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Summative Evaluation of the Joint UNICEF-WHO Polio & Child Protection Programme for Afghan Children on the Move

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ACRONYMS

COVID-19	Coronavirus Disease 2019
COM	Children on the Move
CFS	Child Friendly Space
CPAN	Child Protection Action Network
DfA	De facto Authorities
EPI	Expanded Programme on Immunization
EOC	Emergency Operating Center
ERG	Evaluation Reference Group
EU	European Union
FGD	Focus Group Discussion
FLW	Frontline Worker
GBV	Gender-Based Violence
IDP	Internally Displaced Person
IOM	International Organization for Migration
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
MoLSA	Ministry of Labor and Social Affairs
NEAP	National Emergency Action Plan
NID	National Immunization Day
NGO	Non-Governmental Organisation
OECD-DAC	Organisation for Economic Cooperation and Development – Development Assistance Committee
PSS	Psychosocial Support
SOP	Standard Operating Procedure
SIA	Supplementary Immunization Activities
SSI	Semi-structured Interview
ToC	Theory of Change
ToR	Terms of Reference
UAM	Unaccompanied Minor
UNEG	United Nations Evaluation Group
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

Context

This independent final evaluation provides an assessment of the joint activities of the United Nations Children's Fund (UNICEF) and the World Health Organization's (WHO), Polio and Child Protection programme for Children on the Move (COM) throughout the period of implementation from May 2018 to July 2023. The programme was planned and co-funded by the European Union (EU) and UNICEF sources with a total budget of EUR 67,400,000¹. The evaluation examines the result areas focused on Afghanistan²:

- **Result 1:** Afghan 'Children on the Move', including unaccompanied children, children being returned to Afghanistan, Internally Displaced Persons (IDP) children and host communities, and children at risk of becoming 'Children on the Move' are protected and receive basic services and a reintegration package based on their needs.
- **Result 3:** All children in Afghanistan are protected against polio through polio vaccinations.

These activities took place within a context of multiple crises in Afghanistan: The coronavirus pandemic, increased internal and external population movements, the fall of Government of the Islamic Republic of Afghanistan in August 2021, an ongoing humanitarian crisis, and increased social and economic instability.

Evaluation purpose and objectives

The purpose of this evaluation was to assess the relevance, coherence, coordination, coverage, effectiveness, efficiency, sustainability, and impact, to the extent possible, of the programme, e.g., its design, implementation mechanisms, partnerships, and community and beneficiary engagement.

- **From an accountability perspective**, the evaluation aimed to generate evidence and systematically document the contributions of the EU funding toward protection of COM and polio eradication in Afghanistan so far.
- **From a coordination and planning perspective**, the evaluation reviewed programme's relevance and work mechanisms in coordination with other programmes/agencies.
- **From a learning perspective**, the evaluation determined the extent to which UNICEF and WHO supported activities were effective and informed the planning and implementation of future programmes, and documented lessons learned and recommendations for future programming.

More specifically, **the objectives of the evaluation were to:**

- Assess impact, to the extent possible, and progress towards the attainment of protection for COM and polio programme results and the overall goal, including cross-cutting issues of human rights, gender, and disability.
- Assess the relevance of EU support to the current Afghanistan context and needs.
- Examine efficiency, coverage, coordination, effectiveness, sustainability, and coherence of the joint programme in terms of design, implementation, partnership, community and beneficiaries' engagement.
- Document programmatic and operational lessons learned and opportunities.
- Provide key recommendations (including potential shifts) on the planning, implementation, monitoring and coordination of the joint programme.

The primary users were UNICEF Afghanistan, WHO Afghanistan, EU, implementing partners, cluster partners, right holders and beneficiaries, de facto authorities and relevant national ministries with the goal of improving programmatic responses, and contributing to institutional learning, specifically for future COM and polio programming and implementation in Afghanistan. The secondary users were other UN agencies in Afghanistan, UNICEF South Asia Regional Office, UNICEF Headquarters, WHO Regional Office, WHO Headquarters, international and local NGOs working on the subject matter, and academia, that will benefit from general knowledge and findings for their programming.

Evaluation Methodology

This evaluation is based on data collected over a span of three months between December 2023 and March 2024. The evaluation used the Organisation for Economic Cooperation and Development - Development Assistance Committee (OECD-DAC) evaluation framework, assessing the criteria of relevance, coherence, efficiency, effectiveness, sustainability, and impact, as well as humanitarian evaluation criteria on coverage and coordination. It also took into consideration cross-cutting issues of equity, gender, human rights, and disability. The evaluation used a mixed-methods approach and included data collection with relevant beneficiaries from UNICEF and WHO programmatic actions, implementing partners, community leaders, de-facto authorities, as well as WHO and

¹ The budget of EUR 67.4m includes Result 2 ("Afghan Refugee children in Iran have equal access to education, protection / legal services, health and nutrition, and integrated social protection (cash plus) services"), which is not covered by the evaluation. The total budget was EUR 67,400,000, of which the EU contributed EUR 58,900,000 with the remaining coming from other sources.

² The COM programme also includes Result 2, namely "Afghan Refugee children in Iran have equal access to education, protection / legal services, health and nutrition, and integrated social protection (cash plus) services", which is not covered in this evaluation.

UNICEF staff. All sample targets were met. Data was primarily collected from the following provinces: Badakhshan, Badghis, Baghlan, Balkh, Bamyan, Ghazni, Ghor, Herat, Kabul, Kapisa, Kunduz, Laghman, Nangarhar, Nimroz (please see methodology section for further detail). Quantitative data was collected through three phone surveys: (a) 58 Polio Volunteers and Frontline Workers (FLWs)³, (b) 351 with caregivers of children under 5, and (c) 361 families of unaccompanied minors (UAMs). Twenty in-person semi-structured interviews were conducted with children who participated in Child Friendly Spaces (CFS), social workers and caregivers of unaccompanied minors. In terms of qualitative data, key informant interviews were conducted with 27 programme stakeholders, primarily UNICEF and WHO staff. Ten focus group discussions (FGDs) covering 56 people (28 women and 28 men) were conducted with caregivers of children under 5. Site observations were conducted at cross border corridors, child-friendly spaces, and transect walks were conducted with FLWs. The evaluation design was approved by the institutional review board and adhered to UNICEF and UNEG evaluation norms and standards.

Evaluation Findings

Relevance

- The COM programme was highly relevant in filling the gaps regarding child protection in Afghanistan, specifically as large migration influxes were sustained throughout the period of implementation. Its relevance became more pronounced after the political transition in 2021, as it filled a void in the national child protection structure.
- The COM programme was highly relevant in its design in aiming to respond to the needs of COM regarding longer-term economic hardship (e.g., vocational training, referrals to education), child protection at the border and in areas of origin through emergency support, reunification with families and ongoing case management to facilitate reintegration, provision of Mental Health and Psychosocial Services (MHPSS), and the need for gender and disability inclusive services.
- The COM programme was highly relevant in its polio vaccination campaigns given the continued wild transmission of the virus and misinformation and mistrust in vaccinations among communities.

Coverage

- Regarding Result 1, programme staff expressed the challenge of conducting follow-ups to assess post-return situation and needs for COM who were reunified to more distant provinces, thus reducing coverage.
- Regarding Result 3, coverage was strong as it exceeded 100 per cent of the programme targets for the majority of programme implementation from 2022 to 2023. It improved after the Taliban takeover in 2021, since scale-up became possible to previously inaccessible areas, particularly in the Eastern and Southern Regions, although gaps are likely to remain due to the prohibition of house-to-house vaccinations in some provinces.

