DEC Final Evaluation Report

10 Mar 2023

Boosting resilience of vulnerable people, with a specific focus on marginalized and displacement-affected men and women of all ages with and without disabilities, ensuring inclusive sustainable livelihoods complementing emergency comprehensive rehabilitation services and explosive ordnance risk education and prevention across Herat Province

Submitted by: BEID Consulting Services (BCS)

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LIST OF ACRONYMS

BCS	BEID Consulting Services
DoPH	Directorate of Public Health
EORE	Explosive Ordnance Risk Education
FCMS	Feedback and Complaints Mechanism System
FCS	Food Consumption Score
FGD	Focus Group Discussion
FFP	Food For Peace
FP	Family Planning
HHs	Household Survey
HI	Handicap International
IDP	Internally Displaced Person
IPC	Integrated Food Security Phase Classification
KAP	Knowledge, Attitude, Practice
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability, and Learning
M & E	Monitoring and Evaluation
MPCA	Multiple Purpose Cash Assistance
PSSPT	Psychosocial Support Trainings
QA	Quality Assurance
RFP	Request for Proposal
ToR	Terms of Reference
VTC	Vocational Training Centre
WHO	World Health Organization

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1. EXCUTIVE SUMMARY

Background and Context

The current situation in Afghanistan is a dire humanitarian crisis exacerbated by years of conflict, economic decline, and poverty. The recent regime collapse has worsened the challenges faced by the Afghan people. Unemployment rates were already high, but the closure of organizations and collapse of the financial sector have intensified the economic crisis, particularly affecting women, youth, and persons with disabilities who already had limited job opportunities. The healthcare sector is in a state of crisis, with millions lacking essential services and being vulnerable to malnutrition and disease outbreaks. The ban on education and workforce participation for women and girls has further hindered access to healthcare. Insufficient funding has resulted in a loss of life-saving health assistance and mental health support. Additionally, food insecurity is a major concern, putting millions at risk of hunger. In response to these circumstances, Handicap International (HI) implemented a project with an aim of increasing the resilience of the most vulnerable and marginalized – including displacement affected people, persons with disabilities and/or older people in Herat province – by providing multi-sectoral support to meet their needs in Injil and Zandijan districts of Herat province from June-2022 to December-2023. The present final evaluation was conducted from 01-Jan-2024 to 20-Feb-2024 in the two districts of Hearat and Kabul through household surveys (HHs), Focus Group Discussions (FGDs), and Key Informant Interviews (KIIs) while focusing on livelihoods, Physical rehabilitation (REHAB) and MHPSS, EORE, and capacity building.

Scope of the evaluation

This final evaluation conducted in Injil and Zindajan districts of Herat province from 01 Jan – 20 Feb-2024 with the focus on livelihoods, Physical rehabilitation (REHAB) and MHPSS, EORE, and capacity building as thematic areas of the project. In order to get in-depth analysis of the project, BCS undertook a comprehensive desk review (to inform planning, tools development, and other relevant for this evaluation) along with primary data collection study through the application of convergent mixed methods approach. This included a quantitative survey with men and women of household followed by conducting a series of qualitative data collection through Focus Group Discussions (FGDs) with men and women, and Key Informant Interviews (KIIs) with the project staff, community leaders, government stakeholders, capacity building trainings' participants' and representatives from HI at the district, provincial, and national level.

Purpose/Objectives of the evaluation

The overall aim of this evaluation was to assess the level of achievement of the project and the extent to which the project has brought positive changes and added value for the beneficiaries and other relevant stakeholders. This summative evaluation also assessed the quality of project approaches, strategies, and interventions as stated in HI Project Quality Framework. Further, the evaluation considered the constraints and challenges during project implementation as well as adaptations made during the earthquake response in Herat in October 2023. In addition, the evaluation analysed the impact of project implementation to identify activities that have worked well and/ or need to improve in the future as part of lessons learned document of the project. Below were the key objectives considered during this evaluation:

- *Analyze the extent to which the project has contributed in bringing about medium and long-term positive effects in the target population*
- *To examine and analyze the achievements of project expected results*
- *Analyze how the project resources are mobilized and adapted following the earthquake response in October 2023.*

Approach and Methodology

BCS conducted the evaluation from 01-Jan-2024 to 20-Feb-2024 through the adoption of a convergent mixed methods approach, combining quantitative and qualitative data collection methods. A household survey was conducted to collect quantitative data from 527 (274/51% male and 263/49% female where 174 were people with disabilities) vulnerable and marginalized people such as IDPs, refugees, people with disabilities, and the host community. To gain deeper insights into project activities, 16 FGDs and 19 KIIs (with 43 people with disabilities participated in) were conducted with various stakeholders. The collected data was analysed separately using software such as Excel and MAXQDA 2020, and the results were triangulated through narrative weaving of qualitative and quantitative findings.

Findings

Demographics

Survey involved participants from all interventions of the project such as 32% physical rehabilitation, 26% EoRE, 22% MHPSS, 14% MPCA, 5% capacity building and 1% referral services with 49% female and 51% male participation. 92% of them were HC, 7% IDP and 1% returnees. People with disabilities representation in this evaluation was 2% under capacity building, 21% under EORE, 10% in livelihoods, 17% in MHPSS, 1% in referrals.

Livelihoods/MPCA: Evaluation findings shows that 100% of beneficiaries reported cash assistance relevant to their needs. Under MPCA 91% beneficiaries reported meeting their food needs, 64% beneficiaries reported meeting healthcare, 45% reported clothing, 19% reported livelihoods, 15% reported shelter and housing, 8% reported social inclusion and empowerment and 4% reported that their education needs of their family has been met as a result of multipurpose cash assistance. 99% of beneficiaries found the cash assistance either very effective (59%) or somewhat effective (40%) enabled them to meet different basic needs of their family.

Physical rehabilitation: 63% survey participants reported that EMTs could respond to their physical rehabilitation needs, 24% reported MHPSS needs, 8% reported EORE and 4% reported referral needs met under physical rehabilitation sector of the project. 72% of respondents reported that rehabilitation services met their physical rehabilitation needs. 33% beneficiaries reported that rehabilitation services have improved their mobility, 28% reported reduced discomfort, 11% reported improvement in psychological well-being, 10% reported improved overall health, 8% reported enhanced functional abilities, 7% reported independence and self-reliant, 2% social integration and 2% reported prevention of secondary complications.

MHPSS: 37% of the survey participants reported that they used to experience lack of concentration, 36% lack of self-confidence, 23% feeling stressed all or most of the times and 4% other mental health related problems which were improved after the MHPSS support reception. 64% of MHPSS beneficiaries confirmed reception of Psychosocial counselling, 22% reported reception of awareness on psychological distress and symptoms linked to injuries, disability and displacement and 14% confirmed reception of PSS kits as key deliverables under this sector. 38% of beneficiaries reported reduced stress, 33% reported improved self-confidence, 25% reported improved concentration and 4% reported other improvements such as improvement in mental disorder, anger and mental discomfort as a result of receiving MHPSS support from HI teams.

EORE: 84% of the survey respondents under this sector confirmed that they received the EORE services they needed. 56% reported reception of awareness sessions about risks of explosive hazards to adopt and promote safe behaviours, 31% reported reception of EORE materials and 13% reported reception of support to the target communities in reporting detected devices. 99% of EORE participants reported that they feel protected after participation in EORE sessions and learning key steps. 68% of

the respondents reflected that they reported to relevant focal point, 23% reported that they ignored the suspected item, 7% checked/inspected it closely and 1% adopted other practices.

Mainstreaming Disability and Inclusion: All participants (100%) responded that the training they participated in was the required training to understand regarding mainstreaming disability and inclusion in humanitarian action. 95% of training participants reported the training as appropriate for older people and people with disability. 50% of the respondents reported the quality of the training as excellent, 47% reported as very good and 3% reported as Fair while no one of the participants reported it as poor. 53% of the training participants reported learning quite a lot, 38% reported learning some useful and relevant information, 6% reported learning few new things while 3% had no idea. In response to the question "how did you find these trainings in ensuring disability and inclusion mainstreaming across project cycle/policy revision and adjustment to practice?" training participants (91%) reported the training as very useful and 6% reported it somewhat useful. 46% of the participants reported changes made to program development section, 31% reported changes in MEAL systems and tools and 23% reported changes made to organization strategy. 80% of the training participants reported improvement observed in participation and inclusion of people with disabilities in humanitarian response projects.

Relevance

Evaluation findings shows that all participants (100%) who are reached with cash assistance stated that they were in need of cash assistance during assessment and selection for cash assistance. Findings shows that 93% of the survey respondents feel that the assistance was appropriate considering their needs. 100% of participants responded that they didn't face any notable problem. Vast majority of the respondents (93%) responded that they think the rehabilitation assistance was appropriate and relevant for their needs. 7% of the respondents say that it was less than they needed and expected. Survey MHPSS participants responded that they (37%) used to experience lack of concentration, 36% lack of self-confidence, 23% feeling stressed all or most of the times and 4% other mental health related problems. 84% of the survey respondents under EoRE sector confirmed that they received the EoRE services they needed the most. All survey participants (100%) responded that the training they participated in was the required training to understand regarding mainstreaming disability and inclusion in humanitarian action.

Effectiveness

MPCA beneficiaries who received cash assistance reported that 91% of food, 64% of healthcare, 45% of clothing, 19% of livelihoods, 15% of shelter and housing, 8% of social inclusion and empowerment and 4% of education needs of their families have been met as a result of multipurpose cash assistance. FGDs and participants have also reflected that the HI staff was quite respective and provided the answers to all of the questions of beneficiaries in a respective language. In response to the question regarding services provided by EMT, 63% survey participants reported that EMTs could respond to their physical rehabilitation needs, 24% reported MHPSS needs, 8% reported EoRE and 4% reported referral needs met under physical rehabilitation and MHPSS sector of the project. 34% of the respondents reported the quality of assistive devices as excellent, 25% reported as very good, 31% reported as fair, 5% had no idea while 4% were not happy with the quality of the assistive devices provided to them. 64% of MHPSS beneficiaries confirmed reception of Psychosocial counselling, 22% reported reception of awareness on psychological distress and symptoms linked to injuries, disability and displacement and 14% confirmed reception of PSS kits as key deliverables under this sector. 56% reported reception of awareness sessions about risks of explosive hazards to adopt and promote safe behaviours, 31% reported reception of EORE materials and 13% reported reception of support to the target communities in reporting detected devices. 50% of the respondents reported the quality of the

training as excellent, 47% reported as very good and 3% reported as Fair while no one of the participants reported it as poor which was one of the options under these questions to reflect if the quality is poor.

Efficiency

Under section three, achievements under outcome indicators shows that employed resources were sufficient for meeting project objectives.

Beneficiaries' satisfaction under each sector of the project in terms of quality and appropriateness shows that the methodologies and overall approach adopted for this project worked well.

The project design, planning and implementation is found appropriate in terms of gender integration, disability mainstreaming and inclusion of elderly people and people with disabilities.

Impact

Below graph shows that 85% of the beneficiaries still rely on less preferred and less expensive food, 77% borrow food or rely on help from friends and relatives, 72% limits portion size at mealtimes, 70% restrict consumption by adults in order for small children to eat and 65% reduce the number of meals eaten in a day. Rehabilitation services has improved the access of target beneficiaries to rehabilitation services. Before project intervention, 20% of the beneficiaries had access to rehabilitation services while this access has been enhanced to 78% percent through project support. MHPSS beneficiaries' survey data shows that MHPSS support has significantly improved their personal well-being. 38% of beneficiaries reported reduced stress, 33% reported improved self-confidence, 25% reported improved concentration and 4% reported other improvements as a result of receiving MHPSS support from HI teams. EORE sessions have improved knowledge of the session participants. In response to the question regarding what participants have learnt from EORE sessions, 57% responded that they have learnt what to do if faced a suspected explosive item, 43% reported learning how to report detected devices and cases and 1% reported learning risks of explosive hazards from EORE sessions.

Compliance

Household survey data shows that 96% of beneficiaries reported the assistance delivered in appropriate way considering the cultural sensitivity, gender balance as well as inclusion of people with disability. KII with project manager data reflected that project has been implemented in line with the national and international laws including donor and HI procedures. 53% of the training participants reported learning quite a lot, 38% reported learning some useful and relevant information, 6% reported learning few new things while 3% had no idea.

Coordination

Community elders and project staff both at national and provincial level are asked on how coordination supported the implementation of the project. All stakeholders have confirmed both vertical and horizontal coordination was in place and played a key role in successful implementation of the project. KIIs with project staff, line departments and community elders show that all activities of the project were done in coordination with local authorities, relevant clusters and actors on the ground. Local authorities in Herat province reported that they had close coordination with both project and HI management and communities. Community elders confirmed the consultation and coordination done with them throughout the project lifespan and were happy with.

Accountability to affected population (AAP)

In response to a question regarding reception of information on how to make complaints, submit feedback and suggestions, 67% of the respondents reported that they understand it and have received this information for HI staff. Majority of the beneficiaries (70%) responded that information regarding project, objectives of the project, entitlements and rights of the beneficiaries were shared with

beneficiaries prior to the response. 67% of the respondents reported that they were provided information on what to do if they have any concern, complain or suggestion. HI teams have provided them the information regarding their feedback mechanisms and existing channels to use for feedback. Out of those who received the response, 95% of them reported that they are satisfied with the response received.

Recommendations

- 23% REHAB beneficiaries reported difficulty while accessing rehabilitation services due to distance to mobile/static centers. Project team is recommended to establish more mobile/static centres in easily accessible points and avoid obstacles particularly for people with disability in future programming.
- Findings shows that referrals were not followed-up, referral officers are recommended to develop referral tracker and do at least three follow-ups to ensure the reception of the services by referred individual and collection satisfaction information. This will inform future planning and better implementation of referral mechanisms.
- Training participants reported training duration as short (24%), training not being context oriented (3%) and lack of manual/outline (3%) as key gaps under this intervention. Project management is recommended to extend the duration, tailor the training considering the context and develop guidelines for training participants.
- Gender and disability mainstreaming strategy for measurable gender and inclusion results is needed for the operation. Gender and disability mainstreaming strategy in an operation is critical to promote gender equality and inclusion.
- Cash was distributed only in one center, beneficiaries travelled long distance to collect their cash and there were challenges to cover their transportation costs. Therefore, there is need to have different cash distribution centers within communities in order to minimize risks and related costs for similar future programming.
- Coordinate with health actors to ensure a functioning referral system for people with disabilities and other vulnerable groups with emergency and chronic health issues. A stream-lined referral system would provide them with specialized services and enable them to maximize their health status through access to quality and referral health services.

2. CONTEXT AND PURPOSE OF THE EVALUATION

2.1. Context/Project Background

2.1.1. Context

Afghanistan, a landlocked country located in South Asia, faces numerous challenges in ensuring the well-being and development of its population, particularly women and children and other vulnerable communities. The country has experienced prolonged conflict, political turmoil, COVID-19, catastrophic natural disasters, restrictions on women's mobility, a dysfunctional healthcare system, violence against healthcare workers, a shortage of foreign funds, and limited access to basic services. The majority of these conditions became more intensified when Afghanistan experienced a series of events in the middle of 2021, where the US troops withdrew from the country and the Taliban suddenly overthrew the government. The current on the ground context in different humanitarian sector is briefly discussed as bellow:

People with Disability: Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others[1]. The model survey of disability in Afghanistan in 2019 documented that almost 80% of adults aged 18 and over had some form of physical, functional, sensory, or other impairment (24.6% mild, 40.4% moderate, and 13.9% severe). Severe disability was more prevalent among females (14.9%) than males (12.6%)[2]. According to recent research conducted by Nasiri et al. (2023), it was found that the percentage of disables was different in different domain of disabilities. According to them, 37.9% of respondents had disability in cognition and communication; 35.7% in mobility, 24.6% in self-care, 35.9% in getting along with people, 41.2% in life activities, 39.1% in participation in society and 35.6% in body functions[3]. According to human rights watch, people with disabilities in Afghanistan face discrimination, limited services, and a lack of a legislative or institutional framework to ensure their fundamental rights[4]. These barriers were more intense for women and girls as they suffer from unemployment, limited access to education, limited access to health services and other government assistance, barriers in accessing public buildings and transportation, social stigma and discrimination, and sexual harassment of women seeking assistance[5].

Emergency: Following four decades of war and an already dire situation of increasing hunger, economic decline, price increases in food and other essential needs, and rising poverty over the past several years, in 2021 the people of Afghanistan faced intensified conflict, the withdrawal of international forces and then the takeover of the country by the Taliban in August. The resulting political, social and economic shocks have reverberated across the country with a severe deterioration of the humanitarian and protection situation in the fourth quarter of 2021 and the outlook for 2022 remaining profoundly uncertain[6]. Afghanistan remains one of the world's worst humanitarian crises, with over two-thirds of its population required humanitarian assistance in 2023. The recent bans on Afghan women working for international NGOs and the UN have added yet another layer of complexity

[1] https://reliefweb.int/report/afghanistan/mapping-disability-services-afghanistan-disability-inclusion-working-group-september-2023
[2] https://reliefweb.int/report/afghanistan/model-disability-survey-afghanistan-2019#:~:text=The%20MDSA%20paints%20a%20disturbing,%25)%20than%20males%20(12.6%25).
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9887472/pdf/bmjopen-2022-062362.pdf
[4] https://www.hrw.org/news/2022/10/15/afghanistan-rights-setbacks-people-disabilities#:~:text=People%20with%20disabilities%20in%20Afghanistan,to%20ensure%20their%20fundamental%20rights.
[5] https://reliefweb.int/report/afghanistan/disability-not-weakness-discrimination-and-barriers-facing-women-and-girls
[6] UNOCHA (Jan 2022), Humanitarian response plan 2022.

to what an incredibly challenging protection environment is already, and further constrained the operational capacity of partners[7].

