



Evaluation of the UNICEF L3 response in Afghanistan (August 2021–March 2023)

FINAL EVALUATION REPORT

Evaluation of the UNICEF L3 Response in Afghanistan

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Preface

I am pleased to present this evaluation report, which sheds light on how UNICEF responded to the complex humanitarian crisis unfolding in Afghanistan in the aftermath of the fueled political transition in August 2021.

The evaluation attests to a substantial scale-up of UNICEF humanitarian programmes in Afghanistan, as illustrated by the organization's ability to more than double its programmatic coverage in the country. Not only did the UNICEF L3 response overall cater to the needs of an unprecedented number of children and caregivers, but in doing so, it also ensured quality delivery on the ground, and a relatively high level of satisfaction and engagement of affected communities (albeit more limited for women and girls). The evaluation also suggests that humanitarian access was achieved through a more localized, lower-profile approach to advocacy. However, the report flags that, despite UNICEF's greater access to populations in need, coverage gaps remained, due not only to funding shortfalls but also to the increasing penury of viable channels for delivery of programmes, thus leaving large pockets of vulnerable populations unassisted. The report further highlights other key shortcomings of the response, such as limited preparedness by UNICEF (and the international aid community at large) vis-à-vis the collapse of the established 'paradigm' of aid delivery (centered around the State as a central actor) as well as the minimal forward planning, especially with regard to the sudden yet foreseeable access to large segments of the population. Moreover, the evaluation recognizes a few more limitations of the response, including the disconnect between the ambitious targets and the limited capacity of actors on the ground to deliver against them as well as a certain degree of reluctance among UNICEF staff to apply the 2021 expedited L3 Emergency Procedures, mainly in the areas of HR and partnership development. Lastly, the report illustrates how UNICEF could be more supportive of local partners, especially women-led CSOs, who carry the greatest burden for negotiating with the DfA on approvals and MoUs, as well as national colleagues and their well-being.

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Robert McCouch

Director, Evaluation Office

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List of Acronyms

AAP	Accountability to Affected Populations	CVWG	Cash and Voucher Working Group
AAR	After Action Review	DAC	Development Assistance Committee
ACO	Afghanistan Country Office	DfA	De facto Authority
ADB	Asian Development Bank	DIWG	Disability Inclusion Working Group
AMIS	Afghanistan Management Information System	DPG	Development Partners Group
AoR	Area of Responsibility	EAM	Evidence Assessment Matrix
APMU	Afghanistan Project Management Unit	ECHO	European Commission Humanitarian Aid Office
ATR	Assess, Transform, Reach	EMOPS	Office of Emergency Programmes
AWD	Acute Watery Diarrhoea	EMT	Emergency Management Team
AWMS	Afghanistan Welfare Monitoring Survey	EO	Evaluation Office
AWP	Annual Workplan	EPF	Emergency Programme Fund
BCP	Business Continuity Plan	EPP	Emergency Preparedness Platform
CBE	Community-Based Education	EQ	Evaluation Question
CBO	Community-Based Organization	ERG	Evaluation Reference Group
CCCM	Camp Coordination Camp Management	ERT	Emergency Response Team
CCCs	Core Commitments for Children in Humanitarian Action	ES-NFI	Emergency Shelter and Non-Food Items
CDC	Community Development Council	ET	Evaluation Team
CEAP	Corporate Emergency Activation Procedure	EU	European Union
CFO	Chief Field Officer	FGD	Focus Group Discussion
CO	Country Office	FO	Field Office
CP	Child Protection	FSAC	Food Security and Agriculture Cluster
CPE	Country Programme Evaluation	GATE	Girls Access to Teacher Education
CSO	Civil Society Organization	GBV	Gender-Based Violence
CVA	Cash and Voucher Assistance	GDP	Gross Domestic Product

GiHA	Gender in Humanitarian Action
GRM	Grievance Redressal Mechanism
GSSC	Global Shared Services Centre
GSD	Global Solution for Cash Distribution
HAC	Humanitarian Action for Children
HAG	Humanitarian Access Group
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDG	Humanitarian Donor Group
HER	Humanitarian Emergency Response
HNO	Humanitarian Needs Overview
HPD	Humanitarian Programme Document
HQ	Headquarters
HR	Human Resources
HRC	Human Rights Council
HRP	Humanitarian Response Plan
HRT	Humanitarian Regional Team
IASC	Inter-Agency Standing Committee
ICCT	Inter-Cluster Coordination Team
ICT DRP	ICT Disaster Recovery Plan
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IP	Implementing Partner
IPC	Integrated Food Security Phase Classification
JIAF	Joint Intersectoral Analysis Framework
JMV	Joint Monitoring Visit

K&L	Knowledge and Learning
KII	Key Informant Interview
L3	Level 3
LTA	Long-Term Agreement
LWG	Logistics Working Group
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MHNT	Mobile Health and Nutrition Team
MHPSS	Mental Health and Psycho-Social Support
MoE	Ministry of Education
MoPH	Ministry of Public Health
MoU	Memorandum of Understanding
MRM	Monitoring and Reporting Mechanism
MRRD	Ministry of Rural Reconstruction and Development
MRRP	Multi-Year Resilience and Recovery Plan
NCE	No Cost Extension
NEOC	National Emergency Operations Centre
NESP	National Education Strategic Plan
NGO	Non-Governmental Organization
NNGOs	National NGOs
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OCT	Operational Coordination Team
OECD	Organization for Economic Co-operation and Development
OIAI	Office of Internal Audit and Investigations

OiC	Officer in Charge	UNCCS	United Nations Common Cash Statement
OR	Other Resources	UNDSS	United Nations Department of Safety and Security
ORR	Other Resources Regular	UNEG	United Nations Evaluation Group
ORE	Other Resources Emergency	UNFPA	United Nations Population Fund
P&M	Programme and Monitoring	UNICEF	United Nations Children’s Fund
PBR	Project Budget Review	UNOPS	United Nations Office for Project Services
PiN	People in Need	US	United States
PLW	Pregnant and Lactating Women	WASH	Water, Sanitation and Hygiene
PMU	Project Management Unit	WFP	World Food Programme
PMV	Programme Monitoring Visit	WGSS	Women and Girls’ Safe Spaces
PO	Purchase Order		
PRC	Peer Review Committee		
PSEA	Protection from Sexual Exploitation and Abuse		
QA	Quality Assurance		
R&R	Rest & Recuperation		
RAM	Results Assessment Module		
RM	Resource Mobilization		
RO	Regional Office		
ROSA	Regional Office for South Asia		
SBC	Social and Behaviour Change		
SCA	Swedish Committee for Afghanistan		
SD	Supply Division		
SMQs	Strategic Monitoring Questions		
SOP	Standard Operating Procedure		
TA	Temporary Appointment		
ToR	Terms of Reference		
TPM	Third-Party Monitoring		
UK	United Kingdom		
UN	United Nations		
UNAMA	United Nations Assistance Mission in Afghanistan		



Executive Summary

Introduction

This evaluation examines UNICEF's Level 3 response to the humanitarian emergency in Afghanistan, which lasted between September 2021 and June 2023.¹ The evaluation covers the period from August 2021, when the Taliban seized power, to March 2023.

The arrival of the Taliban in power added considerable complexity to a protracted humanitarian situation in which humanitarian needs were acute among the majority of the population, and conditions for programme delivery highly challenging. In the days and weeks that followed this event, a plausible and widely held assumption was that systems of governance and basic service provision would collapse, and expose an already highly vulnerable population to further risk and hardship.

The L3 Corporate Emergency activated by UNICEF on 8 September 2021 provided the basis for an operational ramp-up whose intended scale was without precedent in the agency's history. In its Humanitarian Action for Children (HAC) planning document released for Afghanistan in December 2021, UNICEF set its 2022 target for programme coverage at 15.3

million people, including 8.1 million children, and its funding requirements at US\$2 billion. In comparison with the preceding HAC of 2021, this implied a ten-fold increase in coverage and a fourteen-fold increase in budget. These targets were informed by the impending risk that UNICEF, alongside other United Nations (UN) actors, may have to step in and substitute for government systems in the provision of basic services to a majority of the Afghan population. An added assumption at the time was that in doing so, it would have to address humanitarian risks sharply exacerbated by the social and economic impact of the Taliban takeover.

Focus Area 1 : To what extent is UNICEF's L3 emergency response, and its component programmes and strategies, meeting the needs of children in an appropriate, timely and effective way?

Following L3 activation, UNICEF humanitarian programmes were substantially scaled-up, enabling a significant expansion in coverage. In many cases, urgent needs remained far in excess of coverage, due to resource and capacity constraints. In other cases, programme targets were exceeded. Given

¹ The Level-3 Corporate Emergency Response for Afghanistan was reassessed as a Level-2 in June 2023.

how chronic and widespread humanitarian needs were in Afghanistan at the time, it is unlikely that all programme targets could ever be achieved. However, these targets served the important purpose of accurately reflecting the level of humanitarian needs on the ground.

Programme coverage and delivery

In the first nine months following the Taliban takeover, donor conditionalities and a lack of alignment between some of De facto Authorities' (DfA) policies and the normative frameworks that inform UNICEF objectives led to a sharp reduction in the scope of UNICEF partnerships with government ministries. As a result, UNICEF took on additional programme burden. Combined with the lack of alternative partners for programme delivery, this came as a serious impediment to scale-up.

The quality of UNICEF programmes was heavily impacted by political and administrative impediments to humanitarian access, and other restrictions imposed by the DfA. Despite these constraints, the quality of programmes was good overall, as attested by positive feedback from affected groups who generally considered that UNICEF assistance was in line with their needs.

In the course of L3 scale-up, programme convergence was actively sought by UNICEF staff at both the planning and delivery stages of programming. Field Office staff tended to approach convergence opportunistically, as circumstances allowed. In part, this is because planning tools and processes are not well suited to supporting multi-sectoral programming.

Development and sustainability

Regarding prospects for supporting development and sustainability, these were adversely affected by the reduced scope for UNICEF cooperation with line ministries, and the challenges involved in pivoting to development interventions in which the state was not a key actor. Chief among these challenges was the scarcity of well-capacitated NGO partners on the ground. Efforts to establish an alternative to the prior development paradigm, in which Afghan line ministries played a central role, took time and is still ongoing. There was skepticism among interviewees that real progress in development and sustainability could be achieved outside of this paradigm.

In the months following the Taliban takeover, there was a prolonged lack of clarity on what development-type activities were acceptable to donors. Although some donors had released detailed guidelines on the subject, this guidance varied across the range of donors, making it difficult to establish a single clear-cut line between permissible and proscribed activities. This lack of clarity was compounded by difficulties in separating 'humanitarian' from 'development' interventions at programme level. In some cases, this likely caused delays in L3 scale-up, as considerable caution was exercised in the review and approval of programmes, to ensure that they complied with donor requirements.

Humanitarian access

Regarding humanitarian access, there was a profound change in local conditions. Alongside a sharp decline in security risk, which until then had prevented direct access to large parts of the country, political and administrative impediments to programme coverage increased rapidly after August 2021. In this changing context, UNICEF was largely able to adapt its posture and positioning to minimize the impact of an increasingly adverse context on its programmes. Nonetheless, obstacles to programme coverage remain substantial, as best exemplified by the Taliban ban on girls' access to schools.



Focus Area 2: To what extent have UNICEF's programme practices, approaches and ways of working enabled the L3 response to achieve the intended results?

The preparedness measures taken ahead of the Taliban takeover were not commensurate with the transformational scale and impact of change brought about by this event (see related discussion below, Focus Area 5). The Emergency Preparedness Platform (EPP), used as the main UNICEF template for contingency planning in Afghanistan, was not fit for purpose. Although efforts were being made at the time to keep the EPP up-to-date, there are few indications that this tool contributed to preparedness in the run-up to L3 activation.

Some key events set in motion by the Taliban takeover were not unforeseen, yet remained unplanned for. Appropriate measures to adapt to the new conditions were taken in the months that followed the Taliban's arrival in power. Some of these measures could have been initiated prior to the events of August 2021.

Needs assessments and targeting

The needs assessments that informed the UNICEF L3 response were conducted on a UN-wide and inter-agency basis. These assessments informed programme target numbers which accurately reflected actual needs. These targets were critical from a resource mobilization perspective, but were of limited usefulness in guiding prioritization on the ground during programme implementation. At programme level, targeting and prioritization typically aimed to reconcile limited levels of funding with overwhelming needs. This highly challenging exercise was approached pragmatically, and was the result of close and ongoing consultations between the Programme Sections and the Field Offices (FOs). Results achieved were generally good, but targeting was often challenging in the 'last-mile' delivery phase, where there were indications of a heavy reliance on community leaders in beneficiary selection.

Given severe contextual barriers to accessing women and girls, this group was under-represented in needs assessments. This came as an extra obstacle to addressing its vulnerabilities with appropriate programmes.

In the context of the 2022 HAC, targeting was driven by distinct rationales. Consultations to reconcile these distinct views were sometimes difficult, due in part to the fact that the situation in Afghanistan at the time did not conform with a typical scenario of sudden-onset emergency. Consultations on programme targets were also hampered by a lack of clarity among staff on where final authority lay for decisions in this area. Despite these challenges, the L3 activation and scale-up in Afghanistan compared favourably with other current L3 emergencies.

Accountability

The use of dedicated feedback mechanisms by affected groups increased sharply after the Taliban takeover. After August 2021, UNICEF took steps to increase their capacity. Nonetheless, in focus group discussions (FGDs), most community members indicated a preference for conveying feedback via their community leaders, rather than through dedicated mechanisms. Community participants in FGDs generally felt that their views and opinions on UNICEF interventions were heard and taken into account by UNICEF and its partners. While feedback from women and girls via UNICEF mechanisms was comparatively high, some UNICEF interviewees felt that further efforts should be made to engage with this group, given their social exclusion and high exposure to risk.

Decentralization and adaptive programming

The Afghanistan Country Office (ACO) has continued to make some progress towards implementing a more decentralized Country Office architecture, but further devolution requires an organizational mindset change that will take time.

The UNICEF strategy which involves deploying ACO staff, on a need's basis, to different FOs to support hard-to-reach areas, theoretically enables a more agile response to the dynamic context on the ground. However, this strategy requires further thinking on the staffing and skills required in the regions, and careful consideration given to co-locating with other agencies who share UNICEF's mandate to stay and deliver.

Deployment of Extenders

Extenders were vital to the UNICEF L3 response. While extenders have significantly contributed to the L3 response throughout Afghanistan, challenges that pre-date the events of August 2021 persist, notably in terms of accountability and data quality. There is also an added risk burden in negotiating with the DfA, particularly for women extenders.

Despite an upsurge in extender recruitments, evidence indicates that more extenders are being trained on protection from sexual exploitation and abuse (PSEA) than recorded pre-August 2021 and in 2022.

Data and Evidence

There has been a significant thirst for data in the L3 response, but ongoing monitoring has been challenged by a lack of consistency in collection and reporting systems. UNICEF understands these challenges and is taking concrete steps to improve the coherence and strategic approach to monitoring and information management. The use of third-party monitoring (TPM) is an important element of the ACO monitoring architecture. Although it is perceived that the ACO has expanded their role beyond traditional monitoring, this has led to innovations in monitoring in the education sector.

The current environment in Afghanistan is not conducive to the collection of systematic gendered evidence. However, UNICEF has taken an important initiative to invest resources to monitor the impact of DfA decrees against women among its implementing partners and contractors.



Focus Area 3: To what extent have UNICEF partnerships and coordination activities contributed to the L3 response and enhanced its positive impact on children?

The pre-existing humanitarian architecture in Afghanistan was well-developed due to the protracted emergency in the country before August 2021. The ACO was well-positioned within this architecture in terms of its clusters leadership, and this helped in the early stages of coordination at the outset of the L3. However, the clusters at sub-national level were, at times, under resourced and marked by a lack of coordination between clusters and between regional and national levels.

Engagement with the DfA in clusters is a controversial issue within the humanitarian community in Afghanistan. The UNICEF Engagement Strategy allows for dialogue, meetings, discussions, and coordination with the DfA to access communities as long as this does not confer legitimacy.

In the absence of a government implementing partner, UNICEF increased and diversified its partnerships with NGOs and civil society organizations (CSOs). Some of these organizations were initially constrained in their capacity to implement and absorb funding in the early phase of the L3 response.

Following the Taliban takeover, UNICEF's (I)NGO and CSO partners have experienced greater access and mobility, but have also been increasingly constrained by DfA interference. It is important to note, however, that this interference varies in intensity across programme sectors and throughout the 34 provinces in Afghanistan. UNICEF has tried to mitigate this challenge by diversifying its implementing partners (IP) base, as well as by building relationships with the local authorities at provincial and district levels, and bringing consistency to these relationships through the application of the guiding principles set out in the UNICEF Afghanistan Engagement Strategy.

UNICEF has been vigilant in monitoring the impact of the DfA ban on women working in NGOs and international non-governmental organizations (INGOs), while increasing its support to women-led national NGOs. However, there is a perception from international NGOs that UNICEF could have shown more solidarity with them when the ban was announced in December 2022.

During the L3 response, UNICEF has increased the number of partnerships with national NGOs and CSOs. However, national NGOs/CSOs continue to feel that UNICEF gives preferential treatment to international NGOs, while local organizations carry a heavier risk burden. UNICEF is providing some capacity-building but there is scope for better targeting this support in view of meeting the needs of national partners.

Focus Area 4: To what extent has UNICEF's leadership successfully catalysed support for its child protection mandate and contributed to the improved safety and welfare of children in the L3 response?

In the days and weeks that followed the Taliban takeover, UNICEF was largely successful in conveying strong and consistent public messaging to the DfA, the donor community and programme partners. This messaging was in line with its public posture prior to August 2021, and centered on UNICEF's determination to 'stay and deliver' regardless of developments on the ground. This commitment is likely to have bolstered its image as a neutral, impartial and independent humanitarian actor, and to have facilitated subsequent engagement with the DfA, in view of supporting humanitarian access.

As time went by, UNICEF's advocacy strategy adapted to address emerging issues and the increasingly assertive demands of disparate audiences. These tactical changes consisted mainly of decentralizing its approach, and in operating a shift from public advocacy to a more low-profile form of stakeholder engagement. It allowed UNICEF to consolidate some early successes in terms of humanitarian access, including in the areas of gender and child protection.

Alongside the positive outcomes outlined above, interviewees for the evaluation pointed to several areas where UNICEF's advocacy and public positioning on Afghanistan met with mounting challenges, as the Taliban asserted an increasingly conservative agenda following its arrival in power. Chief among these challenges was the perception of a disconnect between its pragmatic and low-profile approach to advocacy in Afghanistan, and the more robust public posture it adopted internationally on high-profile issues relating to this country.

Focus Area 5: To what extent do UNICEF's systems and procedures support efficient and effective response in L3 emergencies?

Regarding human resource challenges in the L3 activation and response, these predominantly revolved around preparedness, high turnover in senior management roles, coordination and the application of HR L3 Emergency procedures. Despite the ongoing emergency, UNICEF has demonstrated an appetite for generating lessons from these challenges that will usefully inform future L3 responses.

The L3 emergency has had a significant impact on the professional and personal lives of the Afghan Country Office staff. Those who decided to stay have provided a critical point of continuity across the L3 response. Given the challenges with leave systems and ongoing insecurities within the country (especially for women), there is scope for UNICEF to think more broadly about staff well-being for its national colleagues.

UNICEF had not scenario-planned for the rapidity of the DfA takeover and, as a result, supply preparedness and planning measures were not fully in place prior to the activation of the L3. The onset of the L3 emergency presented unprecedented challenges in terms of the volume of supplies required, set against the collapse of the banking system, lack of transit options into Afghanistan and short-term conditional grants. UNICEF applied some dexterity to finding solutions and adapting to these challenges during the L3 response.



In the highly politicized context at the outset of the L3 activation, there was some reluctance to operationalize the L3 Emergency Procedures in the ACO, partly due to a low-risk appetite and partly due to a lack of understanding of the procedures. This led to bottlenecks in human resources, drafting Humanitarian Programme Documents (HPDs) and slow uptake of new implementing partners.

The establishment of the Project Management Unit (PMU) brought needed expertise into the ACO and contributed to delivering at scale in the L3 response. UNICEF has exit criteria for the PMU and is planning a stocktaking exercise in August 2023 to look ahead to any future scale-down. This will be an important step to allay any expressed concerns regarding embedded parallel structures into the ACO in the longer-term.²

The prevailing risk management systems prior to August 2021 were not fully calibrated for the highly volatile and quickly changing context of Afghanistan. Elements of the May 2021 contingency planning exercises were incomplete and the Business Continuity Plan (BCP) could have been crafted into a more practical and explicit plan.

Headquarters (HQ) and the Regional Offices (ROs) provided critical and time-sensitive support to the activation of the L3. In the activation and early response phases, the evaluation found a lack of clarity around some decision-making processes between HQ, RO and the ACO. In the later stages of the L3 response, HQ, RO and the ACO found ways to work collaboratively to expedite the response with evidence-based advisory support.

Conclusions

Given the complex and unprecedented nature of obstacles to aid programming in Afghanistan during the period under review, the L3 response achieved good results. Needs assessments were generally rigorous, coverage measured in terms of programme expenditure more than doubled, and the quality of programmes was maintained. The large majority of recipients approached at community level were satisfied with the assistance they received from UNICEF.



² These evaluation findings will be complemented, to some extent, by a review being currently undertaken: 'Operational Review - UNICEF Implementation Modalities for Time-Sensitive Cash Transfers & Direct Payments to Individuals, Households, and Partners at Scale.' At the time of data collection, this review was still in the inception phase.

However, these successes took place alongside wide and persistent coverage gaps. Large segments of the population categorized as vulnerable by UNICEF's own criteria could not be assisted. The main obstacle to bridging these gaps was a shortfall in funding. A close second was the scarcity of viable channels for the delivery of UNICEF programmes on the ground.

Regarding preparedness and forward planning, better anticipation at strategic level might have helped to minimize delays in scale-up by preparing the ground for the rapid rollout of fast-tracked emergency procedures and by enabling earlier engagement with NGO partners.

The subject of targeting is given particular attention in this report, as in the context of an L3 scale-up, the considerable tension between overwhelming needs and limited resources is largely mediated through the setting of programme targets. The evaluation team observed a lack of common ground across key internal UNICEF stakeholders on what the core purpose of targeting should be in an L3 response. It concludes that in the case of Afghanistan, the decision was right to set targets high, in line with the level of needs, and independently of capacity constraints on the ground. However, in parallel to this target-setting exercise, it would have been of benefit to the L3 response to produce a formal assessment of actual partner capacity available on the ground for programme delivery, along with a more concerted plan to address capacity shortfalls, and clear guidelines to inform tighter targeting and prioritization if these shortfalls could not be resolved.

Regarding development and sustainability, the evaluation team was unable to make an in-depth examination of the outcomes and implications of compressing development objectives and incorporating them in the HAC, which is geared to humanitarian outcomes. In Afghanistan, as in other protracted emergencies, humanitarian and development programme strands are often closely interwoven and mutually dependent. In this sense, the presence of a development dimension in the 2022 HAC is sound. However, it cannot substitute for stand-alone development programmes set in the long-term. To be viable, these programmes require close and ongoing engagement with line ministries at the technical level. Avenues should be explored with donors to further enable this.

This and other points are further developed in the report's conclusions in Section 5.



Recommendation Headlines

(See Section 6 for full recommendations)

Meeting the Needs of Children

- ▶ **Sustainability and Capacity Development:** Engage with key donors and NGO partners on the development of a more context-appropriate model for sustainable aid programming in Afghanistan.

UNICEF Programmes, Practices and Approaches

- ▶ **Preparedness:**
 - ▶ Review and upgrade the Emergency Preparedness Platform (EPP) to ensure its wider and more consistent use by Programme Sections.
 - ▶ At corporate level, and in view of future emergencies, support CO senior management with appropriate tools and skills for anticipatory strategic planning.
 - ▶ Based on lessons learned in the Afghanistan L3 response, and in view of future emergencies, develop HR L3 preparedness at corporate level.
- ▶ **Scale-up and Targeting:** Engage in an open dialogue with CO staff on the diverse perspectives to target-setting in an L3 context, highlighting core distinctions in the use of targeting for resource mobilization and for programme management on the ground.
- ▶ **Accountability:** Explore ways of increasing channels for outreach and accountability to women and girls, in view of ensuring their commensurate representation in UNICEF programming processes.
- ▶ **Extenders:** Proactively manage the high burden of risk (especially for female extenders) placed on extenders, and address Quality Assurance in their data collection.
- ▶ **Monitoring:** Ensure consistency of the new monitoring framework throughout FOs and with IPs, in the collection and reporting of monitoring data.

Partnerships and Coordination

- ▶ **Cluster coordination:** Ensure better resourcing of the clusters.
- ▶ **Grand Bargain Commitments:** In line with the Grand Bargain, maintain targeted investment in the capacity of local organizations and advocate to donors for the provision of overheads to local NGO partners.

Leadership

- ▶ **Advocacy:** Ensure better consistency and integration between public advocacy conducted internationally and political-level stakeholder engagement carried out in Afghanistan.

UNICEF Systems and Procedures

- ▶ **HR Management:** Improve preparedness and well-being in human resources.
- ▶ **Resourcing and Deployment:** Improve staff appetite for supporting Emergency Procedures, especially at the outset of an L3 response.
- ▶ **Resource mobilization:** Begin to plan strategically on medium- and longer-term horizons.



Introduction

Evaluation Timeline

The evaluation was conducted between January and July 2023 and was split into three phases.

Phase 1: Inception. During this period, the Itad evaluation team (ET) conducted an initial document review and worked closely with the United Nations Children’s Fund (UNICEF) Evaluation Office (EO) – and had calls with other key stakeholders – to further refine the evaluation design and methodology outlined in the proposal. It culminated in the submission of an inception slide-deck in March 2023.

Phase 2: Implementation. This phase primarily consisted of data collection and triangulation, including field visits in March–April 2023 in Kabul and in northern (Badakhshan and Balkh) and eastern (Laghman and Nangarhar) regions of Afghanistan. After in-country data collection and analysis, the ET conducted two preliminary finding sessions – the first detailing emerging insights, the second incorporating in-country community-level data plus the EO mobile phone survey and REACH data. We presented these to the core UNICEF team for this evaluation (the EO, ACO staff), Evaluation Reference Group (ERG) members and other key UNICEF stakeholders during meetings in April and May 2023.

Phase 3: Finalization and Communication. The ET also facilitated a thorough sense-making process with the core UNICEF team listed above. This encapsulated a two-stage process where the ET presented key findings and then followed with a theme-based discussion in May 2023 looking in-depth at the emerging issues per sector. These sessions helped inform the final draft report’s findings and recommendations. The finalization of this report marks the end of this period, with a final dissemination event of the Afghanistan Level 3 (L3) evaluation due to take place in July 2023.

It is important to note that the evaluation was originally scheduled to be conducted over a longer time frame. However, due to UNICEF’s immediate – and understandable – need for evidence to learn, monitor and plan for such a critical ongoing L3 response, the ET agreed to compress the timeline. Although we are confident that we have conducted a robust evaluation and produced a quality report, such a shortening of the time allowed has invariably had an impact (see Section 3.6).

Evaluation Purpose and Intended Use

The UNICEF Terms of Reference (ToR) outline the specific purpose of the Afghanistan L3 evaluation:

- ▶ to fulfill the requirement of the UNICEF Evaluation Policy (2018), whereby all L3 emergencies must be evaluated
- ▶ to help the UNICEF ACO and the regional and HQ levels generate learning to support programming strategy and operational planning, while also more directly shaping the ongoing response
- ▶ to capture good practices and make actionable recommendations to inform UNICEF efforts across future L3 emergencies (for instance with respect to policies, guidance and systems).

Building on this, the ET sees the evaluation as having two core functions.

Learning. This evaluation is an opportunity to contribute to organizational learning by garnering collective lessons and developing knowledge for future use in the planning, coordination and implementation of the UNICEF L3 emergency (in Afghanistan and beyond). To do so, the evaluation has drawn on evidence and data collected with the help of UNICEF staff. Our findings and conclusions have been the result of a participatory approach and close consultations with internal UNICEF stakeholders.

Accountability. This is also an opportunity to support accountability by providing an independent assessment of if and how selected strategies in the implementation of UNICEF's L3 response have provided the required support for children and the wider Afghanistan community in the face of the humanitarian crisis. With unprecedented funding being provided by donors and the international community to the UNICEF Afghanistan response, there is a need to demonstrate that the aid effort is yielding results.

From the ET's perspective, with humanitarian needs ever increasing and with the operating environment in Afghanistan becoming ever more restrictive, there is an imperative to understand, assess and learn from the response to date to see how UNICEF can maximize resources to meet beneficiary needs

most effectively – for Afghanistan and for other L3 emergencies.³

The primary intended users of the evaluation are: the ACO, the UNICEF Regional Office for South Asia (ROSA), the Office of Emergency Programmes (EMOPS), the Programme Group, the EO, IPs, UNICEF senior management, affected populations, UNICEF Executive Board and Inter-Agency Standing Committee (IASC) partners. However, it is critical that the evaluation is also accessible as a learning tool for those engaged in current and future L3 responses. Therefore the usability and value of this evaluation will be a focus on meaningful engagement with and participation of a broad spectrum of the end users.

Evaluation Scope

The evaluation focuses on the UNICEF L3 response to the humanitarian emergency in Afghanistan, including preparedness, activation and scale-up. As directed by the ToR, the evaluation examines both processes and outcomes.

Our focus is on:

- ▶ **Actions that make up the UNICEF L3 Afghanistan response.** These will be assessed in terms of their alignment with UNICEF's mandate, commitments, policies and stated objectives.
- ▶ **Our framework of reference will be key UNICEF policy and strategy documents,** such as the Corporate Emergency Activation Procedure (CEAP), the 2022 HAC for Afghanistan and the Core Commitments for Children in Humanitarian Action (CCCs) to assess both the **processes** and **outcomes** of the response.
- ▶ **We will also aim to capture insights into key cross-cutting aspects of the response,** such as targeting and equity, partnerships, institutional positioning, and challenges specific to L3 responses (such as the sustainability of operational alertness over the long term, exit strategies, and trade-offs in the pursuit of long-term strategic objectives).

3 The Afghanistan L3 evaluation runs in parallel with two other L3 evaluations – Northern Ethiopia and Yemen

Temporal Scope

The evaluation assesses UNICEF’s response in Afghanistan from August 2021 to the end of March 2023. This period covers the time from the fall of Kabul to the Taliban in August 2021 up to the most recent period of realistic assessment (March 2023) within the evaluation timeline. The evaluation will, however, avoid posing the L3 response as a ‘moment in time’. Some pre-August 2021 initiatives have been examined to assess if they have acted as enablers of the response, notably in terms of preparedness;⁴ however, significant events that may affect UNICEF’s operations that have occurred post-March 2023 will not be considered (see Section 3.6).



Geographic Scope

The evaluation covers the whole of Afghanistan. However, we have focused on the **Eastern Region** and **Northern Region** as geographic samples for the UNICEF L3 response. This was due to access challenges – the South is challenging from a local DfA⁵ governance perspective – but also because as a representative of UNICEF activity we felt that these two regions offered the most potential to garner solid data on response activities (see Section 3.3.1).

Report Structure

The report has been structured to follow the evaluation process and thereby provide a logical flow for the reader. It consists of the following:

Context – a background to the situation in Afghanistan, with a particular focus on key issues which are relevant to UNICEF operations and hence evaluation lines of inquiry.

Evaluation Methodology – how we have designed our evaluation to meet the ToR criteria and identified the critical issues that we need to interrogate. This includes our methodological approach in terms of theoretical approaches, data collection tools, sampling, data analysis and synthesis, plus ethical considerations, quality assurance (QA) and evaluation limitations.

Findings, Conclusions and Recommendations – the main part of the report. All three sections are set out by evaluation question (EQ) area of inquiry in order to provide consistency for the reader.

Annexes – important supporting evidence for the evaluation. This includes: documentation on stakeholders interviewed and documents reviewed; all the EQs/sub-EQs in the Evaluation Matrix; survey questionnaires and process.

4 For this we have used two Itad earlier evaluations of UNICEF operations in Afghanistan as benchmarks to measure changes from: ‘Strategic Positioning Evaluation of the UNICEF Afghanistan Country Program 2015–21’ (Itad, 2021) and ‘Evaluation of UNICEF’s coverage and quality in complex humanitarian situations’ (Itad, 2018).

5 We will use UN terminology, i.e. DfA.

Context

The period covered by this evaluation (August 2021–March 2023) has seen a seismic shift in the economic and sociopolitical environment in Afghanistan, which – compounded by climatic events and natural disaster – has had a huge impact on the population’s humanitarian needs. Afghanistan was already suffering from the impacts of Covid-19, the downturn in the world economy and ongoing conflict – equating to the second-highest number of people in emergency food insecurity in the world (5.5 million people)⁶ – before the re-establishment of the Taliban administration turned a humanitarian crisis into a catastrophe. The causes are well documented and known, but below we list the key events and factors that need to be recognized in situating and assessing UNICEF’s Afghanistan L3 response.⁷

Financial Constraints and Liquidity

Economy

The immediate aftermath of the 15 August 2021 takeover by the Taliban saw an already teetering economy near collapse. The heavily aid-dependent economy’s immediate loss of international support, the freezing of US\$9 billion in foreign assets and the sanctions on the DfA precipitated a US\$5 billion contraction of the economy within 12 months.⁸ The consequences for the Afghan populace have been and continue to be severe:⁹

1. Cessation of development spending saw interruptions to civil servant salaries¹⁰ and disruptions to basic public services.

6 Humanitarian Needs Overview (HNO) 2021.

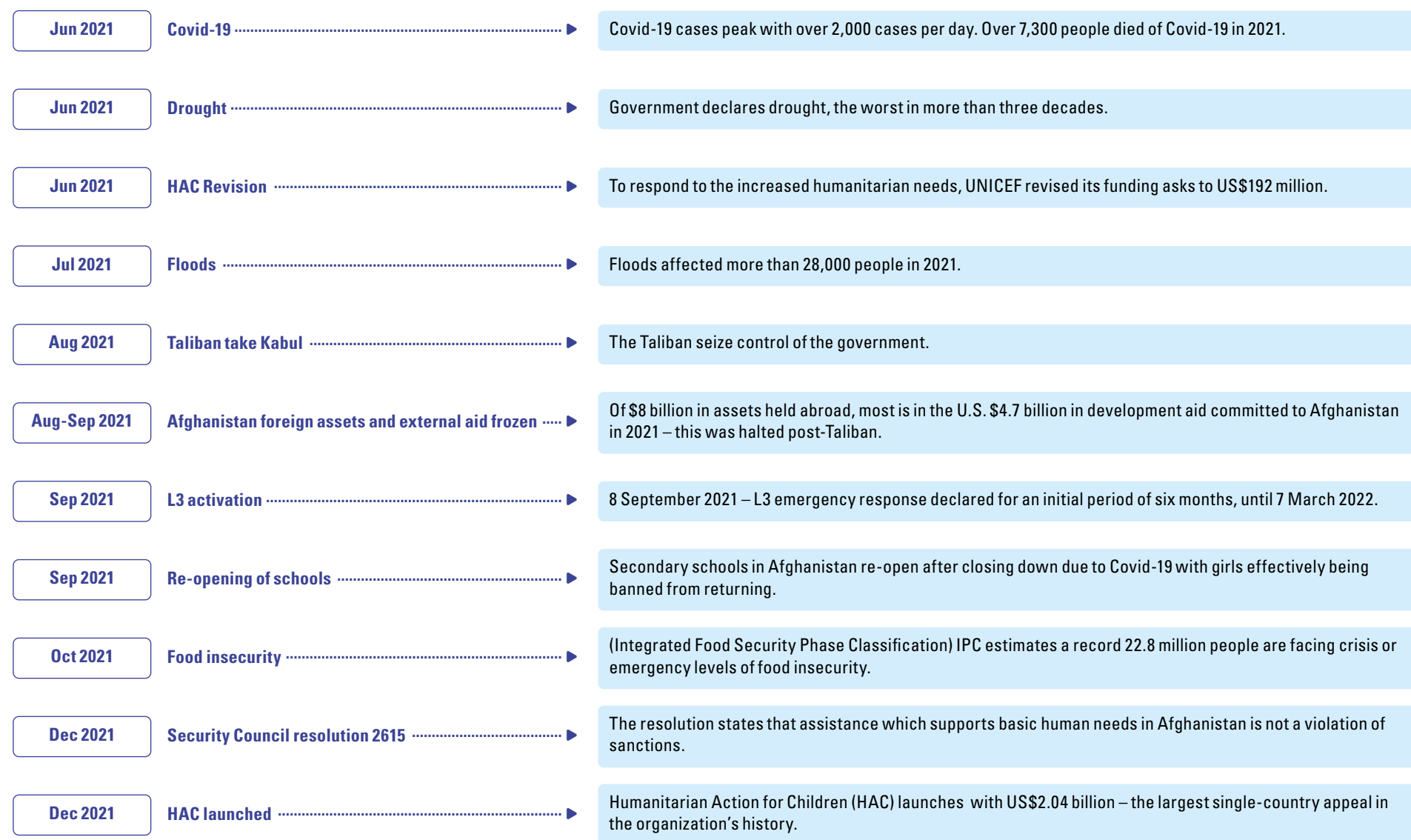
7 UNICEF and wider sources.

8 UNDP Afghanistan (2022) *Afghanistan since August 2021: A socio-economic snapshot*.

9 See: World Bank (2022) *Afghanistan Development Update October 2022: Adjusting to the new realities*; UNDP Afghanistan (2022) *Afghanistan since August 2021: A socio-economic snapshot*; WFP (2022) *WFP Afghanistan Situation Report 22 December 2022*.

10 Payments to civil servants did normalize, i.e. “Almost all interviewees who were already employed by the state when the Taliban took power reported that salary payments had been delayed and then paid only patchily, before settling down in the Afghan new year of 1401 (21 March 2022 onwards).” Clark, K. and Shapour, R. (2023) ‘What do the Taliban spend Afghanistan’s money on? Government expenditure under the Islamic Emirate’.

Figure 1. Afghanistan timeline



Jan 2022	Earthquake	A 5.3 magnitude earthquake strikes Badghis province, damaging and destroying up to 1,000 houses and killing 27 people.
Jan 2022	HNO 2022	Humanitarian Needs Overview (HNO) 2022 for Afghanistan published – 24.4 million need humanitarian assistance.
Jan 2022	HRP 2022	Humanitarian Response Plan 2022 for Afghanistan requests \$4.44 billion to support response.
March 2022	Scale-up extended	Scale-up extended to 7 September 2022.
March 2022	DfA restrictions on female education	DfA reimposes ban on girls returning to school.
March 2022	UNAMA extended	Security council extends the mandate for one year, to 17 March 2023 (UN resolution 2626).
May 2022	DfA further restrict women freedoms	DfA announces ‘hijab decree’ – women are to wear prescribed forms of hijab and to cover their faces when in public, and women and girls should leave their homes only if highly necessary, and then only with a mahram (male chaperone).
June 2022	Earthquake in Paktika and Khost	A 6.2 magnitude earthquake kills at least 1,163 people. A three-month appeal is launched covering 362,000 people and seeking \$110million.
Aug 2022	Surge in atypical floods	Floods surge during the summer season (June-August) in 33 provinces. Over 115,000 people affected by floods in 2022.
Sep 2022	L3 scale-up further extended	L3 is moved to a sustained phase until 31 December 2022.
Nov 2022	Establishment of cash import pipeline	The cash import pipeline established by the UN for humanitarian operations and salary payments of UN staff and contractors continues to function, with \$1.63 billion transferred between 1 December 2021 and 14 November 2022.
Dec 2022	DfA restrictions on female education	DfA announce suspension on women attending universities.
Dec 2022	Ban on women working for NGOs/INGOs	DfA announces ban on Afghan women working for national and international NGOs.

2. Sustainable Development Goals (SDGs): with sharp reductions in development spending across 2022/23, prospects for achieving poverty reduction and the SDGs – which were already challenging pre-DfA – are very low.
3. Liquidity crisis: the subsequent paralysis of the banking sector has seen businesses struggle to withdraw deposits/conduct other transactions, and the microfinance sector is near collapse (harming the poor and women borrowers).
4. Food inflation has risen by 35 per cent on average since August 2021, which is likely to further increase hunger, food insecurity and poverty.
5. Average household debt has increased sixfold since 2019.
6. Afghanistan is in danger of losing its skilled (and young) workforce, as twice as many people moved abroad in January–April 2022 as in the period 2012–2020.

The World Bank’s latest assessment indicates a gross domestic product (GDP) contraction of between 30 per cent and 35 per cent between 2021 and 2022, with a low-level predicted growth (2 per cent to 2.4 per cent) for the next two years. This, though, is predicated on the donor community continuing to provide off-budget aid – which started in 2022 in light of UN Security Council Resolution 2615 in December 2021¹¹ – and the UN continuing United States (US) dollar cash shipments.

Donor Commitments and Aid

The funding environment for UNICEF Afghanistan programming was severely compromised by the re-establishment of the DfA. International development aid was immediately halted due to anti-money laundering fears and concerns over the financing of terrorism,¹² and this had a catastrophic effect on both public services and UNICEF donor support.¹³ For instance, the Sehatmandi project, the backbone of the health system in Afghanistan, was an early casualty of donor funding suspension; it had previously supported “over 80 per cent of life-saving nutrition services for children and women”.¹⁴



11 Which stated that humanitarian assistance for Afghanistan is not a violation of sanctions.

12 World Bank (2022) *Afghanistan Development Update October 2022: Adjusting to the new realities*.

13 It is important to note that donors did, however, continue to channel funds through the UN (as a trusted and secure mechanism). UNICEF comment, July 2023.

14 UNICEF SitRep August 21–31 2021.

Support for UNICEF appeals was encouraging at the start of the period covered by the evaluation, with UNICEF reporting that a request for US\$192 million in 2021 saw, including carry-over from 2020, US\$221 million being received.¹⁵ However, despite the resumption of off-budget aid – about US\$3.5 billion (annually) compared to US\$9 billion in 2020¹⁶ – funding amounts have fallen short of the large sums asked for to support the Afghan populace. For instance, the 2022 UNICEF HAC appeal for US\$2 billion was the largest single-country appeal in the history of the organization. It was funded at around 49 per cent¹⁷ by the end of 2022.¹⁸ The current HAC of US\$1.65 billion for 2023 was, as at 31 March 2023, 22.4 per cent funded.¹⁹ It is evident from UNICEF reporting that such shortfalls are felt more acutely by specific sectors; in its March 2023 reporting period, UNICEF detailed that it had provided, as an ‘extraordinary measure’, an internal loan of US\$5 million to prevent a “break in life-saving nutrition supplies for the treatment of children suffering from severe wasting.”²⁰



People in Need (PiN)

As a country that has experienced 40 years of conflict and recurrent natural disaster, even prior to the socioeconomic upheaval of the re-establishment of the DfA, Afghanistan’s humanitarian needs were vast – there were 18.4 million PiN, of whom 9.7 million were children at the beginning of 2021.²¹ Indeed, in the first half of 2021 Afghanistan was reeling from high numbers of Covid-19 casualties/cases, along with attendant health needs, further impacting accessing education;²² it experienced its worst drought in decades;²³ and then tens of thousands were affected by floods. Natural disaster further plagued 2022 (see Figure 2), with a 6.2 magnitude earthquake in Paktika and Khost killing at least 1,163 people and affecting 362,000; in addition, a surge in atypical floods during the summer season (June–August) affected 33 provinces. More than 115,000 people were affected by floods in 2022.

The number of PiN has increased dramatically over the evaluation period (August 2021–March 2023). Subsequent UN assessments have seen the number of PiN rise from 18.4 million in 2021 to 24.4 million in 2022 to the current projected 28.3 million – a 54.4 per cent increase over the evaluation period, and some two thirds of the populace. The 2023 HNO provides a useful breakdown of needs per group and sector (see Figure 2).

15 UNICEF SitRep November 2021.

16 World Bank overview, last updated April 04, 2023: [Afghanistan Overview: Development news, research, data | World Bank](#)

17 It is important to note, however, that UNICEF considers a 50% funded appeal as a success (ET key informant interviews [KIIs]) and sense-making workshops). It is also noted that there has been internal debate as to whether the HAC was realistically budgeted for, and therefore whether targets set were unrealistic (UNICEF comment, July 2023).

18 UNICEF SitRep January–December 2022.

19 UNICEF SitRep March 2023.

20 Ibid. Three further allocations via the Emergency Programme Fund (EPF) loan mechanism were also made to the country office (CO) in 2021 (UNICEF correspondence, July 2023).

21 UNICEF SitRep 1–20 August 2021.

22 UNICEF HAC 2022.

23 The number of people impacted by drought rose from 10% in 2020 to 64% in 2022. Afghanistan Situation Report, World Food Programme (WFP), 22 December 2022.

Figure 2. PiN – HNO 2023

Estimated number of people in need

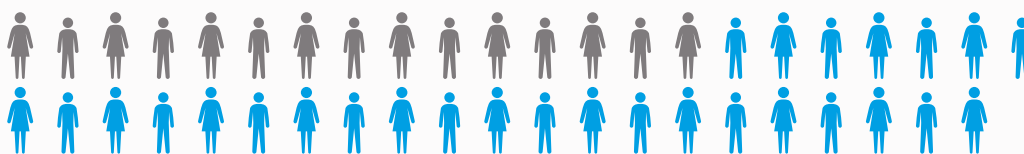
TOTAL POPULATION

43.1M



PEOPLE IN NEED

28.3M



BY SECTOR

EDUCATION

8.7M



ES-NFI

9.7M



FSAC

21.2M



HEALTH

17.6M



NUTRITION

7.2M



PROTECTION

20.3M



WASH

21.2M



BY AGE, SEX & DISABILITY

CHILDREN

<18 YEARS

15.2M



ADULTS

18-64 YEARS

12.3M



ELDERLY

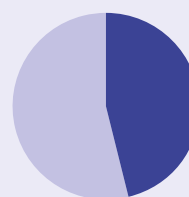
>64 YEARS

0.76M



FEMALE

49%



MALE

51%



WITH SEVERE
DISABILITIES

8.3%

A recent UNICEF assessment attributes this increase in the number of PiN to greater demand for water, sanitation and hygiene (WASH) support (up by 40 per cent) and protection needs (up by 25 per cent). According to the assessment, this reflects the “compound impact of the drought and the increasingly restrictive measures impacting women and girls – and includes all secondary school-aged girls denied access to education.”²⁴ This assessment is corroborated by recent HNO reports, which affirm that the “disproportionate impacts of the current crisis [are] on women, children and (also) people with disability”²⁵ and that therefore there are needs related to PSEA.

It is useful to supplement this UN snapshot with data from the World Bank Group’s Afghanistan Welfare Monitoring Survey (AWMS) Round 2, which was conducted in 2022.²⁶ Key findings include the following:

1. Two thirds of those surveyed find it difficult to meet basic needs – food and non-food items – with rising food prices and the continuing effects of last year’s drought highlighted as key drivers.²⁷
2. Half of all heads of households reported a decrease in earnings despite the seasonal bump in employment over the summer months.
3. There has been a substantial increase in the size of the adult labour force, with more young and older men seeking work – putting further pressure on the labour market and driving up unemployment.
4. Among the youth there has been an increase in labour participation due to a corresponding drop in secondary school enrollment. DfA restrictions have pushed girls toward the labour force; for boys, household economic need is driving their participation.



24 UNICEF SitRep January 2023.

25 Humanitarian Needs Overview 2022, OCHA.

26 World Bank Group (2022) *Afghanistan Welfare Monitoring Survey (AWMS) Round 2*.

27 The World Bank Afghanistan Economic Monitor (March 2023) outlines the inflationary pressures Afghans faced, which peaked in the summer of 2022, when the monitoring survey took place, i.e. a weak Afghani dollar exchange rate, continued high level of imports, and rising global energy and food costs. As of February 2023 the exchange rate and global costs have stabilized and have slowed down inflation; however, Afghanistan’s dependence on imports is a constant underlying driver of rising costs for the Afghan populace.

5. Nine out of ten households surveyed reported at least one member requiring medical attention over the preceding month, putting further pressure on household budgets.

Women and girls have borne the brunt of the new DfA restrictions on the populace. Access to education is the most well documented, with severe restrictions at secondary school level for girls and with female participation in further education also prohibited; however, their rights have been completely obliterated across the board. The DfA has: prevented women from working – including, since December 2022,²⁸ for local non-governmental organizations (NGOs) and INGOs; severely restricted women’s rights to free movement, with the ‘mahram’ (male chaperone) requirement curtailing even the most basic of out-of-home travel; imposed clothing restrictions (black burka), with any deviation placing women at risk of harassment and beatings for non-compliance.²⁹ Furthermore, “women who peacefully protested against these restrictions and policies have been harassed, threatened, arrested, forcibly disappeared, detained and tortured.”³⁰

Such an uncertain environment for women’s rights amid the current humanitarian crisis also “creates a conducive environment for heightened gender-based violence, which already affects 46 per cent of Afghan women.”³¹ This is compounded by the cut in women and girls’ safe spaces (WGSS); in February 2023 only 36 out of 119 were still operational, due to the ban on female NGO workers.³² Women are also bearing the brunt of severe food insecurity, with 84 per cent of female-headed households “unable to consume sufficient food amid restrictions” and with women being “twice as likely to sacrifice their meals so that their families can eat, compared to male-headed households.”³³ The food crisis also extends

to pregnant and lactating women (PLW), with estimates for 2023 that 804,365 PLW will suffer acute malnutrition.³⁴ With household resilience under such chronic pressure, there has also been a rise in early marriage as a coping mechanism.³⁵



28 Afghanistan’s Ministry of Public Health has said female NGO workers in the health sector are exempt, and it appears that female health staff can work in hospitals and clinics, but the status of mobile teams is less clear. Roberts, L. (2023) ‘Taliban ban on female NGO staff is deepening Afghanistan’s public health crisis’: <https://www.science.org/content/article/taliban-s-ban-female-staff-ngos-deepening-afghanistan-s-public-health-crisis>

29 Amnesty International (2022) *Death in slow motion: Women and Girls under Taliban rule*.

30 Ibid.

31 UNICEF HAC 2022.

32 UNICEF SitRep February 2023.

33 WFP (2022) *WFP Afghanistan Situation Report 22 December 2022*.

34 The Integrated Food Security Phase Classification (IPC) (2023) ‘Afghanistan: Acute Malnutrition Situation for September - October 2022 and Projection for November 2022 - April 2023’: [Afghanistan: Acute Malnutrition Situation for September - October 2022 and Projection for November 2022 - April 2023 | IPC - Integrated Food Security Phase Classification \(ipcinfo.org\)](https://www.ipcinfo.org/)

35 UNICEF HAC 2022.

Humanitarian Access and Operating Environment

DfA control of the vast majority of the country after August 2021 saw an improvement in the security situation. This resulted in much improved humanitarian access to communities that were previously in locales too insecure to conduct programming. For the aid community the difference was marked – they suddenly had access to large swathes of the country that were previously off limits, and with this came the ability to address acute needs.³⁶ However, due to escalating DfA decrees against women and increased political or administrative impediments, the physical access that was enjoyed by aid actors has been tempered by a more restrictive operational environment.³⁷

Afghanistan DfA

Soon after the DfA arrival in power in August 2021, NGOs were directed to sign memoranda of understanding (MoUs) with their corresponding ministries. UN and UNICEF reports indicate that such DfA agreements are challenging for humanitarian providers, and that the DfA are using such agreements to try to leverage influence vis-à-vis demanding that organizations share sensitive data (including staff lists with personal addresses, ethnicity and salaries).³⁸ It is important to note, however, that recently some DfAs have started to allow IPs to start work before the MoU is signed.³⁹

UN reporting has also highlighted how the DfA, at both provincial and national levels, have attempted to influence beneficiary selection, response targeting and staff recruitment.⁴⁰ This, the UN indicates, has been particularly prevalent since the DfA launched its new procedures in August 2022 to coordinate with

humanitarian actors and which has in effect “legitimized DfA’s systemic influence over [...] humanitarian operations”.⁴¹

It is important to highlight that, as the ET found, the nature of DfA interference varies between provinces. Furthermore, a number of stakeholders have reported that the Taliban’s actions should also be seen in the light of the fact that they do have a role to play in the coordination of humanitarian assistance.⁴² Nevertheless, and as will be explored further below, the DfA’s December 2022 ban on NGO women humanitarian workers has had a real impact on operations in Afghanistan, with deep implications for accessing women and girls and ergo the continuance of targeted programming. This, coupled with the mahram requirement – with women effectively having no ‘solo’ right to movement without a male chaperone – has further restricted humanitarian access and operations.⁴³

Effect on Humanitarian Operations

The December 2022 ban on women working in NGOs has had deep consequences for humanitarian operations in Afghanistan. Recent analysis attests: “(w)omen-headed NGOs and women aid workers play a critical role in the needs assessment, design, delivery, and research, monitoring and evaluation of humanitarian aid in areas covering mother and child healthcare, food nutrition, primary education, support to family livelihoods, and women’s economic empowerment.”⁴⁴

The effect of the ban had an immediate effect: a Gender in Humanitarian Action (Afghanistan) survey conducted in January 2022 reported that over 65 per cent of women staff were not coming to work and that over 80 per cent of NGOs/INGOs were either not operating or were only partially operating.