Coherence

- The programme had very limited internal coherence between Result 1 and Result 3 both in the design and implementation, largely due to the different target age of children and overall objectives.
- On the cross-border level, coherence between UNICEF Afghanistan and UNICEF Iran programming was limited; there was little coordination in work activities despite children crossing the border of the two countries.
- There was strong coherence between UNICEF and WHO under Result Area 3 as largely indicated by the success of the implemented activities.
- There were examples of positive integration of the programme with other UNICEF sectors, particularly through child-friendly spaces which facilitated access to education, health services and offered positive parenting classes.
- Result 3 was well integrated with polio eradication initiative funded by other donors at the policy and service delivery level, such as National Emergency Action Plan (NEAP) for Polio eradication.
- The programme was aligned with UNICEF's global frameworks and priorities in child protection, in particular the systems strengthening approach that has explicitly guided UNICEF's child protection programming. It is also aligned with UNICEF's commitments to child health and survival. The programme contributed to SDG 16.2 to protecting children from abuse, exploitation, trafficking and violence and SDG 3 to ensure healthy lives and promote well-being for all at all ages.

Effectiveness

Result 1

- The programme was effective in meeting many of its targets and was highly valued by beneficiaries. This was notably the case in terms of family reunification and psychosocial support, as well as general case management, provided through UNICEF's implementing partners. In a post-2021 context, where mental health needs were on the rise in Afghanistan, the intervention achieved key objectives despite restrictions for programming imposed by the DfA. However, it is worth noting that the programme struggled to address deeper rooted challenges to prevent repeat migration.

³ For clarity, references to FLWs are mentioned throughout the report.

- Community engagement and awareness-raising emerged as a key achievement of the programme and a platform to advocate for children's rights, to combat different forms of abuse, and develop potential solutions at the local level.
- High degree on unmet needs have been reported amidst increased needs throughout the programme duration. 85 per cent (307 out of 361) mentioned that at least one key need was not covered (53 per cent mentioned the need for education, 48 per cent for nutrition, and 35 per cent for child protection).
- The programme faced exogenous barriers such as the regime change, de-facto authorities questioning the validity of child rights and human rights principles, and donor conditionalities; as well as challenges on provincial level ranging from insufficient workforce to support children in need to challenges in follow-up and internal migration.

Result 3

- Campaigns appears successful at the local level as caregivers of children under five report positive views of the vaccine and in their interaction with FLWs. Community engagement thus appears highly effective in facilitating positive engagement with the campaign.
- Despite the fact that almost all of indicator targets were achieved, there were still challenges such the shortage of female staff, the change of modality for the vaccination campaign (from house-to-house to mosque-to-mosque or site-to-site), and misinformation about the vaccine in some areas.
- The programme's effectiveness varied notably between regions like Herat, Nangahar, Kabul, and Nimroz. Cultural and educational disparities played a critical role, with each province's customs and cultures influencing programme components differently.

Efficiency

- The programme managed to utilize 99 per cent overall, with 98 per cent utilization under Result 1 and 111 per cent under Result 3.
- Programme monitoring and review data suggested the programme has been efficient.
- Programme adaptability appeared strong as the programme was able to adapt both result areas in the face of a changing context. On the child protection front, activities that targeted COM and the community were scaled up, while activities that targeted national capacity building were either put on hold or scaled down during and following the political transition. On the polio front, the programme team displayed agility in redirecting resources for the procurement of vaccines for immunisation campaigns when needed.
- The programme demonstrated readiness and efficiency in responding quickly to emergency needs, exemplified by the swift response to influxes from Pakistan in late 2023, under Phase 2, based on the strong structures developed under Phase 1.
- Various examples of best practices were identified including the use of pre-implementation assessments, working with local authorities in the face of delays at the national level, leveraging remote work to maintain the involvement of female staff, clear SOPs, and referral pathways.

Coordination

- Prior to 2021, formalised coordination mechanisms between UNICEF and the previous government existed; however, these were no longer functional since 2021 due to the regime change. Since the political transition in August 2021, there has been incremental progress in engaging with authorities to resume vaccination campaigns.
- The Emergency Operating Center (EOC) has been a successful platform for coordination for all polio partners and has been overseeing the implementation of strategies and activities outlined in the NEAP.
- UNICEF and WHO have collaborated with International Organization for Migration (IOM) and United Nations Refugee Agency (UNHCR), which was crucial to facilitate the vaccination of returnee children as part of High-Risk Mobile Population initiatives. On child protection, a cross-border mechanism has been established between UNICEF and IOM so that children who return to Afghanistan from Pakistan or Iran are systematically received and screened for services through the joint partnership.
- At the local level, coordination with key religious and community leaders has been key to success of vaccination campaigns.

Sustainability

- Integration into national health and protection structures has been limited since the regime change. The lack of national child protection structures means that current efforts rely solely on external partners and donors, and a programme will unlikely continue beyond its lifespan without continued external intervention.
- The findings demonstrate that community ownership offers a practical approach to sustaining programme results despite political constraints. Continuation of similar vocational/educational training courses even after the programme's conclusion and instigating social and behavioural change around the treatment of children among community members are important for the further sustainability.
- Regarding polio programming, while the health system exhibits more organisation compared to the child protection system, it remains dysfunctional and relies solely on external funding for sustainability. Consequently, the prospect of integrating polio eradication activities into routine health services without external funding remains minimal. However, assuming ongoing external funding for the health system by members of the EOC (Bill and Melinda Gates Foundation, etc.), there remains a possibility of integrating and sustaining the efforts of the polio programme as long as such financial support persists.

Impact

- Child protection efforts appeared to only have short-term, rather than long-term impact as caregivers of UAMs reported that they perceived the benefits and impact to be short-lived. Almost 50 per cent reported that their child will likely migrate again, almost exclusively to Iran, which was consistent across different age groups and current locations of the child. Although the impact of the programme's activities is significant in the short-term, such as offering safety and reassuring after traumatic journeys; however, the support available is too short-term in scale and scope to substantially affect lives of children.
- Positive unintended outcome included improved public health awareness through knowledge-transfer amongst communities both in rural and urban environments as a result of polio vaccinations. According to FGD respondents who were caregivers of children under 5, the programme has sparked community-level discussions on other vaccines too.

Cross-cutting

- The programme was gender-responsive and disability-sensitive in taking active steps to ensure that the needs of girls, boys, and children with disabilities were met. There were examples of tailored initiatives across both results areas and innovative practices to ensure the inclusion of female mobilizer vaccinators. However, there were challenges in targeting children with non-visible disabilities.
- The scale of need was huge and, as a result, there were unmet needs, particularly around sexual violence.
- The evaluation found that there was lack of indicators to ensure progress and prioritisation of girls and children with disability.

Lessons Learned

1. The extensive needs among COM means meeting their needs is highly challenging. Support provided through this programme primarily met emergency needs. Even where more extensive support was provided, the programme was insufficient to meet long-term needs and avoid further migration. Parents and children cited the need for more education and vocational training.

2. Programme flexibility, leveraging partnerships, and strong coordination means targets can be met, even in highly complex and politically uncertain contexts. The programme has observed significant changes in the operational context. When the programme was launched, the issues of access and risk prevention were central; five years later, the challenges were responding to funding limits and gaps in national structures in the context where access to populations became easier. Across this changing context, programme flexibility and, particularly coordination with partners (including inter-agency collaboration and community engagement) and careful engagement with the DfA, have meant that targets have still been met.

3. The internal coherence of programmes is as important as external coherence to achieve results and ensure the logical design of programmes. The COM programme included three results, covering diverse topics (child protection and polio) and distinct geographic regions (Afghanistan and Iran). While there were some points of overlap and limited synergies, these were largely treated as separate programming areas. This can hinder the coherence of internal planning and programmatic design. The need for more coherent programme is essential to achieve the results and impact on beneficiaries.

4. Key best practices to enhance effectiveness and efficiency include conducting pre-implementation assessments, engaging local authorities to mitigate delays at the national level, coordinating with community and religious leaders, leveraging remote work to sustain the participation of female staff, and establishing clear standard operating procedures (SOPs) and referral pathways. These strategies have been consistently identified as instrumental in optimizing programme outcomes.