Livelihoods: Afghanistan experienced a series of events in the middle of 2021, where the US troops withdrew from the country and the Taliban suddenly overthrew the government. As the Taliban take power in Afghanistan for the first time in 20 years, Afghans face not only a humanitarian crisis but also an economic crisis that threatens to make an already dire situation considerably worse.

After the sharp drop in the employment-to-population ratio (EPR) from 37 per cent in the second quarter of 2021 to 33.6 per cent in the fourth quarter of 2021, there was some modest recovery with the EPR hovering at values of above 34 per cent, which is considerably lower than before the administrative transition.[8]. Currently under the Taliban de facto government the situation seriously deteriorated with so many companies closing, the financial sector collapsing and a number of people fleeing from the country. In the fourth quarter of 2022 female employment is estimated to have been 25 per cent lower than in the second quarter of 2021, before the crisis. Male employment levels are down seven per cent in the same period.[9]. This challenge of unemployment is especially acute for youth although at the moment the information is very scanty as the situation is frequently changing. Every year before the Taliban took over, around 400,000 youth used to enter the labour market,[10] mostly in urban centres with limited skills. This number will most likely increase, given the "youth bulge" of Afghanistan's population – with 47% of the population being under 15 years of age Afghanistan ranked at 163 (out of 183) in the global Youth Development Index in 2016, but specifically at 178 in indices for youth employment and opportunity. Still, this has not improved to date as reflected by the recent anecdotal evidence. According to the Trading Economics, unemployment rate in Afghanistan increased to 11.20 percent in 2020 from 11.10 percent in 2019, the same was also confirmed by the World Bank statistics as they highlight the impact of COVID- 19 pandemic on the Afghanistan Economy. Year 2021, is a bit unique and although the statistics are not yet updated by the Trading Economics, anecdotal information predicts something worse than what the labour market has faced in the last decade.

Health: After decades of instability, exacerbated by severe drought and natural disasters, Afghanistan is currently facing a prolonged humanitarian crisis, with millions of people living with poor or no access to health and food, putting them at a severe risk of malnutrition and disease outbreaks. The vulnerability of women and girls has further intensified, as they face increased obstacles in accessing healthcare due to the ban on education and workforce participation. However, despite these efforts and without sufficient funding, 8 million people in Afghanistan will lose access to essential and potentially lifesaving health assistance, and 450,000 patients will have little to no access to life-saving trauma care services, including blood transfusions and referrals. In addition, an estimated 1.6 million people with mental health conditions will have little to no access to mental health consultation and psychosocial support. The WHO Alert highlights the dire consequences that will result if underfunding continues in Afghanistan's healthcare system. The health sector is facing significant barriers to delivering holistic services to the Afghan people, especially women and children, resulting in fragmentation and increased vulnerability, particularly in underserved areas[11].

Nutrition: 15.5 million people are facing acute food insecurity (IPC3+), with 2.7 million people in 'emergency' levels (one step away from famine) – the fourth highest figure in the world. Afghanistan

[7] UNOCHA (Jun 2023), Humanitarian response plan 2023.
[8] https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms_869949.pdf
[9] https://www.ilo.org/asia/media-centre/news/WCMS_869891/lang--en/index.htm
[10] https://www.theguardian.com/global-development-professionals-network/2013/oct/24/afghanistan-terrorism-job-crisis
[11] WHO (18 Aug 2023), Afghanistan's health system suffers critical underfunding, calls for donor support.

also has one of the highest rates of malnutrition with close to 3.2 million children and 840,000 pregnant and nursing mothers suffering from severe acute malnutrition (SAM) or moderate acute malnutrition (MAM). The series of restrictions levied on women is exacerbating existing vulnerabilities faced by women, girls and women headed households. Women headed households spend 17% less on basic needs as compared to men headed households and nearly half of all women headed households have a poor Food Consumption Score (FCS)[12].

EORE: Afghanistan is one of the countries most contaminated by mines and explosive remnants of war, a legacy of nearly four decades of armed conflict. Often involved in accidents: "butterfly" mines, are well-known small green plastic devices that were dropped by Soviet helicopters during the conflict in the 1980s. More than one million butterfly mines reportedly remain in the country. The Taliban takeover in 2021 has further hampered humanitarian activities due to interruptions in funding, complications during border crossing closures and the prohibition of the delivery of risk education to women and girls over the age of twelve[13].

The dire situation in Afghanistan, as described in the background and context, underscores the urgent need for targeted interventions to address the challenges faced by vulnerable communities, especially marginalized and displacement-affected individuals. The combination of prolonged conflict, political turmoil, economic decline, and limited access to basic services has left these populations in a state of extreme vulnerability, with limited livelihood opportunities and inadequate access to essential healthcare and education. Additionally, the presence of explosive remnants of war poses a significant threat to the safety and well-being of the population, particularly women and children.

Mainstreaming disability and inclusion: In 2019, the Inter-Agency Standing Committee (IASC) published its guidelines for including persons with disabilities in all aspects of humanitarian response, based on the principles outlined in the Convention on the Rights of Persons with Disabilities. While the guidelines brought a proactive orientation to disability inclusion, the guidelines were actually less explicit on the operational aspects, such as how to establish clear accountability structures and keep them on track. Recommendations were made to include disability Focal Points as well as OPDs in inter-cluster meetings, and to invest in capacity building initiatives for coordination mechanisms. However, the IASC guidelines lacked clear directives on how a coordinating mechanism to oversee disability inclusion across different sectors would work, or what they would look like. Hence the need for more in-depth analysis about what experiences have been tried and what the main value-add has resulted.

The establishment of a joint humanitarian-development disability inclusion working group was first recommended in the multi-year 2018-2021 Humanitarian Response Plan (HRP) updated in 2021.9 This recommendation was made to address the needs and rights of persons with disabilities in the humanitarian response in Afghanistan. The DIWG aimed to provide guidance, technical support, and capacity building to ensure that the humanitarian response in Afghanistan was inclusive of persons with disabilities. The updated 2021 HRP described a sector-by-sector detailed description for how issues related to disability would be operationally tackled. With the withdrawal of Western military support by the end of August 2021, and the subsequent take-over of the Government by the Taliban, the initial concept for the DIWG spanning the humanitarian-development continuum, including technical

[12] UNOCHA (Jun 2023), Revised Humanitarian response plan 2023.
[13] FSD, 2023, Afghanistan Context

engagement with Government to support policy implementation, had to be rethought. The 2023 HRP describes a scaled-up role for the DIWG, in line with the IASC disability inclusion guidance.[14]

2.1.2. HI in Afghanistan

HI has been active in Afghanistan since 1987 and currently provide services to Afghan community in Kabul, Bamyan, Nangarhar, Kandahar, Nimroz, Herat, Balkh, and Kunduz provinces of Afghanistan. HI is a strong actor promoting and advocating for the rights of survivors of landmines and other people with disabilities as a whole and provides technical support to Afghan authorities and other key stakeholders, contributing to a better acceptance and integration of them in the society and enhancing their access to medical and other basic services. Moreover, HI has interventions in different sectors which includes armed violence reduction, emergency, health, insertion, laws, prevention, and rehabilitation[15]. As a part of these services, HI implemented the present project in Zindajan and Injil districts of Herat province under the livelihood (MPCA), physical rehabilitation, MHPSS, EORE, and capacity building trainings thematic areas. The brief explanation of the project is described in the subsequent section.

2.1.3. Project Background

In light of these circumstances, Handicap International (HI) Afghanistan implemented the project entitled "Boosting resilience of vulnerable people, with a specific focus on marginalized and displacement-affected men and women of all ages with and without disabilities, ensuring inclusive sustainable livelihoods complementing emergency comprehensive rehabilitation and MHPSS services, explosive ordnance risk education and prevention, and capacity building across Herat Province" from June 1st 2022 – Dec 30th 2023 in two districts namely Injil and Zindajan of Herat province with an **overall objective** of increasing the resilience of the most vulnerable and marginalized – including displacement affected people, persons with disabilities and/or older people in Herat province – by providing multi-sectoral support to meet their needs. The specific objectives of the project were as follow:

- *Strengthened socio-economic capacities and potential of identified vulnerable people with and without disabilities, including marginalized and displacement-affected men and women of all ages.*
- *Increased access to integrated rehabilitation services to reduce risks of irreversible physical impairments, respond to psychological distress and mitigate risks linked to explosive devices.*
- *Enhanced capacity of locally based humanitarian and development organizations and staff to ensure greater inclusion and protection of older people and people with disabilities as guided by the Sphere-standards*

2.2. EVALUATION BACKGROUND, SCOPE, AND PURPOSE

2.2.1. Scope of the Evaluation

The final evaluation is the time when the programme stakeholders get an opportunity to ask themselves whether the programme achieved its goals and objectives and most importantly is a learning and reflection period on the reasons for success and reasons for non-achievement traced from the entire implementation period. This final evaluation was conducted in Injil and Zindajan districts of Herat province from 01 Jan – 20 Feb- 2024 with the focus on livelihoods, Physical rehabilitation (REHAB)

[14] https://www.hi.org/sn_uploads/document/HI-Comparative-Case-Study-Report-Mechanisms-for-coordination-of-disability-inclusion-in-humanitarian-action-2023.pdf
[15] https://www.hi.org/en/country/afghanistan

and MHPSS, EORE, and capacity building as thematic areas of the project. In order to get in-depth analysis of the project, BCS undertook a comprehensive desk review (to inform planning, tools development, and other relevant for this evaluation) along with primary data collection study through the application of convergent mixed methods approach. This included a quantitative survey with men and women of household followed by conducting a series of qualitative data collection through Focus Group Discussions (FGDs) with men and women, and Key Informant Interviews (KIIs) with the project staff, community leaders, government stakeholders, capacity building trainings' participants' and representatives from HI at the district, provincial, and national level. The results of this evaluation provided information to the donor agency about the followings:

- *Assessment and analyze of the project results, efficiency and relevance of the implementation strategy*
- *Review, analyze, provide evidence and document the impact of the intervention through its progress, challenges, barriers and lessons learned with recommendations for a logical and potential next phase.*

2.2.2. Purpose/Objectives

The overall aim of this evaluation was to assess the level of achievement of the project and the extent to which the project has brought positive changes and added value for the beneficiaries and other relevant stakeholders. This summative evaluation also assessed the quality of project approaches, strategies, and interventions as stated in HI Project Quality Framework. Further, this evaluation considered the constraints and challenges during project implementation as well as adaptations made during the earthquake response in Herat in October 2023. In addition, the evaluation analysed the impact of project implementation to identify activities that have worked well and/ or need to improve in the future as part of lessons learned document of the project.

In order to achieve the main aim of the evaluation, the following objectives were considered specifically:

- *Analyze the extent to which the project has contributed in bringing about medium and long-term positive effects in the target population*
- *To examine and analyze the achievements of project expected results*
- *Analyze how the project resources are mobilized and adapted following the earthquake response in October 2023.*

2.2.3. Outcomes and indicators for evaluation

The present final evaluation verified the output and evaluated the outcome level indicators. Thus, the measured indicators are listed below and their relevant matrixes such as overall evaluation matrix, specific indicator matrix, and evaluation questions matrix are presented in Annex 3, Annex 4, and Annex 5 respectively.

Livelihood

- *% of the beneficiaries surveyed declared that the cash distribution responded to their basic needs/priorities*
- *Average Coping Strategies Index (CSI) score for the target population*
- *% of beneficiaries under Outcome A reported they feel respected by the project staff.*
- *% of beneficiaries under Outcome A reported that they are aware of the FCMS*

Physical Rehabilitation, MHPSS, and EORE

- *% of persons receiving comprehensive physical rehabilitation services at the static centers and or at a community level (disaggregated by sex and location)*

- *% of persons receiving mental health and psychosocial support services who reported a change/improved in personal well-being (e.g. self-confidence, concentration, reduced stress).*

Capacity Building Program

- *% of participants from locally based humanitarian and development organizations including staff reporting mainstreaming of disability inclusion across project cycle including policy revision and adjustment to practice.*

3. APPROACH AND METHODOLOGY

3.1. Study Design and Data Sources

The study included a comprehensive desk review of existing documents and collection of primary data from target respondents in Injil and Zandijan districts. The desk review included the review of project proposal, log frame, satisfaction survey reports, project planning tools, project annual progress reports, project databases and standard calculation methods for standard indicators. On the other hand, BCS used a convergent mixed methods approach for the collection of primary data which included household survey, FGDs, and KII with target population. The collected quantitative and qualitative data was analysed separately by using Excel, and MAXQDA software respectively. The results was triangulated through narrative using the weaving approach –involved writing both qualitative and quantitative findings together

3.2. Data Collection Methods and Tools

3.2.1. Household Survey

BCS developed a structured with close-ended questionnaire for HHs. The questionnaire encompassed an informed consent, administrative questions, socio-demographics, and screening questions. Subsequent to that, the questionnaire included the main evaluation questions designed based on the evaluation thematic area and evaluation criteria. The questionnaire was ended with a concluding question and a thank you statement. All skip logics, Likert scales for categorical questions, mutually exclusive responses, avoidance of double-barrelled questions, and other relevant were closely considered. The survey through the developed questionnaire was conducted in face-to-face mode asking closed-ended questions in the target locations.

3.2.2. Focus Group Discussions

The data collection guide of FGD was semi-structured containing open-ended questions based on the study thematic areas and evaluation criteria. The questions of the guide were phrased according to the nature of respondents (separate guides for men, women, and training participants). The FGD guide be commenced on informed consent followed by screening and preliminary questions to pave the way for the main study questions and motivate them to provide comprehensive information about the main study questions. To ensure this, the main questions were supported by probing questions where appropriate. The guide also included a final broader question on the topic to ask the respondents for any kind of missing data and a thank you message to the respondents for their active participation. The developed guide was used by well-trained moderators in FGD discussion who had the ability to manage dominancy, stimulate shy participants to actively partake, and avoid the rambled ones. Moreover, each FGD was conducted with a homogenous group of 8-10 members. In order to ensure the smooth process of FGDs, it was conducted in a safe location, either in a public area or at the respondent's house as per the agreement of the respondents. FGDs was completed by local field researchers in the appropriate language and each FGD took 90-120 minutes.

3.2.3. Key Informant Interviews

The KII data collection guide was semi-structured containing open-ended questions. The guide started with a consent form followed by an introduction and rapport rapport-building questions. Subsequent to that, the guide had main study questions in line with the type of key informant to elicit specific information related to the study objectives. The main questions were supported by probing or prompts

where appropriate. At the last, the guide was finished with a concluding question and a thank you message. Each interview was conducted in a quiet and comfortable location through a well-trained interviewer while considering all the standard protocols of the interview (starting with getting consent, being neutral toward interview contents, being reflexive, acting as a listener mostly, clearly asking the questions with probes, control and focused on the interview, and time management). In order to ensure the smooth process of the interview, enumerators took the permission of key informant through an invitation 24 hours prior to the interview. Each KII interview typically last from 45 to 90 minutes and recorded during the interview.

3.2.4. Validity and Piloting of the Tools

The developed HHs, FGD, and KII guides was validated based on the construct, content, and face validity techniques. This ensured that the guides had the ability to provide sufficient and accurate data for the attainment of study objectives. Moreover, it ensured that the tools were free of any kind of inconsistencies, BCS piloted the study tools before their application in the field. The results of the pilot study were incorporated into the survey questionnaire, and FGD and KII guides and finalized accordingly.

3.2.5. Translation of the Tools

BCS translation department translated the piloted tools into colloquial Dari and Pashto and back-translated all the documents to English to ensure that they accurately and precisely render the intended meanings in the languages used by the different populations interviewed. As a quality control measure, back-translations were conducted by a translator who has not seen the original guide.

3.2.6. Database design

For quantitative data, **BCS utilized KOBO toolbox platform**, outputs of which were processed with Excel . It had the survey questions in English, Dari, and Pashto languages. The database was tested on two separate occasions and approved before data entry starts. The database was easily searchable and user-friendly to conduct statistical analysis by the user.

3.3. Target Population

The target population for household survey was the most vulnerable and marginalised people including IDPs, returnees, and people with disabilities, and vulnerable host community who were the beneficiaries of the project. The FGDs covered men and women from project beneficiaries with and without disabilities. The KIIs were conducted with the project manager or key project staff, community elders, training participants, OPD members/PDWs, and line departments.