36 As OCHA analysis in 2022 attests, only 4%–5% of districts had severe access restrictions with the majority moderate to low – see AFGHANISTAN Humanitarian Access Severity Overview, OCHA, 26 May 2022 and 28 December 2022.

37 OCHA reports highlight that as a result of DfA edicts/‘interference’ during 2022, those districts that had moderate access restrictions rose from 23% to 40% of all districts.

38 AFGHANISTAN Humanitarian Access Severity Overview, OCHA, 28 December 2022.

39 Sense-making meeting, May 2023.

40 HNO 2023; UNICEF SitRep February 2023.

41 AFGHANISTAN Humanitarian Access Severity Overview, OCHA, 28 December 2022.

42 Evaluation data collection.

43 Humanitarian access has ‘two sides’ – (1) aid actors can access beneficiaries; (2) beneficiaries can access humanitarian support. This is important to highlight in relation to female aid provision and access.

44 Nemat, O. (2023) ‘Afghanistan’s freezing winter: humanitarian crisis and the Taliban’s ban on women aid workers’: [Afghanistan’s freezing winter: humanitarian crisis and the Taliban’s ban on women aid workers | ODI: Think change](#)

Respondents saw that the key effects of the ban were that women cannot be assessed, the impact of humanitarian assistance cannot be monitored, and women cannot access distribution points or services.⁴⁵ The mahram requirement leads to “women’s highly limited (in some areas banned) access to humanitarian assistance compound(ing) their urgent needs” while also being the “single-biggest factor hampering their participation in humanitarian action”.⁴⁶

Recent UNICEF reporting attests to the effects of DfA edicts and the ban. The mahram condition and other conditionalities (dress code, gender segregation in vehicles/workstations/distribution points) have hindered operational process, and the ban on women NGO workers has affected the delivery of child protection and other gender-related activities, e.g. with regard to gender-based violence (GBV), PSEA and key components of WASH.⁴⁷ Nevertheless, it is important to note that the NGO ban on women has not impacted service delivery across all sectors, due to the sector-wide and localized exemptions that have been negotiated (while fragile).⁴⁸

DfA interference in humanitarian operations – including restrictions on the movement of agencies, personnel or goods⁴⁹ – has also been a severe impediment to programming, and UNICEF reports that threats, intimidation and detention of humanitarian workers have further hindered their ability to deliver key services.⁵⁰ Recent reporting details that in one province, “confiscation of food and cash immediately after distribution, resulted in the suspension of humanitarian activities, including UNICEF’s winterization cash distributions, until humanitarian principles and safeguarding were ensured.”⁵¹

Other Factors

Two other factors need to be considered. The first is the large amount of explosive ordnance in the country, which restricts humanitarian access and the scale-up of assistance and which continues to claim the lives of local communities and endanger the safety of humanitarian personnel. Demining activities have been restricted since August 2021, when key funders for the sector withdrew their support,⁵² although UNICEF Afghanistan has continued mine risk education sessions for affected communities.

Secondly, the physical environment is a constant challenge for humanitarian actors. Afghanistan is prone to earthquakes, landslides and avalanches, which restrict operational access; in addition, “severe winters, climate change and environmental degradation coupled with poor road networks entail regular disruptions to both air and road transportation routes”.⁵³ A recent United Nations Office for the Coordination of Humanitarian Affairs (OCHA) survey highlights that 199 districts were reported to have ‘high’ to ‘medium’ access severity.⁵⁴



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- 45 Reliefweb (2023) ‘Gender in Humanitarian Action, Tracking Impact Report on the recent ban on women working with NGOs and INGOs in Afghanistan (2 - 12 January 2022)’: <https://reliefweb.int/report/afghanistan/humanitarian-access-working-group-tracking-impact-report-recent-ban-women-working-ngos-and-ingos-afghanistan-2-12-january-2022>
- 46 AFGHANISTAN Humanitarian Access Severity Overview, OCHA, 28 December 2022.
- 47 UNICEF SitReps, January and March 2023.
- 48 UNICEF comment, July 2023.
- 49 AFGHANISTAN Humanitarian Access Severity Overview, OCHA, 28 December 2022.
- 50 UNICEF SitRep March 2023.
- 51 UNICEF SitRep February 2023.
- 52 AFGHANISTAN Humanitarian Access Severity Overview, OCHA, 28 December 2022.
- 53 Ibid.
- 54 Ibid.



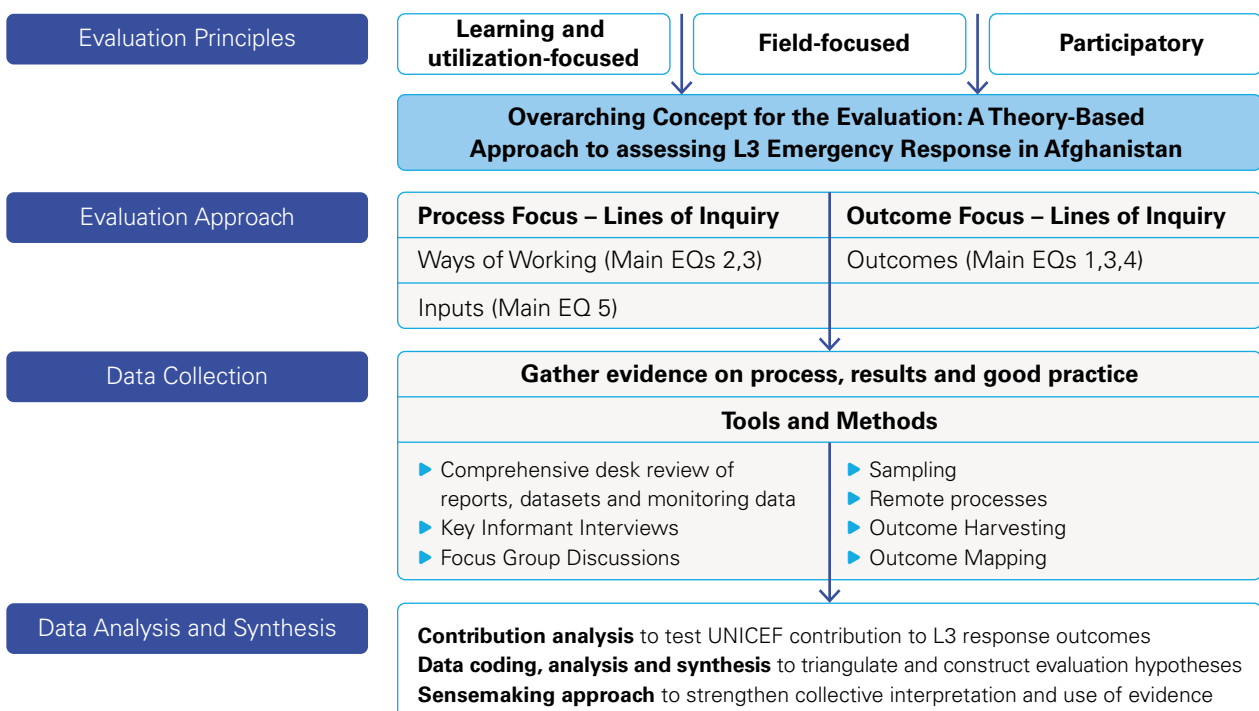
Evaluation Methodology

Evaluation Approach

Figure 3 outlines our overall approach to the evaluation. More detail on each step is given below, but this gives a useful overview of how we have conducted the evaluative process, i.e. in terms of: overarching principles that we see as key to conducting a robust evaluation; our methodological approach, which

ensures we are meeting the requirements of the ToR; our data collection processes, to ensure the right evidence is garnered; our approach to analysis and synthesis, to ensure we produce robust findings, conclusions and recommendations.

Figure 3. The building blocks of our evaluation approach



As illustrated above, the evaluation is founded on a number of principles, including the following:

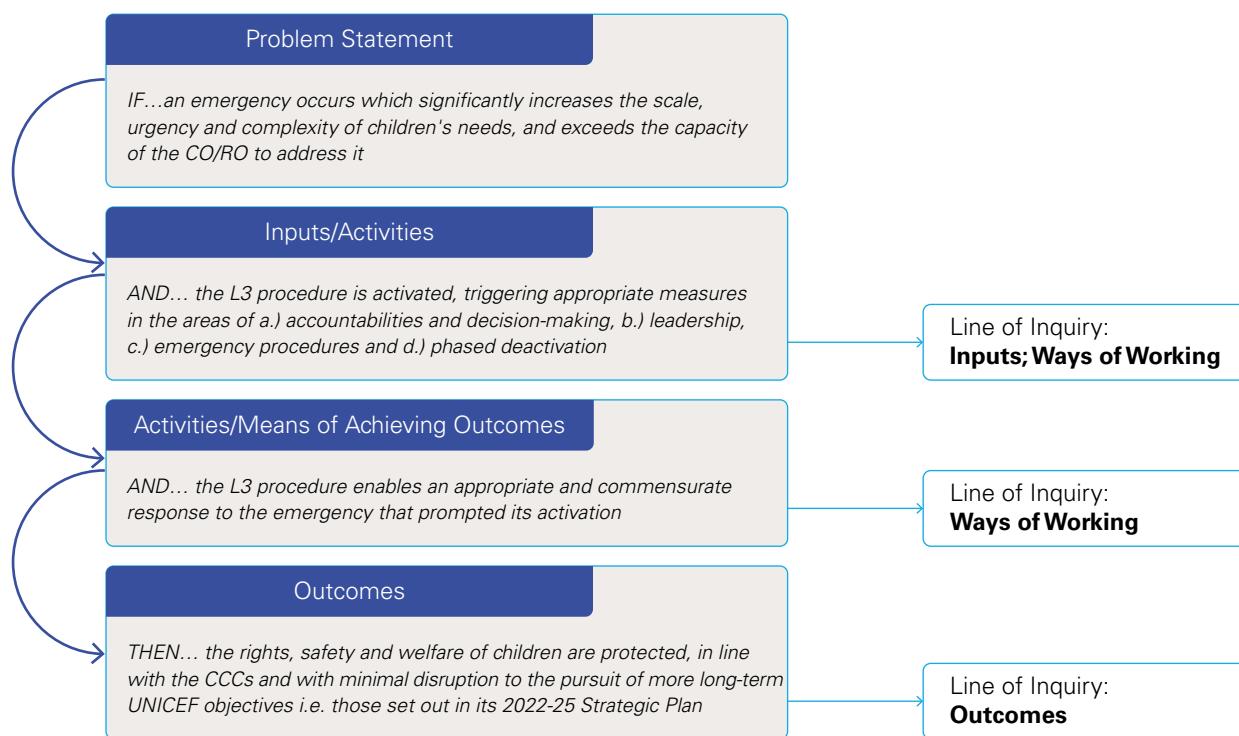
1. **Learning and utilization-focused:** the evaluation is designed to produce **practical solutions** that support UNICEF HQ, ROs and COs tackle barriers and challenges in L3 emergency response, and that improve the quality of its humanitarian operations.
2. **Field-focused:** the evaluation is designed to add as much value as possible to improvements and innovations at the field level and to those most affected by emergency humanitarian crises.
3. **Participatory:** the evaluation is designed to ensure a high level of engagement of and

consultation with a range of UNICEF stakeholders throughout the evaluation, particularly around the evaluation design, in-country findings, global findings and recommendations.

Methodology

Our overarching concept for this evaluation is our **theory-based approach**, based on key elements of UNICEF’s **CEAP**. As outlined in Figure 4, the ET designed a simplified **Logic Framework Theory**, outlining the key steps and assumptions of a successful CEAP L3 emergency activation and response against which measures actually taken during the evaluation could be mapped and tested.

Figure 4. CEAP Logic Framework Theory for L3 response



The team then developed an analytical framework for the evaluation (see Figure 5), which builds on the logic sequence outlined above. The framework draws on the CEAP⁵⁵ as well as on UNICEF’s L3

Emergency Procedures guidelines,⁵⁶ the Afghanistan HAC appeal 2022⁵⁷ and the CCCs.⁵⁸

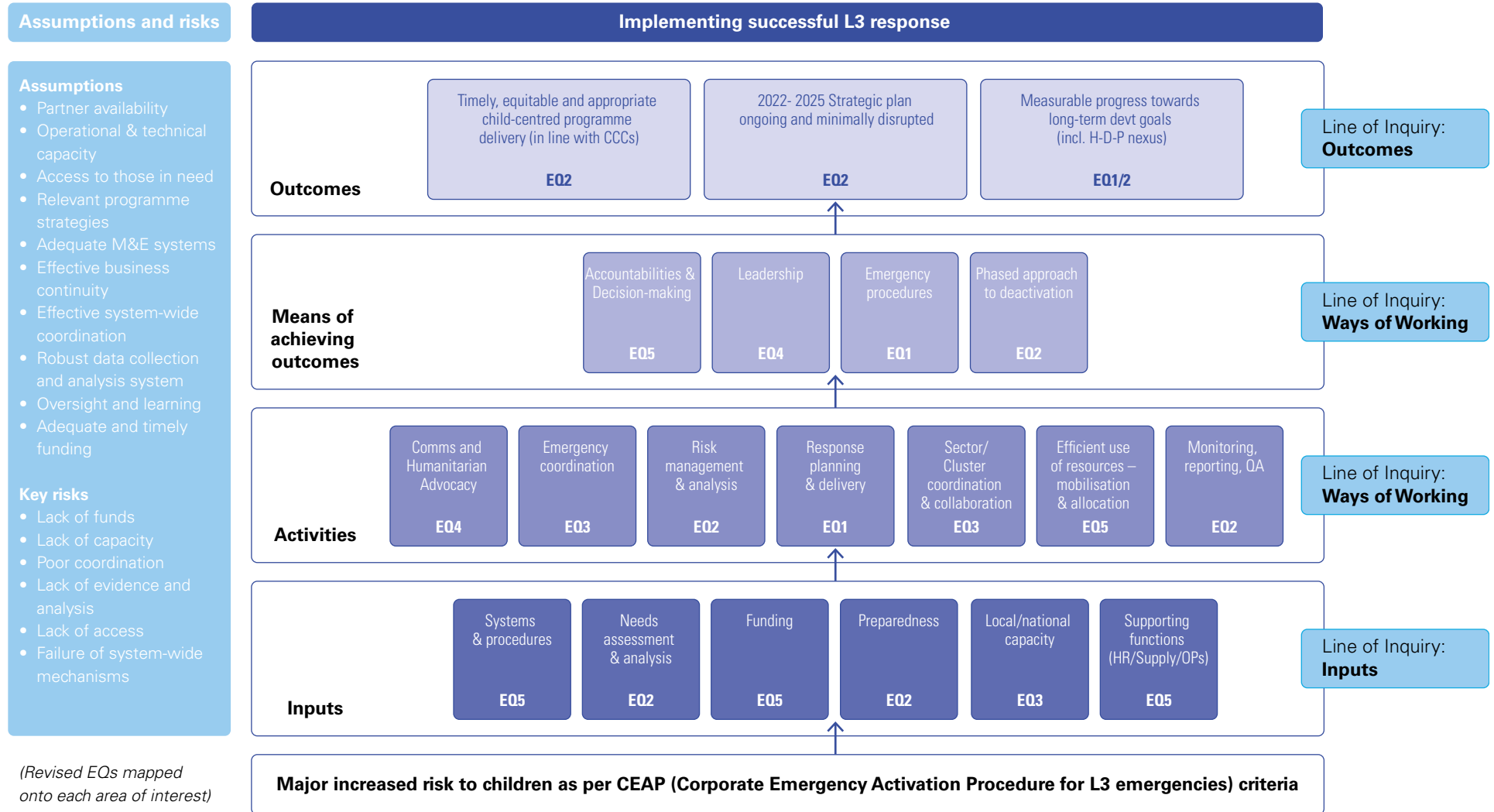
55 UNICEF (2019) *UNICEF Procedure on Corporate Emergency Activation for Level 3 Emergencies: Branded Procedure Template* (usrfiles.com)

56 UNICEF (2021) *The Emergency Procedures*: [f1f3fd_a94c6e99568c492f885edd5188e87dc5.pdf](https://reliefweb.int/attachments/96110063-0ead-3e6d-83f5-2f6d30ef-dea0/2022-HAC-Afghanistan-Outflow.pdf) (unicef.org)

57 UNICEF (2022) *Afghanistan Outflow*: <https://reliefweb.int/attachments/96110063-0ead-3e6d-83f5-2f6d30ef-dea0/2022-HAC-Afghanistan-Outflow.pdf>

58 [https://www.unicef.org/media/87611/file/Core%20Commitments%20for%20Children%20\(English\).pdf](https://www.unicef.org/media/87611/file/Core%20Commitments%20for%20Children%20(English).pdf)

Figure 5. Analytical Framework



The framework was key to our evaluative process, as it helped us to identify key lines of inquiry for our evaluation across the different steps of the logical chain, and then we were able to map these onto our EQs. In addition we detailed, as seen above, a number of key 'Assumptions and Risks', which we tested as part of our analysis.

The five key EQs, highlighted above, are outlined in Table 1. These respond to the five main areas of focus prioritized in the ToR and fully laid out in the full Evaluation Matrix (as detailed in Annex 7.2).

Table 1. Key EQs

Evaluation Question
EQ 1: To what extent is UNICEF's L3 emergency response, and its component programmes and strategies, meeting the needs of children in an appropriate, timely and effective way?
EQ 2: To what extent have UNICEF's programme practices, approaches and ways of working enabled the L3 response to achieve the intended results?
EQ 3: To what extent have UNICEF partnerships and coordination activities contributed to the L3 response and enhanced its positive impact on children?
EQ 4: To what extent has UNICEF's leadership successfully catalysed support for its child protection mandate and contributed to the improved safety and welfare of children in the L3 response?
EQ 5: To what extent do UNICEF's systems and procedures support efficient and effective response in L3 emergencies?



Process Evaluation

The **purpose** of conducting a *process* evaluation was to assess the extent to which actions taken as part of the L3 response have been carried out as intended and whether they were compliant with the set process. It also gives an understanding of *how* outcomes and impact were achieved. Our **approach**, as highlighted by EQ 5, was therefore to focus on the extent to which 'UNICEF's systems and procedures support efficient and effective response in L3 emergencies'. The EQ Matrix (Annex 7.2) gives more detail, under EQ 5, of how we have broken this down into constituent parts of the UNICEF operation. We pursued a mixed-methods approach to evidence, drawing on secondary document and data review, qualitative interviews and quantitative survey data. Itad and the EO conducted quantitative data collection for this evaluation. The EO analysed data from both the REACH and mobile phone surveys (see Section 3.3) and sought to identify trends, measure performance indicators, and assess the effectiveness and efficiency of interventions. This process was supported by the ET via Itad's own quantitative data expert, who provided expert QA on the data; as a result, the ET was able to make full use of the data set to support and triangulate evaluation findings.

Outcome Evaluation

The **purpose of conducting** an *outcome* evaluation approach was to determine whether, and to what extent, actions prescribed and provided for by L3 activation have had the desired outcome-level results. However, it is important to note that in a complex environment such as Afghanistan, measuring outcomes in order to detail 'robust results' is challenging for an evaluative process. This is for a number of reasons:

- ▶ The operating context is **fluid and unpredictable**, and some contextual factors may have impacted programme results in an unforeseen and overwhelming manner (e.g. conflict, political change).
- ▶ **UNICEF activities are tightly integrated in the broader UN-led humanitarian response**, potentially raising problems in attribution (e.g. UN-wide actions in support of women and girls).
- ▶ The **period reviewed by the evaluation is relatively limited** (18 months) and may be too short to have allowed the full emergence of some desired outcomes (e.g. local capacity development).
- ▶ **Evidence to support results will be hard to obtain** for some sectors of activity, particularly for 'soft' outcomes that are by nature difficult to measure beyond output-level (e.g. protection, advocacy). This is also true for non-programme outcomes, which are often critical to the success of UNICEF strategies in the long-term (e.g. partnerships, localization, equity).

We undertook a rigorous **approach** to our outcome-level analysis of results. Firstly, via qualitative data collection methods we documented causal pathways to obtained results. We then engaged in a participatory process of consultation with UNICEF stakeholders, to test and verify that the assumptions we made about outcomes obtained were viable. This comprehensive process of validation centered around a series of workshops with core UNICEF stakeholders (the EO, ACO staff, ERG members and other key UNICEF stakeholders), which is outlined above (see Section 1.1). We then conducted ad hoc follow-up interviews with key stakeholders to further verify and 'ground truth' for the outcome-level findings.



Methods and Data Collection Tools

Data collection for the evaluation was conducted between January 2023 and the end of March 2023, drawing upon a mix of qualitative and quantitative methods and primary and secondary sources. In designing its research methods and tools, the ET referred back to the evaluation framework to ensure that the data collected was both relevant and sufficient to critically examine the topics of interest under each of the EQs and to identify the factors which explain how and why changes have taken place. Data collection methods included the following:

Systematic review of secondary literature and UNICEF results data and financial reporting

With the help of ROSA and the ACO, the ET compiled and reviewed an extensive set of key documents relating to the country programme (see Annex 7.4). It also conducted a review of more general literature on the humanitarian and development situation in Afghanistan, to inform contextual analysis. These documents were coded in line with the Evaluation Matrix, and evidence was captured in the evidence framework designed for the evaluation. The ET received more documents from the EO and ACO

than it had resources to review (see Section 3.6). It therefore prioritized documents that were mentioned during KIIs, as well as material directly relevant to the five focus areas under study. In total, more than 85 written sources were consulted.

Alongside this review of secondary literature and documentation, the ET drew on UNICEF quantitative results data, particularly quantitative data from the EO in the Results Assessment Module (RAM) – UNICEF’s programme performance management and reporting platform. Further details of the documents reviewed are provided in Annex 7.4.

Semi-Structured Key Informant Interviews (KIIs)

In total, 137 respondents were interviewed for the evaluation, either in person or remotely. Respondents spanned a range of stakeholder groups, including UNICEF HQ, regional and country-level staff, UN Special Representatives and the Human Rights Council (HRC), UN agencies, NGOs and the academic community. The ET also conducted a KII with a member of staff in the EO who had recently visited Afghanistan and collected data in Kabul and the Northern Region. Thirty-eight of these KIIs were conducted by our national partner, Assess, Transform, Reach (ATR), with UN staff, IPs, extenders⁵⁹ and frontline workers in the selected



59 'Extender' workers are contracted by the UN to conduct frontline services in their areas of operation. For Afghanistan they provide a vital link between the 'local' UNICEF office and beneficiary communities – extenders are usually from the local community and so have good access and can facilitate understanding of target communities' needs and priorities.

sampling regions. (see Section 3.3.1 on sampling, and further information of their respective roles and organizations in Annex 7.3).

In the ET's approach to selecting KII respondents, considerations relating to the feasibility and cost-efficiency of data collection weighed heavily, given the significant logistical constraints involved in collecting evidence in complex environments and in obtaining the preliminary data needed to inform a high-resolution sampling strategy. The overriding objective was to ensure balanced representation across the programme sectors and geographical areas covered in the evaluation. Beyond this objective, the main criterion in stakeholder sampling was the depth and relevance of knowledge held of the L3 response's operational dimensions – i.e. prioritizing *sectoral and thematic expertise* over further diversity inside each of the stakeholder groups.

KIIs were designed in a qualitative, semi-structured format tailored to elicit information along the key lines of inquiry for the five focus areas. Interview transcripts were coded and classified on the basis of the focus areas and entered into the evaluation's purpose-designed matrix. As noted above, this tool was also used to code and classify evidence generated in the course of desk work. This enabled the evidence collected in both methods of data collection to be triangulated, and provided the main basis for synthesis and analysis.

Further details of the characteristics of respondents interviewed through KIIs for this evaluation are provided in Annex 7.3.

Focus Group Discussions (FGDs)

Twelve gender-disaggregated FGDs were conducted by our national partner, ATR, to capture the beneficiary perceptions of UNICEF support. They consisted of the following:

- ▶ adult participants of WGSS
- ▶ beneficiaries of assistance in camps
- ▶ community members' leaders/Shura members in communities receiving multisector UNICEF services
- ▶ members receiving services of the Child Protection Action Network.

Phone Surveys with Extenders

Our national partner, ATR, conducted a phone survey with UNICEF extenders (working in all regions across Afghanistan), generating a total of 93 responses, 24 per cent of which were from women (see Annex 7.8). In order to reach these respondents, the surveyors made 348 attempts, which included instances of no answer or inactive numbers. Out of these attempts, 93 completed interviews were obtained after undergoing QA.

The survey was designed to be relatively light touch to reduce the burden on respondents and to encourage as high a response rate as possible. They were principally designed in light of trends identified from the KIIs, in order to deepen the evidence base and triangulate information around emergent themes.

UNICEF Mobile Phone Survey

The ET drew on a rapid mobile phone population-based health and nutrition survey which gauged the level of barriers, access and perceived quality of services provided. The mobile phone survey was conducted between December 2022 and February 2023 by the UNICEF EO in collaboration with the ACO (who contracted Viamo to implement the survey). The survey interviewed 5,401 individuals covering all provinces across Afghanistan, enquiring about access to health and nutrition services, barriers to access, and perceived quality of the services received (See Annex 7.7).



This was a randomized representative sample across 34 provinces, with subjects recruited voluntarily through anonymized mobile phone databases. Estimated sample sizes by province were calculated and underwent a post-stratification weighting by age, province and gender. The assessment was conducted remotely, with a disaggregated sample that approximates national distributions where possible, and with a relatively balanced sample for male and female respondents, with a difference of no greater than ± 10 per cent from 50 per cent of the population (60–40 per cent maximum imbalance).

UNICEF REACH Data

The UNICEF EO also supported the evaluation by analysing UNICEF REACH Whole of Afghanistan household survey data for the ET. Conducted annually over the course of four years (2019–2022), the UNICEF EO focused primarily on data from the latest round of the REACH survey, conducted between August and September 2022 (17,262 individuals). The surveys followed different sampling strategies; however, each round covered the entire country and was designed to be representative of displaced population groups at the country level as well as at the regional level. As the REACH survey was designed to have a greater representation of displaced populations in their sample, the EO team adjusted for the displacement status of the household in all analysis. The survey collected information on socio-demographic characteristics, healthcare access, malnutrition and diarrhoea prevalence among the under-fives, education, and water and sanitation access.⁶⁰

Sampling Strategy

Our sampling approach was designed to ensure that our evidence draws on a balanced and representative range of sources and illustrative examples (the Evaluation Matrix in Annex 7.2 references the documentation in more depth). Given the very significant access and logistical challenges involved in data collection in Afghanistan, our approach remained pragmatic, allowing for unforeseen events in the

course of implementation. We also ensured that a minimum burden was placed on the internal and external stakeholder groups participating in the evaluation. To the fullest extent possible, the ET drew on existing data sets (e.g. REACH and Viamo data) and current evaluation data⁶¹ to reduce demands on first-hand sources.

Geographical Sampling

The ET based geographical sampling on the location of ACO's regional organizational units. By examining the L3 response at the regional and provincial level, the team could gain practical insights into how programmes are being implemented on the ground and explore issues of efficiency and coherence in different areas.

The ET extensively considered all five main geographical areas for data collection (East, West, Central, North, South) and decided on a final geographical sample that consisted of the following:

- ▶ Eastern Region, including the provinces of Laghman and Nangahar
- ▶ Northern region, including the provinces of Badakhshan and Balkh.

This decision was informed by KIIs conducted during the inception phase, which indicated that the East and North provide a representative sample of UNICEF programme activities and offer distinct contextual environments that allow for meaningful analysis (see Table 2). Although the South is an area rich in UNICEF programmes and is a highly complex programming environment, the ET was informed that the local DfA in this region demand undue control over any data collection activity and are themselves a reluctant source of information.

60 See https://reliefweb.int/attachments/4e705109-e001-3612-9524-e810a7c7e9d0/REACH_AFG_MultiSectoral-and-Sectoral-Factsheets_Whole-of-Afghanistan-Assessment-2020_September-2020.pdf for more information on methodology, approach and results.

61 We drew on a number of evaluations in the Inception phase, i.e. the 2023 Cash Transfer evaluation, the PMU evaluation and the OCHA Inter-Agency Coordination evaluation. This was to compare observations but not to actually use hard data or findings from them.

Table 2. Regional sampling rationale

Northern Region	Eastern Region
<p>Programmatic: Northern region is ethnically diverse (Hazara, Tajik, Turkmen, Uzbek and Pashtun) – contrast to predominantly Pashtun region in the East.</p>	<p>Programmatic: Predominantly Pashtun Eastern Region, to pose as a contrast to the Northern region (Mazar).</p>
<p>Programmatic: North is relatively more moderate than some other regions, and UNICEF has been able to implement in this region with relatively less restrictions than in other regions. This provides a valuable opportunity to explore UNICEF L3 programming with more detail and focus on the data collection time frame.</p>	<p>Programmatic: 2021 Country Programme Evaluation (CPE) researched the Eastern Region extensively and will pick up on this data and analysis source to bring continuity to the current L3 evaluation (KIIs point to approaching the L3 evaluation not as a ‘point in time’ but as a continuum).</p>
<p>Programmatic: Opportunity to explore role of Women’s Safe Spaces is an important line of inquiry/research in the L3 evaluation, and we understand that they are prevalent/active in Mazar.</p>	<p>Programmatic: Opportunity to explore role of Women’s Safe Spaces.</p>
<p>Programmatic: Education is a sectoral focus of the evaluation, and interventions for both public schooling and community-based education (CBE) in the North are prevalent. Note that the North has provided a relatively more enabling environment for girls’ education (KII). The evolving DfA leadership in the North may provide the opportunity to provide insight into how adaptable UNICEF programming is in highly fluid contexts (KII).</p>	<p>Programmatic: Education is a sectoral focus of the evaluation, and the Girls Access to Teacher Education (GATE) programme (access to female teachers’ education) has been active in this region (KII).</p>
<p>Operational: Due to the context of this region, the ET is logistically well placed to conduct FGDs/KIIs with evaluation stakeholders (will produce strong sample size in a short period of time, i.e. as evaluation window is constrained by Ramadan).</p>	<p>Programmatic: Eastern Region is major transit point for people movement between Afghanistan and Pakistan. Provides an opportunity to look at preparedness for internally displaced person (IDP)/cross-border migration on the L3 (KII).</p>
<p>Programmatic & Operational: The Office of Internal Audit and Investigations (OIAI) conducted a risk workshop in June 2022 in the North Regional offices, so findings from this study could provide a complimentary data set for the ET work in this region.</p>	<p>Operational: In Nangahar the ET will logistically be well placed to conduct FGDs/KIIs with evaluation stakeholders (so produce strong sample size in a short period of time, i.e. evaluation window is constrained by Ramadan).</p>

Key Stakeholder Groups

Respondent samples were drawn from directories provided by UNICEF and supplemented by the team’s own research. A full breakdown of KII and survey respondent by type is provided in Annex 7.3. Sampling was carried out across eight stakeholder groups with direct relevance to ACO. They consisted of the following:

- ▶ UNICEF staff
- ▶ other UN agency staff
- ▶ INGO and NGO/CSO staff
- ▶ extenders
- ▶ frontline workers
- ▶ community service users
- ▶ UNICEF third-party monitors and extender contractors
- ▶ academics.

Sampling was **purposive** to ensure a balanced representation of respondents across the stakeholder groups. In line with the objectives stated above, sampling aimed primarily to target respondents with the most direct and relevant knowledge of UNICEF’s L3 response in Afghanistan.

Among UNICEF⁶² and other UN, NGO and donor sample groups, no gender bias was introduced in favor of women respondents to KIIs and surveys, as it was assumed that these groups were broadly gender-balanced and that this would carry over to the respondents approached.

However, for extenders and frontline workers surveyed, deliberate efforts were made to include as many women as possible. As a result, of the 93 extenders contacted through the mobile phone survey, 26 per cent were women. In the case of KIIs conducted by ATR, there was a more even representation of women, with 36 per cent of women extenders and 75 per cent of women frontline workers included in the sample.

Table 3. Sampling strategy overview

Data collection tools	Sampling method	Total number	Women	Men
Phone survey with extenders (conducted by ATR)	Probabilistic/ simple random	93	24 (26%)	69 (74%)
Phone survey with beneficiaries (conducted by UNICEF)	Probabilistic/ simple random	5,401	2,549 (47%)	2,852 (53%)
REACH household data (conducted by UNICEF)	Stratified cluster sampling	17,262	3,996 (23%)	13,266 (77%)
KIIs with UNICEF Staff (HQ, ACO, ROSA), donors, IPs (conducted by Itad)	Non-probabilistic/ by reasoned choice	99	48 (49%)	51 (51%)
KIIs with IPs, extenders, frontline workers (conducted by ATR)	Non-probabilistic/ by reasoned choice	38	8 (21%)	30 (79%)
Interview guide group discussions with WGSS, community members, beneficiaries of assistance in camps, beneficiaries of CPE (conducted by ATR)	Non-probabilistic/ by reasoned choice	77	26 (34%)	51 (66%)

62 See Section 3.3 (Methods and Data Collection Tools) for more information on UNICEF survey sampling strategies.

Data Analysis and Synthesis

The evaluation adopted a pragmatic and systematic approach to analyse and synthesise the data. The ET designed an Evidence Assessment Matrix (EAM) to code and classify the evidence collected from the document review, KIIs and FGDs in line with the five focus areas. This enabled the triangulation of evidence from across the range of evaluation data sources. Coding was done manually, using the standard Itad coding system, which allows data sources to be anonymized.⁶³

Evidence entered in the EAM was reviewed against quantitative data received from UNICEF across the five focus areas. The ET closely consulted with UNICEF teams to confirm the data and their findings. This approach to analysis enabled the team to identify causal pathways and to link evidence with findings and conclusions, relating as closely as possible to the EQs. Where a line of inquiry did not lead to conclusive evidence, no finding was formulated. This occurred in a number of sub-EQs, which were flagged to UNICEF. Figure 6 gives a snapshot of the EAM.

Figure 6. Evidence Assessment Matrix snapshot

Outcomes			
Ref	Data Source Code		Emerging themes/code
1	FGD06	"UNICEF has provided many services in Balkh province, and their work is not limited to Chimtal District or Paie Temor Village. If it wasn't for the assistance of UNICEF, some people might have died of hunger. UNICEF has provided food and water, and it will take much time if I describe all the assistance provided by UNICEF. Hence, I will mention the specific assistance that UNICEF has provided for us. UNICEF had a contract with the Paie Temor Village CDC in the Naw Abad Uruzgani area, and it completed the water distribution network of this village under extremely difficult conditions. Water is critical to life, and these children will have to start fetching water if they don't have access to it. "	Water/Food
2	FGD06	[00:53:51]: They also provide courses for those students who do not have access to school so that they would study and gain literacy. They have resolved all these problems, and they are a great assistance. We use this assistance ourselves.	Education

Once we had analysed and synthesised ET data, we then undertook a process of sense-making with key UNICEF stakeholders. As outlined in Section 1.1, this was a very rigorous process which allowed us to thoroughly test out our emerging findings, build on and co-construct further insights as a collective, and also identify gaps where more data collection was required.

Integration of Gender, Equity and Human Rights in Methods, Sampling and Analysis

During data collection and analysis, progress toward strategy and programme goals was assessed using a rights-based approach, as well as a gender and equity perspective where possible. The ET drew on key UNICEF policy guidance and orientations, including the CCCs, which approach vulnerabilities from a rights-holder perspective as well as an equity-based

⁶³ Codes are generated in chronological order, with an alphanumeric prefix denoting the category of the source (KII or document). Each code is unique to the corresponding source, which is catalogued on a separate listing, complete with relevant details.

and gender-based one. During data collection, the ET sought to achieve the inclusion of a meaningful proportion of women in the respondent samples; in the case of the survey of frontline workers, gender balance was achieved. In arranging interviews, a gender-sensitive approach was taken to ensure locations and times were selected that were accessible to female stakeholders. Data collection methods were also designed to be gender-aware, noting any barriers or bias that may occur.

Ethical Considerations and Quality Assurance

Ethical Considerations

The evaluation was undertaken in line with the United Nations Evaluation Group (UNEG) Ethical guidelines for Evaluations and the UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis, adherence to which is signed and shared with UNICEF as an integral part of Itad's contract to deliver this evaluation.

Itad has internal policies governing the code of conduct of ET members, safeguarding and data protection, all of which form part of the contracts signed by the ET members. These policies are attached (at Annex 7.5) and meet the requirements of UNICEF and UNEG as regards ethical standards.

ET members' contracts also include clauses surrounding professional conduct, which include a series of obligations around ethical integrity, as follows:

- ▶ Be independent and impartial. Any conflicts of interest or partiality will be made explicit.
- ▶ Safeguard confidential, sensitive and personal data acquired through the project and do not use it for personal advantage or for the benefit of, or detriment of, third parties.
- ▶ Be aware of the issues when interacting with vulnerable people and be sensitive to their needs.
- ▶ Be aware of differences in culture, customs, religious beliefs and practices, and any implications these may have in terms of interacting with people in the course of work.
- ▶ Be sensitive to gender roles and issues of disability, age and ethnicity, and be mindful of the

potential implications of these differences when planning, carrying out and reporting on work.

- ▶ Neither offer nor accept gifts, hospitality or services which could create, or imply, an improper obligation.

The tools, methods and approaches used in this evaluation were submitted to and approved by UNICEF's Ethical Review Board and by Itad's Safeguarding, Ethics and Data Committee. As part of its commitment to research ethics, the ET reviewed secondary sources and UNICEF data prior to the start of primary data collection in order to limit as far as possible the amount of unnecessary primary data collected and to reduce the burden on respondents.

When conducting primary interviews, members of the Itad ET and our partner, ATR, read from a prepared script to inform interviewees on issues of anonymity and confidentiality, as well as on their rights to refuse to participate, or to stop the interview at any time, and to request that any UNICEF staff present leave the interview if preferred. Informed consent was sought before each interview. To ensure the anonymity and confidentiality of the data stored in the evaluation framework, all interviewees were allocated an anonymized ID code which allowed for disaggregation of data by gender and location, etc. All data was safely stored in an encrypted format on Microsoft Teams following Itad data security procedures.



We assessed the main ethical and safeguarding risk in the evaluation to reside at provincial level with Afghan informants, whose exposure to local security threats is markedly higher than for international sources. Accordingly, Itad was particularly attentive to the safeguarding risk posed by data collection at the provincial level and worked closely with its local partner, ATR, to mitigate this risk.

Mitigation measures included:

- ▶ bespoke safeguarding training curated with the Project Manager and delivered to all ATR staff
- ▶ review of methodology and interview documents to ensure informed consent was established and all data collection conducted so not to cause any trauma or place respondents at risk of further harm
- ▶ safeguarding risk assessments completed prior to data collection, as appropriate and on a case-by-case basis
- ▶ safeguarding audit conducted on ATR.

UNICEF mobile phone survey: The EO also ensured that the mobile phone survey was conducted in line with the requisite ethical and safeguarding standards. This involved: establishing adult informed consent verbally; screening respondents, as part of the initial questions, to determine eligibility – if respondents were aged 18 years or younger, they were not able to participate and were asked to hang up; clarifying that participation is strictly voluntary. In addition, no identifying information was obtained, with all data processed and cleaned before analysis and stored on password-protected and encrypted databases.

Quality Assurance

Itad's approach to QA is informed by the system of academic peer reviewing and by established standards for evaluation quality, aiming to meet the Organization for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) standards for usefulness, cost-effectiveness, accuracy, credibility and equity. Our four-stage QA process was implemented throughout the evaluation. The process is summarized in Annex 7.6.

Evaluation Limitations and Mitigations

The ET encountered a number of limitations in this evaluation. Below we summarize the most significant of these, together with mitigation actions we took to minimize their impact on the evaluation.

Evaluation timing: The original timing of the evaluation was compressed subsequent to contract signature – overall, as per final deliverable, by two months. As a result, the ET had less time to conduct the evaluation than was originally planned for. This had an impact on the following: the depth of data collection and analysis in the inception phase; the scope and breadth of data collection in the main phase, which then needed to take into account the holy Ramadan period; overall time for analysis and drafting of the evaluation outputs. To mitigate these time constraints, the ET worked closely with the EO to make 'time savings' and flex the timeline where possible, e.g. it was agreed that the ET would produce a slide-deck for inception rather than a full report, and the EO gave added time for production of the draft report.

Balancing breadth and depth in evaluation design: The thematic and geographic breadth of this evaluation is significant, and the ET made a number of careful compromises in design to balance the desire to cover as wide a range of issues as possible with the need to interrogate issues in sufficient depth – particularly in light of the point above. To do this, as set out above and in the Inception Report, the ET limited the scope of the evaluation to two regions, based on the detailed sampling approach (see Section 3.3.1).

Evaluation temporal scope: The time frame under consideration for this evaluation was August 2021–March 2023. Although, as stressed, the ET was keen to ensure that the evaluation was not a 'moment in time', the team had to be disciplined and not consider events post-March, i.e. to ensure sufficient time for analysis. Inevitably, in such a rapidly changing environment such as Afghanistan there will be important events and issues that therefore fall outside of the purview of this study. For instance, the evaluation does not cover the recent DfA decree banning women working in the UN (April 2023).

Security: The ET carefully planned the evaluation to mitigate security risks. Fieldwork for this evaluation has followed expectations set out in the inception report, with the Itad team restricted, due to security considerations, to in-person data collection in Kabul. However, our in-country partner, ATR, was able to undertake comprehensive data collection in the focus regions, fully meeting evaluation requirements. Furthermore, the Itad team extended its stay in Kathmandu to maximize access to ROSA stakeholders based at the regional HQ.

Primary and Secondary documentation and data: The evaluation team is grateful to the EO and ACO for facilitating access to the UNICEF SharePoint and secondary documents and data sets. As noted above (see Section 4.3, Methods and Data Collection tools) the team was given access to a broad range of references. In shortlisting documents for review, a number of issues were encountered which impacted its ability to conduct analysis:

- ▶ Delays – The ET struggled to secure comprehensive UNICEF data sets. It was difficult to receive timely data to support analysis, and when data was received it was also, on occasion, only a partial data set of what was required.
- ▶ Data inconsistencies – The ET struggled to reconcile UNICEF performance data. There were a number of competing data sets which made definitive analysis difficult, and there was also sector data – e.g. child protection, education and, to a lesser extent, nutrition – which was inconsistent when compared with other programming. The ACO has acknowledged that their reporting has challenges in this area.
- ▶ Access constraints – The ET tried to conduct KIs with representatives of the donor community but were not able to secure interviews.
- ▶ Institutional memory – The L3 response has seen a rapid turnover of personnel, and a number of key informants had only recently assumed their posts and were not able to provide an overview of the period under review.
- ▶ Benefiting from other evaluations – At the time of this evaluation, a number of other pertinent evaluations were being undertaken. These included, inter alia, L3 responses in Yemen and Ethiopia, global advocacy, formative evaluation of cash-based transfers in Afghanistan and an operational review of UNICEF programme

management units. The ET reached out to these different sources, but they were still in the inception phase, so it was not possible to maximize the benefits of these different evaluation streams.

UNICEF phone survey: The EO team highlighted a number of limitations with their national survey of UNICEF beneficiaries. These included: an absence of comparable studies on scale and reach to assess results; the limits of the ‘questionnaire’ format due to high costs and mediums; the differing sampling variances for observed subgroups due to differences in phone usage/penetration rates (which was also an issue for the ATR extenders phone survey). To mitigate these, the EO used national and regional estimates (where available) to compare results, pretested the questionnaire validity to capture variability, and sought to determine appropriate weights at national level, where needed, and test for significance and robustness.

Extender/UNICEF phone surveys – As with all phone surveys, there will be access limitations. For these surveys there are three key factors to consider:

1. mobile phone infrastructure, i.e. signal
2. possession of a phone
3. female access.

With regard to the first of these, the extender survey sought to address this by calling on multiple occasions to secure access. For the second, the UNICEF survey conducted a wide sample to look to ensure a range of (socioeconomic) beneficiaries were included. Inevitably, however, the poorest of the poor, without mobile phone access – as per surveys of this type – were not able to be included. With regard to the third factor, the UNICEF survey’s sampling was ‘disaggregated’ and ‘targeted’ in terms of gender to ensure as strong female participation as possible (see Table 3, with 47 per cent female respondents). Despite purposive targeting of female extenders, this survey was lower (at 26 per cent), but this reflects overall numbers of female ‘extenders’ contracted by UNICEF.

Findings

This section presents the findings of the evaluation for each of the five focus areas. Focus Area 1 explores the scope and quality of UNICEF programme coverage and scale-up following the L3 activation. It also looks at multisectoral programming, as well as prospects for the development and sustainability of programmes, and humanitarian access. Focus Area 2 examines preparedness, needs assessments and targeting, and accountability. Focus Area 3 looks at UNICEF's effectiveness as a cluster lead (WASH, nutrition, education and child protection AoRs) at national and regional levels within the wider humanitarian architecture in Afghanistan. It further analyses UNICEF's cooperation with its non-government partners and assesses to what extent partnerships with national NGOs/CSOs are in line with commitments to the Grand Bargain agenda. Focus Area 4 explores UNICEF's approach to advocacy and stakeholder engagement in the aftermath of the Taliban takeover. Focus Area 5 examines human resources, donor relations, supply, use of emergency procedures, risk management and organization-wide coordination mechanisms in the L3 emergency.

Focus Area 1: To what extent is UNICEF's L3 emergency response, and its component programmes and strategies, meeting the needs of children in an appropriate, timely and effective way?

This section explores the scope and quality of UNICEF programme coverage and scale-up following L3 activation. It also looks at multisectoral programming, as well as prospects for the development and sustainability of programmes, and humanitarian access.

Brief Summary of Findings

In the nine months that followed L3 activation, programmes were substantially ramped up. However, given the scale of the emergency, needs remained far in excess of programme coverage. Programme targets were often ambitious, in line with the level of needs. In some cases, programme capacity was strained and did not allow these targets to be met. Given these constraints, overall programme results were generally good.

The sharp reduction in opportunities for UNICEF partnerships with line ministries led UNICEF to take on an additional programme burden. Combined with the lack of alternative partners for programme delivery, this came as a serious impediment to scale-up. Some sectors, such as Education, were more affected by this than others.

Despite severe contextual constraints, the quality of programmes was generally good, as attested by positive feedback from affected groups.

Programme convergence was actively sought, but was pursued pragmatically on the ground as the context allowed. Achieving convergence in programming was often challenging given adverse conditions, and sometimes resulted in unforeseen outcomes.

Prospects for development and sustainability are severely impacted by the reduction in partnerships with line ministries. This has been compounded by a lack of clarity among UNICEF personnel on donor restrictions relating to development and sustainability funding.

Barriers to humanitarian access changed markedly following the Taliban takeover, with an increase in political and administrative impediments to programme delivery. Although UNICEF was largely able to adapt to this adverse context, obstacles to access and coverage remain substantial.

How successful has UNICEF been in balancing the scope (breadth) and quality (depth) of its programme coverage in the L3 response?

Finding 1

Following L3 activation, UNICEF humanitarian programmes were scaled up substantially, enabling a significant expansion in coverage. In many cases, urgent needs remained far in excess of coverage, due to resource and capacity constraints. In other cases, programme targets were exceeded. Given how chronic and widespread humanitarian needs were in Afghanistan at the time, it is unlikely that all programme targets could ever be achieved. However, these targets served the important purpose of accurately reflecting the level of humanitarian needs on the ground.

In the six months following L3 activation, the scale of UNICEF programme coverage in Afghanistan, measured in terms of budget expenditure, increased sharply. By 2022, UNICEF had conducted at least one intervention in virtually all of the country's districts.⁶⁴ Nonetheless, programme coverage was far outstripped by the scale of accessible needs,⁶⁵ which by then had grown to unprecedented levels.

The ramp-up of UNICEF operations in Afghanistan began soon after the declaration of an L3 emergency in that country in September 2021. In the three months that followed L3 activation, total investments in supplies and partner support across the country programme increased by 32 per cent to US\$42 million.⁶⁶ In the subsequent three-month period, the figure spiked to US\$119 million as scale-up accelerated.⁶⁷

Over the first six months of 2022, UNICEF investments in programme delivery totaled US\$175.3 million, compared with US\$68.3 million in the six months that preceded L3 activation.⁶⁸ This doubling of financial outflows translated into an expansion of coverage into areas that had previously been inaccessible. As illustrated in Figure 7, by the end of 2022 UNICEF had supported one health facility and/or had conducted at least one child protection intervention in the overwhelming majority of Afghanistan's districts.



64 UNICEF Evaluation Office PowerPoint presentation, *L3 Afghanistan Evaluation, What the analysis of quantitative survey data tells us*, April 2023.

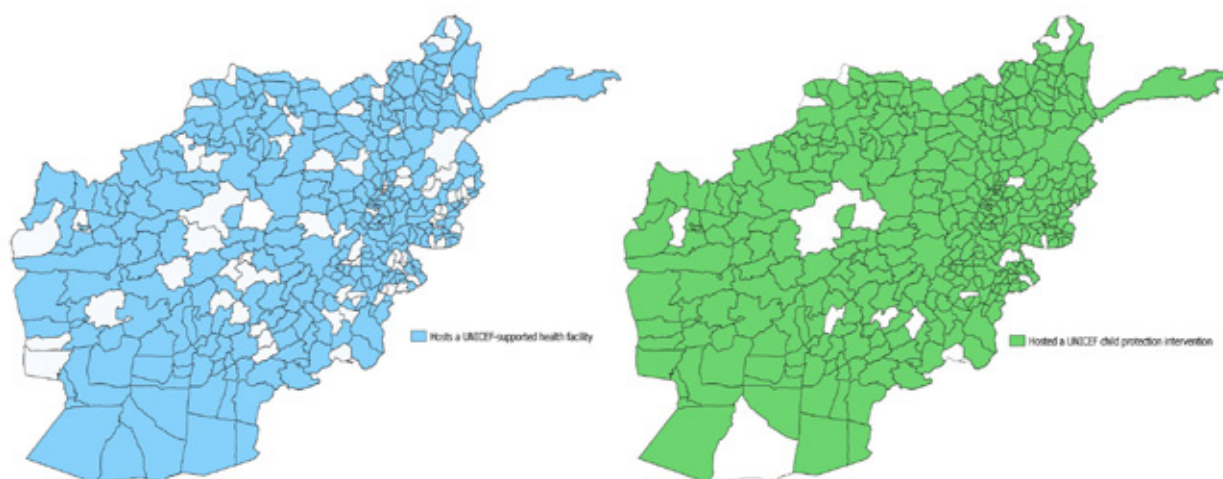
65 The term *accessible needs* is used here to refer to the needs of populations that can be accessed by humanitarian programmes. Following the events of August 2021, programme coverage could extend to populations that had until then been out-of-reach. The needs of these populations are not new, yet account for a large part of newly increased programme targets in 2022.

66 UNICEF ACO Monitoring Dashboards, Investment Mapping, Updated 30/06/2022.

67 Ibid.

68 Ibid.

Figure 7. UNICEF coverage in Health and Child Protection, 2022 (Source: UNICEF)



In the face of the considerable obstacles discussed below, the scale and pace of the operational ramp-up achieved in late 2021 and early 2022 was a notable achievement. Nonetheless, it was outpaced by the volume of needs across the sectors covered by UNICEF and fell significantly short of requirements. As well as the pressure exerted on humanitarian programmes by the disruption in public service provision, UNICEF and other aid actors had to address the needs of newly accessible populations in areas of the country that had until then been out of reach.

In its 2022 humanitarian appeal for Afghanistan, launched in December 2021, UNICEF had originally called for a budget of US\$2 billion.⁶⁹ Half of this amount was secured either from new donor commitments or with residual funds carried over from the previous year.⁷⁰ The US\$2 billion appealed for was unprecedented in any UNICEF humanitarian response and signaled – correctly – that the scale of accessible needs in Afghanistan was on a level unseen in recent decades.

As discussed in further detail in the section on needs assessments below, some UNICEF interviewees for this evaluation expressed doubt that the full US\$2 billion budgeted for in 2022 could have been disbursed, given the lack of appropriate channels for programme delivery, and constraints in administrative capacity (see further discussion on this in Finding 32.) There was general agreement, on the

other hand, that this amount was broadly commensurate with the actual scale of needs on the ground.

Predictably, the coverage achieved with the US\$1 billion investment made in 2022 could only partially cover the needs of affected populations. As described by community members in FGDs conducted for this evaluation, these needs remained acute and in large part unmet by the assistance provided. This was especially true in remote and newly accessible areas with little or no programme footprint.

Like affected communities, UNICEF extenders and IPs also cited multiple cases in which the resources available fell short of requirements. For example, one local NGO that had been given UNICEF support to cover 250 community-based schools said that outstanding needs would easily allow them to cover 500 if resources were available. One extender said that they had only been able to distribute cash grants to 500 households, but the number of eligible families in the district was 2,100.

In Health, research conducted for this evaluation shows that coverage gaps remain significant despite L3 activation and scale-up. On the positive side, the number of UNICEF Mobile Health and Nutrition Teams (MHNTs) increased from 60 to 171, and there is evidence that the presence of at least some of these MHNTs has enabled a meaningful increase in household access to healthcare (+7 per cent),

69 UNICEF Humanitarian Action for Children (HAC), Afghanistan, 2022.

70 UNICEF, Afghanistan Humanitarian Situation Report n. 13, 1 January – 31 December 2022, published December 2022.

as well as an increase in the probability of children being screened for malnutrition (+6.5 per cent) and a decrease in diarrhoea prevalence (-10 per cent).⁷¹

On the downside, this progress has not removed enduring coverage gaps in immunization (28 per cent report not being able to access it), maternal care (23 per cent), mental health (12 per cent), child illnesses (11 per cent) and emergency care (4 per cent).⁷² Key barriers to coverage include poor treatment from providers (40 per cent), health services being too expensive (31 per cent), and health services being too far or hard to reach (15 per cent).⁷³ Although these barriers remain significant, it is reasonable to assume that they would be even more acute in the absence of UNICEF's Humanitarian Emergency Response (HER) programme, which is the main provider of primary healthcare to Afghanistan's population.