5. Attempts to create synergies during programmatic delivery (e.g., the dissemination of safe migration messages to families through front line polio workers during house-to-house vaccination, visits by polio vaccinators and routine immunization teams to CFS) **are examples of good practices to be leveraged and continued.**

Conclusions

1. All child protection activities were highly relevant in the face of very high demand for family reunification, emergency support, MHPSS, and case management as an entry point to education and vocational training. The COM programme was highly relevant due to the significant needs reported by children and parents. Afghanistan's economic and political instability created a high demand for services like vocational training and cash transfers, especially among UAMs. Psychosocial services were crucial for addressing the physical and emotional trauma experienced by UAMs living without their families in Iran and during deportation. The programme's relevance grew as large migration waves, including UAMs, persisted after 2021, coinciding with political transition that led to the collapse of Afghanistan's national child protection system.

2. The programme struggled to meet its long-term goals regarding child protection, but short-term impact was considerable. The programme's Theory of Change aimed to build sustainable livelihoods and foster social cohesion, but the support provided was mainly focused on emergency aid (e.g., accommodation, food, clothing, and family reunification) rather than achieving long-term goals. While vocational training gave children hope, many

were unable to turn it into viable businesses due to a lack of financial support and low demand in the market. Additionally, 72% of caregivers of UAMs doubted the programme's long-term impact, and nearly 50% believed their child would migrate again. Despite these challenges, the programme had a strong short-term impact. It helped UAMs feel safe, provided emotional support, and reunited them with their families, when many could not afford the travel expense or contact their families. This support was highly valued, with 98% of parents expressing satisfaction with the services provided to their children.

3. There were gaps in coverage and challenges meeting demand for child protection, especially for girls.

Programme staff noted difficulties in meeting demand due to the high number of UAMs crossing the border, limited services in certain areas, and challenges in conducting follow-up assessments after their return. These issues were largely due to insufficient funding. Gaps in provision were particularly evident for girls after 2021, with few CFS facilities tailored to their needs and a shortage of female frontline social workers in some provinces. Children with disabilities on the move, particularly the ones with non-visible disabilities, were overlooked, although CFS targeted vulnerable children in other activities.

4. Polio campaigns were effective and relevant, and they were hindered only by external constraints. Polio vaccination efforts were highly relevant given the ongoing transmission of the virus and essential for protecting children's health. Community mobilization was effective, with caregivers of children under five expressing positive, well-informed views about the vaccine and professional interactions with frontline workers. The programme was efficient, meeting wastage targets. Coverage of the programme and meeting targets were strong, with only external constraints that are likely to affect future results, such as the ban of female FLW and partial bans on house-to-house vaccination.

5. Sustainability of the programme is limited but entry points in terms of community engagement provide a way forward. Since the 2021 regime change, integration into national health and protection systems has been limited, and capacity-building activities have been paused. However, partnerships and networks have been established that support sustainability, with some progress at the community and local levels. Despite this, the programme remains dependent on ongoing donor support.

6. The programme adapted well through developing good partnerships and strong coordination in the face of a changing context. The programme demonstrated strong adaptability in response to the changing context. After the regime change, child protection activities for COM and the community were scaled up, while national capacity-building efforts were paused. The programme effectively collaborated with partners to address gaps in national child protection systems. For polio activities, the team showed agility in reallocating resources for vaccine procurement when necessary, maintaining strong coordination through the EOC and focusing on implementing the NEAP.

7. Internal coherence within the programme was limited; however, external coherence showcased good results. The child protection and health result areas differed significantly due to variations in the age of the targeted children, and the overall objectives, though some synergies existed with polio immunization being available at CFS on the border. Similarly, coordination between UNICEF Afghanistan and UNICEF Iran was minimal, despite children crossing the border and one of the results areas focusing geographically on Iran. External coherence was reported quite strong.

Recommendations

Recommendations were developed based on the findings of the report and through an online discussion with the evaluation reference group (ERG). More information is available under the 'Recommendation' section of the report.

1. Focus on preventing unsafe migration for COM with expanded partnerships with migration mandated agencies and target internally displaced children as an overlooked category with high needs.
2. Continue and expand direct awareness activities with community and religious leaders and health workers, alongside media channels such as television and radio, in disseminating information to bring about norm change.
3. Engage local authorities for ownership and accountability to improve sustainability of the programme and build on initial progress.
4. Advocate for comprehensive programmatic action on education and consider vocational training to address long-term needs.
5. Invest in cash assistance as a tool for sustainable reintegration and improved livelihoods and ensure inclusion of COM/CP in cash assistance programming across interventions in Afghanistan.
6. Empower children on the move with disabilities as part of a commitment to disability inclusive programming, foster gender inclusion, and target isolation and disempowerment.
7. Expand coverage of the programme to underserved areas to ensure comprehensive coverage of services.
8. Improve internal coherence of the programme and create/explore further programmatic synergies during programmatic delivery.
9. Invest in joint activity roll-out, community engagement, and monitoring to address operational inefficiencies, including tracking potential breaches of children's rights at the border.

1.INTRODUCTION

This summative evaluation provides an assessment of the joint activities of the United Nations Children's Fund (UNICEF) and the World Health Organisation's (WHO), Child Protection and Polio programme for Children on the Move (COM) from May 2018 to July 2023. These activities took place within a context of multiple crises in Afghanistan: the coronavirus pandemic, increased internal and external population movements, the fall of Government of the Islamic Republic of Afghanistan in August 2021, an ongoing humanitarian crisis, and increased social and economic instability.

With a total budget of 67,400,000 euros⁴, the COM Programme Phase I was implemented from May 2018 until September 2023. The evaluation focuses on Result areas 1 and 3 (the programmatic actions implemented in Afghanistan; Result 2⁵ was implemented in Iran):

- **Result 1:** Afghan 'Children on the Move', including unaccompanied children, children being returned to Afghanistan, IDP children and host communities, and children at risk of becoming COM are protected and receive basic services and a reintegration package based on their needs.
- **Result 3:** All children in Afghanistan are protected against polio through polio vaccinations.

The purpose of this evaluation was to assess the relevance, coherence, coordination, coverage, effectiveness, efficiency, sustainability, and impact, to the extent possible, of the programme, e.g., its design, implementation mechanisms, partnerships, and community and beneficiary engagement.

- **From an accountability perspective**, the evaluation aimed to generate evidence and systematically document the contributions of the EU funding toward protection of COM and polio eradication in Afghanistan so far.
- **From a coordination and planning perspective**, the evaluation reviewed programme's relevance and work mechanisms in coordination with other programmes/agencies.
- **From a learning perspective**, the evaluation determined the extent to which UNICEF and WHO supported activities were effective and informed the planning and implementation of future programmes.

The evaluation has been guided by the Terms of Reference (ToR, please see Annex 1), evaluation matrix, tools and approach developed during the inception phase. The evaluation employed a mixed-methods theory-based approach using contribution analysis, to the extent possible, and was guided by the OECD-DAC evaluation criteria of relevance, coherence, efficiency, effectiveness, sustainability, and impact, to the extent possible, as well as humanitarian evaluation criteria of coordination and coverage. It also took into consideration cross-cutting issues of equity, gender, human rights, and disability. The data collection phase included a desk and literature review, secondary and administrative data, key informant interviews (KIIs), focus group discussions (FGDs), observations, semi-structured interviews (SSIs), and a household phone survey.

⁴ The budget of EUR 67.4m includes Result 2 ("Afghan Refugee children in Iran have equal access to education, protection / legal services, health and nutrition, and integrated social protection (cash plus) services"), which is not covered by the evaluation. The total budget was EUR 67,400,000, of which the EU contributed EUR 58,900,000 with the remaining coming from other sources.

⁵ The COM programme also includes Result 2, namely "Afghan Refugee children in Iran have equal access to education, protection / legal services, health and nutrition, and integrated social protection (cash plus) services", which is not covered in this evaluation.

