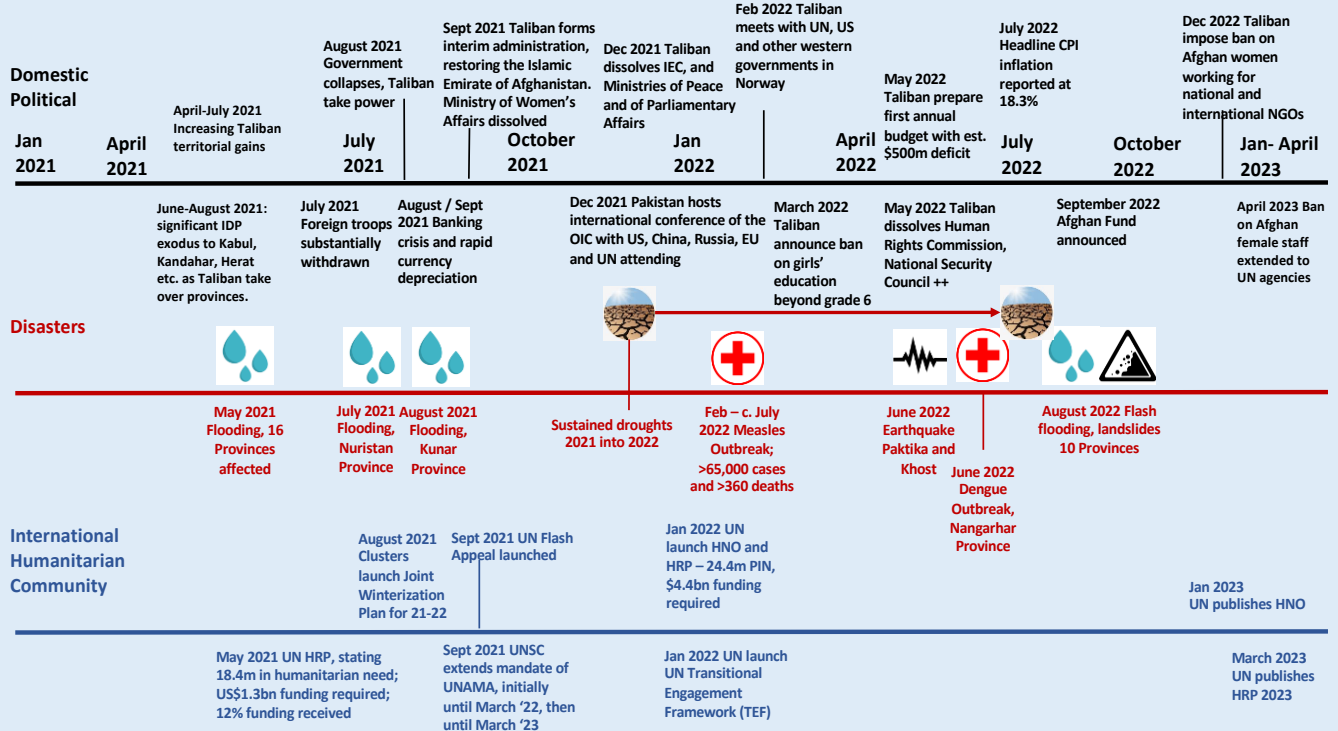
<b>1. Introduction and overview.....</b>	<b>8</b>
<b>2. Purpose, approach, guiding questions and methodology .....</b>	<b>14</b>
2.1 Purpose, scope and target audience .....	14
2.2 Overall approach .....	15
2.3 Evaluability limits, risks and mitigation measures.....	16
2.4 Evaluation questions and thematic areas of enquiry .....	17
2.5 Methodology.....	21
<b>3. The Afghanistan context.....</b>	<b>25</b>
3.1 Political, economic and social context.....	25
3.2 Humanitarian context since 2021 .....	29
3.3 Key humanitarian actors and stakeholders .....	34
<b>4. The humanitarian response since 2021.....</b>	<b>41</b>
4.1 Introduction.....	41
4.2 Funding and response data.....	43
4.3 Food Security and Agriculture Cluster response.....	45
4.4 Health Cluster response .....	47
4.5 Nutrition Cluster response .....	49
4.6 Water, Sanitation and Hygiene Cluster response.....	51
4.7 Emergency Shelter and Non-food Items Cluster response.....	52
4.8 Education Cluster response .....	53
4.9 Protection Cluster response.....	55
<b>5. Evaluation framework of analysis.....</b>	<b>57</b>
5.1 Introduction.....	57
5.2 Analytical framework .....	58
<b>6. Implementation schedule and field mission plan.....</b>	<b>63</b>

**Figure 1 Selective political and humanitarian timeline for Afghanistan**

**Afghanistan timeline of key events: 1995 - 2021**



**Afghanistan timeline of key events: 2021 – April 2023**



## 1. Introduction and overview

1.1 This Inter-Agency Humanitarian Evaluation (IAHE) of the international humanitarian response in Afghanistan was launched by the Emergency Relief Coordinator (ERC) on 20 May 2022 in line with the Inter-Agency Standing Committee (IASC) Scale-Up protocols and following the activation of the system-wide Scale-Up in Afghanistan on 11 September 2021. The IAHE is managed by the IAHE Steering Group, an IASC Associated Body comprised of directors of independent evaluation functions of the IASC member organizations. Valid Evaluations has been contracted to undertake the IAHE.

The subject of the evaluation is the response by IASC members to the crisis in Afghanistan since August 2021.<sup>1</sup> In this inception report, the evaluation team sets out its understanding of the IAHE Terms of Reference (see Annex B) and outlines the means by which it intends to deliver on them. The report describes the proposed approach and methods, including the guiding questions, analytical frameworks and the means by which evidence will be gathered. Provisional lines of enquiry are set out, based on the team's reading of relevant documentation and literature as well as some preliminary scoping interviews. The basic elements of the humanitarian response since 2021 (including sector-specific targets and strategies) are described in some detail. The report also describes the evaluation team's understanding of the wider context and the main factors affecting the humanitarian agenda, although though this is inevitably selective – and will be expanded and tested further as the evaluation proceeds and as the situation continues to evolve.

### **Overall guiding questions for the evaluation**

*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?*

1.2 As noted in the Terms of Reference (ToR), the purpose of an IAHE is to strengthen system-wide learning and promote accountability towards affected people, national governments, donors, and the public. IAHEs offer an independent assessment of the collective humanitarian response to the crisis rather than an in-depth evaluation of any one sector or of the performance of a specific organization. This demands some analysis of the *system* by which responses have been coordinated (led by the Humanitarian Country Team (HCT) in Kabul) and the performance of that system's main functions,

---

<sup>1</sup> The IASC is chaired by the Emergency Relief Coordinator. The full member organisations are Food and Agriculture Organization (FAO), International Organization for Migration (IOM), Office for the Coordination of Humanitarian Affairs (OCHA), Office of the High Commissioner for Human Rights (OHCHR), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Centre for Human Settlements (UN-HABITAT), United Nations High Commissioner for Refugees (UNHCR), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), World Food Programme (WFP) and World Health Organization (WHO). Standing invitees include the non-governmental organizations (NGO) consortia Steering Committee for Humanitarian Response (SCHR), International Council of Voluntary Agencies (ICVA) and InterAction; as well the International Committee of the Red Cross (ICRC) and International Federation of the Red Cross and Red Crescent Societies (IFRC), Save the Children International, and the Special Rapporteur on the Human Rights of Internally Displaced Persons (IDPs).



including joint strategy and policy, advocacy, planning; needs assessment and priority setting; sector coordination and programme harmonisation. It also demands some consideration of the application and utility of the system-wide Scale Up Activation mobilisation procedures and protocols in relation to the Afghanistan response.<sup>2</sup> How effectively did the system scale up and strengthen its capacities to meet the new challenges post-August 2021? How well did IASC members work together and with others to address the humanitarian agenda? Most recently, what has been the response to the ban on female Afghan staff (international non-governmental organisations (INGOs) and the United Nations (UN)) and what questions of principle has this raised? How have different actors answered those questions, and what are the implications of both the bans themselves and the response to them for the ability of the system to deliver?

1.3 These system-related questions in turn have to be judged in relation to the primary subject of the evaluation: the coordinated response itself – its adequacy, relevance, effectiveness, etc. – given the needs of vulnerable people in Afghanistan and the enormous scale of the challenges they face. Did the multiple component responses come together effectively to address those needs? The ultimate test of this lies in the domain of changed outcomes for vulnerable populations, and this poses one of the main evaluability challenges: to assess what change occurred against predicted outcomes, and to what extent this can be attributed to aid interventions. Many of the outcomes in question have been framed in terms ‘life saving’ or reduction of mortality and morbidity; yet projections against these criteria are highly uncertain and data against which to judge impact at this level is scarce, suggesting that proxy indicators of impact may be needed. The more general test is one of benefit provided to vulnerable households in combatting the acute daily challenges they face: securing income, obtaining food, fuel and clean water, getting access to health care, getting children into school and keeping them safe, and so on. Here the questions relate more to coverage and reach of aid; the relevance, quality and effectiveness of assistance and services provided; and the role they play in people’s lives. These questions will be central to the evaluation and are considered further in the following sections.

#### *The subject matter and context of the evaluation*

1.4 While the IASC members’ crisis response since August 2021 is the subject of evaluation, this has to be understood in some historical context.<sup>3</sup> Specifically, this includes the period immediately preceding the current crisis in 2021; and this together with the most recent context *since* August 2021 is described in section 3 of this report. But the relevant context includes the political and aid history dating back twenty-five years to the period when the Taliban were last in power, and it extends even further back in time. Over the decades since the 1970s, Afghanistan has been almost continuously subjected to armed conflict, predatory warlordism and violent insecurity. This has left a toxic and divisive political and social legacy as well as taking a massive human toll: tens of thousands of civilian deaths<sup>4</sup>; mass

---

<sup>2</sup> The application and utility of the system-wide Scale Up process in relation to Afghanistan and Northern Ethiopia is also the subject of a separate but linked review commissioned through OCHA.

<sup>3</sup> This brief historical overview draws on multiple sources. A more fully referenced analysis of the most recent context is given in Sections 3 and 4 of the report. The point here is to highlight some of the enduring challenges facing Afghans, and some of the key factors in determining people’s vulnerability, many of which pre-date the events of August 2021.

<sup>4</sup> Estimates of civilian deaths vary, partly depending on time period considered. The US Institute for Peace estimates at least 46,000 civilian deaths during the US war with the Taliban, acknowledging this is likely to be significantly underestimated: *In*

displacement of people (internally and externally) <sup>5</sup>; widespread mental and physical trauma; lost education and childhoods, lost development opportunities; high levels of violent criminality, in part related to the narcotics trade; and a destructive legacy of landmines and other remnants of war.

At a societal and systems level, the legacy of conflict, corruption and poor governance coupled with the impact of natural disasters and (most recently) the collapse of economic systems has been profoundly damaging. Social networks have become strained, livelihoods and purchasing power severely eroded, coping mechanisms exhausted and household debt increased. Besides the macro- and micro-economic breakdown, basic services like health have been severely weakened by the exodus of professionals and other skilled capacities. The result of all these factors is that levels of dependency on humanitarian aid have reached record levels and continue to rise. According to the recent HRP for 2023, some 28 million people (two-thirds of the whole population) are now in need of humanitarian assistance and protection, making Afghanistan the largest single-country humanitarian caseload in the world.

1.5 Whatever development gains have been made in the past twenty years have to be set against this wider context and the enduring legacy of poverty and insecurity that it has left. Poverty and lack of development remain the bedrock problem, although there are significant rural/urban divides both in levels of development and access to services. This leaves Afghans, particularly rural farming communities, all the more vulnerable to climatic shocks (drought, floods) that have hit the country over the past two decades, most recently the massive drought of 2021. The humanitarian community's ability to respond to such events and to other natural hazards, like the earthquake that hit Paktika and Khost in June 2022 and the unusually harsh winter conditions in 2022/3, will form part of the evaluation. But the more general point is that people's ability – and that of their social networks – to withstand such shocks has been progressively eroded.

1.6 The situation for women and girls had improved over the past twenty years – at least for some, on some measures – but the period since August 2021 has been especially hard for them. Their situation and the humanitarian response to it will be one particular focus of the evaluation. The recent ban on girls' secondary and tertiary education echoes the even more severe ban imposed by the Taliban in the 1990s; while the bans imposed in late 2022 on Afghan women working for NGOs and subsequently for UN agencies came after months when women were already facing many challenges in working. The impact of that ban on the work of humanitarian agencies and the ways in which agencies responded to the ban will be reviewed in the evaluation. The larger picture is one in which women and girls face multiple threats from violence and coercion and in which their freedom of movement and activity is severely curtailed – even extending to visiting public spaces. For their part, Afghan boys and men also

---

*Afghanistan was a loss better than peace*, K. Bateman, USIP, 2022. <https://www.usip.org/publications/2022/11/afghanistan-was-loss-better-peace>. Overall deaths including combatants run to hundreds of thousands over the past three decades, with estimates of at least 176,000 since 2001 (*Costs of War*, Watson Institute of International & Public Affairs, Brown University, 2021).

<sup>5</sup> Since 2001, some 5.9 million Afghans are reported to have been displaced, either as refugees or IDPs. Source: Brown University Costs of War project - <https://watson.brown.edu/costsofwar/costs/human/refugees/afghan>

face multiple challenges and uncertain futures (which has driven a significant increase in migration out of Afghanistan), so that one concern is to find viable, non-criminal, non-violent roles for young men.<sup>6</sup>

1.7 In the years from 2001 to 2021, there was a transition away from a predominantly humanitarian mode of aid engagement in the country of the late 1990s and early 2000s, to an approach centred on development cooperation and funding supplemented by humanitarian assistance as the situation required. In many crucial aspects of the state and its functions, including the health sector and other basic services, this remained a highly aid-dependent economy.<sup>7</sup> The ongoing conflict meant that there was not a stable development context prior to August 2021, and Taliban-controlled areas remained largely outside the development envelope. Nevertheless, some significant gains were made, albeit with very uneven results as between urban and rural settings, and particularly neglected rural areas. In the latter years of the previous administration, major climatic shocks (particularly drought) saw an increased focus on humanitarian support; while the need to respond to the COVID-19 pandemic from 2020 saw a further refocus on short-term priorities.

If the present crisis has a primary trigger, it is the economic collapse following the Taliban takeover in August 2021. This had several causes, including external factors (lack of political support for the de facto authorities (DFA), the freezing of government assets, the response to sanctions), as well as more internal ones (including failure of the banking system and loss of business confidence). Currency fluctuation and a rapid rise in inflation hit families very hard. One key external factor, given the high level of state dependency on aid, was the withdrawal of development funding. The fact that the present crisis was precipitated to a significant degree by the suspension of development aid creates a paradox for the evaluation of an *aid response* to the crisis. Yet the suspension of aid, though crucial, is only one factor in the wider macro- and micro-economic crisis, and the evaluation will have to consider how a response that now relies largely on humanitarian funds, instruments and policies can mitigate the combined effects of the multiple factors noted above. Since development is more than a matter of funding, this analysis will also need to take account of official policy, governance, systems and administration.

1.8 Plugging the development gap – or more specifically, the gap left by the withdrawal of development funds – is something the humanitarian response can only be expected to do partially and imperfectly. It is primarily to be judged against the relatively limited and short-term goals of ‘standard’ humanitarian response, given the limited resources available to it. While some developmental funds have been channelled into what is sometimes called the ‘humanitarian plus’ or ‘basic needs’ agenda, overall aid flows remain much reduced and subject to quite strict conditions from donor governments.<sup>8</sup> The politics of aid and the politics of engagement with the DFA are highly complex and sensitive, particularly given the fact that some of the major donors were until recently at war with the party now

---

<sup>6</sup> Inception KII. One fact that is striking from demographic data is that Afghanistan is a very *young* society, with 35% aged 10-24 and only 3% over 65. Source: World Population Dashboard – Afghanistan. United Nations Population Fund (unfpa.org), 2022.

<sup>7</sup> Estimates of the level of state dependency on aid funding run at over 70% for some sectors. Overall, ‘the main source of income for the modern sector of the economy was dependent on the flow of aid for some 75% of government funds and possibly accounted for over 40% of the GDP when measured in monetary terms.’ Centre for Strategic & International Studies: <https://www.csis.org/analysis/reshaping-us-aid-afghanistan-challenge-lasting-progress>.

<sup>8</sup> In this and other ways, the situation in Afghanistan has significant parallels with that in Syria.

in power. The evaluation will consider how well IASC agencies have navigated this terrain in seeking to fulfil their humanitarian mandates. It will also review how agencies have dealt with the position of the Taliban concerning Western aid and values, and more specifically human rights. In this regard, it will consider whether there have been tensions in principle or practice between the human rights and humanitarian agendas of IASC members, and how any such tensions have been resolved.