Across the Nutrition, Health, WASH and Education sectors, the average rate of L3 programme completion against targets reported in July 2022 is 58 per cent.⁷⁴ Being at midyear, these results are good – all the more so as they are set against annual targets that were widely viewed as ambitious in terms of programme capacity and resource mobilization (RM). The ET was unable to explore how these results were achieved on a reduced budget. For Child Protection, the rate of completion at midyear was well above the annual target, based on programme data. Excluding the possibility of reporting errors, these better-than-expected results may be due to the fact that Child Protection requires relatively little capital investment and involves cross-cutting activities that can partly draw on the capacity of other programmes.⁷⁵

Data for the second half of 2022 is less consistently available, yet reinforces a picture of generally good results in the face of limited resources. The results reported in the 2022 Country Office Annual Report for UNICEF Afghanistan were often in the upper quantile of targets figures. The report notes that 18 million people accessed primary healthcare through facilities supplied by UNICEF (118 per cent of target).⁷⁶ Some 1.4 million children received routine immunization, and 9.3 million were vaccinated against polio (94 per cent and 93 per cent of targets, respectively).⁷⁷ In Child Protection, 8.6 million children and adults were reached with mitigation, prevention and response services (200 per cent of target).⁷⁸ In Water and Sanitation, 6.2 million gained access to basic drinking water (54 per cent of target).⁷⁹ In Education, the number of teachers and school management board members trained by UNICEF reached 15,000 (148 per cent of target).⁸⁰

These generally positive results stand alongside a broader set of indicators against which results data could not consistently be available. These metrics would have provided a more nuanced view of results

71 UNICEF PowerPoint presentation, *L3 Afghanistan Evaluation, What the analysis of quantitative survey data tells us*, April 2023.

72 Ibid.

73 Ibid.

74 Most recent results available. Calculated from data obtained from UNICEF ACO Monitoring Dashboards, Investment Mapping, Updated 30/06/2022.

75 UNICEF Afghanistan, Country Office Annual Report, 2022.

76 Ibid.

77 Ibid.

78 Ibid.

79 Ibid.

80 Ibid.

achieved and of the significant contextual obstacles standing in the way of programme roll-out in the period that followed the Taliban takeover. Despite this data gap, some general observations can still be made on how the events of August 2021 impacted programme implementation. This is discussed further in Finding 2 below.

Finding 2

In the first nine months following the Taliban takeover, there was a sharp reduction in the scope of UNICEF partnerships with government ministries. Combined with the challenge of securing alternative channels for programme delivery, this had an adverse impact on programme scope and the pace at which scale-up could occur. In some sectors, such as Health and Nutrition, scale-up was comparatively rapid, given the existence of a pre-existing network of NGO actors which UNICEF could engage with. Conversely, in Education, scale-up was hampered by the lack of alternative channels for programme delivery in the first half of 2022.

According to multiple sources for this evaluation, the closure of governmental channels for programme delivery was the contextual change that had the single most profound impact on humanitarian operations in Afghanistan after August 2021. Due to donor restrictions, as well as the partial breakdown of government capacity for service provision and the misalignment of the DfA with humanitarian and development goals, the UN and other aid actors could no longer rely on line ministries as their main partners in joint interventions.

Prior to the Taliban takeover, the Ministry of Public Health (MoPH), as well as the Ministry of Labour and Social Development and the Ministry of Rural Reconstruction and Development, among others, had played a critical role in the implementation of UNICEF programmes. These programmes had been designed from a multi-year perspective, with joint decision-making and the building of government

capacity deeply integrated in approaches and modalities for programme delivery. In Education, annual programmes had been developed in close consultation with the corresponding ministry, with a view to enabling the ownership and eventual handover of interventions jointly carried out.⁸¹ In Nutrition, activities relied heavily on the Sehatmandi network of public health facilities developed over the years under the MoPH with World Bank funding and NGO capacity.⁸² Similarly, the Water and Sanitation section had helped to substantially develop the technical capacity of the Ministry of Rural Reconstruction and Development (MRRP), which performed key supervisory functions over the work jointly carried out with UNICEF.⁸³

The arrival of the Taliban into power in August 2021 forced UNICEF to engage in an urgent and extensive reconfiguration of the modalities developed over the years for programme delivery. The changes carried out essentially aimed at enabling programmes to pivot from government ministries to NGO partners as alternative channels for implementation.



81 For example, as Lead of the Development Partners Group (DPG) for the education sector, UNICEF collaborated with the Ministry of Education (MoE) to strengthen coordination mechanisms such as the Human Resource Development Board and the Steering Committee of the National Education Strategic Plan (NESP) III. Source: UNICEF and the Afghan Ministry of Education, *Country Program of Cooperation*, 2015-2021.

82 Safi, N. and Anwari, P. (2022) 'Afghanistan: Sustaining Health Care Delivery': <https://blogs.lse.ac.uk/southasia/2022/10/24/afghanistan-sustaining-health-care-delivery/>

83 See, for example, UNICEF, *How Innovative WASH Programming is Creating Sustainable Water Systems in War-torn Afghanistan*, May 2021.

The degree of success with which this shift was operated varies across Programme Sections and depends largely on contextual factors that came to bear on it. In Health and Nutrition, an arrangement could be found with the World Bank whereby UNICEF took on the role of managing agent for the Sehatmandi programme, thereby enabling funding to continue to be channeled to NGOs supporting it.⁸⁴ During the time it took to arrive at this arrangement, the pace of activities slowed down, as did the rate of expenditure. This is reflected in Table 4. In Water and Sanitation, the loss of the MRRP as UNICEF’s main partner caused profound disruptions to programme activities. However, despite a programme slow-down, activities could later be scaled up in 2022, thanks in part to the section’s ability to resume direct assistance to Community Development Councils (CDCs) and the NGOs supporting them.

By far the programme section most severely affected by the shift away from government partners was Education, which needed time to build alternative programme arrangements outside of the relationship it had developed with the relevant ministry. The absence of any such alternative in the short term partly explains the important reduction in programme

spending that occurred in Education in the first half of 2022. Over that period, expenditure in this sector fell to US\$7.6 million from US\$19.57 million prior to the Taliban takeover.⁸⁵ According to multiple sources, one of the main reasons for this fall was the scarcity of NGO partners technically capable of filling the gap left by UNICEF’s government counterparts in the education sector. In contrast, the transfer to UNICEF of the legacy Sehatmandi program, complete with World Bank funding, caused expenditure in health to spike to US\$73 million in the first half of 2022 from US\$20 million prior to the Taliban takeover.⁸⁶

Although less pronounced in other Programme Sections, the L3 scale-up is also clearly visible in the rate of expenditure following the Taliban takeover. Table 4 shows differences in programme investments across the five main sections before and after L3 activation. Although scale-up did substantially occur, the rapid shift to NGO partners which it depended on came with programmatic and administrative challenges that significantly constrained delivery capacity and financial outflows to operations. These are discussed further in Section 5.2 on preparedness.

Table 4. Programme investments (US\$ million)

Note: The fourth quarter of 2021 is not included in this comparison, as programmes and reporting were disrupted during this period.	2021 Quarters 2 and 3	2022 Quarters 1 and 2
Child Protection	2.61	8.20
Education	19.57	7.58
Health	20.12	73.64
Nutrition	16.73	15.01
Water and Sanitation	8.49	25.68
Total	67.52	130.11

84 Safi, N. and Anwari, P. (2022) ‘Afghanistan: Sustaining Health Care Delivery’: <https://blogs.lse.ac.uk/southasia/2022/10/24/afghanistan-sustaining-health-care-delivery/>

85 This slowdown in expenditure was also partly due to the time it took to resume programme activities following the COVID-19 pandemic. Source: KII and UNICEF ACO Monitoring Dashboards, Investment Mapping, Updated 30/06/2022.

86 Ibid.

Finding 3

The quality of UNICEF programmes was impacted by political and administrative impediments to humanitarian access, as well as by other restrictions imposed by the DfA. Considering these obstacles, the quality of programmes was generally good, and was viewed as such by beneficiaries. In part, this is due to the fact that the assistance provided was in line with needs as perceived by affected populations. There was also some evidence of results at the impact level that were, at least in part, a reflection of quality in programme delivery. For example, this was the case in Child Protection (CP).

In post-Taliban Afghanistan, the notion of programme quality must be contextualized to ensure a fair assessment of UNICEF's performance against the relevant standards. The ET drew on the CCCs as the key set of benchmarks for assessing the quality of programmes delivered during the period under review.⁸⁷ From the outset, however, it should be made clear that the CCCs are underpinned by assumptions that do not always hold true in Afghanistan.

Chief among these is that the normative frameworks and aspirations of social welfare reflected in the CCCs are universally shared, notably by the national authorities. The fact that this does not always hold true in Afghanistan manifests itself in very concrete ways during operations, mainly as a result of interdictions imposed by the DfA on key aspects of humanitarian activities, or in their relatively limited participation in programme design and delivery. The DfA's prohibition of the use of female workers in aid activities and on girls' access to education are only two of the better-known obstacles to programme quality against CCC benchmarks.

Some less visible yet substantial obstacles to quality in programme delivery, as reported in interviews conducted for this evaluation, are political and administrative impediments to the work of NGO partners on the ground, as well as the limited capacity and poor decision-making performance of the line ministries that oversee UNICEF activities. The very limited engagement of national authorities in

policy-level dialogue relevant to the humanitarian response was also cited as an obstacle to quality. Interviewees also noted that a serious impediment to programme quality in Afghanistan is the lack of donor appetite for funding streams to support the development of local capacity. Although the contextual obstacles above are present to varying degrees in all protracted emergencies, they are arguably more acute in Afghanistan, and are perhaps best exemplified by the fact that no recognized government is currently engaged at the local level in that country's emergency response.

Allowing for this caveat, the evaluation found that the quality in UNICEF programmes in Afghanistan is good, given a highly adverse context. Despite the constraints noted above, a majority of community members approached through FGDs for this evaluation held positive views about these programmes. Although many pointed out that UNICEF assistance fell far short of covering all urgent needs, most indicated that the support received contributed materially to improvements in their quality of life. This observation is consistent with a survey showing that UNICEF's health programme addresses a need which Afghan households consider to be among the three most critical (alongside food security and livelihoods). It is also in line with outcome-level data suggesting that UNICEF-supported interventions have a positive impact on the welfare of affected populations. For example, a regression analysis conducted by UNICEF found that in districts that had received UNICEF-supported CP assistance, households had a 13 per cent lower chance of having school-aged children engaged in child labour.⁸⁸

In FGDs, most community members mentioned that generally UNICEF assistance was delivered in an effective and timely manner, and only a few made negative comments on the quality of goods received. The most recurrent negative observations related to targeting and beneficiary selection and prioritization across the range of assistance delivered. These observations are examined in the sections below on key dimensions of programme quality (i.e. accountability, convergent programming, needs assessments and targeting).

87 UNICEF (2020) *Core Commitments for Children in Emergencies*.

88 UNICEF PowerPoint presentation, REACH Nuanced Analysis EO May 5 2023. UNICEF data and REACH survey data were used to run a cross-sectional, matched analysis to estimate the effects of UNICEF child protection interventions on child labour in 2022. The results refer to intent-to-treat effects for areas covered by UNICEF interventions in child protection.

**How successfully has programme convergence/
multisector programming been achieved to enable
the delivery and complementary set of services?**

Finding 4

In the course of L3 scale-up, the benefits of programme convergence were widely acknowledged and actively sought at both the planning and delivery stages of programming. Convergence at the delivery stage was sometimes challenging, given the need to coordinate with external stakeholders on the ground. In at least one case, a high level of convergence in programme delivery at community level caused an increase in the total amount of assistance received by a community, prompting perceptions of uneven targeting. Field-level staff tended to approach programme convergence opportunistically as circumstances allowed. In part this is because planning tools and processes are not well suited to supporting convergence.

The majority of UNICEF staff who were asked about multisector programming in interviews stated that convergence in programme outputs and outcomes is sought as a matter of course, based on widely held knowledge and assumptions about where

programme synergies can be achieved. In the 2022 Humanitarian Response Plan (HRP), the UNICEF-led Nutrition sector is highlighted as a space in which coordination and joint programming is actively sought with other sectors, including Health, WASH, Food Security and Protection.⁸⁹ The Education sector, likewise, is presented in the HRP as an area that also aims to support CP and sanitation activities.⁹⁰ Multisector indicators to reflect this convergence feature in the HRP's logframe.⁹¹ Within UNICEF programmes there is good evidence that this form of programme convergence was actively pursued.

For example, 274 schools and 154 health facilities were provided with basic WASH services in 2022.⁹² According to UNICEF personnel, WGSS were widely used as entry points for education, health and immunization activities, in part by enabling referrals where relevant. UNICEF Mobile Health Teams, likewise, played the same facilitating role for CP, Health, Gender and Nutrition interventions. One UNICEF interviewee stated that multisector programming allowed resources to be combined, thereby enabling savings and efficiencies. This was especially useful to allow programmes to reach further into newly accessible areas.



89 OCHA, Humanitarian Response Plan Afghanistan, 2022 Humanitarian Program Cycle, published January 2022.

90 Ibid.

91 Ibid.

92 UNICEF Afghanistan, Country Office Annual Report, 2022.

From a community perspective, multisector programming can be particularly attractive when it is done well, yet can also invite perceptions of uneven targeting. One FGD participant described how in Gardi Kas village, UNICEF built a school which later provided a venue for nutrition screening. This was complemented with healthcare services delivered by a Mobile Health Team. Cash support was also provided to some vulnerable households. The level of service attained in Gardi Kas was such that local authorities prohibited further assistance from being delivered to the village.

In other areas, interviewees pointed out that multi-sector programming can be difficult to achieve, given the need to coordinate activities with disparate local authorities. Government approval for interventions is often granted on a sectoral basis, making it difficult to obtain the blanket clearances needed for synchronized deliveries. Although most participants in community FGDs confirmed that diverse forms of assistance had been received by vulnerable households in their areas, it was not immediately clear whether this assistance had been planned to achieve synergies, or whether it had been timed to produce efficiencies in the way it was delivered.

In the programme design work conducted jointly by the CO, the RO and UNICEF HQ in the context of L3 scale-up, the convergence between Education, CP and Gender was viewed as particularly conducive to potentially enhanced outcomes, and deliberate efforts were made to achieve these synergies. Interviewees in the three offices confirmed that sustained consultations had taken place across these three sectors. At field level, UNICEF interviewees likewise acknowledged the high strategic relevance of multisectoral programming across these areas. They noted, however, that convergence on the ground often occurred organically and as opportunities allowed. One interviewee pointed out that few adequate programme tools existed to promote and facilitate multisectoral convergence; indicators used for results measurement remain largely sector-specific. The use of theories of change to track pathways to desired results is, reportedly, very limited and is mostly confined to individual sectors, according to another UNICEF source.

How well have opportunities been seized and actualized to incorporate development and sustainability dimensions in the L3 response?

Finding 5

Programme strands supporting development and sustainability were adversely affected by the reduced level of UNICEF cooperation with line ministries and the need to pivot to development interventions in which the State was not a key actor. This paradigm shift took time and is still ongoing.

In addition to its impact on overall coverage, the sharp reduction in the scope of UNICEF partnerships with government ministries following the Taliban takeover also considerably constrained opportunities for long-term development and sustainability programming. In an evaluation of UNICEF's Afghanistan Country Program ('Strategic Positioning Evaluation') completed in 2021, the authors noted that the 2020 results framework for the programme reflected a very high degree of integration between humanitarian and development strands of programming.⁹³ Of the 53 groups of activity planned at the time, well over half were geared specifically to improving the sustainability of assistance provided by UNICEF, through systems-building or capacity-building interventions. Given the high financial risk involved in channeling direct funding to line ministries, a substantial proportion of the UNICEF support was routed to NGOs taking part as implementers in government programmes. Nonetheless, the support provided conformed with an accepted paradigm in which the State holds overall responsibility for basic service provision and is accountable for exercising good stewardship over the development of required capacity. This vision was reaffirmed in a UNICEF Strategic Intent Memo on Afghanistan, dated May 2021.⁹⁴ Although the new ways of working called for in the memo included major adjustments to partnership modalities, the central premise remained that development and sustainability in Afghanistan hinged primarily on State capacity. In this perspective, the authors noted that progress required "repeated nimble shifts within an SDG-based HDP nexus framework. The State's capacity to adequately provide services, protection and redress to its citizens needs further strengthening."⁹⁵

93 Townsend, Hicks, et al., *Strategic Positioning Evaluation of the UNICEF Afghanistan Country Program*, conducted for UNICEF by Itad, July 2021.

94 UNICEF, *Government of Afghanistan-UNICEF Country Program 2022-2025*, Strategic Intent Memo, May 2022.

95 Ibid.

The suspension of partnerships with line ministries after August 2021 was described by many interviewees as profoundly disruptive to development workstreams. According to multiple sources, it prompted a period of prolonged uncertainty on the future of development programming in Afghanistan. Independently of the fact that NGO partners were the main recipients of UNICEF funding for capacity development, cooperation with the government had been central to articulating a long-term vision of what successful development looked like, to setting up the policy frameworks needed to ensure consistency in the effort, and to building the operational systems and processes that allowed shared oversight of the work carried out. These joint activities with government partners were a critical part of UNICEF’s efforts to build a sustainable path to development in its AoRs.

After August 2021, these programme strands came to an abrupt halt. Earlier that year, UNICEF had worked on the establishment of legal and institutional systems for child protection with the Ministries of the Interior, Defense, and Labour and Social Affairs.⁹⁶ Training packages had been provided to these ministries to acquaint their personnel with these new regulatory frameworks. In Water and Sanitation, UNICEF had been working for several years on the development of technical capacity at the Ministry of Rural Reconstruction and Development (MRRD) to oversee programmes implemented locally by CDCs. UNICEF had been engaged with the Ministry of Education in upstream activities, such as the development of the national strategy for learning assessment and the roll-out of in-service teacher training.⁹⁷ It had also been involved with other UN partners in exploratory talks to build up the capacity of the Ministry of Labour and Social Affairs for cash-based interventions.⁹⁸

These activities were accompanied by usually modest but strategically important operational support, dispensed through a countrywide network of central and provincial government partners. A good measure of the reduction in the scope of UNICEF cooperation with the Afghan government

after the Taliban takeover is the drop in the number of these partners – from 109 in 2021 to 42 in the first six months of 2022.⁹⁸ As discussed below, this drop was partly due to donor restrictions on development funding. In equal measure it was due to the fact that the DfAs were not consistently aligned with UNICEF’s rights-based development agenda.⁹⁹

In large part, the profound uncertainty felt by aid actors after the Taliban takeover had its roots in the sudden collapse of the basic development paradigm that had informed the aid effort in Afghanistan over the preceding decades. Although the immediate concerns of the aid community after August 2021 focused on the delivery of emergency assistance, several interviewees for this evaluation described a protracted period of UN-wide hesitancy and delayed decision-making that related more to longer-term planning and to the difficulty of conceptualizing a new development model for Afghanistan that did not have the State at its center. This process is still ongoing.



96 UNICEF, Afghanistan Humanitarian Situation Report, January – December 2021.

97 Ibid.

98 Ibid.

99 Examples of this are the Taliban’s dissolution of the Ministry of Women’s Affairs in September 2021 and its lack of recognition of the Afghan Independent Human Rights Commission. These government bodies received UNICEF support in 2020 and 2021.

Finding 6

In the months following the Taliban takeover, there was a prolonged lack of clarity as to what development-type activities were acceptable to donors. Although some donors had released detailed guidelines on the subject, this guidance varied across the range of donors, blurring the line between permissible and proscribed activities. This lack of clarity caused delays in L3 scale-up but was resolved over time. The common perception remains that donor restrictions on development funding severely constrain humanitarian delivery.

In the case of UNICEF, delays in the transition to a new model of development for Afghanistan were also due to a lack of clarity on what development-like activities were permissible by donors. In the words of one interviewee, a common perception among UNICEF and broader UN personnel was that “for donors, development means financing the Taliban.” Conversely, an assumption widely held across the aid community in Afghanistan was that only humanitarian activities were acceptable to donors.

Although UNICEF and other aid agencies are exempt from UN General Assembly sanctions within the scope of their humanitarian activities,¹⁰⁰ the individual position of bilateral donors has generally been less clear. This was especially true in the months that followed the Taliban takeover, when regulatory frameworks to govern financial aid flows were still being reviewed. Although UNICEF itself is usually exempt from restrictions, considerable lack of clarity persisted well into 2022 as to which of its partners were eligible for donor support channeled through UNICEF, and where exactly the line should be drawn between ‘humanitarian’ and ‘development’ programming.

Some of the largest donors had issued exemptions, complete with detailed guidelines on funding eligibility, by the end of 2021.¹⁰¹ However, these guidelines were donor-specific and varied across the broad

range of donors supporting UNICEF in Afghanistan. This made them difficult to convey and to implement at field level, as any single programme was typically supported by multiple donors. By necessity, nuances across the range of donor restrictions came to be condensed to more actionable core guidelines. In essence, these were that humanitarian interventions were permissible but development activities were more problematic, as they were prone to benefit the DfAs or local partners affiliated with them.

In the case of UNICEF, challenges in operationalizing donor restrictions had a significant impact on the Water and Sanitation section, which historically was the one spending the most on sustainability programme strands.¹⁰² Following the Taliban takeover, the ACO suspended payments to the MRRD, in line with donor restrictions, but a protracted debate ensued on whether the 32,000 CDCs across Afghanistan could continue to be supported. Although this was due, in part, to compliance and capacity concerns, it was also due to uncertainty as to whether the CDCs should be viewed as government actors to which funding restrictions should apply. Funding to the CDCs, whose capacity UNICEF had developed with a view to enabling them to play a direct role in the roll-out of WASH programmes, was suspended for eight months while these consultations were taking place.



100 UN Security Council resolution 2615 (2021) clarifies that humanitarian assistance and other activities that support the basic human needs of Afghan People in Afghanistan do not constitute a violation of the UN sanctions regime put in place by UN Security Council resolution 1988 (2011).

101 For example, the US Treasury issued guidance on funding eligibility for humanitarian actors in Afghanistan on 22 December 2021. This includes information on US Treasury General License 19, which “authorizes all transactions and activities involving the Taliban [...] necessary to the following activities by [...] NGOs, subject to certain conditions: humanitarian projects to meet basic human needs; activities to support rule of law; citizen participation, government accountability and transparency; human rights and fundamental freedoms, access to information, and civil society development projects; education.”

102 UNICEF ACO Monitoring Dashboards, Investment Mapping, Updated 30/06/2022.

Across other Programme Sections, the lack of clarity surrounding donor restrictions on development funding was a complicating factor in UNICEF programme design. In the years preceding the Taliban takeover, it had become common practice for the Programme Sections to incorporate development-like objectives in their humanitarian programmes. Their motives for doing so related as much to sustainability as to cost-efficiency in programme design. Given the protractedness of the humanitarian crisis in Afghanistan, localizing capacity to address urgent needs was widely viewed on the ground as a matter of common sense. Faced with a more constraining funding climate, however, some Programme Sections after August 2021 were led to review their activities and to explore ways of de-linking the humanitarian and development strands of their programmes. This was not always feasible. As in health and nutrition, for example, where local staff training is key to service provision, the local capacity built through development-like activities was often critical to the delivery of emergency humanitarian aid.

By mid-2022, an operative understanding seems to have crystalized across UNICEF Programme Sections as to which type of development-like activities were essential to the humanitarian response and were therefore acceptable to donors. As with the HER discussed earlier, measures were taken to bring programmes out of the purview of line ministries so that they could be eligible for funding. This was the case in Water and Sanitation, where direct funding to the CDCs was eventually established, bypassing the MRRD. Partly as a result of these programme-level adjustments in funding channels, the overall amount of training provided by UNICEF to local counterparts in 2022 could be significantly stepped up in 2022, notably in education and nutrition.¹⁰³ Several interviewees, however, lamented that while these arrangements allowed basic needs in capacity development, such as training, to be addressed, prospects for more substantive development programming remained remote. To illustrate this, one UNICEF source pointed to MHNTs, which were viewed as humanitarian and so were typically attractive to donors but were more costly and less effective than a conventional network of brick and mortar public health facilities.

How effective have UNICEF's access strategies been for meeting the needs of children?

Finding 7

The type and nature of obstacles to humanitarian access in Afghanistan changed profoundly after the Taliban takeover. Alongside a sharp decline in security risk, which until then had prevented direct access to large parts of the country, political and administrative impediments to programme coverage increased rapidly after August 2021. In this changing context, UNICEF was largely able to adapt its posture and positioning to minimize the impact of an increasingly adverse context on its programmes. Nonetheless, obstacles to programme coverage remain substantial.

The most widely publicized impediment to UNICEF humanitarian programme coverage following the Taliban takeover has been its March 2022 ban on girls' access to education. In December 2022 this was followed by a ban on tertiary education for women. These are among multiple Taliban interdictions targeting women and girls, and they have forced UNICEF and other aid actors to confine their training and education programmes to boys and men in many parts of Afghanistan. In December 2022 another ban was decreed by the Taliban, prohibiting Afghan women from working in NGOs. As discussed in the section below on needs assessments, the exclusion of female staff from the conduct of UN and other humanitarian programmes has had a profound effect on the coverage and quality of UNICEF programmes.

At the local level, the political and administrative obstructions to programme delivery described by UNICEF and IP personnel were diverse and broad-ranging. Although these obstacles became more acute over time, it is important to note that their severity varied sharply across Afghanistan. They were reported to be the most serious in the Southern Region, which is the seat of Taliban political power. In comparison, they were described as less pronounced in the central and northern regions.

103 UNICEF, Afghanistan Humanitarian Situation Reports n. 3 to 13, February to December 2022.

Like other UN agencies, UNICEF at central and local levels is generally in a stronger position than NGOs to mitigate the impact of Taliban policies on its programmes.¹⁰⁴ Nonetheless, it does remain exposed to these restrictions through its heavy dependence on NGO partners for programme delivery. Across the humanitarian response, it is estimated that 70 per cent of all programmes are implemented on the ground by NGOs, including through UN agencies such as UNICEF.¹⁰⁵ Following its ban on the participation of Afghan women in aid programmes, the Taliban did extend exemptions to NGOs in the health and education sectors. However, 55 per cent of NGO respondents in a survey reported that they were unable to fully exercise these exemptions, which were often interpreted in restrictive ways by the local authorities.¹⁰⁶

UNICEF's engagement with the DfA at central and local levels appears to have paid dividends in terms of programme coverage. Several interviewees, including NGOs and UN personnel in provincial capitals, said that UNICEF enjoyed better access and programme reach than most other humanitarian

actors. At local level, NGO sources in particular generally showed an understanding of the need for UNICEF to nurture the quality of its dialogue with the Taliban. Several of them observed that UNICEF's generally good relationship with senior political decision-makers at the provincial level had allowed it to conduct some successful engagement work in support of girls' access to schools.¹⁰⁷

In supporting this engagement, the role of extenders was described by both UNICEF personnel and NGO partners as critical. As discussed further in Finding 16 below, their knowledge of local political dynamics and influence networks gave them a distinct advantage in identifying local decision-makers critical to the resolution of specific problems. In one interview an extender described in detail how, in the course of his CP work, he had methodically deployed an engagement strategy spanning selected political leaders and government officials at the provincial, district and community levels. This work, which likely could not have been done by international staff, had enabled him to secure the release of children recruited as combatants by the Taliban.



104 For example, following the Taliban's April 2023 edict barring Afghan women from working for the United Nations, UNICEF noted in a press conference in May that it continued to employ Afghan female staff. Source: VOA News, *UNICEF, Afghan Female Staff Delivering Aid Despite Taliban Edict*, 18 May 2023.

105 OCHA, *Afghanistan Humanitarian Access Snapshot*, January 2023.

106 Ibid.

107 As discussed elsewhere in this report, however, the April 2023 ban on the participation of female Afghan staff in UN programmes remains a very substantial obstacle to the conduct of UNICEF operations.

Focus Area 2: To what extent have UNICEF’s programme practices, approaches and ways of working enabled the L3 response to achieve the intended results?

This section explores preparedness, needs assessments and targeting, accountability, monitoring, decentralization and the use of extenders.

Brief Summary of Findings

The preparedness measures taken ahead of the Taliban takeover were not commensurate with the scale and impact of change brought about by this event. A lack of preparation and forward planning prior to the events of August 2021 is likely to have caused delays in programme scale-up following L3 activation.

The assessments that informed the UNICEF L3 response accurately captured humanitarian needs. These assessments, which were conducted on a UN-wide and inter-agency basis, enabled the setting of programme targets that were in line with the scale of needs. These targets were critical from an RM perspective but were of limited usefulness in guiding prioritization during programme implementation.

At programme level, targeting was generally approached pragmatically, based on evolving levels of needs and resources. Although results achieved in this area were generally good, targeting was often challenging in the ‘last-mile’ delivery phase, where there were indications of an overreliance on community leaders in beneficiary selection. Another limitation of needs assessments was that women and girls were severely underrepresented in these exercises, as the ban on female aid staff significantly limited the feasibility of direct engagement with women at community level.

In the context of the 2022 HAC, the setting of programme targets following L3 activation was driven by distinct rationales which were difficult to reconcile. Target setting was made more difficult by the atypical nature of the L3 emergency in Afghanistan and by a lack of clarity on where final authority lay for decisions in this area. Despite these challenges, L3 activation and scale-up in Afghanistan compared favorably with other current L3 emergencies.

The ACO has continued to make some progress toward implementing a more decentralized CO architecture. However, ‘lift and shift’ requires further strategic thinking on the staffing and skills required in the regions, and careful consideration needs to be given to co-locating with other agencies who share UNICEF’s mandate to stay and deliver.

Extenders were vital to the UNICEF L3 response and acted as a critical interface between local communities, IPs, the DfA and UNICEF. Although extenders have contributed significantly to the L3 response throughout Afghanistan, pre-existing challenges identified in the Strategic Positioning Evaluation (2021) in accountability and data quality persist, with the added risk burdens of negotiating with the DfA, particularly for women extenders.

What preparedness measures had the ACO undertaken prior to the L3 activation and to what extent did these measures facilitate a scale-up of the country response?

Finding 8

The preparedness measures taken ahead of the Taliban takeover were not commensurate with the scale and impact of change brought about by this event. The Emergency Preparedness Platform (EPP), used as the main template for contingency planning in Afghanistan, was not fit for purpose. Although efforts were being made at the time to keep the EPP up to date, there are few indications that this tool contributed to preparedness in the run-up to L3 activation.

In light of the profound and wide-ranging changes that occurred in the operating environment as a result of the Taliban takeover, the preparedness measures taken prior to this event were too narrowly confined to routine contingency measures taken at programme level and dictated by standard preparedness and risk management processes. This consisted mainly of updating risk registers and contingency plans on a regular basis and making relatively minor preparatory arrangements at sector level. In hindsight, these measures proved inadequate to help address the sweeping transformational change brought about by the arrival of the Taliban in power.

The notion of ‘preparedness’, as it is generally understood at UNICEF and across the broader humanitarian community, is mostly technical and programmatic in its application.¹⁰⁸ It is not intended to incorporate horizon-wide political and security analysis or to allow for the transformational, frame-breaking change needed to adapt ways of working to entirely new contextual realities. Enabling change at this scale and depth requires proactive leadership and a sustained effort in anticipatory change management, more so than programme preparedness in the technical sense.



As detailed in the UNICEF Afghanistan Strategic Positioning Evaluation completed in 2021 referenced earlier,¹⁰⁹ the EPP promotes a heavily process-driven approach to preparedness, in which the quality of measures taken by the sections is judged more on the basis of their compliance to highly specific procedural benchmarks than on their actual suitability to the context. The format imposed by the EPP is highly compartmentalized, fragmenting preparedness measures on the basis of set groups of pre-identified risks and, again, on the basis of sector-specific responses. This makes it difficult to take an overarching approach to risk analysis and to formulate consistent, office-wide contingency measures to address actual risks identified. Most UNICEF section staff interviewed in the 2021 evaluation had reservations about the EPP, which they viewed as overly prescriptive and unwieldy and not well suited to capturing the full complexity of actual risks being faced in the course of programme implementation. As a result, few had wholeheartedly adopted the tool. The use of risk systems is discussed in further detail in Finding 36.

On a related subject, the ET found limited evidence of formal or concerted efforts to reflect UNICEF’s conflict sensitivity guidelines in programming. These efforts would have required a level of detail and accuracy in macro-level and micro-level risk analysis which, as described above, was not attained in preparedness planning. Nonetheless, the ET did observe that at both CO and FO levels, UNICEF staff had a high level of situational awareness and a good understanding of how to uphold the principle of ‘do no harm’ in their stakeholder engagement and programme delivery.

Finding 9

Some key events set in motion by the Taliban takeover were not unforeseen, yet remained unplanned for. Measures to adapt to the new conditions were taken in the months that followed the Taliban’s arrival in power in August 2021. However, a lack of preparation and forward planning prior to this event is likely to have caused delays in programme scale-up, following L3 activation in September 2021.

108 For a definition of preparedness, see for example European Commission, DG ECHO, *Guidance Note - Disaster Preparedness*, 2021.

109 Townsend, Hicks, et al., *Strategic Positioning Evaluation of the UNICEF Afghanistan Country Program*, conducted for UNICEF by Itad, July 2021.

Although relatively modest preparatory measures were provided for in the EPP-generated contingency plan, discussed above, the ET was unable to find a record of measures taken at the time to prepare for change on a magnitude comparable to those of the events of August 2021.

A May 2021 internal UNICEF Strategic Intent Memo drafted for Afghanistan, referenced earlier, states that “It is strongly believed that the Afghan National Security Forces will be unable to hold off the Taliban.”¹¹⁰ The memo mentions the BCP and Contingency Plan prepared for the anticipated sharp deterioration of the operating environment. As discussed in the section above, however, this planning was mostly at the technical and programmatic level. It did not envision a need to substantially change UNICEF’s way of working in Afghanistan in response to an entirely new operating environment.

In hindsight, and on the basis of research and interviews conducted for this evaluation, three key events came to define the Taliban takeover in operational terms:

- ▶ The first is the fall of the Government of the Islamic Republic of Afghanistan, headed by Ashraf Ghani at the time.
- ▶ The second is the decision of the donor community to divest from aid activities that relied on partnerships with line ministries for their design and implementation.
- ▶ The third is the resulting need to pivot from line ministry to NGO partners to carry out the programme scale-up called for by L3 activation. The need for this shift was further reinforced by the DfA’s lack of support for key aspects of UNICEF’s dual mandate, notably as it relates to women and girls.

On balance, the evidence available suggests that these three events were foreseeable. Indeed, the UNICEF Strategic Intent Memo of May 2021 confirms that the impending fall of the Ghani government was, by then, widely expected to occur. The previous period of Taliban rule, from 1996 to 2001, provided good indications of what this might entail and of the international community’s possible responses.¹¹¹

In programming terms, the chain of events outlined above prompted a range of measures that were taken in the period following the Taliban takeover. The ET assesses that there were no significant obstacles to these measures being initiated, or at least planned for on a preparatory basis, *prior* to August 2021. This may have enabled a more rapid programme scale-up following L3 activation.

These measures were generally aimed at: (1) facilitating the timely shift from government to NGO partners; and (2) engaging in a proactive drive to recruit new NGO partners and to support the capacity development of existing ones. Although the latter action point featured in ACO preparedness planning, it was not pursued proactively until after the events of August 2021.

The ET acknowledges that preparatory activities in anticipation of a political or security event pose a risk to humanitarian neutrality, as they can give rise to the false perception that these activities are intended to endorse or to precipitate the expected event. Nonetheless, it assesses that the two lines of action mentioned above could have been safely pursued prior to August 2021.



110 UNICEF, *Government of Afghanistan-UNICEF Country Program 2022-2025*, Strategic Intent Memo, May 2022.

111 See for example US Congressional Research Service, *Taliban Government in Afghanistan, Background and Issues for Congress*, November 2021.

Regarding the shift to NGO channels for programme delivery, multiple UNICEF interviewees described how, after August 2021, this entailed lengthy due diligence, risk management and capacity review processes to support cost extensions or new grants to NGO partners. The surge in the overall level of activity involving NGO partners resulted in bottlenecks in these review and authorization processes, given insufficient administrative capacity to see them through. Had the risk of this been examined in advance, ways could have been identified to simplify and fast-track verification and review processes within acceptable risk thresholds, with a view to enabling the more rapid scale-up funding streams to new or existing partners. This would have been in line with the guidelines set forth in L3 Emergency Procedures.¹¹²

Although the lack of sufficient NGO partners on the ground continues to be a substantial obstacle to the expansion of UNICEF programme coverage in Afghanistan, this problem has been receding with the gradual return or reactivation of former partners. It was at its most acute in the months immediately following L3 activation, when coverage was sometimes determined based on the location of NGO partners more than on the criticality of needs, and when some funding had to be returned to donors for lack of sufficient channels for programme delivery.¹¹³ During that period, UNICEF reached out proactively to INGOs in an effort to mobilize them on Afghanistan. There is no guarantee that engaging in this outreach effort in advance would have yielded better results; nonetheless, the cost and risk of doing so would have been minimal.

How consistently and accurately have needs been assessed at the outset and during the L3 response?

Finding 10

The needs assessments that informed the UNICEF L3 response were conducted on a UN-wide and inter-agency basis. These assessments informed programme target numbers, which were widely considered to correspond to actual needs. These targets were critical from an RM perspective but were of limited usefulness in guiding prioritization during programme implementation.

The scale and depth of humanitarian needs in Afghanistan poses considerable challenges in terms of needs assessments and beneficiary targeting. To a large extent, the limitations in the scope and quality of programme coverage described in Section 4.1.1 have their roots in capacity and other constraints in the conduct of assessments, and in the consistent application of targeting methodology.

UNICEF's approach to needs assessments is heavily informed by the Joint Intersectoral Analysis Framework (JIAF), an inter-agency tool designed to enable consistent analysis by participants in UN humanitarian responses.¹¹⁴ The JIAF provides the main template for inter-agency analysis conducted annually for HNOs, under OCHA coordination. In turn, HNOs provide the main basis for HRPs produced annually for UN-wide RM purposes. Aside from enabling methodological consistency in assessments and analysis, a key objective of the JIAF is to help ensure that the country objectives and targets set for individual agency programmes are aligned with those of HRPs produced on an inter-agency basis.

In line with the JIAF, the analysis and targets that informed UNICEF's L3 response in Afghanistan drew on data produced by a wide range of actors and were the result of wide-ranging consultations at cluster and inter-cluster levels. For each UNICEF sector of intervention, UNICEF's own L3 response analysis and targets, as set out in its 2022 HAC appeal document, were aligned with the 2022 HRP for Afghanistan, and were based on the same HNO sources and targeting methodologies.

One challenge encountered by all participants involved, and acknowledged by multiple interviewees in the evaluation, was the difficulty of conducting assessments in the period of high instability that followed the Taliban takeover. This reinforced the practice, already well established before then, of pooling assessment data from across cluster members and of drawing on multisectoral exercises such as the Whole of Afghanistan Assessment (WoAA).¹¹⁵

112 UNICEF, The Emergency Procedures, December 2021.

113 KII.

114 OCHA, Joint Intersectoral Analysis Framework, 2021 Humanitarian Programme Cycle, published August 2020.

115 REACH, Whole of Afghanistan Assessment 2022, October 2021.

According to interviewees, an added challenge that came with the use of pooled data was to reconcile multiple assessments conducted by diverse agencies, using a methodology which, at that level, was not always consistent. The data captured in the HNO draws on a total of 731 distinct assessments conducted by 43 partners.¹¹⁶ For UNICEF sectors of intervention, these assessments were typically analysed and consolidated at cluster or inter-cluster level through consultations that drew on the experience and knowledge of UNICEF and other participants. The methodologies used to arrive at programme targets were specific to each cluster. Some, such as the Education cluster, used vulnerability criteria to prioritize geographical locations or affected groups. Others, such as the Nutrition and WASH sectors, arrived at target numbers using population estimates and working assumptions based on best knowledge.

Across the range of interviewees for the evaluation, the general sense was that although the approaches and methodologies used by UNICEF and others at cluster level relied heavily on hypotheses and working assumptions, they were broadly successful in setting targets that accurately reflected actual needs. As noted by one UNICEF interviewee, however, these target numbers did not come with contextual analysis or qualitative insights to inform how resources should be allocated within programmes. In other words, targets were critical for RM but were of limited use in guiding the scale-up of programmes on the ground. This limitation is discussed in the finding below.

Finding 11

Target numbers produced as part of the HNO process provided little guidance on where and how programme resources should be allocated on the ground. At programme level, targeting was generally approached pragmatically, and was decided in consultations between the Programme Sections and the FOs, based on evolving levels of needs and resources. Although results achieved were generally good, targeting was often challenging in the 'last-mile' delivery phase, where there were indications of a heavy reliance on community leaders in beneficiary selection. Given barriers to accessing women and girls, this group was underrepresented in needs assessments. This came as an extra obstacle to addressing its vulnerabilities with appropriate programmes.

One recurrent challenge encountered by Programme Sections was that targets for their programmes were informed primarily by the level of needs, independently of available funding, programme capacity, or contextual constraints to addressing these needs. In the course of programme implementation, it was often the case that available resources and capacity fell short of meeting targets. In some cases this was due to the fact that the vulnerability criteria used for target setting at the preliminary analysis stage were very broad. This was compounded by the fact that demographic data used for target setting was frequently outdated and understated the number of beneficiaries to be selected on the basis of these criteria. The actual numbers often proved higher.



116 OCHA, Humanitarian Needs Overview Afghanistan, Humanitarian Programme Cycle 2022, published January 2022.

Where this happened, resource allocation within programmes had to default to a pragmatic process of prioritization, aimed at channeling the limited resources actually available to the needs that seemed the most acute at any given time. The way this process played out across UNICEF programmes varied widely. On the whole, the picture that emerged is one in which the technical know-how of Programme Sections successfully combined with the contextual awareness of FOs to produce equitable results in beneficiary selection. Nonetheless, the following three broad observations can be made.

Targeting was most challenging in the 'last-mile' delivery phase.

Across the Programme Sections, the challenge of prioritizing limited programme resources generally became more pronounced as it moved downstream. Targeting and prioritization were at their most challenging in the 'last-mile' stage of programme delivery.

At national level, it was usually straightforward to select priority provinces for programme coverage, based on socioeconomic and other markers of vulnerability. Vulnerability mapping at that level features in the 2022 HNO.¹¹⁷ Identifying vulnerable groups became more difficult within provinces, where differentiations across local populations were often hard to make beyond 'urban', 'rural' and 'remote' categorizations. This became more difficult still at district level, where populations were even more homogeneous and uniformly in need. At the community level, few immediately obvious markers of vulnerability existed to differentiate community members among themselves. Although the beneficiary selection criteria used at that level did allow for verification that the recipients of UNICEF support were demonstrably in need, they were often of little help in demonstrating that the beneficiaries selected were *more* vulnerable than others in the community.

This was the case, for example, in cash-based interventions, where the rationales used to select eligible households were designed to incentivize certain behaviours, in line with set programme objectives. Although successful for that purpose, these rationales were sometimes questioned by participants in FGDs, who were unclear why cash grants were

given to some vulnerable households and not to others. This was sometimes accompanied by the redistribution of cash grants by community or district leaders after formal UNICEF distribution had taken place.

More broadly, the fact that prioritization was done on the basis of set programme goals, rather than across programme sectors and services, was sometimes met with resistance by affected communities. In an FGD, one community member said: "The health kit included hygienic materials such as shampoos, and people used them; however, I think food materials would have been better, because people are not in good financial condition." In a separate FGD, another community member questioned the priority of UNICEF support in education when needs in infrastructure, such as classrooms and water pumps, remained unaddressed: "UNICEF distributes two 20-page notebooks to pupils sitting in the sun. [But] we have not witnessed a day without seeing three pupils faint and three pupils having nosebleeds [from heat and dehydration]."



117 OCHA, Humanitarian Needs Overview Afghanistan, Humanitarian Programme Cycle 2022, published January 2022.

There appears to be a heavy reliance on community leaders in ‘last-mile’ beneficiary selection.

Faced with the considerable challenges of selecting beneficiaries at community level, a tendency in UNICEF programmes appears to have been to rely heavily on local community leaders for ‘last-mile’ beneficiary selection and distribution.

In sectors such as Education and WASH, this tendency was contained by School Management Shuras and CDCs, which generally do enable a more collegial approach to local targeting, aimed in large part at supporting local service delivery systems. Likewise in Health and some areas of Nutrition, access to services is based largely on self-selection, which minimizes the risk of arbitrariness in targeting. Nonetheless, a significant number of community members indicated in FGDs that community leaders should not be relied on as the main decision-makers in local targeting. For example, one said: “Yes, there are many people whose voices are not heard. Some NGOs finalize everything with the head of the village, and people do not get informed about the details. For instance, I do not have any information about the aid being distributed.” Another said in a separate FGD: “The [programme] staff shouldn’t listen to the community leaders. Unfortunately, we have people in our community who don’t consider others’ needs and poverty and try to list their family members’ names on the aid list.”

Based on interviews with community members and extenders, it appeared that this problem could be approached from a monitoring perspective as much as from the point of view of targeting at inception. Multiple interviewees suggested that exclusion and inclusion errors in targeting could be corrected subsequently in the course of monitoring, as long as monitoring activities covered both recipient and non-recipient households in communities where assistance was provided.

The exclusion of female enumerators from the conduct of needs assessments was flagged as a severe limitation to understanding and documenting the vulnerabilities of women and girls.

Multiple NGO partners, UNICEF extenders and community members pointed out that needs assessment cannot adequately capture the perspective of women and girls, given the Taliban prohibition on the involvement of female staff in UN and other aid activities, including assessments. For example, one NGO partner said: “Yes, we were implementing UNICEF’s project in the past, but we used to have both male and female surveyors, but now women are not allowed. We only can collect data from men, and the women perspective is missing.”

More concerning still, some UNICEF partners and extenders indicated that the lack of a female perspective in needs assessments had translated into a reduction in the amount of assistance delivered to women and girls. One extender said: “Compared to the past, UNICEF’s activities [involving women and girls] have been lessened, especially because of the ban on girls’ schools. Girls’ and women’s needs are not considered well as in the past. Twenty per cent of their needs might be considered now.” Another said, “Women in the villages should be provided with [...] assistance also. Unfortunately, they are not assisted so far; if they are, they have been assisted to a limited extent.”

Finding 12

In the context of the 2022 HAC, targeting was driven by distinct rationales. Some UNICEF managers viewed the target-setting process as primarily needs-driven and aimed first and foremost at informing RM. Others were inclined to also factor in considerations other than humanitarian need, such as resource or capacity constraints in programme delivery. Consultations to reconcile these distinct views were made more difficult by the fact that the situation in Afghanistan at the time did not conform with a scenario of sudden-onset emergency. In this atypical context, consultations on programme targets were also hampered by a lack of clarity on where final authority lay for decisions in this area. Despite these challenges, the L3 activation and scale-up in Afghanistan compared favourably with other current L3 emergencies.

In the course of interviews with ACO-based, HQ-based and RO-based personnel, two distinct conceptions of programme targeting emerged. The first approached target setting as an exercise aimed to inform resource mobilisation, based primarily on the level of humanitarian needs. The second envisioned targeting as a way of setting the desired scope of planned interventions on the ground. This second approach took into account considerations other than need, such as programme capacity, to arrive at targets that were adjusted for the feasibility of achieving them. Proponents of this latter approach were concerned that setting targets independently of capacity considerations was high-risk and would later force them to report shortfalls in programme results.

In contrast, advocates of the needs-based approach were keen to use programme targets to convey an accurate reflection of the humanitarian reality to donors, independently of programmatic considerations. They were concerned that not doing so would skew the RM process and expose it to drivers other than need.

Consultations to reconcile these different conceptions were broad-based, and their outcome was approved at the highest level. In the context of Afghanistan at the time, however, these consultations were made difficult by the unusual nature of the emergency.

From a field perspective, the arrival of the Taliban in power in August 2021 had little immediate impact on humanitarian needs, which were already acute prior to this event. Although the Taliban takeover was a dramatic and highly visible event globally, there was a perception among some UNICEF and other UN staff in Kabul that this was a political more than a humanitarian crisis, one set against an unchanging backdrop of chronic and largely unmet needs. Like the HRP, the 2022 HAC identified needs that had already been acute in preceding years, and predated August 2021. Notable among these were the unmet needs resulting from three consecutive years of severe drought.¹¹⁸ Ongoing armed violence had also fueled high rates of forced displacements and related vulnerabilities in previous years.¹¹⁹ A view expressed by several UNICEF interviewees was that



118 In June 2021 the Afghan government had officially declared a national drought, resulting from exceptionally low levels of seasonal rain starting in 2020. Source: OCHA, 2022 Humanitarian Needs Overview, issued January 2022.

119 Since 2015, the average rate of forced internal displacement had been in excess of 500,000 per year. Source: OCHA, 2021 Humanitarian Needs Overview, Afghanistan.

the Taliban takeover alone did not justify a sharp and sudden increase in programme targets. Proponents of this view held that in a more historical perspective, other considerations, such as the challenge of ramping up sustainable programme capacity, should also be taken into account in the target-setting process.

It is notable, however, that prior to the events of August 2021, UNICEF programme targets were relatively modest compared to the levels of humanitarian needs identified. In early 2021 the HAC planned to cover only 10 per cent of PiN that year, compared with the HRP's 85 per cent.¹²⁰ Following the Taliban takeover, targets in the 2022 HAC were significantly increased, to 62 per cent of PiN.¹²¹ This was still well below the HRP's targeted coverage that year (90 per cent of PiN).¹²²

In light of these comparisons, the HAC's increase in programme targets in 2022 is a correction rather than a departure from the norm set by the HRP. In the context of the time, it was also consistent with the plausible risk of impending system collapse, which was identified in both the 2022 HAC and HRP.

In interviews, multiple UNICEF staff expressed continued disagreement with the programme targets decided for 2022. There was a sense that consultations on targeting had taken place amid a lack of clarity among staff on who was responsible for final decisions in this area. Some interviewees held opposing views on whether target-setting was under the remit of the Country Representative or the Director of the Office of Emergency Programmes (EMOPS), and felt that a bottom-up process led by the ACO was the preferable option. The updated Emergency Guidelines, released in December 2021, do state that the Representative is accountable for the development of an L3 response plan.¹²³ However, multiple interviewees felt that in the case of the Afghanistan L3 response, a lead role for EMOPS had been necessary to fill a leadership vacuum created by the rapid turnover of senior management in Kabul.

Despite these divergences of view, interviewees with experience of L3 activation and scale-up in other contexts said on the whole, the roll-out of the L3 emergency in Afghanistan compared favourably with similar exercises in other countries.

How viable are the response's accountability mechanisms?

Finding 13

The use of dedicated feedback mechanisms by affected groups increased sharply after the Taliban takeover. After August 2021, UNICEF took steps to increase their capacity. Nonetheless, in FGDs most community members said they were not aware of these mechanisms, and they indicated a preference for conveying feedback, including grievances, via their community leaders. Community participants in FGDs generally felt that their views and opinions on UNICEF interventions were heard and taken into account by UNICEF and its partners. Although feedback from women and girls via dedicated UNICEF mechanisms was comparatively high, some UNICEF interviewees felt that further efforts should be made to engage with this group, given their social exclusion and high exposure to risk.

According to UNICEF reporting, the number of people who used dedicated feedback mechanisms to share their concerns with UNICEF or discuss their needs increased sharply after the Taliban takeover – from 11,400 in the first six months of 2021 to 132,500 in the second half of that year. The total number for 2022 was 223,943. Although this latter number is relatively modest when considered against the 15.3 million people targeted by UNICEF programmes in 2022, it constitutes a sizable contribution to the larger sample group surveyed on a regular basis in a concerted inter-agency effort to engage with affected populations.¹²⁴

120 Calculated from People in Need (PiN) and target population figures in the 2021 HAC and HRP. Source: UNICEF Humanitarian Action for Children (HAC), Afghanistan, 2021; OCHA, Humanitarian Response Plan Afghanistan, 2021 Humanitarian Program Cycle, published January 2021.

121 Ibid.

122 Ibid.

123 UNICEF The Emergency Procedures, Simplified and Streamlined for Every Emergency, December 2021.

124 Multiple agencies in Afghanistan, including UNICEF, have been involved in a collective effort to pool the feedback obtained in their respective community engagement efforts. See for example Afghanistan Collective Feedback Digest, A Compilation of Community Voices, Issue 12, September 2022.