2. BACKGROUND AND CONTEXT

2.1 Context

Decades of conflict, poverty, natural disasters, and climate change have led to a protracted humanitarian and displacement crisis in Afghanistan, especially for children. While the takeover of the Government of the Islamic Republic of Afghanistan by the Taliban, the current de facto authorities (DfA), has led to a decrease in conflict, it has further exacerbated political and economic inequalities in the country. Since then, millions have been pushed into extreme poverty, there has been a large-scale loss of livelihoods and a reduction in essential services. The Humanitarian Needs and Response Plan for Afghanistan highlights the precarious situation in 2017, with close to 9.3 million people⁶ in need of humanitarian assistance. Since then, in 2023, it has been estimated that the number for 2024 is going to double, reaching 23.7 million people in need, 52 per cent of them being children.⁷

The political and humanitarian situation has led to extensive displacement both within the country as well as abroad, the majority to Pakistan and Iran. These children are labelled by UNICEF and other international organisations as "Children on the Move". They are children under the age of 18 who move across international borders or within their own country. They can be IDPs, unaccompanied and separated minors, returnees, asylum-seekers, or refugees.⁸

According to UNICEF's Child Migration data, the number of international migrants reached 281 million in 2020; 36 million of them were children.⁹ Since the 1980s, Afghanistan has generated one of the world's largest refugee populations. Currently, Afghans, along with Syrians and South Sudanese refugees, account for roughly half of all child refugees globally.¹⁰

The International Organisation for Migration (IOM) reports increasing inflows between Iran and Afghanistan. Afghanistan witnessed unprecedented levels of displacement and return from displacement in 2021 and 2022. Over one-half of the 6.8 million Afghan nationals who have gone abroad since 2012 have done so in 2021 and 2022 alone (3.6 million, 52%). Over one-fourth of the 6.5 million cross-border returnees since 2012 returned in 2021 and 2022 (1.7 million, 26%). 60% of this total returned from Iran and 27% from Pakistan (the remaining primarily from Europe and Turkey).¹¹ Among the returnees, many are children, including undocumented and unaccompanied children. Most have been forced to move with their families, while others migrate on their own in search of job opportunities in Iran and Pakistan. Most engage in low-wage jobs in the informal sector.¹²

The January 2023 Humanitarian Needs Overview underlines that there were more than 26.3 million people in need in Afghanistan, including 15.2 million children. Of these, an estimated 318,000 are cross-border children returnees and 428,000 are internally displaced children.¹³ Most returnee children are aged 13 and 17, although some children are as young as 10, and most are boys. They often become caught in a cycle of migration and return, as they are apprehended by Iranian authorities, deported back to Afghanistan, and then make another attempt to seek employment.¹⁴ The children are often exposed to an elevated risk of violence in the context of deportation and detention. Children returning to Afghanistan, many of whom experienced extreme vulnerability prior to their departure, face additional social, behavioural and mental health challenges post-flight. They return to an increasingly inhospitable context, with limited support available and difficulties accessing essential services.¹⁵

After banning door-to-door polio vaccination for two decades in its controlled territories, the de-facto authorities have changed their policies since gaining power in 2021.¹⁶ This improved the situation as, according to the World Health Organization (WHO), 2021 was the year of lowest polio transmission in Afghanistan¹⁷. Yet, regions which have been inaccessible to vaccinators prior to 2021, because of conflict and Taliban restrictions, remain at risk¹⁸. This is especially the case in the south and southeast of Afghanistan in regions bordering Pakistan, where polio is also endemic.¹⁹

Multiple and Intersecting Vulnerabilities

Vulnerable children in Afghanistan face a wide range of protection challenges. A key protection risk for children is the fact that they are **not in touch with their families** and do not have the possibility to call them as they were

⁶ OCHA, [Afghanistan Humanitarian Response Plan](#), 2017.

⁷ OCHA, 2024 Humanitarian Needs and Response Plan Afghanistan, December 2023.

⁸ UNICEF, [Afghan Children on the Move: A Framework for Action to Protect Children in Iran and Afghanistan \(Phase I\)](#), 2018

⁹ UNICEF, [Child Migration data](#).

¹⁰ UNICEF, [Child Migration data](#).

¹¹ IOM, Afghanistan, [Baseline Mobility Assessment Report](#), Round 16 (September-December 2022).

¹² UNICEF, (n.d.) [Fact sheets: Afghan children on the move - With funding from the European Union, UNICEF identifies children and young people who have become victims of irregular migration](#).

¹³ OCHA, [Afghanistan Humanitarian Need Overview 2023](#), January 2023.

¹⁴ UNICEF, 'Afghan Children on the Move' A Framework for Action to Protect Afghan Children, Amendment 2: December 2021.

¹⁵ UNICEF, 'Afghan Children on the Move' A Framework for Action to Protect Afghan Children, Amendment 2: December 2021.

¹⁶ Rick Noack, ['After long banning polio campaigns, Taliban declares war on the disease'](#), The Washington Post, 2023

¹⁷ WHO, [Polio Eradication Initiative, Afghanistan](#).

¹⁸ WHO, [Polio Eradication Initiative, Afghanistan](#).

¹⁹ WHO, [Polio Eradication Initiative, Afghanistan](#).

stripped of all their belongings before being deported.²⁰ Additionally, only 55.6 per cent of all households in the poorest wealth quintile report household ownership of a mobile telephone.²¹ This lack of family protection leaves children at risk of violence and exploitation, a fundamental right in the Convention of the Rights of the Child.

Additionally, children are at risk of **child labour**, including under hazardous working conditions, in violation of international law.²² In total, 19.3 per cent of children aged 5-17 have engaged in child labour, and 22 per cent of this is in total hazardous working conditions.

For girls, **child marriage** poses an additional threat with 28.7 per cent of women first married before 18, in violation of Article 16 of the Convention on the Elimination of All Forms of Discrimination against Women, for example. This is especially the case in the poorest families, where this percentage increases to 47 per cent.²³ Their situation has been further exacerbated by the DfA's gendered policies, which restrict their freedom of movement and access to education, isolating them and increasing their vulnerability to violence.²⁴

IDPs and returnees, especially children, often face many barriers accessing **identification and civil registration** documentation. A lack of identification documentation can deprive them of access to important services.²⁵ In Afghanistan, only 45.1 per cent of children under-five have a birth certificate and 2-7 per cent are registered but do not have a birth certificate.²⁶ This shows that Afghanistan is falling short of Goal 16 of the SDGs to provide legal identity for all, including birth registration, by 2030.

Children face **health challenges** – guaranteed under Article 24 of the Convention on the Rights of the Child - and limited access to nutritious food, clean water and adequate hygiene facilities or shelter.²⁷ The lack of nutrition is reflected by 44.7 per cent of children in Afghanistan having moderate and severe stunting.²⁸ There are also gender disparities in health seeking behaviour, for example, there is a 4.8 per cent difference between boys and girls in care-seeking for diarrhoea.²⁹ As migrants, they also often lack access to available health services, including those related to mental health and psychosocial support (MHPSS). Forced return and deportations can have traumatising effects on children. Yet, many of these psychological needs go untreated and negatively impact the children.³⁰ In terms of vaccination, only 36.6 per cent of children aged 12-23 months receive basic immunisation (defined as BCG, OPV3, DTP3 and Measles 1).³¹

Children also face barriers accessing **education**. In Afghanistan only 20.35 per cent of children attend lower secondary school.³² Displaced and migrant children, especially girls, have less access to primary and secondary education, compared to host community children, both in their host and home countries.³³ Migrant and displaced children often miss months or even years of school following displacement.³⁴ The right to education is set out in the Convention on the Rights of the Child and is fundamental to achieving SDG 4 on enduring inclusive and equitable education for all.

Displaced children also face challenges reintegrating into communities. In a context where community resilience is declining³⁵, their absorption capacities also decrease. Many returnees often end up settling in urban and peri-urban areas. While livelihood conditions might be better for many there, there is a lack of integration plan for returnees. Similar to the Government of the Islamic Republic of Afghanistan, the DfA often prefers for returnees to return to their place of origin.