1.9 In light of the above, the challenge for the humanitarian community is a formidable one; and the response has to be judged in light of the vast agenda it is now asked to address. Over USD 4.6 billion has been allocated by donor governments<sup>9</sup> and spent through the internationally led humanitarian system since August 2021, raising accountability expectations of which this evaluation forms one part (how was this money spent, and how well was it spent?). Yet the true costs of remedying the systemic challenges involved are vastly greater than this, and the means by which this can be achieved lie well beyond the ability of the humanitarian system to deliver. This fact raises the question of the relationship between the humanitarian response and the developmental agenda. High levels of future political uncertainty surround this subject, but the evaluation will consider how well the related ‘nexus’ issues have been addressed in the humanitarian response, including questions of sustainability and durability, and the strengthening of national and local service delivery systems. It will also consider whether initiatives in this regard are based on realistic assumptions, and how they have been balanced with the day-to-day imperatives of delivering urgent humanitarian assistance.

#### *The evaluation task*

1.10 As the above sketch shows, the humanitarian situation in Afghanistan cannot easily be described as a single ‘crisis’ with a single primary cause. The present situation is a result of the multiple combined effects: historic under-development; dysfunctional politics and governance; the lasting effects of armed conflict and social violence; recent economic collapse on top of chronic poverty and rural-urban divides; specific vulnerabilities related to gender, ethnicity, disability and other factors; climatic pressures and natural hazards. Evaluating the humanitarian response since August 2021 has to account for both old and new contributory factors. It also has to account for the fact that while access may have improved since that date, the politics of aid and international engagement have become increasingly complex – as highlighted most recently in the Taliban’s edicts against Afghan women working for NGOs and the UN.

In the rest of this report, we begin by setting out in more detail the purpose and scope of the evaluation and the team’s approach to it, together with a summary of the methodology to be followed (including the planned process of community consultation). In section 3, we consider the general Afghanistan context – political, economic, social, humanitarian – and give an account of the main humanitarian actors and stakeholders. Section 4 reviews the specific recent history of the humanitarian response, including a summary breakdown by sector. Sections 5 sets out the analytical and logical frameworks to be used in the analysis and summarises the key evaluation questions (the full evaluation matrix is included in the Annex). Finally, section 6 contains the schedule and plan for completing the evaluation and a draft plan for conducting the data gathering field mission in Afghanistan in May/June 2023.

---

<sup>9</sup> Source: OCHA Financial Tracking Service (FTS)



## 2. Purpose, approach, guiding questions and methodology

### 2.1 Purpose, scope and target audience

2.1.1 As set out in the Terms of Reference (ToR), the IAHE is intended to fulfil two purposes:

*(i) To 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.*

*(ii) Ensure accountability of the IASC organizations towards both affected populations and donors. IAHEs are an integral element of the Humanitarian Programme Cycle, assessing to which extent the humanitarian response has met the needs of the people affected in Afghanistan.*

We take the learning function to apply in the first instance to the response in Afghanistan itself, and the approach of the evaluators will be centred on encouraging reflective learning by current practitioners, their organisations and coordination bodies, including the HCT itself.

2.1.2 The subject of the evaluation is the response mounted by IASC members and their partners in response to the humanitarian situation in Afghanistan from August 2021 to date.<sup>10</sup> This sets the basic scope of the evaluation in temporal terms. In addition, some account will be taken of the period January to August 2021, partly by way of comparison to what followed. Trends in aid in the years leading to 2021 will also be considered where relevant.

In substantive terms, the subject of analysis for the IAHE is the *collective* IASC response. As a result, the focus will be largely on the sector and cluster rather than agency-specific responses; and on joint strategic decision making (HCT and other) rather than agency strategy. As noted above, the evaluation will also consider the functioning of system-wide mechanisms, processes and policies (including the system-wide Scale-Up Activation process).

The evaluation is *not* intended as a substitute for individual agency or technical programme evaluations.

2.1.3 The intended users of the IAHE are also set out in the ToR. Specifically, the findings and recommendations of the IAHE are intended to:

- Provide the Humanitarian Coordinator (HC) and Humanitarian Country Team 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.

---

<sup>10</sup> The cut off point for data will be end June 2023, although significant new data or major events subsequent to that date will be reflected as far as possible in the evaluation's analysis.

- 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, Emergency Directors Group, and other stakeholders.

The intended audience therefore extend beyond Afghanistan, although we take the in-country audience to be the primary one. The ToR notes that the IAHE should 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

This is a wide audience, requiring that thought be given to presentation and accessibility of the results of the IAHE, including language, format, medium and dissemination. The evaluation team will be advised on this by the Management Group for the IAHE and by the HCT focal point for the IAHE.

2.1.4 The evaluation is essentially a *summative* one, though it has some formative aspects. The proposed approach and methodology described below are intended to fulfil both the learning and accountability purposes, and more generally to provide an analytical account of one of the largest humanitarian responses ever mounted.

## 2.2 Overall approach

2.2.1 The overall approach of the evaluation to the assessing the collective IASC response might be described as an ‘outside in’ approach. That is, it will consider the response not just in its own terms (as set for example in the Humanitarian Response Plans (HRPs) but in the wider context of Afghanistan and the priority needs, vulnerabilities and capacities of its people, systems and organisations. Trying to understand the value of the collective response against this backdrop that is the main concern of the evaluation. Who benefitted, in what ways? Who did not benefit, and why? The methodology set out below, including the process of community consultation, is designed to help answer these questions.

2.2.2 The approach of the evaluation will be consultative and participatory, looking to identify lessons and ways forward in collaboration with the those involved in the response, while maintaining independence of judgement and a willingness to challenge ‘accepted wisdom’. The accountability dimension of the evaluation, in particular, demands such independence. It is not intended that the evaluation should focus on individual or agency responsibilities for actions or omissions, though some reference may be made to this. Rather, the responsibilities and performance of collective mechanisms and oversight offices (HCT, ICCT, Clusters etc.) will be considered, as will any apparent gaps in the framework of accountability.

2.2.3 The evaluation will be broadly theory-based (non-experimental), with the caveat that the theory underpinning the collective response and its component parts has only been partially articulated. In

section 5 below, we explain our approach to testing the apparent logic and assumptions of the interventions involved.

## 2.3 Evaluability limits, risks and mitigation measures

2.3.1 One overall challenge to evaluation of the humanitarian response in Afghanistan was noted in the Introduction: the lack of available data against which judge contribution to changed outcomes, particularly with regard to the two 'bedrock' humanitarian criteria of mortality and morbidity. This problem is considered further in the section on the analytical framework for the evaluation (section 5). The evaluation will consult both clusters and individual agencies on their approach to determining the effectiveness and impact of their interventions; and will provide critical analysis of how this is done across the system as a whole.

Related to the above, weaknesses in existing logical frameworks (poorly articulated outcomes, lack of tangible indicators, unstated assumptions) will pose a challenge to the analysis of effectiveness of interventions. The evaluators will consult with relevant agency sector and cluster staff, as well as with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), to seek to fill gaps in the available documentation on this.

2.3.2 Overall, data availability is likely to be a significant constraint. Although the evaluators note that in some respects Afghanistan is a more data-rich environment than some crisis contexts, it also notes apparent historic data gaps even in some of the most basic areas of concern like the prevalence of acute malnutrition. The evaluation will assess the overall data environment and the extent to which improved access across most of the country is now leading to improved data gathering. It will also consider through informant interviews and other means the use made of what data is available in informing key decisions, and the level of trust in the reliability and quality of the data collected, including through the Humanitarian Needs Overview (HNO) and other processes.

2.3.3 Other likely limitations on evaluability concern the proposed field missions and limitations of access, security, time and resources. With respect to access and security, the evaluation team aims to visit Kabul and surrounding areas; Mazar-i-Sharif and areas of Balkh province; and Herat (city and province). Security considerations during the time of the planned mission may determine whether that is possible, and the evaluation will be guided on this by OCHA Kabul and UNDSS. It may also depend on being able to secure the necessary permissions from the authorities (including visas).

With regard to time and resources, the overall resourcing and timeframe for the evaluation set some necessary limits on the scope and depth of the evaluation. Only limited time will be spent in the field, allowing some degree of direct observation and discussion with humanitarian actors, local officials and community representatives but only on a 'non-representative sample' basis. The community consultation exercise is designed to provide a somewhat more representative sample of community-level opinion, although this too is necessarily limited in scope and is not expected to provide statistically representative results. In addition, the team will conduct a series of in-country roundtable discussions with agency staff (UN and NGO) in order to broaden its range of inputs and in the spirit of consultation, collaboration and the self-reflective approach noted above.



2.3.4 In common with all evaluations of this kind, the evaluation may be limited in its ability to talk with key personnel who have worked on the response during the evaluation period but who have since left. The evaluation team will attempt to speak with key former staff wherever possible.

2.3.5 In addition to the factors listed above, there are some other potential risks to the successful conduct of the evaluation. One such risk concerns barriers to the safe participation of women in the evaluation – including in the Community Consultation process – which risks limiting the evaluation’s ability to get a full range of perspectives. This includes the fact that female Afghan aid staff are likely to be working from home during the evaluation mission. Steps will be taken to ensure that remote consultation with and involvement of female staff in roundtable discussions is fully enabled.

## 2.4 Evaluation questions and thematic areas of enquiry

We set out here the ‘top line’ evaluation questions (the full Evaluation Matrix is included in Annex A), together with a set of thematic areas of strategic concern for the evaluation.

### **Overarching 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?*

### **Specific evaluation questions:**

**A.** Evolution of **Afghanistan context, humanitarian priorities, operating context, funding** (Relevance, appropriateness, programme coverage and reach)

A.1 How has the general **Afghanistan country context** evolved over period January 2021 to date? Political, economic, social, demographic. What effect has this had on the humanitarian agenda?

A.2 How has the **humanitarian context** evolved over the period 2020-23? What have been the priority needs & vulnerabilities since August 2021? Which groups/ areas of the country are most vulnerable and in what ways?

A.3 How has the context for humanitarian response (**operating context**) by international, national and local organisations evolved since August 2021? What have been the main operating challenges for IASC member agencies? How well prepared were agencies for changes in those conditions, and how well did they adapt to such changes? To what extent have IASC agencies been able to improve operating conditions through joint advocacy/coordinated action (through UN or otherwise)? How in particular have they responded to the ban on female Afghan UN and INGO staff?

A.4 How has the **humanitarian funding and finance** context evolved since August 2021? What has been the effect of suspension of development funding?

**B.** **Collective response strategy, needs assessment, planning and programme design**

(Relevance, appropriateness, coverage, coherence)

- B.1 How well have the **scale** and **coverage** of the collective response reflected the priority needs of vulnerable Afghans? What has been the **reach** of the response relative to priority needs?
- B.2 Has the collective response been **relevant** and **appropriate** to the evolving context? How well have specific needs and vulnerabilities related to gender, age, disability, ethnicity and other factors been addressed? How have the specific challenges faced by women and girls (including access) been addressed, and how have these been reflected in response modalities?
- B.3 How well has the design of the response been **informed by evidence** of (evolving) needs and capacities? What has been the quality and adequacy of needs assessment, situational and response monitoring?
- B.4 Has the collective **response logic** been (i) clear, (ii) sound, overall and by sector? Have the goals set been appropriate, based on realistic assumptions and measurable indicators? Has the collective response strategy been internally coherent and appropriately connected to wider agendas (human rights, development, peace/security)?
- B.5 Were the right **strategic choices** made (objectives, targets, prioritization, etc.)? 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?

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

- C.1 Has the response been **consistently delivered** across agencies and locations? Were delivery targets met? What were the gaps and shortfalls, and what explains these? How well did agencies work together to monitor and fill gaps? What was the quality of delivery by sector and how effectively was this monitored?
- C.2 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? 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? Were there any negative impacts?
- C.3 **Accountability to affected populations** (AAP). How accountable and responsive has the collective response been to affected populations? To what extent have they engaged communities in programme design and implementation?
- C.4 How effective have the **joint advocacy**/influencing/communications response elements been?

**D. Coordination, collaboration and engagement with authorities**

(Coherence, effectiveness, connectedness, independence, efficiency)

- D.1 How well have IASC members **collaborated** programmatically – between themselves and with others – to achieve their collective goals? Have partnership delivery models been effective and appropriate to the context?
- D.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?

- 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 inter-cluster coordination system worked?
- D.4 How well did the Humanitarian Programme Cycle (HPC) and other **joint processes, mechanisms and policies** serve to enable and strengthen the collective response? Specifically, how well did the **Scale Up Activation** process serve to enable and strengthen the collective response?

## **E. Cross-cutting issues**

- E.1 Has the IASC response been consistent with core **principles of humanitarian action**?
- E.2 How well has the response addressed **gender** and **human rights** issues?
- E.3 How appropriate and effective has the collective approach to **recovery, resilience and the humanitarian-development-peace nexus** been?
- E.4 How **efficient** has the response been? Has it provided value for money and good collective use of time and resources?

### **Box 1 Thematic issues to be addressed in the IAHE.**

In answering the evaluation questions listed above – including core questions about the coverage, relevance and effectiveness of aid – the evaluation will seek to address the main strategic challenges for the humanitarian response that have arisen during the past two years. Based on consultations during the inception phase, these include the following:

**Preparedness and transition.** Could more have been done to pre-August 2021 to prepare for the crisis that followed the collapse of the Republic, takeover by the Taliban and establishment of the Emirate? How well was the transition managed collectively across IASC members? How adaptable was the existing humanitarian strategy and response (as set out in the HRP for 2020)? How long did it take to adapt the collective strategy to the new priorities and operating realities? How well coordinated was the strategic transition by the HCT?

**Programme scale up** post-August 2021. How effectively was the scale up of the humanitarian response managed and resourced in practice? Were the resources deployed adequate to the task? How well was the scale up of funding managed and were the right personnel deployed to manage the scaled-up approach? What was the effectiveness of the IASC Scale-Up Activation protocols and how did these interact with agency-specific scale up processes? How well coordinated in practice was the planning and delivery of the scaled-up programmatic response?

**Engagement strategy and response to Taliban edicts.** How appropriate and effective was the engagement by IASC members with the DFA (individually and collectively) over the evaluation period? To what extent were common strategies and frameworks of engagement followed (including the Transitional Engagement Framework of January 2022)? Where different approaches were followed, what was the effect of this? What was the response of IASC members to the Taliban decrees banning female Afghan NGO and UN staff, and what was the effect of the various approaches adopted? How well coordinated were related advocacy initiatives and operational negotiations, at national and provincial level?

**Humanitarian and human rights principles and approaches.** How have the demands of humanitarian and human rights principles been understood and applied in practice? To what extent was this a matter of consensus or disagreement? Were there tensions between the application of humanitarian and human rights principles and approaches – and if so, how were these addressed and resolved?

**Prioritisation, resource constraints and aid conditionality.** What has been the effect of funding and other resource constraints on the response? What has been the process and effect of related aid prioritisation, targeting and rationing? How have donor conditions imposed on aid funds affected the response and how has this been managed by agencies, individually and collectively? Was effective support provided to local civil society and women-headed organisations involved in the humanitarian response?

**Humanitarian assistance, sustainability and the nexus with development.** Given the suspension of most development funding since August 2021, to what extent has the humanitarian response been expected to take on functions previously covered by developmental interventions and planning frameworks? What have been the planning horizons for humanitarian interventions, and to what extent has sustainability and resilience of services and systems been part of planning and design? How has this been affected by future prospects for humanitarian funding and for renewed development engagement at scale?

## 2.5 Methodology

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

- i) **Document and literature review** – relevant publicly available secondary literature, including agencies’ own evaluations or inter-agency evaluations, reviews, humanitarian response plans, agency, cluster, INGO and NGO specific documentation (such as annual reports, meeting minutes, strategies, situation reports, dashboards etc.), IASC-specific documentation, and academic and grey literature. The Evaluation Team will also review internal and non-publicly available data shared by the Management Group for this evaluation.
- ii) **Key Informant Interviews** – with key stakeholders, some of which inform this inception report, while the rest will be carried out in the data collection stage of the evaluation. These include staff from the UN (present and past), agencies, HCT members, cluster coordinators, INGOs, NGOs, national NGOs (NNGOs), donors, independent informants, academic/non-humanitarian actors. For a more detailed breakdown of stakeholders see section 3.3.
- iii) **Community consultation** and focus group discussions – with affected people. See Box 2 for more detail on the community consultation process.
- iv) **Country visit/direct observation** – the Evaluation Team will travel to Afghanistan in May/June 2023 (see proposed field visit mission plan in section 6).