In 2022 UNICEF took steps to bolster its accountability mechanisms. During its response to the earthquake in Paktika, it established a joint mobile team to collect the feedback of affected populations with regard to the ongoing relief effort.¹²⁵ Later that year it supported an integrated system for two-way dialogue with community members through multiple platforms and channels, in order to collect community insights and feedback on programmes. As part of this effort, some of its FOs dispensed Accountability to Affected Populations (AAP) training to their staff, partners and extenders. The number of community members engaged with on a monthly basis through these efforts increased from 4,000 in May to more than 50,000 in November.¹²⁶

At field level, there was a sense among FO staff questioned on the subject that the roll-out of dedicated accountability systems had often been challenging, and that results in terms of accountability had been elusive. Field staff said their knowledge and understanding of community sentiment regarding the assistance provided by UNICEF came mainly from their own direct engagement with affected groups and from feedback obtained directly from partners and extenders active in their areas. Some said that community participation in accountability processes was constrained by cultural factors and low expectations with regard to the obligations and performance of government or humanitarian service providers. One said: “Aside from the practical challenges, the real problem is that affected populations themselves have few expectations. We need to create more awareness of beneficiary rights and more mobilization and participation. The feedback is there but it’s limited.”

In FGDs, community members painted a picture that is generally consistent with that conveyed by UNICEF field staff. The majority said that they had very limited awareness of formal feedback or grievance mechanisms, and none had resorted to them in the past. A small number said that they were hesitant to express discontent about the assistance received, fearing that this may cause it to be withheld in the future.

In FGDs, community members indicated that they were generally more inclined to convey their concerns and grievances via their community or district representatives, who would then raise them with NGO partners working on the ground on behalf of UNICEF. Several of these NGOs said that they operated their own feedback and grievance mechanisms, and they described them as effective and well developed. The exact extent to which these mechanisms fed into UNICEF’s own accountability systems could not be ascertained. As noted above, however, field-level communication between NGO staff and UNICEF FOs on feedback received from communities was generally consistent, according to multiple sources.

Several UNICEF and NGO interviewees for the evaluation expressed concerns about the fact that the feedback received from women, either through dedicated mechanisms or more informal channels, was disproportionately small compared with the level of humanitarian risk and social exclusion they face in Afghanistan. This is despite the fact that according to the available evidence, close to half (43 per cent) of the respondents in UNICEF’s community engagement activities in 2022 were women.¹²⁷ Although large in proportional terms, this percentage is not high enough to offset the modest total number of Afghan women whose voices are heard by the humanitarian community. It is worth noting here that the proportion of female feedback captured by other aid actors in 2022 is lower than UNICEF’s.



125 This initiative was launched jointly with the Swedish Committee for Afghanistan (SCA).

126 UNICEF, Afghanistan Situation reports, numbers 8 to 12, 2022.

127 Of the 20,764 respondents who provided UNICEF with feedback in June and September 2022 – the only months for which data could be obtained – 43% were women. Source: Afghanistan Collective Feedback Digest, A Compilation of Community Voices, Issue 9 and 12, June and September 2022.

For example, on Awaaz, the main accountability platform used by aid actors in Afghanistan, the proportion of women respondents is 22 per cent.¹²⁸ Across other platforms operated by aid agencies in Afghanistan, according to the evidence available, it is 34 per cent.¹²⁹ Given that vulnerabilities in terms of exclusion and lack of access to rights and services are considerably higher for women than for men in Afghanistan, two UNICEF interviewees spoke of this modest level of combined outreach to women as a collective failure of accountability on the part of the humanitarian community, and expressed the view that UNICEF should do more to help improve it.

In this context, it is encouraging that some female community members interviewed for the evaluation were familiar with UNICEF’s U-Report platform and used it on a regular basis. Although only 30 per cent of the platform’s users in Afghanistan are women,¹³⁰ one extender familiar with its uptake at community level said that it was potentially a valuable tool to improve UNICEF’s accountability to women and girls, among other vulnerable groups. Although U-Reports have been used by UNICEF, jointly with the United Nations Office for Project Services (UNOPS),¹³¹ to obtain information on livelihoods, its use to collect potentially more sensitive user feedback on UNICEF’s gender or protection work has been more limited so far.



To what extent has the Decentralization and Updated Accountability Framework enabled flexible and adaptive programming in the L3?

Box 1. Implementing the Updated Accountability and Decentralization Framework to enable flexible and adaptive programming in the L3 response (EQ 2.5)

“A key element of the ACO management strategy is to strengthen field presence and decentralize decision making in support of greater results to affected populations as detailed in the CCCs, the 2022–2025 strategic plan and the Country Programme Management Plan. The expansion of field presence is guided by the urgent need for scale-up as a result of the events of August 2021 and the associated change in power which has created greater access and movement throughout the country. The aim is to ensure effective delivery of UNICEF response at scale while developing locally adapted approaches to bridge humanitarian relief with recovery and development efforts. Field presence provides programmatic and operational resilience to local contexts including power dynamics, security, natural disasters, and other conditions, plus political and community credibility in a country with ethnic and geographic divisions. It also aims to support a coordinated programme delivery as well as humanitarian response at a decentralized level through localized programme partnerships, to build the capacity of partners, and to leverage resources and promote equity-focused results for children.”¹³²

Finding 14

In an L3 response, there is a sound logic for decentralizing further responsibilities to the FOs. The ACO has continued to make some progress toward implementing a more decentralized CO architecture, but further devolution requires an organizational mindset change that will take time.

128 <https://awaazaf.org/>

129 Afghanistan Collective Feedback Digest – A Compilation of Community Voices, Issue number 12: Feedback collected in September 2022.

130 <https://afghanistan.ureport.in/engagement/>

131 <https://www.unicef.org/afghanistan/press-releases/unicef-and-unops-collaborate-collect-feedback-communities-afghanistan-through-u>

132 Source: UNICEF Updated Accountability Framework, 15/02/22, p.7.

Efforts to decentralize greater responsibilities to the FOs began prior to the L3 activation. Both the evaluation of UNICEF’s Coverage and Quality in Complex Human Situations: Afghanistan (2020)¹³³ and the ACO Strategic Positioning Evaluation (2021)¹³⁴ noted progress toward decentralization. The need to act with increased agility in the L3 response and interact with a decentralized DfA governance system has increased the imperative to further operationalize the decentralization and accountability framework in the ACO.

During the L3, the ACO has incrementally empowered FOs in a number of important areas. Financially, the FOs have now been designated ‘cost centers’ so they can now formally allocate, spend and report on finances. Table 5 indicates that fund allocation to the regions has increased year-on-year from 2021 (in step with an overall funding increase during the L3),

although since supplies/procurements are centralized, the Kabul office figures are inflated accordingly. Logically funding for the regions remains significantly lower than to the Kabul office and PMU. In human resource issues, the Chief Field Officer (CFO) positions were upgraded to P5 level in early 2022 in recognition of the high level of responsibilities carried by these posts. In some instances, CFOs were able to actively engage in recruitment processes, which was perceived to expedite the staffing uplift that was critical in the early weeks of the L3 response.¹³⁵ In terms of capacity-building results to support further decentralization, in 2022 100 field-based staff were trained in partnership, budgetary and risk management and monitoring systems.¹³⁶ However, the OIAI Risk Advisory report indicated that ACO travel in 2021–2022 recorded 552 programmatic visits but only 85 (13 per cent) technical assistance missions, which are key to the ACO decentralization strategy.¹³⁷

Table 5. Regional fund allocation¹³⁸

Allocation by Region (US\$)	2021	2022	2023	Grand Total
Kabul, Afghanistan	164,837,586	364,896,804	604,166,286	1,133,900,676
Kabul ZO, Central	4,610,253	25,751,785	44,003,975	74,366,013
Parwan, Central			47,626,462	47,626,462
Jalalabad, Eastern	2,340,481	12,817,314	18,559,539	33,717,334
Mazar-I-Sharif North	3,847,640	18,008,843	31,487,043	53,343,526
Kandahar, Southern	5,565,186	22,717,912	27,694,469	55,977,567
Herat, Western	6,586,431	21,342,634	19,038,891	46,967,956
PMU Afghanistan		245,637,740	190,912,865	436,550,605
Grand Total	187,787,577	711,173,032	983,489,530	1,882,450,140

133 Evaluation of UNICEF’s Coverage and Quality in Complex Human Situations, August 2020.

134 UNICEF Afghanistan: Strategic Positioning Evaluation, Itad, August 2021.

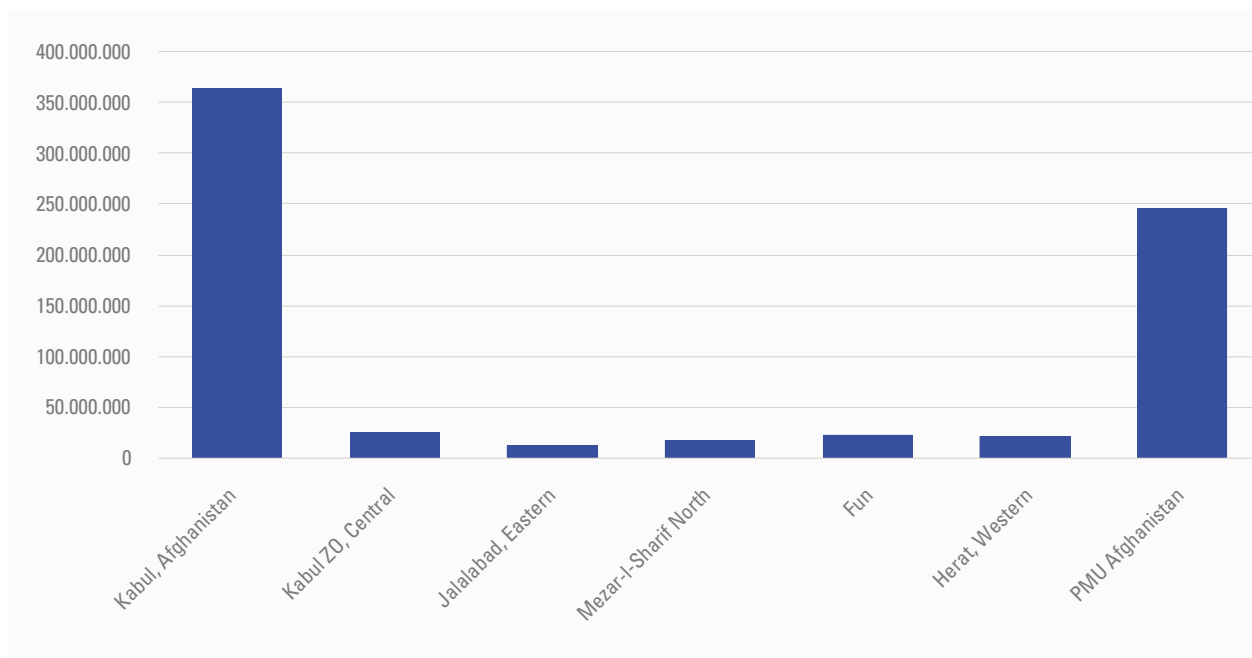
135 KII ACO.

136 Program Coordination, RAM report, 2022.

137 Afghanistan CO Risk Advisory, final working copy, OIAI, 28 November 2022, p.29.

138 Allocation provided to ET by Program & Monitoring (P&M) Unit, June 2023.

Figure 8. Funding by region, 2022



Decentralization is a complex process, especially in light of key facets of the L3 response such as cash transfers and supplies remaining centralized. Overall, the perceptions of the Updated Accountability Framework are positive and the clarity of roles and responsibilities is appreciated. However, some key informants observed that the decentralization process is characterized by a ‘one step forward, one step back’ approach.¹³⁹ Challenges remain with regard to achieving further progress in terms of gradually changing an organizational mindset that favours centralized budget and programmatic management, especially in light of navigating complex donor financial accountability redlines. Further challenges to greater fiscal autonomy to the FOs remain in terms of centrally managed salaries and procurements/supplies (although the latter issue is mostly irrelevant in the current context of Afghanistan). It has been observed in other emergency contexts, such as Iraq and Yemen, that it is also a challenge for FOs to spend their full allocations and that to do so would require very careful fiscal planning by the Section Chiefs.¹⁴⁰

Finding 15

Theoretically, lift and shift to the FOs enables an enhanced agility to take advantage of increased physical access and respond to the dynamic context on the ground. However, lift and shift requires further strategic thinking on the staffing and skills required in the regions, and careful consideration needs to be given to co-locating with other agencies who share UNICEF’s mandate to stay and deliver.

Prior to the L3, the ACO had been operationalizing a lift and shift strategy, which involved deploying ACO staff, on a needs basis, to different FOs to maximize opportunities to engage in hard-to-reach areas.¹⁴¹ This strategy was also applied in the L3 response. Initially the ACO was proactive in taking advantage of the improved security and enhanced physical access in the country to increase temporary lift and shifts so both national and international staff could respond to the L3 in the field. As the L3 has moved into a sustained phase, the ACO has recalibrated some Kabul-based posts to the FOs. At times the reassigning of posts (or new posts) has been perceived to lack a strategic vision to match the skills required in the ROs, and it has also been met with resistance by some personnel disinclined to be based outside Kabul.

139 KII.

140 KII.

141 UNICEF Strategic Positioning Evaluation. Itad, 2021, p.58.

At the start of August 2021, the UNICEF Kandahar FO (Southern Region) was co-located with the United Nations Assistance Mission in Afghanistan (UNAMA). In the immediate aftermath of the Taliban capture of Kabul (August 2021), there was a lack of cohesion among UN agencies as to whether to evacuate or stay, with UNAMA initially favouring the former option. This lack of a unified approach created challenges for the Southern Regional FO co-located with UNAMA. Although the ACO has recently addressed the risk of co-locating with agencies who do not share the humanitarian imperative to stay and deliver, this is a finding that has global resonance for UNICEF co-location precedence in volatile and fragile contexts globally.

To what extent has the use of extenders contributed to programme implementation during the L3 response?

Finding 16

Extenders were vital to the UNICEF L3 response to replace the role of previous government monitors, to increase child protection services and to use extender local knowledge to act as a critical interface between local communities, IPs, the DfA and UNICEF.



As per the saying of UNICEF, we are its eyes, ears and hands. We, extenders, have proved this saying right because we have gone to remote areas, noticed their problems, shared them, and addressed them.¹⁴²

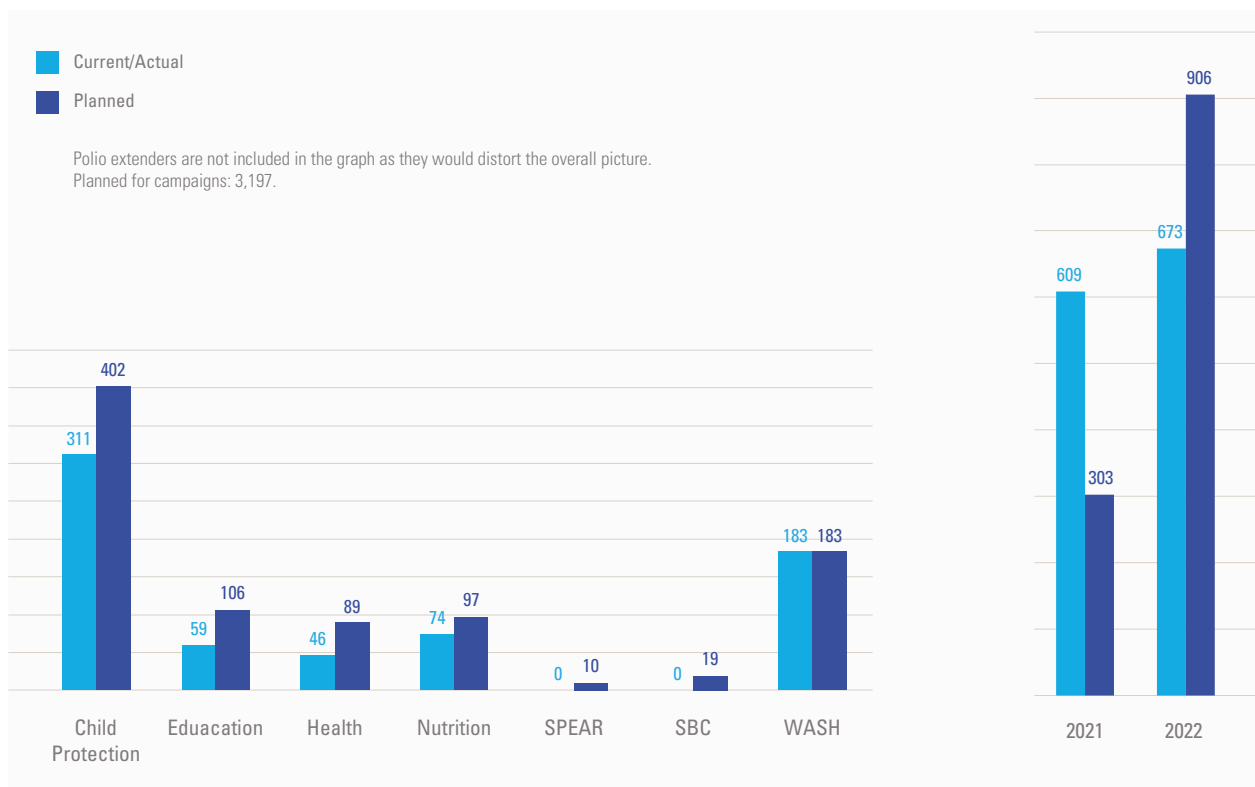
In May 2021, the ACO formulated a contingency plan in which it was foreseen that extenders would be key actors in the ensuing emergency response: “Extenders will play a major role in liaising with authorities, planning with community members, carrying out child protection activities and helping to monitor grave violations and work with community-based organizations (CBOs) to verify cases.”¹⁴³ Immediately after the activation of the L3, the ACO increased the recruitment of extenders (to fill new roles and to replace those who had left their positions). The exact increase in the number of extenders is difficult to ascertain in the early phases of the L3, because the ACO centralized the management of this modality only in late 2022, and started recording in an integrated database in November 2022.¹⁴⁴ According to an Emergency Management Team (EMT) report (October 2021), in 2021 a total of 3,492 extenders were recruited, against a plan of 2,592, and sections (excluding polio) realized a 77 per cent increase in the number of extenders recruited against the 2021 targets.¹⁴⁵

Figure 9 shows a planned increase in extender usage in all sections, with the exception of WASH. Raw data provided by the ACO for the period November 2022–April 2023 shows an increase in the recruitment of female extenders in the nutrition and polio sectors.¹⁴⁶ In terms of scale of extender contracting, in April 2023 one of the larger extender contractors (CTG) had 44 separate contracts with different sectors across the ACO.¹⁴⁷



142 Extender, Northern Region.
 143 UNICEF Afghanistan Contingency Plan, 15 May 2021, p.18.
 144 ACO written response to the Evaluation Team, 11/06/23.
 145 EMT reporting in February 2022.
 146 Extender Modality: Gender and New Joined. Data provided by the ACO (from E-Tool) on 11/06/23.
 147 CTG figures, April 2023.

Figure 9. UNICEF extender use



Extenders have a good knowledge of the communities that they work in, and this has been an enabler for both physical access and negotiating with local communities and the DfA. In a survey of extenders

conducted in this evaluation, 69 per cent feel that they are able to identify those most in need in their respective communities and 32 per cent identified as being able to work in areas inaccessible to UNICEF.

Figure 10. Extender Survey – Needs

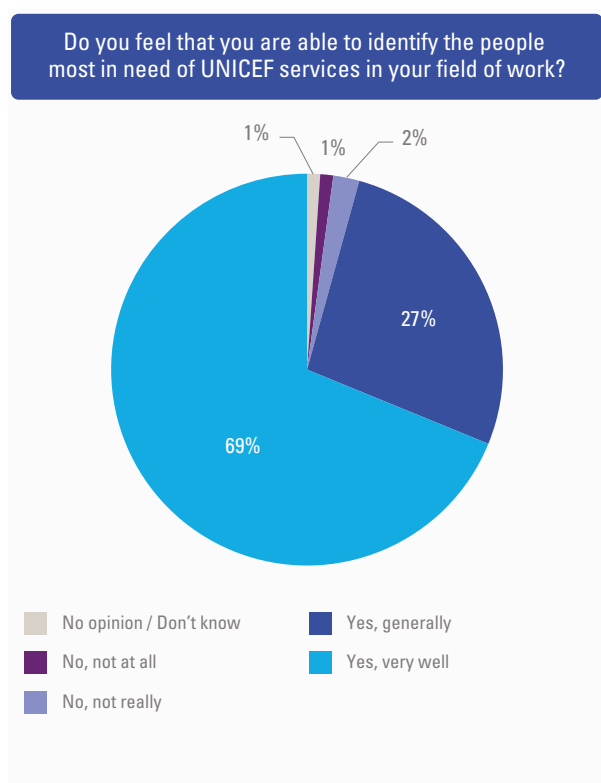
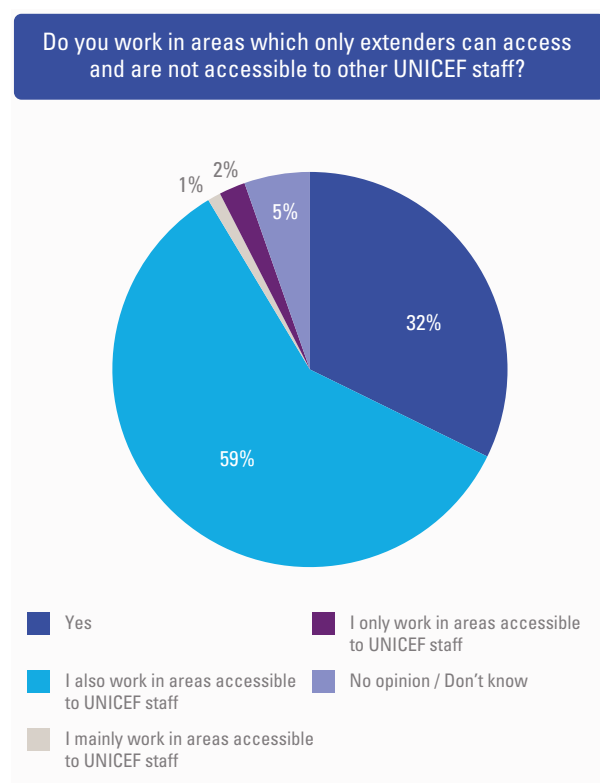


Figure 11. Extender Survey – Access



In CP, it was observed that extenders “significantly contributed to UNICEF’s commitment to stay and deliver.”¹⁴⁸ Given the enormity of CP needs and a dearth of social workers in the aftermath of August 2021, UNICEF has been able to adapt by providing trainings to a cohort of extenders to work as a network of social workers across the country to address immediate CP needs in the L3.

Finding 17

Although extenders have contributed significantly to the L3 response throughout Afghanistan, pre-existing challenges identified in the Strategic Positioning Evaluation (2021) in terms of accountability and data quality persist, with the added risk burdens of negotiating with the DfA, particularly for women extenders.

The Strategic Positioning Evaluation (2021) highlighted concerns with extender accountability and the reputational risk of extenders who act on behalf of UNICEF with stakeholders but may not be in full alignment with UNICEF’s programmatic and core values. Another observation was the quality and reliability of the data provided by extenders.¹⁴⁹ This evaluation has found that these concerns have continued to be evinced in the L3 response but have been partly mitigated by the recruitment of P3 and NoC Extenders Managers. Some UNICEF partners have expressed a need to ensure that UNICEF can take steps to increase the quality of data produced by extenders. This evaluation does not recommend a World Bank type approach of ‘monitoring the monitors’, but instead recommends the adoption of a more proactive approach to identifying extender skill gaps and providing the requisite training to help improve QA in the data that extenders collect.

Box 2. Extender perspective

“Our job is majorly aimed at finding calamities in the society and sharing them with our office; we play the role of a focal point. Since the office cannot work in the field, extenders play a vital role in finding cases and sharing them with partners and our office. We identified child smugglers in Torkham borders who were greatly engaged in child labour and were smuggling goods across the boundary. One of the most interesting parts so far in my job was helping those children and preventing them from engaging in child labour – it was really a tough job. We wanted to mitigate this; therefore, UNICEF, implementation partners and extenders started to intervene in this regard. We proceeded with the case to an extent until the partner started its work.”¹⁵⁰

An emergent difficulty faced by extenders is managing increased interference from the local DfA. This impacts extenders on two levels. First, the evaluation found a widespread perception among interviewees that extenders are carrying a high burden of risk in terms of negotiating with the DfA, and a concurrent expectation of more support from UNICEF in this regard. However, this finding is tempered by the extender survey, which shows that 78 per cent of extenders felt that they did have a very good relationship with the local authorities. It is likely that this burden of risk varies greatly across geographic location and sections (as is the case with NGO IPs, as discussed in Sections 4.3.2 and 4.3.3).

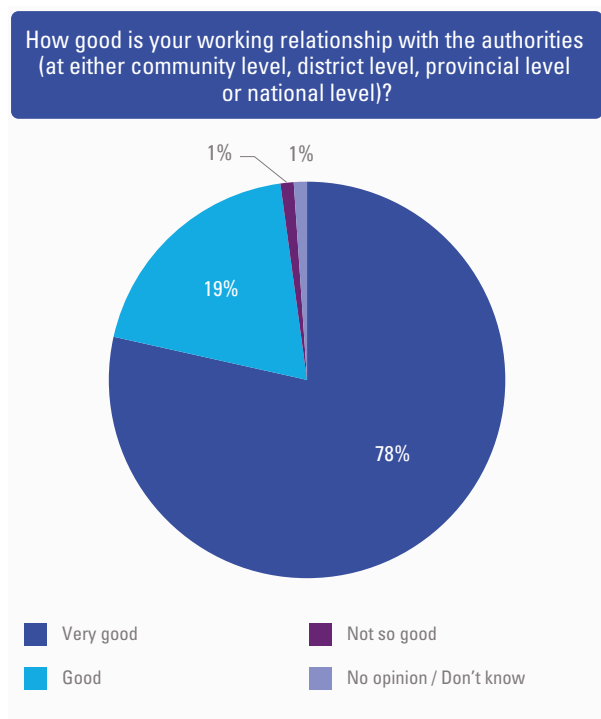


148 KII.

149 UNICEF Afghanistan: Strategic Positioning Evaluation, Itad, August 2021.

150 KII.

Figure 12. Extender survey – relations



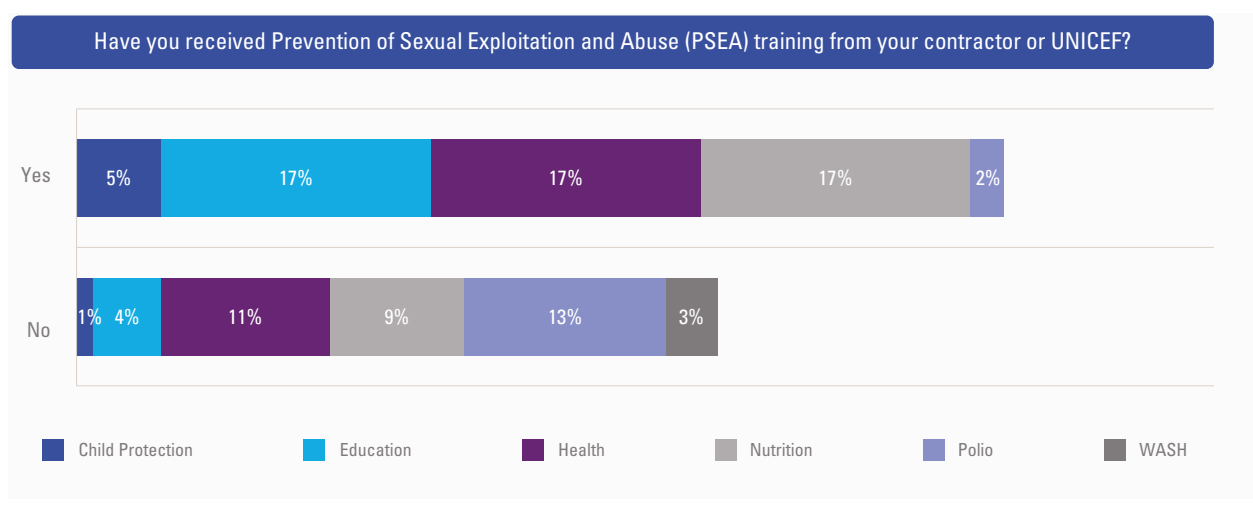
The DfA decrees banning women working in NGOs, and the requirements for mahram have increased both the cost and the risk for female extenders, especially for those not working in the health sector. Although the implementation of these decrees is uneven across the country and the duty of care rests with the contractor and not the ACO, the ACO must still apply ‘do no harm’ principles, having a secondary duty of care in this matter. Therefore the question remains as to whether the risk to female extenders is unacceptably high.

Finding 18

Operationalizing corporate procedures on PSEA is imperative in an L3 emergency. Despite an upsurge in extender recruitments, evidence indicates that more extenders are being trained on PSEA than recorded pre-August 2021 and in 2022.

In 2022, an OIAI report found that extender contracting agencies were not providing PSEA trainings and had scant PSEA or safeguarding policies in their organizations.¹⁵¹ This evaluation found significant anecdotal evidence in the Northern and Eastern regions to indicate that there is widespread peer-to-peer training ongoing in PSEA, outside of formal in-person and online training. However, it is not entirely clear as to whether the impetus of these informal trainings is coming from the contracting agency or from UNICEF staff. In the evaluation’s nationwide extender survey, it was found that 59 per cent of extenders reported receiving PSEA training from either UNICEF or their contractor (see Figure 13). This percentage indicates an improvement compared to the OIAI findings.

Figure 13. Extender survey – PSEA



151 Afghanistan CO Risk Advisory, final working copy, OIAI, 28 November 2022.

To what extent has programming drawn on a viable base of timely evidence, supported by ongoing monitoring? Investment in gender evidence and analysis?

Finding 19

There has been a significant thirst for data in the L3, but ongoing monitoring has been challenged by a lack of consistency in collection and reporting systems. UNICEF understands these challenges and is taking concrete steps to improve the coherence and strategic approach to monitoring and information management. The use of TPM is an important element of the ACO monitoring architecture. Although it is perceived that the ACO has expanded their role to beyond traditional monitoring, this has led to innovations in monitoring in the education sector.

The ACO uses various approaches to monitoring to meet the demands for high-frequency data in an evolving humanitarian programming context. These approaches include: field monitoring, including programmatic visits (PMVs) and joint monitoring visits (JMV); TPM; remote monitoring; real-time monitoring; partner self-reporting; programme

reviews; sentinel monitoring; and cluster milestone monitoring. Humanitarian performance monitoring triangulates data from several of these sources to track high-frequency indicators.

UNICEF has collected large sources of monitoring data since the start of the L3 through these various approaches. However, the monitoring system in general has been challenged by unevenness and lack of consistency in data collection and reporting. As the ACO has acknowledged, “Different staff, extenders, partners have different understanding or interpretation of some activities or indicators, and the data reported for those is incompatible and not reconcilable[...] As UNICEF is moving more toward decentralization, the possibility of incoherence between different zonal offices increases, and collecting even basic reporting data becomes more challenging and time-consuming.”¹⁵²

This evaluation has used the 2021 Section Overview of Planning and Monitoring documentation to benchmark how the ACO had actioned identified key priorities and areas for attention in the period 2022–2023.¹⁵³ In terms of addressing the challenge of ‘consolidating information from various monitoring



152 UNICEF ACO Management Information Concept Note, p.3.

153 Planning & Monitoring Overview, ACO 2021.

systems,¹⁵⁴ UNICEF recognizes that there is a need to build a more coherent and strategic monitoring function that also helps bridge the sectoral silos that can exist in monitoring in the ACO. Under the lead of the P&M Unit, a well-conceived programme monitoring theory of change has been constructed (Annex 7.2). To increase coherence, in June 2023 the P&M Unit was rolling out a new standard monitoring framework to be used by all the FOs.¹⁵⁵

The initiation of a standardized monitoring framework will contribute positively to a timely and accessible evidence base that will likely enhance the overall ACO information management systems. Key informants acknowledge that less progress has been made on the identified areas of attention related to ‘strengthening field monitoring’, and real-time monitoring in particular. Attention will now be required to advance progress toward meeting the demand for real-time data to improve the agility of programming in the fluid context of Afghanistan.

The efforts to increase coherence in the ACO-wide monitoring system have gone hand in hand with the development of a centralized Afghanistan Management Information System (AMIS). AMIS aims to replace the programme file-based databases and create greater cohesion in data management. In 2022 the P&M Unit produced a concept note to develop AMIS, intending that it would capture both developmental and humanitarian data (see Figure 25 in Annex 7.9). It is envisaged that this system will be used as the main data source for office reporting, including SitReps, RAMs and Strategic Monitoring Questions (SMQs), HRPs, donor reports, dashboards, and any data analysis for reviews and other purposes.¹⁵⁶ The ET found that the ACO’s level of ambition for undertaking this restructuring is to be commended while operationalizing an L3 response. Given that the roll-out of AMIS is still ongoing, this is an opportunity to ensure that sufficient training is provided to FOs to take ownership of their contributions in line with the Updated Accountability Framework and provide capacity-building for IPs to contribute to the reporting requirements of the AMIS.

The UNICEF ACO Strategic Positioning Evaluation (July 2021) identified an attenuated use of TPM services. This evaluation has found that the engagement of third-party monitors has increased during the L3. Despite increased physical access after August 2021, third-party monitors have faced increasing restrictions in the field in terms of access for female enumerators, DfA restrictions on the use of GPS, and delays encountered waiting for access permission from the provincial DfA.¹⁵⁷ Despite these challenges, the education sector has made creative use of TPM services to collect census data (rather than monitoring data per se) on all CBE schools and CBE teachers in Afghanistan to build the first comprehensive nationwide database on all CBE schools across Afghanistan. A comprehensive centralized database of CBE schools across Afghanistan was not achieved during the Republic, and it stands as a strong achievement for the ACO during the L3 response. This use of third-party monitors to collect this type of data stretches the formal monitoring remit of TPM services, but the ET does not find using these services as problematic, but rather as positively opportunistic.



154 Ibid., p.2.

155 KII – ACO.

156 UNICEF ACO Information Management System (AMIS) Concept Note (P&M Section, 2022), p.7.

157 Third Party Monitoring of Education Services. Monthly report for February 2023 (ACT for Performance), pp.9–11.

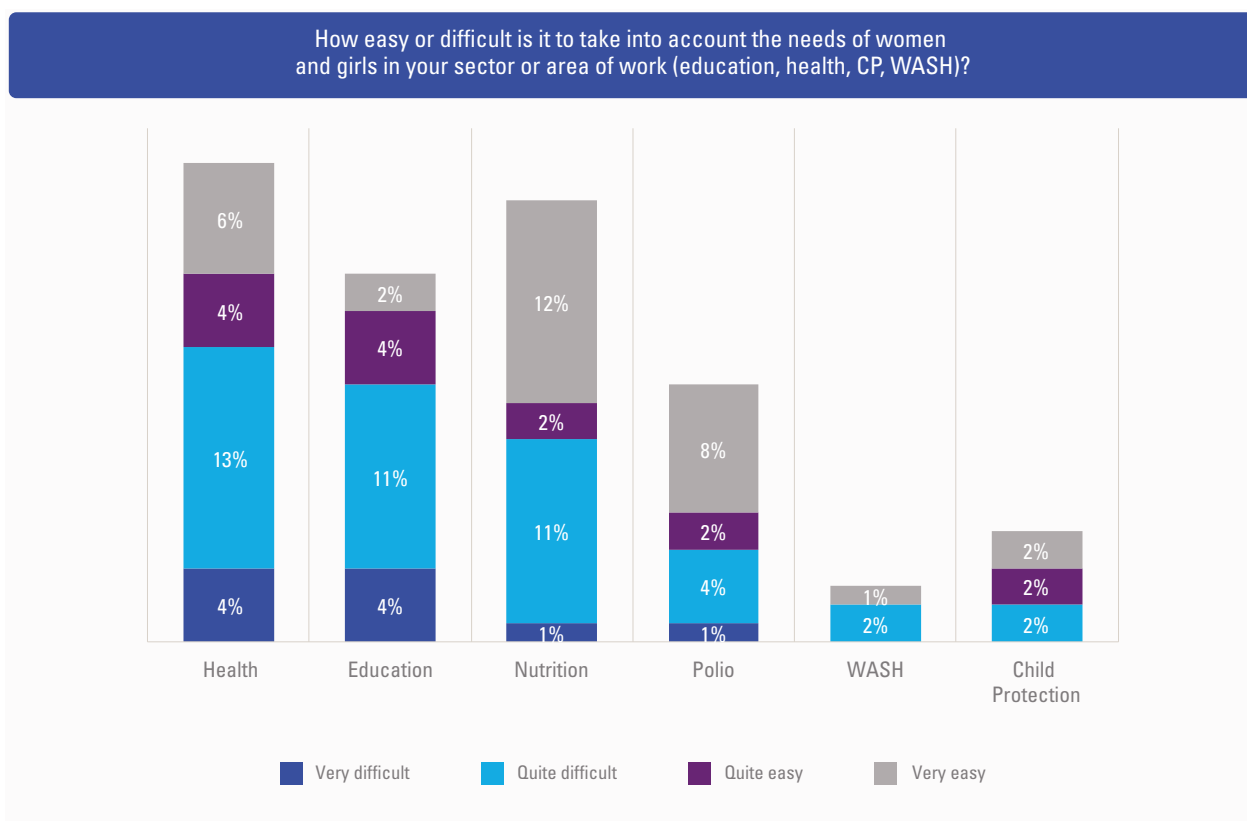
Finding 20

The current environment in Afghanistan is challenging in which to collect systematic gendered evidence. However, UNICEF has taken an important initiative to invest resources to monitor the impact of DfA decrees against women among its IPs and contractors.

There is a mixed picture with regard to the ACO's ability to monitor and collect systematic gendered evidence. The ACO has acknowledged that "in some cases, required data disaggregation to capture and monitor service equity is missing, including age, gender and disability".¹⁵⁸ However, the ET does note

that some sectors, for example Nutrition and Health, do collect gender-related data on an iterative basis through the Health Management Information System and Nutrition Information System. Extenders, who are a key element of the ACO monitoring system, also reported some difficulties in accounting for the needs of women and girls in their sector and community (see Figure 14). On the other hand, sampled TPM reports show explicit breakdowns of monitoring data along gender and disability lines. The constrained operating space for women, admittedly uneven around the country, is an imperative for the ACO to invest in solutions to meet these challenges.

Figure 14. Extender survey – women's and girls' needs



One innovation in the ACO has been situation monitoring ('post implementing partners female staff ban') analysis led by the P&M Unit. This analysis captures the impact of the ban on women (IPs and contractors) across sectoral, activity and geographic

parameters. Although this data is an important source for generating SitReps and EMT meetings, it is less conclusive as to whether the analysis is contributing to programmatic and partnership course corrections.

158 UNICEF ACO Management Information Concept Note (2023), p.3.

Focus Area 3: To what extent have UNICEF partnerships and coordination activities contributed to the L3 response and enhanced its positive impact on children?

This section explores UNICEF's effectiveness as a cluster lead (WASH, nutrition, education and CP AoR) at national and regional levels within the wider humanitarian architecture in Afghanistan. It further analyses UNICEF's cooperation with its non-government partners and assesses to what extent partnerships with national NGOs/CSO are in line with commitments to the Grand Bargain agenda.

Brief Summary of Findings

The pre-existing humanitarian architecture in Afghanistan was well developed due to the protracted emergency in the country before August 2021, and the ACO was well positioned within this architecture at national level, but the clusters at subnational level were, at times, underresourced and lacking in coordination. Engagement with the DfA in clusters is a controversial issue that the ACO has tried to navigate, with guidance from the Afghanistan Engagement Strategy and 'work-around solutions'. UNICEF has tried to mitigate the effects of increasing DfA interference and has been vigilant in monitoring the impact of the DfA ban on women working in NGOs and INGOs. However, national NGOs/CSOs continue to feel that UNICEF gives preferential treatment to INGOs and that local organizations shoulder higher risk levels. The Grand Bargain calls for continued targeted investment in the capacity of local organizations and a rethinking of the provision of overheads to local NGO partners. UNICEF is providing some capacity-building but there is scope for better targeting of capacity-building to meet national partners' needs.

In terms of sectorwide operational coordination, how effective is UNICEF in its role as cluster lead (WASH, nutrition and education clusters and the CP AoR)?

Finding 21

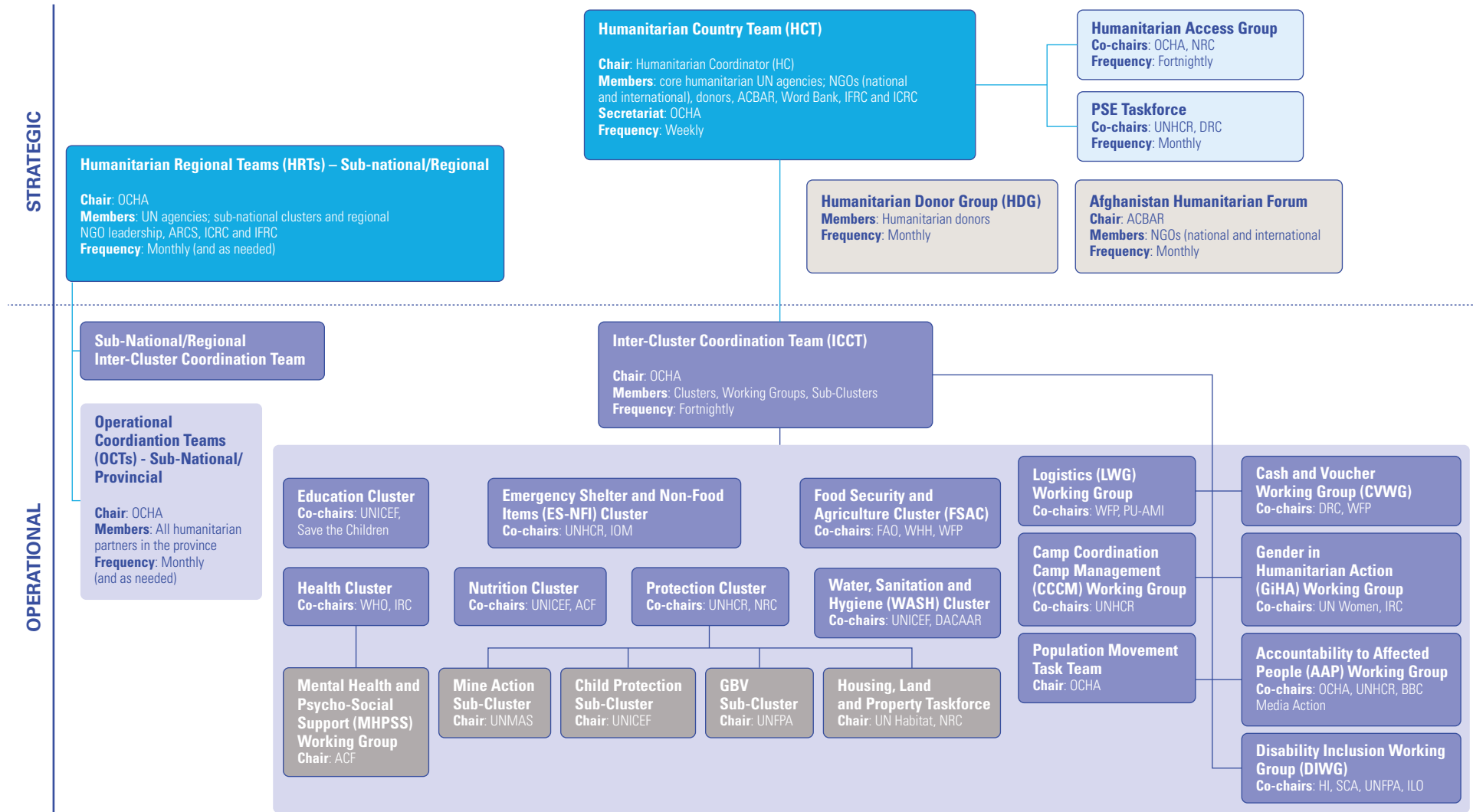
The pre-existing humanitarian architecture in Afghanistan was well developed due to the protracted emergency in the country before August 2021. The ACO was well positioned within this architecture in terms of its cluster leads (and AoR), and this helped in the early stages of coordination in the outset of the L3. However, the clusters at subnational level were, at times, underresourced and marked by a lack of coordination between clusters and between regional and national levels.

Prior to August 2021, Afghanistan had been in a protracted emergency. This meant that the humanitarian architecture (see Figure 15) was largely in place at the time of the L3 activation and required limited adjustments to adapt to the new operating environment. This pre-existing humanitarian ecosystem contributed to the early scale-up of the L3 response. Some internal and external evaluation stakeholders observed that the ACO was well positioned in terms of good national capacity (although some staff did leave the country) and it also had in place experienced Cluster Coordinators at the national level for the WASH, Nutrition, Education (Education Working Group) and CP AoR clusters. The presence of an experienced cadre of Cluster Coordinators was perceived to contribute to the ACO's humanitarian leadership role in these sectors at a national level¹⁵⁹ and was in line with recommendations provided by the 'CLARE II' evaluation and Management Response.¹⁶⁰

159 KII.

160 The Management Response to the CLARE II evaluation noted the importance of the Cluster Coordination position in terms of leadership: "The position is highly visible and carries high potential for reputational risk for UNICEF." Evaluation Management Response 65/2022/18527.

Figure 15. Afghanistan humanitarian coordination architecture



The picture at the subnational cluster level was less positive. The evaluation found weak linkages between the subnational clusters and between national and regional levels. It was observed that “generally, clusters do not consult much with sub-clusters. The system is quite Kabul-centric. The approach is very top-down. Sub-clusters only have limited input into the HRP and other planning documents. The scale-up did not address this problem.”¹⁶¹ Another issue identified was that staff were double-hatting or even triple-hatting at the regional level. It is understood that the ACO was challenged to resource regional cluster positions at the outset of the L3 emergency.¹⁶² Arguably, the ACO could have ‘lifted and shifted’ experienced and skilled staff from the Kabul office to fill capacity gaps in a timelier manner.¹⁶³ Given the enormous pressure on the ACO to activate and respond to the multifarious requirements of an L3, it is worth assessing whether a small assistance mission from the Global Cluster Coordination Section would contribute to ensuring that UNICEF-led clusters are fit for purpose at the outset of an L3.

At a perceived performance level, this evaluation found that UNICEF partners did have a mostly positive impression of UNICEF’s leadership of the WASH and (co-)leadership of the education cluster in the Eastern and Northern regions. It is noteworthy that the CP AoR was singled out in particular in the Eastern Region for leading efforts on training and capacity-building on CP issues. In terms of the co-lead arrangement with Save the Children, the evaluation found an improved relationship after the activation of the L3 between the two co-leads. This is attributed partly to some of the Save the Children staff being recruited into UNICEF at the outset of the L3. This was perceived to “improve understanding and communications between the two organizations.”¹⁶⁴ Given the time constraints of this evaluation, it was not possible to determine if both co-leads are maximizing their comparative advantages in leading this cluster (in line with recommendations from the Review of the Education Co-Cluster Leadership).¹⁶⁵

Finding 22

Engagement with the DfA in clusters is a controversial issue within the humanitarian community in Afghanistan. The UNICEF Engagement Strategy allows for dialogue, meetings, discussions, and coordination with the DfA to access communities as long as this does not confer legitimacy.

During the time of the Government of the Islamic Republic of Afghanistan, government officials did coordinate and participate in the cluster system. However, this has become a controversial and divisive issue with regard to humanitarian coordination with the DfA. This evaluation found that some stakeholders were against any participation of the DfA in the clusters, and other stakeholders were in favour of some level of DfA participation.



161 KII.

162 UNICEF guidelines prescribe that double-hatting should only be for the 90 days of an L3 response: Recommended Good Practices for the minimum structure of coordination teams at a country level.

163 KII.

164 KII.

165 Review of the Education Co-Cluster Leadership (March 2022) and Evaluation Management Response 65/2022/18777.



One key problem, however, is the position of UNICEF regarding the participation of the DfA in cluster meetings. This is a point of contention. It is really key to safeguard a humanitarian space for consultation and with the DfA attending this is impossible. The humanitarian access group (HAG) guidelines state clearly that this is not acceptable. The participation of the DfA in the cluster meetings is not consistent with rights-based programming. These rights are not recognized by the DfA.¹⁶⁶



We need to involve the DfA more in planning processes. The Health Minister attended the health cluster meeting once and sometimes, rarely, the NEOC [National Emergency Operations Centre] participates. It is a good idea if the DfA are involved because this is the most effective way to address key issues such as paying salaries and providing services in white areas.¹⁶⁷

This evaluation has found that DfA officials have participated in WASH cluster meetings¹⁶⁸ and nutrition cluster meetings,¹⁶⁹ and the DfA has expressed an interest to education stakeholders to play a role in the education working group.¹⁷⁰ It should be noted that some DfA officials are technocrats who served in the Republic and have continued to serve under the DfA; as such, they are not necessarily political emissaries of the prevailing regime. UNICEF does not have an explicit instruction on DfA engagement in the clusters in the Afghanistan Engagement Strategy. However, the Strategy does provide guidance on formal engagement with DfA in programme activities. “UNICEF ACO is engaging with DfA through dialogue, meetings, discussions, and coordination of work to access communities. Humanitarian engagement does not confer legitimacy.”¹⁷¹ Arguably, the criticality of coordinating with the DfA to access communities for humanitarian interventions is an overriding imperative. For the moment this issue will remain divisive, with short-term work-around solutions being found such as establishing a parallel structure or ‘technical committees’ that include DfA representatives.



166 KII.
167 KII.
168 WASH Cluster meeting minutes, September 2021.
169 KII.
170 KII.
171 Afghanistan Country Office Engagement Strategy, pp. 4–5.

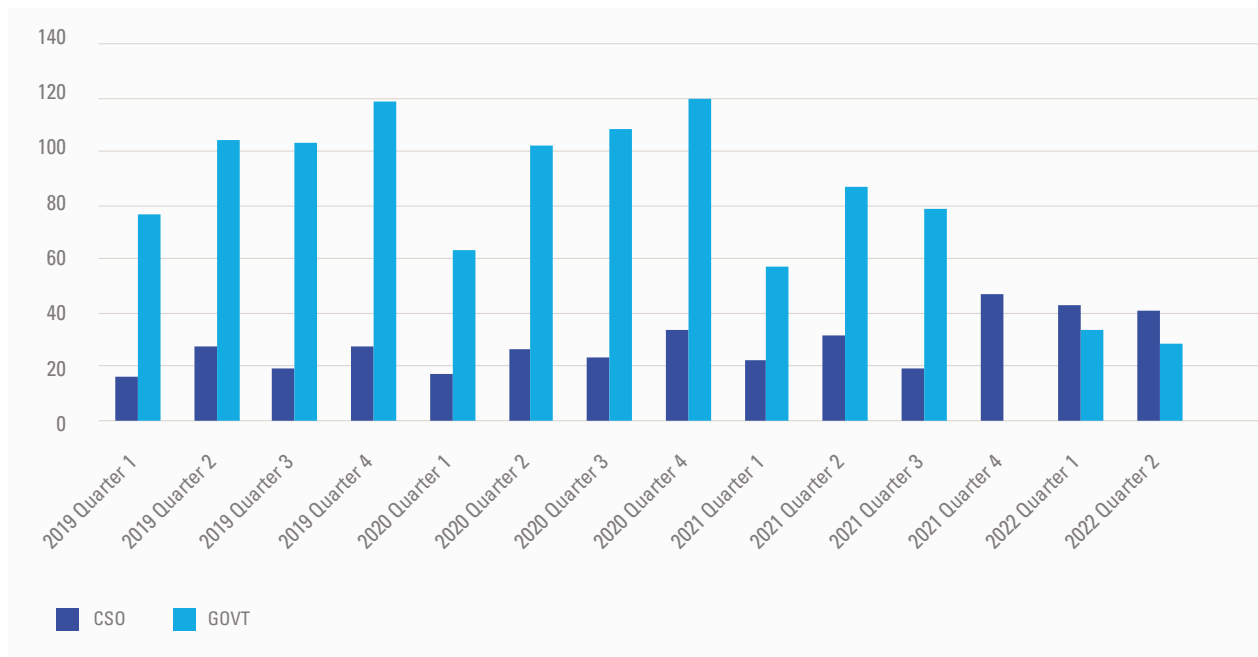
To what extent is UNICEF’s cooperation with its non-governmental partners efficient, equitable, conducive to convergent outcomes, and supportive of the L3 response’s intended impact?

Finding 23

In the absence of a government IP, UNICEF increased and diversified its partnerships with NGOs and CSOs. Some of these organizations were initially constrained in their capacity to implement and absorb funding in the early phase of the L3 response.

The Taliban takeover instigated a fundamental transformation of the humanitarian operating environment. In the absence of a government partner to implement programmes, UNICEF sought to increase programming through National NGOs (NNGOs)/INGOs and CSOs. As Figure 16 shows, prior to August 2021 the Government of the Islamic Republic of Afghanistan was the largest UNICEF IP in financial terms, but this was reduced after August 2021.