Polio Vaccination in Afghanistan

The ban on house-to-house vaccination, imposed by the Taliban, between 2018 and October 2021, in various regions of the country, led to a significant shortfall in immunisation of children. For Afghan children, this is especially precarious as Afghanistan and Pakistan are the only remaining countries where polio remains endemic. Given the highly dynamic and fluid nature of population movements in and out of Afghanistan, children who are migrating may miss vaccinations as well as act as potential carriers.

Polio eradication initiatives in Afghanistan face multiple challenges, including the restrictions on female participation in Supplementary Immunisation Activities (SIAs), particularly in Kandahar province. This limitation poses difficulties

²⁰ Samuel Hall/NRC, *Deportation from Iran A Post-Deportation Protection Assessment*, 2016.

²¹ UNICEF, 'Afghanistan Multiple Indicator Cluster Survey 2022-23, Summary Findings Report. Kabul, Afghanistan,' UNICEF 2023.

²² The International Labour Organization (ILO) Convention No. 138 concerning minimum age for admission to employment and Recommendation No. 146 (1973); ILO Convention No. 182 concerning the prohibition and immediate action for the elimination of the worst forms of child labour and Recommendation No. 190 (1999); and the United Nations Convention on the Rights of the Child

²³ Ibid.

²⁴ Care, UNICEF, IRC, *Afghanistan: Inter-agency Rapid Gender Analysis*, 2022.

²⁵ Samuel Hall/IOM, *Documentation and Legal Identification in Afghanistan*, Legal Identity Technical Working Group, 2023

²⁶ UNICEF, 'Afghanistan Multiple Indicator Cluster Survey 2022-23, Summary Findings Report. Kabul, Afghanistan,' UNICEF 2023.

²⁷ UNICEF, *Health and Children on the move*, February 2022.

²⁸ UNICEF, 'Afghanistan Multiple Indicator Cluster Survey 2022-23, Summary Findings Report. Kabul, Afghanistan,' UNICEF 2023.

²⁹ UNICEF, 'Afghanistan Multiple Indicator Cluster Survey 2022-23, Summary Findings Report. Kabul, Afghanistan,' UNICEF 2023.

³⁰ Samuel Hall/NRC, *Deportation from Iran. A Post-Deportation Protection Assessment*, 2016

³¹ Ibid.

³² UNICEF, 'Afghanistan Multiple Indicator Cluster Survey 2022-23, Summary Findings Report. Kabul, Afghanistan,' UNICEF 2023.

³³ Samuel Hall / ADSP, *Research Brief Durable Solutions in Jalalabad*, TBC.

³⁴ Samuel Hall/UNICEF, *Generating Evidence on Afghan Child Migrants and IDP children in Pakistan*, 2023

³⁵ Samuel Hall / IOM, *Research brief, Displacement trends and challenges in Afghanistan since 2021 – Mental health*, 2022.

in reaching children, especially newborns, infants, and sick children, with essential polio vaccinations. Vaccination campaigns, especially those conducted door-to-door, have historically sparked political tensions. The Taliban have previously accused vaccinators of collecting intelligence in conflict-prone areas³⁶. This has led to mistrust in some communities, resulting in low immunisation acceptance rates.

Gender Dimensions

Policies enforced by de facto authorities have decreased the participation of women and girls in education, employment, and public life, while also exacerbating their protection needs. Some of the decrees curtailing women's rights passed between 2021 to 2023, which include: the Ministry of Women's Affairs was replaced with the de facto Ministry of Propagation of Virtue and the Prevention of Vice; women were required to be accompanied by a *mahram* (male relative) when traveling distances over 77 kilometres; secondary education for girls was suspended beyond the 6th grade, meaning only 3 per cent of girls are currently attending secondary school; women doctors were banned from registering for the completion examination for specialization programs at the de facto Ministry of Public Health; non-governmental organisations (NGOs) were banned from working on projects related to awareness-raising, conflict resolution, advocacy, and peacebuilding.³⁷ These restrictions have legitimised traditional gender norms and patriarchal culture, perpetuating long-standing discrimination against women and girls, thereby increasing their vulnerability. The removal of legal protections, lack of education and reduced economic independence means women and girls are more susceptible to gender-based violence (GBV) and harmful social practices such as early or forced marriage.

However, prior to 2021, progress was being made towards gender equality. In 2004, a new constitution was adopted. It allocated 25% of parliamentary and provincial council seats to women, as well as 30% of civil service positions. It also bound Afghanistan to respect and implement all international conventions on women's rights, such as UNSCR 1325 and the Convention on the Elimination of Discrimination Against Women (CEDAW). In 2009, Afghanistan adopted the Elimination of Violence Against Women Law which penalised 22 types of violence against women. In 2003, fewer than 10 per cent of girls were enrolled in primary schools. By 2017, that number had grown to 33 per cent.³⁸ By 2021, Afghan women had secured 69 out of 249 seats in parliament.³⁹ However, while the EAW law and other legal developments had the potential to improve women's rights in theory, enforcement was poor, as families and even judges often continued to disregard them, especially in more remote areas.⁴⁰ In 2009, the country's parliament passed the Shia Personal Status Act, which discriminated against women under international standards. There was a backlash to the act from women's rights activists in the country and worldwide. However, improvements were largely felt by women in urban areas and inequality remained high, reflected in the Women, Peace and Security Index 2019/20, where Afghanistan ranked 166 out of 167 countries examined.⁴¹

Disability Dimensions

Regarding disabilities, updated data from the Afghanistan Humanitarian Needs Overview 2023 indicates that more than 8.3 per cent⁴² of the population in need are persons with disabilities - the highest percentage in the world. At least one in five Afghan households includes an adult or child with a serious physical, sensory, intellectual, or psychosocial disability. More than 40 years of war have left more than one million Afghans with amputated limbs and other mobility, visual, or hearing disabilities. Many Afghans have psychosocial disabilities such as depression, anxiety, and post-traumatic stress, which are often a direct result of the protracted conflict. Other Afghans have pre-existing disabilities not directly related to the conflict, such as those caused by polio. Persons with disabilities are also overrepresented among the several million Afghans who are internally displaced and face greater difficulties accessing humanitarian assistance⁴³.

2.2 Description of UNICEF-WHO COM Programme

In April 2018, the EU signed a EUR 25 million agreement with UNICEF to support the programme "Afghan Children on the Move – A Framework for Action to Protect Afghan Children" to be implemented from 1 May 2018 to 30 April 2022 through the UNICEF Afghanistan Country Office, UNICEF Iran Country Office, and the WHO office in Afghanistan. In December 2018, a **first amendment** approved an additional EUR 8.9 million to support Result 1. In December 2021, a **second amendment** was approved with EUR 25.0 million allocated to WHO and UNICEF in Afghanistan for Result 3, extending the programme's duration until 15 September 2023. The total budget was EUR 67,400,000⁴⁴, of which the EU contributed EUR 58,900,000 with the remaining coming from other sources. Planned activities included:

³⁶ Rick Noack, 'After long banning polio campaigns, Taliban declares war on the disease', The Washington Post, 2023.

³⁷ UN Women, Afghanistan Gender Country Profile 2024 Executive Summary, 2024.

³⁸ World Bank, Primary education, pupils (% female), Afghanistan.

³⁹ UN Women 'Women in Afghanistan: From almost everywhere to almost nowhere', August 2023.

⁴⁰ European Parliament, Women's Rights in Afghanistan: An ongoing battle, Briefing, 2024.

⁴¹ European Parliament, Women's Rights in Afghanistan: An ongoing battle, Briefing, 2024.

⁴² UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, n.d.

⁴³ Human Rights Watch, "Disability is not a weakness": Discrimination and barriers facing women and girls with disabilities in Afghanistan, 2023.

⁴⁴ The budget of EUR 67.4m includes Result 2 ("Afghan Refugee children in Iran have equal access to education, protection / legal services, health and nutrition, and integrated social protection (cash plus) services"), which is not covered by the evaluation.