3.4. Sample Size and Sampling Technique

3.4.1. Household Survey

The sample size for this assessment is calculated according to the formula stated below in order to obtain a statistically representative sample. Based on the formulae, the sample size was calculated while considering the prevalence (P) of 50%, a normal standard deviation for α-error (Z) of 1.96, a precision level (d^2) of 5% (0.05), and a 95% confidence level.

$$Sample\ Size\ (N) = \frac{Z^2 * P\ (1 - P)}{d^2}$$

Based on the above formula a sample size of 490 beneficiaries was calculated for 37,880 target population. On the other hand, a 10% of potential non-response rate has been added to the sample size which make a total of 527 sample size.

In order to represent all the project locations and components, BCS selected the sample size from the target population based on the diproportionate stratified random sampling technique. Based on the technique, the sample size was equally divided by target districts and villages (Table 2). Moreover, the proportion of each beneficiary category (male, female, people with disabilities) was selected based on their proportion in the final beneficiary list.

Table 2. Quantitative sample size distribution.

Province	District	Village	Sample size
Herat (493) Training Participants (34) **Total: 527**	Injil (242)	Ab Jalil	17
		Ahmadi	5
		Aloband	43
		De Shaikh	42
		De Uzbak	5
		Hassan Khan	15
		Parwana	55
		Buz Danak Dahi Mirda	19
		Hazara Joy Nuqra	41
	Zindajan (251)	Chahak	24
		Fath Abad	2
		Kaftari	2
		Kareez Tajili	4
		Khan Dad	29
		Langarh	16
		Malaki Ha	7
		Ogha	33
		Qala - e - Wardaka	17
		Qala Rig	31
		Rabat Afghanan	33
		Shakiban	36

3.4.2. FGDs

FGDs were conducted specifically with beneficiaries of the project across all the sampled implementation areas. Overall, the FGD groups were homogeneous factoring in the aspects of gender, age, location, disability and the vulnerability context. In each of the 2 districts, BCS's field staff conducted 8 FGDs (4 with women and 4 with men separately including people with disability) and per thematic area (Livelihood, Physical rehabilitation (REHAB), MHPSS, and EORE). FGD participants was selected randomly using the project list provided by HI, and the ideal size of FGDs was be between 8-10 participants. Table 3 indicates the number of FGDs disaggregated by gender.

Table 3: FGDs sample size

Type of Respondent	Injil	Zindajan
Livelihood and Mobile Team Beneficiaries (men)	4	4
Livelihood and Mobile Team Beneficiaries (women)	4	4
Total # of FGDs per district	**8**	**8**
Grand Total # of FGDs	**16**	

3.4.3. KII

BCS's conducted a total of 19 Key KIIs with the project manager or key project staff, community elders, training participants, OPD members/people with disability, and line departments. This amounted to 16 KIIs in Herat and 3 KII in Kabul provinces. Table 4 portrays the total number of KIIs per province based upon the target respondents.

Table 4: KIIs sample size

Type of Respondent	Type of Interview	Provincial Level	National Level
		Herat	Kabul
Project Manager or Senior staff	KII	0	1
Community leaders	KII	8 (4 per district)	0
Training participants	KII	4	0
Local Authorities	KII	2 (one per district)	0
OPD members/people with disability	KII	2	2
Total # of KIIs per province		**16**	**3**
Grand Total # of KIIs		**19**	

3.5. Data Collection and Analysis

3.5.1. Data collection

BCS deployed the teams (supervisors and enumerators) to conduct 527 HHs, 16 FGDs, and 18 KIIs in the study area (Zindajan and Injil districts of Herat province). Each HHs, FGD, and KII took around 30-60 minutes and 90-120 minutes respectively. To ensure, the inclusion of women respondents (proportionately) in the study, roughly half of the enumerators recruited for this assessment were females. In order to find out the target respondents in each village of target districts in a representative way, the selection of the respondents in each village of the target districts was in a representative way,

3.5.2. Data Analysis

3.5.2.1. Quantitative Data Analysis

The collected data through HHs was subjected to Ms Excel for analysis. Descriptive statistics (Mean with standard deviation for continuous variables, and frequency and percentage for categorical variables), graphs, charts, and tables were generated along the following required data and used in writing the overall final evaluation report.

3.5.2.2. Qualitative Data Analysis

The collected qualitative data through FGDs and KIIs was subjected to MAXQDA 2020 for analysis. The data was analysed by following content and thematic analysis. To carry out thematic analysis, the BCS team followed Braun and Clarke's deductive thematic analysis method which consists of six main steps namely becoming familiar with the data, generating codes, generating themes, reviewing themes, defining and naming themes, and locating exemplars.

3.6. Limitations of the evaluation

The end-line study was quite technical and faced few challenges especially in current context of the country. BCS evaluation team tried their best to address the risks/challenges (Table 5) arises during the study period.

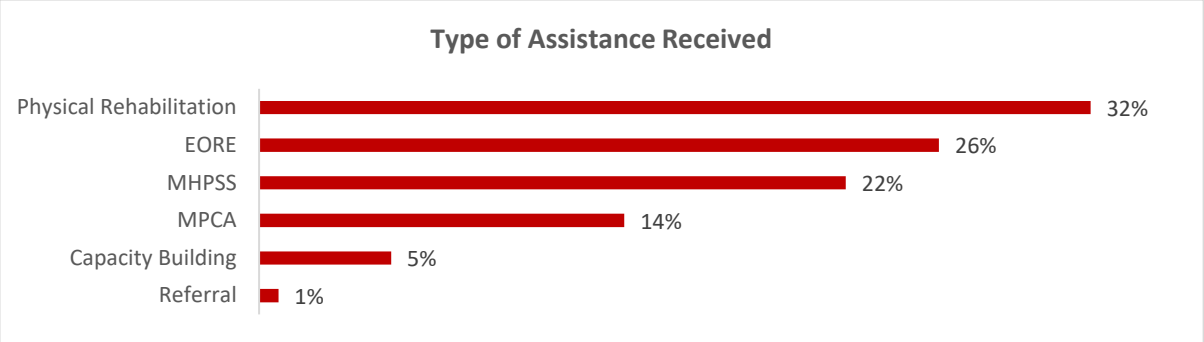
Table 5: study faced limitations

Risks/Challenges	Mitigation Measures	Risk Level
Ban on women staff by De facto authorities (DFA)	BCS utilized all the resources in hand for the accomplishment of this evaluation within the allocated time while considering the best quality of the evaluation.	Low
Insecurity	BCS recruited data collectors from the communities where they were conducting their work. This not only ensured access and contextual understanding but played a key role in keeping the staff safe. Data collectors required to follow a strict protocol for introducing their work, administering their research, and moving around in the communities where they are working. Data collectors were requested to communicate with their supervisors only in public places in provincial centres or other safe locations (within their home, for instance) where they can prevent eavesdropping;	Low

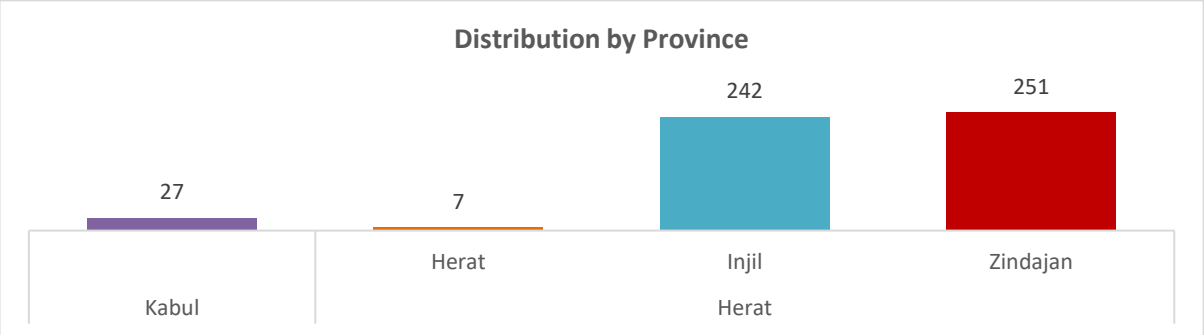
4. EVALUATION FINDINGS

1. Socio-demographic of the respondents

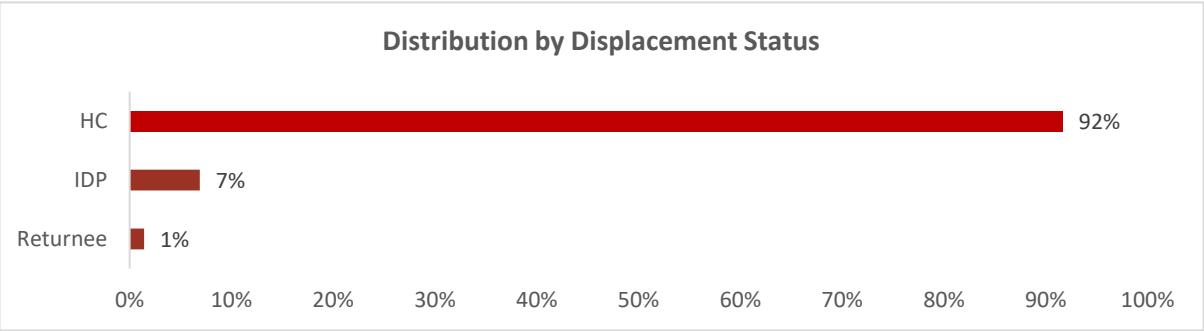
Out of all respondents participated in household survey, 32% of the respondents were from physical rehabilitation, 26% EORE, 22% MHPSS, 14% MPCA, 5% capacity building and 1% referral services.



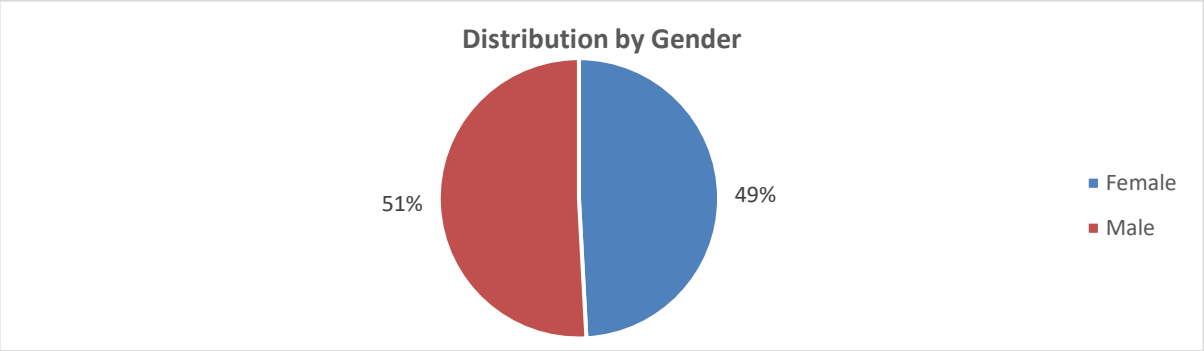
242 HH surveys conducted in Injil, 251 in Zindajan district of Herat, 7 online surveys in Herat and 27 in Kabul, conducted with trainees participated in online and in-person trainings on mainstreaming disability and inclusion.



92% of the respondents were host community, 7% IDPs and 1% returnees were also reached under this project.

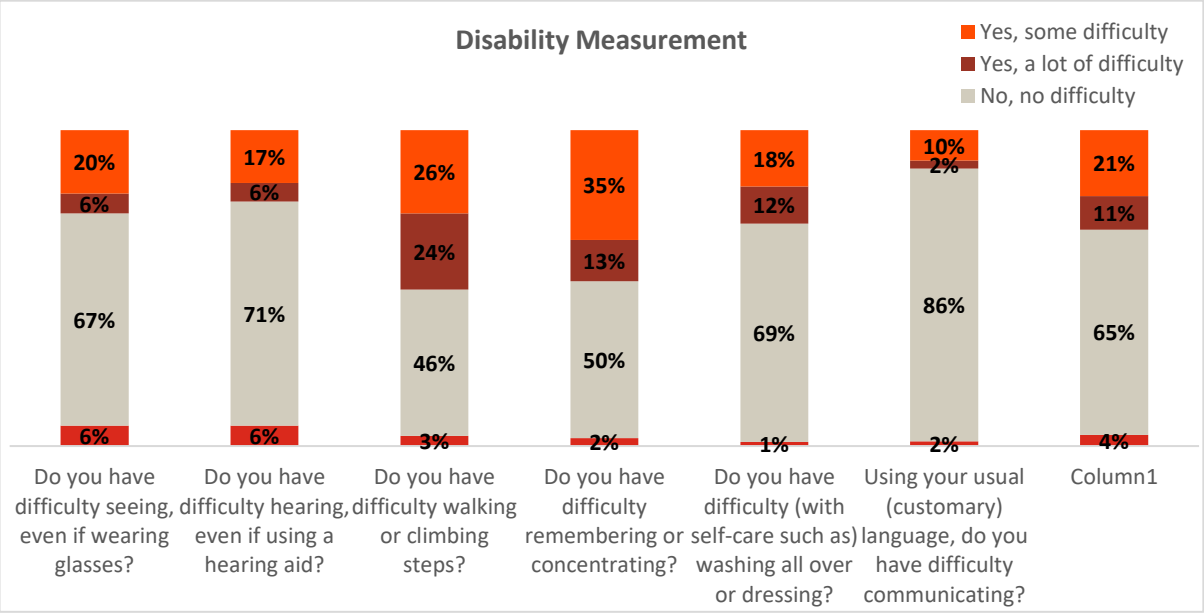


51% of the respondents were male while female makes 49% of the target beneficiaries which shows appropriate gender balance consideration.

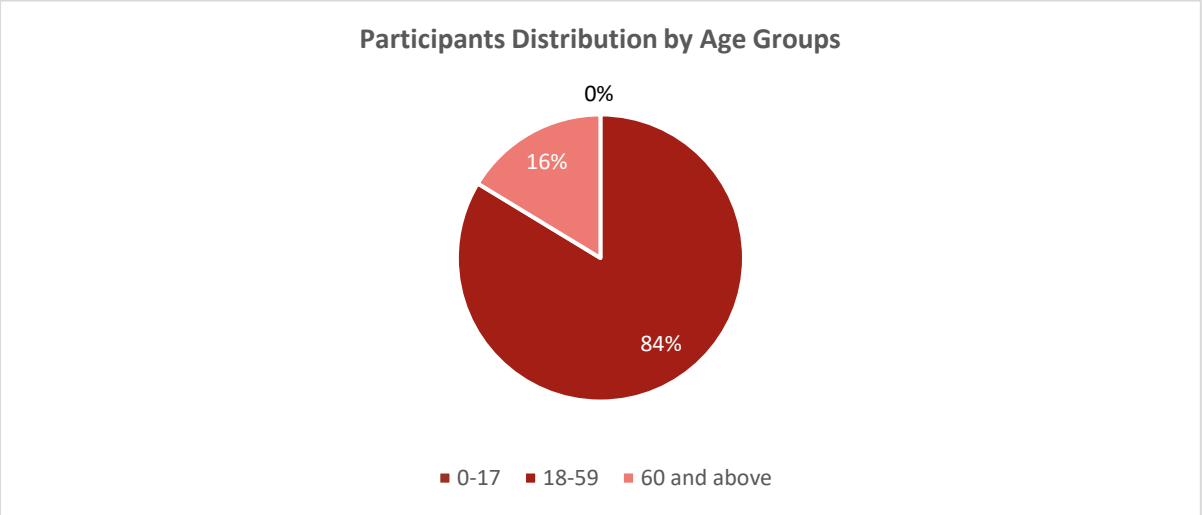


Given the People with Disabilities inclusion, capacity building participants had 2%, EORE 21%, Livelihoods/MPCA 10%, MHPSS 17% and referrals had 1% people with having a lot of difficulty or totally disabled according to Washington Group of Questions (WGQ). Below table and graph provides detailed information on level of disability of the survey participants.

Disability Measurement	Do you have difficulty seeing, even if wearing glasses?	Do you have difficulty hearing, even if using a hearing aid?	Do you have difficulty walking or climbing steps?	Do you have difficulty remembering or concentrating ?	Do you have difficulty (with self-care such as) washing all over or dressing?	Using your usual (customary) language, do you have difficulty communicating?
Cannot do it at all	6%	6%	3%	2%	1%	2%
No, no difficulty	67%	71%	46%	50%	69%	86%
Yes, a lot of difficulty	6%	6%	24%	13%	12%	2%
Yes, some difficulty	20%	17%	26%	35%	18%	10%



Majority of the survey participants (84%) were between the age of 18-59 while 16% were more that 60 years old.



2. Relevance/Appropriateness

2.1 Livelihoods

Evaluation findings shows that all participants (100%) who are reached with cash assistance stated that they were in need of cash assistance during assessment and selection for cash assistance.