2.5.2 Semi-structured Key Informant Interviews (KIIs) will be carried out with (it is expected) some 150 stakeholders. The Evaluation Team will complete a detailed stakeholder mapping exercise, which will be informed by key/suggested contacts provided by the members of the Management Group. The Evaluation Team is keen to speak with informants who are currently in post and those who were involved in the response pre-Taliban takeover in August 2021. The Evaluation Team will not limit interviews to those suggested through the stakeholder mapping exercise, but will use interviews to identify others key informants, adopting a snowball sampling approach. The Evaluation Team will seek a gender balance across informants.

Due to the nature of the evaluation and the limited time the Evaluation Team will have in country (and associated access/security issues), as many interviews as possible will be carried out in person during the country visit, but a significant proportion will take place remotely. Interviews will not be recorded but interviewers will take detailed notes (if permission granted) that will then be coded against an agreed coding tree, using MAXQDA data analysis software. Attribution or quotations used from interviews will only be used with prior consent from the interviewee.

Annex 5 provides a sample key informants guide, largely drawn from the questions in the evaluation matrix. These questions are not prescriptive and the evaluator/interviewer will have the freedom to adapt questions depending on the key informant being interviewed. The aim would be to have a free-flowing conversation where participants feel at ease and want to speak openly. Tailored topic guides

will be developed for each type of respondent which will include a core set of interview questions. The overall process for conducting the interviews is as follows: 1) interviewers introduce the evaluation and provide a general overview of the nature and purpose of the evaluation, 2) explain time commitment required for the interview, 3) discuss interview protocols such as voluntary participation, confidentiality/non-attribution, and consent to be added to a key informant list in report, 4) provide opportunity for clarification points, and 5) get overall (verbal) consent from participant, noting the option to withdraw from the interview at any point. The interviewer will also provide named contact details for the evaluators/interviewer to give the participant the opportunity to request further information, enquire about how their data is used, or to make a complaint (through OCHA).

**2.5.3 Focus Group Discussions (FGDs)** with affected communities will be carried out as part of the community consultation process. See Box 2 below for more detail. For oversight of the community consultation process, one member of the Evaluation Team will remotely oversee the process. This will include ensuring appropriate permissions have been sought to carry out the community consultation, and that ethical issues are considered such as inequities of resources and power, political risks, differences of cultural norms, gatekeeping, vulnerability, confidentiality and informed consent.

**2.5.4 Documentary Analysis** - The Evaluation Team will carry out a literature review that will inform the development of interview questions, focus group discussions and the final report. Primary and secondary data will be safely stored on Microsoft Teams/Sharepoint with access given to evaluation team members only. Secondary data will be uploaded to a Zotero library where it will be organised for analysis purposes. Each file will be tagged against an agreed coding tree that directly relates to the evaluation matrix. By doing so, the Evaluation Team can search the library using keywords/tags across a range of sources. This process will help to triangulate evidence and findings and inform a qualitative approach to assessing the strength of evidence.

Primary data such as key informant interviews and focus group discussions will be analysed using MaxQDA software. Data will be coded against a coding tree that will be used consistently across all interviews. Where two or more members of the Evaluation Team are engaged in the coding of the data, any revisions to the coding tree will be discussed and agreed by these members of the team, to

**2.5.5 Triangulation and corroboration.** The sampling approach seeks to maximise triangulation of sources. This will be done through triangulating evidence from interviews (individual and between interviews), focus group discussions/community consultation, between primary and secondary data sources. Such triangulation will be helpful in establishing evidence confidence for findings.

**2.5.6 Ethical considerations.** The Evaluation Team will be guided by the United Nations Evaluation Group (UNEG) Norms and Standards, Code of Conduct for Evaluation in the UN System, and 2020 Ethical Guidelines for Evaluation. There are also other standards that can inform our ethical considerations such as the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD/DAC) quality standards and the Evaluation Quality Proforma of the Active Learning Network for Accountability and Performance (ALNAP).

The context in Afghanistan is dynamic and, at times, contested with the DFA and Taliban authorities issuing edicts and orders that limit the rights of women and men. The Evaluation Team is aware of these sensitivities and will ensure ethical standards are strictly adhered to. When carrying out interviews and FGDs, the confidentiality of the interview will be emphasised, as will the option to terminate an interview/FGD without negative consequences. Participation in FGDs will be given a clear explanation and expectations around gaining (more) assistance in response to participation will be mitigated by explaining that participation (or lack of) will not affect assistance.

#### *Data protection*

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

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

Confidentiality and information security measures will be explained to interviewees and participants of FGDs, with informed, verbal consent sought. As mentioned above, data will be stored on Microsoft Teams and only Evaluation Team members will be given access to the data. Data will be anonymised and only one member of the Evaluation Team will store (on a password protected channel) the raw data with personal information.

## **Box 2 IAHE Community Consultations on humanitarian assistance in Afghanistan**

### **Rationale**

A process of community consultation forms a core part of the evaluation. A local partner research organisation based in Kabul (Peace Training and Research Organisation (PTRO)) has been contracted to conduct community consultations in at least two localities in each of the five regions of Afghanistan: Central, Northern, Eastern, Western and Southern. The full consultation plan is included in the Annex.

Although the evaluation team has access to various data sets derived from earlier surveys, as the situation is evolving with new developments (for example the ban on Afghan 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 this process of community engagement 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 described above. 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 in the lives of ordinary Afghans, the extent to which aid is accessible and relevant to vulnerable people's needs, and the extent to which the views of communities are reflected in the design and delivery of aid interventions, including adaptation of ongoing 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.

### **Criteria for selection of sites and KII/FGD members**

A range of sites will be selected that meet the first criterion below and at least one other:

- Communities in the highest assessed need categories (Integrated Food Security Phase Classification (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.

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.

For more detail on implementation, site selection and the steps taken to ensure the security and anonymity of the participants in the process, see the full Community Consultation plan in Annex C.



### 3. The Afghanistan context

#### 3.1 Political, economic and social context

##### *Political and security context since August 2021*

3.1.1 Following the Taliban takeover in August 2021, Afghanistan is facing multiple overlapping political crises. Since establishing a new caretaker government, the DFA has failed to ensure inclusive governance. Key government posts have been allocated in large part based on long-time allegiances. The de facto cabinet ministers are predominantly Pashtun, all-male, and many are designated for U.S. and/or U.N. sanctions.<sup>11</sup> Additionally, the new de facto authorities lack administrative experience. The DFA still largely works through the remnants of the state structures established during the time of the Republic.<sup>12</sup>

3.1.2 Personal and political freedoms have been significantly curtailed following the Taliban takeover. Institutions such as the department of political parties, the Independent Human Rights Commission, the Commission for Constitutional Oversight, and the secretariats of the upper and lower houses of Parliament have all been abolished. In September 2021, the Ministry of Women Affairs was also dissolved and replaced by a new Ministry for the Propagation of Virtue and the Prevention of Vice.<sup>13</sup> At the subnational level, after all representative bodies were abolished, the de facto authorities have set up new provincial *ulema* councils, mandated to implement Sharia law.<sup>14</sup>

3.1.3 Severe restrictions are imposed on the rights of Afghan women and girls. The ban on girls' secondary education makes Afghanistan the only country in the world which denies girls their full right to education. Afghan women are also banned from accessing public spaces and from working for non-governmental organization, as well as the UN. Furthermore, the de facto authorities have reduced women's access to justice, including by shutting down courts responsible for handing family and domestic violence disputes.<sup>15</sup> These actions have placed Afghan women and girls at increased personal risk, although it is noteworthy that Afghanistan has long struggled to address abuses against women and girls.

3.1.4 So far, no country has formally recognized the Taliban as legitimate government of Afghanistan. The US and other Western nations have premised the normalizing of relations on the Taliban upholding human rights and counterterrorism commitments. Following the Taliban takeover, Western countries have stopped providing development assistance but have continued to provide targeted humanitarian aid. The work of humanitarian aid agencies remains tightly controlled by the Taliban. In February 2022, the de facto authorities released a plan to regulate the activities of NGOs and in May 2022, a national

---

<sup>11</sup> US Congress Report (2021). Taliban Government in Afghanistan: Background Issues for Congress. <https://crsreports.congress.gov/product/pdf/R/R46955>

<sup>12</sup> UN Security Council Report (09/2022). The situation in Afghanistan and its implications for international peace and security. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N22/591/09/PDF/N2259109.pdf>

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> SIGAR (2023). Afghan Civil Society: The Taliban's Takeover Risks Undoing 20 Years of Reconstruction Accomplishments. Available at: <https://www.sigar.mil/pdf/evaluations/SIGAR-23-02-IP.pdf>

monitoring committee was established.<sup>16</sup> Data released by the UN shows that DFA interference in relief operations remains high: For example, between 24 May and 20 August 2022, 135 incidents were reported compared with 97 during the same period the year before.<sup>17</sup> According to humanitarian aid agencies, it takes approximately three to seven days to resolve these incidents.<sup>18</sup>

3.1.6 To improve humanitarian access, several aid agencies have signed Memoranda of Understanding (MoUs) with the Taliban. This process is not standardized, and some UN agencies have refrained from signing MoUs with the DFA altogether.<sup>19</sup> To empower UN staff at the sub-national level to negotiate with the de facto authorities directly, the UN has recently adopted a new decentralized engagement strategy.<sup>20</sup> During inception interviews, it was noted that decentralization had improved humanitarian access. However, concerns have been raised that the burden of engaging with the DFA now primarily falls on Afghan nationals.

3.1.7 Although the security situation has generally improved following the Taliban takeover, enabling aid agencies to reach previously inaccessible areas, the situation is becoming more volatile. Violence associated with the Islamic State – Khorasan province (ISK) is increasing, and a high-profile attack was recently launched in Kabul. The presence of armed groups opposed to the Taliban is also expanding and there are multiple reports of infighting between different Taliban factions.<sup>21</sup> Some factions are reportedly calling for a more pragmatic approach in relation to women’s rights.<sup>22</sup> Following the collapse of the elected government, the UN have paid the DFA to provide armed security escorts for UN road missions and aid convoys outside of Kabul and the provincial capitals.<sup>23</sup>

#### *Implications for the IAHE*

3.1.8 Humanitarian aid is delivered against the backdrop of a complex political environment, national and international. The IAHE will consider the way politics shapes the delivery of aid and how results are affected by the political context. At the same time, it is important to acknowledge that humanitarian aid is itself a factor that shapes the way political dynamics unfold. The IAHE will consider the complex interrelationship between the humanitarian response and the political environment. The political context thereby provides a source of explanation and, in some cases, must be treated as a confounding factor. A key evaluation question will be how well the humanitarian system adjusted its strategies to the evolving political context.

---

<sup>16</sup> *Ibid.*

<sup>17</sup> UN Security Council Report (09/2022). The situation in Afghanistan and its implications for international peace and security. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N22/591/09/PDF/N2259109.pdf>

<sup>18</sup> *Ibid.*

<sup>19</sup> Land (2022). *Fit for Purpose: Getting Humanitarian Aid Right in Afghanistan One Year after the Taliban Takeover*. <https://www.refugeesinternational.org/reports/2022/8/16/fit-for-purpose-getting-humanitarian-aid-right-in-afghanistan-one-year-after-the-taliban-takeover>

<sup>20</sup> *Ibid.*

<sup>21</sup> *Ibid.*

<sup>22</sup> Baheer (2023). The Taliban Rift. South Asian Voices. Available at: <https://southasianvoices.org/the-taliban-rift/>

<sup>23</sup> Land (2002). Note that a similar system was in place with the elected government prior to August 2021.

## *Economic and social context*

3.1.9 In the wake of the Taliban takeover, a series of simultaneous shocks collapsed the Afghan economy. Donors responded to the Taliban's takeover by cutting off Afghanistan's banks from the global financial system. Although Western governments have issued several regulations authorizing banks to conduct legitimate transactions, many transactions reportedly remain blocked.<sup>24</sup> This makes it difficult for Afghan households and firms to access cash. Aid agencies now largely rely on informal *hawala* money transfer systems. These systems are expensive, often involving additional transaction costs of over 10 per cent.<sup>25</sup> The UN, in turn, has been flying in cash to support its own operations. Between December 2021 and December 2022, approximately \$1.8 billion million were transferred through this pipeline.<sup>26</sup>

3.1.10 While household responses to the multiple shocks facing the Afghan economy vary according to household circumstances, there are now few options even for those who have been doing relatively well in the recent past. On top of diminishing economic opportunities and raising prices, household finances are further depleted by a new tax regime imposed by the de facto authorities.<sup>27</sup> Businesses unable to pay taxes are reportedly forced to shut down.<sup>28</sup> With many businesses struggling and fewer Afghans receiving salaries, Afghan households are increasingly adopting negative coping strategies. Research shows that crisis-coping strategies in July 2022 were five-times more severe than prior to August 2021, with households spending on average 90 per cent of their incomes on food.<sup>29</sup> Afghan households are also responding by buying cheaper and lower-quality food; borrowing money to buy food; and rationing by reducing portion size or reducing adult food intake in favour of children.<sup>30</sup>

3.1.11 There are reports of even more extreme, harmful coping mechanisms such as families being forced to marry off daughters<sup>31</sup>, as well as organ harvesting, including from children.<sup>32</sup> Data from the Afghanistan Welfare Monitoring Survey (AWMS) shows that women and girls' participation in informal and home-based labour market activities has increased, which likely reflects a combination of economic necessity and reduced educational opportunities for girls.<sup>33</sup> Recent data suggests that 13 per cent of

---

<sup>24</sup> Ibid.

<sup>25</sup> Ibid

<sup>26</sup> Saif et al. (2022). Deliveries of millions in hard cash prompts concern over financial transparency in Afghanistan. Available at: <https://www.abc.net.au/news/2022-12-11/bags-of-cash-land-in-afghanistan/101716954>

<sup>27</sup> Clark (2022). Taxing the Afghan Nation: What the Taliban's pursuit of domestic revenues means for citizens, the economy and the state. Afghanistan Analyst Network. Available at: <https://www.afghanistan-analysts.org/en/wp-content/uploads/sites/2/2022/09/Taliban-Taxation-Final-1.pdf>

<sup>28</sup> Ibid.

<sup>29</sup> WFP, Afghanistan Food Security Update Round 10 June 2022, July 2022.

<sup>30</sup> Byrd (2022). Afghans Adopting to Economic Decline, Social Restrictions. Unites States Institute for Peace. Available at: <https://www.usip.org/publications/2022/11/afghans-adapting-economic-decline-social-restrictions>

<sup>31</sup> Ibid

<sup>32</sup> Protection Analysis Update – Q1 2022. Available at: <https://reliefweb.int/report/afghanistan/afghanistan-protection-analysis-update-2022-quarter-1>

<sup>33</sup> World Bank Afghanistan Welfare Monitoring Survey. Available at: <https://www.worldbank.org/en/events/2022/11/17/afghanistan-welfare-monitoring-survey-round-2>

households include working children<sup>34</sup>, although some earlier assessments put the rate are as high as 30 per cent.<sup>35</sup>

3.1.12 The challenging economic circumstances also put Afghan households at increased risk of forced eviction,<sup>36</sup> with debt-related harassment now considered among the top five reasons for Afghans to feel unsafe.<sup>37</sup> Women-headed households are at a particularly high risk of poverty due to movement restrictions and the impact of these restrictions on their employment. Women-headed households also face significant barriers in accessing services and there are reports of systematic discrimination. For example, during recent resettlement surveys linked to planned evictions, women-headed households were reportedly not registered, potentially rendering them ineligible for support.<sup>38</sup> Recent protection monitoring data shows that 54 per cent of women were unable to access services, compared to 25 per cent of men.<sup>39</sup>

#### *Implications for the IAHE*

3.1.13 The macro- and micro-economic effects of the collapse of the economy are perhaps the single biggest driver of the current humanitarian crisis in Afghanistan. Coupled with the suspension of development aid, which formed a core component of national budgets, the result has been a massive short-term shock that threatens to have longer-term implications. Most importantly from the perspective of the present evaluation, the scale and intensity of humanitarian needs appear to have increased dramatically since August 2021. The nature of the deterioration is reviewed below across different sectors of concern. One overall striking feature is that the population groups historically dependent on humanitarian aid, notably the rural poor, are no longer the only segments dependent on assistance. Aid delivery itself has become more complex, in part due to sanctions regimes and aid conditionality, and more recently because of Taliban edicts preventing female Afghan staff working for NGOs and UN agencies.

The IAHE will carefully assess the impact of the economic crisis on household economies generally, and more specifically on different segments of society. This provides an important basis for assessing the coherence of the humanitarian response.