- **Providing Comprehensive Support:** UNICEF and partners offer comprehensive support, including case management, social welfare services, community-based reintegration efforts (family tracing and reunification).
- **Referring to Specialised Services:** Children at risk are referred to specialised services such as mental health, medical care, and education.
- **Offering Financial Assistance and Vocational Training:** Cash assistance and vocational training opportunities are provided to vulnerable children, aiming to support their transition and integration.
- **Community Awareness and Sensitisation:** The programme conducts community dialogues, mass media messages, and public awareness campaigns to inform adolescents and adults about mental health, child protection, child rights, and the risks associated with unsafe migration.
- **Capacity-Building:** Child protection professionals are trained to enhance their capacity in supporting and providing protection services to children.

In Result area 3, WHO and UNICEF in Afghanistan focused on polio vaccination. Planned activities included:

- **Polio Nationwide Campaign Operations:** Implementation of multiple rounds of National Immunization Days (NIDs), Sub-national Immunization Days (SNIDs), and case response campaigns across various regions, particularly in the East region; campaign schedule was revised and intensified to address ongoing transmission in the East region; use of bivalent Oral Polio Vaccine (bOPV) during all polio campaigns, which was procured with EU grant.
- **Facilitating Cross Border Vaccination Teams:** Vaccination efforts extended to border-crossing populations, particularly at cross-border points like Torkham in the East and Spin Boldak in the South; timely deployment of transit teams on key routes of nomadic movement and collaboration with humanitarian partners for mapping and outreach efforts.
- **Vaccine Procurement and Supply Management:** Procurement of 65 million doses of polio vaccines with EU funding; vaccination of millions of children under-five during various campaigns, including NIDs, SNIDs, and case response campaigns; operational costs and logistical support covered for vaccine delivery and integration of health and nutrition services, particularly in the southern region.
- **Programme Integration for Polio Eradication:** Integration of polio vaccination efforts with broader health and nutrition services; social mobilisation efforts deployed to engage and educate communities, particularly in areas with limited access (white areas).

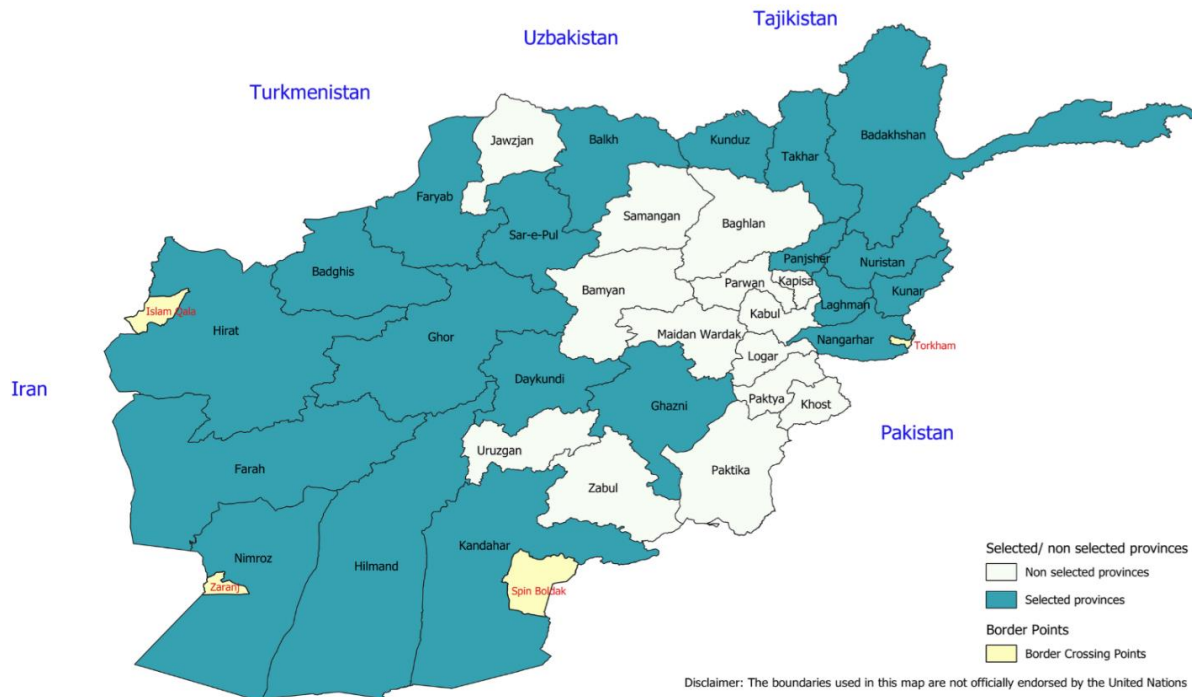
Table 1 provides an overview of key programmatic events during programme implementation. The programme includes two phases. Phase I was implemented from May 2018 – December 2022 and Phase II officially started on 1 May 2022 and will be implemented until April 2025.

The *geographic scope for Result 3* covered all provinces in Afghanistan (nation-wide). *The geographic scope for Result 1* is outlined in Figure 1⁴⁵, which included 19 provinces (**Graph 16**Faryab, Saripul, Kunduz, Takhar, Badakhshan, Herat, Badghis, Farah, Ghor, Daikundi, Kandahar, Hilmand, Nimroz, Laghman, Nuristan, Kunar, Nangahar and Ghazni). The scope focused on **border areas of Iran** (Islam Qala in Herat, Zaranj Border in Nimroz) and **Pakistan** (Torkham border in Nangahar, Spin Boldak in Kandahar); as well as areas of high return where CFS are established for provision of PSS, reintegration activities and referrals to specialised services in **19 provinces** and **nation-wide for services to children in their areas of origin**.

Under Phase II, the coverage was expanded nationwide, with a focus on thirty provinces, including those provinces targeted under the first phase of the action. The focus during the first quarter of the action was on areas inaccessible in the 19 provinces which were not reached during the Phase I EU programme. To ensure further that there is no overlap in activities between the ongoing EU programme and this phase II programme, and no province is simultaneously covered under both phases of Children on the Move Action, the screening activity at the four border points (Islam Qala, Zaranj, Spin Boldak, Torkham) of Children on the Move Phase I were discontinued as of April 30th, 2022. Other activities which are part of Phase 1 (PSS, referrals to specialized services, reintegration services) continued under Phase 1 in the current 19 provinces and districts until December 2022. Between May and December 2022, these activities were expanded under Phase 2 only to 11 provinces previously not covered; the second Phase action covered all 30 provinces from 1 January 2023.

⁴⁵Map taken from UNICEF, Report for the Action Afghan Children on the Move, A Framework for Action to Protect Children in Iran and Afghanistan, up to December 2021.

Figure 1 Provinces in Afghanistan covered by Phase I of Result 1, COM programme



Source: UNICEF (2021). Report for the Action Afghan Children on the Move, A Framework for Action to Protect Children in Iran and Afghanistan.

The COM programme seeks to promote the physical, social, and overall well-being and development of UAMs and migrant children, as well as their caregivers through a **two-fold response**:

- First, to enhance cross-border information sharing, programme planning, and response efforts to safeguard the well-being of children, including the provision of psychosocial support and the support for their reintegration into their communities; and,
- Second, to contribute to the global effort to eradicate polio, with a particular focus on vaccinating children during their cross-border movement. This programme also stresses the importance of strengthening cross-border information sharing, programme planning, and response, while also working together with counterparts in UNICEF Brussels office and National committees in Europe to allow for coordinated advocacy and response to polio eradication.

Result area 1 aimed to protect Afghan COM (which are defined as unaccompanied children, returnees' children, IDP children and host communities), as well as children at risk of becoming COM. Planned activities included:

- **Providing Comprehensive Support:** UNICEF and partners offer comprehensive support, including case management, social welfare services, community-based reintegration efforts (family tracing and reunification).
- **Referring to Specialised Services:** Children at risk are referred to specialised services such as mental health, medical care, and education.
- **Offering Financial Assistance and Vocational Training:** Cash assistance and vocational training opportunities are provided to vulnerable children, aiming to support their transition and integration.
- **Community Awareness and Sensitisation:** The programme conducts community dialogues, mass media messages, and public awareness campaigns to inform adolescents and adults about mental health, child protection, child rights, and the risks associated with unsafe migration.
- **Capacity-Building:** Child protection professionals are trained to enhance their capacity in supporting and providing protection services to children.