Findings shows that 93% of the survey respondents feel that the assistance was appropriate considering their needs. 7% of the respondents responded as the assistance was less than they needed, quality was low or not what they needed. In likewise, FGD participants also reported that the cash assistance was appropriate with their needs and they received when they needed the most. Moreover, the assistance was adequate to fulfil the all their basic needs particularly cash related needs, according to the findings, majority of them reported that they used the received assistance for buying food commodities followed by payment of loans, treatment of household sick members, buying winter clothes, reconstruction of damaged house, and saved for emergency. One of the FGD participant said:

In response to the question regarding facing any problem throughout the cash distribution process, 100% of participants responded that they didn't face any notable problem. This reflects that planned activities addressed needs and expectations.

2.2 REHAB

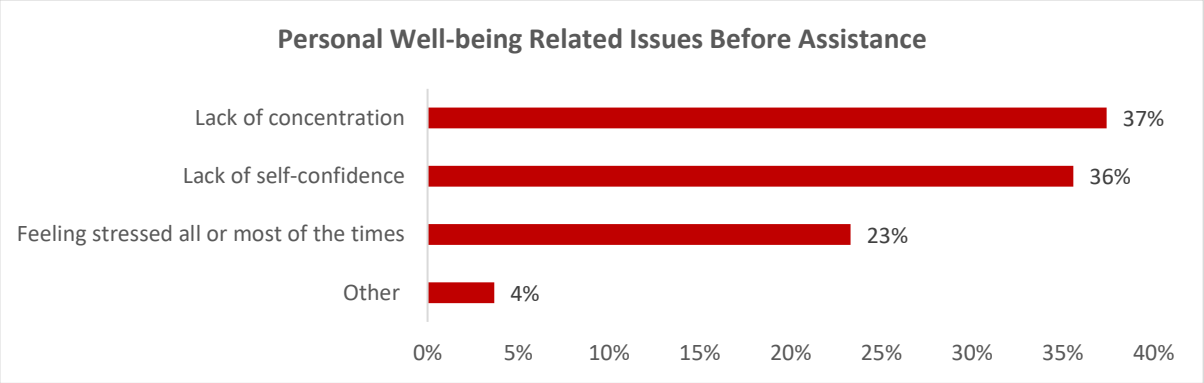
Vast majority of the respondents (93%) responded that they think the rehabilitation assistance was appropriate and relevant for their needs. 7% of the respondents say that it was less than they needed and expected.

Analysis of FGDs data reflects that the provided physical rehabilitation services were found relevant and appropriate to meet the beneficiaries' REHAB needs.

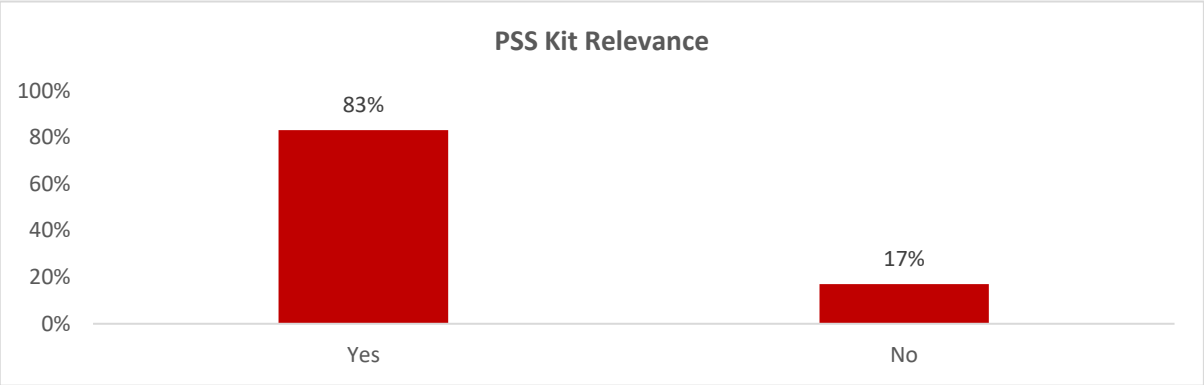
2.3 MHPSS

Survey MHPSS participants responded that they (37%) used to experience lack of concentration, 36% lack of self-confidence, 23% feeling stressed all or most of the times and 4% other mental health related problems. These findings shows that there were high need of MHPSS services in target communities which were met. Remaining evaluation criteria reflects other aspects of the MHPSS services.

FGDs beneficiaries reported that some people under target communities' had mental and psychosocial problems so the provided MHPSS services were appropriate and met psychosocial needs of the target communities.



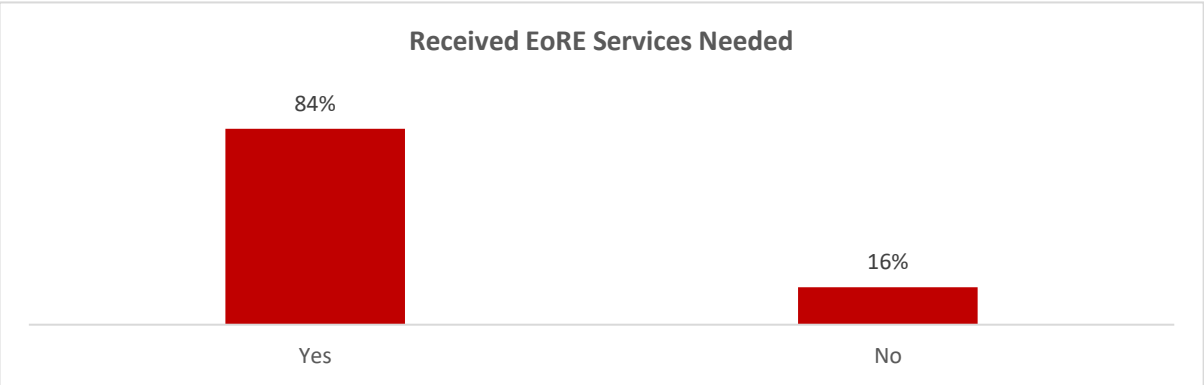
Survey participants were asked for PSS Kits relevance, 83% of them reported that PSS Kits were according to their expectation and met their relevant needs while 17% reported it was non-relevant to their needs. Probing question revealed that they expected more assistance (food, cash, etc.)



2.4 EORE

84% of the survey respondents under EoRE sector confirmed that they received the EoRE services they needed the most.

FGDs data from Injil district reflects the same findings and confirms the need and conduction of awareness sessions to target beneficiaries.



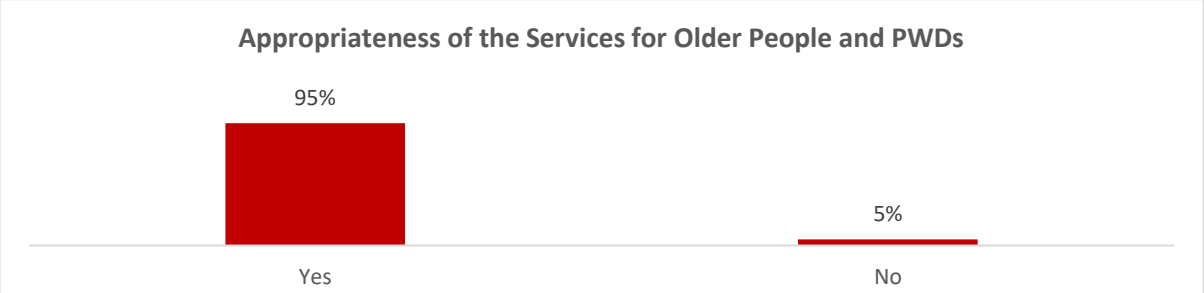
2.5 Mainstreaming Disability and Inclusion

All survey participants (100%) responded that the training they participated in was the required training to understand regarding mainstreaming disability and inclusion in humanitarian action.

KII data collected from some training participants shows that the trainings were useful for the participant and reported that they learned new things during these capacity building programs. Moreover, they reported that they conveyed their knowledge to community members for their awareness.

In response to a question regarding appropriateness of the training for inclusion of older people and people with disabilities in humanitarian action, 95% of training participants reported it as appropriate for People with Disabilities. The qualitative data analysis also showed that training has positive impact on disability mainstreaming and inclusion and reported that it is essential for humanitarian action. Some of the excerpt on this issue are as follow:

> *"Yes, I think that mainstreaming disability and inclusion in humanitarian action is meaningful and helpful for the humanitarian community because people with disabilities also have their own unique creativities and talents that need to be improved. Our organization always takes this issue into consideration to serve both affected communities and people with disabilities."* (Male Training Participant, Kabul Province)



3. Effectiveness

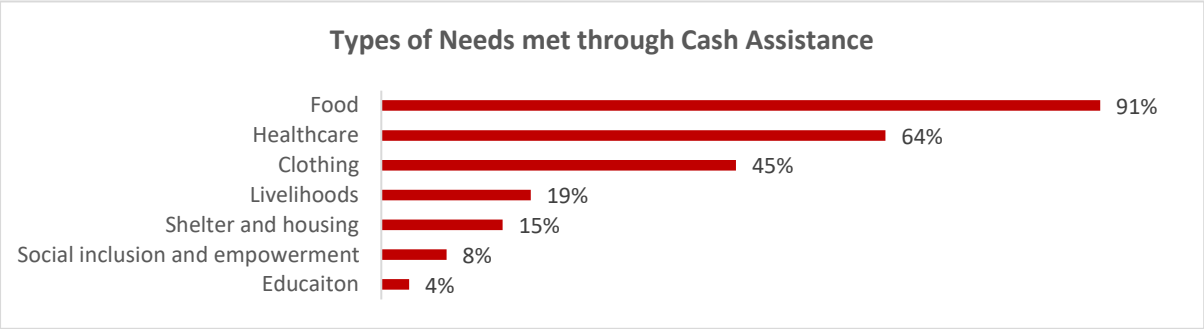
Below table reflects progress and achievements against outcome indicators of the project where majority of the targets have been achieved with slight underachievement against couple of indicators.

S#	Indicator	Target	Achieved
1	% Of the beneficiaries surveyed declared that the cash distribution responded to their basic needs/priorities	70%	100%
2	Average Coping Strategies Index (CSI) score for the target population	75%	11.9
3	% Of beneficiaries under Outcome A reported they feel respected by the project staff.	90%	98%
4	% Of beneficiaries under Outcome A reported that they are aware of the FCMS	80%	67%
5	% Of persons receiving comprehensive physical rehabilitation services at the static centres and or at a community level (disaggregated by sex and location)	80%	78%
6	% Of persons receiving mental health and psychosocial support services who reported a change/improved in personal well-being (e.g. self-confidence, concentration, reduced stress).	80%	86%
7	% Of participants from locally based humanitarian and development organizations including staff reporting mainstreaming of disability inclusion across project cycle including policy revision and adjustment to practice.	80%	82.3%

3.1 Livelihoods

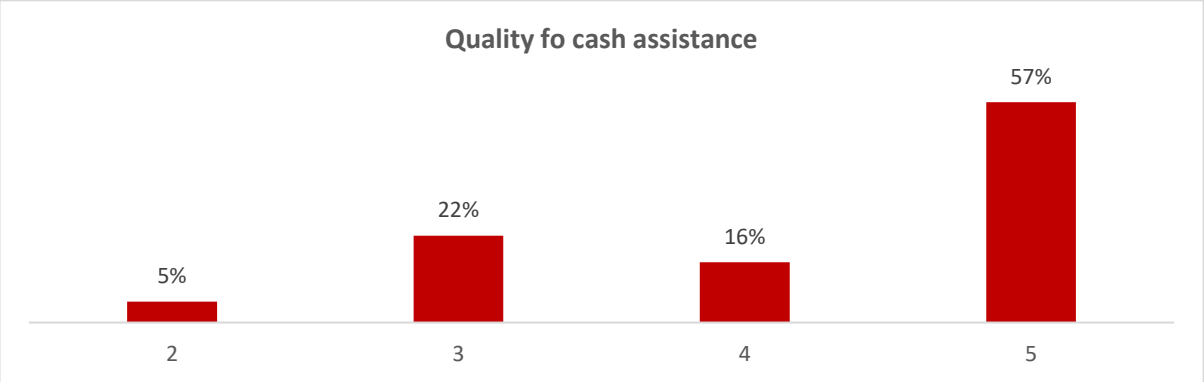
MPCA beneficiaries who received cash assistance reported that 91% of food, 64% of healthcare, 45% of clothing, 19% of livelihoods, 15% of shelter and housing, 8% of social inclusion and empowerment and 4% of education needs of their families have been met as a result of multipurpose cash assistance.

FGD and KIIs data analysis shows that provided MPCA services met the basic needs of the respondents and not contributed significantly in addressing their long-term problems. Majority of them reported that the received assistance met the basic food commodities need followed by payment of loans, treatment of household sick members, buying winter clothes, reconstruction of damaged house, and saved for emergency.



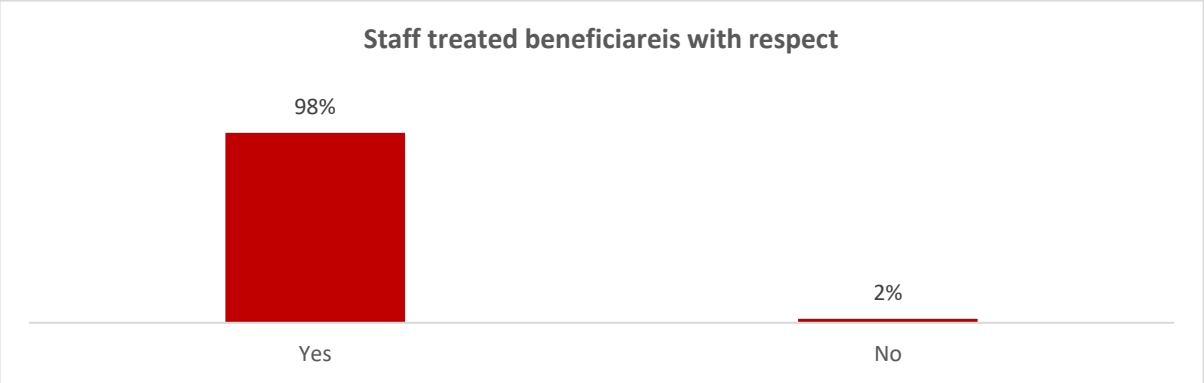
In terms of the quality of the quality of distributed cash, 57% beneficiaries ranked quality of the cash as of high quality, 16% ranked it as of good quality, 22% ranked as average quality with 5% ranked as low quality but no one ranked the cash as lowest quality.

The findings of qualitative data analysis showed that the cash assistance was of good quality in terms of newness and larger banknotes. Moreover, the respondents were satisfied from the distribution process of the cash assistance and the good manner of distributors.



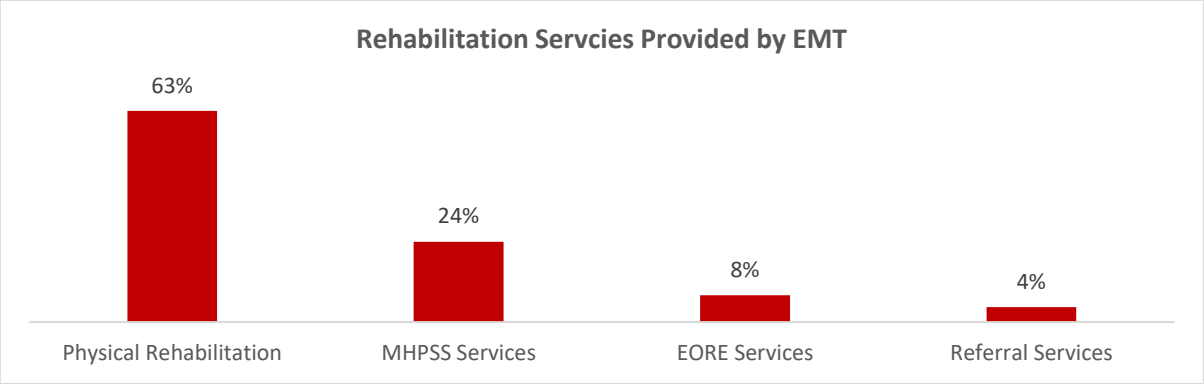
In response to the question regarding staff treatment, 98% of the survey participants reported that they are treated with respect. 2% were not happy which are be associated with different factors such as staff being strict in beneficiary and documents verification, crowd management, etc.

FGDs and participants have also reflected that the HI staff was quite respective and provided the answers to all of the questions of beneficiaries in a respective language.



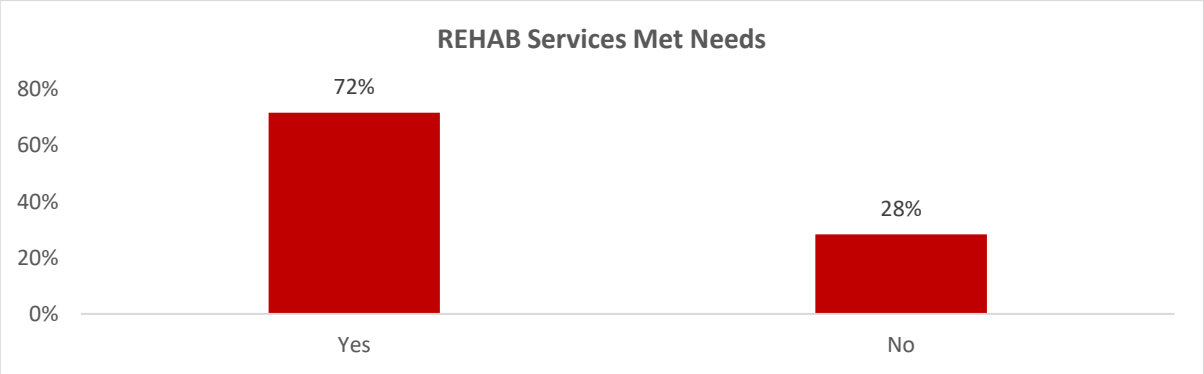
3.2 REHAB

In response to the question regarding services provided by EMT, 63% survey participants reported that EMTs could respond to their physical rehabilitation needs, 24% reported MHPSS needs, 8% reported EoRE and 4% reported referral needs met under physical rehabilitation and MHPSS sector of the project.