---

<sup>34</sup> OCHA (2022). Afghanistan: ICCT Winter Prioritisation – December 2022. Available at:

<https://reliefweb.int/report/afghanistan/afghanistan-icct-winter-prioritisation-december-2022-issued-16-january-2023>

<sup>35</sup> Protection monitoring report – Q1 2022

<sup>36</sup> NRC, 2022. Private renters facing risk of eviction: NRC assessments on threats of eviction in households privately renting their homes. Available at: <https://reliefweb.int/report/afghanistan/private-renters-facing-risk- eviction-nrc-assessment-threat- eviction-households-privately-renting-their-homes-briefing-note-october-2022>

<sup>37</sup> Protection Analysis Update – December 2022. Available at:

[https://www.globalprotectioncluster.org/sites/default/files/2023-01/afghanistan\\_protection\\_analysis\\_update\\_pau\\_november\\_2022.pdf](https://www.globalprotectioncluster.org/sites/default/files/2023-01/afghanistan_protection_analysis_update_pau_november_2022.pdf)

<sup>38</sup> Norwegian Refugee Council, 2022. Available at: <https://www.nrc.no/news/2022/december/afghanistan-20000-displaced-people-evicted-from-makeshift-camps-in-freezing-temperatures/>

<sup>39</sup> Protection Analysis Update – December 2022. Available at:

[https://www.globalprotectioncluster.org/sites/default/files/2023-01/afghanistan\\_protection\\_analysis\\_update\\_pau\\_november\\_2022.pdf](https://www.globalprotectioncluster.org/sites/default/files/2023-01/afghanistan_protection_analysis_update_pau_november_2022.pdf)

## 3.2 Humanitarian context since 2021

3.2.1 The **food security situation** in Afghanistan has been deteriorating since 2015, with a major worsening during the drought of 2018-19 and from 2020 following the COVID-19 outbreak. The worst drought in more than three decades was officially declared in June 2021. Thus, events following August 2021 – and in particular the economic collapse – and further exacerbated an already precarious situation. The Food Security and Agriculture Cluster (FSAC) strategic response plan for 2022 states that *“There is currently no end in sight to the economic and political crisis. With warnings of a further drought season, the country is on the brink of a hunger catastrophe.”*<sup>40</sup> Currently, Afghanistan has the highest number of food insecure people in the world.

According to the Integrated Food Security Phase Classification, about 17 million people were facing high levels of acute food insecurity (IPC Phase 3 or higher) in October 2022, with a further deterioration expected during the current winter due to the simultaneous effects of winter and the lean season, sustained high food prices, reduced income and unemployment and continued economic decline. Some 19.9 million people (46per cent of the population) were expected to be on IPC Phase 3 or above by the end of winter. Of these, 6 million were projected to be in Phase 4 (Emergency level), one step from famine.

3.2.2 As would be expected given the food security situation, the **nutritional situation** – particularly of young children and pregnant and lactating women – remains precarious. According to the United Nations Children’s Fund (UNICEF) figures<sup>41</sup>, the stunting and wasting rates in the country are amongst the highest in the world, at 41per cent and 9.5per cent respectively. The evaluation was unable to find reliable recent SAM and MAM figures and trends for the years before 2022 – an alarming gap, the reasons for which need to be further investigated.<sup>42</sup> The Nutrition Cluster estimates (HRP 2022) that more than one in two children suffers from acute malnutrition and over one million children risk dying from severe acute malnutrition. However, data from the first Standardised Monitoring and Assessment of Relief and Transitions (SMART) survey and the subsequent Integrated Phase Classification Acute Malnutrition Analysis (IPC-AMA) carried out in Afghanistan during the spring and summer of 2022 indicated general Global Acute Malnutrition (GAM) prevalence rates ranging between 4.4per cent and 15.7per cent among all provinces, with 26 provinces showing rates higher than 10per cent. Approximately 875,000 and 2,347,000 children under five are expected to be suffering respectively from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) in 2023, as well as more than 800,000 pregnant and lactating women (PLW)<sup>43</sup>.

3.2.3 The **health context** in Afghanistan is equally concerning, both because of high levels of vulnerability to disease and because the health care system has become more fragile since August

---

<sup>40</sup> Food Security & Agriculture Cluster (FSAC) Strategic Response Plan (SRP) Afghanistan 2022

<sup>41</sup> UNICEF Data Warehouse, Afghanistan 2021. These figures need to be cross-checked with more recent sources.

<sup>42</sup> At the time of writing (mid-March 2023), a SMART survey is reported to have recently been conducted, but the results were not available for this draft of the inception report. SMART stands for Standardised Monitoring and Assessment of Relief and Transitions. The two core indicators used are the nutritional status of children under 5 years old and the mortality rate of the general population. As noted earlier, reliable data on mortality are scarce.

<sup>43</sup> PCA Acute Malnutrition Analysis September 2022 – April 2023. 30 January 2023

2021.<sup>44</sup> The health threats themselves are not new and besides threats from disease, they include very high levels of disability and trauma are the legacy of decades of war. Approximately half of all Afghans suffer from psychological distress and one in five people is functionally impaired due to mental illness. During the last few years, the already over-burdened health system has been straining to survive numerous shocks, including the continuing impact of COVID-19, spikes in waterborne diseases, as well as persistent strains of polio. To further compound this already bleak situation, the events of August 2021 triggered a sudden collapse in predictable development financing that has kept the nationwide health infrastructure afloat – an example of the risks associated with high aid dependency.

Most health facilities have poor infrastructure and there are fewer qualified health-care workers due to emigration, limits on women’s movement and employment, and reduced funds to pay salaries and keep facilities open. The ‘brain drain’ of skilled medical workers seeking opportunities abroad, coupled with the ban on women attending university, continues to weaken the public health system. Access to health care has multiple barriers. Some 13.2 million people in 34 provinces live in areas where primary health-care services are further than a one-hour walking distance;<sup>45</sup> and the most qualified health-care workers are concentrated in larger cities and well-resourced provinces. Less than 30 per cent of health-care workers are women, and they are also mainly concentrated in urban areas (gender norms may require female patients to be treated only by women health-care workers). The hidden costs for private care and medicines pose an additional barrier to health care in Afghanistan.

Unmet maternal, reproductive and child health needs continue to cause substantial mortality and morbidity.<sup>46</sup> Limitations on women’s movement continue to restrict women’s access to health services, particularly reproductive health care, while children remain vulnerable to vaccine-preventable diseases, malnutrition and other diseases. Non-communicable diseases are also becoming more prevalent, leading to 33 per cent of all deaths. With an under-five mortality rate of 55.7 (per 1,000 live births)<sup>47</sup>, more than 220,000 case of acute watery diarrhoea and 75,000 cases of measles in 2022, spikes of acute respiratory diseases during each winter season, and more than 13,000 people treated for traumas<sup>48, 49</sup>, the health-related humanitarian needs in Afghanistan are enormous.

**3.2.4 Water supply and sanitation** has historically been under-developed in Afghanistan, with discrepancies in access and services between rural and urban populations – although both are affected by major shortfalls. Although there appears to be a lack of baseline data and mapping against which to make comparisons over time and place, it seems clear is that climatic factors are having an increasingly adverse effect. Following the drought of 2018-19, a new national drought was officially

---

<sup>44</sup> Informants consulted during the inception phase suggest that the health system prior to August 2021 was already significantly failing to meet the needs of the population, particularly in rural locations.

<sup>45</sup> Humanitarian Needs Overview January 2023

<sup>46</sup> Health Cluster Bulletin, December 2022. The infant mortality rate is reported as 46.5 per 1,000 live births, and the projected maternal mortality ratio as 638 deaths per 100,000 live births. Acute Respiratory Infection (ARI) and acute diarrheal disease are the main causes of morbidity.

<sup>47</sup> UNICEF Data Warehouse, 2021

<sup>48</sup> WHO Afghanistan Emergency Situation Report, November 2022

<sup>49</sup> In 2022, there were 237,258 cases of AWD, 207,047 cases of COVID-19, 75,927 cases of measles, 946 cases of pertussis and 386 cases of CCHF reported by 613 sentinel health sites. In the first nine months of 2022, two wild polio cases and one vaccine- derived poliovirus type 2 were also reported. (HNO 2023)

declared in June 2021, the worst in more than three decades. According to the HNO 2023, drought was confirmed as the most frequently reported shock experienced in the six months prior to data collection, increasing from 39 per cent in 2021 to 64 per cent in 2022. Some 25 out of 34 provinces report either severe or catastrophic drought conditions, with over 50 per cent of the population affected.<sup>50</sup>

Effects of drought are especially felt at rural level, with 73 per cent of households affected, compared with 24 per cent of urban households. Groundwater resources are becoming severely depleted, while functionality of the systems remains at about 60 per cent efficiency. The proportion of households experiencing barriers to accessing water has risen from 48 per cent in 2021 to 60 per cent in 2022. 19 per cent of households stated that there were insufficient water points and 18 per cent that they were not functioning or dried up. Urban households additionally reported that purchasing water was too expensive (21 per cent of urban households)<sup>51</sup>.

Drought conditions are expected to continue into 2023, further impacting livelihoods and health conditions of an already vulnerable population. Accessing adequate and safe water for household use and consumption has placed communities at heightened risk of displacement and transmission of waterborne (AWD) and infectious diseases. Water collection can take up to a full day of trekking exposing women in particular to the risk of gender-based violence (GBV). Meanwhile, the cessation of direct international development funding to Afghanistan in 2021 has seen a near collapse of WASH institutional management. The national water supply system does not meet demand for 80 per cent of its urban population due to its infrastructure either being shuttered or falling into a state of disrepair<sup>52</sup>. Lack of supplies (chlorine, fuel, spare parts, etc.) and technical capacity has significantly hampered operational capacity in major urban areas like Kabul, Kandahar, Kunduz and Mazar-e-Sharif.

With the suspension of development assistance to the Ministry of Rural Rehabilitation and Development (MRRD) and of large-scale infrastructure projects, systems strengthening is stalled, leaving communities exposed to high levels of WASH-related risk for the foreseeable future.

3.2.5 The requirement for **emergency shelter** has grown since 2021, related to the effects of natural disasters, conflict-related internal displacement and severe winter conditions. According to 2022 estimates, since 2012, there are in Afghanistan more than 5.8 million people internally displaced by armed conflict, violence and violations, as well as natural and man-made disasters. In 2021 alone, about 1.3 million people were newly displaced due to conflicts and natural disasters. Needs for shelter and non-food items (NFI) were further increased by the COVID-19 outbreak and the effects of the economic shock triggered by the change in leadership. Out of the more than 600,000 displaced by conflict, approximately 60 per cent were children and 20 per cent women. While new displacements were expected to decrease (504,000 people) in 2022 due to a stop in the hostilities following the Taliban takeover, immediate needs for shelter and non-food items remain vast.<sup>53</sup>

---

<sup>50</sup> Humanitarian Needs Overview January 2023

<sup>51</sup> Ibid

<sup>52</sup> Ibid

<sup>53</sup> Humanitarian Response Plan 2022

As per the Emergency Shelter and Non-Food Items (ES-NFI) Strategy for 2022<sup>54</sup> and according to the 2021 Whole of Afghanistan Assessment (REACH): “...*internal displaced people have reported shelter to be their second highest priority need after food and 71 per cent of the population need shelter repairs and upgrades. Shelter needs are central to people’s immediate survival and wellbeing, risking their safety, security and health through exposure to the harsh weather conditions or overcrowding.*”

According to the REACH survey, the perception of many in Afghanistan is that when the living standards are non-dignified, this impacts on their capacity to cope with existing and future shocks. Lack of proper shelter increases protection risks: eviction, exploitation, abuse and exposure to gender-based violence.

**3.2.6 Education.** From 2001 to 2018, there was major progress in enrolment at all education levels, from around 1 million students in 2001 to around 10 million in 2018. Significant progress had been made in terms of gender equitable participation: the number of girls in primary school increased from almost zero in 2001 to 2.5 million in 2018. The number of girls in higher education increased from around 5,000 in 2001 to around 90,000 in 2018.<sup>55</sup> Although the results were uneven across the country, and between urban and rural areas, the overall female literacy rate doubled between 2011 and 2018.<sup>56</sup>

Since 2018, prolonged school and university closures due to the COVID-19 pandemic, conflict and displacement, and political instability have all worked to undermine access to education in the country. Restrictive DFA policies have had a particular detrimental effect on young women. On 20 December 2022, the DFA banned women from all universities — adding to their prior ban on girls attending middle and high school that was issued in September 2022. 1.1 million secondary school-aged girls remain out of school as a result of the ban, with no clear pathway of return.

The change in the political and policy landscape following the Taliban take-over also precipitated a suspension of most external aid on which the education system heavily relied. Pre-August 2021, half of the education budget was financed through donor funding.<sup>57</sup> Whilst the de facto Ministry of Education has made efforts to disburse teacher’s salaries, it has faced challenges in doing so and requires additional funding to keep the sector afloat. With the public-school system no longer receiving development aid, concerns have been raised over the safety of the school infrastructure, due to lack of repair works and rehabilitation.

**3.2.7** With regard to the **protection agenda**, multiple threats are reported to be deepening in many parts of the population, driven by political and economic dynamics, population growth, internal displacement and high rates of cross-border return. Here the humanitarian agenda overlaps strongly with the human rights agenda.

---

<sup>54</sup> Shelter Cluster Strategy 2022

<sup>55</sup> The right to education: what’s at stake in Afghanistan? A 20-year review. UNESCO report (2021)

<sup>56</sup> Afghanistan Education Sector Transitional Framework (AESTF)

<sup>57</sup> Afghanistan Education Sector Transitional Framework (AESTF)



Priority protection risks for the population include freedom of movement, safety and security, lack of civil documentation, mine action, rights and wellbeing of women and girls, child protection-related risks and Housing, Land and Property issues. The takeover by the de facto authorities has also created concerns around access to humanitarian services and human right for all those in need. Afghans affiliated with previous regime, human rights defenders, journalists, as well as political, religious, ethnic minorities such as the Hazara or persons of diverse gender identities and sexual orientations are at risk of systematic discrimination.

Freedom of movement by women and girls is severely affected by the suspension of secondary education for girls (September 2021), the requirement to be accompanied by a *mahram* (December 2021) and the banning of women from public spaces (November 2022). The deteriorating economy has caused sharp declines in income, rising debt and high unemployment. Many people are unable to afford rent and fear eviction. Further, the uncertain formal legal landscape since the takeover of the de facto authorities has complicated the nature of land disputes. It is estimated that 2 million internally displaced people live in over 1,000 informal settlements and are at potential risk of eviction.<sup>58</sup> Recent incidents of forced eviction have been linked to the DFA dismantling informal settlements, redistributing housing in formal settlements, or reallocating land distributed under previous governments.

Protection risks are further compounded by the disruption of government referral mechanisms and a shrinking humanitarian space for protection, including the December 2022 ban on Afghan female NGO aid workers and subsequent extension of that ban to the UN. The increasingly restrictive environment for women to work directly with women and girls in need will increase the likelihood that women and girls are unable to receive the full spectrum of support they require. Several lines of effort initially anticipated in the 2022 HRP had to be suspended as a result of collapsed negotiations with the de facto authorities.<sup>59</sup>

---

<sup>58</sup> See: <https://www.nrc.no/news/2022/december/afghanistan-20000-displaced-people-evicted-from-makeshift-camps-in-freezing-temperatures/>

<sup>59</sup> These include but may not be limited to: government land allocation schemes; child protection case management and referral; gender-based outreach campaigns.

### 3.3 Key humanitarian actors and stakeholders

3.3.1 Decades of war, insecurity and natural disasters have led to a well-established humanitarian response presence in Afghanistan, made up of both national and international organisations with a wealth of experience to draw on. This includes governmental capacity and experience at both national ministry and provincial authority levels, although this has been much disrupted and under-resourced; as well as capacity of national and local authorities that deliver key services like health, water, sanitation and power. While their remit may not be humanitarian *per se*, they are key actors in ensuring the prevention of disease and other threats to people’s well-being. Those with a more explicit humanitarian mandate and role include UN agencies and international NGOs with decades of experience in the country, although that experience is diluted as staff come and go over the years. It includes the Afghan Red Crescent, supported by the ICRC and IFRC. And it includes the national and local NGOs upon whom much of the actual delivery of goods and services depends.

3.3.2 Those with the largest stake in the humanitarian response are crisis-affected people themselves, both as actors on their own and their communities’ behalf, and as recipients of humanitarian assistance and services. Clearly it is this group – which now comprises the majority of the Afghan population – who have most to gain or lose from the effectiveness and coverage of the coordinated humanitarian response. Their views will be sought directly in this evaluation through the community consultation plan outlined in section 2; and indirectly through discussion with humanitarian agency staff and others. As part of the evaluation, the team will consider how accountable the response has been to affected communities, and the extent to which it has enabled them to be active participants in shaping and delivering that response.