In Result area 3, WHO and UNICEF in Afghanistan focused on polio vaccination. Planned activities included:

- **Polio Nationwide Campaign Operations:** Implementation of multiple rounds of National Immunization Days (NIDs), Sub-national Immunization Days (SNIDs), and case response campaigns across various regions, particularly in the East region; campaign schedule was revised and intensified to address ongoing

transmission in the East region; use of bivalent Oral Polio Vaccine (bOPV) during all polio campaigns, which was procured with EU grant.

- **Facilitating Cross Border Vaccination Teams:** Vaccination efforts extended to border-crossing populations, particularly at cross-border points like Torkham in the East and Spin Boldak in the South; timely deployment of transit teams on key routes of nomadic movement and collaboration with humanitarian partners for mapping and outreach efforts.
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- **Programme Integration for Polio Eradication:** Integration of polio vaccination efforts with broader health and nutrition services; social mobilisation efforts deployed to engage and educate communities, particularly in areas with limited access (white areas).

Table 1 Key programmatic events

YEAR	KEY PROGRAMMATIC EVENTS
2018	<ul style="list-style-type: none"> • April 2018 - The EU signed an agreement for EUR 25 million with UNICEF to support the programme "Afghan Children on the Move"- A Framework for Action to Protect Afghan Children" between 1 May 2018 and 30 April 2022. • May 2018 - Launch and beginning of the programme COM Afghanistan. • December 2018 - An additional EUR 8.9 million was made available to Afghanistan to support Result area 1, which addresses the needs of unaccompanied children being returned to Afghanistan primarily from Iran, by ensuring that they are protected and receive basic services and a reintegration package.
2019	<ul style="list-style-type: none"> • Provincial Emergency Operations Centre was established in Lashkargah provincial capital of Helmand province to facilitate polio eradication operations in this high-risk province in the Southern region.
2020	<ul style="list-style-type: none"> • February-March 2020 - COVID-19 Outbreak: Because of the COVID-19 pandemic and related restrictions, the polio programme temporarily stopped complementary vaccination activities including vaccination at border points with Pakistan from May to September 2020. However, border point vaccinations did not stop at the border point with Iran in Herat province.
2021	<ul style="list-style-type: none"> • Provincial Emergency Operations Centre was established in Tirinkot provincial capital of Uruzgan to facilitate polio eradication operations in this high-risk province in the Southern region, which participated in developing the activities of Result area 3. • August 2021 - The takeover of Afghanistan by the Taliban has affected the delivery of services for the COM programme, especially as the DfA established a ban on polio house-to-house campaigns. It represented a major challenge for the campaign implemented in June 2021, with around 3.5 million children missing vaccination. • November 2021 - Resumption of vaccination campaigns: After the resumption of campaigns, an estimated 2.4 million children who were inaccessible for more than three years were reached under the COM programme.
2022	<ul style="list-style-type: none"> • January 2022 - Start of the Polio Eradication Strategy 2022–2026, whose Goal 1 is to permanently interrupt all poliovirus transmission in the final WPV-endemic countries of Afghanistan and Pakistan, where UNICEF and WHO are key stakeholders of the strategy in Afghanistan. • February 2022 - 8 Polio volunteers were killed in an attack in Kunduz and Takhar, Afghanistan, halting the vaccination and immunisation in these regions. • May 2022 - The proposed COM Phase II Action officially started on 1 May 2022 for the Child Protection component, whose interventions will continue to align to the overarching objective of the Humanitarian Response Plans (HRP) and UNICEF's vision to scale up its humanitarian response. • December 2022 - The DfA implemented a ban on women working with international and local NGOs, impacting the activities of the COM programme. • December 2022 - the Child Protection component of the COM programme (Result 1) has been completed.
2023	<ul style="list-style-type: none"> • Beginning 2023 - Multiple vaccinations campaigns have been held throughout the country and will continue to roll out throughout the year under the programme.

Source: Desk review

2.3 Programme stakeholders

The targeted rights-holders (beneficiaries) for the programme are COM, as defined above, and children under 5 years of age who are not vaccinated against polio. The main duty bearers and their role in the programme are outlined in **Table 2**.

Table 2 Duty bearers and their role in the programme

Duty-bearers	Type of stakeholder	Role in the Programme
UNICEF Afghanistan	Co-lead of programme	Technical support and implementation across all of Result 1 and select activities in Result 3 (3.1, 3.2, 3.6, 3.7).
WHO Afghanistan	Co-lead of programme	Implementor of Activities 3.3, 3.4 and 3.5 under Result 3.

EU	Donor	Financial support for the programme totalling 58, 900,000 EUR.
Afghanistan development and welfare services organization (ADWSO); Aschiana Foundation; War Child, HARO, HRDA; Movement for protection organization (MPO)	Implementing partners ⁴⁶	NGO implementers of CFS and service provider under Result 1.
National Emergency Operating Center Members	Coordination body	EOC is the platform for coordination body for all Polio partners and oversees the implementation of strategies and activities outlined in the NEAP. The EOC includes the Ministry of Health/National Expanded Programme on Immunisation (EPI), WHO, UNICEF, the US Centre for Disease Control (CDC), and Bill and Melinda Gates Foundation (BMGF) representatives.
IOM and UNHCR	Partner	UNICEF and its partners collaborated with IOM and UNHCR to facilitate the vaccination of returnee children at repatriation and encashment centres. They were engaged in inter-sectoral collaboration and data sharing and supported the identification and referral of UAMs at the border.
Islamic Advisory Group	Partner	Provided partnership support to engage media partners and religious leaders as part of Result 3.
Ministry of Labour and Social Affairs (MoLSA), the Ministry of Refugees and Repatriation, and the Ministry of Exterior, Ministry of Public Health, Ministry of Interior (including border police)	Government partners before 2021	Government ministries involved in implementation of the programme and part of government a steering committee until August 2021.
Directorate of Labour and Social Affairs and Department of Repatriation and Refugees, Provincial Departments of Labour and social affairs Ministry of Labour and Social Affairs (MoLSA), the Ministry of Refugees and Repatriation, Ministry of Rural Rehabilitation and Development	DfA	DfA ministries and provincial authorities related to the thematic focus of the programme.
CTG	Contractor/ Third-party monitoring	Third-party monitoring was implemented by CTG.