Figure 16. UNICEF partners



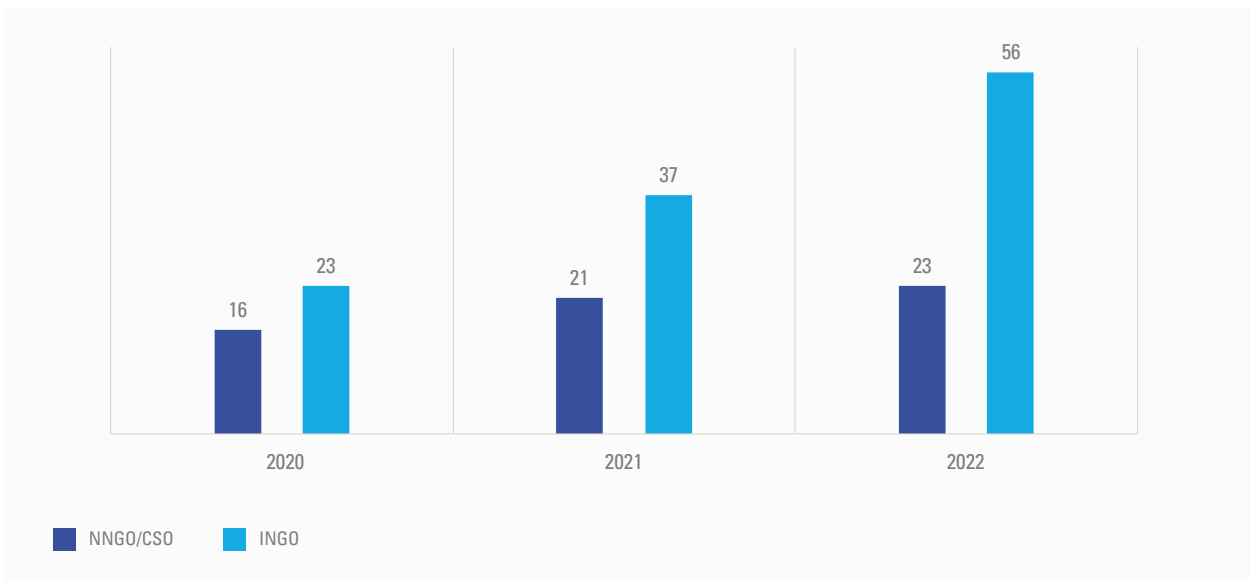
From the activation of the L3, UNICEF increased the number of NGO/CSO partners to 23 and the number of INGO partnerships to 56 (see Figure 17). Similarly, disbursements to IPs grew from US\$45,341,915 in 2020 to US\$63,288,109 in 2021 and to US\$386,755,361 in 2022.¹⁷² The logic of shifting to an almost exclusively NGO/INGO/CSO partnership model in the L3 response was sound, given donor red lines on working with the DfA and

also given UNICEF’s own principles on neutrality. However, in the early phase of the L3, some NGO and CSO partners were struggling with their own capacity issues, owing to personnel departure from the country and a partial closure of operations. For example, one INGO lost 172 national staff in August and September 2021.¹⁷³

172 Insight Management Report: Partnerships Analysis Cube.

173 KII.

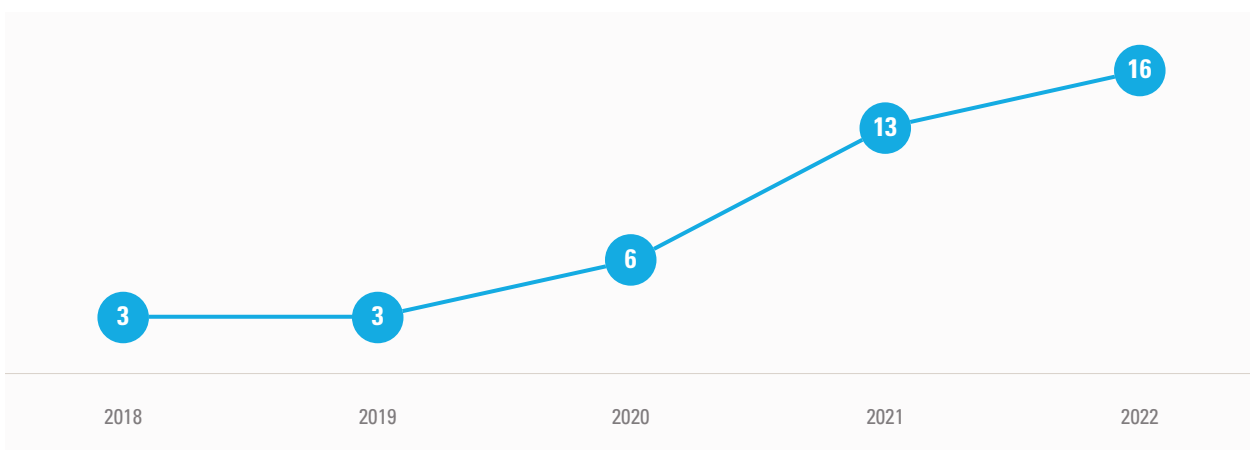
Figure 17. UNICEF partners receiving transfers



This partner capacity deficit led the ACO to channel funding increasingly through the same NGOs/CSOs. However, even large INGOs reported having to routinely ask for no cost extensions (NCEs), partly due to capacity and absorption constraints.¹⁷⁴ As reported in the EMT in 2022, “NGOs’ capacity to absorb more resources and effectively implement existing programmes reached near maximum capacity.”¹⁷⁵ The ACO response to this challenge was to try to diversify and establish new partnerships (with associated capacity-building assurances “to improve the ability to deliver and also to disperse risk”).¹⁷⁶

Figure 18 indicates that the ACO was able increase the number of new partners from 6 in 2020 to 13 in 2021 and 16 in 2022. Conversely to the saturation of funding for some IPs, other IPs believed that UNICEF did not provide adequate funding to meet the contextual adjustments required for programming in Afghanistan under the DfA and to meet safeguarding requirements. These concerns relate mainly to mahram expenses and safeguarding costs, for example in the case of the requirement for two people to be present in a CBE class if the teacher is male.

Figure 18. Number of new UNICEF partners per year



174 Klls.

175 EMT report, (September 2022), p.7.

176 ACO Annual Management Plan (2022), p.5.

Finding 24

(I)NGOs and CSOs have experienced greater physical access to implement UNICEF programmes but are constrained by DfA interference, although this interference varies in intensity by sector and throughout the 34 provinces in Afghanistan. UNICEF has tried to mitigate this challenge by diversifying its IP base, building relationships with the local DfA provincial authorities and bringing consistency to these relationships by using the 'UNICEF Afghanistan Engagement Strategy.'

IPs require an MoU from the provincial DfA to be able to start (and continue) implementing projects, although the evaluation was informed that there have been recent exceptions to this policy.¹⁷⁷ Whether the Taliban issues these MoUs depends firstly on the nature of the relationship between the IPs/UNICEF and the provincial authorities, and this varies across the regions. In some cases, IPs confirmed to the ET that projects have been very delayed, pending the issuance of an MoU.¹⁷⁸ The second variable for obtaining an MoU relates to the nature of the project. The DfA does not favour projects that, inter alia, address issues such as GBV or psycho-social support. UNICEF and the IPs involved in this programming have been creative in reframing these projects as Covid response or livelihood interventions, which are more acceptable to the DfA (in some areas of Afghanistan). However, the evaluation found that in common with extenders, IPs feel that they are carrying the burden of risk in negotiating with the DfA and that UNICEF could do more to support them with negotiations for MoUs or other required approvals.

As the L3 has evolved into a sustained phase, it has been observed that the DfA has increasingly tried to interfere in the selection of local partners. According to the UN HAG in Afghanistan, cases of undue Taliban interference in programmes have increased sharply since August 2021, showing a 29 per cent rise from early 2022 to early 2023.¹⁷⁹ Notably, the HAG reported that these incidents spiked after the Taliban's introduction, in October

2022, of procedures to regulate the work of humanitarian organizations. This is a complex challenge. On the one hand, there may be credence to the DfA claim that some IPs are perceived to have a legacy of fiscal impropriety in the Republic and therefore should not be selected by UNICEF. On the other hand, Taliban interference could also be viewed as an attempt at elite capture of aid, likely channeled to embed patronage networks and reward ex-Jihadis. Several NGO interviewees mentioned that they had received limited UNICEF support in overcoming the political impediments to access encountered in the course of their work. Some had been told that this was outside of UNICEF's area of responsibility. When queried on the subject, UNICEF FO staff explained that the sheer volume of obstructions to access encountered on the ground was such that they needed to be prioritized when deciding which cases warranted direct intervention.

This evaluation has found that UNICEF has tried to mitigate these challenges by diversifying its IP base, building relationships with the local DfA provincial authorities and bringing consistency to these relationships by using the 'UNICEF Afghanistan Engagement Strategy'.¹⁸⁰ UNICEF should be commended for its consistent approach to its negotiations on this issue, but it is a delicate balance to maintain. There are perceptions that at times, UNICEF is too quick to concede to the DfA direction on partner selection, which in turn undermines negotiating standpoints for other agencies.¹⁸¹



177 Sense-making meeting input, 24/05/23.

178 It should be noted that in the final sense-making meeting with UNICEF on 24/05/23, a member of the ACO explained that recently, in some instances, the provincial DfA have allowed projects to start pending issuance of the MoU.

179 Ibid.

180 This document details how UNICEF will engage with the DfA in all aspects of the ACO's operations and programmes. It is a living document and is adapted to the regularly changing context.

181 KILs.

Finding 25

UNICEF has been vigilant in monitoring the impact of the DfA ban on women working in NGOs and INGOs, while increasing its support to women-led national NGOs. However, there is a perception from INGOs that UNICEF could have shown more solidarity with them when the ban was announced in December 2022.

In December 2022, the DfA issued a decree banning women from working in international and national NGOs/CSOs. UNICEF quickly responded by issuing a statement condemning the decree as a “blatant violation of obligations under international humanitarian law.”¹⁸² At this time, some international NGOs paused their programming in Afghanistan. While these INGOs did return¹⁸³ and the DfA allowed for some concessions on female health and education workers, this evaluation found a residual chagrin among some UNICEF IPs for UNICEF’s decision to not take a similar stand on pausing their own activities. UNICEF’s decision to continue to programme during this period is understood as operationalizing UNICEF’s commitment to stay and deliver and not risk Taliban sanctions on their own activities.¹⁸⁴



In January 2023, the P&M Sector in the ACO began monitoring the impact of the ban on 82 of its IPs. The April 2023 monitoring reported that out of the 82 partners, 3 were 100 per cent affected by the ban, 6 were 50–99 per cent affected, 27 were 1–49 per cent affected, and the remaining 49 were not affected.¹⁸⁵ The analysis concluded that the most impacted programmes are gender, social policy, WASH and CP. The analysis further indicates that activities that target girls and women are the most affected, including activities such as Women’s Safe Space services, GBV services and PSEA services. Services provided by female workers – such as hygiene promotion activities, female vaccinators, and NGO female workers’ functions – are also heavily affected.¹⁸⁶ In terms of geographical analysis, Figure 26 in Annex 7.9 indicates the differing impact of the ban across Afghanistan.¹⁸⁷

This monitoring and analysis is an important initiative to understand the impact of the ban on (I)NGOs and contractors. However, it is too soon to conclude whether the ACO is using this data as a tool to adjust and adapt programming. The evaluation has observed that UNICEF and its partners have already found some ‘work-around’ solutions to the restrictions. These include providing some services remotely and enabling female staff to proceed to work directly in the field and avoiding their offices. An important part of the solution to this dire situation rests in advocacy (explored in more detail in Section 4.4) and, in the interim period, working with DfA local authorities to negotiate ad hoc relaxations on the ban.

182 Statement by UNICEF Executive Director, Catherine Russell, 25/12/2022.

183 Most INGOs resumed working in February 2023.

184 A Decree would be later be promulgated in April 2023, banning female workers in the UN, but this event is not within the temporal analytical scope of this evaluation.

185 Situation (post implementing partners female staff ban) analysis (P&M Sector, April 2023), p.3.

186 Ibid., p.7.

187 Ibid., p.8.

To what extent is UNICEF’s model for programme partnerships with local NGOs in line with, and supportive of, its commitment to the Grand Bargain 2?

Finding 26

During the L3 response, UNICEF has increased the number of partnerships with national NGOs and CSOs. However, national NGOs/CSOs continue to feel that UNICEF gives preferential treatment to international NGOs and that local organizations shoulder higher risk levels. The Grand Bargain calls for continued targeted investment in the capacity of local organizations and a rethinking of the provision of overheads to local NGO partners. UNICEF is providing some capacity-building, but there is scope for better targeting of capacity-building to meet national partners’ needs.

Prior to the L3 activation, there has been a persistent narrative in Afghanistan generally that INGOs have been given preferential treatment (in terms of resources and support) above national NGOs. The evaluation found that this perception has continued among some of the sampled UNICEF national IPs. It is perceived that INGOs receive higher overheads from UNICEF and as a result can pay higher salaries and have better facilities. Part of this narrative can be explained by UNICEF’s allocation of ‘HQ Support Costs’ to INGOs only.

Recently, donors and international organizations such as UNICEF have been reflecting critically on their own practices in the provision of overheads to local and national NGO partners in light of commitments made in the Grand Bargain.¹⁸⁸ At the Grand Bargain Annual Meeting in 2021, UNICEF declared: “UNICEF will continue to invest in the leadership of local actors and put in place measures to complement the capacity of local actors in the delivery of humanitarian assistance. This includes, but is not limited to, our efforts around transfer of quality funding for more efficient responses.”¹⁸⁹ In November 2022 the IASC published guidance on overheads

for national partners.¹⁹⁰ UNICEF internal documentation indicates that new UNICEF Programme Implementation Procedures allow for an “expansion of 7 per cent budget costs to all CSOs.”¹⁹¹ This evaluation sampled 16 programme documents (activated in the L3 response) and found that not all budgetary agreements are consistently formulated, so it was difficult to determine if UNICEF is changing its provision of overheads for national NGOs in line with the Grand Bargain commitments and recent global debates. It should also be noted that many of the sampled programme documents predate the IASC guidelines issued in November 2022, and a future review would be required to determine how UNICEF adjusts its practices on the provision of overheads to local NGO partners.



188 Within the Grand Bargain, the caucus on funding for localization is also addressing the issue of overheads for local actors in early 2023. This follows the outcome document of the caucus on the role of intermediaries (at the time of writing, endorsed by 26 Grand Bargain signatories), which included a commitment from members to allocate overhead costs to local and national actors. ‘Donor Approaches to Overheads for Local and National Partners: Discussion paper,’ Development Initiatives and UNICEF (February 2023).

189 Statement by Mr Manuel Fontaine, Director EMOPS, UNICEF Grand bargain annual meeting, 15 June 2021.

190 Guidance on the Provision of Overheads to Local and National Partners, IASC, November 2022.

191 ‘Overview of key changes for CSO partners in program implementation procedures,’ ACO PPT.

National IPs feel, with some justification, that they are facing more intense interference from the DfA than their international counterparts face. This interference manifests in two main ways. The first is that they face more allegations of corruption from the DfA and have to operate in a heightened climate of suspicion and scrutiny. In one case an IP was suspected of diverting funds, and arrests were undertaken prior to the initiation of an audit.¹⁹² Although it is beyond the remit of this evaluation to look into financial impropriety, it is reasonable to infer that some “NGOs work in fear.”¹⁹³ In the WASH sector UNICEF is partnering with CDCs, and this brings advantages of working directly in the communities to build ownership and sustainability. It was suggested to the ET that this model of partnerships represents better value for money.¹⁹⁴ In time the ACO may wish to look at this type of partnership arrangement to see if CDCs carry a lower risk and better operating capacity with the DfA than NGO/CSO partners.

The second issue relates to the difficulties in obtaining and renewing MoUs. This evaluation found that some national IPs felt this was more challenging for them than international organizations and that UNICEF was not doing enough to support them. This was felt more acutely by women-led CSOs. Despite the very difficult context for women working in the development and humanitarian fields in Afghanistan, the evaluation found a positive trend in the increase in the number of partnerships with women-led CBOs to nine partners at the end of 2022. Again, there could be scope for the ACO to revisit the engagement strategy to see if this issue is adequately addressed in the guidelines. This challenge also calibrates with the decentralization agenda and ensuring that there are sufficient levels of skills and experience in the FOs and Kabul Office to invest time negotiating and supporting national IPs at these levels.

Sustained capacity-building efforts in an L3 emergency are constrained by short-term funding cycles and the imperative for expedited lifesaving interventions. All the sampled programme documents in this evaluation indicate that all engagements had a temporal span of under one year. UNICEF is now working with recently established CSOs and also with those who have experienced staff turnover owing to the events of August 2021. This indicates that there are likely to be capacity needs in these organizations. Despite these constraints, the evaluation identified areas where the ACO is providing appreciated assistance in terms of AAP training and sharing of localized security information (at a subnational level). National partners sampled in this evaluation identified capacity-building needs in CP case management¹⁹⁵ and on how to use UNICEF’s online reporting systems. In the case of the latter identified need, it would be important to provide this training in a timely manner for the successful roll-out of the new ACO monitoring system and to consider joint trainings to maximize resources.



192 KII.

193 KII.

194 KII.

195 It is not clear from the fieldwork data whether capacity-building in child protection is being given by the regional-level Child Protection Cluster, whose ToR highlights capacity building for national partners as part of one of the ‘key tasks’ ToR for regional Child Protection Cluster AoR, p.2.

Focus Area 4: To what extent has UNICEF’s leadership successfully catalysed support for its child protection mandate, and contributed to the improved safety and welfare of children in the L3 response?

This section explores UNICEF’s approach to advocacy and stakeholder engagement in the aftermath of the Taliban takeover.

Brief Summary of Findings

Following the Taliban takeover, UNICEF successfully conveyed strong and consistent public messaging centered on its determination to ‘stay and deliver.’ This likely reinforced its image as a neutral, impartial humanitarian actor, with dividends in terms of humanitarian access.

As the Taliban asserted an increasingly conservative agenda, UNICEF in Afghanistan decentralized its advocacy to the local level and prioritized a less visible form of stakeholder engagement over public advocacy. This allowed it to secure early successes in terms of access. However, it also enhanced the perception of a disconnect between its pragmatic and low-profile approach to advocacy in Afghanistan and the more robust public posture it adopted internationally on high-profile issues relating to this country.

In terms of advocacy and stakeholder engagement, how effectively has UNICEF led collective efforts to support child protection in the L3 response?

Finding 27

In the days and weeks that followed the Taliban takeover, UNICEF was largely successful in conveying strong and consistent public messaging to the DfA, the donor community, and programme partners on the ground. This message was in line with its public posture prior to August 2021, and centered on UNICEF’s determination to ‘stay and deliver’, regardless of developments on the ground. This commitment is likely to have bolstered its image as a neutral, impartial and independent humanitarian actor, and to have facilitated subsequent engagement with the DfAs, with a view to supporting humanitarian access.

In the weeks that followed the Taliban takeover, UNICEF significantly stepped up its public communications activities, aimed at both Afghan and international audiences. This aimed to convey the core message that UNICEF in Afghanistan was determined to ‘stay and deliver’ independently of the new conditions on the ground. On 15 August 2021, the day of the Taliban’s arrival in Kabul, the ACO conducted 31 media interviews; between August and December 2021 a total of 300 interviews were delivered.¹⁹⁶ In this period of high visibility for aid actors in Afghanistan, UNICEF was among the UN agencies that achieved the highest media exposure, according to multiple sources for this evaluation. Its messaging was widely viewed as strong and consistent. It was helped in this by prior capacity development efforts driven by ACO and ROSA communication staff, notably to raise the ACO’s social media profile, to provide operational personnel on the ground with media training, and to acquaint them with guidelines on core messaging.

196 KII.

It is worth noting here that UNICEF's public posture after August 2021 could usefully build on a long period of prior engagement with the Taliban. The messaging conveyed in the wake of August 2021 was consistent with positions asserted by UNICEF in preceding years and was addressed to an audience already well acquainted with its work on the ground. Notably, UNICEF had formed valuable relationships with the Taliban representation in Doha during its successful efforts in 2020 to broker a work-plan aimed at introducing education, including for girls, in areas under Taliban control. These relationships contributed to UNICEF's unique positioning in the education sector. They likely provided the basis for the Taliban's request, in the days that followed its arrival in power, that UNICEF maintain its presence and the scope of its programs in Afghanistan.

In the immediate aftermath of August 2021, UNICEF's 'stay and deliver' narrative was given special urgency and relevance by the assumption, shared by the humanitarian community at the time,¹⁹⁷ that the more liberal wing of the Taliban might benefit from the international community's demonstrated commitment to stay the course on aid and development in Afghanistan. From a donor perspective, the same message was in line with assurances that despite a hastened exit, the international community was determined to maintain its support to the Afghan people. Thus, in the period that immediately followed the Taliban's arrival in power, UNICEF could maintain focus and consistency in its messaging across the range of its key audiences.

A prevalent view among UNICEF personnel was that clarity and consistency in messaging on the 'stay and deliver' theme helped bolster UNICEF's credibility as a neutral, impartial and independent humanitarian actor. In turn, this was seen to facilitate its early humanitarian engagement with the DfA and the expansion of its programme coverage, notably in previously inaccessible areas. Multiple UN and NGO sources acknowledged that UNICEF was among the humanitarian actors whose access and coverage in these areas was the most extensive.

Finding 28

As time went by, UNICEF's advocacy strategy adapted to address emerging issues and the increasingly assertive demands of disparate audiences. These tactical changes consisted mainly of decentralizing its approach and operating a shift from public advocacy to a more low-profile form of stakeholder engagement. It allowed UNICEF to consolidate some early successes in terms of humanitarian access, including in the areas of gender and CP.

As it became clear that a conservative resurgence was underway in the Taliban, UNICEF faced the growing challenge of preserving the consistency of its public posture in the face of increasingly divergent demands and expectations on the part of key audiences. In March 2022, the Taliban effectively banned education for girls above grade six by indefinitely postponing the resumption of their schooling. Later that year it enforced further restrictions on the movement of women and girls and on their access to work and education. These edicts forced UNICEF to strive for a difficult balance between, on the one hand, robust rights-based advocacy on issues central to its mandate and, on the other, a more pragmatic posture aimed at safeguarding past gains and enabling future progress in its ongoing dialogue with the Taliban, notably on matters relating to humanitarian access and programme coverage.



197 For example, in its risk analysis, the 2022 Humanitarian Needs Overview (HNO) makes the assumption that the Taliban's moderation will be contingent on sustained international aid funding.

UNICEF approached these complex demands by changing its local advocacy and engagement strategy in two fundamental ways. First, it pivoted from public campaigning conducted largely through the media to a more low-profile form of advocacy carried out mainly through person-to-person engagement with the DfA. Second, it increased its advocacy efforts aimed at the local authorities at provincial level. These changes aimed to safeguard UNICEF's neutrality, by refraining from locally adopting public positions that stood in opposition to the Taliban, and to leverage the Taliban's decentralized power structure and the lack of uniform support across its ranks for many of the edicts enforced by its leadership. While it adopted these changes in-country, UNICEF maintained a more robust public advocacy stance internationally, calling for a reversal of the Taliban's bans on the movement of women and girls and on their access to work and education.¹⁹⁸

This new approach allowed for some notable successes in the months that followed the events of August 2021. Locally, UNICEF was able to capitalize on widespread public hostility to the ban on girls' education – including among the subordinate ranks

of the Taliban – to support their continued school attendance in 12 provinces. As noted in an earlier section, a decentralized approach to advocacy also allowed UNICEF to secure humanitarian access and to support the expansion of its programme coverage following L3 activation. This included CP and gender programmes, which in a number of documented cases benefited from a localized, person-to-person approach to rights-based advocacy.

Finding 29

Alongside the positive outcomes outlined above, interviewees for the evaluation pointed to several areas where UNICEF's advocacy and public positioning on Afghanistan met with mounting challenges as the Taliban asserted amount was broadly commensurate with an increasingly conservative agenda following its arrival in power. Chief among these challenges was the perception of a disconnect between its pragmatic and low-profile approach to advocacy in Afghanistan and the more robust public posture it adopted internationally on high-profile issues relating to this country.



198 For example, in December 2022 and March 2023, UNICEF Executive Director Catherine Russell issued strongly worded statements to condemn Taliban decrees banning women from aid work and female students from access to education. These statements were in line with UN-wide condemnations of these bans, including SG Resolution 2681 (2023), which condemned the prohibition on Afghan women from working for the UN and the “relentless onslaught by the de facto authorities against the rights of women and girls in Afghanistan.”

A number of interviewees noted that as dialogue with the Taliban became more difficult on key issues, such as girls' access to school and the participation of women in aid activities, UNICEF developed an increasingly differentiated approach to advocacy, designed for distinct audiences. In Afghanistan it adopted a more low-profile posture and carefully calibrated its engagement with the DfA, to minimize the risk of a rupture in its ongoing dialogue with the Taliban. In contrast, its advocacy messaging aimed at international audiences was markedly more outspoken.

UNICEF and NGO interviewees for this evaluation generally acknowledged the need to adapt advocacy postures to local contexts and audiences. A number of well-informed observers, however, noted that the differences between UNICEF messaging directed at Afghan and international audiences grew more substantive over time. Some were critical of what they viewed as a lack of consistency in UNICEF's positions, and expressed the view that

UNICEF should be uniformly vocal in its advocacy, regardless of its target audience. Conversely, and perhaps more notably, others said that UNICEF's more outspoken international messaging reflected a tendency to "tell donors what they want to hear" on Afghanistan, rather than engaging with them in a more nuanced discussion on the trade-offs and compromises involved in maintaining an operational dialogue with the Taliban. This, they felt, may foster unrealistic expectations about the leverage UNICEF and the broader aid community could exercise over the Taliban.

Another observation consistently made by UNICEF interviewees was that public advocacy appeared largely delinked from more political-level stakeholder engagement at country and regional levels. For example, while UNICEF's Advocacy Unit in New York engaged extensively with EMOPS and the Humanitarian Policy Section in its formulation of advisory inputs to the ACO, these inputs related mainly to public-facing advocacy and were primarily intended for the Heads of Public Communication in Kabul and the UNICEF RO in Kathmandu. Although the Advocacy Unit provided support on public messaging aimed at donors, the interface between public-facing and more political-level advocacy seemed otherwise limited on other issues, such as those relating to gender and protection. This may partly explain the lack of congruence discussed above between the outspoken public advocacy conducted internationally by UNICEF on Afghanistan and the more prudent, political-level stakeholder engagement it favours in-country.

Finally, a recurrent observation among interviewees for the evaluation was that despite repeated efforts, UNICEF and the broader UN's engagement with the Taliban remained largely confined to Kabul-based ministers whose influence and authority was relatively limited. Access to senior-level Taliban decision-makers in Kandahar remained elusive. There was a widely shared sense among interviewees that until engagement at this level could be achieved, UNICEF would likely be unable to contribute to meaningful change on protection and gender issues.



Focus Area 5: To what extent do UNICEF's systems and procedures support efficient and effective response in L3 emergencies?

This section examines human resources, donor relations, supply, use of Emergency Procedures, risk management and organization-wide coordination mechanisms in the L3 emergency.

Brief Summary of Findings

A common finding in this focus area was a generally low-risk appetite to apply the new L3 Emergency Procedures in the early phase of the L3 response and a lack of longer-term strategic thinking in the later phases of the L3 in terms of funding and emergency transitioning. Human resources (HR) issues were challenged by, inter alia, preparedness and senior management transitions, but the national staff who chose to stay and deliver provided a critical point of continuity across the L3 response.

At the outset of the L3 response, the ACO was well positioned vis-à-vis other agencies to take large envelopes of donor funding. However, the increased project development and management requirements, although simultaneously navigating donor red lines, stretched resources thin.

Facing considerable supply and procurement challenges, UNICEF applied some dexterity to finding solutions and adapting to these challenges during the L3 response.

The prevailing risk management systems prior to August 2021 were not fully calibrated for the highly volatile and quickly changing context of Afghanistan. Elements of the May 2022 contingency planning exercises were incomplete, and the BCP could have been crafted into a more practical and explicit plan.

HQ and the RO provided critical and time-sensitive support to the activation of the L3. In the activation and early response phases, the evaluation found a lack of clarity around some decision-making processes between HQ, the RO and the ACO. In the later stages of the L3 response, HQ, the RO and the ACO found ways to work collaboratively to expedite the response with evidence-based advisory support, albeit with heavy demands for information placed on the ACO.

Were the human resources apposite to the scale and needs of the L3 response?

Finding 30

HR challenges in the L3 activation and response predominantly revolved around preparedness, senior management transitions, coordination, and application of HR L3 Emergency Procedures. Despite the ongoing emergency, UNICEF has exhibited an appetite to generate lessons learned from these challenges that will inform future L3 responses.



Box 3. After Action Review Afghanistan (2021–2022): An HR Perspective, p.2

“Overall, this response was considered particularly difficult because it affected such a large proportion of Afghanistan nationals and UNICEF staff personally. Nobody, including the Country Office, had foreseen that so many people would leave the country and consequently, there would not be enough capacity on the ground. Even the nationals who stayed found it difficult to carry out their jobs and being victims of the situation at the same time.”

“When reflecting on the Afghanistan response it became evident that, although this was a unique emergency, many of the lessons identified were not new and that there is a tremendous opportunity to consider how we improve and support country offices.”



The evaluation sourced a large evidence base of primary and secondary data with regard to human resourcing in the L3 response. The issues that have been raised have been complex and at times contentious, due to the nature of the emergency. Lessons learned and recommendations have been generated at HQ,¹⁹⁹ RO²⁰⁰ and ACO levels.²⁰¹ Despite still being in the L3 response, the evaluation has found that there has been a strong appetite to generate lessons learned, particularly to inform future emergencies. The findings of this evaluation do, in most instances, align with the Afghanistan Human Resources After Action Review (AAR).

The AAR found that “HR preparedness was one of the weakest points” for the L3 response in Afghanistan.²⁰² Preparedness needs to be analysed through a number of different lenses. The first is the country office mindset. Despite being in a protracted emergency for a number of years, UNICEF programming was predicated on the sustainability of interventions on the humanitarian-development nexus. In this mindset, one key informant observed that “people were not quite ready to switch into emergency mode.”²⁰³ However, it should be highlighted that stakeholder perceptions diverge on this issue. Others have a different opinion that actually it was an ‘emergency mode’ mindset that caused many of the issues – people did not take time to think through the implications of scaling up, and made hasty decisions. The second factor that impaired preparedness and activation was multiple senior leadership transitions pre- and post-activation, with some senior management changing almost concurrently. Some senior leaders lacked emergency experience, despite taking on management roles in a highly volatile context.

Despite these highlighted challenges, the contingency planning of May 2021 did account for an anticipated need for surge personnel. However, the rapid onset of the emergency in August 2021, coupled with evacuation of (some) national and (some) international staff, led to an unprecedented demand for personnel in all functions in the ACO. As Figure 19 and Figure 20 show, the ACO staff base grew from

199 After Action Review Afghanistan (2021–2022): An HR Perspective (UNICEF, March 2023). Human Resources was also one area of focus in the Afghanistan Country Office Risk Advisory Report, OIAI, November 2022.

200 Status Report of the Regional Recruitment Support Unit, ROSA, 2022.

201 Shared with this evaluation by a KI.

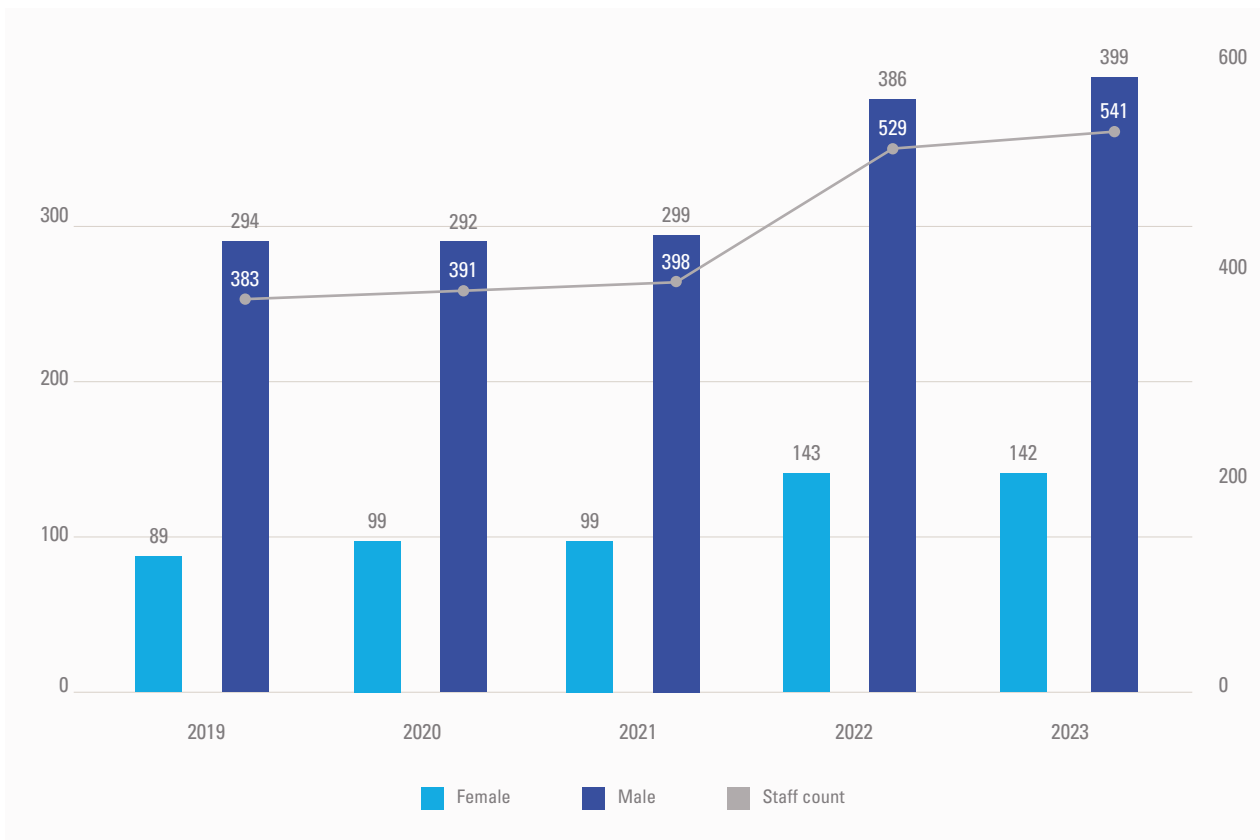
202 After Action Review Afghanistan (2021–2022): An HR Perspective, UNICEF, March 2023, p.2.

203 KII.

391 in 2020 to 541 in 2023. The effectiveness of the staffing uplift and the quality of the surge personnel was variable. The HR Unit in the ACO was under capacity and was challenged to meet talent acquisition goals, providing assistance to evacuation commitments and locating staff who had left in the evaluation.²⁰⁴ This evaluation found that in the onset of the uplift, some staffing requests circumvented the CO altogether and were relayed directly to HQ. In conjunction with the RO, the ACO developed

a series of Project Budget Reviews (PBRs). As of January 2022, 90 surge requests, 37 Temporary Appointment (TA) positions and 52 fixed-term positions were approved by the PBRs. One-third of the surge requests were made by CP, health and social policy sections.²⁰⁵ Some key informants felt that the early PBR requests were lacking in transparency and that some sections were favoured for uplift above others.

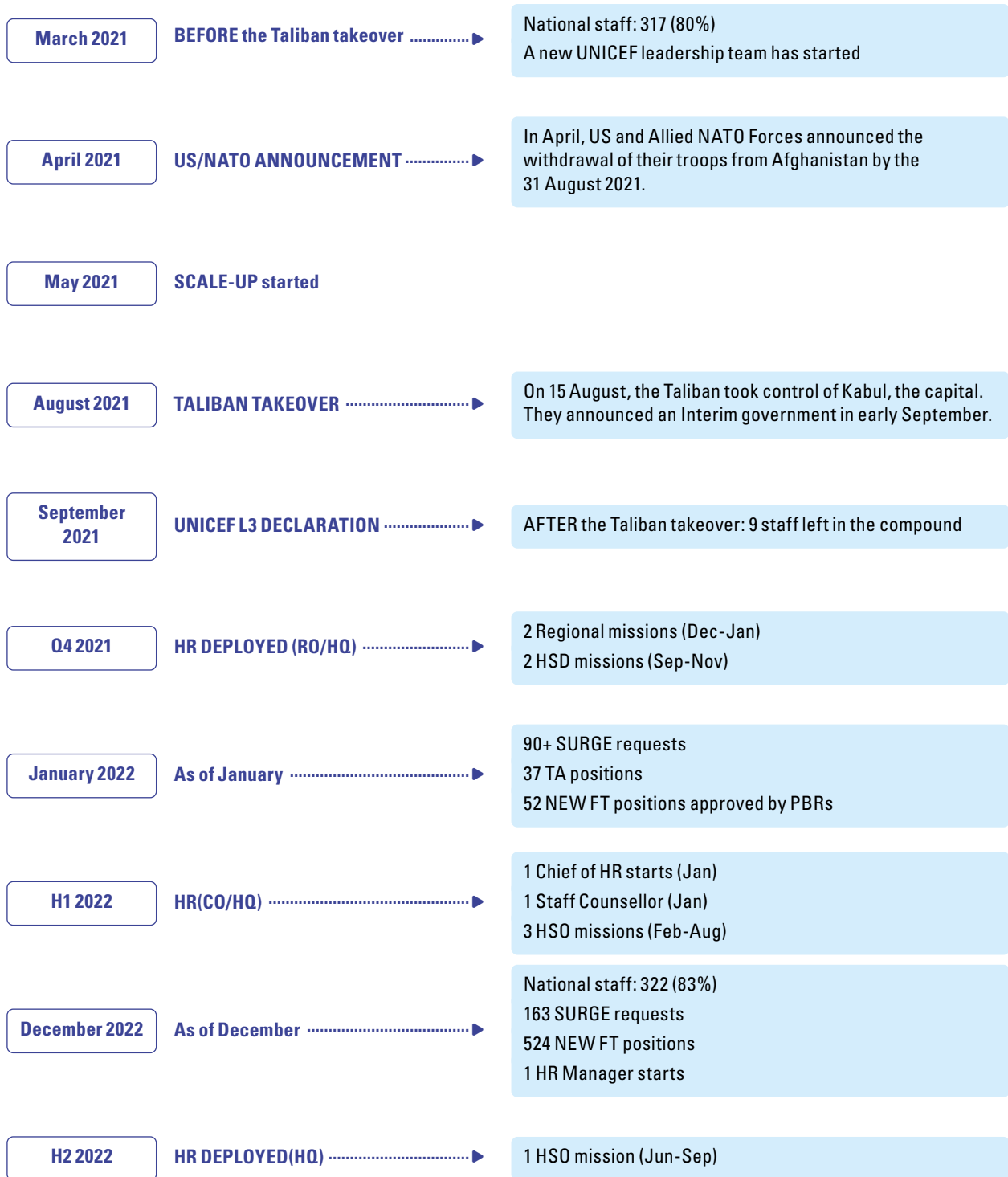
Figure 19. ACO staffing (numbers)



204 KII.

205 ROSA, Human Resource Dashboard.

Figure 20. ACO staffing (timeline)²⁰⁶



206 Afghanistan After Action Review 2021–2022.

In order to support the ACO in talent acquisition, the RO established a regional HR recruitment support hub, which is discussed in further detail in Section 4.5.6 of this report. The average recruitment time between September and December 2021 was 32 days, with 55 recruitments within this period. From January to March 2022 the average time to recruitment was 35 days, with 91 recruitments. For comparison, there were only 22 recruitments in the year 2020, with a recruitment period of 27 days.²⁰⁷ Given the scale of the uplift and the emergency, these results are quite positive. However, some key posts, for example the ACO Gender Advisor, were left vacant for a number of months. In this evaluation a significant number of key informants felt that the recruitment process was impacted in two ways – by a low-risk appetite to use the L3 expedited single sourcing Emergency Procedures and by the need to meet corporate diversity goals. A key informant noted that UNICEF focused too much on these considerations at the expense of “getting the right people in at the right time.”²⁰⁸

The recruitment statistics also do not speak to the quality of the uplift staff in terms of filling the skills gaps needed by the ACO in the L3 response. It was

observed that some of the surge staff were “not a good fit” in the ACO and did not always have the requisite experience in emergencies. However, it was noted that the 12 Emergency Response Team (ERT) deployments were well received.²⁰⁹ The average deployment time for surge staff was 71 days, and recruitment cycles meant that teams would sometimes arrive and leave at the similar times, leaving a capacity and knowledge gap in their wake. The iterative onboarding processes for surge staff and the need to bridge human resource gaps put a particular strain on national staff in the L3. It is difficult for this evaluation to determine whether the skills and experience of the surge staff were apposite to the needs of the L3, because part of the negative performance perceptions could be driven by tension between existing ACO staff and those new to the country. The new L3 procedures include mandatory performance appraisals and completion of mission reports. It is understood that post-mission reporting was not implemented systematically in the L3 response in Afghanistan. These reports would have provided a valuable insight into the surge experience in Afghanistan.



207 UNICEF Recruitment Dashboard, data as of 17/04/23.

208 KII.

209 12 ERT personnel were deployed for an average of 66 days. First deployment was in September 2021 and last deployment was 12 March 2022.

Finding 31

The L3 emergency has had a significant impact on the professional and personal lives of the Afghan Country Office staff. For those that decided to stay and deliver, they have provided a critical point of continuity across the L3 response. Given the challenges with leave systems and ongoing insecurities within the country (especially for women), there is scope for UNICEF to think more broadly about staff well-being for its national colleagues.

The August 2021 emergency in Afghanistan was unique in that it impacted so fundamentally on UNICEF national staff,²¹⁰ with 130 Afghan employees leaving the country at the time the ACO was scaling up for the emergency response.²¹¹ Even prior to the activation of the L3, national staff had been a source of institutional, operational and programmatic continuity in the CO, owing to the Covid-triggered remote teleworking arrangements and six-week Rest and Recuperation (R&R) cycles for international posted staff. The events of August 2021 created significant insecurity for Afghan staff, with some nevertheless choosing to stay and deliver. This evaluation found that national colleagues continued to be the key source of continuity but that they had a higher burden to carry in terms of orientation for new staff and providing organizational consistency over shorter international R&R cycles (reduced from six weeks to four weeks).

The leave system ('SEPTO') for local employees does little to reduce these workload pressures. Since it is very difficult for an Afghan citizen to obtain a visa to leave the country, this leave time is mostly restricted to staying at home, which can provide its own challenges. It was reported to the ET that in some instances, national colleagues would continue to work in the office during their designated leave times. The ET also understands that in 2023, 230 national staff lost some of their leave time because they had not taken all their allotted days. This was ascribed to the challenges of identifying an Officer in Charge (OIC) and to the additional workload that can be carried when a staff member is taking leave. One key informant observed: "when I take leave, I work from home."²¹²

The ACO has gone some way to providing for the well-being of national colleagues in terms of counseling services, enabling a flexible approach to working from home and providing moral support to the particular challenges faced by female staff. This evaluation proposes that there is an opportunity for UNICEF to review the practicalities of current national staff leave policies in light of the critical role that Afghans play in organizational continuity in the L3. However, there is also scope to consider staff well-being more holistically. For example, UNICEF could redouble efforts to ensure qualified candidates get the opportunities to undertake surge and stretch missions to advance their professional development. In line with an understanding of the challenges that national colleagues face in their everyday lives, strategies for well-being could also explore providing support to national colleagues who have daughters banned from school to receive in-home tuition.



210 It is noted that these national staff were provided the flexibility from UNICEF to telework from the onset of the crisis.
211 This evaluation will not review the complexities of the evacuation process of 2021 because it is understood that this is subject to a separate review.
212 KII.

To what extent could donor support be mobilized against the L3 response’s objectives and financial targets?

Finding 32

At the outset of the L3 response, the ACO was well positioned vis-à-vis other agencies to take large envelopes of donor funding. However, the increased project development and management requirements, although simultaneously navigating donor red lines, placed a heavy burden on UNICEF. The Resource Mobilization Road Map (2022) is a useful tool for the current context of the L3, but there is a need to look strategically at funding horizons beyond the short term.

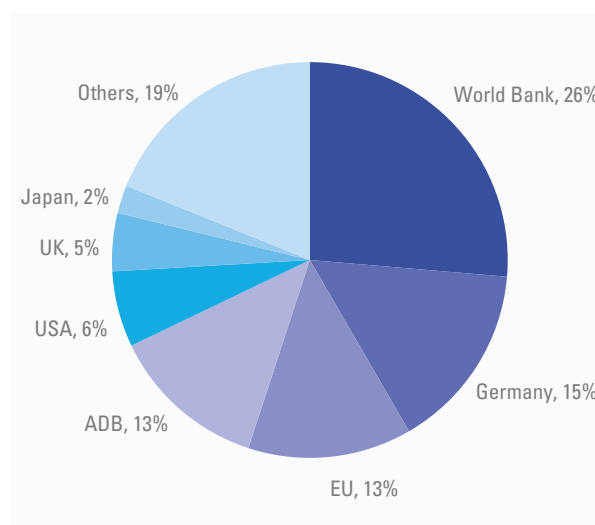
The RM needs of the ACO changed significantly over the period 2019–2022. In 2019 the ACO’s budget stood at US\$186 million; in 2020, triggered by the Covid-19 pandemic, it increased to US\$404 million; in 2021 it stood at US\$443 million. In 2022 it rose to more than US\$2 billion. The HAC appeal alone increased from an initial total of US\$143 million in January 2021 to US\$192 million in August 2021, and further to US\$2.047 million in 2022 – a record for a country HAC in UNICEF.²¹³

During the L3 response, UNICEF successfully generated new partnerships with, inter alia, the European Union (EU), European Commission Humanitarian Aid Office (ECHO), the World Bank, the Asian Development Bank (ADB) and German funding sources. The ACO now has a direct funding relationship with 19 of UNICEF’s global top 20 donors, and with all 10 of Afghanistan’s top 10 OECD donors.²¹⁴ The ACO diversified its portfolio across all major donors to Afghanistan, with the World Bank being UNICEF’s largest donor, as reported in December 2022.²¹⁵

Table 6. ACO top donors (in \$) since takeover, and cumulative share²¹⁶

Donor	Donation amount (US\$)	% share
World Bank	369,000,000	26%
Germany	214,219,278	15%
EU	187,502,620	13%
ADB	180,000,000	13%
US	86,857,367	6%
UK	66,550,349	5%
Japan	32,047,839	2%
Others	264,411,918	19%
Grand total	1,400,589,371	

Figure 21. ACO top donors (in US\$) since takeover, and % donation



213 Resource Mobilization Road Map (2022), p.1.

214 The 20th is the Netherlands, which doesn’t fund Afghanistan directly but does so indirectly. [Funding compendium 2020](#), p.6, UNICEF top donors globally; [OECD/DAC Aid at a glance 2018-2019, Afghanistan](#) for Afghanistan’s donors.

215 EMT Report, December 2022.

216 Ibid.

The statistics evince a very successful RM campaign, especially in the earlier phases of the L3 response. This can partly be explained by the ACO's pre-positioning vis-à-vis other agencies prior to August 2021. The ACO did not scale down in the Covid response to the extent of some other UN agencies. It had also been negotiating with the Taliban for increased access prior to the L3 activation. Therefore, in terms of operational continuity, access and relationships with the incoming authorities,²¹⁷ UNICEF was well placed to respond to the large funding opportunities of the L3 activation period. However, in later stages of the L3, other agencies have increased their positioning for funding (leveraging influence both in-country and at HQ level). For example, EMT reporting and KIIs conducted in this evaluation indicate that the World Bank is now potentially intending to diversify some of its new social protection funding (under 3.0) to other agencies.²¹⁸

Although there is a mixed picture with regard to donor funding fatigue for Afghanistan (with donors such as Japan recently increasing funding, but with others reducing commitments), there is a need for UNICEF to look more strategically at funding horizons beyond the short term. The Resource Mobilization Strategy expired in December 2021 and was replaced by a Resource Mobilization Road

Map in 2022, accompanied by the establishment of a Resource Mobilization Task Force. These tools are useful for navigating the current funding climate (with pragmatic recommendations to improve RM and management), but a more strategic planning document is required to guide the ACO through the future implications of later emergency transitions.

The tremendous uptick in funding in 2021 placed a heavy burden in terms of programme development, project reporting/management (especially with new donors) and navigating donor red lines and conditionalities. The number of proposals submitted in 2021 increased by 40 per cent compared to 2020, and the average size of proposal jumped from US\$6.5 million to US\$33.6 million.²¹⁹ VISION reporting to donors increased from 64 reports in 2020 to 82 in 2021 (+28 per cent year-on-year) and an estimated burden of 134 in 2022 (+63 per cent year-on-year).²²⁰ A 2022 RAM report highlighted the nature of this burden on the ACO: "The maintenance of such partnerships has become increasingly burdensome, particularly due to the heightened risk environment and concern from donors with interference by DfA, requiring ever higher levels of capacity, systems and accountability to respond to the enhanced scrutiny demanded by donors, as well as an increase in requests for ad hoc and regular formal and informal reporting."



Table 7. Resource mobilization stocktake²²¹

Category	2020	2021
# of proposals submitted	50	69
Average size of proposals submitted	US\$6.5 million	US\$33.6 million
# of allocations	70	165
Average size of grants secured	US\$3 million	US\$4 million
# of reports submitted	64	82

217 KIIs noted that UNICEF was the first UN agency to be visited by the DfA when they took power in 2021.

218 EMT Report, December 2022.

219 Resource Mobilization Road Map (2022).

220 Ibid.

221 Ibid.

These requirements stretched the ACO RM team to maximum capacity, and this evaluation questions whether the HR throughout the organization were sufficient to meet these challenges, in particular to iteratively update intelligence on donor conditionalities and red lines: “The internal annual review exercise at the end of 2021 identified a critical need in support of the fundraising efforts of the office for provision of regular and up-to-date intelligence on donor relationships, their position (e.g. on return to the country), the funding envelopes available, and any conditionalities.”²²²

Another result of the increased L3 funding levels was the ACO’s capacity to absorb and use these funds in a timely manner, in light of an observed attenuated IP capacity in the early phase of the L3 response. One evaluation stakeholder observed that “the ACO got more funding than expected. We now have a huge amount of money in the bank that must be spent. We routinely ask for project extensions but these are not cost neutral and are an administrative burden.” All donor grant conditions are different, with some allowing NCEs, some stipulating a return of funds, and varying approaches to repurposing of funds. UNICEF Key Performance Indicators show that in terms of funds utilization, US\$8,880,215 Other Resources (Other Resources Regular [ORR]/Other Resources Emergency [ORE]) funds were not used before grant expiration in 2021 and US\$889,188 OR (ORR/ORE) funds were not used before grant expiration in 2022.²²³



To what extent could economies of scale be achieved in supply and purchasing?

Finding 33

UNICEF had not scenario-planned for the rapidity of the DfA takeover; as a result, supply preparedness and planning measures were not fully in place prior to the activation of the L3. The onset of the L3 emergency presented unprecedented challenges in terms of the volume of supplies required, set against the collapse of the banking system, lack of transit options into Afghanistan and short-term conditional grants. UNICEF applied some dexterity to finding solutions and adapting to these challenges during the L3 response.