3.3.3 Those who fund the humanitarian response clearly have a direct stake in it, and accountability to donors is one important part of the rationale for this IAHE. The table below shows the main donors to the Afghanistan response for 2022.

**Figure 2 Table of main funding sources by donor**

fts <small>Financial Tracking Services</small>		Data at: 23rd March 2023
Donor	Funding for response plan/appeal (US\$)	As a share of overall funding to the response plan/appeal (%)
USA	\$1,147,447,019	34.4%
UK	\$453,673,365	13.6%
Germany	\$449,370,575	13.5%
ADB	\$296,700,000	8.9%
EC	\$214,229,758	6.4%
Japan	\$123,529,143	3.7%
Canada	\$106,284,855	3.2%
Australia	\$73,370,298	2.2%
DEC	\$52,222,721	1.6%
UNDP	\$38,132,016	1.1%

The evaluators plan to speak with representatives of the top five donors in this table. As noted above, the politics of aid and principles of engagement are complex in present day Afghanistan, and the

evaluation will seek to understand this from a donor perspective. More generally, the evaluation will ask questions about donor understanding of the humanitarian agenda, their choice of sectors and partners, their views on effectiveness and value for money, accountability issues, the prospects for future humanitarian funding and the relationship between the humanitarian and development agendas.

#### UNAMA

3.3.4 The United Nations Assistance Mission in Afghanistan (UNAMA) provides the institutional framework for UN engagement in Afghanistan. UNAMA was established as a Special Political Mission mandated under UN Security Council Resolution 1401 (March 2002), to support the implementation of the political transition arrangements set out in the Bonn Agreement (December 2001). This mandate has changed over time to reflect the needs of the country and was recently extended on 16 March 2023, by UN Security Council Resolution 2678 (2023).<sup>60</sup> Since 2008, UNAMA has been an integrated mission, combining its political mandate with coordination of all UN agencies, funds and programmes,<sup>61</sup> with the purpose of working in an integrated way to assist Afghanistan according to nationally defined priorities.

UNAMA is headed by the Special Representative of the Secretary General for Afghanistan, who is responsible for all UN activities in the country. Two deputy Special Representatives (DSRSG) oversee the main pillars of the mission – political and developmental/humanitarian issues. The latter also holds the posts of Resident Coordinator and Humanitarian Coordinator.

#### UN OCHA

3.3.5 The United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) coordinates the work of the Humanitarian Country Team and its partners in Afghanistan. In its own words, '*OCHA's work in Afghanistan focuses on assisting the most vulnerable by coordinating the delivery of effective humanitarian aid and principled humanitarian action*'.<sup>62</sup> To this end, OCHA aims to ensure that:

- Humanitarian decision making is based on a common situational awareness.
- Humanitarian action is guided by joint strategic response planning based on prioritized needs.
- Coordination mechanisms are adapted to the context and support the effective and coherent delivery of humanitarian assistance.
- Humanitarian financing is predictable, timely and allocated based on priority needs.
- People in emergencies are protected from harm and have access to assistance as a result of advocacy and coordination.

---

<sup>60</sup> The Security Council also passed a second Resolution 2679 (2023) calling for an integrated and independent assessment with forward-looking recommendations for an "integrated and coherent approach" to address Afghanistan's challenges. Although different in scope and nature to the present IAHE, the evaluators will engage with this process as appropriate.

<sup>61</sup> The full UN Country Team comprises FAO, International Fund for Agricultural Development (IFAD), International Labour Organization (ILO), IOM, OCHA, OHCHR, UN WOMEN, United Nations Programme on HIV/AIDS (UNAIDS), UNDP, United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA, UN-HABITAT, UNHCR, UNICEF, United Nations Industrial Development Organization (UNIDO), United Nations Institute for Training and Research (UNITAR), United Nations Mine Action Service (UNMAS), United Nations Office on Drugs and Crime (UNODC), United Nations Office for Project Services (UNOPS), WFP and WHO.

<sup>62</sup> UN OCHA Afghanistan website: <https://www.unocha.org/afghanistan/about-ocha-afghanistan>

- Preparedness helps respond to humanitarian emergencies without delay and with the right assistance.<sup>63</sup>

### *UN operational agencies and INGOs*

Of the agencies and programmes in the UN Country Team (see footnote), the main operational actors in the humanitarian sphere are WFP, FAO, UNICEF, UNHCR, WHO, IOM and UNFPA. These are also key members of the HCT, each with their own mandate and strategy, and have a leading role in the coordinated response as co-chairs of their respective Clusters and Areas of Responsibility. Space does not allow a more detailed analysis here of individual agency strategies and interpretation of mandates in Afghanistan, though some analysis of this and its effect on the collective response will be made in the main evaluation report. Here we simply note that the interplay between individual agencies and collective leadership and strategy is one of the key dynamics shaping the overall response.

The table below shows the relative share of funding (as reported) of the main operational agencies for the year 2022, which gives a sense of the scale on which they operate in programmatic terms. Note that this table is potentially misleading: much of the funding allocated to UN agencies goes to fund delivery of programmes through INGOs and NNGOs. The figure for direct funding to INGOs therefore underrepresents the scale of the work that they do with their local and national partners.

**Figure 3 Top funding recipient organisations<sup>64</sup>**

**Top Recipient Organisations (UN, INGO, Other)** (source fts 15<sup>th</sup> March 2023)

Destination org.	Funding US\$	% of total Funding 2022
WFP	\$1,736,189,538	46%
UNICEF	\$612,502,916	16%
UNHCR	\$170,250,344	5%
WHO	\$136,272,641	4%
IOM	\$129,354,366	3%
ICRC	\$122,722,414	3%
FAO	\$122,162,769	3%
Afghanistan Humanitarian Fund	\$100,489,220	3%
International NGOs (Confidential)	\$97,975,704	3%
UNFPA	\$91,058,401	2%
Other	\$423,241,835	11%

### *Red Cross / Red Crescent Movement and INGOs*

3.3.6 Both the ICRC and IFRC play a role in Afghanistan, largely working with and through the Afghan Red Crescent Society. Both provide funding and other support to primary health centres, while the ICRC also has a major programme of support to hospitals and physical rehabilitation (orthopaedic) centres.

<sup>63</sup> Ibid.

<sup>64</sup> The figures in this table are provisional and will be reviewed for the main evaluation report. They are likely to rise. One correction already reported is that UNFPA received USD112,972,265 in the Financial Year 2022.

Like the ICRC, many international NGOs have played a significant humanitarian role in Afghanistan over the past four decades. During periods when the state institutions have been very weak and incapable of service delivery (notably in the 1990s and early 2000s), INGOs have helped fill the gap by delivering direct welfare services to people like during. During the last two decades, the INGO role became more one of facilitators in community development, with some continuing humanitarian role in hard-to-reach regions. Since August 2021, the INGOs returned to a leading role in the delivery of basic services as government institutions face challenges with the political transition. INGOs have international, national and local staff operating across the country in the different sectors, most of them involved in the delivery of humanitarian services.

Currently 81 INGOs are listed as members of the Agency Coordinating Body for Afghan Relief and Development (ACBAR), the NGO coordination body, – although many more are listed with the Ministry of Economy.<sup>65</sup> Since the ban on female NGO staff was introduced in December 2022, and the subsequent suspension of programming by many INGOs, it is unclear at the time of writing how many INGOs remain (fully or partly) operational in Afghanistan.

#### *National and local NGOs*

3.3.7 Afghan organisations play a pivotal role in the provisions of humanitarian goods and services, as well as representing the interests of the communities they serve. National NGOs vary in terms of their history (how they're established), size, area of activities, expertise and specialization, etc. Some much larger, well-established NGOs are active in various sectors, e.g. in health services; some, for example some women-headed national NGOs, are more specialized, focusing e.g. on women and gender-related issues. National NGOs are considered a significant part of Afghan civil society (Nemat & Werner, 2016).<sup>66</sup>

In the past two years, while national NGOs have been significantly affected by the evacuation of many of their senior management staff, in most cases their mid- and lower-level staff continued to keep their organisations active. We understand through different sources that over 50-60 per cent of national NGOs have either been closed or are under threat of closure due to a lack of funding and professional staff.<sup>67</sup> The national NGOs that are active are attempting to build working relations with the DFAs at the local level.<sup>68</sup>

#### **The De Facto Authorities (DFA)**

3.3.8 The de facto authorities is a term used to refer to the Taliban authorities, who took control of Afghanistan on August 15, 2021. The transition from the former republic to the Taliban's 'Islamic Emirate' was not significantly violent, and in most cases, from the national to the sub-national level, a quiet

---

<sup>65</sup> The Ministry of Economy shows over 500 INGOs as registered, only some of which are humanitarian.

<sup>66</sup> Nemat, Orzala Ashraf, and Karin Werner. "The Role of Civil Society in Promoting Good Governance in Afghanistan." *Afghanistan Research and Evaluation Unit and German Federal Ministry of Economic Cooperation and Development* (2016).

<sup>67</sup> Gall, Fiona and Khuram, Daud, *Between A Rock and A Hard Place – Multifaceted Challenges Of Responders Dealing With Afghanistan's Humanitarian Crisis*. A Report On The Perspectives Of National NGOs", published by ICVA, (2022).

<sup>68</sup> Ibid.

handover or smooth entrance of Taliban forces was facilitated by the former mid- or lower-level government officials. This is an important point for the purpose of our understanding of the role of DFA in humanitarian response: there is no indication of a government collapse *per se* because of this major political shift and there has not been a major change in these institutions (line ministries etc.) from an administration point of view.

Some of the former republic government structures are dissolved or are no longer active. But the most significant governmental entities in Kabul relating to humanitarian response remain active and continue to run their operations both at the central level and (increasingly also at the sub-national levels (provincial and district). A description of the roles of the various ministries and departments whose roles relate to the humanitarian response is given in Annex D. The Ministry of Economy (MoEc) NGO Directorate plays a central role in approval and facilitation of the humanitarian work of NGOs.

3.3.9 Humanitarian organisations interact with different authorities at different levels. For instance, for the initial registration of their organization and ongoing project activities, all INGO and NGOs must be registered with MoEc NGO directorate. Following this, any project is registered with the system, and a letter from the NGO directorate is issued for the line ministry (relevant sector) to arrange a Memorandum of Understanding between the NGO and line ministry. In the recent months, the MoU requirement is not prioritized by many line ministries.

In addition to these interactions, many NGOs have reported that their offices have been searched and their staff have been periodically detained by the General Directorate of Intelligence (GDI) for the purpose of getting more detailed information about the organization. So far, through ACBAR and INSO, most of the NGOs are resisting providing any such information to GDI, saying that all their data and information is stored at the MoEC NGO directorate, and they don't want to duplicate their efforts.

At the sub-national level, the dynamics of interactions are different and quite significantly context-related: depending on sub-national authorities such as governors and district governors, the NGOs face more or fewer complexities in carrying out their activities. Some cooperative local authorities are more flexible than others and that directly affects the quality of services and even the overall possibility of delivering humanitarian services.

#### *Coordinating Bodies*

3.3.10 The Agency Coordinating Body for Afghan Relief and Development (ACBAR) is an umbrella organization that holds over 178 members, including 81 INGOs and 97 NGOs. ACBAR was established in Peshawar, Pakistan, in August 1988 to coordinate assistance and delivery of services for refugees more efficiently. Since 2002, ACBAR's main office moved to Kabul and it continued to operate with a coordinating role for its members. ACBAR also runs a very active vacancy announcement portal for humanitarian and development aid workers. Since August 2021, as more restrictions were put in place on NGOs operating in Afghanistan, ACBAR together with INSO (with a security focus) organised regular monthly coordinating meetings and they continue to use the organisation as a joint platform to engage with the DFAs. ACBAR sits on the HCT.

In addition to ACBAR, there are several newly organized groups established with the aim of coordinating activities. The formerly NGO networks and coordination bodies such as Afghan Women’s Network (AWN), Civil Society and Human Rights Network (CSHRN), and Afghan NGO Coordinating Body (ANCB) have a presence in the country, although due to evacuations of their leading staff they are not yet as operational as before.<sup>69</sup>

Hence ACBAR remains the only active general (non-UN) coordinating body operating in Afghanistan. The UN-coordinated response system uses clusters to coordinate sector-specific activities, and OCHA hosts an inter-cluster mechanism, the Inter-Cluster Coordination Group.

#### *Private Contractors*

3.3.11 Private contractors in the humanitarian and development sector in Afghanistan have been quite active over the past decade. The United States Agency for International Development (USAID), for example, has worked through private contractors to carry out some of its largest projects. Contractors from other countries too have been involved in the delivery of services in different sectors of humanitarian and development assistance. Current levels of private sector involvement (post-August 2021) are hard to determine, nor is it clear how contractors are regulated;<sup>70</sup> but private contractors are an important stakeholder in the delivery chain of humanitarian services.

#### *Private Charitable Sector (Zakat, charity, and others)*

3.3.12 Private sector involvement in delivery of humanitarian services in Afghanistan comes in different forms. For instance, most local and traditional businesses arrange their Zakat<sup>71</sup> donations and provide support to needy families within their communities. Another interesting example of private sector initiatives is groups such as ASEEL. This is an e-commerce start up business that raises its funds through crowd funding, then recruits volunteers in crisis-hit localities and delivers either donations or emergency food kits directly to families with minimal administrative costs. Originally a sales business, it began humanitarian operations following COVID-19 and August 2021 crisis in Afghanistan (Huang, 2021).<sup>72</sup>

#### *Community-Based Organisations*

3.3.13 Over the past two decades, Afghanistan’s local communities became the epicentre of multiple forms of development interventions by very different actors, from the international military forces (through Provincial Reconstruction Teams - PRTs) to development and aid organisations and religious

---

<sup>69</sup> Gall & Khuram, 2022 (op.cit.)

<sup>70</sup> Some projects such as the USD 5 million COMAC programme are run through private contractors, in this case Blumont, a US contractor formerly known as International Relief Development. Their website states that following a pause in August 2021, they resumed their activities in the humanitarian field with a completing their programme 2019-2023. <https://www.devex.com/news/blumont-the-new-face-of-ird-87638> and <https://blumont.org/what-we-do/afghanistan-comac/>

<sup>71</sup> Zakat is one of the five core pillars of Islam and an obligation by all Muslims who earn a living to pay approximately 10% of their regular income/profits as donation to those who are in need of aid and assistance.

<sup>72</sup> Huang, Robyn, (2021), “Afghan entrepreneur’s e-commerce app pivots to help during crisis”, <https://www.aljazeera.com/economy/2021/8/26/afghan-entrepreneurs-e-commerce-app-pivots-to-help-during-crisis>

networks, all of which have worked to influence local communities in most parts of the country (Nemat, 2014). The most widely known community-based organisations are Community Development Councils or CDCs that are established through a World Bank (WB)-funded project National Solidarity Programme (NSP). The CDCs are village-level publicly elected bodies who are operating as facilitators and planners of development and aid services in their communities. Generally, local influential individuals such as community elders, religious leaders (Mullahs), local school headmasters or teachers etc. are a member of the CDCs. In most parts, the CDCs also had female membership, either to jointly operate under one CDC as deputies or to hold separate women groups within the village to ensure the views of women are also heard. Similarly, in the health sector, through the Basic Package of Health Services (BPHS) programme, health Shuras (health councils) were also established in communities that facilitated health sector activities at the local level. In the post August 2021 context, although in part the members of the CDCs have been involved in the facilitation of humanitarian aid delivery, a more significant role is given to the local religious leaders such as Mullahs and Qaryadar (the village administrator linked to district government office) who take the lead on the distribution of aid.

#### *Volunteer Groups*

3.3.14 The recent phase of the humanitarian crisis also resulted in the emergence of many self-help voluntary groups which have been contributing to the delivery of humanitarian services. These groups are mostly privately funded and organize food distributions or family sponsorship programmes for the neediest members of communities and provide families with food assistance packages. They include campaigning groups such as Pen Path, whose focus is girls' educational campaigns, that also provide aid to families.



## 4. The humanitarian response since 2021

### 4.1 Introduction

4.1.1 A fuller analysis of the UN-coordinated humanitarian response in Afghanistan since August 2021 will be given in the main evaluation report. Here we set out some of the most salient ‘framing’ aspects of the response overall – including funding patterns – followed by a more detailed outline of the key elements of the sector-specific responses that form the core of the overall response.