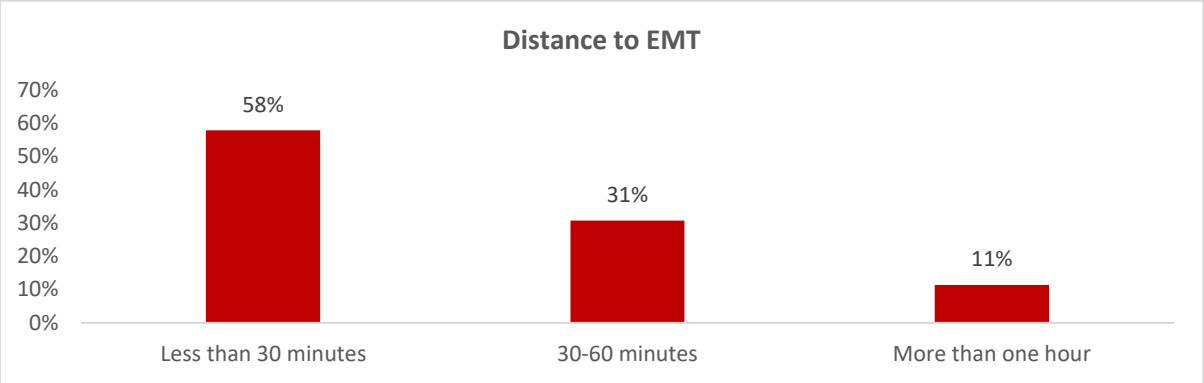
In addition to that, in response another general question, 72% of respondents reported that rehabilitation services met their physical rehabilitation needs.

The results of FGDs and KIIs data also showed that the provided physical rehabilitation services were appropriate and met the beneficiaries' relevant needs.

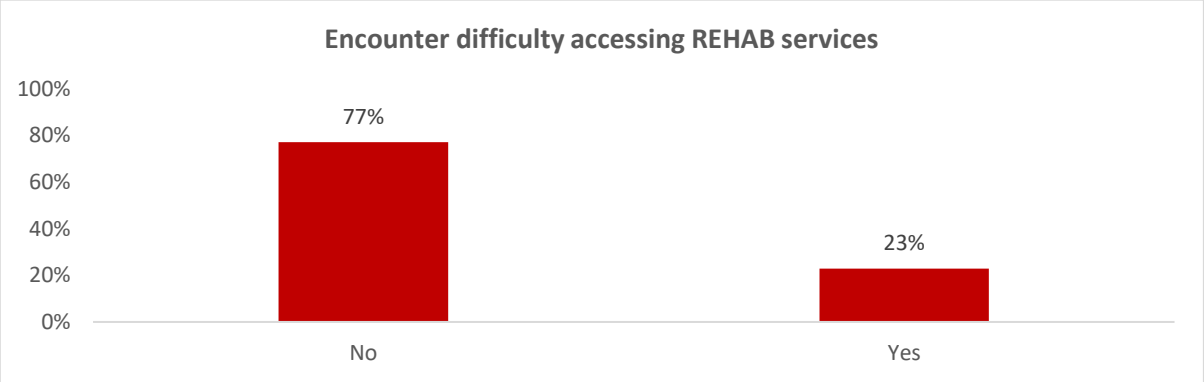


In response to the questions regarding the distance to EMT mobile/static centre, survey participants reported that 58% of them we in less than 30-60 minutes walking distance (31%), 31% reported 30-60 minutes distance while 11% were in quite long distance of more than one hour by walking.

The findings of male FGD and KIIs from community elders' analysis also show that the services were accessible for beneficiaries including disables.

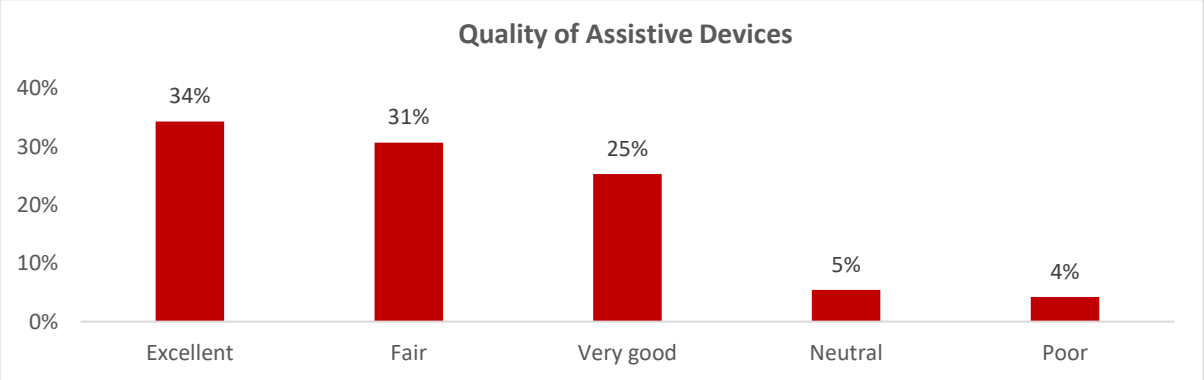


Moreover, 77% of the REHAB beneficiaries reported that they didn't encounter any difficulty accessing physical rehabilitation services. 23% reported access issues which is associated with the distance to the EMT mobiles/static centres.



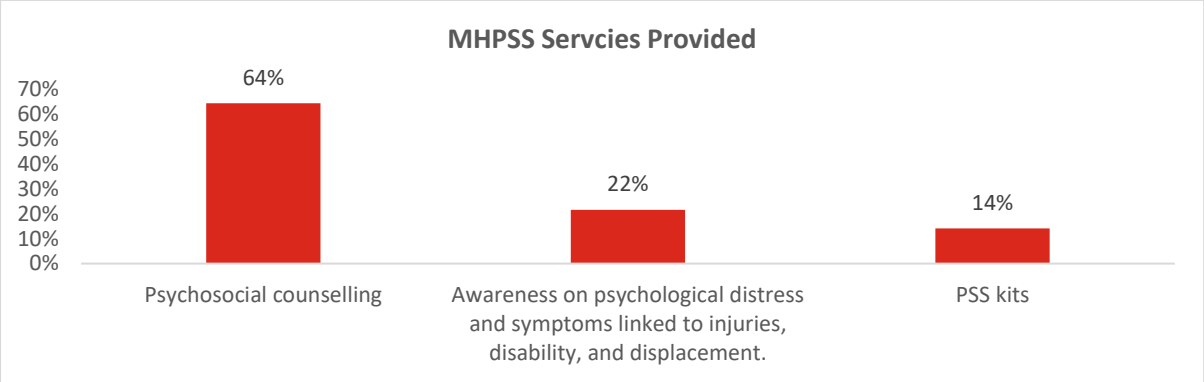
In response to the quality of assistive devices, 34% of the respondents reported the quality of assistive devices as excellent, 25% reported as very good, 31% reported as fair, 5% had no idea while 4% were not happy with the quality of the assistive devices provided to them. All those who were referred for services to other organisations were not followed-up to ensure the referral was successful.

Findings from FGDs and KIIs from project staff also support the statement that the assistive device was of good quality and can work for 2 or 3 years. But they also reported that if the quality of assistive device material become of premium quality it will work for longer time.



3.3 MHPSS

64% of MHPSS beneficiaries confirmed reception of Psychosocial counselling, 22% reported reception of awareness on psychological distress and symptoms linked to injuries, disability and displacement and 14% confirmed reception of PSS kits as key deliverables under this sector.

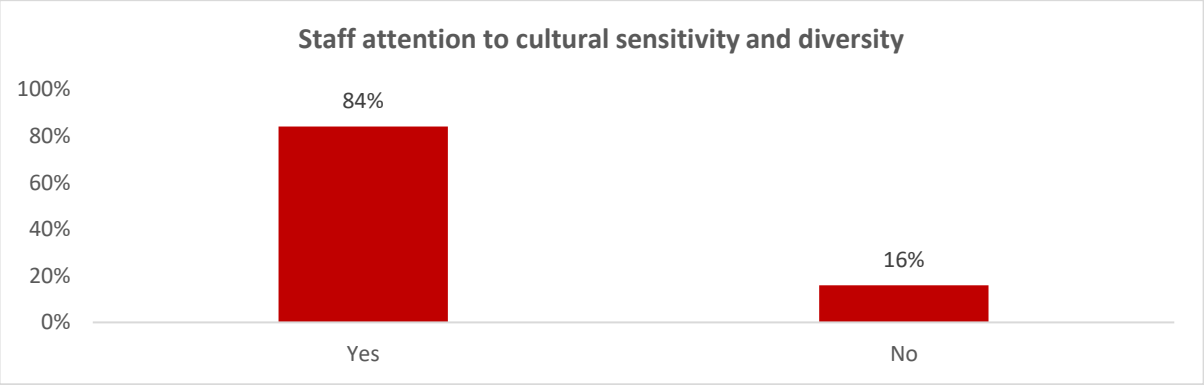


99% of the respondents reported that staff used respectful and inclusive language during provision of MHPSS services.

The qualitative analysis also depicts that the HI staff were following good behaviour with beneficiaries and provided the answers to all of the questions of beneficiaries in a respective language.

84% of the HH survey participants reflected that staff paid attention to cultural sensitivities and diversity during counselling and other MHPSS services.

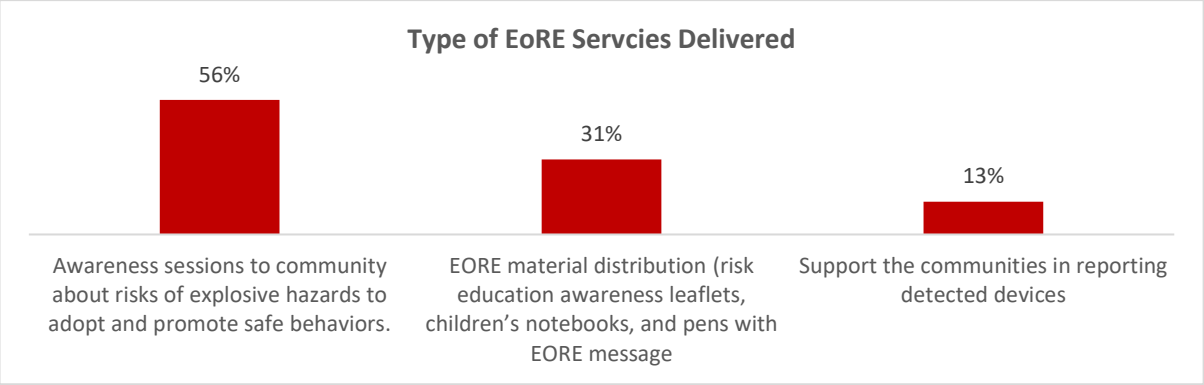
KIIs data shows that 16% disagreement was due not considering socio-economic diversity and beneficiaries responded this were thinking that staff haven't paid attention to those who were eligible but not referred for specialized services and other cash assistance.



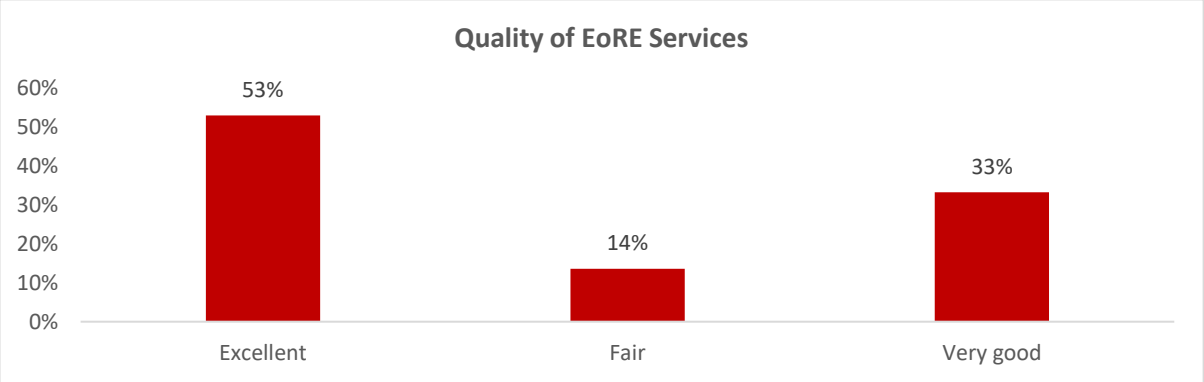
3.4 EORE

In response to the question regarding EORE services delivered to the target communities, 56% reported reception of awareness sessions about risks of explosive hazards to adopt and promote safe behaviours, 31% reported reception of EORE materials and 13% reported reception of support to the target communities in reporting detected devices.

Female FGDs and KIIs data also confirms the conduction of awareness sessions to target beneficiaries and were happy what they learnt from it.



In terms of quality of the EORE Services (teaching methodology and language, learning material and the environment they were taught in), 53% reported the quality as excellent, 33% as very good and 14% as fair but no one reported the quality as poor.

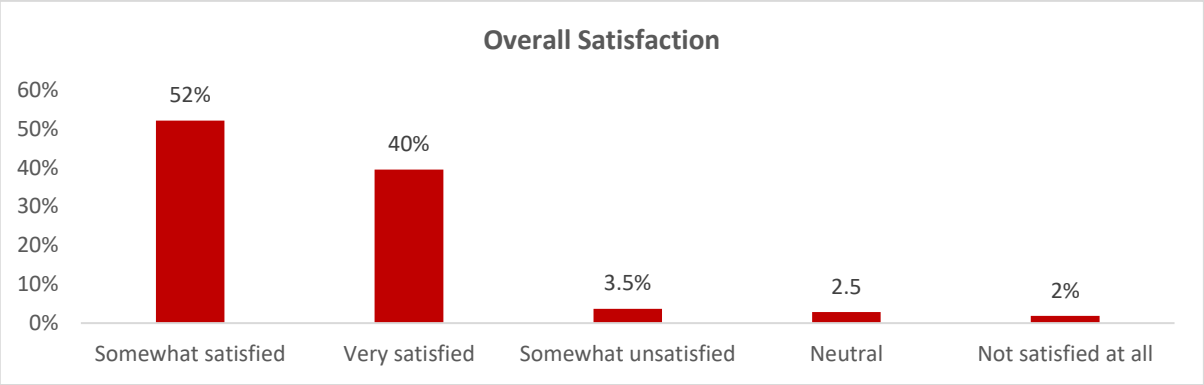


3.5 Mainstreaming Disability and Inclusion

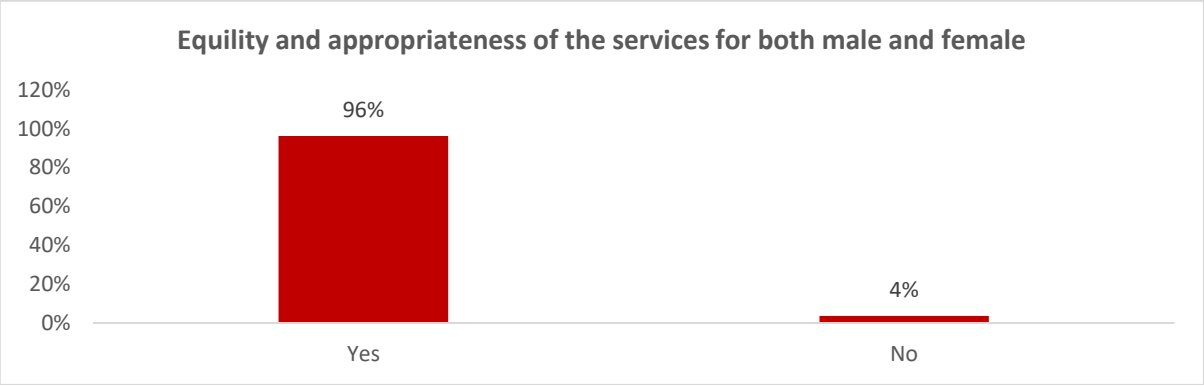
All survey respondents (100%) confirmed that training on mainstreaming disability and inclusion has been delivered to them. The KIIs from training participants data analysis also showed that training has positive impact on disability mainstreaming and inclusion and reported that it is essential for humanitarian action.

In terms of quality of the training, 50% of the respondents reported the quality of the training as excellent, 47% reported as very good and 3% reported as Fair while no one of the participants reported it as poor which was one of the options under these questions to reflect if the quality is poor.