In the May 2021 contingency documentation, the supply plan for critical emergency supplies developed with programme and operations sections, based on the anticipated response (EPP step 3), was ‘still in progress.’²²⁴ It is not clear to this evaluation at what time this planning was finalized or what the level of coordination was between the Supply Division (SD) and the ACO in the emergency preparedness planning. However, it is understood that the frequency of calls between SD and the ACO did increase prior to August 2021, and the SD expected an increase in supply demand, given UNICEF’s commitment to stay and deliver.²²⁵

KIIs conducted during this evaluation, findings of the OIAI risk report (2022) and EMT reporting in 2022 indicated a “longer lead time for offshore procurement and an increased cost of shipping.”²²⁶ The OIAI risk report concluded that “mainly due to donor pressure and short shelf life of grants, supply plans were developed with limited input from supply and logistics teams, and as such, there were limited consideration of the operational processes at the planning stage such as considerations for timelines required for offshore shipments for a land locked country, storage requirements at Kabul and Zonal levels as well as absorption capacity through implementing partners. This resulted in delays as well as congestions at warehouses with supplies exposed to elements for longer durations.”²²⁷

222 Ibid.

223 UNICEF Insight, Office Dashboard – please see ‘Financial management’ row in 2022/2021.

224 UNICEF Afghanistan Contingency Plan, 15 May 2021, p.33.

225 KII.

226 EMT report, September 2022.

227 Afghanistan CO Risk Advisory Report, November 2022, p.30.

UNICEF IPs and stakeholders noted, in particular, a delay in receiving education supplies, with requests for more flexibility for them to procure by themselves. These perceptions and findings need to be contextualized to the conditions of 2021, wherein the collapse of the banking system meant that local procurement was almost impossible, placing a heavy demand on international procurements (see Figure 22). Procurements increased fivefold through the SD, and (as shown in Figure 23) the majority of supplies were vaccines/drugs and nutrition items that required high levels of quality control and also lengthy clearance procedures by the DfA on arrival in Afghanistan. The sheer volume of supplies needed required a careful balancing act of pacing deliveries with what the CO could store and distribute. In the early stages of the L3, a key informant noted that Afghanistan had one of the highest inventory overloads of all UNICEF COs.²²⁸

Figure 22. UNICEF Supply Dashboard (US\$)

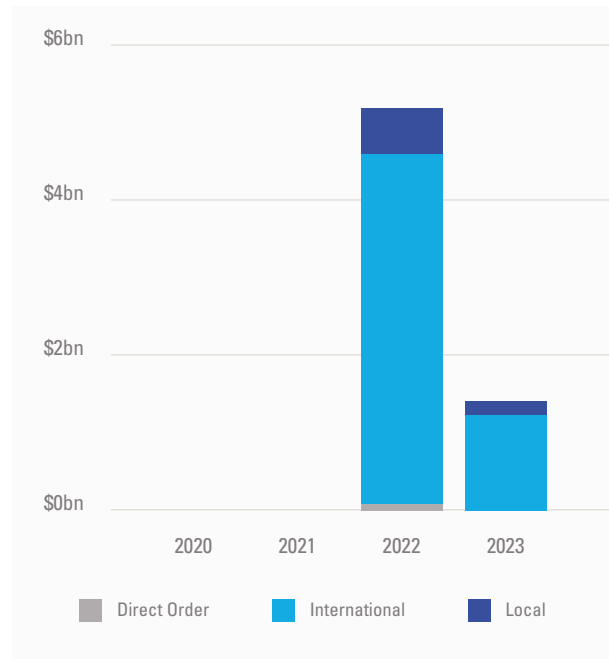
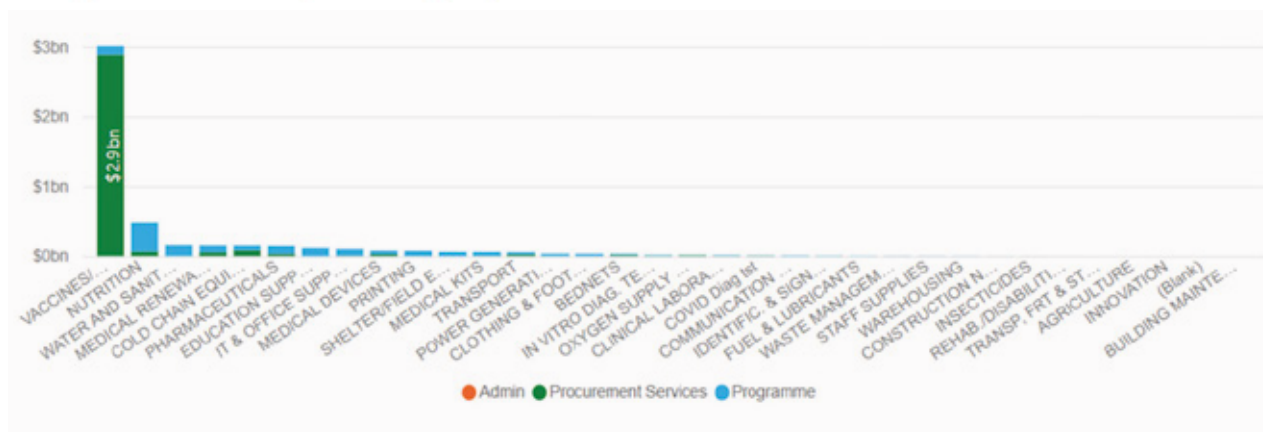


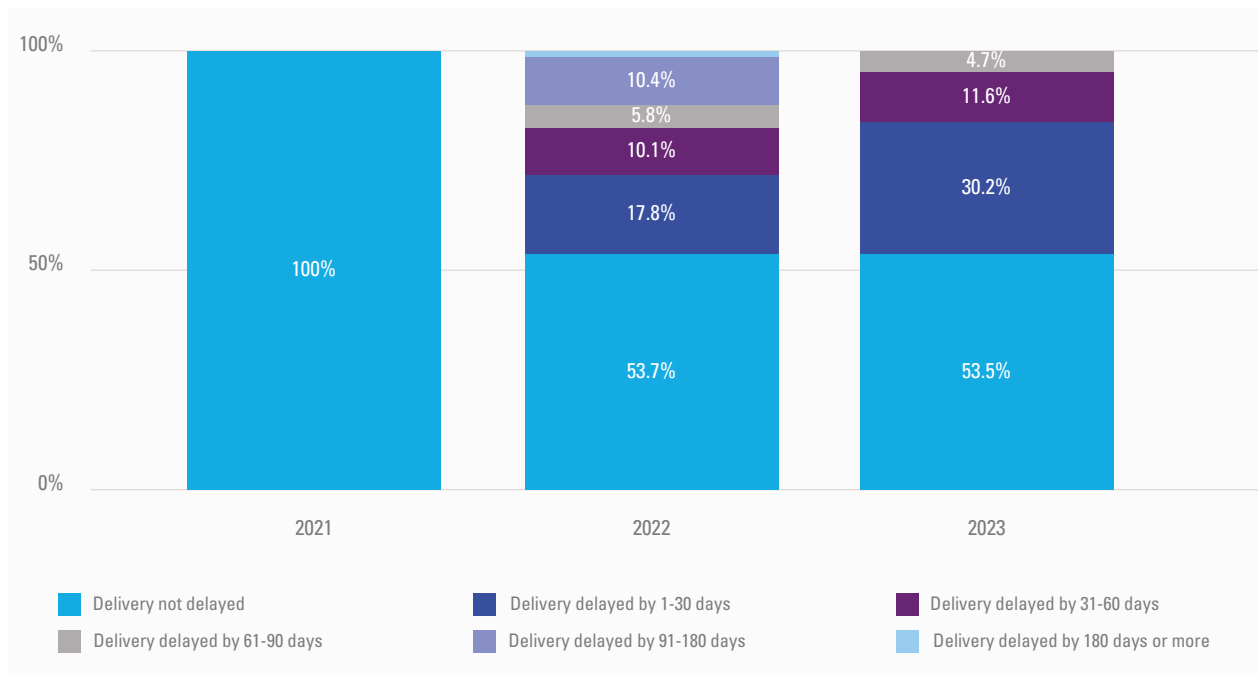
Figure 23. UNICEF Supply Dashboard: Commodity group



The data from UNICEF’s Supply Dashboard (shown in Figure 24) indicates that 53 per cent of deliveries were received on time in 2022 and 2023, which is a notable achievement given the logistical challenges for getting supplies into the country. UNICEF supply and operations were able to adapt to the various contextual challenges by identifying four alternative supply routes into Afghanistan, expanding warehousing facilities (after initially converting an original warehouse into accommodation), generating new

long-term agreements (LTAs) for essential supplies into the region (in Pakistan, Uzbekistan and India) and expediting supplies such as school kits to be delivered directly from the supplier in China to Afghanistan.²²⁹ It was also reported to the ET that the ACO was active in the Inter-Agency Procurement Working Group to help procure across the UN system to achieve economies of scale, increase bargaining power and share LTAs.

Figure 24. UNICEF Supply Dashboard: Purchase Order (PO) timeliness



229 These supplies would normally be routed via Copenhagen.

To what extent have UNICEF’s management systems/structures, resources/tools and Emergency Procedures (including the L3 CEAP) supported a flexible, timely and effective response?

Finding 34

In the highly politicized context at the outset of the L3 activation, there was some reluctance to operationalize the L3 Emergency Procedures in the ACO, partly due to a low-risk appetite and partly due to a lack of understanding of the procedures. This led to bottlenecks in HR, drafting Humanitarian Programme Documents (HPDs) and slow uptake of new IPs.

Box 4. Extract from UNICEF Emergency Procedures (2021)

“The Emergency Procedures **complement the CCCs with a minimum package of actions** required for all Country Offices (COs), ROs and Headquarters (HQ) Divisions responding to humanitarian crises. The Emergency Procedures also highlight specific **simplifications that supersede global policies and procedures that would otherwise apply in non-emergency contexts**, which CO, RO and HQ staff are mandated to apply to facilitate a timely, predictable and efficient response.

Representatives (for CO-level) and Regional Directors (RDs) (for RO-level) are accountable to ensure that COs and ROs **suspend or remove all additional rules, processes, guidelines or SOPs developed at the local or regional level, which are additional to global procedures.**”

This evaluation found that in the early phase of the L3 activation, there was a concern in leveraging L3 processes due to fear of future audits and any resulting blame.²³⁰ This risk aversion was most evident in three areas. Firstly, in HR there was a disinclination to use single sourcing in talent acquisition. Second, in contracting new partners the ACO often used a tendering system, rather than waivers, which slowed down the formulation of partnership agreements. It was observed that “we are far too process-oriented when it comes to partners, i.e. too bureaucratic, despite simplifications.”²³¹ Third, some evaluation stakeholders observed bottlenecks in the drafting of HPDs: “For the drafting of HPDs, this normally takes one week in emergency conditions. In actual fact it usually took more than one month for WASH. The process is complex and lengthy. Approval is needed from the peer review committee (PRC), which suddenly became overwhelmed when the L3 activation was triggered.”²³²



230 It is noted that an emergency procedures training was undertaken at the onset of the L3 activation, which was followed by a refresher training. The colleagues working on the emergency procedures were available to answer any questions post-training, as in other country contexts.

231 KII.

232 KIIs.

The OIAI risk report 2022 found that the ACO had in place 42 additional Standard Operating Procedures (SOPs) and 'notes for the records' that created additional processes, controls and restrictions in the L3 response.²³³ This evaluation has not been able to determine how much the ACO used these additional procedures rather than L3 Emergency Procedures, or whether the ACO made systematic use of the ACO Emergency Procedure Checklist. Anecdotal evidence indicates that there was a tendency to stick to tried and tested existing ACO SOPs in the activation of the L3 response. An intended further investigation on finance and procurement in the L3 will likely shed more light on this issue.²³⁴

The ACO's application of the L3 Emergency Procedures with regard to transitioning strategies appears opaque. The Emergency Procedures (2021) state: "During any extension of an emergency phase (L1 to L3), develop an exit plan with concrete benchmarks to measure the organization's capacity to respond to ongoing needs." The evaluation could not identify this exit plan and understands from UNICEF that "an exit strategy is {only} developed when the country office deactivates the L3 and so far, ACO has extended it and {it is} now transitioning to L2, so no exit strategy is prepared. Extensions require a memo and annex to justify the extension."²³⁵

It is important to highlight that the Emergency Procedures were newly formulated in 2021. The extent to which existing ACO personnel and new/surge staff were familiar with them is difficult to quantify. Some staff reported receiving L3 Emergency Procedures training, but at times it was formulaic and devoid of contextualization to the Afghanistan context. Given that it was the first emergency for some of the staff and also a new duty station for others, there is a case to ensure that pre-deployment briefings present L3 procedures contextualized to the specific emergency.

Finding 35

The establishment of the PMU brought needed expertise into the ACO and contributed to delivering at scale in the L3 response. UNICEF has exit criteria for the PMU and is planning a forward-looking stocktaking exercise in August 2023 to start to look at any future scale-down, which will be an important step to allay any expressed concerns of embedded parallel structures in the ACO in the longer term.²³⁶

The PMU was initially established (through a simplified PBR process) in Pakistan, but due to administrative challenges with this set-up it migrated to Kabul. The PMU includes specific expertise on contracting, payment, risk management, monitoring and beneficiary data management that is critical to support the day-to-day implementation of high-volume cash payments.²³⁷ It played an important role at the outset of the L3 to ring-fence the wider ACO from substantial high-risk payments, and was perceived as "a significant component of UNICEF's value proposition in Afghanistan."²³⁸



233 Afghanistan CO Risk Advisory Report, November 2022.

234 This will be conducted by OIAI, but further details of this investigation have not been shared with the evaluation.

235 Written response to the ET on 05/06/2023.

236 These evaluation findings will be complemented, to some extent, by a review being currently undertaken: 'Operational Review - UNICEF Implementation Modalities for Time-Sensitive Cash Transfers & Direct Payments to Individuals, Households, and Partners at Scale.' At the time of data collection, this review was still in the inception phase.

237 UNICEF Social Transfer Operations in Afghanistan, January 2022.

238 Resource Mobilization Roadmap, p.7.

The PMU has also introduced IT solutions to overcome existing IT limitations in beneficiary data management (HOPE) and has developed a new Global Solution for Cash Distribution (GSD) to handle large-scale humanitarian cash transfers and grievance redressal data. The system provides a grievance and feedback module that allows UNICEF to receive and process grievances in a timely manner.²³⁹ It is understood that this solution will now be selectively adopted globally by the HOPE team and made available to other COs.²⁴⁰ However, certain functionalities of GSD, notably the beneficiary data management components, are likely to be incorporated in the HOPE application, but other functions of GSD, such as Grievance Redressal Mechanism (GRM) case management, are out of scope for HOPE.²⁴¹

The PMU results, as reported by the EMT, indicate that the PMU contributed to the ACO to deliver at scale in the L3 response, as shown in Box 5.



Box 5. Key achievements since PMU establishment (EMT Report, February 2022)

October 2021–February 2022:

- ▶ 13 contracts issued
- ▶ Over 53,800 transactions processed (includes payments to individuals, households, partners and vendors)
- ▶ Over US\$49 million transacted
- ▶ 31 Partnership Agreements signed with 20 IPs – for a total value of \$72 million, of which \$40 million has been paid

RAM AMPU Report 2022:

- ▶ PMU facilitated the payment of over 225,000 public workers with monthly incentives to sustain essential services for children. These include payment of incentives to about 193,000 public school teachers, over 10,000 CBE teachers and about 27,000 health workers.

Over 418,000 payments were made, reaching over 237,000 households with unconditional cash transfers, from fewer than 2,000 households in 2021. Beneficiaries represent approximately 1.7 million individuals.

However, some of the evaluation stakeholders have expressed concern that the PMU was potentially embedding parallel systems in the CO, and questioned the sustainability of the PMU costs in the medium and longer term. These financial concerns can be somewhat tempered by the fact that in 2022 the overall staffing costs of the PMU as a proportion of the total project were under 2 per cent: PMU costs were around US\$5 million, and the PMU delivered US\$360 million in project value.²⁴² The PMU, by design, is a temporary structure and is subject to an exit strategy plan that will be activated when certain criteria are met,²⁴³ at the discretion of the

239 PMU Approach Brief.

240 RAM Report APMU 2022.

241 Incorporation of ACO comments on the draft evaluation report.

242 PMU Approach Brief, p.4.

243 As detailed in Slide 8 of PMU Overview PowerPoint presentation, the proposed exit strategy activation criteria are: (1) DfA recognition by the international community – reactivation of DCTs to Gov at scale; (2) Reduction in ACO funding of 40% to 50% year-on-year; (3) Non-continuation of major PMU supported projects.

UNICEF Afghanistan Representative.²⁴⁴ This elaborate exit plan will require a staged approach to transferring responsibilities back into the ACO (with associated capacity-building where required), linked to a manageable financial scale-down in line with budget projections. The ACO has informed the ET that they are planning to start this process with a “light forward looking stock-taking exercise [of the PMU] by August”²⁴⁵ and will attend to the other areas raised by the OIAI 2022 report.

To what extent have UNICEF’s risk management systems effectively served to mitigate risk, including to affected target groups, and to measurably inform programme decisions during the L3 response?

Finding 36

The prevailing risk management systems prior to August 2021 were not fully calibrated for the highly volatile and quickly changing context of Afghanistan. Elements of the May 2021 contingency planning exercises were incomplete, and the BCP could have been crafted into a more practical and explicit plan.

The SPE evaluation (2021) found that the EPP was not sufficiently agile to be an effective tool for risk management in the dynamic context of Afghanistan. In the run-up to the Taliban takeover in August 2021, the EPP was not widely relied on by Programme Sections.²⁴⁶ An EPP QA checklist for Afghanistan, dated May 2021, notes that some key markers of quality in the CO’s preparedness planning remained unaddressed.²⁴⁷ For example, the update of some risk descriptions and analyses and some sector preparedness plans were several months overdue. The checklist makes note of a range of detailed actions needed to bring the EPP for Afghanistan up to date.²⁴⁸ This situation appears to have remained largely unchanged up to the period immediately preceding the Taliban takeover. The overdue updates to sections of EPP took time to complete, and the last EPP Preparedness Plan was approved in

October 2021, shortly after the Taliban takeover.²⁴⁹ Furthermore, as also elaborated by the OIAI report, the EPP tends to be more “focused on changes in needs with little specifics on changes in approach or strategy.” The SPE recommended decentralizing some of the risk management responsibilities to the FOs while concurrently increasing the FO input into more localized iterative risk reporting. However, the ACO had little time to implement any systemic risk management adaptations prior to the L3.

It could be intimated that the pre-existing risk management infrastructure in the ACO partly contributed to the scenario planning that fed into the emergency preparedness planning that took place in May 2021, although it should be noted that few international organizations and missions were prepared for the events of 15 August 2021. In the Country Contingency Plan, the scenarios for ‘significant deterioration’ and ‘worst-case’ (based in inter-agency scenarios) and planned through to December 2021 did not account for a swift Taliban takeover, but rather for a worst case of protracted fighting.²⁵⁰



244 Ibid., slide.1.

245 ACO email response to the ET, 13/06/2023.

246 EPP Preparedness plan, Afghanistan, approved 12 October 2021.

247 EPP Quality Assurance Checklist, Afghanistan, May 2021.

248 Ibid.

249 EPP Preparedness plan, Afghanistan, approved 12 October 2021.

250 UNICEF Afghanistan Contingency Plan (Country Level), drafting working versions, 15 May 2021, pp. 6–8.

The October 2021 BCP²⁵¹ is based on information from the EPP, ACO Contingency Plans, the ICT Disaster Recovery Plan (ICT DRP) and the United Nations Department of Safety and Security (UNDSS) Security Management Plan. Excluding annexes, the document is 19 pages long. Some key informants perceived the plan as too theoretical and not apposite to the practical needs of an emergency. It was recommended by a key informant that more time and energy could have been invested in determining practical needs, for example how much fuel was required to be stocked to run the generators, or the type of cash reserves that the ACO could access ahead of an emergency declaration. It is noted that this BCP was updated and tested in 2023.

In response to lessons learned during the L3 and recommendations provided by the OIAI, the ACO has invested time and resources to enhance risk management systems. The Updated Accountability Framework has elaborated the role of the FOs in risk management and is gradually being rolled out. The ACO has also recruited a P5 Risk Manager role and has begun risk committee meetings and established a cross-sectoral working group under this committee. It is too soon to determine if these procedures will qualitatively enhance UNICEF's agility to predict and respond to the rapidly changing context and if, as a number of stakeholders of this evaluation have observed, there is a need for the ACO to bolster its political intelligence, in and on Afghanistan, to be used more effectively in preparedness and scenario planning.



How well did the relevant UNICEF organizational units at HQ, RO and CO levels work together to achieve a successful L3 response activation and in providing evidence-based advisory support drawing on prior L3 events?

Finding 37

HQ and the RO provided critical and time-sensitive support to the activation of the L3. In the activation and early response phases, the evaluation found a lack of clarity around some decision-making processes between HQ, the RO and the ACO. In the later stages of the L3 response, HQ, the RO and the ACO found ways to work collaboratively to expedite the response with evidence-based advisory support.

The events of August 2021 in Afghanistan represented a combined political and humanitarian crisis, played out on a global stage. The chaotic and tragic evacuation, the vanquishing of the Republic regime by the Taliban, and collapse of the banking system drew unprecedented media attention to a unique emergency unfolding in Afghanistan. Although UNICEF had not scenario-planned for this rapid eventuality, the Regional Director and some HQ staff²⁵² were in Kabul to assist and support the ACO to activate the L3 response.²⁵³ This initial support was important to navigate the immediate political complexities of the inter-agency positioning on whether to stay or evacuate, and ultimately to provide moral support for UNICEF's decision to stay and deliver. Given the challenges of time zone differences between HQ and the ACO (which were frequently cited in this evaluation), it was an advantage to have emergency trained and experienced staff in-country in August 2021.

At the outset of the L3 activation, the OIAI risk report noted that despite the Emergency Procedures prescribing that the Country Representative is accountable for the response, "some key response decisions were made by HQ rather than the ACO with a disregard to ACO capacity to manage these decisions [and] there were issues around who was involved, who made decisions and the basis for the decision, and who then was accountable in

251 The ET received a copy of the Version 1, UNICEF Afghanistan Business Continuity Plan, dated May 2021.

252 For the EO, the ET has asked for information on HQ staff in Kabul in August 2021 to help with activation.

253 The Taliban captured Kabul on 15 August 2021, signifying the end of the Government of the Islamic Republic of Afghanistan.

execution.”²⁵⁴ This perceived top-down and blurred accountability decision-making process at the outset of the L3 can partly be explained by experienced UNICEF emergency responders stepping in to support an ACO senior leadership who had less experience with emergency contexts (with the exception of the Deputy Representative for Operations, who had extensive experience but was on TA). As a lesson learned in an L3 activation, HQ and the RO, in collaboration with the CO, could invest more time to look strategically at the capacity of the CO to manage major decisions, including whether the step-aside procedure is applicable. This planning should take place in the emergency planning process prior to an activation – in this case, in May 2021.

This evaluation has also found evidence to suggest that there were critical areas of coordination between and among different levels of the organization to improve the quality and timeliness of the L3 response. For example, responding to the need to generate a more holistic approach to cash programming while responding to donor requests to ensure consistency in cash programming, HQ and the RO undertook a joint cash transfer mission to the CO in March 2022. The output of this mission was the ACO Office Wide Cash Strategy. The evaluation found that HQ support on cash transfers was perceived well: “From the outset, there were very good lines of communication between the ACO SPEAR staff and HQ [...] The majority of the HCT team in the PMU came from HQ. We de-populated HQ of all its HCT human resources.”²⁵⁵ This latter example is counterposed with a perception that there was a lack of support from HQ to secure surge communication staff for the ACO.²⁵⁶ Overall, the evaluation found that in terms of human resourcing, HQ provided the most emergency-related support, given that it had a larger pool of experienced emergency responders than the RO.

The evaluation found evidence to suggest that the RO support was significant in providing continuity of staffing to support the surge and institutional knowledge for the high turnover of personnel in the ACO during the L3 response. This provided a certain continuity to overcome communication gaps caused by the four-week R&R cycles for international personnel. One particularly notable area of support was the innovation of the regional HR hub to support the enormous demand and workload for the staffing uplift in the ACO. The regional hub increased efficiency in recruiting staff and sharing real-time recruitment data, but there were concerns about lines of accountability in hiring decisions between the ACO and the RO. The initial hub was disbanded in 2022 but was later re-established for a second time based on previous lessons learned. The RO provided consistent support, both programmatically and operationally, during the L3. This evaluation found that within ROSA, the sectors could be better joined up in their support for the ACO and share more information between themselves for cross learning purposes. In a sustained L3, “you can’t just have a sectoral response; you need a multi-sector response.”²⁵⁷

The monthly EMT meetings are a sound platform of coordination between HQ, the RO and the ACO. The meetings allow for a stocktake of operations, i.e. logistics, supplies, liquidity and, inter alia, programme capacity needs and RM. The monthly reports provide an excellent source of institutional memory in a CO with a rapid turnover of staff. The EMT is accompanied by an action tracker to enable consistency and accountability in follow-up actions. Some key informants mentioned that the preparation for the meetings was resource-intensive and time-intensive for the ACO but was largely worth this investment. However, some internal stakeholders felt that overall, the demand for information from HQ across a broad range of issues (and hampered by time zone differences) in the L3 was a heavy burden to carry, and that this impacted on morale in the ACO.

254 Afghanistan CO Risk Advisory Report, November 2022, p.10.

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257 KII.

Conclusions

This section provides conclusions to the findings of the evaluation. The ET found thematic linkages cutting across all five focus areas of the evaluation. In order to capture these linkages, the conclusions are summated by theme rather than by EQ. The recommendations are then provided in the following section of the report, in accordance with the identified seven themes.

Programme Coverage and Scale-Up

In the nine months following L3 activation in Afghanistan, UNICEF succeeded in more than doubling its programme coverage, expanding it to highly vulnerable populations in areas that had previously been inaccessible to aid actors. This scale-up required profound changes to its ways of working, in an operating environment that had no precedent in recent decades.

As it ramped up its operations in Afghanistan, UNICEF largely managed to maintain the quality of its programmes, within the limits imposed by severe resource and capacity constraints. Assessments conducted through partners were generally rigorous. Assistance was most often delivered in a timely and predictable manner and spanned multiple sectors to meet diverse needs. Feedback

channels usually allowed affected populations to engage with UNICEF and convey their grievances. Although women and girls are underrepresented in these efforts, UNICEF attempts to reach out to this group are above the norm. Overall, the majority of people consulted at community level on the support they had received from UNICEF were satisfied that this assistance improved their welfare and met their needs. Humanitarian access to these vulnerable groups could be secured and, in many cases, expanded through the development of constructive relations at the local level with the DfA. These relations often allowed UNICEF to advance its humanitarian agenda, including in the sensitive programme areas of protection and gender.

It must be noted, however, that these successes took place alongside wide and persistent coverage gaps. Large segments of the population categorized as vulnerable by UNICEF's own criteria could not be assisted. The main cause of this gap in coverage was a shortfall in funding; however, another significant cause was the scarcity of viable channels for the delivery of UNICEF programmes on the ground.

Preparedness, Risk-management and Forward Planning

The surge in PiN targets in the aftermath of the Taliban takeover were not driven primarily by new needs; rather, they were the result of two transformative supply-side events. The first was the sudden collapse of the established model for aid delivery in Afghanistan, which in prior decades had increasingly leaned on the State as a central actor in humanitarian and development programming. The second was the aid community's sudden access to large parts of the Afghan population whose acute needs could not be addressed prior to August 2021.

These events were predictable and had, in part, been foreseen. However, UNICEF – along with the broader aid community – was unable to plan for them in a way that measurably helped with the scale-up of operations once L3 was activated.

It should be noted here that contingency planning ahead of an anticipated political or security event is inherently difficult, as it may convey unwanted signals to key political stakeholders. Another constraining factor for UNICEF was the inter-agency nature of the context analysis conducted on a UN-wide basis in the run-up to the Taliban takeover. Because of this, its latitude for independent forward planning was limited.

Given the scale of humanitarian needs in Afghanistan, it is doubtful that UNICEF programme coverage after August 2021 could have extended to cover the full extent of needs assessed in the 2022 HAC. Despite the challenges outlined above, some lines of action taken shortly after the Taliban takeover could have been initiated prior to this event, to facilitate scale-up once L3 was declared. This is especially true of budget and programme authorization processes, for which contingency fast-track protocols could have been set out in advance, in line with L3 Emergency Procedures. A proactive drive to reach out to NGO partners, in anticipation of the closure of government channels for programme delivery, could also have begun earlier in 2021.

In terms of planning practices and supporting tools for analysis, the preparedness activities conducted by the CO prior to the Taliban takeover were not well suited to envisioning transformational change beyond the immediate scope of operations, or to capturing the depth and scale of changes in the political and security context following the events of August 2021.

L3 Scale-up and Targeting

Discussions surrounding programme targets for the 2022 Afghanistan HAC were held amid a lack of clarity among staff on where final accountabilities lay for deciding the response's level of ambition. There was a sense among CO personnel that they had been underrepresented in these discussions, and that EMOPS had exercised disproportionate influence in the targeting process. Paradoxically, there was also a perception that L3 activation and scale-up in the case of Afghanistan had generally been steadier and more problem-free than in other L3 emergencies.

There was a general sense among interviewees that UNICEF targets for the L3 Afghanistan response were commensurate with actual needs. The level of ambition reflected in these targets was predicated mainly on an assumption of imminent system collapse. This would have entailed widespread disruptions in the provision of basic services, as well as a possible breakdown in the rule of law, accompanied by armed violence. In the context of the time, it was plausible that these catastrophic events might take place; however, in the end this worst-case scenario did not occur.



In light of the plausible risks identified, the ambitious targets set for the L3 response were justified. The main reservation raised at field level with regard to these targets was that they did not reflect resource and capacity constraints in programme delivery. These constraints grew more acute in the months that followed the Taliban takeover, as government channels for programme implementation closed down and NGO alternatives for the scale-up could not be readily secured.

Despite this difficult context, it was right to prioritize a needs-based approach to target setting, as the overriding purpose of these targets is to inform RM. However, in parallel to this target-setting exercise, it would have been of benefit to the L3 response to conduct a formal appraisal of actual partner capacity available on the ground for programme delivery, along with a more concerted plan to address capacity shortfalls, and clear guidelines to inform tighter targeting and prioritization if these shortfalls could not be resolved.

Sustainability and Capacity Development

Prior to the events of August 2021, the UNICEF country programme in Afghanistan had been on a trajectory of gradual, multi-year transition from emergency to development programming. Although progress in this shift had been erratic and was often reversed, the long-term development objectives set for Afghanistan by UNICEF and the broader aid community had not been in question, and they provided a clear paradigm for all actors involved. This paradigm envisioned the role of the State as central to the development effort, and allowed international actors to conceptualize their exit strategies in terms of the eventual handover of this effort to a well-capacitated government.

This paradigm became inoperative with the arrival of the Taliban into power, and the decision of the donor community to disengage from aid activities that involved the government as a partner. As UNICEF pivoted to NGO partners, efforts to maintain development and capacity-building strands in L3 humanitarian programmes were partly successful. For example, training of local counterparts continued to be a key feature of these programmes in 2022. UNICEF was also instrumental in safeguarding

local capacity gains achieved in the Sehatmandi programme by taking over the management of this programme.

Despite these successes, an alternative development paradigm to the one that prevailed prior to August 2021 is yet to be found. There was an acute awareness among interviewees of the vacuum created by the exclusion of line ministries from aid programmes, and of the fact that NGOs are not a satisfactory substitute to the State as vehicles for national development. There was also a sense that consultations with donors on this aspect of the aid effort in Afghanistan had not yet reached full fruition.



Advocacy and Accountability

In Afghanistan, UNICEF's pivoting from public advocacy to more low-profile stakeholder engagement and its increased focus on advocacy at the local level were timely and appropriate. There is good evidence that a more localized and lower-profile approach to engagement and advocacy has yielded some good results in a highly challenging context. It was also apparent that UNICEF staff in Afghanistan are strongly committed to advancing the agency's rights-based mandate in the course of their work.

Perceptions of a lack of consistency between UNICEF's public advocacy conducted internationally on Afghanistan, and the more pragmatic stance it adopts in its stakeholder engagement in-country, are more problematic. UNICEF's more assertive posture internationally can convey the impression that it is equally vocal in its local engagement and that this posture carries the promise of good results. It would be of benefit to UNICEF if its international stakeholders, including donors, were given a more nuanced picture of the challenges it faces in its advocacy in Afghanistan and of the strategies it has adopted to overcome them. In part, this implies a broader-based and more joined-up approach to advocacy planning, integrating both public communication and political-level stakeholder engagement.

In the area of accountability, a key element of UNICEF's response has been to step up its outreach to affected populations, including through dedicated feedback mechanisms. Although the use of these mechanisms was generally limited, more informal channels were usually available, and these allowed affected populations to feel that their feedback and grievances were generally heard.

Nonetheless, this positive picture does not take account of the situation of women and girls, for whom it is considerably more difficult to achieve a level of outreach and accountability commensurate with the extreme social exclusion they are forced to endure to in Afghanistan. The level of feedback secured from women and girls through UNICEF accountability mechanisms is higher than the average for the aid community as a whole. Nonetheless, it remains limited in light of the acute need to provide Afghan women with a voice in programming processes.

Partnerships and Cluster Coordination

At the outset of the L3 emergency, the humanitarian community, including UNICEF, benefited from a well-capacitated national and international cadre of staff and also from the pre-existing humanitarian architecture that had been tried and tested throughout the protracted emergency in the country. The outset of the L3 response saw an improved co-lead relationship with Save the Children in the education cluster. The resourcing of the UNICEF national-level clusters was in line with some of the relevant Management Responses to the CLARE II evaluation and cluster resourcing guidelines issued by the Global Shared Services Centre (GSSC). However, the operation of the subnational clusters could have been enhanced with the ACO maximizing lift and shift strategies to better support regional-level clusters.

The participation of DfA representatives in the cluster system is a highly divisive issue, but some have attended meetings on an ad hoc basis, despite HAG guidelines intimating the preclusion of their engagement. It is important to note that some DfA officials are technocrats who served in the Republic and have continued to serve under the DfA; as such, they are not necessarily political emissaries of the prevailing regime. UNICEF is to be commended for applying dexterity in this complex situation by following the Afghanistan Engagement Strategy guidelines on dialoguing with the DfA (without conferring legitimacy) and finding 'work-around solutions' for the wider humanitarian community.

Interference by the Taliban on the delivery of humanitarian aid has varied widely across regions, and has manifested in a number of different ways. First, with regard to UNICEF's partner selection process, the ACO has had to navigate through a complex web of interests that partly have their roots in grievances predating August 2021. Second, the DfA decree banning women from working in (I)NGOs has circumscribed both human rights and the delivery of humanitarian assistance in Afghanistan. The ACO has been vigilant in monitoring the impact of this ban on its contractors and IPs, although it is not clear if this monitoring has informed programmatic course corrections. Third, IPs and extenders feel that they are increasingly carrying the burden for negotiating directly with the DfA for MoUs and other approvals.

Arguably, the heaviest burden in this regard is carried by local partners, and especially women-led CSOs, who work in a heightened climate of suspicion and scrutiny. The Afghanistan Engagement Strategy is a useful tool to guide the FOs in supporting partners with these challenges, but support is also contingent on capacitating the FOs with the necessary skills and HR to negotiate with the Taliban on the implementation of programmes.

UNICEF globally is engaged and committed to the Grand Bargain 2.0, and worked with the UN and donors to develop the IASC guidance on overheads for national partners. UNICEF internal documentation indicates that new UNICEF Programme Implementation Procedures allow for an “expansion of 7 per cent budget costs to all CSOs”, although this evaluation was unable to determine how rigorously the ACO is applying the new guidelines. Transparently communicating this intent to provide overheads to national NGOs/CSOs will go some way toward attenuating the long-standing narrative in Afghanistan that INGOs receive preferential treatment above national NGOs.



Systems and Procedures

HR issues have emerged as a fundamental theme throughout this evaluation. The preparedness of UNICEF for the significant staff uplift required in the L3 response, senior management transitions at critical junctures before and during the emergency, and the extent of emergency experience for all staff involved in the L3 have been consistently raised as significant concerns and areas for improvement.

Although each L3 emergency manifests its own uniqueness, the context of Afghanistan in August 2021 was extraordinary. Beyond the evacuation of some national staff at the onset of the L3 response (a topic not specifically covered in this evaluation), less attention has been given to the critical role played by national colleagues who chose to stay and deliver. Even prior to the activation of the L3, national staff had been a source of institutional, operational and programmatic continuity in the CO, owing to the Covid-triggered remote teleworking arrangements and R&R cycles for international posted staff. This evaluation found that national colleagues continued to be a key source of continuity in the L3 response, operating in a higher-risk environment and with a heavier burden to carry in terms of orientation for new staff and providing organizational consistency over shorter international R&R cycles. This prompts the conclusion that there is a need to look more holistically into the well-being of UNICEF Afghan colleagues.

The outset of the L3 response in Afghanistan was marked by a tension in risk appetites between programme and operations, with the latter exhibiting a lesser appetite than the former. The evidence for this conclusion is partly found in a reluctance to apply the 2021 expedited L3 Emergency Procedures in areas such as HR and partnership development. However, it is also recognized that some staff may not have been fully aware of the 2021 Emergency Procedures (despite some training being delivered at the outset). It is concluded that improved contextualized Emergency Procedures training is required in future L3 emergencies.

Recommendations

Evaluation Strategic Recommendations			
Relevant report section and finding	Recommendation	Responsible	Level of priority
EQ 1: Meeting the Needs of Children			
Sustainability and Capacity Development	<p>Engage with key donors and NGO partners on the development of a more context-appropriate model for sustainable aid programming in Afghanistan.</p> <ul style="list-style-type: none"> ▶ At the corporate/political level, engage alongside other UN actors in consultations with the donor community, in view of broadening the scope of technical cooperation with Afghan line ministries on critical humanitarian workstreams, including local capacity development. ▶ With other UN actors, develop a joint strategy for local capacity development in the humanitarian sphere, identifying good practices in the current context, as well as priority areas of action and set objectives. ▶ In partnership with a country-based NGO platform such as ACBAR, capitalize on the presence of INGOs to Afghanistan and leverage them as vehicles for the development of local and national counterparts, including UNICEF partners. 	<p>Lead: Deputy Representative</p> <p>Other Stakeholders: Senior Emergency Coordinator, PPD/PFP and EMOPS</p>	High

EQ 2: UNICEF Programmes, Practices and Approaches

Preparedness, Risk Management and Forward Planning

Review and upgrade the Emergency Preparedness Platform (EPP), to ensure its wider and more consistent use by Programme Sections.

- ▶ With inputs from the Sections, streamline and simplify the EPP template. Allow more latitude for users (Senior Management, Section Chiefs) to adapt the EPP tool to the context and to their specific needs, in views of enabling its more effective use to support adaptive programming.

Lead: Senior Emergency Coordinator

Other stakeholders: Deputy Representative, EMOPS RAPS

At corporate level, and in view of future emergencies, support CO senior management with appropriate tools and skills for anticipatory strategic planning.

- ▶ Design a training module aimed at senior management, on political and security scenario-making at strategic level, and the use of theories of change to clarify their implications in terms of programme responses.
- ▶ Increase and diversify political intelligence sources available to COs, for use to more effectively inform strategic-level forward planning. Where appropriate, commission independent political and security analysis to verify planning assumptions and support scenario-making exercises.

Lead: EMOPS HELS

Other stakeholders: EMOPS RAPS

Based on lessons learned in the Afghanistan L3 response, and in view of future emergencies, develop HR L3 preparedness at corporate level.

- ▶ Proactively follow up on the HR After-Action Review for Afghanistan (2021–2022).
- ▶ Develop a talent pipeline and incentivize managers who have the requisite/proven skills and experience to join high-risk COs in emergency and conflict contexts.
- ▶ Include application of the L3 procedures among the competencies reviewed in performance appraisals in L3 emergencies.
- ▶ Further prioritise national staff well-being in L3 contexts: (1) transparently review the practicalities of current national staff leave policies; (2) redouble efforts to ensure that qualified national candidates get opportunities to undertake surge and stretch missions.

Lead: Division of Human Resources, HQ

Other stakeholders: Chief Human Resources, Afghanistan Office

Medium

<p>L3 Scale-up and Targeting Principles</p>	<p>Engage in an open dialogue with COs and their staff on the diverse perspectives to target setting in L3 contexts, highlighting core distinctions in the use of targeting for resource mobilization and for programme management on the ground.</p> <ul style="list-style-type: none"> ▶ In training activities aimed to familiarize staff with L3/L2 Emergency Procedures, ensure their contextualization at country-level, using real-world case studies to clarify and illustrate accountabilities for actions taken. ▶ While maintaining a needs-based approach to targeting, introduce the practice of identifying and recording capacity constraints to the attainment of HAC targets, as part of the HAC planning process. <hr/> <ul style="list-style-type: none"> ▶ For Afghanistan, formulate clearer guidelines and rationales to inform tighter field-level targeting and prioritization, in cases where funding and capacity shortfalls prevent the attainment of original HAC targets. 	<p>Lead: EMOPS, HQ</p> <p>Other stakeholders: Programme Group, Regional Office, Afghanistan Country Office</p> <hr/> <p>Lead: Chief Planning, Monitoring and Data</p> <p>Other stakeholders: Senior Emergency Coordinator</p>	<p>Medium</p>
<p>Accountability</p>	<p>Explore ways of increasing channels for outreach and accountability to women and girls, with a view to ensuring their commensurate representation in UNICEF programming processes.</p> <ul style="list-style-type: none"> ▶ Review mechanisms to secure the feedback of women and girls, and proactively reinforce them where needed. Consider the strengths and limitations of U-reports to complement this feedback. ▶ Invest in dedicated Knowledge and Learning (K&L) to process and analyse feedback received from women and girls via the various mechanisms available. 	<p>Lead: Deputy Representative</p> <p>Other stakeholders: Chief Social & Behaviour Change, Chief Planning, Monitoring and Data, Gender Specialist</p>	<p>High</p>
<p>Extenders</p>	<p>Proactively manage the high burden of risk (especially for female extenders) placed on extenders and address Quality Assurance in their data collection.</p> <ul style="list-style-type: none"> ▶ Rather than reactively addressing QA issues by adding a layer of line management on top of the existing monitoring architecture, develop a system to detect skills gaps among extenders, and to address these gaps through appropriate extender training. ▶ To support duty of care exercised by the extenders' contractor, develop a capacity to monitor the risks to female extenders, and develop ongoing mitigation measures. ▶ To increase the reach of PSEA knowledge, ensure that PSEA is well understood beyond the mandatory training session, through iterative peer-to-peer trainings. 	<p>Leads: Chief Planning, Monitoring and Data</p> <p>Other stakeholders: Programme Section Chiefs, Gender Specialist, Chief of Field Office, PSEA Specialist</p>	<p>High</p>

Monitoring and Data Management	<p>Ensure consistency of the new monitoring framework throughout FOs and with IPs, in the collection and reporting of monitoring data.</p> <ul style="list-style-type: none"> ▶ Build on achievements to date in monitoring, by providing training to all IPs on how to collect data and report against the new monitoring framework. ▶ Continue with situational monitoring and analysis of the impact of the ban on women for UNICEF IPs/contractors. Link this to an action tracker to record follow up actions taken. 	<p>Lead: Chief Planning and Monitoring</p> <p>Other stakeholders: Senior Emergency Coordinator, Section Chiefs</p>	Medium
EQ 3: Partnerships and Coordination			
Cluster Coordination	<p>Ensure better resourcing of the clusters.</p> <ul style="list-style-type: none"> ▶ At corporate level, and in future emergencies, systematically assess at the outset of L3 activations whether a mission is required from GCCS to support cluster scale-up. ▶ Prioritize emergency recruitment, establishing an internal talent pool of well trained professionals in cluster coordination, who are available to quickly deploy on surge to fill gaps. 	<p>Lead: Division of Human Resources, HQ</p> <p>Other Stakeholders: EMOPS</p>	Low
Grand Bargain Commitments	<p>At corporate level, and line with Grand Bargain commitments, maintain targeted investments in the capacity of local organizations and rethink the provision of overheads to local NGO partners.</p> <ul style="list-style-type: none"> ▶ Advocate to donors for the better coverage of overhead costs incurred by national NGOs, highlighting the strategically critical role of these actors in the Afghan context. 	<p>Lead: EMOPS HPS</p> <p>Other Stakeholders: DAPM, DAFM, Deputy Representative</p>	Medium
EQ 4: Leadership			
Advocacy	<p>Ensure better consistency and integration between public advocacy conducted internationally and political-level stakeholder engagement carried out in Afghanistan.</p> <ul style="list-style-type: none"> ▶ Within the broad orientations set for advocacy in the 2020 Humanitarian Review, map the desired outcomes of advocacy for Afghanistan, both in-country and internationally, and the results pathways leading to them. ▶ Develop a strategy of private engagement that supports UNICEF’s protection objectives in-country, and can be supported as required by the appropriate international actors (e.g. OIC). ▶ Develop a dedicated advocacy and engagement strategy directed at donors, and aimed at the relaxation of certain restrictions on technical cooperation with line ministries. 	<p>Leads: Representative</p> <p>Other stakeholders: Chief Communication & Advocacy, Deputy Representative, Senior Emergency Coordinator</p>	Medium

EQ 5: Systems and Procedures

Resourcing and Deployment	Improve appetite for using L3/L2 Emergency Procedures, especially at the outset of activations. <ul style="list-style-type: none">▶ Continue to socialize the L3/L2 Emergency Procedures among relevant CO staff, as required. Assign a focal point to support ongoing familiarization with the Procedures among staff.▶ At the outset of an L3 or L2 emergency, remove pre-existing SOPs (and notes to file) that may stand in the way of the operationalizing of the Emergency Procedures.	Lead: Senior Emergency Coordinator Other stakeholders: EMOPS	Medium
Resource mobilization	Begin to plan strategically on medium and longer-term horizons. <ul style="list-style-type: none">▶ Develop a more strategic and living RM document (replacing the expired Resource Mobilization Strategy) that can be adjusted to the evolving context to look at funding opportunities in the longer term. Link this document to an affordability analysis based on the funding pipeline.	Lead: Deputy Representative Other stakeholders: Chief Resource Mobilization	Medium



Annexes

Terms of Reference

Title/Purpose	ToR for the evaluation of the UNICEF L3 response in Afghanistan
Recruiting Officer	Chief HEP, UNICEF Evaluation Office
Contract Modality	LTA
Location of Assignment	Home-based with missions to Afghanistan, Kathmandu and New York
Language(s) required	English, Dari/Pashto
Duration of Contract	November 2022- September 2023

The political transition that occurred in August 2021 in Afghanistan marked yet another turning point in the country's history. The ensuing withdrawal of international aid, which had accounted for approximately 40 per cent of the country's GDP²⁵⁸, as well as the set of sanctions targeting the newly installed

de facto authorities (including the freezing of foreign exchange reserves) have pushed the country on the verge of an economic collapse, further deepening the already dire humanitarian needs of its population.

258 [Afghanistan: Country must have access to funds to avoid humanitarian disaster - Amnesty International](#)

The socio-economic effects of the recent political developments are indeed materializing in a country that has experienced four decades of conflict, is prone to natural disasters (the most recent was a 5.9 magnitude earthquake that struck several districts in the provinces of Paktika and Khost on 22 June 2022, alongside recurring droughts and flooding),²⁵⁹ disease outbreaks (such as AWD/cholera and measles²⁶⁰) and where poverty is chronic.²⁶¹ Importantly, Afghanistan has always been 'one of the most dangerous places to be a child.'²⁶² The COVID-19 pandemic has not spared Afghanistan, leading the current emergency faced to be in fact qualified by some as a 'triple crisis', driven by the combination of the recent aid cut-off, yet another set of natural disasters and the indirect effects of COVID-19.²⁶³

As of early 2022, over half of the population (24.4 million people) was reported to be in need of humanitarian assistance, including 13.1 million children.²⁶⁴ This is an estimated 25 per cent increase compared to 2021.²⁶⁵ Compounded by soaring food prices, cash liquidity shortages and the worst drought the country experienced in 37 years, acute malnutrition reached above-emergency thresholds in 27 of 34 provinces and the outlook is such that 1 in 2 children under 5 are expected to be acutely malnourished this year.²⁶⁶ Helmand and Kandahar provinces experienced the highest number of SAM cases, as of July 2022.²⁶⁷ Further, the recent Integrated Food Security Phase Classification (IPC) report estimated that 18.9 million people, nearly half of

Afghanistan's population, will be acutely food insecure between June and November 2022.²⁶⁸ Eight out of 10 Afghans drink bacteriologically contaminated water and 53 per cent of water points in the country are drying up.²⁶⁹ Following the end of donor support to the Sehatmandi project in August 2021, which constituted the backbone of the health system in Afghanistan, only 17 per cent of facilities were fully functional, affecting, in turn, over 80 per cent of life-saving nutrition services for children and women.²⁷⁰ Support to health facilities eventually resumed at the time these ToR were being drafted.

Afghan women and girls face unique vulnerabilities as gender inequality is interwoven with conflict dynamics and humanitarian needs. Women's fundamental rights have been continually threatened since the political transition in August 2021 and the limited gains made over the past 20 years are now at risk of being erased – and at worst regressed. A global protection cluster analysis (2022) reports that restrictions on freedom of movement, including *mahram* requirements, imposed to women and girls, continue to affect their access to critical services.

Adolescent girls in grades 7-14 (secondary school) have not been allowed to return to school when the school year re-started on 23 March 2022.²⁷¹ This restriction affects 1.1 million girls, and future generations of girls.²⁷² The reversal of hard-won educational outcomes, in a country where female literacy rates featured a significant 8 per cent increase over

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- 259 Droughts and flooding in the southern, central and northern regions, and eastern, central and southern regions, respectively. At the end of July 2022, the death toll from the earthquake was reported to be over 1,036 people and 2,924 injured. Country flooding killed at least 39 people (UNICEF SitRep #8). As the winter approaches, it is feared that risks will be high, sector specific vulnerabilities will remain acute and people underserved will remain underserved.
- 260 In July 2022, over 10,800 cases of acute watery diarrhea (AWD) and 23 associated deaths were reported, with 84 districts in 17 provinces affected (UNICEF SitRep #8). As of March 2022, the WHO had reported 51,475 (cumulative) cases of measles, 5,141 of AWD and 775 of dengue fever. WHO (2022), Afghanistan Infectious Diseases Outbreaks Situation Report No. 32/ (13-19) March 2022, Epidemiological Week #11. At the time these ToR were being revised in September 2022, the 2nd polio case of 2022 was recorded in Kunar province. (EMT, September 2022)
- 261 93 per cent of the population is living on less than US\$2 per day (UNICEF CO Annual report 2021)
- 262 UNICEF HAC 2021.
- 263 [Living With Radical Uncertainty in Rural Afghanistan: The work of survival - Afghanistan Analysts Network - English \(afghanistan-analysts.org\)](https://www.living-with-radical-uncertainty.org/)
- 264 UNICEF SitRep # 8 (31 July 2022)
- 265 UNICEF HAC 2022.
- 266 UNICEF HAC 2022.
- 267 UNICEF SitRep # 8.
- 268 IPC Acute Food Insecurity Analysis, March - November 2022 - Issued in May 2022.
- 269 UNICEF HAC 2022.
- 270 UNICEF SitRep (21-31 August 2021) and UNICEF CO Annual Report 2021. At the time these ToR were developed, it had been resumed.
- 271 [The Taliban closes Afghan girls' schools hours after reopening | Taliban News | Al Jazeera](https://www.aljazeera.com/news/2022/3/23/taliban-closes-afghan-girls-schools-hours-after-reopening/)
- 272 UNICEF SitRep #7.

just four-years (reaching 43 per cent in 2020), will be tangible if this decision is not overturned and classes for girls do not resume. Further, this comes at a point in time when the effects of the COVID-19 pandemic's restrictions had already added over 9.5 million students normally enrolled in formal schools, and 500,000 in community-based education, to the pre-pandemic out-of-school figure of over 4.2 million children (60 per cent of which are girls).²⁷³ With education being widely recognized as the best protection against negative coping mechanisms, girls who don't go to school are increasingly exposed to the risk of child marriage and child labour.²⁷⁴

Children in Afghanistan face violence and grave violations, including killing and maiming (which, as of July 2022, was the most prevalent grave violation affecting them),²⁷⁵ incidents from explosive ordnances (which were the leading cause of child casualties between January and June 2022²⁷⁶), as well as from attacks on schools and hospitals and denial of humanitarian access.²⁷⁷

While the number of new internally displaced persons (IDPs) in Afghanistan was estimated at 504,000 in 2022 (62 per cent being children),²⁷⁸ displacement figures decreased over the course of the year, reflecting a more permissive security environment.²⁷⁹ Humanitarian access remains, however, constrained and July 2022 saw an increase in conflict-related displacement in Bamyan Province and Balkhab District, Sar-e Pol Province.²⁸⁰

The UNICEF response to the L3 emergency in Afghanistan

The UNICEF L3 Scale-up Activation

On 8 September 2021, the UNICEF Executive Director approved the **activation of the UNICEF Corporate Emergency Level 3 (L3) Scale-up Procedure (CEAP) for Afghanistan**. The L3 was declared for an initial period of six months, i.e. until 7 March 2022. The UNICEF L3 CEAP complements the UNICEF Core Commitments for Children (CCCs) and highlights 'specific simplifications that supersede global policies and procedures that would otherwise apply in non-emergency contexts.' The **mandatory procedures** include a 'package of minimum actions and simplifications' which aim to make UNICEF more 'predictable, timely and efficient in its coordination, response and advocacy.'²⁸¹ They apply to and have direct implications for a range of UNICEF functions.²⁸² In December 2021, UNICEF issued a **new set of simplified and streamlined procedures** that apply to L1, L2 and L3 emergencies.²⁸³

The Level 3 Scale-up for the crisis in Afghanistan reportedly allowed for 'a significant increase in [UNICEF's] footprint in the country and deployment of senior expertise, as well as the scale-up of [the] response with over 4 million people reached with multi-sector assistance.'²⁸⁴ The UNICEF Scale-up was subsequently **extended until 7 September 2022**, given the 'significant and continued

273 UNICEF HAC 2021.

274 [Girls increasingly at risk of child marriage in Afghanistan \(unicef.org\)](https://www.unicef.org/afghanistan/stories/girls-increasingly-at-risk-of-child-marriage-in-afghanistan)

275 UNICEF SitRep #8.

276 136 children killed and 328 maimed (UNICEF SitRep #8).

277 UNICEF SitRep #7.

278 Afghanistan Humanitarian Needs Overview 2022 (OCHA, January 2022).

279 UNICEF SitRep #7: only 7,420 individuals (58% children) were reported as displaced (due to conflict) between April and June 2022.

280 UNICEF SitRep #8: 'At least 27,000 people were temporarily displaced after fighting began in Balkhab District, fleeing to neighboring northern provinces and to Bamyan Province in the central highlands. Approximately 6,000 people were displaced to Bamyan alone.'

281 From PPT on Afghanistan L3 Scale-up – Emergency Procedures, 8 September 2021 (UNICEF SharePoint).

282 Including: Emergency Coordination; Humanitarian Risk Management; Humanitarian Assessments, Planning, Monitoring, Reporting and Evaluation; Resource Mobilization (RM); Communications and Humanitarian Advocacy; Humanitarian Access; Accountability to Affected Populations (AAP); Child Safeguarding and Protection from Sexual Exploitation and Abuse (PSEA); Sector/Cluster Coordination; Implementation Modalities: Partnerships; Alternative Implementation Modalities (including Direct Implementation); Humanitarian Cash Transfers (HCT); Human Resources (HR); Supply and Logistics; Operations, Administration and Finance; Information and Communications Technology (ICT); Security Risk Management (SRM).