4.1.2 For the period running up to August 2021, the collective humanitarian response in Afghanistan was framed in the Humanitarian Response Plan for 2018-21, as updated annually. The response to the COVID-19 pandemic saw a revision of the 2020 plan; while the 2021 plan was substantially changed following the Flash Appeal in September 2021. The evaluation will review the related strategy and planning processes through the HCT and clusters.

Besides the collective HRPs, following the Taliban takeover in August 2021, the UN in January 2022 defined for itself a new strategic framework for assistance in the form of a Transitional Engagement Framework (see Box 3 below). The evaluation will consider the extent to which this has formed an effective framework for UN engagement in practice; and will consider the relationship between the humanitarian agenda and the wider UNAMA mission. The evaluation will also review the application in practice of the Joint Operating Principles (as revised in August 2021); and other frameworks including the IASC Principals January 2023 *Concept of Operations* (Framework for Humanitarian Operations in Afghanistan).

**Box 3 The UN Transitional Engagement Framework (TEF) (extract from Introduction)**

The UN Transitional Engagement Framework (TEF) is the overarching strategic planning document for the UN system's assistance in Afghanistan in 2022. In the absence of a recognized governing authority, critical funding for sustaining basic human needs in Afghanistan has been disrupted or suspended. Humanitarian funding has continued to flow throughout 2021, but with added scrutiny and compliance. The TEF explains how the international community can rapidly re-channel resources to the strategic priorities identified by the UN. It sets out the UN principles of engagement, collective outcomes, and the UN coordination and implementation arrangements. It also outlines the challenges to be addressed during this transition and establishes building blocks to return to a UN multi-year engagement framework.

The TEF comprises three strategic priorities that will guide the UN's engagement in Afghanistan in 2022, while the UN system adapts to the new realities in Afghanistan and until conditions are conducive for a multi-year development cooperation framework. These priorities are:

- i. Provide life-saving assistance
- ii. Sustain essential services
- iii. Preserve social investments & community-level systems essential to meeting basic human needs.

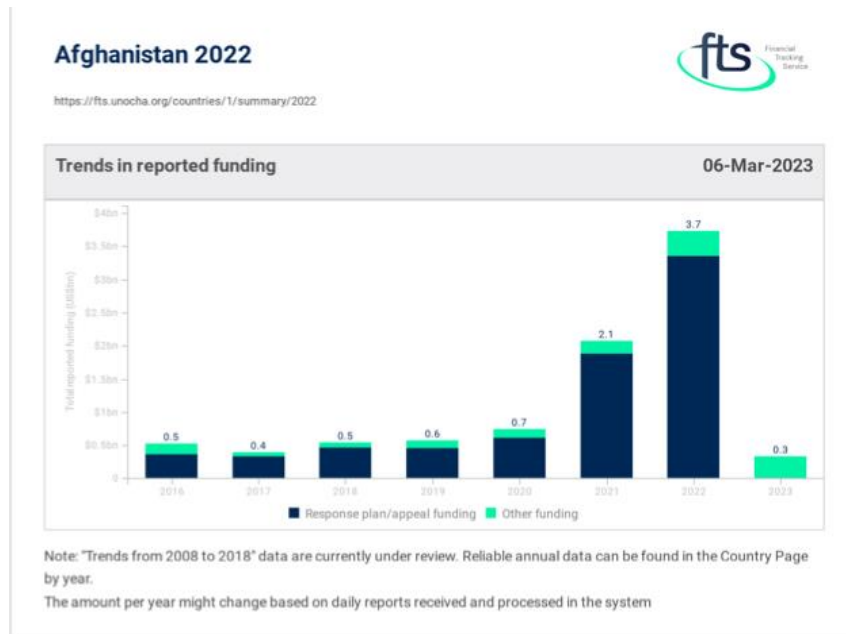
Through its work the UN aims to empower the Afghan people's own efforts to preserve and rebuild their lives and provide for their families and communities.

The international sanctions regimes established by the Security Council and other UN Member States limit the scope of activity within which the UN and its partners can operate, requiring a fundamental change in its operations. Control of the country under the de facto authorities remains largely decentralized, with substantial differences at regional and provincial levels, requiring flexible and localized area-based responses by the UN for many interventions. The overall situation remains extremely fluid and susceptible to change making confident projections and planning difficult.

## 4.2 Funding and response data

4.2.1 As the chart below shows, while humanitarian funding to Afghanistan had been increasing slowly between 2016 and 2020, it increased exponentially in 2021 (post-August) and 2022.

**Figure 4** Total reported humanitarian funding for Afghanistan by year



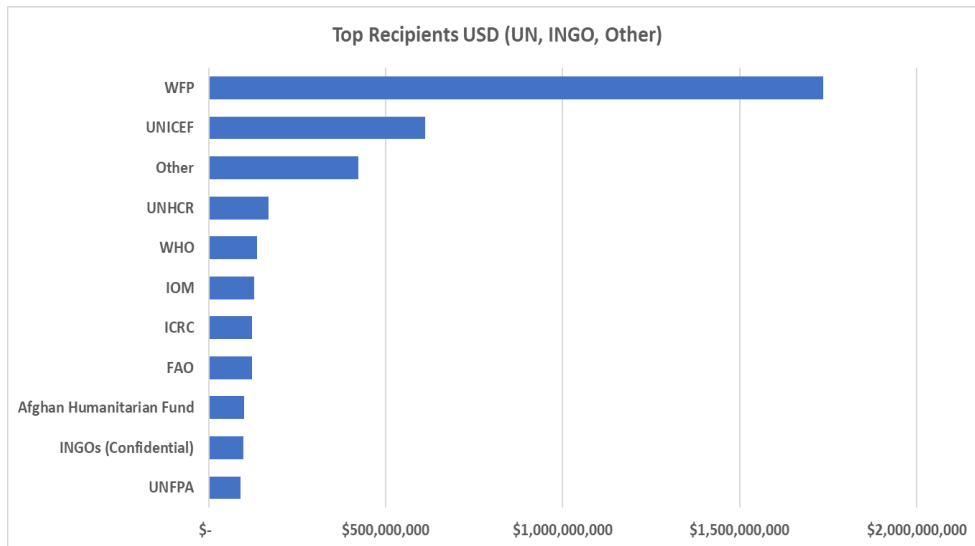
4.2.2 The *source of funding by donor* for 2022 is shown in Figure 5. Several features of this chart are striking. One is the heavy reliance on three main donor countries. The fact that around one third of total funding comes from the US, and nearly half from the US and UK combined, gives some idea of the complexity of the politics of aid in Afghanistan— given that these two countries were protagonists in the war against the Taliban over the previous two decades.

4.2.4 Figure 6 below shows the way in which these funds have been channelled through UN and international agencies (data for the year 2022). With regard to *sector funding*, the chart in Figure 7 shows the dominance of the food security sector as well as a relatively high funding for health and nutrition. In itself, this says little about the *adequacy* of funding to these and other sectors, but it gives an indication of the relative 'weight' given to each sector by donors.

**Figure 5 Funding by donor source**

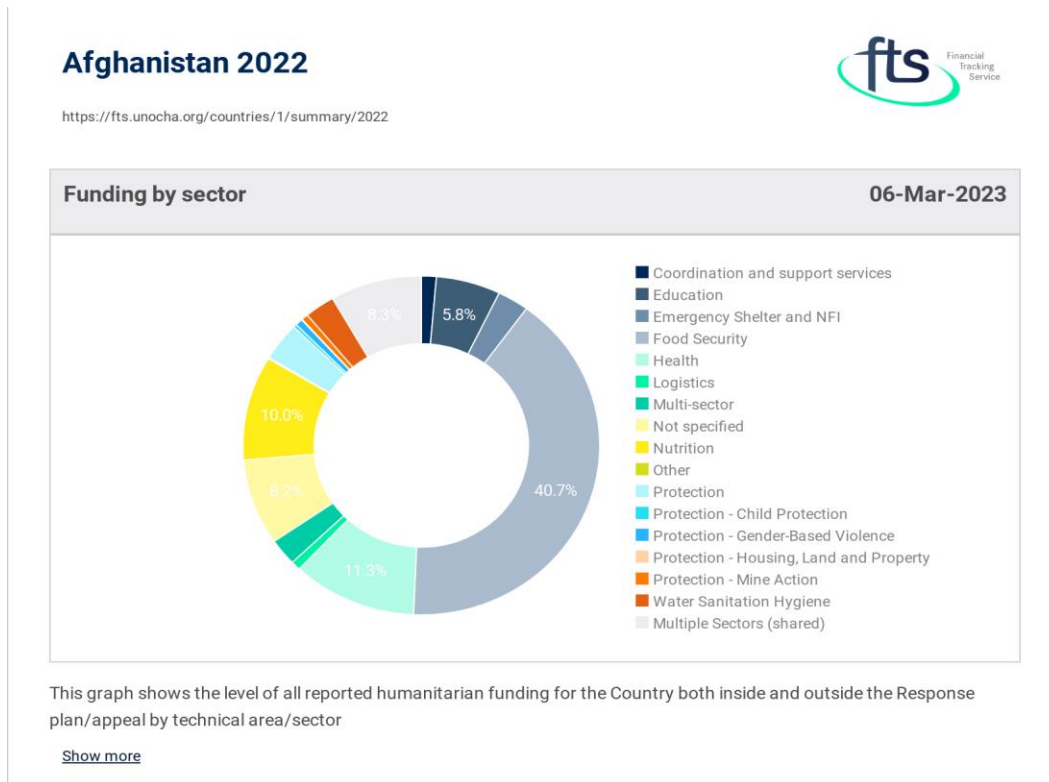


**Figure 6 Top Recipient Organisations (UN, INGO, Other) (source fts 15<sup>th</sup> March 2023)**



It is important to note that much of the funding shown in this chart is as received by WFP, UNICEF and other UN agencies is spent through contracts with INGOs and NNGOs. We do not have a financial breakdown for these contracts at this stage.

**Figure 7 Funding by sector**



### 4.3 Food Security and Agriculture Cluster response<sup>73</sup>

#### *Intervention Strategy*

4.3.1 The Food Security and Agriculture Cluster (FSAC) strategy aims to save lives while mitigating the further deterioration of the food security situation for millions of vulnerable households, improving people’s wellbeing and living conditions, as well as reversing the raising malnutrition trends and reduce dependence on dangerous coping mechanisms. According to the HRP 2022, the main goal of the Cluster is: *“to immediately halt the alarming increase of hunger in the country, improve the food security and livelihood security of people in IPC Phase 3 or above areas through ensuring timely access to adequate nutritious food and protecting their vulnerable livelihoods.”* As indicated in the table below, the number of people in need (PIN) and the number of beneficiaries targeted by the Food Security and Agriculture (FS&A) programme has consistently increased between 2020 and 2022.<sup>74</sup>

<sup>73</sup> For a description of the food security and agriculture context, see above 3.2.1

<sup>74</sup> This system of colour coding for per centages of people reached vs target is used throughout Section 4

Food Security & Agriculture	2020		2020 + COVID-19*		2021 HRP		2021 Flash Appeal		2022		2023	
	PIN	8.21	PIN	13.2	PIN	17.6	PIN	17.6	PIN	24	PIN	21.2
	Target	6.7	Target	9.8	Target	14.2	Target	16.2	Target	21.6	Target	21.2
	Reached	4.1	Reached	6.2	Reached	**	Reached	17.1	Reached	22.3	Reached	
	%	61%	%	63%	%		%	106%	%	103%	%	

Figures in millions of people (and per cent (%) of target reached)

0-49%	50-99%	100% +
-------	--------	--------

The slight decrease of these numbers in 2023 is apparently due to slight improvement of the IPC figures and the relative stabilisation of the situation, although this will have to be further investigated at country level.

### Cluster Response

4.3.2 Based on its biannual IPC analysis, the FSAC has been intervening in all 34 provinces and aimed at reaching more than 20 million beneficiaries with food assistance and more than 10 million with livelihood assistance. The programme includes in-kind or cash assistance to IPC phase 3 and 4 people, undocumented returnees, IDPs and people affected by natural disasters.

Agriculture and livelihood interventions are limited to IDPs, natural disaster victims and selected vulnerable households in IPC Phases 3 and 4. This involves a combination of a large-scale crisis safety net in targeting populations in acute food insecurity in rural and urban areas, and a substantial uplift in support to protect critical livelihoods in rural and urban areas, with particular attention to agriculture and livestock-based livelihoods.

The increase in financial resources in 2021 allowed to expand the scope of the FS response and the food rations for the most vulnerable categories of beneficiaries, the recent decrease has obliged the cluster to sensibly downscale its objectives.<sup>75</sup> The FSAC, and especially WFP, was very fast in speeding up its response modalities following the August 2021 events, likely preventing a further deterioration of the food security situation during those chaotic weeks.

### Coordination and collaboration

4.3.3 Afghanistan is one of the few countries where WFP and FAO comprehensively share Cluster coordination responsibilities. The targeting and provision of livelihood assets and household food assistance, especially in IPC4 locations, has been a prominent area of intra-cluster harmonization.

Coordination with the Nutrition Cluster is a key component of the response. Although WFP interventions to reduce MAM are covered under the Nutrition Cluster operational framework, the scale-up of the FSAC

<sup>75</sup> Until August 2021, the food security costs per beneficiary in Afghanistan was among the lowest in the world, but this was based on a 4 month provision of a ration size representing 50% of the average 2,100 kcal daily requirement. Following the dramatic contextual changes after August 2021, the FSAC revised the various components of its food and cash interventions. In 2022, the cost per person for Food Security and Livelihoods increased to \$123 from the previous average of \$52 due to the need to increase to a 75 per cent food basket over a longer period, and more intensive emergency livelihood activities.

response included Blanket Supplementary Feeding (BSFP) rations for the prevention of MAM to all new and expectant mothers and children between 6 months and 5 years of age in all households benefiting from WFP emergency food assistance. Preliminary information gathered through several KIIs indicate that the coordination and harmonization of strategy and work between the FSAC and the Nutrition Cluster has room for improvement.

FSAC coordinates with other Clusters by leveraging the outreach of the FSAC interventions. Protection, Nutrition, ES-NFI and WASH indicators are included in the Seasonal Food Security Assessment (SFSA) and Pre-lean Season Assessment (PLSA) forms. Similarly, with WASH, FSAC collects information on ground water sources to provide early warning information on irrigation, water scarcity and water quality.

#### *Lines of enquiry and areas for further investigation*

4.3.4 Besides the normal areas of investigation to be covered at country level – effectiveness, challenges, preparedness, monitoring & indicators, coordination, etc. – the Evaluation Team (ET) will specifically look at the role the FSAC and especially WFP played during the initial phases of the response following the Taliban takeover. Additionally, the ET will assess how fluctuations in funding influenced the FSAC response – including its role for MAM prevention – and the potential humanitarian consequences.

## 4.4 Health Cluster response<sup>76</sup>

### *Intervention Strategy*

4.4.1 Broadly aligned with the Strategic Objectives (SO) SO1 and SO3 of the HRP, the main objectives of the Health Cluster are:

- Improve information and access to humanitarian lifesaving and life-sustaining equitable health services at all levels of care to people in need and most vulnerable.
- Strengthen health system capacity to prepare for, to prevent, to detect and for timely response to disease outbreaks.
- Ensure access to safe, equitable and inclusive health and reproductive health care services and information to GBV survivors.
- Strengthen provision of integrated rehabilitative care to improve resilience of vulnerable people.

According to the HRP 2022, in order to address the increased magnitude of the problems and the number of targeted beneficiaries, the Health Cluster prioritised interventions focusing on vulnerable groups, including 2.9 million women of reproductive age (15-49 years old), 400,000 people over 60, 700,000 displaced people and 1.2 million people living with disabilities.

In 2022, the number of people in need of health assistance in Afghanistan increased to 18.1 million, from 14.5 in 2021; this figure has been revised to 17.6 millions in 2023.