In response to the question regarding satisfaction of the training participants, 40% responded being very satisfied, 52% responded as somewhat satisfied while 3.5% were somewhat unsatisfied, 2% not satisfied at all and 2.5% with no idea.



Training participants asked for appropriateness of the services consider gender, 96% of the participants reported as the training was appropriate for both male and female participants.



4. Efficiency

Under section three, achievements under outcome indicators shows that employed resources were sufficient for meeting project objectives.

Beneficiaries' satisfaction under each sector of the project in terms of quality and appropriateness shows that the methodologies and overall approach adopted for this project worked well.

The project design, planning and implementation is found appropriate in terms of gender integration, disability mainstreaming and inclusion of elderly people and people with disabilities. However, survey findings show that beneficiaries has experienced lack of staff, equipment and drug under different sectors of the project which could be due to the high need in the area and limited scope of the project. Challenges and gaps reported under this project, are given under gaps/challenges section.

5. Compliance

Household survey data shows that 96% of beneficiaries reported the assistance delivered in appropriate way considering the cultural sensitivity, gender balance as well as inclusion of people with disability. KII with project manager data reflected that project has been implemented in line with the national and international laws including donor and HI procedures. Below are some of the key quotes from line department and project staff addressed the questions regarding compliance.

> *"Yes, it was so good. They were implementing the ministry plan."* (Line Department Representative, Herat Province)

"We implemented these laws 100%. All of the humanitarian international laws and regulations have been considered and implemented completely. For instance, when we purchase something or recruit staff, we consider all of the humanitarian policies and procedures." (Project Manager, Herat Province)

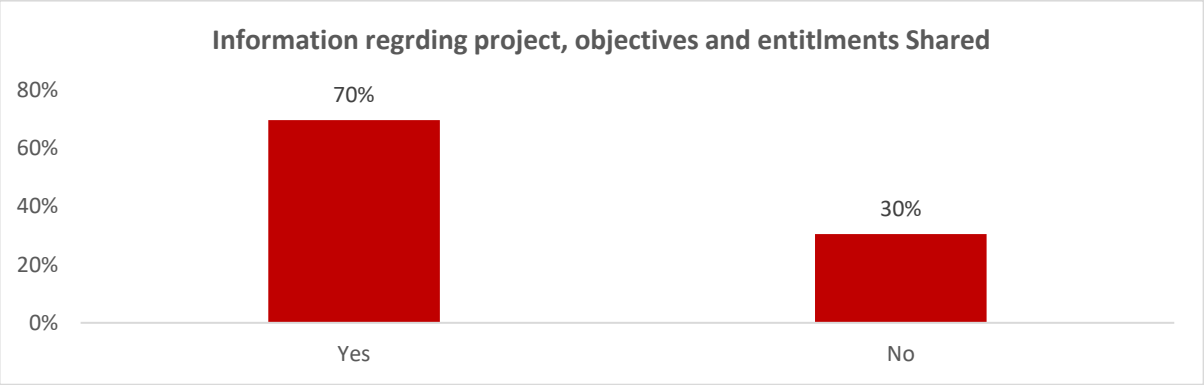
"Yes, in every phase of the project, our teams in the meal and compliance departments ensure the quality, accuracy, and suitability of the projects. We conduct weekly visits to project areas, particularly in our project in Herat Province, where meal officers inspect the activities for compliance. We also conduct satisfaction surveys and assessments, and distribute contact cards for people to report any issues promptly to us." (Project Manager, Herat Province)

6. Accountability to affected population

In response to a question regarding reception of information on how to make complaints, submit feedback and suggestions, 67% of the respondents reported that they understand it and have received this information for HI staff.

"We do need the cash assistance as we were borrowed from several peoples. The project staff consulted us on the modality of project and we agreed on the cash assistance." (Community leader, KII

Majority of the beneficiaries (70%) responded that information regarding project, objectives of the project, entitlements and rights of the beneficiaries were shared with beneficiaries prior to the response. Male and female FGDS and community elders data analysis showed that majority of the respondents were aware of HI's project activities and objectives. Majority of them were aware of cash assistance, MHPSS services, physical rehabilitation and EORE awareness. They received the information through community leaders and project staff.



67% of the respondents reported that they were provided information on what to do if they have any concern, complain or suggestion. HI teams have provided them the information regarding their feedback mechanisms and existing channels to use for feedback.

According to the qualitative data analysis, nearly all of the respondents of the FGDs and KIIs were aware of how to share their feedback or complain about the project activities. Majority of the beneficiaries reported that they received a compliant form which had the contact number for feedback or compliant sharing. Moreover, they reported that there is a compliant box in health facilities to register their feedback of compliant. Furthermore, the beneficiaries were using direct talking with project staff and district attorney for feedback or compliant sharing.

Beneficiaries who had provided feedback or complaints, they were asked if they have received any response from HI. 58% reported that they have received the response following their feedback.

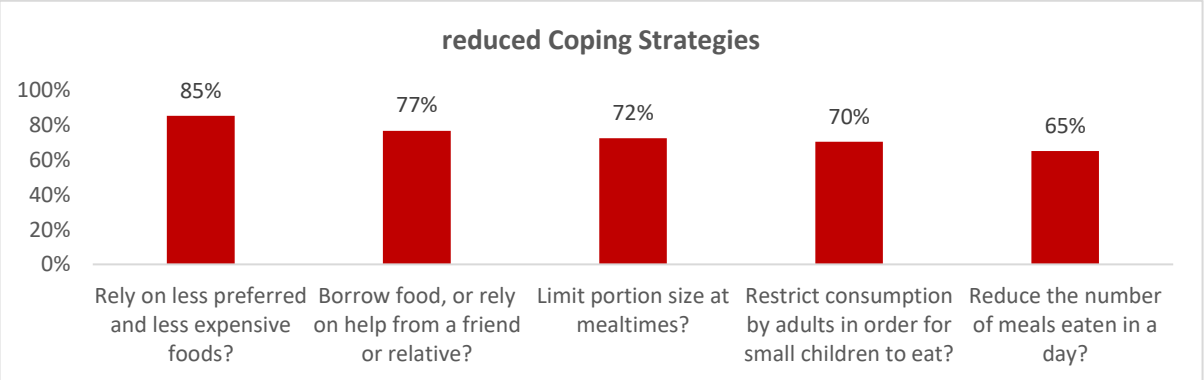
Out of those who received the response, 95% of them reported that they are satisfied with the response received.

7. Impact

7.1 Livelihoods

Analysis of reduced Coping Strategy Index (rCSI) shows that average rCSI score obtained by beneficiaries assisted with MPCA assistance was 11.9 out of 56 which is almost acceptable range according to USAID's OFFICE of Food for Pease (FFP). According to WFP Afghanistan, obtained score shows high coping strategies as it is more than 10.

Below graph shows that 85% of the beneficiaries still rely on less preferred and less expensive food, 77% borrow food or rely on help from friends and relatives, 72% limits portion size at mealtimes, 70% restrict consumption by adults in order for small children to eat and 65% reduce the number of meals eaten in a day.

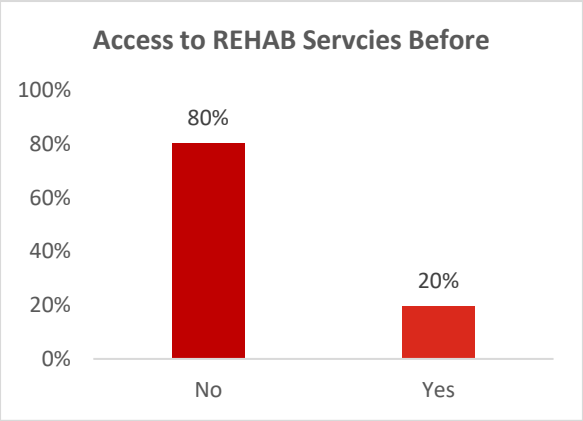


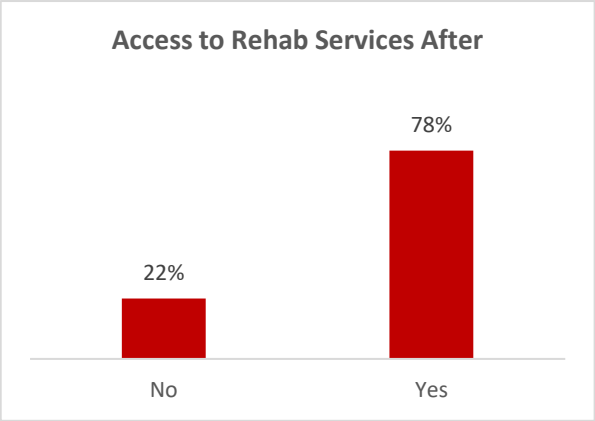
The respondents during FGDs and KIIs also reported that the cash assistance had a positive impact on their necessity for basic needs of life, daily life, poverty reduction, and problem solving. But they reported that these impacts were for short term and did not contribute to the solution of long-term problems.

7.2 REHAB

Rehabilitation services has improved the access of target beneficiaries to rehabilitation services. Below graphs shows before-after comparison which reflects impact of the rehabilitation services in terms of access. Before project intervention, 20% of the beneficiaries had access to rehabilitation services while this access has been enhanced to 78% percent through project support.

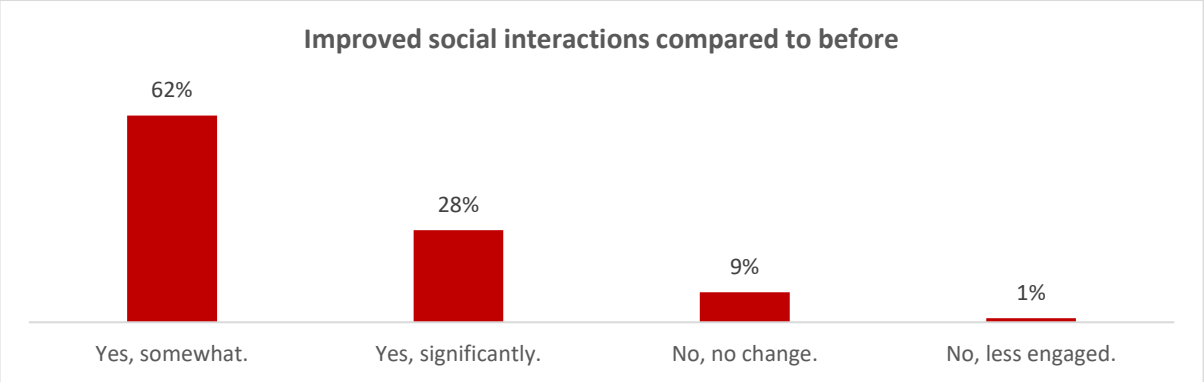
FGDs and KIIs from community elders' data show that majority of the respondents reported that before HI's project there were no EMT services including physical rehabilitation. They reported that they were refereeing to a government health centre which was far from them for receiving basic treatments and Herat city hospitals for complicated cases. Moreover, the results showed that even the existing government health center did not have physical rehabilitation services.





Support to people with disability through rehabilitation services has improved their social interaction compared to before. 90% of the respondents reported that their social interactions have been either somewhat (62%) or significantly (28%) improved.

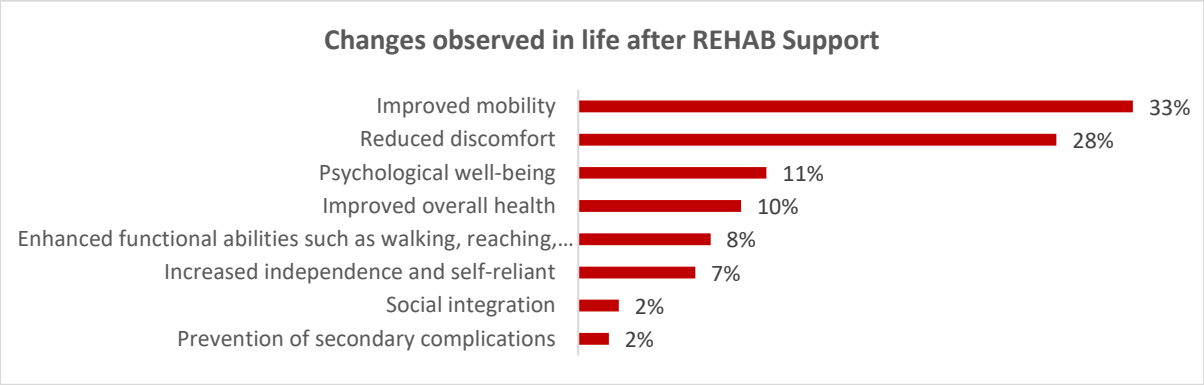
The results of qualitative data also indicate the provided services impacted the interaction of beneficiaries in the social network. The respondents reported that the services abled them to mover and participate in different social occasions.



In response to another question, 33% beneficiaries reported that rehabilitation services have improved their mobility, 28% reported reduced discomfort, 11% reported improvement in psychological well-being, 10% reported improved overall health, 8% reported enhanced functional abilities, 7% reported

independence and self-reliant, 2% social integration and 2% reported prevention of secondary complications.

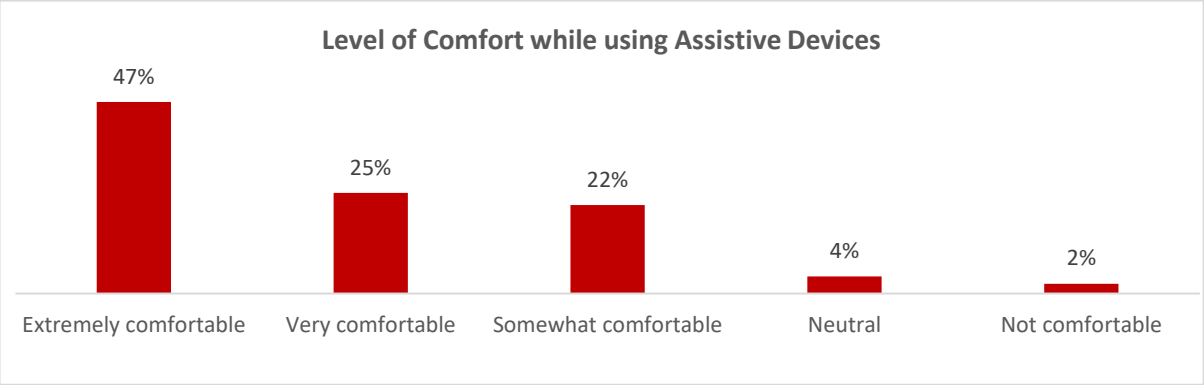
In likewise, the provided physical rehabilitation services significantly contributed to their daily life change as the services improved their daily life.



Participants were asked regarding any unintended consequences/negative impacts, 100% of them reflected that the intervention had no negative impacts on their lives.

The majority of respondents during FGDs and KIIs mentioned that the intervention had no negative impact in both short and long term in the community. But it was reported that lower coverage has been resulted disagreements and conflicts among community members.

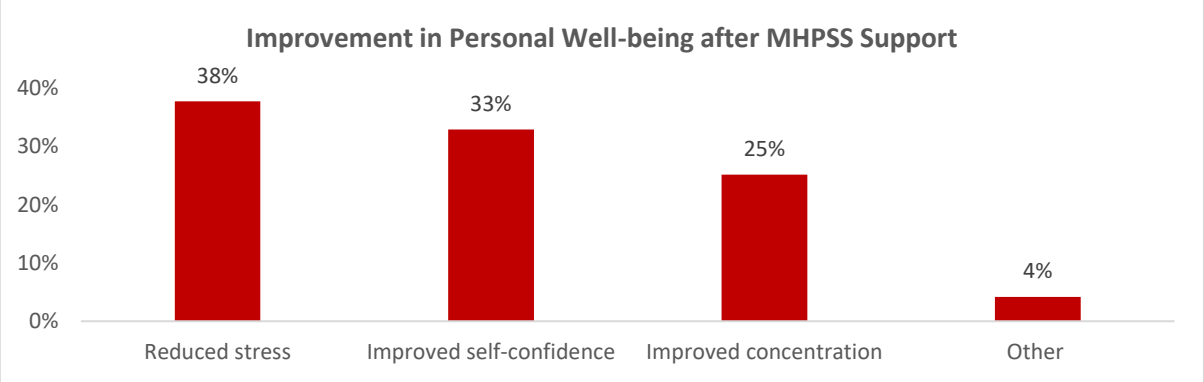
To understand the quality of the assistive devices, beneficiaries asked regarding their comfort while using assistive devices. 47% of the beneficiaries reported extremely comfortable, 25% very comfortable, 22% somewhat comfortable, 4% neutral and 2% not comfortable with the assistive devices provided to them.