283 See Guidance Handbook in L1, L2 and L3 emergencies – Simplified and Streamlined for every emergency L1, L2 and L3 (UNICEF, December 2021).

284 Email broadcast 'Extension of the UNICEF Corporate Emergency Level 3 Scale-up Procedure for Afghanistan until 7 September 2022' (8 March 2022).

deterioration of the humanitarian situation' in the country,²⁸⁵ and, subsequently, into a 'Sustain' phase until 31 December 2022, in alignment with the extension of the Humanitarian System-wide Scale-Up for Afghanistan (until 11 December 2022).²⁸⁶

The 'building blocks' of the UNICEF response

Since August 2021, the UNICEF Afghanistan Country Office (ACO) has been prioritizing the response to the **immediate humanitarian needs** in the country and the **scale up delivery of essential services** to prevent the collapse of public systems. To do this, the ACO has been supporting a range of activities including: **life-saving health and nutrition** through static and mobile teams; **scaling up WASH** interventions to respond to and prevent disease outbreaks; **sustaining access to public education** and expanding **Community-Based Education Classes (CBEs)**; **scaling up Gender-Based Violence (GBV)** prevention, response, mitigation and case management; providing **Mental Health and Psycho Social Support (MHPSS)** to youth and children; **expanding humanitarian cash transfers across sectors and to build social protection systems**; **scaling up Explosive Ordnance Risk Education (EORE)**; targeting affected and at-risk communities with **life-saving messaging**; and ensuring that **PSEA reporting mechanisms** are in place and safe for vulnerable groups, especially women and girls, including scaling up community platforms for women and girls' participation. Importantly, UNICEF has been supporting the **payment of emergency incentives** for health workers, teachers, WASH technicians and social workers through a newly established **Project Management Unit (PMU)**.

UNICEF has also been providing **(co) leadership of the WASH, Nutrition and Education²⁸⁷ clusters** and the **Child Protection Area of Responsibility (AoR)**, as per its cluster-lead agency (CLA) role. Some of the key efforts of clusters (co) led by UNICEF in Afghanistan since September 2021 have included: working to support the delivery of priority needs and life-saving assistance within the scope of the 2021 Flash Appeal, the original 2021 Humanitarian Response Plan (HRP) and its subsequent addendum;²⁸⁸ developing scale-up strategies to work with partners on alternative response modalities; engaging in inter-agency exercises (e.g. Humanitarian Needs Overview, issued in December) and developing planning documents for the 2022 and 2023 Humanitarian Planning Cycle (HPC); conducting a stocktaking exercise to develop operational plans for life-saving needs (nutrition); conducting an online training on solutions to the water crisis (WASH); drafting the Afghanistan Education Sector Transitional Engagement Framework (AESTEF), which constitutes the main reference for the sector in the absence of a National Education Strategic plan (education cluster); drafting the WASH Strategic Operational Framework (WASH cluster);²⁸⁹ leading discussions with the wider protection sector on reports of negative coping strategies (CP AoR); supporting the earthquake response as part of the Interagency Earthquake Appeal; and attending a donor meeting to deliberate on nexus funding (e.g. Global Partnership for Education) (education cluster).²⁹⁰

At the **inter-agency level**, in 2021, a flash appeal was launched to respond to the new emerging needs deriving from the political transition in Afghanistan, while also addressing the unmet needs from the 2021 HRP (this, in turn, had required US\$1.3 billion

285 Ibid.

286 At the inter-agency level, the Emergency Relief Coordinator (ERC) and the Inter-Agency Standing Committee (IASC) Principals activated a Humanitarian System-wide Scale-Up for Afghanistan on 11 September 2021. Also to note: the UN Security Council decided to extend the mandate of the United Nations Assistance Mission in Afghanistan (UNAMA) for one year, until 17 March 2023 (with the adoption of Resolution 2626 (2022), 'shifting its priority tasks to better align with the evolving reality on the ground...including coordinating the provision of humanitarian assistance and the delivery of basic human needs; providing outreach and good offices for dialogue between Afghan stakeholders and the international community; and promoting good governance and the rule of law. Other highlighted tasks included promoting human rights, supporting and promoting gender equality and monitoring, reporting and advocating with regard to the situation for civilians.' Adopting Resolution 2626 (2022), Security Council Extends United Nations Mission in Afghanistan for One Year - Afghanistan | ReliefWeb.

287 The Education cluster was formally activated in November 2021, from the Education in Emergencies (EIE) working group (UNICEF SitRep Nov 2021).

288 See following para for further details.

289 This included 5 strategic shifts: expanded cluster coordination, cross-sectoral integration, fine-scale gap analysis, core pipeline expansion, and urban focus.

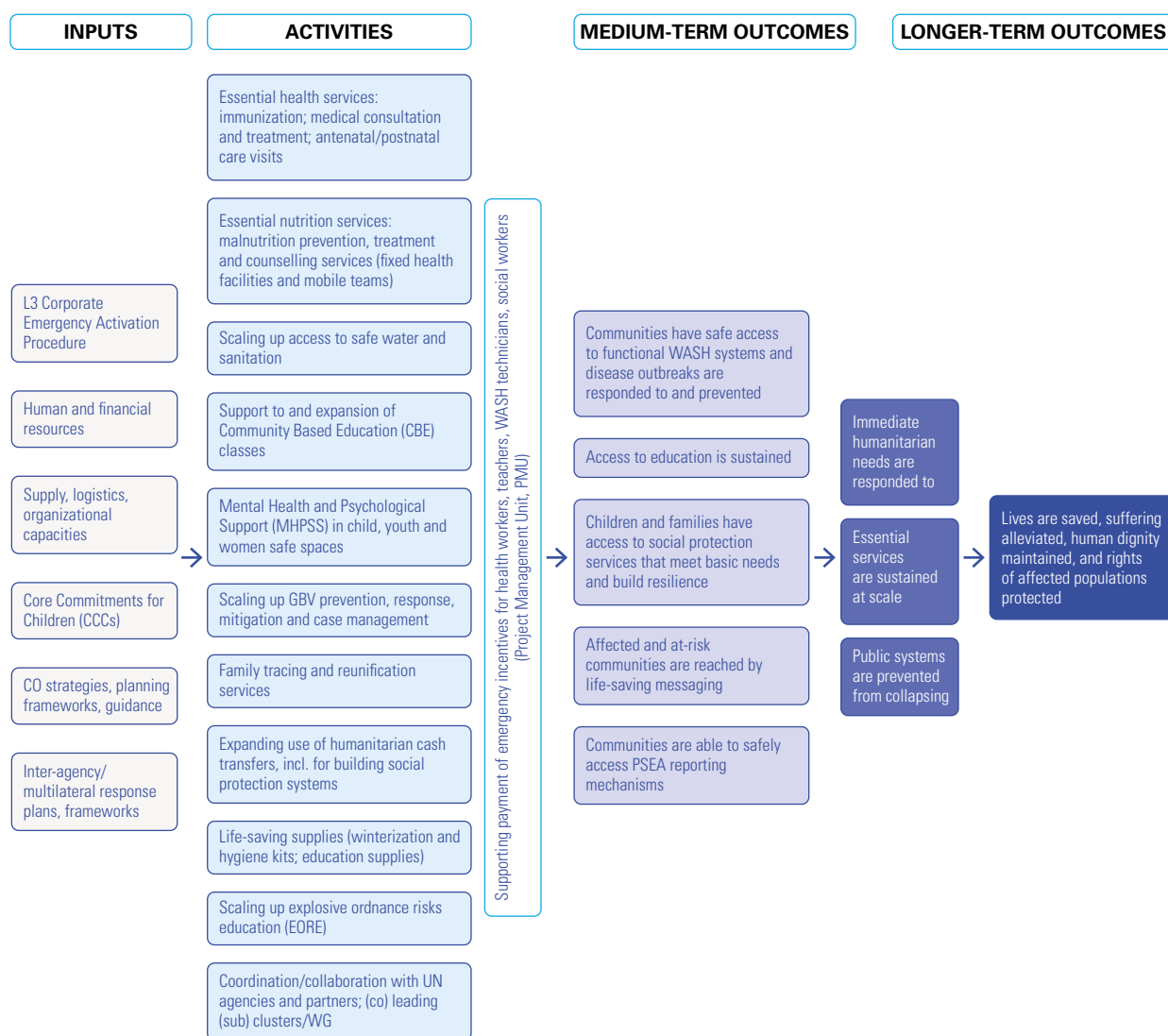
290 UNICEF SitReps # 3, 7, 8.

to serve 15.7 million people). Toward this end, the **2021 flash appeal** sought US\$606 million for multi-sectoral assistance to 11 million people until the end of the year. The 2021 HRP was 90 per cent funded and the 2021 flash appeal received 164 per cent of requested funds.²⁹¹ The **current HRP (2022)** requires US\$4.4 billion and aims to reach 22.1 million people in need of life-saving humanitarian support. In January 2022, the UN team in Afghanistan launched the **Transitional Engagement Framework (TEF)**, the overarching UN-wide strategic planning document designed with a view to 'sustain essential social services such as health and education; support community systems through maintenance of basic

infrastructure; and maintain critical capacities for service delivery and promotion of livelihoods and social cohesion, with specific emphasis on socio-economic needs of women and girls.'²⁹² The 2022 HRP covers pillar 1 ('save lives') of the TEF for Afghanistan.

Figure 1 provides a **preliminary visual reconstruction** of the 'building blocks' of the UNICEF response in Afghanistan since the L3 activation, based on information distilled from UNICEF SitReps, HAC (2022) and other internal resources.²⁹³ It has been developed by the Evaluation Office (EO) for the purpose of this ToR and is expected to be reviewed and revised, as needed, by the evaluation team over the course of the inception phase.

Figure 1. Draft pathway to outcomes (L3 UNICEF response in Afghanistan – September 2021-Present)



Source: HAC 2022; SitReps (21-31 August 2021; 1-31 October 2021; 1-15 January 2022; 1-28 February 2022)

291 UN Financial Tracking System, from the ToR of the IAHE of the response to the humanitarian crisis in Afghanistan.

292 United Nations Transitional Engagement Framework (TEF) for Afghanistan [EN/PS] - Afghanistan | ReliefWeb

293 UNICEF Strategy, internal SharePoint – Crisis in Afghanistan.

Reported UNICEF achievements so far

Some of the key achievements reported by UNICEF across sectors, over the first half of 2022, have included:²⁹⁴

- ▶ **Health:** 2,214 health facilities and 171 Mobile Health and Nutrition Teams (MHNT) at the primary health care level continued to be supported as part of the Sehtamandi project; outpatient care was provided to 17.3 million people; the measles campaign was rolled out in 49 districts; Integrated Emergency Response Teams (IERTS) were set up in hot-spot locations; 1,209 Oral Rehydration Points were established in health facilities to enable treatment of AWD; over 4,790 people were treated on an outpatient basis for injuries and trauma from the earthquake in June and 2,680 individual and group counselling sessions were conducted through the MHNTs;
- ▶ **Nutrition:** over 6.5 million children were screened, and life-saving treatment for SAM was provided to 246,946 children under five, as well as Infant Young Child Feeding counselling services to 497,640 women; 13 Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys were conducted;
- ▶ **Child Protection:** 1.3 million children and their caregivers, including 6,928 persons with disabilities, were reached with urgent child protection services, including MPHSS and EORE; 8,812 unaccompanied and separated children were reunified with their families, or alternative care was provided to them; 292,000 women and girls were supported with GBV prevention, risk mitigation and response; 10 child friendly spaces were established in districts affected by the earthquake;
- ▶ **Education:** educational opportunities were provided to around 283,000 children (55 per cent girls) through 9,887 CBE classes; 37 million text books were distributed for students in grades 1-12 in public schools; 997,591 students were supported in CBEs and public schools with teaching and learning materials (TLMs), and 1,336 students in CBEs and public schools with text-books; 191,102 public school teachers (33 per cent female) were paid through the emergency cash support programme (of US\$ 100/month); 10,670 CBE teachers were trained through the Girls' Access to Teacher Education (GATE) programme;
- ▶ **WASH:** over 1.2 million people were reached with safe drinking water, and 432,338 people with AWD/Cholera specific hygiene promotion; over 1.41 million people were supported with critical WASH supplies, as part of the drought response, to prevent further spread of AWD; in response to the earthquake, UNICEF distributed prepositioned lifesaving WASH supplies, including 200 hygiene kits, 100 buckets, 50,000 soap bars, 2,000 hygiene promotion leaflets and 10,000 aquatabs for 25,000 people in the most affected districts in Paktika province; UNICEF has also become a Core Pipeline Supply Hub partner, able to provide lifesaving WASH supplies to any WASH Cluster partner for a more timely and effective response;
- ▶ **Social and Behaviour Change (SBC) and AAP:** Over 9.2 million people were reached with key lifesaving messages on COVID-19, AWD, Nutrition, Hygiene, Education, Child Protection, and other public health emergencies through national media campaigns, distribution of IEC materials, partners, social mobilizers, and community network; feedback and concerns were collected from 40,180 people through various channels on the design and delivery of programmes;
- ▶ **Gender and Adolescent development/participation:** 102,422 women and girls received lifesaving information on risk mitigation and integrated services as well as psychological first aid, psychosocial support, GBV case management, referrals, life-skills and livelihood training through 73 Women and Girls' Safe Spaces (WGSS) in 15 provinces; UNICEF also conducted awareness raising sessions with 152,275 key community influencers, women, girls, and their families on safety and reducing vulnerability of women and girls as they access basic services;
- ▶ **Social Protection and HCT:** UNICEF provided cash transfers to almost 100,000 households, and over US\$20 million to families directly, through multi-sectoral and sector specific cash

294 The following information was extracted from the UNICEF SitRep #7 (1 January-30 June 2022).

programmes (targeting female headed households, households with Pregnant and Lactating Women (PLW) and households with children with disabilities).

Funding overview

Figures for 2021:

Shortly after the political transition in August 2021, the original 2021 UNICEF HAC appeal for Afghanistan, which had initially requested US\$143.6 million to reach 1.5 million people, including 1.1 million children, was revised. UNICEF’s **revised appeal of nearly US\$192 million** (see table 1)

aimed to reach 6.1 million, including **5.7 million children**.²⁹⁵

By the end of December 2021, US\$413,290,935²⁹⁶ in funding was available for the appeal (see table 2); this included US\$381,245,297 from humanitarian and other sources, and US\$32,045,638 carried forward from 2020. Despite the **availability of resources for the overall response, gaps were recorded** in WASH, Child Protection (including GBViE & PSEA) and SBC (RCCE & AAP) (see table 2). The sectors receiving the most funding were Health, Education and Nutrition.

Table 1: 2021 UNICEF HAC Appeal for Afghanistan (original and revised)

Afghanistan 2021 HAC (in US\$)		
Sector	Original HAC Requirements	Revised HAC Requirements
Nutrition	32,460,000	45,140,000
Health	12,810,000	14,835,952
WASH	14,000,000	45,750,000
Child Protection (<i>incl. GBViE& PSEA</i>)	9,360,000	14,640,000
Education	67,800,000	58,618,560
Social Protection (<i>incl. HCT</i>)	2,000,000	4,880,000
SBC (<i>incl. CE & AAP</i>)	2,214,000	3,921,080
Adolescents/youth	1,000,000	1,610,400
Cluster Coordination/Preparedness and NFIs	2,000,000	2,562,000
Total	143,644,000	191,957,992

Source: 2021 Afghanistan UNICEF HAC (August Revision)

295 [Afghanistan-Humanitarian-SitRep-31-Dec-2021.pdf \(unicef.org\)](#)

296 UNICEF Afghanistan Humanitarian Situation Report: 1 January – 31 December 2021.

Table 2. 2021 UNICEF HAC appeal for Afghanistan - Funding Status as of December 2021

Afghanistan Response 2021 Funding Status (in US\$)					Funding Gap	
Sector	Funding Requirements	Funding Available		Total Funding Available	\$	%
		Humanitarian and other resources received in 2021	Resources from 2020 (carried forward to 2021)			
Nutrition	45,140,000	56,148,208	7,665,347	63,813,555		
Health	14,835,952	156,114,725	7,538,832	163,653,557		
WASH	45,750,000	33,042,873	4,948,090	37,990,963	7,759,037	16.96
Child Protection (<i>incl. GBViE & PSEA</i>)	14,640,000	11,531,787	835,332	12,367,119	2,272,881	15.53
Education	58,618,560	69,301,617	8,348,837	77,650,454		
Social Protection (<i>incl. HCT</i>)	4,880,000	25,359,573	443,991	25,803,564		
SBC (<i>incl. CE & AAP</i>)	3,921,080	448,502	976,992	1,425,494	2,495,586	63.65
Adolescents/youth/gender	1,610,400	2,172,310	28,238	2,200,548		
Cluster Coordination/ Preparedness and NFIs	2,562,000	27,125,702	1,259,979	28,385,681		
Total ²⁹⁷	191,957,992	381,245,297	32,045,638	413,290,935		

Source: UNICEF Afghanistan Humanitarian SitRep 1 Jan-31 Dec 2021

Based on information retrieved by the Afghanistan CO Cost Centre Summary, US\$78,389,988 in Other Resources-Emergency (ORE) was allocated and utilized in 2021. This represents a utilization rate of 100 per cent. ORE represented approximately 40 per cent of the overall budget for 2021.

Figures for 2022:

In 2022, UNICEF appealed **US\$2.048 billion** for the response in Afghanistan (see table 3), across the following sectors: **WASH (38%), Education (22%), Health (16%), Social protection (10%), Nutrition (10%), Child Protection (4%), Social and Behaviour Change/Risk Communication and Community Engagement/Accountability to**

Affected Populations (0.3%) and Adolescents/ Youth/Gender (0.2%), to meet the humanitarian needs and planned targets. The **2022 HAC appeal** for Afghanistan constitutes the '*largest in the history of the organization*'²⁹⁸ and, with its support, UNICEF is aiming to reach 15.3 million people, including **8.1 million children**.

As of the end of July 2022, UNICEF had received approximately 40 per cent (**US\$607 million**) of requested funds against the 2022 HAC for Afghanistan. The humanitarian resources received so far in 2022, combined with those carried over from 2021 (US\$206.4 million), leave a **60 per cent funding gap**. The following table and figure illustrate the distribution of the funding gap across key sectors of the response, as of 31 July 2022.²⁹⁹ Gaps exist

297 The SitRep indicates a 6% funding gap overall which has been removed in this table.

298 UNICEF HAC 2022.

299 UNICEF SitRep #8.

in most sectors, except Health and 'Adolescents/youth/gender.' The Programme Management Unit also met its funding requirements so far for the year.

[To note: funding figures included below, for each sector, do not capture that some resources can in

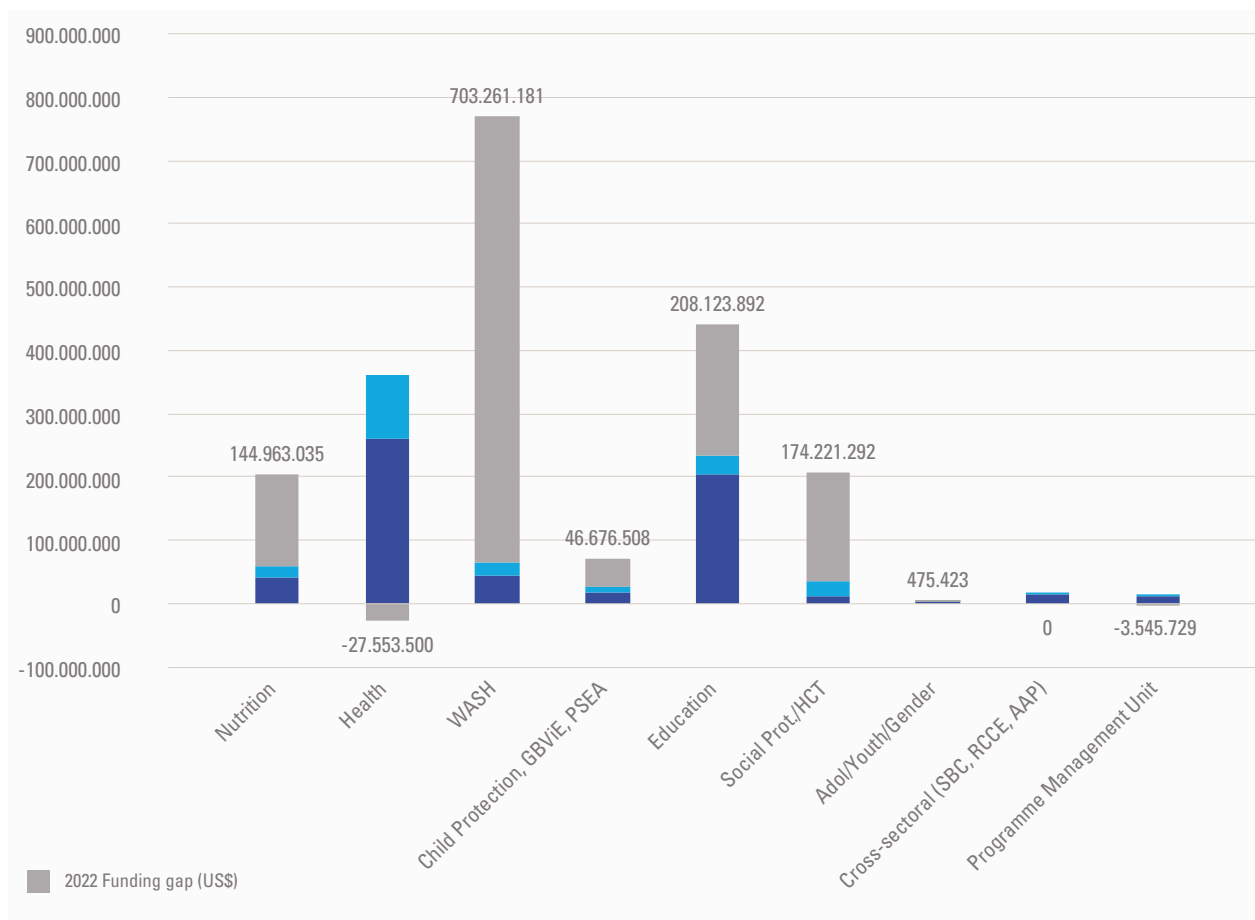
fact be directed towards a different sector (e.g. health budget includes some resources for nutrition), nor do they include funding that was received against the CPD, for instance. The evaluation is expected to uncover these details, as relevant].

Table 3. 2022 UNICEF for Afghanistan - Funding status as of July 2022

Afghanistan Response 2022 Funding Status at Mid-Year (in US\$)					Funding Gap	
Sector	HAC Requirements	Funding Available		Total Funding Available	\$	%
		Humanitarian resources received in 2022	Resources from 2021 (carried forward to 2022)			
Nutrition	204,095,521	42,717,077	16,415,409	59,132,486	144,963,035	71%
Health	334,457,872	259,025,908	102,985,464	362,011,372	-27,553,500	-8%
WASH	768,889,756	45,304,087	20,324,488	65,628,575	703,261,181	91%
Child Protection (incl. GBViE& PSEA)	71,920,805	16,323,249	8,921,048	25,244,297	46,676,508	65%
Education	440,853,967	204,850,544	27,879,531	232,730,075	208,123,892	47%
Social Protection	208,504,821	12,486,617	21,796,912	34,283,529	174,221,292	84%
Cross-sectoral (incl. HCT, C4D, RCCE & AAP)	6,648,374	2,387,021	5,496,697	3,378,171	475,423	12%
Adolescents/youth/gender	3,853,594	13,210,180	991,150	18,706,877	0	0%
Programme Management Unit	8,500,000	10,449,251	1,596,478	12,045,729	-3,545,729	-42%
Total	2,047,724,710	606,753,934	206,407,177	813,161,111	1,234,563,599	60%

Source: Afghanistan Humanitarian Situation Report No.8, 31 July 2022

Figure 2. - 2022 UNICEF HAC appeal for Afghanistan - Funding status as of July 2022 (US\$, million)



Source: UNICEF Afghanistan SitRep #8 (1 -31 July 2022)

So far for 2022, based on information retrieved by the Afghanistan CO Cost Centre Summary, US\$440,475,686 has been allocated to ORE. Of this total, US\$355,914,719 has been utilized (actuals), representing a utilization rate of 81 per cent. ORE utilization has significantly increased in all seven (7) zone/field offices.

In this context, **the UNICEF EO is launching the evaluation of the UNICEF L3 response in Afghanistan.** This document provides the **thinking** around this evaluation that is planned to be conducted between November 2022 and June 2023. Given the programming complexities in Afghanistan, key principles of the evaluation's approach will be **flexibility**, with elements of a **staggered approach to data collection and evidence generation, so as to maximize the utility of the exercise.** For instance, findings drawn from specific evidence streams (e.g. mobile-phone based survey) are expected to inform Afghanistan Country Office's Strategic Moment of Reflection (SMR) that will take place in November 2022.

In line with Inter-Agency Standing Committee (IASC) protocols, **the Inter-Agency Humanitarian Evaluation (IAHE)** of the L3 humanitarian response in Afghanistan is being concurrently planned.³⁰⁰ While very different in nature and scope, since IAHEs cover the collective response of IASC actors and do not focus on any specific agency in particular, EO staff will be maximizing the complementarities and potential synergies between these two exercises, with a view to limiting burden on response teams and considering the challenging operating environment.

Evaluation Purpose and Objectives

The evaluation of UNICEF's L3 response in Afghanistan has both an **accountability and learning purpose.** It fulfils the **requirement of the UNICEF Evaluation Policy (2018)** whereby all L3 emergencies must be evaluated, and it is also expected to help the UNICEF ACO, the regional and HQ levels **generate learning to support programming strategy and operational planning, while shaping the on-going response in Afghanistan.** The evaluation is additionally expected to **capture learning** and make **actionable recommendations** to inform UNICEF efforts across **future L3 emergencies** (for instance, with respect to policies, guidance and systems), including by building

on **comparative analyses** with two other L3 evaluations that the UNICEF Evaluation Office will be managing concurrently (i.e., the evaluation of the UNICEF response to the crisis in Yemen and Northern Ethiopia, respectively).

The **general objective** of the evaluation is to provide a comprehensive assessment of UNICEF's overall response in Afghanistan since the L3 activation in 2021, measured **against its own mandate, corporate commitments, stated objectives and standard evaluation criteria**, including: **relevance/appropriateness, effectiveness, efficiency, coverage, connectedness and coordination.** To the extent possible, some of the **key outcomes** of the response will also be gauged.

More **specific objectives** of the evaluation include the following:

1. Assess the extent to which UNICEF adhered, **operationally and programmatically**, to the **Core Commitments for Children** in Humanitarian Action (CCCs);
2. Examine the extent to which UNICEF **effectively** responded to the **needs** of the **most affected** population in a **timely** and integrated manner, and with what **results/outcomes** (tbc);
3. Assess the extent to which emergency **preparedness** and organizational readiness have enabled the Afghanistan Country Office to respond more effectively; This should include reviewing the extent to which UNICEF has systematically incorporated lessons learned from previous reviews and evaluations into its preparedness strategies in the current response; how the Emergency Preparedness Platform (EPP), SSOPs, HR/surge capacities, data and monitoring systems, social protection/shock responsive systems in place, risk management, etc., have all enabled the country office to respond rapidly;
4. Linked with the above, review the application of **the emergency procedures/SSOPs**, examining the extent to which emergency procedures were set appropriately (particularly for partnerships, supply and HR), have been utilized/implemented as intended, and the extent to which the **new**

300 An evaluation of a Scale-Up response is required within 9-12 months of the Scale-Up declaration. The recruitment for the IAHE was delayed and data collection is expected to be conducted in March/April 2023 (after the winter months). The Operational Peer Review (OPR), as mandated by the IASC protocols, took place in May/June 2022.

simplifications for the L3 SSOPs were effective in supporting the response; [to note: findings from the review of the application of the emergency procedures in Afghanistan are expected to feed into a comparative analysis of their application in the Northern Ethiopia and Yemen L3 responses as well]

5. Review and assess the specific set-up of the **Programme Management Unit (PMU)** approach, which constitutes a considerable shift in UNICEF's operations in the country;
6. Examine the extent to which the Afghanistan Country Office has considered **gender, equity and the centrality of protection** during the response; this would include an assessment of whether UNICEF has been gender-responsive across its efforts and sensitive to the needs of the most vulnerable groups affected by the emergency (e.g., communities in hard-to-reach areas; people with disabilities; separated, unaccompanied children, minorities, etc.).⁹ Along these lines, the evaluation should also be informative about the ways in which the conflict has affected different categories of people and the extent to which UNICEF has, in turn, incorporated this knowledge as a key driver of its response;
7. Assess the extent to which UNICEF demonstrated robust **leadership** across its response efforts, including vis-à-vis its cluster lead agency role;
8. Examine how UNICEF has **coordinated and collaborated** with partners and authorities across the response;
9. Gauge UNICEF's **advocacy role** and engagement at the **inter-agency level** and broader context, including with the *de facto* authorities;
10. Assess whether the UNICEF commitment to the **Protection from Sexual Exploitation and Abuse** (PSEA) has been effectively factored in across programming and response;
11. Finally, based on the above, the evaluation is expected to identify gaps, distil lessons and make recommendations for adjusting and improving preparedness and response for a more equitable and effective provision of assistance/service delivery which, in turn, will better meet the needs of children, and reduce their vulnerabilities and risks.

By showcasing what UNICEF has done well so far and identifying key gaps and the areas that will require more focus (in terms of efforts and funds) in the next stage of the response, the evaluation is also anticipated to have an instrumental role in supporting fundraising efforts for sustaining programming.

Evaluation Scope

The temporal scope of the evaluation will span **from August 2021 until the time of data collection**, while also gauging the preparedness and programming activities undertaken to support the response prior to the L3 activation.

The evaluation will cover the **whole country** and **all of UNICEF's key programmatic areas** engaged in **preparedness and response efforts** (WASH, Education, RCCE, Child Protection, Social Protection, Nutrition, Health and SBC). It will also assess, from an **operational standpoint**, the availability and management of supplies, human and financial resources and partnerships, which feed into the response. Advocacy, communications and fundraising will also be assessed, to the extent to which they were factors that affected (facilitated/hampered) the response. The evaluation will cover UNICEF's role as **cluster lead**, as relevant, as well as its responsibilities to respond to the needs of affected populations in sectors where it has no cluster leadership obligations.

In July 2022, preparations started for an evaluation that will inform the scale-up of cash assistance in Afghanistan (**'Formative Evaluation of Cash Based Assistance (CBA) programme in Afghanistan'**), hence the scoping boundaries between the two exercises will have to be defined in detail during the inception phase of this evaluation.

Evaluation Questions

The **questions** that will be driving the evaluation are listed in the following table.

The questions are numerous, as the result of extensive consultation with the Reference Group of the evaluation, and other key UNICEF staff. The evaluation team is expected to fine-tune/streamline the list further, as relevant, during the inception phase of the exercise.

For ease of reading in these ToR, some questions are included in brackets to indicate their derivative nature (from other questions), rather than suggesting their secondary importance. In line with the evaluation objectives outlined above, the questions cover issues of appropriateness, effectiveness, efficiency, coverage, connectedness and coordination, but have been regrouped along the lines of the programmatic scope of the evaluation.

Table 3. Evaluation questions

<p>To what extent are UNICEF’s strategies, preparedness and response plans:</p> <ul style="list-style-type: none"> ▶ Appropriate to the context? <i>[How comprehensive were the situational and needs analysis underpinning UNICEF’s programme design and targeting?³⁰¹]</i> ▶ Aligned with global standards, principles and commitments (human rights, humanitarian principles, do no harm, conflict-sensitivity, centrality of protection, systematic consideration of cash transfer)? ▶ Aligned with the needs and preferences of the affected populations, especially women and girls and other vulnerable groups? ▶ Multi-sectoral/integrated and coherent? <i>[and employing the right mix of interventions to achieve the objectives?]</i> 	<p>Relevance/ appropriateness of strategies and programme design to context and needs</p>
<ul style="list-style-type: none"> ▶ To what extent has the UNICEF response adhered to the UNICEF CCCs? ▶ How well have UNICEF’s preparedness efforts supported the delivery of the response? ▶ To what extent is the UNICEF response addressing the immediate humanitarian needs, while also supporting the achievement of long-term development goals to reduce the needs, vulnerabilities and risks for children, including through the humanitarian-development-peace nexus? <i>[Did long-term development goals affect in any way the delivery of life-saving humanitarian assistance?]</i> ▶ To what extent was an AAP framework in place and implemented? <i>[To what extent was the community (especially women and girls and other vulnerable groups) informed, involved and took part in the different stages of the response? To what extent did communities have the opportunity to share feedback and complaints and was feedback, in turn, acted upon? How accessible and safe were these mechanisms (Including for PSEA)?]</i> ▶ To what extent was humanitarian access established and maintained so communities could safely reach assistance/services? <i>[To what extent did UNICEF manage to operate as a neutral, impartial, independent humanitarian actor? What were the facilitating factors and challenges, respectively, for a principled humanitarian response? {Is there evidence of whether trust in UNICEF across communities has changed in any way over time?}]</i> 	<p>Performance of the programme</p>

301 Note: Is there an updated (or rolling) risk analysis that factors-in several hazards (drought, earthquakes, conflict, etc.)?

<ul style="list-style-type: none"> ▶ To what extent did the UNICEF CO achieve its intended objectives for the response and commitments, including to coverage and quality? <i>[What are the main factors that contributed to or hindered this?]</i> ▶ How robust are the UNICEF programme monitoring, reporting and quality assurance systems? <i>[What do they show about the delivery, effectiveness and quality of UNICEF’s work?]</i> ▶ How successful has UNICEF been in reaching the most vulnerable groups (women and girls; communities in hard-to-reach areas; IDPs; ethnic minorities; people with disabilities; unaccompanied/separated children, etc.?) ▶ To what extent has the UNICEF response been gender responsive/transformative, tackling priority gender concerns? ▶ To what extent has the response been disability inclusive? ▶ To what extent was the response conflict-sensitive? (across analysis, design, implementation) ▶ How timely has the response been? <i>[Did it adapt quickly and appropriately to changes in the context?]</i> ▶ How has the use of the Programme Management Unit (PMU) model impacted the operational delivery of the programme? <i>[Has the PMU been able to accelerate the delivery of results? To what extent was the PMU ‘fit for purpose’, ‘light’ enough and sustainable?]</i> ▶ What have the outcomes of the response been? <i>[To what extent did the programmatic response achieve intended and unintended, short-term and intermediary outcomes? Are they distributed equally across gender/vulnerable/hard to reach groups? How did any reported ‘change’ happen?]</i> 	
<ul style="list-style-type: none"> ▶ How effectively has UNICEF collaborated and coordinated with partners (IPs, de facto authorities, sister agencies, UNAMA) in responding to the emergency? <i>[What were UNICEF’s key areas of strength, weakness and challenges across these efforts?]</i> ▶ <i>How well has UNICEF advanced the localization agenda? [To what extent does the UNICEF CO have the right partnerships model, and how well was this adapted through the response?]</i> 	<p>Effectiveness of coordination and collaboration</p>
<ul style="list-style-type: none"> ▶ To what extent have human resources supported the response, to achieve programmatic and operational needs? <i>[To what extent was the UNICEF ACO adequately staffed for the L3 response, and staff deployed ‘fit for purpose’ for the required programming and operational pivot in Afghanistan? Was UNICEF global surge capacity sufficient for all functional areas? Was a plan to move from surge to longer-term capacity integrated across all areas?]</i> ▶ How has the supply function performed, including vis-à-vis planning efforts, prepositioning in the field, warehouse capacity, supply route assessments, etc.? ▶ How well has the response been supported by fundraising? ▶ How well has the response been supported by communications? 	<p>Quality of supporting functions: funding, supply, HR, communications, KM</p>

- ▶ To what extent did UNICEF demonstrate robust **leadership** (across decision-making, experience, skills and capacity) in leading and managing the response? *[To what extent did UNICEF exercise leadership in inter-agency forums and improve the coherence and quality of humanitarian response plans?]*
- ▶ How well has UNICEF fulfilled its **cluster lead/co-lead agency role and responsibilities**? (including vis-à-vis the HCT) *[How effectively did it perform at the sub-national/field level?³⁰²]*
- ▶ How well has UNICEF **advocated** for **children and the humanitarian situation** in the country, including with the *de facto* authorities at national/sub-national levels, regional actors, Member States with influence on *de facto* authorities, broader Member States, etc.? *[What did UNICEF prioritize in its advocacy efforts/what strategic choices were made? How well did UNICEF manage/advocate with donors around conditionalities?]*
- ▶ To what extent has the Country Office’s humanitarian response benefited from UNICEF engagement with key **multilateral platforms** such as the Security Council? *[and other Member States’ sanction exemptions?]*
- ▶ To what extent have UNICEF’s **management systems/structures** (at all levels CO/RO/HQ), resources/tools and **emergency procedures** (both the mandatory actions and the simplified procedures) supported a flexible, timely and effective response? *[To what extent were the emergency procedures set appropriately, implemented as intended and the simplifications in the revised SSOP L3 supportive of the response? In what areas, in particular, were the revised SSOP L3 used, and what difference did they make, if any?]*
- ▶ How well has UNICEF **identified, managed and mitigated risks** to the response (including relatively to its ‘scale-up’ response and the increased level of scrutiny deriving from it) and to the affected populations, children in particular?

Methods

This evaluation is, primarily, a **process evaluation**, meaning, it will determine whether the response has been implemented as intended. This evaluation will also **attempt at measuring outcomes** achieved, particularly for the questions related to programme performance/effectiveness. Focus on outcomes will require measuring short-term and intermediary changes under the overall framework of programme effectiveness. The feasibility of assessing outcomes in a robust way will have to be examined during the inception phase of the evaluation, with several options proposed.

The evaluation will use a **mixed methods approach**. A range of qualitative, theory-based approaches (contribution analysis, qualitative impact assessment protocol [QuAP], outcome mapping) and quasi-experimental approaches utilizing secondary, low-cost digital survey approaches may be considered, subject to the availability and quality of data and other context-specific conditions. Natural experiment conditions that would allow for ethically-appropriate and robust comparison groups to establish the causality between selected humanitarian interventions and the response should also be explored for future evaluations. Complementary data sources, such as U-Report, interactive voice

302 The Operational Peer Review (OPR) (13 June 2022) recommended improving cluster outreach to national NGOs at field level to facilitate their full engagement. While this evaluation cannot evidently be a measure of compliance with the recommendation, performance at the decentralized level should be considered.

recording, geo-spatial data and others are potentially important means to answer both process and outcome-related questions.

Proposals should outline the potential and thinking for a mixed-method design and how the process-focused approach will be complemented with an outcome-focused one, given the humanitarian context in the country. The final scope (outcome vs. process) and methodological design will be further defined and decided during the inception phase of the evaluation, after data diagnostics and a thorough examination of the programmatic parameters and Theory of Change (ToC) of the response.

The evaluation will comprise three phases: i) a scoping and inception phase, ii) a data collection phase and iii) an analysis and reporting phase.

During the **scoping/inception phase**, the evaluation team will review relevant literature and secondary evidence, develop the conceptual framework for the evaluation, a detailed evaluation matrix (showing how each evaluation question will be answered by identifying sub-questions, indicating the relevant data sources, how a judgment will be made by identifying indicators or benchmarks) and an action plan for conducting the exercise. The evaluation team will also develop the detailed methodology and data collection instruments. Additionally, the evaluation team will be expected to undertake a 'light' evaluability analysis of feasibility of assessing outcomes. During this phase, the evaluation team should be briefed by relevant UNICEF staff on key concepts and principles underpinning UNICEF's humanitarian action in the country, with a view to ensure a sound and coherent understanding of such principles, prior to the start of the exercise. These sessions ('online clinics') will be scheduled by the Evaluation Office.

In the **data collection phase**, the evaluation is expected to use both qualitative and quantitative methods to answer the evaluation questions. Key methods will include **comprehensive desk reviews and structured analyses of secondary resources, alongside primary data collection** - as outlined in more detail below:

- ▶ **Desk review** of UNICEF internal documentation (including but not limited to: UNICEF Humanitarian Action for Children (HAC); Sitreps; Country Office Annual Reports (COARs); Annual Management Plans (AMPs); Country Programme Documents (CPDs); workplans; contingency plans; audit reports; risk assessment reports, etc.);
- ▶ Review and analysis of functional datasets (HR/DPAM/Supply Division, etc., from **Insight**);
- ▶ Review and analysis of sectoral monitoring data;
- ▶ Review and analysis of Implementing Partner reports, including third-party monitoring reports (as relevant);
- ▶ Analyses of external admin data/secondary datasets, such as the HH survey of the Whole of Afghanistan Assessment (WoAA), which has been rolled out by REACH³⁰³ over the years 2018-2022; the evaluation could explore trends over the years across regions/provinces and other variables of interest; furthermore, correlation analyses with UNICEF activities and financial investments could be explored, as feasible (some of these analyses could potentially be conducted by the end of November 2022, with a view to provide opportunities for learning and reflection during the SMR process) (tbc);
- ▶ Social media sentiment analysis on Afghanistan (Twitter, etc.) (potentially to be conducted by the end of November 2022, with a view to provide opportunities for learning and reflection during the SMR process) (tbc);
- ▶ Semi-structured key informant interviews and Focus Groups Discussions (FGDs) with internal and external stakeholders at the country, regional and HQ levels;
- ▶ **Mobile phone survey** with recipients of UNICEF services (outsourced to **Viamo**³⁰⁴) (potentially to be conducted by the end of November 2022, with a view to provide opportunities for learning and reflection during the SMR process) (tbc);

303 [Afghanistan | REACH \(reach-initiative.org\)](https://reach-initiative.org/)

304 The Evaluation Office holds a contract with Viamo (Digital Surveys - Viamo) that is expected to be used to inform this evaluation. At the time of ToR drafting, consultations were ongoing between the EO and the ACO on how and in what areas this tool can add most value for the evaluation.

- ▶ Other methods such as geospatial data, Natural Language Processing (NLP), etc., also to assess outcomes, as relevant/feasible;
- ▶ **U-Report polling:** the U-Report platform in Afghanistan has been the fastest-growing in the world, and reached one million users in March 2022.³⁰⁵ While factoring in U-Report Afghanistan's demographics, the evaluation will explore ways to inform some of the key evaluation questions (e.g. on UNICEF's relevance and effectiveness in the country), from the perspective of a sample of U-Reporters and apply real-time polling approaches for monitoring of UNICEF's response to this emergency (tbc).

The data collection phase will also involve the organization of a workshop, to refine and confirm emerging findings.

The **analysis and reporting phase** will entail triangulation of findings to craft relevant evaluative conclusions and recommendations.

Norms and Standards

Consistent with the United Nations Evaluation Group (UNEG) Norms and Standards,³⁰⁶ the UNEG Ethical Guidelines and UNEG Code of Conduct,³⁰⁷ the UNICEF Procedure on Ethical Standards in Research, Evaluation and Data Collection and Analysis,³⁰⁸ the UNICEF guidance on gender integration in evaluation,³⁰⁹ the Sphere standards,³¹⁰ the UNEG guidance on integrating human rights and gender equality and UN System-Wide Action Plan (UN-SWAP) on gender equality,³¹¹ the evaluation will ensure:

- ▶ Respect for rights of individuals and institutions: The evaluation team will accord informants the opportunity to participate voluntarily while maintaining their anonymity, and to make an independent decision to participate without pressure or fear of penalty (informed consent/assent). Also, interviewers will assure respondents that information would be confidential, and that reports would be written such that responses/

contributions would not be traced back to them. Interview notes and any recordings will be accessible to the team members only.

- ▶ Respect for cultural identities and sensitivities: Variances in ethnicities, culture, religious beliefs, gender, disability, age will be respected. As a result, evaluation processes will be mindful of cultural settings, developmental status and evolving capacities/ages of children and other stakeholders, and the needs of the respondents and rights-holders that programmes are supposed to serve.
- ▶ Professional responsibilities and obligations of evaluators: The evaluation team will exercise independent judgement and operate in an impartial and unbiased manner. During data collection, any sensitive issues and concerns will be addressed through the appropriate mechanisms and referral pathways. A protection protocol will be in place for each setting where data collection involves children and community members.

Adherence to the 'do no harm' principle will be required when interacting with all groups of informants. Special attention should also be paid in situations where the evaluators interact with children and young people. As per the UNICEF Evaluation Office standard procedure, the evaluation design will undergo ethical review during the inception phase. Ethical approval will be sought from the UNICEF Institutional Review Board or designated subsidiary prior to implementation.

Evaluation Users

Key intended users of this evaluation include the following:

- ▶ UNICEF Afghanistan Country Office and field offices
- ▶ UNICEF Senior Management
- ▶ UNICEF Office of Emergency Operations (EMOPS)

305 U-Report Afghanistan reaches one million milestone (unicef.org).

306 UNEG Norms and Standards for Evaluation, 2016. Available at: <http://www.unevaluation.org/document/detail/1914>

307 UNEG Ethical Guidelines, 2008. Available at: <http://www.unevaluation.org/document/detail/102>

308 UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, 2021.

309 [https://www.unicef.org/evaluation/media/1226/file/UNICEF%20Guidance%20on%20Gender%20\(Full%20version\).pdf](https://www.unicef.org/evaluation/media/1226/file/UNICEF%20Guidance%20on%20Gender%20(Full%20version).pdf)

310 [The Sphere Handbook 2018 | Sphere \(spherestandards.org\)](http://www.unicef.org/evaluation/media/1226/file/UNICEF%20Guidance%20on%20Gender%20(Full%20version).pdf)

311 <http://www.unevaluation.org/document/detail/1452>

- ▶ UNICEF Programme Group (PG)
- ▶ UNICEF ROSA Regional Director and Regional Office Teams
- ▶ Other relevant divisions, such as Data, Analytics, Planning and Monitoring (DAPM); Private Fundraising and Partnerships (PFP); Public Partnerships Division (PPD); Division of Human Resources (DHR) and Supply Division (SD); and others, as appropriate
- ▶ Other UN agencies, NGOs, donors and interested Member States
- ▶ UNICEF Executive Board

Workplan/ Timeframe and deliverables

This evaluation will be undertaken from November 2022 and September 2023.

The main deliverables will include the following:

1. **Inception report**, a draft of which will be circulated for comments internally, and this will subsequently (once finalized) form the mutually-agreed basis for conducting the evaluation
2. **Workshop/presentation of emerging findings from the data collection and analysis phases**
3. **Draft evaluation report**, as a basis for consultation and comments
4. **Recommendations workshop**, to fine-tune and co-create recommendations with key stakeholders
5. **Final evaluation report** that takes due account of feedback received. The firm will be responsible for compiling feedback in the form of a comment matrix for each round of consultation. Also, the firm will be expected to prepare a summary report, infographics and other evaluation dissemination products.
6. **Final presentation/ webinars and other dissemination activities**

Table 4. Payment Schedule

Deliverables	Timeline	Amount (%)
Inception report	28 February	20%
Presentation of preliminary findings from data collection and analysis phases ('sensemaking and validation workshop')	30 April 2023	15%
Draft evaluation report	30 June 2023	30%
Finalized evaluation report	30 August 2023	20%
Final presentation of evaluation report	30 September 2023	15%

Quality Assurance

Levels of quality assurance:

- ▶ The first level of quality assurance of all evaluation deliverables (including drafts) will be conducted by the contractor prior to submitting the deliverables to the review of the evaluation manager.
- ▶ The second level of quality assurance of the evaluation deliverables will be conducted by the Evaluation Office (this will be undertaken on two

levels: (i) by the Evaluation Managers; and (ii) by the Evaluation Director).

- ▶ The third level of quality assurance of the evaluation will be conducted by the COs, ROs and the Reference Group of the evaluation.

Once approved, the final evaluation report will be submitted to the UNICEF global evaluation reports oversight system for an independent quality review. The report and the review will be made publicly available.

Management Arrangements

The evaluation will be managed by the UNICEF Evaluation Office in New York.

The evaluation manager is the primary interface between the Evaluation Office and the evaluation team. The manager role involves day-to-day support to all aspects of the evaluation process, including facilitating access to data, providing input to key methodological and strategic choices, and managing the evaluation budget. The evaluation manager may participate in key informant interviews and other activities during implementation. The evaluation manager provides a first quality review (i.e., zero draft) of all evaluation tools and deliverables presented by the evaluation team before key deliverables are shared with the Evaluation Reference Group or other stakeholders.

Staff of the UNICEF Evaluation Office are independent from UNICEF management and operations. As part of their guidance and quality assurance role, the Evaluation Office will provide quality assurance on all evaluation tools and documents based on the UNEG's and UNICEF's norms, standards, ethical guidelines, processes and tools. This includes assessment of gender, equity and human rights responsiveness of the evaluation. The evaluation team will be familiarized with these and is expected to observe them during the entire evaluation process.

An Evaluation Reference Group, bringing together a mix of UNICEF staff (senior and mid-level), will be established to ensure buy-in from relevant stakeholder groups, provide expert advice, inputs, access to documents and informants and support to the evaluation as it unfolds. The Reference Group should, at minimum, include representatives from the following UNICEF offices: Afghanistan Country Office, ROSA, Office of Emergency Programmes (EMOPS), Data, Analytics, Planning and Monitoring (DAPM); Programme Group (PG), and Supply Division.

Team composition and required qualifications/expertise

The evaluation will be conducted by a highly qualified team of external consultants comprising one team leader and three team members (senior and mid-level experts, including national/regional consultants).

The team leader should have extensive experience in leading humanitarian evaluations, excellent project management skills and demonstrated experience implementing and/or evaluating humanitarian responses for UN agencies (specific experience with UNICEF will be considered an asset). At least one member on the team should have strong skills and expertise in conducting literature/desk reviews and processing, analysing and synthesizing large quantities of qualitative and quantitative data.

Required qualifications and expertise of team leader:

- ▶ Extensive experience leading multi-disciplinary evaluations with a focus on humanitarian action
- ▶ In-depth knowledge of evaluation methodologies and mixed-method approaches
- ▶ Experience with remote data collection and the ethics of evidence generation
- ▶ Knowledge of the UN system, UN programming and UNICEF emergency responses, including of its corporate emergency procedures preferred
- ▶ Excellent analytical, communication and drafting writing skills (English a must, other UN languages considered an asset)
- ▶ Proven experience managing a team of consultants
- ▶ Knowledge of Afghanistan, and operating environment, as well as local languages (Dari/Pashto/Farsi) is an asset

Required qualifications and expertise of the team members (senior/mid-level experts):

- ▶ Experience conducting/contributing to multi-disciplinary humanitarian evaluations and/or research assignments
- ▶ Knowledge of evaluation methodologies and mixed-method approaches
- ▶ Experience with remote data collection
- ▶ Proven track-record of desk reviews and structured analyses of secondary evidence
- ▶ Strong ability to rationalize and process quantitative and qualitative data, including through the use of dedicated analytical tools and software
- ▶ Knowledge of the UN system, UN programming and UNICEF emergency responses considered a plus

- ▶ Solid analytical, communication and drafting writing skills
- ▶ Dari/Pashto/Farsi language

The composition of the evaluation team will have to be gender-balanced.

The team of consultants will work closely with EO staff and will be responsible for fine-tuning the design of the evaluation (through the inception phase/report), undertaking the desk review, data collection and analysis, conducting debriefing sessions and recommendations workshop, drafting and finalizing the evaluation report, and conducting/ supporting dissemination activities, as relevant.

A firm will be selected for this evaluation through a competitive RFP process.