---

<sup>76</sup> For a description of the health context, see above 3.2.3

Health	2020		2020 + COVID-19*		2021 HRP		2021 Flash Appeal		2022		2023	
	PIN	3.72	PIN	10.1	PIN	14.5	PIN	14.5	PIN	18.1	PIN	17.6
	Target	2.1	Target	7	Target	10.3	Target	10.7	Target	14.7	Target	15.6
	Reached	3.1	Reached	3.4	Reached	**	Reached	8.5	Reached	13.3	Reached	
	%	148%	%	49%	%		%	79%	%	90%	%	

**Figures in millions of people**

\*Figures of reached beneficiaries from end-September 2020

\*\*No available figures of reached beneficiaries by sector by mid-2021 (pre-Taliban takeover)

*Cluster Response*

4.4.2 For a number of years, a large part of the health systems in the country have been supported by development funds through the Sehatmandi (Health for all) Project<sup>77</sup>. Although this approach has been described by several interviewees as inefficient and affected by corruption, it allowed to support ~2,300 health facilities across the 34 provinces out of the existing ~4,200, and reduce morbidity and mortality. Services provided at these facilities were not comprehensive. The core of the Health Cluster humanitarian response<sup>78</sup> has been the coverage of ~10 million people who have limited access these ~2,300 health facilities, and to integrate the limited services thereby provided. A large component of the humanitarian health response has been delivered through ~600 mobile clinics units.<sup>79</sup>

The collapse of the previous government triggered the suspension of direct international development assistance, which previously accounted for around 75per cent of public expenditures, including the maintenance of the public health system.<sup>80</sup> This pause in development funding directly affected the Sehatmandi Project. Following an interim period financially supported by the Central Emergency Response Fund (CERF) and World Bank funds, the Project was formally reactivated in June 2022 and renamed Health Emergency Response (HER) Programme, also WB-funded. The importance of the Health Cluster response to complement the HER programme cannot be overstated.

A recent directive from the DFA to convert all mobile health clinics into fixed ones could have major consequences on the Cluster response outreach and coverage, besides being financially extremely challenging. Discussions on deadline extensions and a phased, more rational approach to this conversion are ongoing between WHO, UNICEF and the Ministry of Public Health (MoPH)<sup>81</sup>.

*Coordination and collaboration*

4.4.3 In light of the high degree of complementarity – and some blurred lines – between the humanitarian and development health responses, the Cluster has needed to maintain consistent collaboration with the MoPH at Kabul and provincial level. Within the Cluster, WHO works closely with

<sup>77</sup> The World Bank-funded Sehatmandi Project (March 2018 – June 2022) implemented the Basic Package of Health Services (BPHS - primary care) and the Essential Package of Health Services (EPHS – secondary care) through NGOs.

<sup>78</sup> The Health Cluster response encompasses primary and reproductive health; secondary health; trauma care; and COVID-19.

<sup>79</sup> Exceptions exists. Based on specific WHO guidelines related to number of people in a specific area and its remoteness, some mobile clinics are development-funded and some fixed facilities are supported by humanitarian funds.

<sup>80</sup> See Introduction

<sup>81</sup> Multiple Inception Phase KIIs.



UNICEF and UNFPA for primary health care, maternal, reproductive and adolescent health care, as well as for Expanded Programme on Immunization (EPI) and the COVID-19 response.<sup>82</sup>

The integration of management of acute malnutrition within the health system is at the heart of the close collaboration between the Nutrition and the Health Clusters. Other collaborations exist with the WASH Cluster for the prevention and response to infectious disease outbreaks as well as for natural disaster response.

*Lines of enquiry and areas for further investigation*

4.4.4 The humanitarian consequences of the drastic reduction of development funding in the Health sector and subsequent shift to new health delivery modalities; the implications of increased access to previously Taliban-controlled areas; and the potential effects of conversion of the mobile clinics, will be among the key areas of investigation for the Evaluation during the data collection phase.

#### 4.5 Nutrition Cluster response<sup>83</sup>

*Intervention Strategy*

4.5.1 The Nutrition strategy in Afghanistan is largely built on the health system. The scaling-up necessary to address the dramatic food insecurity and malnutrition situation is based on the assumption that the health system will be kept functional despite the challenges noted above. The main Cluster Objectives, broadly in line with the HRP Strategic Objectives 1 and 2, are the following:

- Increasing the equitable access and utilisation of quality life-saving nutrition services for the early detection and treatment of acute malnutrition for children and PLW
- Increasing the equitable access and utilisation of quality preventative, nutrition-specific service delivery for children, adolescents and women;
- Mainstreaming gender and accountability to affected people;
- Enhancing nutrition situation analysis, programme monitoring and use of nutrition information.

The assessed PiN figures for nutrition support, together with target and reach, are shown below:

Nutrition	2020		2020 + COVID-19*		2021 HRP		2021 Flash Appeal		2022		2023	
	PIN	3.35	PIN	4.6	PIN	5.4	PIN	5.4	PIN	7.8	PIN	7.2
Target	1.3	Target	2.4	Target	2.6	Target	2.9	Target	5.9	Target	5.5	
Reached	0.862	Reached	1.6	Reached	**	Reached	2.6	Reached	6.2	Reached		
%	66%	%	67%	%		%	90%	%	105%	%		

**Figures in millions of people**

\*Figures of reached beneficiaries from end-September 2020

\*\*No available figures of reached beneficiaries by sector by mid-2021 (pre-Taliban takeover)

<sup>82</sup> Inception KII

<sup>83</sup> For a description of the nutrition context, see above 3.2.2

### *Cluster Response*

4.5.2 The Afghanistan Nutrition programme is to a large extent built on the country health system and the aim is a comprehensive alignment of the management of acute malnutrition with the national strategy for integrated Basic Package of Health Services (BPHS). Nutrition services delivery is conducted through static and outreach units integrated in the health system. Facilities offering nutrition services increased from 1,028 in 2017 to 1,411 in 2021 and cover all the 34 provinces.

Despite the significant increase in the absolute number of children who have received treatment for acute malnutrition over the past years, a large proportion of children (likely more than 50 per cent of those in need) remain without access to nutrition services<sup>84</sup>. This is largely due to funding constraints and limited reach against the backdrop of increasing nutrition needs. Some 55 per cent of health facilities do not provide MAM services for children while 38 per cent of health facilities do not provide SAM services. The treatment services are complemented by preventative services, including Infant and young child feeding (IYCF) practices, behavioural change, supplementary feeding and vitamin A provision. The high achievements in terms of reached beneficiaries in 2021 (90 per cent) and 2022 (105 per cent) are explained by exceeding of targets in the preventative component of the programme.

The recent DFA directive requesting conversion of all mobile units into stable ones (see Health Cluster above) could potentially affect and ultimately jeopardize a large component of the Nutrition programme.

### *Coordination and Collaboration*

4.5.3 Besides its close collaboration with the Health Cluster, the Nutrition Cluster coordinates with the FSAC on the Blanket Supplementary Feeding Programme (BSFP). Initial interviews suggest that collaboration between these two clusters has not been as effective as it should have, and that opportunities to better strategize and align analyses, priorities and programmes have been missed.

Within the framework of the Nutrition Cluster, UNICEF and WFP collaborate for the prevention and management of Global Acute Malnutrition (GAM), with UNICEF in charge of SAM and WFP of MAM. Some concerns have been raised<sup>85</sup> that being MAM not the main programmatic priority for WFP in Afghanistan, this programme component has occasionally been underfunded, creating gaps in the continuity of an intervention which requires constant and sustainable attention.

### *Lines of enquiry and areas for further investigation*

4.5.4 Besides the normal areas of investigation, the ET will specifically look at the limits of the integration of nutrition intervention in the health facility system and the possible consequences of the DFA directive on mobile clinics. It will also investigate coordination issues between Nutrition Cluster and FSAC as well as between UNICEF and WFP.

---

<sup>84</sup> Humanitarian Response Plan 2022

<sup>85</sup> Inception Phase KIIs

## 4.6 Water, Sanitation and Hygiene Cluster response<sup>86</sup>

### *Intervention Strategy*

4.6.1 According to the HRP 2022, the key Water, Sanitation and Hygiene (WASH) Cluster objectives – aligned to the HRP Strategic Objectives SO1 and SO3 and in line with the Protection angle of SO2 – are the following:

- Ensure that vulnerable people in need receive a timely equitable and safe, life-saving and effective emergency WASH assistance.
- Prevent SAM under five children admitted into nutritional programmes from WASH-related malnutrition diseases during the months of their treatment and during the lean period.
- Support vulnerable people affected by AWD/ cholera outbreak by providing timely and effective emergency WASH assistance to prevent further transmission.
- Ensure that person in need is not left behind from humanitarian assistance, including people with disabilities, people with protection needs and vulnerable women and girls.
- Ensure that vulnerable people in urban, peri-urban and rural areas as well as those displaced or have returned have access to community-based resilient and sustainable WASH services.

### *Target and reach against People in Need (PiN)*

The assessed PiN figures for WASH support, together with target and reach, are shown below:

WASH	2020		2020 + COVID-19		2021 HRP		2021 FA		2022		2023	
	PiN	4.87	PiN	7.2	PiN	8.8	PiN	8.8	PiN	15.1	PiN	21.1
Target	2	Target	3.8	Target	3.6	Target	5.1	Target	10.4	Target	13.9	
Reached	1.9	Reached	3	Reached	n/a	Reached	4.2	Reached	11	Reached		
%	95%	%	79%	%		%	82%	%	106%	%		

#### **Figures in millions of people**

About 11 million people had been reached by cluster partners as of December 2022. This includes about 65.2per cent for water supply, 189.4per cent for sanitation and 82.2per cent for hygiene targets.

### *Cluster Response*

4.6.2 Before August 2021, most of the WASH Cluster programme was directed to rural interventions, victims of natural disasters and IDP concentrating at peri-urban level; the urban response was largely development-funded and under the responsibility of the MRRD. Even before the Taliban takeover though, the MRRD was already asking for assistance, as they were able to cover only ~25per cent of the ever-increasing needs.

After the August events, urban needs dramatically increased, driven by the financial crisis, the stop in development funding and the recurrent droughts. At the same time, access to previously hard-to-reach areas expanded. Consequently, between 2021 and 2022 the WASH Cluster programme went through a major reshaping and increase in scope, as indicated by the PiN/target numbers.

<sup>86</sup> For a description of the WASH context, see above 3.2.4

The Cluster intervention main priorities, differently designed for urban/peri-urban and rural contexts, focus on provision of safe drinking water, hygiene promotion and safe sanitation. The programme coverage prioritizes heavily drought-affected provinces (14 out of 35), AWD-affected populations in provinces at risks, urban and peri-urban populations affected by diminished urban WASH services, and other vulnerable categories<sup>87</sup>.

Financial information indicates good results in terms of reached beneficiaries compared with very limited financial contributions to the Cluster; this might point to unreported (on FTS) development contributions partially covering humanitarian interventions.

#### *Coordination and Collaboration*

4.6.3 The WASH Cluster is led by UNICEF and co-coordinated by the NGO ‘Danish Committee Aid to Afghan Refugees’ (DACAAR). The extensive collaboration with the MRRD before August 2021, both at national and provincial level, were drastically downsized; nonetheless, interactions with key counterparts continue in various informal ways. Collaborations exist with the Health Cluster (COVID-19, AWD, support to health facilities), with the Nutrition Cluster (WASH kits and hygiene promotion), with the FSAC and ES-NFI Clusters (drought and food security mappings, NFI distribution), as well as with the Protection and Education Clusters.<sup>88</sup>

#### *Lines of enquiry and areas for further investigation*

4.6.4 Besides the normal areas of investigation, the ET will specifically look at the extent of and the challenges faced with the reshaping of the programme, as well as the different approaches for urban and rural WASH interventions. The ET will also investigate the contradictions between the low FTS funding records and broadly successful performances

### 4.7 Emergency Shelter and Non-food Items Cluster response<sup>89</sup>

#### *Intervention Strategy*

4.7.1 As per the ES-NFI Strategy for 2022<sup>90</sup> “...internal displaced people have reported shelter to be their second highest priority need after food and 71per cent of the population need shelter repairs and upgrades. Shelter needs are central to people’s immediate survival and wellbeing, risking their safety, security and health through exposure to the harsh weather conditions or overcrowding.” The Cluster objectives are aligned with the HRP Strategic Objectives 1 and 3, and are:

- Ensure timely, adequate access to shelter and non-food items for affected people
- Ensure that the living conditions of vulnerable people are improved.
- Ensure adequate response capacity through preparedness measures and repositioning of emergency shelters and Non-Food Items

---

<sup>87</sup> IDPs, returnees, natural disasters victims, women and girls living in conflict-prone area, households with <5 years children with AWD and malnutrition (SAM cases), poorest people in the informal settlements and in overcrowded urban areas-IPC 3+.

<sup>88</sup> Inception KII

<sup>89</sup> For a description of the ES-NFI context, see above 3.2.5

<sup>90</sup> Shelter Cluster Strategy 2022, Shelter Cluster Afghanistan

The assessed PiN figures for ES-NFI support since 2020, together with targets and numbers reached, are shown below:

ES & NFI	2020		2020 + COVID-19*		2021 HRP		2021 Flash Appeal		2022		2023	
	PIN	3.69	PIN	5.3	PIN	6.6	PIN	6.6	PIN	10.9	PIN	9.7
Target	1.1	Target	1.4	Target	1	Target	1.3	Target	1.9	Target	1.3	
Reached	0.439	Reached	0.5	Reached	**	Reached	0.4	Reached	2	Reached		
%	40%	%	36%	%		%	31%	%	105%	%		

**Figures in millions of people**

### *Cluster Response*

4.7.2 During the period covered by this evaluation, the ES-NFI Cluster has been attempting to shift its approach from largely focusing on NFI assistance to IDPs, returnees and victims of natural disasters, to address longer-term shelter needs with more consistent repairs and provision of suitable infrastructures. The continuous discrepancy between PIN and target numbers – always much lower – is based on a realistic analysis of partners’ capacity to deliver and funding trends in the previous years<sup>91</sup>.

The work of the ES-NFI Cluster is guided by a number of routine assessments<sup>92</sup>, and its programme is built on the following key components: i) provision of Non-Food Items; ii) provision of emergency shelter; iii) repairing/upgrading of existing shelter; iv) transitional shelter; and v) winterization.

### *Coordination and Collaboration*

4.7.3 The ES-NFI Cluster is led by UNHCR and co-chaired by IOM. It has collaborations with the FSAC and WASH Clusters for the harmonization and streamlining of distribution processes.<sup>93</sup> Additionally, it plays a key role in the planning and coordination of the yearly winterization programme.

### *Lines of enquiry and areas for further investigation*

4.7.4 During the data collection phase, the ET will investigate the challenges of the programme shift to a more sustainable approach to shelter and how this is influenced by chronic under-funding in comparison with other Clusters.

## 4.8 Education Cluster response

### *Intervention strategy*

<sup>91</sup> Multiple Inception Phase KIIs

<sup>92</sup> I) Household Emergency Assessment Tool (HEAT), for intersectoral rapid assessment and prioritization amongst conflict affected beneficiaries and returnees from neighbouring countries. II) Rapid Assessment Framework (RAF), for priority identification amongst victims of natural disasters. III) Rapid Assessment Mechanism (RAM), specific for more in-depth information collection within the ES-NFI cluster. IV) Winterization Assessment Tool, for specific cluster winter needs.

<sup>93</sup> Inception KII

4.8.1 The Education Cluster strategy seeks to increase access to quality education for emergency-affected girls and boys in remote and hard-to-reach areas; ensure inclusive and protective spaces for learning for all children, including psychosocial support for vulnerable children; and reduce the risks of disaster, conflict, and emergencies on children’s education through building systematic resilience. This includes support to self-learning and alternative learning modalities such as web-based learning, radio, and television to mitigate against disruptions caused by the COVID-19 pandemic and restrictions imposed by the de facto authorities on girls’ secondary school education.

*Target and reach against People in Need (PiN)*

	2021 HRP + FA		2022 HRP		2023 HRP	
<b>Education</b>	PiN	2.6	PiN	7.9	PiN	8.7
	Target	1.3	Target	1.5	Target	3.1
	Reached	0.2	Reached	0.5	Reached	n/a

**Figures in millions of people**

The substantial increase in the PiN figure from 2021 to 2022 reflects the ban on girls’ secondary education, as well as “the suspension of development funding to the public system and the sanction environment, the economic effects of COVID-19, and conflict-related displacement”.<sup>94</sup>

*Cluster Response*

4.8.2 The cluster focuses primarily on the establishment and maintenance of Community-based Education (CBE) classes and Temporary Learning Spaces (TLS). Since 2022, the support is also extended to school-aged girls and boys traditionally outside of the Education in Emergency (EiE) target population. This includes support to public schools, including recruitment and payment of teachers’ salaries, teachers training and sensitization of the de facto authorities. The cluster response covers all 34 provinces.

*Coordination*

4.8.3 The Education Cluster manages the response, co-led by UNICEF and Save the Children. Five sub-national clusters are operational at the sub-national level to support better coordination. The evaluation will review effectiveness of coordination in the sector at national and sub-national levels, through a range of key informant interviews as well as documentary review.

*Lines of enquiry and areas for further investigation*

4.8.4 Besides the normal investigations (e.g., reach, effectiveness, appropriateness of indicators, etc.), the inquiry will focus on the linkages between education and child protection. Inception interviews suggest that the environment for child protection is becoming increasingly restrictive, with child protection centres now essentially banned by the DFA. Educational facilities, in turn, are seen as a vehicle to deliver child protection services, although in practice this has happened only to a very limited extent – and there are potential dangers in terms of crackdowns on educational institutions.