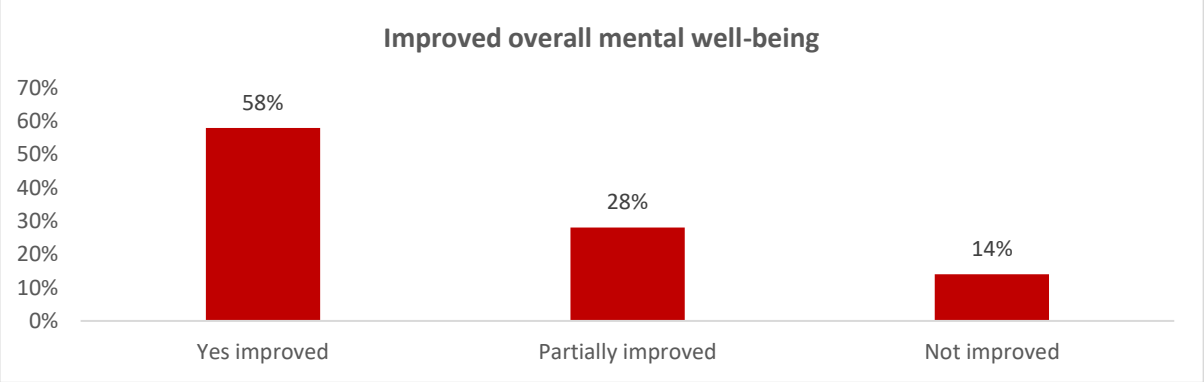
7.3 MHPSS

MHPSS beneficiaries' survey data shows that MHPSS support has significantly improved their personal well-being. 38% of beneficiaries reported reduced stress, 33% reported improved self-confidence, 25% reported improved concentration and 4% reported other improvements as a result of receiving MHPSS support from HI teams.

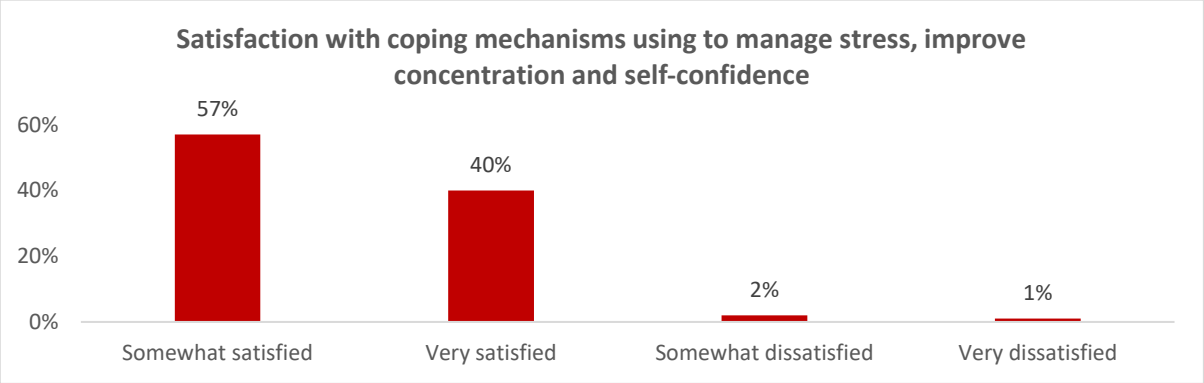
The results of qualitative data showed that the project interventions have been resulted in mental health improvement of the respondents through psychosocial consultations in health facility. On the other hand, the respondents recommended the continuity of PSS, increment in the number of health teams, equipping the health centres, and increase in the capacity building of beneficiaries and health professionals.



In response to the question regarding overall mental well-being, 86% beneficiaries reported either fully improved (58%) or partially improved (28%) as a result of PSS services.



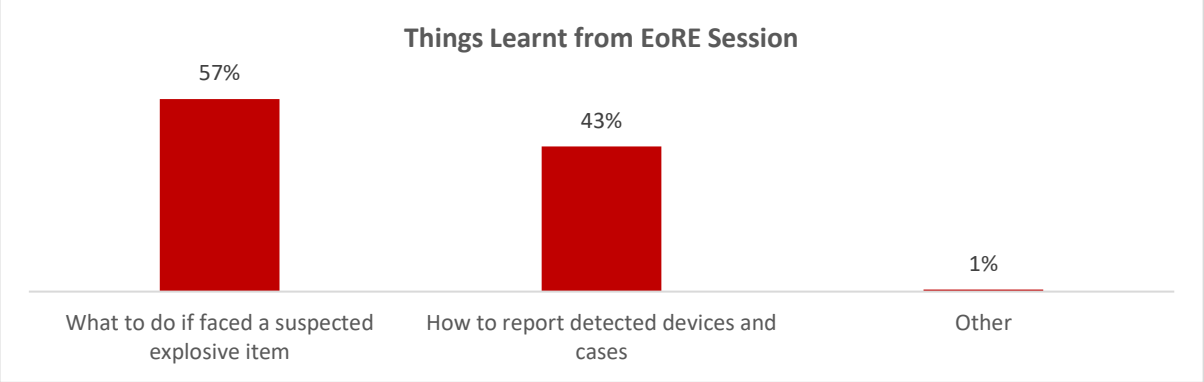
Survey participants reported their satisfaction with coping mechanism they learnt to use for managing stress, improving their concentration and self-confidence. 57% of the participants reported somewhat



satisfied and 40% very satisfied with the coping mechanism learnt. 2% are somewhat dissatisfied and 1% very dissatisfied with the services received.

7.4 EORE

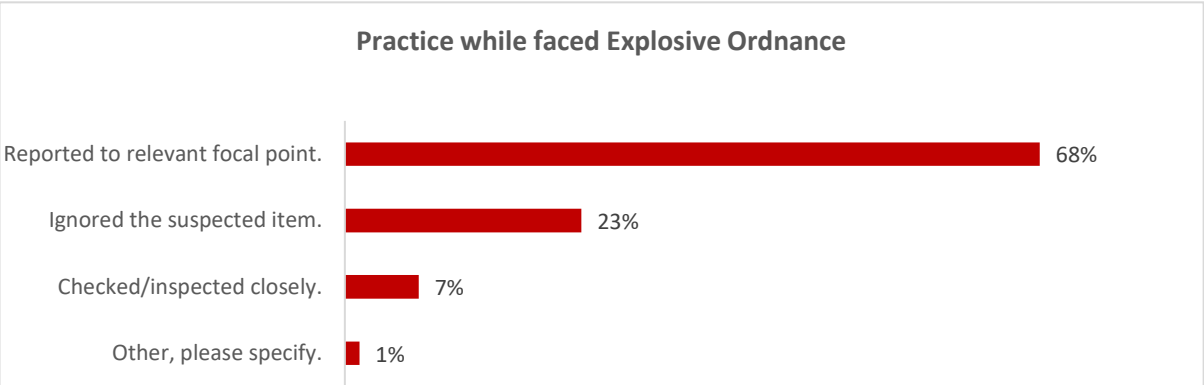
EORE sessions have improved knowledge of the session participants. In response to the question regarding what participants have learnt from EORE sessions, 57% responded that they have learnt what to do if faced a suspected explosive item, 43% reported learning how to report detected devices and cases and 1% reported learning risks of explosive hazards from EORE sessions.



99% of EORE participants reported that they feel protected after participation in EORE sessions and learning key steps.

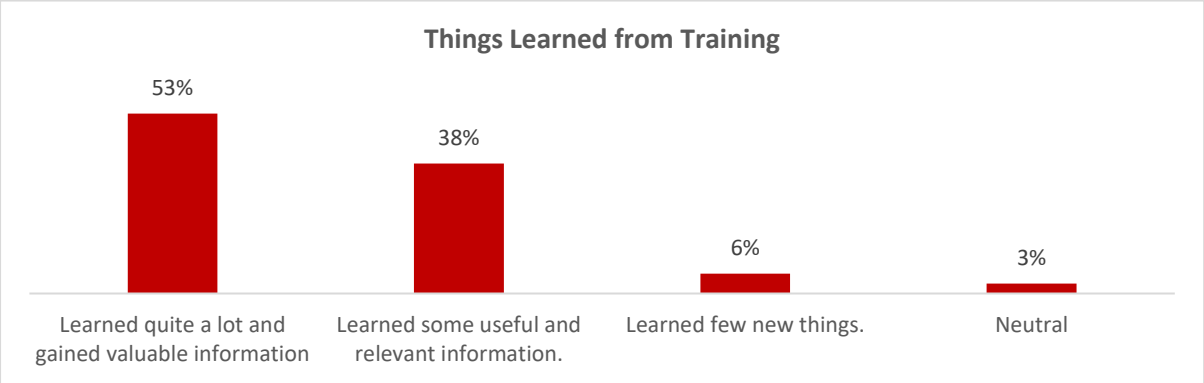
In response to the question "Would you consider the steps learnt from EORE session if faced relevant occasions?" all (100%) beneficiaries responded that they will consider the steps learnt from EORE session if they faced any relevant occasion.

To understand the change made to the practice of the EORE sessions participants, they were asked what they did when faced explosive ordnance. Majority of the respondents reflected that they reported to relevant focal point, 23% reported that they ignored the suspected item, 7% checked/inspected it closely and 1% adopted other practices. Majority of the respondents have adopted the right practice but rest haven't adopted the recommended practices.

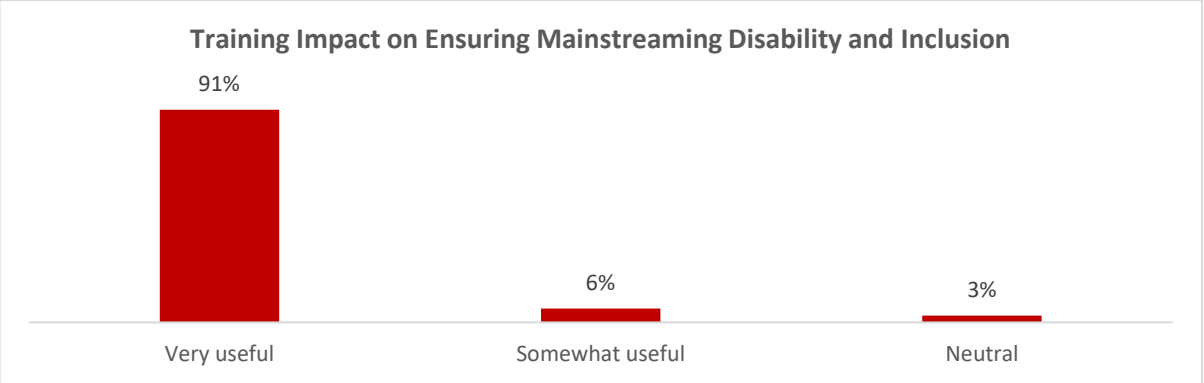


7.5 Mainstreaming Disability and Inclusion

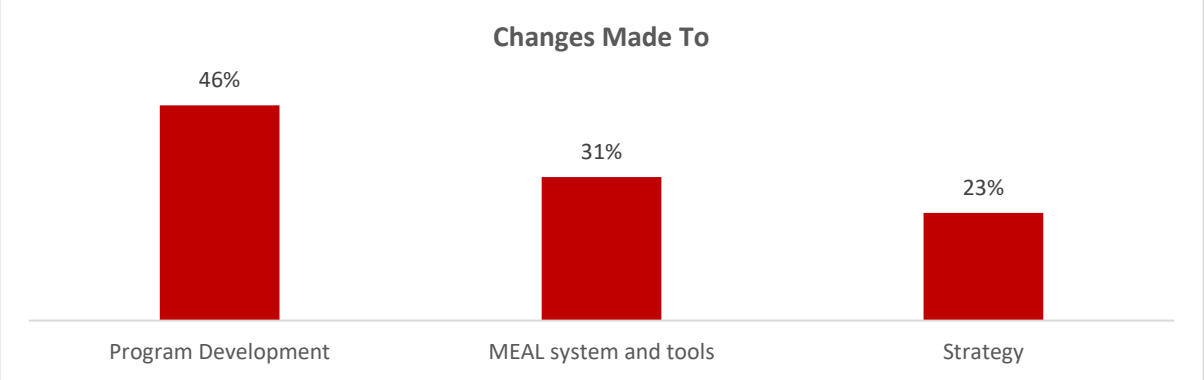
53% of the training participants reported learning quite a lot, 38% reported learning some useful and relevant information, 6% reported learning few new things while 3% had no idea.



In response to the question "how did you find these trainings in ensuring disability and inclusion mainstreaming across project cycle/policy revision and adjustment to practice?" training participants (91%) reported the training as very useful and 6% reported it somewhat useful.



As a follow up question to understand the changes made to which systems/policies of the organization, 46% of the participants reported changes made to program development section, 31% reported changes in MEAL systems and tools and 23% reported changes made to organization strategy to ensure that disability and inclusion has been mainstreamed in humanitarian action. KIIs from training participants reflects that they had internal discussions with their management and have made decisions on how to improve inclusion of people with disability in their response.

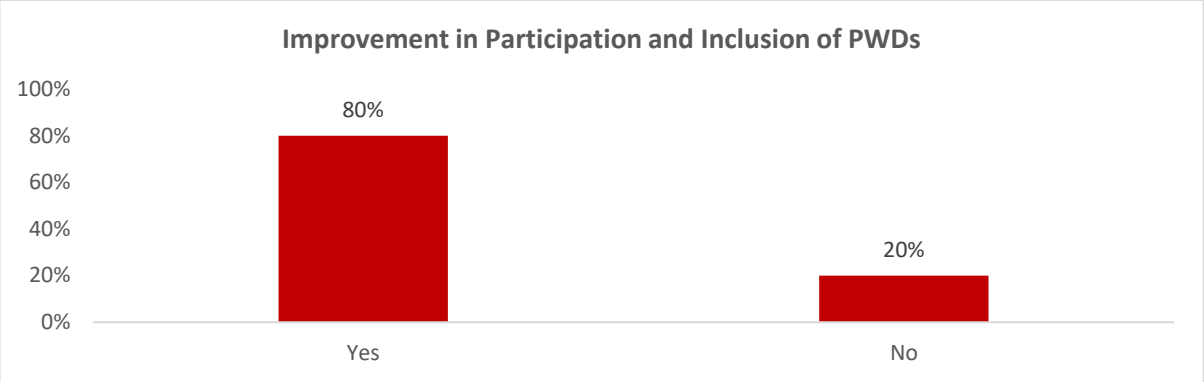


To explore into longer term impact of the intervention, training participants asked for improvement in participation and participation and inclusion of People with Disabilities, 80% of the training participants reported improvement observed in participation and inclusion of people with disabilities in humanitarian response projects.

8. Sustainability

Sustainability of the project intervention was focused in qualitative tools. In response to the question regarding MPCA assistance, beneficiaries reported that cash lasted one to three months depending on HH total and basic needs. Regarding assistive devices quality and sustainability, respondent said that current quality of the devices can work for 1-3 years but if these would made of a bit high quality, could have worked for more than five years.

In response to the question on continuation of the assistance under all sectors this project provided once the project is closed, respondents from community elders, line department representatives and FGDs



were on the same page and reflected that there is no replacement/actor to sustain the current support for the target communities.

9. Coordination

Community elders and project staff both at national and provincial level are asked on how coordination supported the implementation of the project. All stakeholders have confirmed both vertical and horizontal coordination was in place and played a key role in successful implementation of the project. KIIs with project staff, line departments and community elders show that all activities of the project were done in coordination with local authorities, relevant clusters and actors on the ground. Local authorities in Herat province reported that they had close coordination with both project and HI management and communities. Community elders confirmed the consultation and coordination done with them throughout the project lifespan and were happy with.