Evaluation Matrix

	Core Evaluation Thematic Areas and Questions/ Sub-questions	Data Sources/Collection Tools	Benchmarks	Proposed Approach
Thematic Area 1	To what extent is UNICEF’s L3 emergency response, and its component programmes and strategies, meeting the needs of children in an appropriate, timely and effective way?			
1.1	How successful has UNICEF been in balancing the scope (breadth) and quality (depth) of its programme coverage in the L3 response?	KIIs: UNICEF ACO,* IPs, Extenders, UN agencies Survey of extenders	CCC 2.2.1 on Quality of Programs CCC 2.2.3 on Equity	Outcomes
1.1.1	To what extent has UNICEF’s approach to targeting enabled equity to be achieved in programme delivery, given contextual constraints and opportunities?	Documentation, inter alia: annual workplans (AWPs), Funds Utilization Analysis Cube, REACH data, SitReps	CCC 2.4.1 at Strategic Result Level: Children, adolescents and their communities benefit from gender-responsive programmes and services	
1.2	How successfully has programme convergence/multisector programming been achieved to enable the delivery and complementary set of services?	KIIs: UNICEF ACO, IPs, Extenders FGD: WGSS, public school, Frontline responders	CCC 2.2.2 on Multisectoral and Integrated Programming CCC 2.4.1 on Gender equality and empowerment of girls and women	
1.2.1	To what extent has multisector programming included relevant service for women, girls and people with disabilities?	Documentation, inter alia: RAM output reporting (Coordination for multisectoral CP system), UN Common Cash Statement (UNCCS) Mapping Cash and Voucher Assistance (CVA) programs, Scale-up plans	UNICEF Gender Action Plan 2022–2025	
1.3	How well have opportunities been seized and actualized to incorporate development and sustainability dimensions in the L3 response?	KIIs: WASH-private sector, UNICEF ACO, IPs, Extenders, Teachers	CCC 2.2.4 on Linking Humanitarian and Development Benchmark. UNICEF	
1.3.1	What is the evidence of this in programme delivery?	Documentation, inter alia: UNICEF Procedure on Linking Humanitarian and Development Programming	Procedures on Linking Humanitarian and Development Programming (2019)	

1.4	How effective have UNICEF's access strategies been for meeting the needs of children?	KIIs: UNICEF ACO, IPs, teachers, frontline responders	CCC 2.1.4 on Humanitarian Access	
1.4.1	What evidence is there to illustrate effective and appropriate access strategies?	Survey of extenders Documentation, inter alia: ACAPS Humanitarian Access Overview, Strengthening UNICEF's Humanitarian Action	CCC 2.2.2 on Multisectoral and Integrated Programming	
Thematic Area 2	EQ 2: To what extent have UNICEF's programme practices, approaches and ways of working enabled the L3 response to achieve the intended results?			
2.1	What preparedness measures had the CO undertaken prior to the L3 activation and to what extent did these measures facilitate a scale-up of the country response?	KIIs: UNICEF ACO, RO, HQ, IPs, UN agencies Documentation, inter alia: ACO EPP (May 2021), risk register	CCC 2.1.1 on Preparedness EPP Guidelines UNICEF Emergency Procedures Corporate Emergency Activation Procedure (CEAP)	Process
2.2	How consistently and accurately have needs been assessed at the outset and during the L3 response?	KIIs: UNICEF ACO, IPs, clusters, Extenders, Frontline responders, teachers	CCC 2.3.1 on Needs assessments, Planning, monitoring and evaluation	
2.2.1	To what extent have the needs of women and girls been assessed and accounted for in the L3 response?	Survey of Extenders	CCC 2.4.1 on Gender equality and empowerment of girls and women	
2.2.2	To what extent have the needs of people with disabilities been assessed and accounted for in the L3 response?	Documentation, inter alia: REACH data, ViMEO survey (when findings available)	UNICEF Gender Action Plan 2022–2025 UNICEF Gender-Based Violence in Emergencies Operational Guide (2019) CCC 2.4.1 on Disabilities	

2.3	How viable are the response's accountability mechanisms?	KIIs: UNICEF ACO, IPs Documentation, inter alia: AAP handbook, AAP strategy, OIAI risk advisory for ACO, ACO AAP Framework & Feedback Mechanism Guide, Social and Behavior Change (SBC) monthly briefs, UNICEF Afghanistan Accountability Framework	Policy CCC 1.4.6 on Accountability to Affected Populations (AAP) Program CCC 2.1.6 on Accountability to Affected Populations (AAP)
2.3.1	What evidence is there that the voice of affected people has been reflected in programming?		
2.3.2	What evidence is there of integration of AAP principles into all stages of the response?		
2.3.3	Are accountability feedback mechanisms being used effectively?		
2.4	How well aligned is the response to the CCCs , as well as to global standards, commitments and best practice, notably as regards humanitarian principles, gender, 'do no harm' and conflict sensitivity , and the centrality of protection?	KIIs: UNICEF ACO/RO/HQ, UN agencies, clusters, IPs Documentation, inter alia: SitReps, RAM outcome narratives, AAP handbook, Emergency Procedures documents	CCCs referenced herein UNICEF Peacebuilding and Conflict Sensitivity Guidelines DAC Recommendation on the Humanitarian-Development-Peace Nexus IASC Gender Handbook for Humanitarian Action DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance
2.5	2.5 To what extent has the Updated Accountability Framework enabled flexible and adaptive programming in the L3?	KIIs: UNICEF ACO/RO/HQ, UN agencies, clusters, IPs Documentation, inter alia: Updated Accountability Framework, OIAI risk advisory for ACO, Handbook In L1, L2 and L3 Emergencies	No benchmark applicable
2.5.1	How effectively decentralized in this architecture?		
2.5.2	How effective is the 'lift and shift' approach to enabling a flexible response to the L3?		

2.6	To what extent has the use of Extenders contributed to programme implementation during the L3 response?	KIIs: UNICEF ACO, Extenders, Extender Contractor, IPs Survey of Extenders	No benchmark applicable	
2.6.1	What evidence is there to indicate that Extenders are trained and operationalize PSEA?	Documentation, inter alia: Extender review, UNICEF Procedure on Monitoring, PSEA Toolkit, UNICEF Afghanistan PSEA Scale-up Plan		
2.7	To what extent has programming drawn on a viable base of timely evidence , supported by ongoing monitoring ?	KIIs: UNICEF ACO, IPs, TPM contractor Documentation, inter alia:	CCC 2.3.1 on Needs assessments, Planning, monitoring and evaluation	
2.7.1	How systematically is UNICEF investing in gender evidence, analysis and knowledge management during the L3?	RAM, inSight, ACO Field monitoring dashboard, SBC evidence generation guidance, UNICEF Evaluation Policy, Planning and Monitoring (ACO section Overviews), Programme Management Environment		
Thematic Area 3	To what extent have UNICEF partnerships and coordination activities contributed to the L3 response and enhanced its positive impact on children?			
3.1	In terms of sectorwide operational coordination , how effective is UNICEF in its role as cluster lead (WASH, nutrition and education clusters and the child protection area of responsibility)?	KIIs: UNICEF ACO, UN agencies, Cluster partners Documentation, inter alia: OCHA Inter-Agency Coordination Evaluation (when findings available)	CCC 2.1.2 on Coordination UNICEF Procedure on Partnerships (2019) UNICEF strategic framework for partnerships and collaborative relationships (2009)	Process & Outcome

3.2	To what extent is UNICEF’s cooperation with its non-governmental partners efficient, equitable, conducive to convergent outcomes, and supportive of the L3 response’s intended impact?	<p>KIIs: IPs, UNICEF ACO</p> <p>Documentation, inter alia: RAM End of Year Results Summary Narrative, Partnership monitoring dashboard, Programme Management Environment</p>	<p>Operational CCC 3.5 on Partnerships with governments and civil society organizing for programme implementation</p> <p>Program CCC 2.2.6 on Localization</p> <p>IASC Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms</p>
3.3	To what extent is UNICEF’s model for programme partnerships with local NGOs in line with, and supportive of, its commitment to the Grand Bargain 2.0 localization agenda?	<p>KIIs: IPs, UNICEF ACO</p> <p>Documentation, inter alia: Technical note on Localization in HAC, Partnership monitoring dashboard</p>	<p>Operational CCC 3.5 on Partnerships with governments and civil society organizing for program implementation</p> <p>Programme CCC 2.2.6 on Localization</p>

Thematic Area 4	To what extent has UNICEF’s leadership successfully catalysed support for its child protection mandate, and contributed to the improved safety and welfare of children in the L3 response?		
4.1	In terms of advocacy and stakeholder engagement , how effectively has UNICEF led collective efforts to support child protection in the L3 response?	KIIs: UNICEF ACO/RO/HQ, UN Agencies, IPs, Clusters	CCC 2.1.4 Gender equality and empowerment of girls and women
4.1.1	How successfully has it leveraged its influence as cluster/AoR lead and HCT member to advance collective outcomes in support of the rights, safety and welfare of children?	Documentation, inter alia: Decision Making Procedure for Public Advocacy on Grave Violation of Child rights, SBC monthly briefs, SitReps, EMTs Minute-Trackers	UNICEF Gender Action Plan 2022–2025
4.2	Regarding, in particular, grave violations against children in crisis or armed conflict, sexual violence against children and women, and other serious HR/IHL violations, what have been the barriers and enablers to catalysing support for UNICEF’s engagement and advocacy work? How successful has UNICEF been in mitigating or capitalizing on these factors?	KIIs: UNICEF ACO/RO/HQ, UN Agencies, IPs, Clusters, CP Frontline Responders Documentation, inter alia: Decision Making Procedure for Public Advocacy on Grave Violation of Child rights, CCCs, SitReps, EMTs Minute-Trackers	Monitoring and Reporting Mechanism (MRM) on Grave Violations – MRM Manual
Thematic Area 5	To what extent do UNICEF’s systems and procedures support efficient and effective response in L3 emergencies?		
5.1	Were the human resources required and attained, apposite to the scale and needs of the L3 response?	KIIs: UNICEF ACO/RO/HQ, UN Agencies, Donors Documentation, inter alia: VISION, Project Budget Review (PBR), UNICEF Surge report, EMT on Afghanistan, ACO scale-up of office structure	Operational CCC 3.2 on Human Resources Corporate Emergency Activation Procedure (CEAP)

Outcome

5.2	To what extent could donor support be mobilized against the L3 Response's objectives and financial targets?	KIIs: Donors, UNICEF ACO/RO/HQ, UNAMA, Academics Documentation, inter alia: Project proposals, budget projections, HAC, Financial Info Notes, inSight, Funds Utilization Analysis Cube, RAM output reporting (Resource Mobilization), ACO Annual Management plan, Resource Mobilization (Section Overviews)	Operational CCC 3.6 on Resource Mobilization DAC Recommendation for Development Co-operation Actors on Managing the Risk of Corruption (Standards for management of financial risk)	Process
5.2.1	What measures were taken to mitigate the risk of funding shortfalls, and to sustain funding streams over time?			
5.2.2	How successful were UNICEF strategies to catalyse funding in lights of financial restrictions and sanctions?			
5.3	To what extent could economies of scale be achieved in cross-sectoral supply and purchasing ?	KIIs: UNICEF ACO/RO/HQ and Supply Division in Copenhagen, UN Agencies Documentation, inter alia: UNICEF procedure on procurement in emergencies, Simplifications and Mandatory Process for L3 Emergencies, inSight Office Dashboard, EPP plans, OIAI risk advisory for ACO	USAID Procurement Performance Indicators Guide (2019) UN Interagency Supply Group Harmonized KPIs (2015) WHO Harmonized M&E Indicators for Procurement and Supply Management Systems (2011)	
5.3.1	How did approaches to supply and purchasing adapt during the L3 response?			
5.4	How supportive of the L3 response was the CO's information management capability, and to what extent did it successfully fulfill a knowledge-making and lesson-learning function?	KIIs: UNICEF ACO Documentation, inter alia: RAM End of Year narrative reports, RAM outcome reports, EMT Minute-trackers	CCC 2.1.2 on Coordination CCC 2.3.1 on Needs Assessments, Planning, Monitoring and Evaluation	

5.5	To what extent have UNICEF's management systems / structures, resources/tools and procedures (including the L3 CEAP and SOPs) supported a flexible, timely and effective response?	KIIs: UNICEF ACO/RO/HQ, donors Documentation, inter alia: PMU over view documentation, RAM outcome reports, ACO SOPs	Corporate Emergency Activation Procedure (CEAP) CCC 2.2.6 on Localization CCC 3.5 on Partnerships with Governments and Civil Society Organizations for Programme Implementation
5.5.1	To what extent was local/national capacity integrated and supported?		
5.5.2	To what extent did the establishment of the PMU support and efficiency and effectiveness in the L3 response?		
5.6	To what extent have UNICEF's risk management systems effectively served to mitigate risk, including to affected target groups, and to measurably inform program decisions during the L3 response?	KIIs: UNICEF ACO/RO/HQ Documentation, inter alia: Afghanistan contingency plans, UNICEF guidance on risk-informed programming, OIAI risk advisory for ACO, RAM Output reporting (risks management and mitigation)	EPP guidance UNICEF Guidance for Risk-Informed Programming
5.7	How well did the relevant UNICEF organizational units at HQ, RO and CO levels work together to achieve a successful L3 response activation and in providing evidence-based advisory support drawing on prior L3 events?	KIIs: UNICEF ACO/RO/HQ Documentation, inter alia: Evaluation reports, AMPs, AWP, Afghanistan CO Strategic Intent Memo	

List of Persons Interviewed During the Evaluation

Code	Internal / External	Stakeholder Group	Position / sectoral focus	Interview Date	Interview Location
Fran Equiza	Internal	ACO (incl. FOs)	(ex) Dep Hum Coord and now ACO CR	26/04/2023	Remote
Boniface Kalanda	Internal	ACO (incl. FOs)	Chief P&M	22/05/2023	Remote follow-up KII
Parwana Ahmadzai, Hamed Ghyasi	Internal	ACO (incl. FOs)	Reps for National Staff Association	24/05/2023	Remote
Stanley Gwavuya	Internal	ACO (incl. FOs)	(Ex) Chief of SPEAR	16/02/2023	Remote
Ivan Ssenbuke	Internal	ACO (incl. FOs)	Research and Evaluation Specialist (SPEAR)	19/02/2023	Remote
Souad Al-Hebsi	Internal	ACO (incl. FOs)	(Ex) Chief of CP	24/02/2023	Remote
Abdul Kabira Muse	Internal	ACO (incl. FOs)	Chief Field Services	20/02/2023	Remote
Barno Mukhamadieva	Internal	ACO (incl. FOs)	OiC Education	21/02/2023	Remote
Marie-Reine Chirezi Fabry*	Internal	ACO (incl. FOs)	Senior Project Coordinator	26/02/2023	Remote
Giulio Franco*	Internal	ACO (incl. FOs)	Programme Manager	26/02/2023	Remote
Farook Dooman	Internal	ACO (incl. FOs)	(Ex) Dep Rep Operations	28/02/2023	Remote
Jeanette Vogelaar	Internal	ACO (incl. FOs)	Chief Education	05/02/2023	Remote
Alice Akunga	Internal	ACO (incl. FOs)	(Ex) Dep Rep Program	07/03/2023	Remote
Muqadar Hashimi	Internal	ACO (incl. FOs)	Social Policy Specialist	13/03/2023	In-country
Boniface Kalanda	Internal	ACO (incl. FOs)	Chief Planning & Monitoring	13/03/2023	In-country
Dominique Porteaud	Internal	ACO (incl. FOs)	Chief WASH	13/03/2023	In-country
Samantha Mort	Internal	ACO (incl. FOs)	Chief Communication	13/03/2023	In-country
Francis Buziku Butichi	Internal	ACO (incl. FOs)	Chief FO Southern Region	14/03/2023	In-country
Anne Kidrachuk	Internal	ACO (incl. FOs)	Chief FO Central Region	14/03/2023	In-country
Clara Dube	Internal	ACO (incl. FOs)	Chief FO Northern Region	14/03/2023	In-country
Siddig Ibrahim	Internal	ACO (incl. FOs)	Chief FO Western Region	14/03/2023	In-country
Ibrahim Conteh	Internal	ACO (incl. FOs)	Chief FO Eastern Region	22/03/2023	In-country
Godwin Mindra	Internal	ACO (incl. FOs)	OiC Immunization	13/03/2023	In-country
Ibrahim Elsheikh	Internal	ACO (incl. FOs)	Chief SBC	13/02/2023	In-country
Melanie Galvin	Internal	ACO (incl. FOs)	Chief Nutrition	14/02/2023	In-country

Nenad Tomic	Internal	ACO (incl. FOs)	Monitoring and Data Manager, Education Section	14/03/2023	In-country
Abdallah Makhlof*	Internal	ACO (incl. FOs)	Chief Supply and Logistics	14/03/2023	In-country
None Magano*	Internal	ACO (incl. FOs)	Senior Operations Manager	14/03/2023	In-country
Milcent Nyagato*	Internal	ACO (incl. FOs)	Finance Manager	14/03/2023	In-country
James Fern	Internal	ACO (incl. FOs)	Security	14/03/2023	In-country
Rushnan Murtaza	Internal	ACO (incl. FOs)	Dep Rep Programs	16/03/2023	In-country
Richard Ledbury	Internal	ACO (incl. FOs)	Head Resource Mobilization	16/03/2023	In-country
Catherine Makoni*	Internal	ACO (incl. FOs)	Gender Program Specialist	22/03/2023	Remote
Aye Aye Than*	Internal	ACO (incl. FOs)	Social and Behavioral Change Specialist	22/03/2023	Remote
Souleyman Henikoye	Internal	ACO (incl. FOs)	Chief HR	27/03/2023	Remote
Monique Linder	Internal	ACO (incl. FOs)	(Ex) Dep Rep Operations	27/03/2023	Remote
Francesca Lombardi	Internal	ACO (incl. FOs)	(Ex) Chief HR	03/04/2023	Remote
Nisar Syed	Internal	HQ	Chief GCCS	06/05/2023	Remote
Charlotte Demars*	Internal	HQ	Regional Security Adviser	06/04/2023	Remote
Luaren Rumble*	Internal	HQ	Head Gender and Program Committee members	07/02/2023	Remote
Ndyaye Marie Diop*	Internal	HQ	Program Specialist	07/02/2023	Remote
Joseph Barnes	Internal	HQ	Chief, Monitoring	09/02/2023	Remote
Cecilia sanchez bodas*	Internal	HQ	Program group	13/02/2023	Remote
Sarah Bordas-Eddy	Internal	HQ	Chief, Humanitarian Field Services	23/02/2023	Remote
Faika Farzana*	Internal	HQ	Emergency Specialist		Remote
Peter Leth	Internal	HQ	Research and Evaluation Manager, Supply unit	23/02/2023	Remote
Andrew Cheelgo	Internal	HQ	HR Officer	17/04/2023	Remote
Annabelle Bodner-Roy	Internal	HQ	Humanitarian Advocacy Manager	14/04/2022	Remote
Boris Zinsou Lissasi	Internal	HQ	HR Manager, Emergency Response	18/04/2023	Remote
Saul Guerrero Oteyza	Internal	HQ	Senior Adviser, Emergency Nutrition	19/04/2023	Remote
Omar el Hattab	Internal	HQ	Senior Adviser, Emergency WASH	17/04/2023	Remote
Laurent Dutordoir	Internal	HQ	Humanitarian Policy Specialist	27/04/2023	Remote
Gabriele Erba	Internal	HQ	Beneficiary Data System Specialist	03/05/2023	Remote
Claire Mariani	Internal	HQ	Chief, Humanitarian Cash Transfer Unit	05/05/2023	Remote

Linda Jones	Internal	HQ	Education in Emergencies	20/04/2023	Remote
Tasha Gill	Internal	HQ	CP in Emergencies	02/05/2023	Remote
Aboucar Kampo	Internal	HQ	(Ex) Director Global Health	20/04/2023	Remote
Michele Tarsilla	Internal	HQ	Senior Evaluation Specialist	14/06/2023	Remote
Shivanarain Singh	Internal	HQ	WASH Manager	07/06/2023	Remote
Anthea Moore	Internal	HQ	EMOPS Emergency Specialist	01/06/2023	Remote
Lilian Kastner	Internal	HQ	EMOPS Emergency Specialist	01/06/2023	Remote
Yuko Kusamichi	Internal	ROSA	Regional Chief Operations	14/02/2023	Remote
Carmen Van Heese	Internal	ROSA	Regional Emergency Advisor	21/02/2023	Remote
Carmen Van Heese	Internal	ROSA	Regional Emergency Advisor	29/03/2023	Remote
Vero Kamanga Njikho	Internal	ROSA	Regional Gender Advisor (ex ACO Gender Advisor)	14/02/2023	Remote
George Laryea-Adjei	Internal	ROSA	Regional Director	27/03/2023	In-country
Cairon O'Toole	Internal	ROSA	Regional Chief Program and Planning	30/03/2023	In-country
Joseph Sikueya	Internal	ROSA	OiC HR	31/03/2023	In-country
Rene Epkini	Internal	ROSA	Regional Chief Health	31/03/2023	In-country
Jessica Owens	Internal	ROSA	Regional Social Policy Advisor	31/03/2023	In-country
Eliana Luthi	Internal	ROSA	Regional Chief of Communication	24/03/2023	In-country
Peter Harvey	Internal	ROSA	Regional WASH Adviser	24/03/2023	In-country
Zivai Murira	Internal	ROSA	Regional Nutrition Adviser	27/03/2023	In-country
Peter de vries	Internal	ROSA	Regional Education Advisor	29/03/2023	In-country
Paba Darshini	Internal	ROSA	Regional Adviser Adolescent Development & Participation	29/03/2023	In-country
Amanda Bissex	Internal	ROSA	Regional CP Advisor	13/04/2023	Remote
Dorina Jitaru	Internal	ROSA	Regional SBC Advisor	19/04/2023	Remote
Lama Ramzi Suleiman	Internal	CPH Supply Division	Emergency supply division, CPH	19/04/2023	Remote
Cynthia Kamtengeni	Internal	CPH Supply Division	Emergency supply division, CPH	24/04/2023	Remote

Emma Maspero	Internal	CPH Supply Division	Senior Emergency Manager, ECU	16/05/2023	Remote
Florence Zawadi-Mawanda	Internal	UN	Humanitarian Prog Coordinator, UNWomen	15/03/2023	In-country
Stuart Kent*	Internal	UN	Head Emergency, WFP		In-country
Emmanuel Rutsimba*	Internal	UN	M&E Specialist, WFP		In-country
Hannah Curwen	Internal	UN	Emergency Coordinator, IOM	15/03/2023	In-country
Mohammed Zaid	Internal	UN	Deputy Rep a.i., OCHA	15/03/2023	In-country
Klara Mickalova	Internal	UN	Political Officer, UNAMA	15/03/2023	In-country
Mona Shaikh	Internal	UN	Head Nutrition, WFP	15/03/2023	In-country
Yumiko Tamaguchi	Internal	UN	UNHCR Kabul	08/03/2023	Remote
DACAAR	External	Ips	John Morse, Deputy Head	16/03/2023	In-country
WADAN	External	Ips	Sherzad	16/03/2023	In-country
ACTED	External	Ips	Mainly Education	14/03/2023	Kabul Office (remote interview)
Afghan Children and New Approach	External	Ips	Protection and cash transfer	15/03/2023	Kabul Office (remote interview)
IRC	External	Ips	Education	15/03/2023	Kabul Office (remote interview)
Justice for equality in Afghanistan Organisation	External	Ips	Education	15/03/2023	Kabul Office (remote interview)
Vision Development Organisation	External	Ips	Gender focus (in NUT and CP)	15/03/2023	Kabul Office (remote interview)
Save the Children Afghanistan CO	External	Ips	Mainly education	28/03/2023	Kabul Office (remote interview)
Afghan Analysts Network	External	Think Tank	Contextual	10/04/2023	Remote
Academic - aid effectiveness expert	External	Think Tank	Academic	19/04/2023	Remote
Ramiz Alakbarov	External	UN RC/HC	Humanitarian Coordinator for Afghanistan	05/08/2023	Remote
Zaman Khushhal Khan	External	WHO	Head of Regional Office	14/05/2023	Remote
CTG	External	Contractor	Extender contractor	10/04/2023	Remote

ATR Kils					
N/A	External	DACAAR	IP - WASH	N/A	Badakhshan
N/A	Internal	UNICEF	Extender - Education	N/A	Badakhshan
N/A	Internal	UNICEF	Extender - Child Protection	N/A	Badakhshan
N/A	External	VDO	Safe Space Officer	N/A	Badakhshan
N/A	External	ADWSO	Case Worker	N/A	Badakhshan
N/A	External	NAC	IP- Education	N/A	Badakhshan
N/A	Internal	UNICEF	Extender - Child Protection	N/A	Balkh
N/A	Internal	UNICEF	Extender - Child Protection	N/A	Balkh
N/A	Internal	UNICEF	Extender - Education	N/A	Balkh
N/A	Internal	UNICEF	Extender - Education	N/A	Balkh
N/A	External	ACTED	Front-line Worker (Head of Transitional Center)	N/A	Balkh
N/A	External	ADWSO	Front-line Worker (Child Friendly Spaces)	N/A	Balkh
N/A	External	ACTED	IP - Child Protection (Project Manager)	N/A	Balkh
N/A	External	ADWSO	IP - Child Protection (Program Manager)	N/A	Balkh
N/A	External	CARE International	IP - Education (CBE Project in charge)	N/A	Balkh
N/A	External	Private Sector WASH Partner	Head of Aho Dara CDC (Sholgar District)	N/A	Balkh
N/A	External	UN Agencies - IOM	Office in charge	N/A	Balkh
N/A	External	UN Agencies - UN WOMEN	Program Coordinator	N/A	Balkh
N/A	External	UN Agencies - UNHCR	Protection Officer	N/A	Balkh
N/A	External	UN Agencies - WFP	Head of Program	N/A	Balkh
N/A	Internal	UNICEF	Front-line responders on child protection in emergencies	N/A	Nangarhar
N/A	Internal	UNICEF	Front-line responders on child protection in emergencies	N/A	Nangarhar

N/A	External	Private sector WASH	IP - WASH	N/A	Nangarhar
N/A	External	UN Agencies - IOM	Project Assistant	N/A	Nangarhar
N/A	External	UN Agencies - UNHCR	Project Associate Protection officer	N/A	Nangarhar
N/A	External	UN Agencies - WFP	Nutrition Assistant	N/A	Nangarhar
N/A	External	HARO	IP - Child Protection	N/A	Nangarhar
N/A	External	TdH	IP - Child Protection	N/A	Nangarhar
N/A	External	DACAAR	IP - Wash	N/A	Nangarhar
N/A	External	WADAN	IP - Education	N/A	Nangarhar
N/A	Internal	UNICEF	Extenders - Child Protection	N/A	Nangarhar
N/A	Internal	UNICEF	Extenders - Child Protection	N/A	Nangarhar
N/A	Internal	UNICEF	Extenders - Education	N/A	Nangarhar
N/A	Internal	UNICEF	Extenders - Education	N/A	Nangarhar
N/A	Internal	UNICEF	Extenders - Child Protection	N/A	Laghman
N/A	Internal	UNICEF	Extenders - Child Protection	N/A	Laghman
N/A	External	AABRAR	IP - Education	N/A	Laghman
N/A	Internal	UNICEF	Extenders - Education	N/A	Laghman

* Interviewees who were part of the group interviews

Documents List

Title	Author/Publisher	Year
Afghanistan - UNICEF Response	UNICEF	2022
ACO Annual Management Plan 2021 (Narrative and Sections A&B)	ACO	2021
ACO Annual Management Plan 2022 (Narrative and Sections A&B)	ACO	2022
Afghanistan-HAC 2021	ACO	2021
Afghanistan-HAC 2022	ACO	2022
EPP.Preparedness plan.Afghanistan.21-Jul-2022	ACO	2022
EPP.Contingency plan - Armed Conflict.Afghanistan.21-Jul-2022	ACO	2021
EPP.Contingency plan - Armed Conflict.Afghanistan.21-Jul-2022	ACO	2021
Afghanistan Emergency Preparedness Action Plan for CO	ACO	2021
RAM3 Full Approved Report_Afghanistan CP 2022	ACO	2022
RAM Full Approved Report_Afghanistan CP 2021	ACO	2021
Afghanistan CO risk advisory final working copy 28 November 22 clean	OIAI	2022
AWP 2022	ACO	2022
ACO Resource Mobilization Road Map Updated 13June2022	RM Section ACO	2022
Copy of UNICEF Extenders Database Jan 2023 - Cleaned	ACO	2023
PMU Overview	ACO PMU	2022
Afghanistan Welfare Monitoring Survey (AWMS)	World Bank – AWMS data	2022
One Year in Review Afghanistan	UNDP	2022
AFG Humanitarian Needs and Planned Response 2023	UNICEF	2023
Operational Review - Inception Report (Final 21 March 2023)	UNICEF	2023
4 pager on Afghanistan cash transfer program final draft (3rd May)	UNICEF	2022
Afghanistan cash strategy	ACO	2023
SPEAR - Humanitarian Social Cash Transfer Scale up external	ACO	2022
ToR - Social Cash Transfers in Afghanistan	ACO	2022
UNICEF Social cash transfer Operations in Afghanistan 2022	UNICEF	
Winterization plan 2021	UNHCR/Shelter Cluster	2021
ToR Operational review PMU type models	ACO	2022
PMU Overview	ACO	N/A

Field Coordination and Emergency	ACO	2022
Emergency Procedures PPT	ACO	2021
Emergency Procedures for the Afghanistan Level 3 (L3) Scale-up	ACO	2021
Guidance Handbook in L1, L2, and L3 Emergencies	HQ UNICEF	2021
The Emergency Procedures; What's New?	HQ UNICEF	2021
EMT on Afghanistan PPT	EMT UNICEF	2022
RAM Report Advocacy/Communication 2021	UNICEF	2021
Sitreps: (2021) 1-20 August, 21-31 August, November; (2022) January – December; (2023) January, February, March	UNICEF	2021–2023
UNICEF Afghanistan Accountability Framework 2022	ACO	2022
Status report of the Regional Recruitment Support Unit (RO Hub) as of 10th May 2022	UNICEF RO	2022
RAM Report Program Coordination 2022	UNICEF	2022
RAM Report Program Coordination 2021	UNICEF	2021
RAM Report Human Capacity 2021	UNICEF	2021
RAM Report Human Capacity 2022	UNICEF	2022
RAM Report Resource Mobilization 2021	UNICEF	2021
RAM Report Resource Mobilization 2022	UNICEF	2022
RAM Report APMU 2022	UNICEF	2022
RAM Report Financial Resources and Stewardship	UNICEF	2022
RAM Report Financial Resources and Stewardship	UNICEF	2021
RAM Equitable delivery of MCH and Immunization Services	UNICEF	2022
Afghanistan - Desk Review - (context, needs, UN response, and challenges)	UNICEF	2022
afg_hrp_2021_year_end_report	OCHA	2021
L3 Evaluation Financial Info Notes - Afghanistan	UNICEF	2022
EMT_Afghanistan Sept 2021	UNICEF	2021
EMT_Afghanistan Oct 2021	UNICEF	2021
EMT_Afghanistan Dec 2021	UNICEF	2021
ACO KPI Summary	UNICEF	2021/2022
EMT_Afghanistan Jan 2022	UNICEF	2021
EMT_Afghanistan Feb 2022	UNICEF	2021
REACH AFG Key Findings Presentation to ICCT 2022	UNICEF	2022

UNICEF ACO Extender Summary	ACO	2021
UNICEF Afghanistan Accountability Framework	ACO	2022
UNICEF Afghanistan Contingency Plan	ACO	2021
UNICEF TPM CBE Monitoring Report	UNICEF	2023
Formative Evaluation of the CBA Program in Afghanistan, 2020 - 2023 Inception Report	Konterra Group	2023
UNICEF Afghanistan Business Continuity Plan	ACO	13 Jul
UNICEF ACO Education Extender Monitoring Analysis Report	UNICEF	2023
UNICEF Afghanistan Engagement Strategy	UNICEF	
UNICEF Afghanistan Engagement Strategy - Background document	UNICEF	2021
FAQ on UNFPA Engagement with the Taliban de facto authorities - For Internal use	n/a	n/a
UNICEF ACO Management Information Concept Note	ACO	2023
UNICEF ACO Monitoring Framework	ACO	2023
Evaluation of UNICEF's coverage and quality in complex human sit - Afghanistan (2020)	UNICEF	2020
Status of disability programming in ACO_2022	ACO	2022
AAR Afghanistan (2021 - 2022) - An HR Perspective	UNICEF	2023
Situation Monitoring post implementing partner female staff ban analysis	ACO	2023
Recommended Good Practices for the minimum structure of coordination teams at a country level	UNICEF	
Review of Education Cluster CO-Leadership	UNICEF	2022
CLARE II Final Evaluation Report	UNICEF	2022
Evaluation Management Response 65/2022/18527	UNICEF	2022
Evaluation Management Response 65/2022/18777	UNICEF	2022
Status Report of the Regional Recruitment Support Unit	RO, UNICEF	2022
Donor Approaches to Overheads for Local and National Partners: Discussion paper (February 2023)	Development Initiatives and UNICEF	2023
Guidance on the Provision of Overheads to Local and National Partners	IASC	2022
REACH nuanced analysis EO	EO, UNICEF	2023

Itad Principles and Values

This Statement of Ethical Principles sets a standard to which all Itad staff, consultants and partners aspire when working on Itad-managed evaluations. Itad evaluators operate in accordance with international human rights conventions and covenants to which the United Kingdom is a signatory, regardless of local country standards. They will also take account of local and national laws.

Itad takes responsibility **for identifying the need for and securing any necessary ethics approval for the study they are undertaking**. This may be from national or local ethics committees in countries in which the study will be undertaken, or other stakeholder institutions with formal ethics approval systems.

The conduct of all those working on Itad-managed evaluations is characterized by the following general principles and values:

- ▶ **Principle 1: Independence and impartiality of the researchers.** Itad evaluators are independent and impartial. Any conflicts of interest or partiality will be made explicit.
- ▶ **Principle 2: Avoiding harm.** Itad evaluators will ensure that the basic human rights of individuals and groups with whom they interact are protected. This is particularly important with regard to vulnerable people.
- ▶ **Principle 3: Child protection.** Itad follows the code of conduct established by Save the Children (2003) which covers awareness of child abuse, minimizing risks to children, and reporting and responding where concerns arise about possible abuse. Itad evaluators will obtain informed consent from parents or caregivers and from children themselves. Children will not be required to participate even if their parents consent.
- ▶ **Principle 4: Treatment of participants.** Itad evaluators are aware of differences in culture, local customs, religious beliefs and practices, personal interaction and gender roles, disability, age and ethnicity, and will be mindful of the potential implications of these differences when planning, carrying out and reporting on evaluations.
- ▶ **Principle 5: Voluntary participation.** Participation in research and evaluation should be voluntary and free from external pressure. Information should not be withheld from prospective participants that might affect their willingness to participate. All participants have a right to withdraw from research/evaluation and withdraw any data concerning them at any point without fear of penalty.
- ▶ **Principle 6: Informed consent.** Itad evaluators will inform participants how information and data obtained will be used, processed, shared and disposed of, prior to obtaining consent.
- ▶ **Principle 7: Ensuring confidentiality.** Itad evaluators will respect people's right to provide information in confidence and must ensure that sensitive information cannot be traced to its source. They will also inform participants about the scope and limits of confidentiality.
- ▶ **Principle 8: Data security.** Itad is registered under the United Kingdom (UK) Data Protection Act 1998 and has a data protection policy which includes procedures on data retention and confidentiality. Itad evaluators will guard confidential material and personal information by the proper use of passwords and other security measures. Itad evaluators have an obligation to protect data and systems by following up-to-date recommendations to avoid damage from viruses and other malicious programs. There is also a duty to state how data will be stored, backed up, shared, archived and (if necessary) disposed of.
- ▶ **Principle 9: Sharing of findings.** Itad evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, findings and recommendations.

Itad's QA Process

Our four-stage QA process will lead to concrete actions before and throughout the evaluation. These are summarized below.

Table 8. QA approach

	What?	How?	Who?
Stage 1: Establishing quality ex ante	Select the right team	When preparing a bid, we put a lot of effort in carefully selecting team members on the basis of their evaluation competencies, skills & sector (matching the ToR) as well as their interpersonal and managerial skills. We also strive to make sure that the competencies and experience of different team members are complementary to each other and that all the requirements of the ToR are exhausted by the presented team.	Business Development and Bid lead/ Project Director
	Set the preconditions for successful delivery	All team members will be assigned clear technical roles and responsibilities based on their respective areas of expertise.	Project Director, Team Leader
Stage 2: Quality of the evaluation process	Ensure the best evaluation design, within resource constraints	When preparing the bid, and again during the inception phase, our Project Director/Quality Assurer provides advice on how to best tailor the evaluation design to the budget and time resources available.	Team Leader and Quality Assurer
	Selection of the most appropriate and robust methodology and tools	During the inception phase, the ET will refine together the methodology under the Team Leader's direction. Our Project Director/Quality Assurer will then review them and assure their quality.	Team Leader and Quality Assurer
	Realistic planning	The Project Director, together with the Project Officer, will periodically review the evaluation budget and workplan, making sure that delivery is within budget and planning for next phase is realistic.	Project Director, Project Manager, Project Officer
	Timely delivery	The evaluation design (KIs sample size, survey sample size, depth of analysis, etc.) will be tailored to ensure delivery within deadlines. The Project Director, together with the Team Leader, will periodically review the evaluation workplan, making sure that delivery is on track and planning for next phase is realistic.	Project Director, Team Leader

	Adherence with UNEG Ethical Guidelines for Evaluation	<p>Our team members are highly experienced evaluators, with several years of expertise in this field. They uphold the UNEG Ethical Guidelines for Evaluation and Code of Conduct for Evaluation and are fully committed to respect them. In particular, they will:</p> <ul style="list-style-type: none"> ▶ Be independent, express their opinion in a free manner and avoid conflict of interest. ▶ Protect the anonymity and confidentiality of individual informants. We will provide maximum notice, minimize demands on time, and respect people’s right not to engage. We will respect respondents’ right to pull out of interviews at any time. We will respect people’s right to provide information in confidence and ensure that sensitive information cannot be traced to its source (through data management, analysis, reporting and dissemination). ▶ Be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. 	All team members, Team Leader, Project Director and Quality Assurer
Stage 3: Quality of the end product	Challenging the deliverables	This is a key QA function. The Project Director/Quality Assurer will review each deliverable.	Project Director, Team Leader and Quality Assurer
	Making sure they are written in clear language and contain no typos or grammar mistakes	One of our professional proofreaders will be proofreading all the deliverables.	Proofreader
	Making sure that deliverables are properly edited	The proofreader will also carefully edit deliverables that will be shared with external stakeholders to ensure that they are in the right format.	Proofreader
Stage 4: Improving quality ex post	Securing feedback on quality of the project and the team from Client	Throughout the project, the team will be seeking feedback from UNICEF on quality of delivery. Upon project completion, the Project Director will be seeking feedback on how to improve our services.	Team Leader and Project Director
	Closing the feedback loop – acting on feedback	Upon completion, the project will undergo an internal Project Review and findings will be translated in concrete actions and lessons learned for the future.	Project Director and Project Manager

UNICEF Mobile Phone Survey

UNICEF Mobile phone survey								
Question	Block Label	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
DEMOGRAPHICS								
1. What is your age? Please type in your responses?	Age_Q01	If you are below 12 years, press 1	If you are between 13 and 17 years, press 2	If you are between 18 and 35 years, press 3	If you are between 36 and 50 years, press 4	If you are above 50 years, press 5	N/A	N/A
2. Which of the regions do you currently reside in?	location_Q3	For Central Region, press 1	For North-Western Region, press 2	For Northern Eastern Region, press 3	For South-Eastern region, press 4	For South-Western region, press 5	For Eastern Region, press 6	For Western Region, press 7
3. In which of these North-Eastern provinces do you live?	NEprov_Q4	For Badakhshan, press 1	For Baghlan, press 2	For Kunduz, press 3	For Takhar, press 4	N/A	N/A	N/A
4. In which of these North-Western provinces do you live?	NWprov_Q4	For Balkh, press 1	For Faryab, press 2	For Jowzjan, press 3	For Samangan, press 4	For Sar-e Pol, press 5	N/A	N/A
4. In which of these Central provinces do you live?	CEprov_Q4	For Bamyán, press 1	For Kabul, press 2	For Kapisa, press 3	For Logar, press 4	For Panjshir, press 5	For Parwan, press 6	For Maidan Wardak, press 7
4. In which of these Eastern provinces do you live?	EApröv_Q4	For Kunar, press 1	For Laghman, press 2	For Nangarhar, press 3	For Nuristan, press 4	N/A	N/A	N/A
4. In which of these Western provinces do you live?	WEprov_Q4	For Badghis, press 1	For Farah, press 2	For Ghor, press 3	For Herat, press 4	N/A	N/A	N/A
4. In which of these South-Eastern provinces do you live?	SEprov_Q4	For Ghazni, press 1	For Khost, press 2	For Paktia, press 3	For Paktika, press 4	N/A	N/A	N/A

4. In which of these South-Western provinces do you live?	SWprov_Q4	For Daykundi, press 1	For Helmand, press 2	For Kandahar, press 3	For Nimruz, press 4	For Oruzg n, press 5	For Zabul, press 6	N/A
5. What is your gender?	gender_Q5	If you are a male, press 1	If you are a female, press 2	If you prefer not to state, press 3	N/A	N/A	N/A	N/A
6. What is your education level?	education_Q6	If you have not received any education, press 1	If you have only completed primary school, press 2	If you have completed secondary school, press 3	If you have attended college or completed vocational training, press 4	If you have a college degree, press 5	N/A	N/A
7. Which of the following groups do you belong to? (Select all that apply)	pop_group_Q7	If you are an internally displaced person, press 1	If you belong to an ethnic Minority, press 2	If you are a person with disability, press 3	If you do not belong to any of these groups, press 4	N/A	N/A	N/A
8. In which province have you received most health and nutrition services in the past 12 months?	health_province_Q8	For Central Region, press 1	For North-Western Region, press 2	For North-Eastern Region, press 3	For South-Eastern region, press 4	For South-Western region, press 5	For Eastern Region, press 6	For Western Region, press 7
PROVISION OF HEALTH AND NUTRITION SERVICES								
9. With respect to accessing health and nutrition-related services for your child, which of the following is true?	health_child_Q9	If this question is not applicable since you do not have a child, press 1	If you did not need any health/nutrition services for your child/children, press 2	If you were not aware of any health/nutrition services near you, press 3	If you did not receive any health and nutrition services, press 4	N/A	N/A	N/A

10. In the past 12 months, where have you mostly received health and nutrition-related services for your child?	location_health_child_Q10	For Hospital and health facility, press 1	For Mobile team (MHNTs), press 2	For Community midwife, women's group, community health worker or volunteer, press 3	For Traditional healers, press 4	For Mosque/ House of worship, press 5	For Another place, press 6	N/A
11. In the past 12 months, did your family need any health services?	healthservice_Q11	If yes, press 1	If no, press 2	N/A	N/A	N/A	N/A	N/A
12. Did your family receive the required health services?	recievehealthser_Q12	If yes, press 1	If no, press 2	N/A	N/A	N/A	N/A	N/A
13. In the past 12 months, which of the following health services did your family need most but did not receive? Select as many an applicable.	healthneed_Q13	For Immunization/ vaccination, press 1	For Maternal (Antenatal care, Postnatal care), press 2	For Delivery care, press 3	For Treatment of childhood illnesses, press 4	For Mental Health/ Psycho-social Care, press 5	For Emergency care, press 6	For Something else, press 7
14. In the past 12 months, did your family need any Nutrition services?	nutrition_Q14	If yes, press 1	If no, press 2	N/A	N/A	N/A	N/A	N/A
15. In the past 12 months, which of the following Nutrition services did your family need most but did not receive?	nutritionneed_Q15	For Nutrition support for pregnant and lactating women, press 1	For Vitamin A supplements, press 2	For Iron Folic Acid tablets, press 3	For Growth monitoring of baby, press 4	For Therapeutic foods and medicines for Severe Acute Malnutrition, press 5	For Nutrition support for school-age children, press 6	For Something else, press 7
BARRIERS AND ACCESS TO HEALTH AND NUTRITION SERVICES								
16. Does anything prevent you from seeking health and nutrition services?	healthbarrier_Q16	If yes, press 1	If no, press 2	N/A	N/A	N/A	N/A	N/A

17. If yes, what is the MAIN reason that prevents you from seeking health and nutrition services nowadays?	barrier_Q17	For Poor treatment from providers, press 1	For Services are too expensive, press 2	For Too far or too hard to reach provider, press 3	For No one to accompany me/ no mahram, press 4	For Lack of privacy & safety/ no female health worker at the facility, press 5	For Family is not supportive, press 6	For Waiting time too long/ operating hours too limited, press 7
18. In the past 12 months, were health and nutrition supplies/medicines available to you from the facility you visited?	medicinesupply_Q18	For all of the time, press 1	For most of the time, press 2	For a few times, press 3	For no, never, press 4	For don't know/can't remember, press 5	N/A	N/A
19. In the past 12 months, were health and nutrition supplies/medicines affordable to you?	medicineafford_Q19	For all of the time, press 1	For most of the time, press 2	For a few times, press 3	For no, never, press 4	For don't know/can't remember, press 5	N/A	N/A
QUALITY OF HEALTH AND NUTRITION CARE SERVICES								
20. In the past 12 months, did the doctors, nurses, community health workers, volunteers at the facility you visited treat you with respect?	respect_Q20	For all of the time, press 1	For most of the time, press 2	For a few times, press 3	For no, never, press 4	For don't know/can't remember, press 5	N/A	N/A
21. In the past 12 months, were there opportunities for you to provide safe and confidential feedback or share complaints about your experience of availing services received at the facility?	feedback_Q21	For all of the time, press 1	For most of the time, press 2	For a few times, press 3	For no, never, press 4	For don't know/can't remember, press 5	N/A	N/A
22. How satisfied are you with the level of access to nutrition services you have now, compared to under the previous government?	satisfaction_nutrition_Q22	For more satisfied, press 1	For equally satisfied, press 2	For less satisfied, press 3	For don't know/can't remember, press 4	N/A	N/A	N/A

23. How satisfied are you with the level of access to child and maternal health care services you have now, compared to under the previous government?	satisfaction_health_Q23	For more satisfied, press 1	For equally satisfied, press 2	For less satisfied, press 3	For don't know/can't remember, press 4	N/A	N/A	N/A
OTHER								
Other A	thank you_M3	Thank you very much for your participation in the survey. Have a good day!						
Other B	thankyou_M4	Sorry, you do not fall in the age criteria required for this survey. Hope you have a good day.						

Extenders Survey

EXTENDERS – Main survey questions. (Note: Where relevant, questions to be preceded by: “In your area of work or sector”)					
1. Are you generally satisfied with your job?	Yes	No			
2. If you answered No to the previous questions, is the reason mainly related to:	Pay	Security	Lack of Usefulness	Other: Please provide details	
3. Does your position involve working across more than 1 UNICEF programme sector (for example: gender, SBC, WASH, Education, health, CP, nutrition)?	Yes	No			
4. Do you work in areas which only Extenders can access, and are not accessible to other UNICEF staff?	Yes	I also work in areas accessible to UNICEF staff	No opinion/ Don't know	I mainly work in areas accessible to UNICEF staff	I only work in areas accessible to UNICEF staff
5. If there are areas that only you can access: Are the needs in those areas higher than in areas covered by UNICEF directly?	Yes, much higher	Yes, generally higher	No opinion/ Don't know/ Not applicable	No, not really higher	No, they are generally lower
6. If there are other service providers in the areas where you work (for example UN, NGOs, CSOs), do you feel that UNICEF programming complements these providers well?	Yes, very well	Yes, generally	No opinion/ Don't know/ Not applicable	No, not really	No, not at all
7. Do you have all the information you need to know what do in your jobs and when to do it?	Yes, all the information	Yes, quite good	No opinion/ Don't know	No, not really	No, not at all
8. Have you received PSEA training from your contractor or UNICEF?	Yes	No	No opinion/ Don't know		
9. Have you received training/guidance from UNICEF on how to include all members of the community, including women and people with disabilities, in discussions on your area of work?	Yes	No			
10. Do you feel that you are able to identify the people most in need of UNICEF services in your field of work?	Yes, very well	Yes, generally	No opinion/ Don't know/ Not applicable	No, not really	No, not at all
11. How easy or difficult is it to take into account the needs of women and girls in your sector or area of work (education, health, CP, WASH)?	Very easy	Quite easy	No opinion/ Don't know	Quite difficult	Very difficult

12. Do you believe that the services that you are facilitating are being delivered in a timely manner to affected populations?	Yes, very timely	Yes, generally	No opinion/ Don't know/ Not applicable	No, not really	No, not at all
13. How good is your working relationship with the authorities (at either community level, district level, provincial level or national level)?	Very good	Good	No opinion/ Don't know	Not so good	Not good at all

Additional Supporting Material

Figure 25. UNICEF AIMS

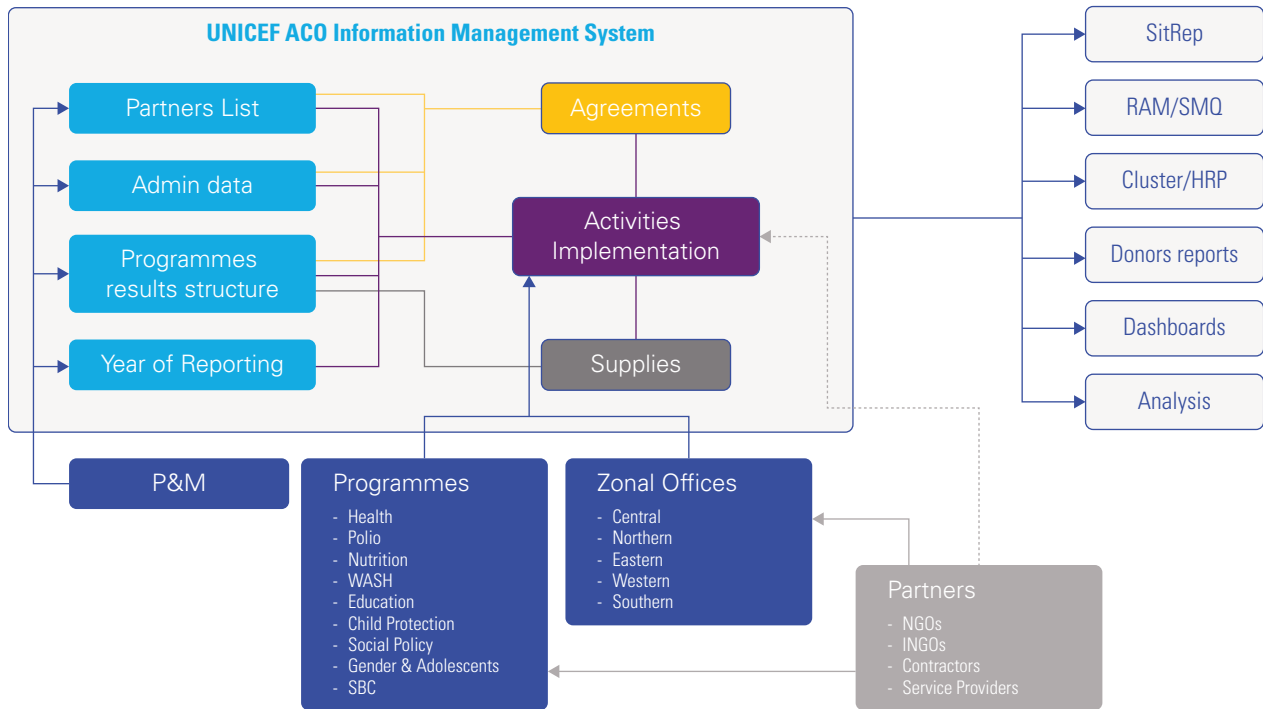
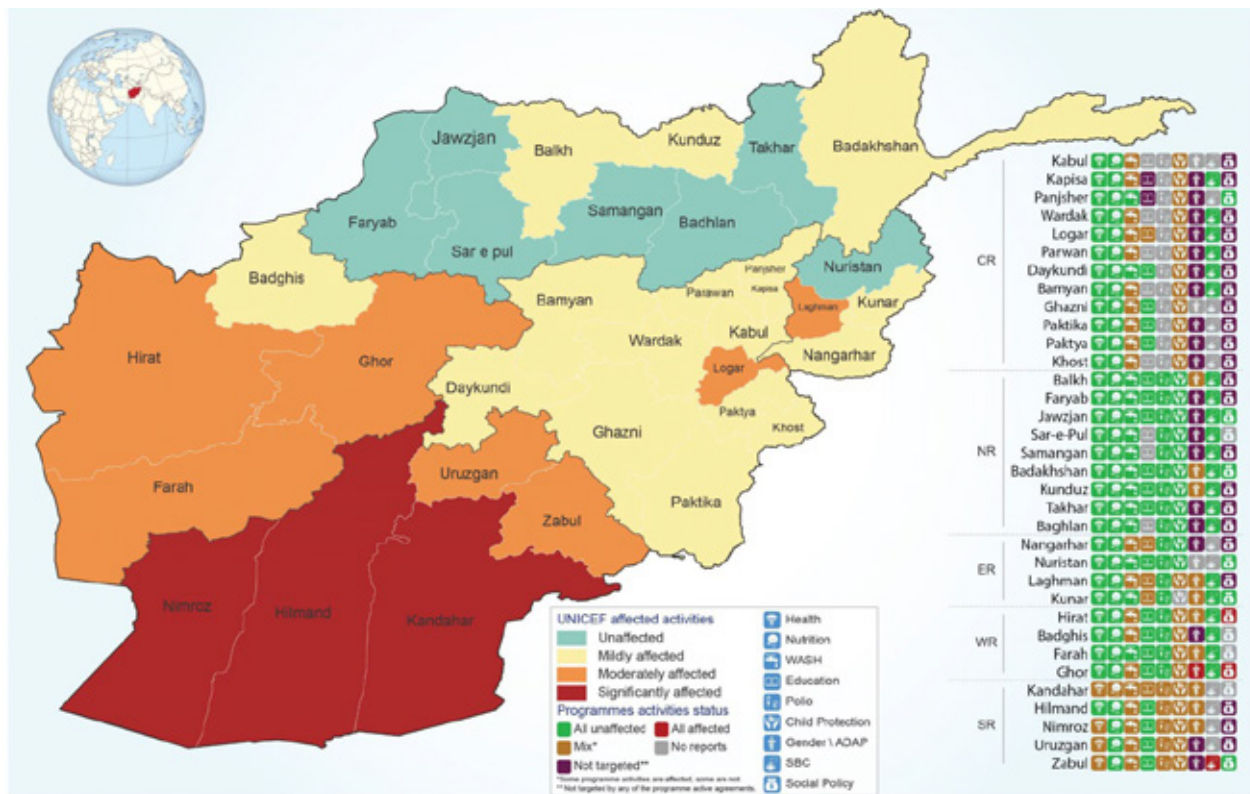


Figure 26. NGO ban effect





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