---

<sup>94</sup> Education Cluster Strategy

A second line of inquiry will focus on the ban on girls' secondary education. How well did the response adjust to these new restrictions? Are self-learning and alternative learning modalities sufficiently accessible, including to girls without access to internet?

## 4.9 Protection Cluster response

### *Intervention Strategy*

4.9.1 The Protection Cluster has no cluster strategy. The strategy described in the HRP 2022 focuses both stand-alone and mainstreamed protection activities. Protection programming, and sectoral programming designed specifically to mitigate protection risks include GBV response, prevention and mitigation; protection from sexual exploitation and abuse (PSEA) and child safeguarding; mine action; and Housing, Land and Property (HLP) rights assistance.

### *Target and reach against People in Need (PiN)*

	<b>2021 HRP + Flash Appeal</b>		<b>2022 HRP</b>		<b>2023 HRP</b>	
<b>Protection</b>	PiN	12.8	PiN	16.2	PiN	20.3
	Target	4.0	Target	4.5	Target	6.5
	Reached	2.1	Reached	5.4	Reached	-

### **Figures in millions of people**

The large increase in the number of PiN reflects the increasingly restrictive environment for women and girls. Since the Taliban takeover, women and girls have been excluded from almost all spheres of public life which significantly increases their protection risks. The PiN 2022 and 2023 includes all school-aged girls denied access to secondary education.

### *Intervention Response*

4.9.2 The Protection Cluster has a broad remit, reflecting the work of its various sub-clusters. An important element of the response is in-kind and cash-based assistance to reduce vulnerabilities to protection risks and adoption of negative coping mechanisms, especially among women. Other stand-alone protection activities include emergency psychosocial and mental health support services, including GBV support; provision of land mine clearance and education and counselling on HLP rights and documentation assistance. Furthermore, mainstreamed protection activities seek to ensure that all clusters and partners adhere to a set of overarching principles, including adoption of the programmatic approach of “do no harm” and strong accountability and community engagement through establishment of inclusive and gender-responsive feedback and complaint mechanisms.

### *Coordination*

4.9.3 The Protection Cluster is led by UNHCR and includes various sub-clusters. Each sub-cluster is led by one or several co-leads: UNICEF and Save the Children (child protection Area of Responsibility), UNFPA and International Rescue Committee (GBV), UNOPs (mine action) and UN Habitat and Norwegian Refugee Council (HLP Taskforce). Each sub-cluster is represented at the national level in Kabul, and through regional representatives in 8 regions of the country. Efforts by the Protection Cluster are

supported and guided by a range of technical working groups, including the Gender in Humanitarian Action and Adolescent and Youth working groups.

*Lines of enquiry and areas for further investigation*

4.9.4 Besides the normal investigations (e.g., reach, effectiveness, appropriateness of indicators, etc.), the inquiry will focus specifically on tensions between the adoption of a rights-based approach and the pursuit of delivering rapid, lifesaving assistance. Inception interviews suggest that some agencies have adopted a rather pragmatic approach, while others have been more principled on the question of women's rights. Another important line of inquiry will focus on gender-mainstreaming strategies: How well have gender considerations been considered across the humanitarian response? What can be said about the quality and accessibility of accountability and community engagement strategies?



## 5. Evaluation framework of analysis

### 5.1 Introduction

5.1.1 It is normal practice in evaluating a humanitarian response to review that response against its own stated logic. This may be expressed through a ‘theory of change’ or a logical framework, but often the logic of an intervention is implicit rather than (fully) explicit. This is particularly true when the object of evaluation involves multiple agencies and multiple sectors of intervention – as in an IAHE – where the ‘connecting’ logic can be unclear even if the individual components have a relatively clear logic.

Broadly speaking, a review of response logic involves a review of:

- (i) The **humanitarian problem statement** (diagnosis / prognosis), i.e. the statement of outcomes of concern to be addressed through the humanitarian response
- (ii) The **analysis of causal factors** related to those outcomes of concern
- (iii) The **logic of intervention**, i.e. the set of interventions by which it is intended to address the causal factors, the ways in which those interventions are expected to change the anticipated outcomes, and the *assumptions* on which this is based.

In the case of Afghanistan, these elements are only partially articulated in the documentation available during the inception phase, including the Humanitarian Response Plans themselves. In order to construct an analytical framework for the evaluation, the ET has had to augment those frameworks to some extent (e.g. filling in missing steps in the logic) based on its understanding of the intention of IASC member agencies. These (amended) logical frameworks will be tested with respondents through the evaluation and also revised in the light of further document review. A full logical framework would inevitably be highly complex, so what is proposed is a relatively simplified version that allows the ‘core’ elements of the logic to be reviewed and assessed.

5.1.2 Testing this logic is one core part of evaluation. How valid / appropriate was the problem statement and analysis of causation, given the evidence? How did the choice of response priorities reflect this? How strong was the logic linking the proposed interventions with the intended change in outcomes? Were the assumptions on which these links were based valid? As noted earlier, in evaluating the IASC response in Afghanistan, the evaluators will go beyond the stated logic in considering the overall value of the related interventions: the response cannot be properly evaluated just in its own terms. So the evaluation will also consider whether there are alternative and perhaps better ways of framing the problem statement, of analysing the causal factors or of framing the logic of intervention.

Besides testing the (explicit/implicit) logic of the response, the evaluation will use the re-constructed logical frameworks to inform and structure its own analysis. In particular, it will ask whether the stated logic and related assumptions were borne out in practice. This will be particularly true when we come to evaluate the *effectiveness* of interventions (see below). What should work on paper does not always bring the benefits intended – or may do so to only to a limited degree or to a limited subset of the intended beneficiaries. Clearly, this will be determined in part by implementation factors: whether the package of measures was in fact delivered, to what standard, where and when.

## 5.2 Analytical framework

5.2.1 The main point of reference here is the Humanitarian Response Plans for 2022 and 2023 (with some comparison to 2021); together with sector-specific (cluster) strategies.<sup>95</sup> It may also be necessary to consider agency-specific strategies if cluster strategies do not provide a full logic of intervention. The evaluation will track the evolution of the response logic across 2021-2023 and the way in which that evolution corresponds with the changes in context and vulnerabilities over this period. Clearly, August 2021 marks a ‘pivot point’; but as noted earlier, the country was already considered in humanitarian crisis *before* that date and had an IASC response with its own logic of intervention. How did that logic change in the wake of August 2021 to reflect the changed context? While many elements certainly worsened in humanitarian terms (the economic picture, the food security situation, access to education for girls, women’s freedom of action), others may have improved (overall humanitarian access), while some remained the same (underlying poverty, lack of developed or reliable government services).

Some of the threats to people combine old and new elements (see sections 1 and 3 above). Exposure to extreme weather and climate-related events (drought, flood) and other natural hazards (earthquake) has become a perennial fact of life in Afghanistan; but people’s ability to withstand and recover from such shocks has been severely eroded. The economic collapse post-August 2021 has had a major impact on household economies, including loss of livelihoods, accumulation of household debt and resort to potentially damaging coping strategies. Understanding the micro-economic and social impacts of the crisis – including the disruption of social support networks – will be key to an assessment of the relevance and effectiveness of the international humanitarian response.

5.2.2 Ultimately, in humanitarian terms, it is the impact of these factors on key indicators of human well-being that we are concerned with. In the HRPs, these concerns revolve around three main areas, formulated as Strategic Objectives (here as stated in the 2022 HRP)<sup>96</sup>:

*SO1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.*

*SO2: 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.*

*SO3: Vulnerable people of all gender & diversities are supported to build their resilience & live their lives in dignity.*

This three-fold division is reflected in the formulation of sector strategies in the HRPs. One thing that emerges is that the logic of intervention, particularly under SO2 and SO3, extends beyond the standard humanitarian agenda – something acknowledged in the use of the term ‘humanitarian plus’. This in itself is not unusual in a post-conflict context, where reconstruction and recovery agendas often sit alongside the humanitarian agenda. What is different in this case is that the pathway to recovery – and even the destination – remains unclear in many respects; and most of the means by which such a

---

<sup>95</sup> At the UNCT level, the Transitional Engagement Framework and its Results Matrix is another important point of reference.

<sup>96</sup> Although the wording of the strategic objectives is modified in the 2023 HRP, they remain essentially the same.

transition is usually supported are not currently available. Given the political uncertainty surrounding the transitional government (DFA) in Afghanistan and its policies, the (indefinite) suspension of development funding by major donors, the imposition of sanctions and the freezing of government assets, the conditions do not seem conducive to taking even a medium-term perspective let alone a longer-term one. The humanitarian system is expected in some ways to fill the development gap, although the extent to which that involves tackling causes and not just symptoms, and thereby addressing medium to longer-term outcomes, appears to vary across different sectors and programme components.

As noted earlier, it is difficult to see how – with limited budgets, predominantly ‘relief’ approaches and limited means of engagement – the humanitarian system can reasonably be expected to bridge this gap. But since it is tasked to some extent with doing so, this must form part of the assessment. So, while the evaluation will consider the acute response agenda as the primary subject of evaluation (i.e. that concerning outcomes up to 12 months ahead), it will also consider the medium-term agenda and the way in which this is addressed both in programme logic and in practice.

5.2.3 The three-fold classification above itself contains multiple overlaps but also potential tensions between the three elements. With respect to overlaps, the evaluation will look in particular for evidence that response components that fit primarily under SO1 have taken account of sustainability, accessibility in theory and access in practice (SO2/3). It will also consider how successfully the human rights agenda suggested by SO2 is integrated into the humanitarian response, whether the components of SO2 and SO3 have sometimes been in tension with delivery under SO1 (e.g. over the ban on Afghan female NGO and UN workers and related programme suspensions), and how such tensions have been managed.

Overall, we should be wary of assuming that a full or coherent logic underpins the HRP, which remains a vehicle for programme harmonisation and fundraising as much as it is a coherent strategic platform. For something more fully worked out, we are likely to need to look at cluster plans/strategies, and potentially the plans of agencies like WFP, FAO, UNICEF and WHO. This includes an articulation of the links between planned outputs and intended outcomes, the assumptions underpinning each component of the response and an explanation of the indicators by which success will be judged.

5.2.4 In Figure 9, we show our understanding of the logic of the largest sector of intervention, that of food security and livelihood assistance. This shows our attempt to fill in what we believe are some of the missing (or unstated) steps in the current response logic, in order to provide a framework of analysis for the evaluation.

The analytical frameworks used for each of the main sectors will follow the same pattern of analysis as shown below for food assistance and food security, namely analysis of:

- Target vs needs (PiN) (planned coverage)
- Target vs actuals (coverage in practice)
- Timeliness, relevance and appropriateness of assistance provided.
- Assessed outcomes against specific indicators.

Sector coordination will be evaluated against relevant *process* criteria (e.g. effective resourcing and management of clusters) as well as against *response delivery* criteria, including coverage and consistency of response, timeliness, quality, participation and engagement, communication and utility of outputs. All sector strategies will be evaluated against logic, coherence and validity of assumptions – including assumptions about what inputs are ‘life saving’.

5.2.5 The analysis by sector response, which corresponds to question B.4 in the Evaluation Matrix, must be read in relation to the humanitarian and sector contexts in section 3, as well as to the cross-cutting issues (questions E.1-4).

**Figure 9 Food security and livelihoods – framework of analysis** (text in Green = Evaluation Team additions to existing framework)

Activity (from the FSAC)	Target by year	Output and specific outcomes (results)	General outcome
<b>1. Provision of life saving food assistance to conflict affected IDPs</b>	2021-23	Necessary food assistance is provided to affected households in a timely manner  <b>Results</b> 1.1A Targeted vulnerable people are able to maintain minimum food consumption levels throughout the programme period  Indicator for 1.1A: Shock affected (Conflict IDP, returnee, refugee, natural disaster and targeted IPC 3 and 4) women, men and children of all ages have a minimum household food consumption score above 42.5  1.1B Well-coordinated FSAC interventions at national and sub-national level 1.1C Strengthened response monitoring and gap analysis 1.1D National level emergency food security assessment conducted + related IPC analysis supported	Food security of targeted groups is assured throughout the programme period          Data-informed and coherent FSAC response throughout the programme period.
<b>2. Provision of life saving food assistance to IPC Phase 3 and 4 vulnerable people</b>	2021-23		
<b>3. Provision of life saving food assistance to natural disaster affected people</b>	2021-23		
4. Provision of life saving food assistance to undocumented returnees from Iran and Pakistan			
5. Provision of life saving food assistance to refugee returnees from Iran and Pakistan			
6. Provision of life saving food assistance to Pakistani refugees			
<b>7. Maintaining effective FSAC coordination mechanisms, including working groups, at national and subnational levels.</b>	2021-23		
<b>8. Improving response monitoring and provide timely gap analysis for covering needs in the most vulnerable areas.</b>	2021-23		
<b>9. Conducting national level emergency food security assessments and supporting IPC analysis for informing decisions</b>	2021-23		

The activities highlighted in **bold** have been selected as the basis for analysis given their relative scale and inter-comparability across years.

The food security response under 1-3 above will be evaluated against the following criteria (*inter alia*):

- Target vs needs (PiN) (planned coverage)
- Target vs actuals (coverage in practice)
- Timeliness, relevance and appropriateness of assistance provided.
- Assessed outcomes against minimum household food consumption scores (42.5)

- Elements 7-9 above will be evaluated against criteria of coverage and consistency, timeliness, effectiveness, quality, participation and engagement, communication, and utility of outputs.
- The strategy as a whole will be evaluated against logic, coherence and validity of assumptions – including assumptions about what inputs are ‘life saving’.

## 6. Implementation schedule and field mission plan

The table below sets out the provisional schedule and outputs for the evaluation. From Phase 4 onwards, dates have yet to be finalised.

Phase 1: Inception and initial data collection	Output / activity	Dates
<b>Activity 1:</b> ET inception discussions with OCHA and Evaluation Management Group (EMG). Agreement on scope, team roles, etc. Contracting.	Meeting notes and team member ToRs	December 2022
<b>Activity 2:</b> Initial document review and context analysis, plus initial work on evaluation design. Team inception workshop IDS, 17-18 Jan.	Draft context analysis Draft analysis framework Draft evaluation matrix Draft plan for community consultation	January 2023
<b>Activity 3:</b> Finalisation of the evaluation matrix, methodology and work plan; development of the data collection materials.  Literature review Document review Initiation of Community Consultation (CC) process	IR elements finalised	February - March 2023
<b>Activity 4:</b> Drafting of the inception report (IR).  Presentation of draft IR to EMG	Draft inception report  Ppt Presentation	Draft IR submitted 24 March
<b>Activity 5:</b> Revision/agreement of inception report	Final inception report	30 April
Phase 2: Main data collection phase		
<b>Activity 6:</b> ET field mission to Afghanistan, including: <ul style="list-style-type: none"> <li>Kabul and surrounds</li> <li>Mazar-i-Sharif and surrounds / Balkh Province</li> <li>Herat and surrounds / Herat Province</li> </ul> Pre-departure debrief, presentation of provisional findings to HCT	KII notes De-briefing presentation to HRT	21 May-8 June 2023
<b>Activity 7:</b> Further document analysis  Remote follow up KIIs		June/July 2023
<b>Activity 8:</b> Finalisation of Community Consultation data gathering		
<b>Activity 9:</b> Data coding and synthesis using MaxQDA software		July 14 2023

<b>Phase 3: Report drafting and submission of 1<sup>st</sup> Draft</b>		
<b>Activity 10:</b> Community consultation: translation, data synthesis and report writing	CC data and report	28 July 2023
<b>Activity 11:</b> Drafting of sector-specific report sections	Sector report sections	31 July
<b>Activity 12:</b> Completion of whole zero draft text	First zero draft text	21 August
<b>Activity 13:</b> Review/quality assurance of text; copy edit and formatting; submission of Zero draft evaluation report to EMG	Zero Draft Report	4 September 2023
<b>Phase 4: Consultation: validation of findings, feedback on report, revision, dissemination</b>		
<b>Activity 14:</b> Review of draft report by EMG Virtual workshop to present draft findings Wider consultation on first draft Recommendations workshop	PowerPoint Presentation Feedback compiled by OCHA Evaluation and Oversight Section (EOS)	TBC
<b>Activity 15:</b> ET review of feedback Production of 2 <sup>nd</sup> draft report	2 <sup>nd</sup> Draft Report	TBC
<b>Activity 16:</b> Formal feedback, further revision, submission and approval of final report	Final report approved	TBC
<b>Activity 17:</b> Dissemination events (TBC)	TBC	TBC