"Coordination is good because we share our activities with our partners and they also share the challenges and needs. This way, we will also be aware of their activities and implement our program in a better way. It is both vertical and horizontal where vertical coordination is considered within our organization. For instance, we start coordination step by step from the high level to the lowest level. Overall, the process that I explained is being implemented in a cycleway." (Project Officer, Herat Province)

"Maintaining coordination with relevant sectors allows for a smoother flow of information and resources, enhancing the overall quality and impact of projects which has been done in appropriate way. By leveraging the lessons learned and insights gained from collaborative efforts, we can optimize our interventions and contribute to more impactful outcomes in the communities we serve." (Project Staff Representative, Kabul Province)

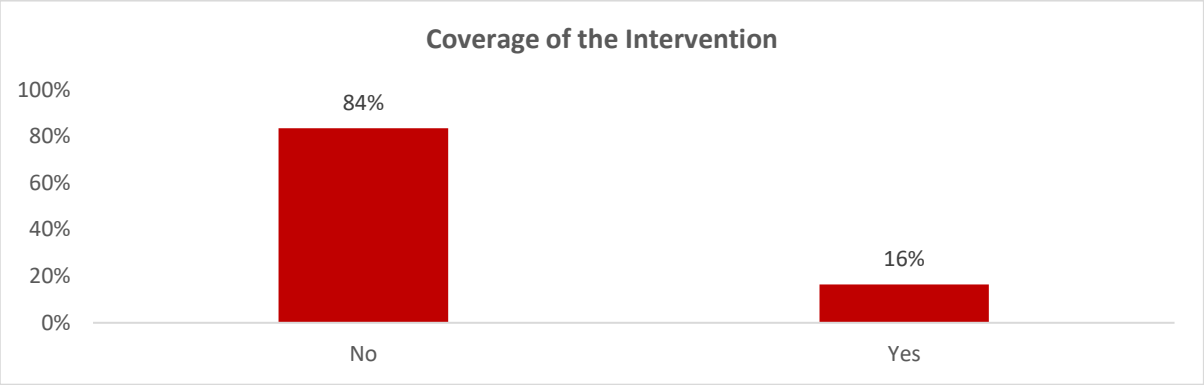
"During the project we had coordination with community leaders to supply better services to people. We had a good coordination with them and the community people." (Line Department Representative, Herat Province)

"They consulted and coordinated us when starting the project and we are very pleased and give special thanks to the assistance organization." (Community Leader, Injil District)

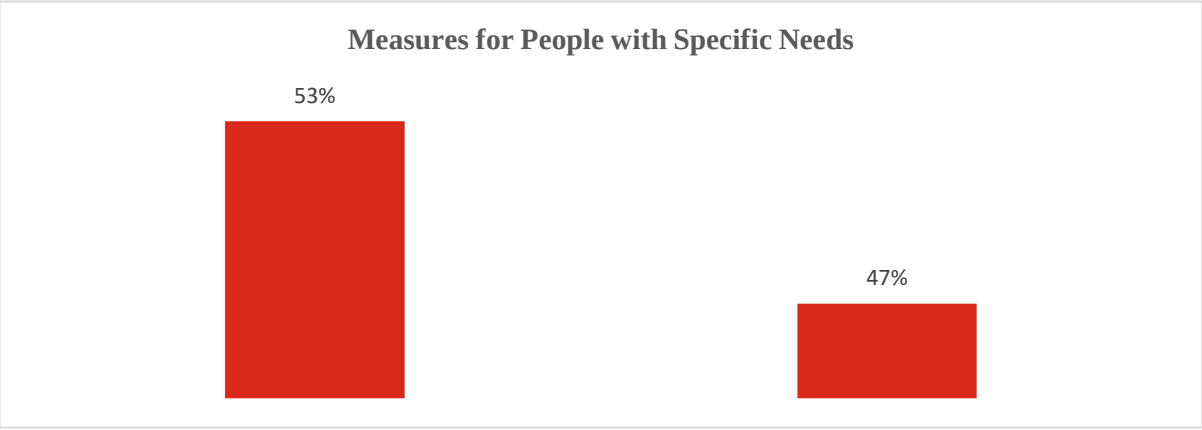
10.Gaps/Challenges

10.1 Livelihoods (MPCA)

84% of the survey participants reported that the project covered all those who were in need of cash assistance. 16% reported that there were eligible people who were not reached. Responses from KIIs and FGDS shows that there was high need for cash assistance in the target community which was beyond project scope and capacity to meet.



Distribution staff usually fast tracks and provides specific waiting area with some chairs for people with specific needs such as elderly, people with disability and pregnant and lactating women. Survey data shows that such considerations weren't taken in account in almost half (47%) of the distributions.



Treating beneficiaries was one of the key considerations under this project where 2% of the beneficiaries have reported that they were not treated with the respect. To understand the reason behind, KII and FGD data reflected that distribution staff insisted on waiting in queue, not making crowd and provide necessary documents for verification which was slightly minded by 2% of the beneficiaries.

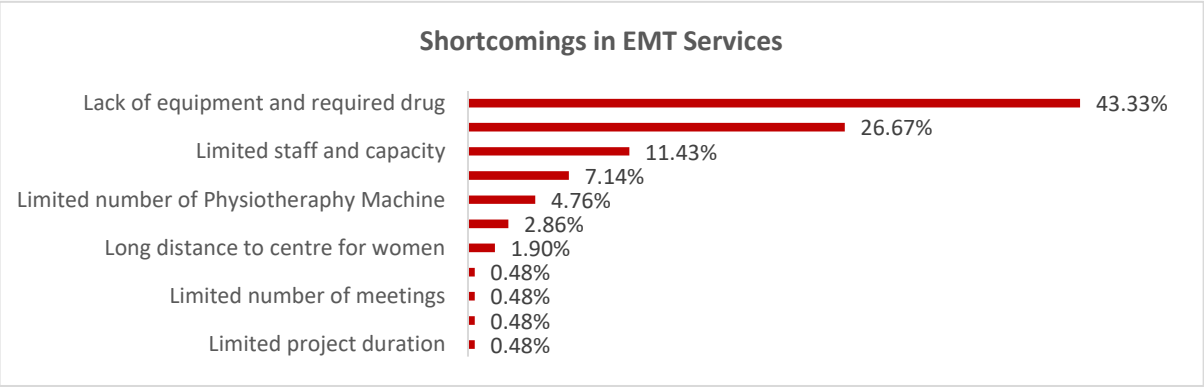
10.2 REHAB

23% of the respondents reported that they faced difficulties during accessing the rehabilitation services. Key aspects beneficiaries found weak and suggested for improvement were scheduling of rehabilitation sessions, information about rehabilitation plan, clarity on the goals and expected outcomes of the rehabilitation and lack of door-to-door services for people with severe disabilities.

11% of the respondents reported that they are still in more than one hour distance by walking to mobile/statice centres and they suggest for increasing number of centres in the future.

Below table shows key shortcomings reported by static/mobiles centre beneficiaries. The results of qualitative analysis pointed out three main shortcomings. According to the respondents, majority of them wanted equipped health facility followed by lower coverage, and long distance between health facility and the residential area.

Below graph reflects lack of equipment, required drug and staff to meet the needs of all beneficiaries' visits EMT mobile/static centre for receiving rehabilitation services.



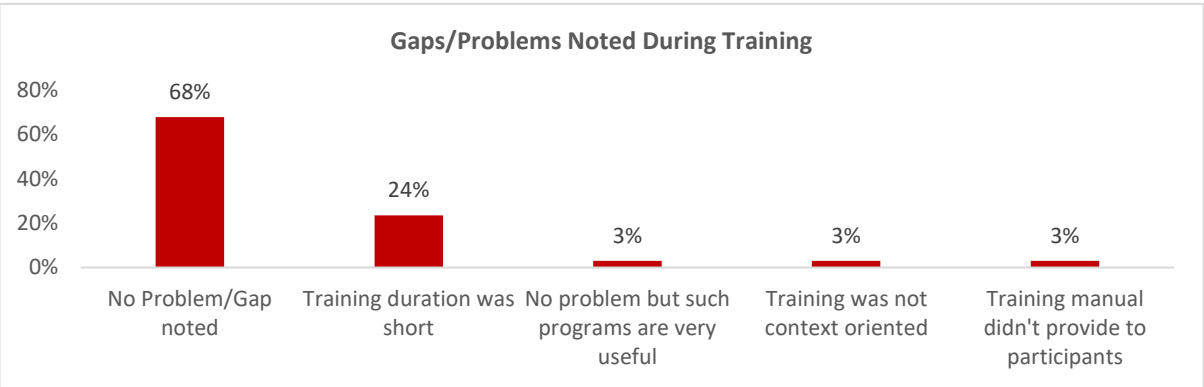
10.3 MHPSS

Key barriers and challenges reported by MHPSS beneficiaries are distance to the centre, huge number of visitors while the capacity was less and lack of sufficient male and female staff.

Another probing question asked for suggestions for improvements, respondents suggested improving capacity to meet more beneficiaries, adding cash support to MHPSS intervention and increasing number of counsellors particularly female.

10.4 Mainstreaming Disability and Inclusion

Training participants asked for gaps noted during training on mainstreaming disability and inclusion, participants reported training duration as short (24%), training not being context oriented (3%) and lack of manual/outline (3%) as key gaps.



10.5 Referral

Referral data shows that beneficiaries who were referred for specialized services to other organizations were not followed-up to ensure they receive the assistance and they are satisfied with the assistance/services received.

5. CONCLUSIONS AND RECOMMENTAITONS

CONCLUSIONS

Based on the evaluation findings across various sectors of the project, it is evident that the interventions have made a significant impact on addressing the needs and improving the well-being of the beneficiaries.

In the Livelihoods/MPCA sector, the evaluation findings reveals that the cash assistance provided was found relevant to the beneficiaries' basic needs and top priorities. Moreover, a considerable proportion of beneficiaries reported that their basic needs such as food, healthcare, clothing, livelihoods, shelter and housing, social inclusion and empowerment, and education were met as a result of the multipurpose cash assistance.

In the Physical Rehabilitation sector, the evaluation findings demonstrate that the project successfully met the physical rehabilitation needs of the beneficiaries.
In the MHPSS sector, the evaluation findings indicate that MHPSS support played a crucial role in addressing the mental health needs of the beneficiaries. A significant percentage of beneficiaries reported improvements in areas such as improved concentration, self-confidence, stress reduction, and other mental health-related problems as a result of receiving MHPSS support. The evaluation also reveals that a considerable proportion of MHPSS beneficiaries received psychosocial counselling, awareness on psychological distress and symptoms linked to injuries, disability, and displacement, and psychosocial support (PSS) kits. These findings highlight the positive impact of MHPSS interventions in enhancing the well-being and resilience of the beneficiaries.

In the EORE sector, the evaluation findings indicate that the project successfully addressed the needs of the beneficiaries in terms of explosive ordnance risk education. A significant percentage of respondents confirmed that they received the EORE services they needed. The evaluation reveals that beneficiaries received awareness sessions about the risks of explosive hazards, received EORE materials, and support in reporting detected devices. The findings also demonstrate that participation in EORE sessions led to beneficiaries feeling protected and adopting safe behaviours. These results underscore the effectiveness of the project's EORE interventions in promoting safety and reducing the risk of accidents related to explosive hazards.

In the Mainstreaming Disability and Inclusion sector, the evaluation findings indicate that the training provided was highly relevant and appropriate for the participants. All participants recognized the training as the required training to understand mainstreaming disability and inclusion in humanitarian action. Moreover, the majority of participants considered the training appropriate for older people and people with disabilities. The evaluation also highlights positive feedback regarding the quality and usefulness of the training, with a significant proportion of participants reporting it as excellent or very good. The findings suggest that the training has resulted in basic changes being made to program development sections, MEAL systems and tools, and organization strategy. Furthermore, the training has contributed to observed improvements in the participation and inclusion of people with disabilities in humanitarian response projects.

6. RECOMMENDATIONS

- Project guidelines, objectives and expected results/outcomes need to be explicitly and clearly written in appropriate languages to ensure effective and efficient implementation. Staff status reviews of progress also are needed on regular basis for smooth operations.
- Gender and disability mainstreaming strategy for measurable gender and inclusion results is needed for the operation. Gender and disability mainstreaming strategy in an operation is critical to promote gender equality and inclusion. Gender and disability mainstreaming strategy ensures that gender equality and inclusion is central to all activities with a deliberate system for monitoring and reporting on progress. Often in the absence of a clear gender and disability mainstreaming strategy a project or an intervention may have inadequate methodologies, tools and information materials developed to enhance and measure gender equality and inclusion.
- Working with community leadership in the planning and implementation of cash transfer projects is likely to enhance ownership, transparency, and sustainability. Community leaders need to be sensitized on who the project is targeting and should be involved in the validation of the beneficiary list.

Livelihoods/MPCA

- Survey findings shows that 47% respondents reflected lack of specific measures for people with specific needs such as fast tracking and provision of chairs for elderly and people with disability in cash distribution points. Distribution teams fast tracks people with disability, pregnant and lactating women and elderly people which was not considered in all distributions. Project team is recommended to consider specific measures for elderly and people with disability to ensure the assistance is inclusive.
- 31% of MPCA beneficiaries reported that they were not consulted for modality of the assistance during needs assessment. Project management is recommended to make sure that beneficiaries are consulted during needs assessments and their preference is considered.
- Cash was distributed only in one center, beneficiaries travelled long distance to collect their cash and there were challenges to cover their transportation costs. Therefore, there is need to have different cash distribution centers within communities in order to minimize risks and related costs for similar future programming.

REHAB

- 23% REHAB beneficiaries reported difficulty while accessing rehabilitation services due to distance to mobile/static centers. Project team is recommended to establish more mobile/static centres in easily accessible points and avoid obstacles particularly for people with disability in future programming.
- 11% of the respondents are still in more than one hour distance by walking to mobile/statice centers. Project management is recommended to select service delivery points in coordination with communities and target groups.
- Despite the results in the DEC intervention under this project we have satisfactory achievements, but still there is need for improvement in the health status of households or individuals. Continuous support specially during follow up, recovery phase and referral process are needed to ensure sustainability and improvement in health situations at the household and community level.

Referral/EMT

- Findings shows that referrals were not followed-up, referral officers are recommended to develop referral tracker and do at least three follow-ups to ensure the reception of the services by referred

individual and collection satisfaction information. This will inform future planning and better implementation of referral mechanisms.

- Coordinate with health actors to ensure a functioning referral system for people with disabilities and other vulnerable groups with emergency and chronic health issues. A stream-lined referral system would provide them with specialized services and enable them to maximize their health status through access to quality and referral health services. It also would better inform them of appropriate services and health providers and reduce transportation wastage costs of repeat visits or searches for appropriate health providers or health facilities.

MHPSS

- MHPSS data analysis shows that 17% of the beneficiaries didn't find the PSS kits very relevant to their needs. They expected to get more assistance (cash/in-kind) along with PSS kits. Project management is recommended to ensure the response/intervention is delivered to those who are really in need of it. Proper beneficiary selection could be key tip to consider. Adding cash or more in-kind assistance can also help but is not always possible or recommended considering the nature of the intervention.
- 16% of the HH survey participants reflected that staff paid no attention to cultural sensitivities and diversity during counselling and other MHPSS services. KIIs data shows that 16% disagreement was due not considering socio-economic diversity and beneficiaries responded this, were thinking that staff haven't paid attention to those who were eligible but not referred for specialized services and other cash assistance. Project staff, particularly MHPSS staff is recommended to involve all eligible people to the extent possible.
- Coordinate with relevant actors to expand the impact of MPCA and ensure its sustainability by providing psychosocial support for women and girls not only with awareness and counselling sessions but also with access to PSS activities and public spaces where they practice their rights to social interaction and recreation.

Capacity building

- Training participants reported training duration as short (24%), training not being context oriented (3%) and lack of manual/outline (3%) as key gaps under this intervention. Project management is recommended to extend the duration, tailor the training considering the context and develop guidelines for training participants.

7. LESSONS LEARNED AND GOOD PRACTICES

Throughout the evaluation process, BCS evaluation team found a number of best practices which needs to be considered for future programming.

- ✓ Evaluation findings shows that overall delivery of the project was good considering the way and extent the needs were met, resilience of vulnerable and marginalized including displacement affected people, persons with disabilities and older people through providing multi-sectorial response.
- ✓ Project design found relevant to the needs of the target communities. Key needs and priorities of the target groups were identified to the extent possible and addressed on timely manner.
- ✓ Integrated sectoral approach was found very relevant where combined effect of the project positively impacted the life of the target community. For example, cash support helped the target community to meet their immediate basic needs while other approaches like physical rehabilitation and MHPSS found to have impact on target community.

- ✓ Affected communities especially women, girls and people with disabilities need more support especially in terms of MHPSS including psychological sessions, psychosocial support (PSS) activities and services like access to recreational and entertainment spaces. Women are always confined in house and there are no public spaces in the project locations where they can go out of their houses and gather communally.
- ✓ Existing infrastructure and systems (roads, service providers, cash distribution agents, etc.) that have an impact on the operation on cash and input distribution projects need to be taken into at inception and planning phase.
- ✓ Good relationship, coordination, and collaboration with the local authority are very essential steps to in the humanitarian work.
- ✓ Strengthening community structures for smooth implementation is important. Community structures in communities are nonexistent and HI depended on staff and community volunteers for identifying and registering beneficiaries. There is need to conduct an assessment community level structures and to invest in building their capacities in identifying and registering cash transfer beneficiaries.
- ✓ There is need for improvement with the goal to minimize both inclusion and exclusion errors. Building capacities for HI staff, community leaders, community committees and volunteers should be one of the measures that can be put in place to minimize both inclusion and exclusion errors. Working closely with community leaders as will also including female and people with disabilities in the community committee are extremely important to reduce selection errors.
- ✓ Broader communication and collaboration with the project stakeholders (provincial government relevant professionals, sectors clusters, community leaders, female representative, OPDs contributed to the achievements of the projects and is required for future similar projects.
- ✓ HI established a beneficiary feedback and complaint mechanism to capture potential shortcomings or mismanagement of the cash transfer/distribution and other relevant project aspects. This mechanism included a hotline that was communicated to the beneficiaries through different means. The hotline was specifically present and working at the cash distribution sites.
- ✓ Synergy among sectors and sub-sectors of the project have been found very effective in achieving overall objectives of the project.
- ✓ Improved coordination with actors on the ground for successful referrals and comprehensive response to the target communities.
- ✓ Programs such as mainstreaming disability and inclusion needs long-term support and follow-up to make sure the expected change is made at required levels.

8. ANNEXES

8.1. Data collection tools

8.1.1. Household Survey Tool

8.1.2. FGD Tool for men and women

8.1.3. Key Informant Interview – Community Elders

8.1.4. Key Informant Interview – Line Department

8.1.5. Key Informant Interview – Training Participants

8.1.6. Key Informant Interview – Project Management & Staff

8.2. Household Survey Dataset

8.3. FGDs Transcripts