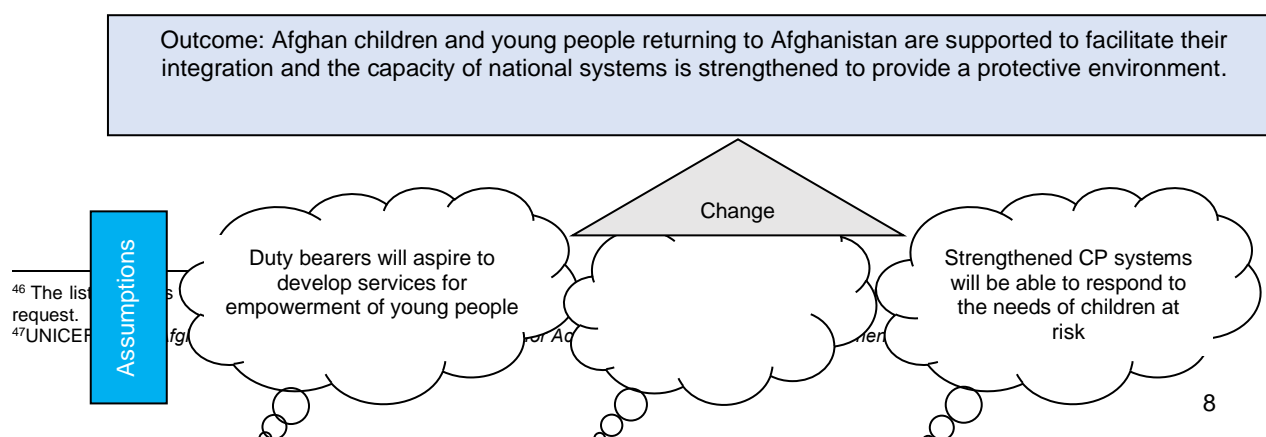
Source: Desk review

2.3 Programme theory of change and log frame

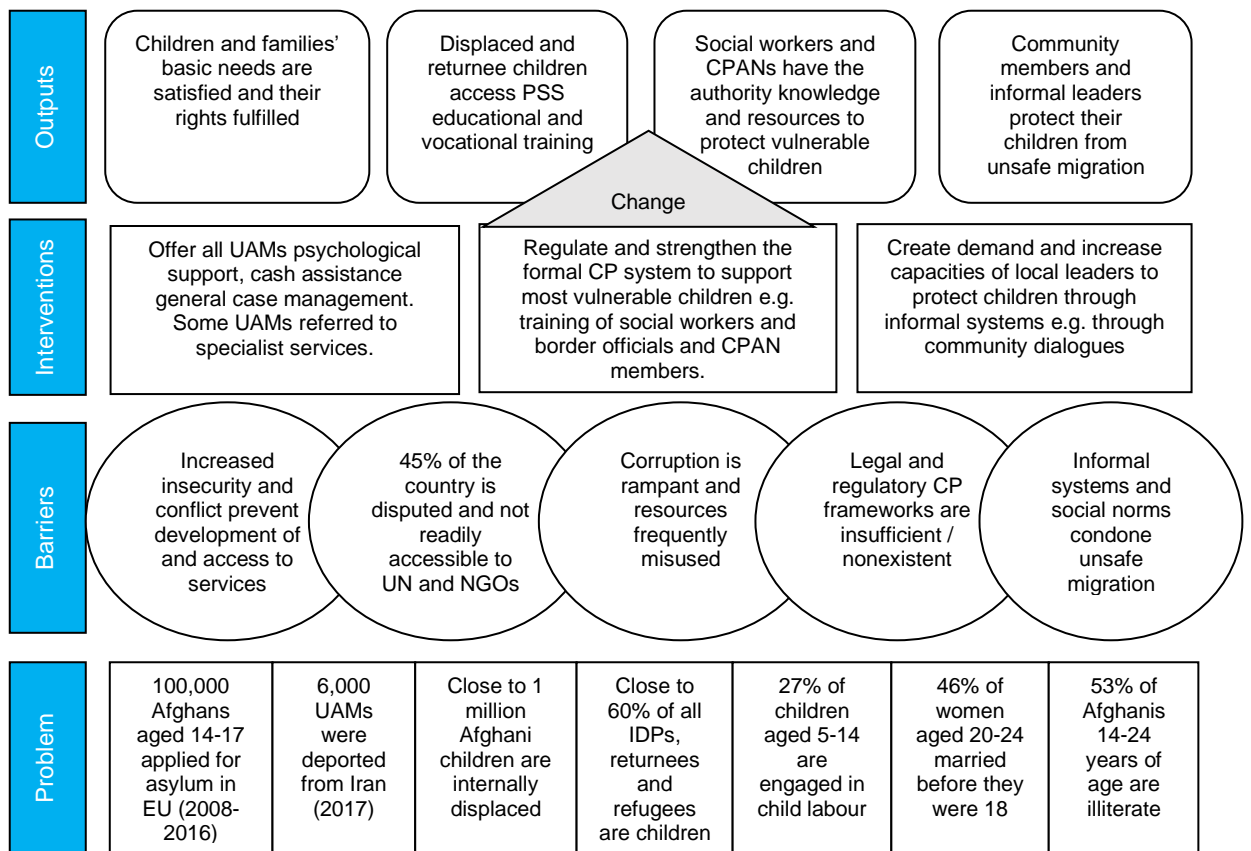
The original programme theory of change (ToC) of the COM programme is outlined in *Afghan Children on the Move: A Framework for Action to Protect Afghan Children. Amendment 2: December 2021*⁴⁷ (please see Annex 2). It does not consider the activities of Result area 3, focusing only on Result area 1. It outlines the underlying problems, barriers to addressing those problems, the programme activities (or interventions) and the change this will lead to as outputs. It is then assumed that 'if duty bearers aspire to develop services to empower young people', 'the security situation does not deteriorate' and the 'strengthened child protection systems will be able to respond to the needs of children at risk' then the overall goal will be achieved 'to enhance the resilience and self-reliance of the forcibly displaced, the returnees and their host/return communities in way that they live together peacefully and have access to services and develop economic ties to build sustainable livelihoods and thus foster social cohesion and stability'.

The ToC has undergone minor reconstruction by the evaluation team to more accurately reflect the activities within the programme and to align the expected outcome with the programme log frame (see **Figure 2**).

Figure 2 Reconstructed Theory of Change, COM Programme, Result 1



Security situation will not deteriorate significantly



Source: The evaluation team reconstructed the original ToC.

The COM programme also includes a log frame. *Table 3 summarises* all the activities for each Result Area. The indicators, as outlined programme documentation, do not map onto the Activities. The implications of this on the effectiveness of monitoring is discussed in the findings of the evaluation. Due to regime change in August 2021, activities corresponding to Indicators 1.3, 1.4, 1.5 and 1.10 were paused.

Table 3 Activities implemented under the COM Programme - drawn from the logical framework⁴⁸

	Activities	Indicators
KEY RESULT 1	Support Afghan children returning from Iran and Pakistan and others at risk with basic child protection and emergency response services	1.1. Number of UAMs returned from Iran and Pakistan supported with Psychosocial Support (PSS) and general case management (6,000 per year x 4 years) 1.2. Number of UAMs supported with specialised services (2,219 per year x 5 years)
	Build the capacity of the Government to strengthen national policy framework and monitor and manage data of UAMs returned to Afghanistan	1.3 Number of social workers trained (926 Social Workers by 2021) (Paused as of August 2021) 1.4. Number of immigration/border officials trained on child rights and child protection (90 officers as of 2021) (Paused as of August 2021)
	Support social service system at the national and provincial level to ensure effective case management, follow-up, and referral of child protection cases	1.5. Number of police officers trained on child friendly policing in 34 provinces (153 as of 2021) (Paused as of August 2021)

⁴⁸ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, n.d.

	Enhance the capacity of the national justice system to adhere to international standards on justice for children	<p>1.6. Number of community members including adolescents participated in community dialogue (49,317 per year x 5 years)</p> <p>1.7. Number of children receiving psychosocial support services through community structure (35,004 per year x 5 years)</p> <p>1.8 per centage of reunified children supported that are engaged in income generating activities or education</p> <p>1.9 Number of most vulnerable children who benefit from cash support (950 per year x 5 years)</p> <p>1.10 Number of Child Protection Action Network (CPAN) members trained on child rights and case management (140 as of 2021) (Paused as of August 2021)</p>
	Coordinated outreach and awareness raising campaigns to sensitise community member, religious leaders, children and other relevant target groups, on risk associated with unsafe migration	
	Psycho-social support for vulnerable children including those displaced and returnee children moving with their families	
KEY RESULT 3	Forecast, procure and distribute bivalent OPV (bOPV) for 10 million children under five years for National Immunisation Days (NIDs), SNIDs and for Cross Border Teams	<p>3.1. Number of children reached with Polio Vaccine</p> <p>3.2. All required Oral Polio Vaccine (OPV) vaccines for Polio SIAs arrive in country at least 2 weeks before any SIA campaign</p> <p>3.3. Vaccine wastage rate</p> <p>3.4. SIA campaign coverage</p> <p>3.5. Number of polio campaigns with more than 90 per cent lots passed in lot quality assurance survey</p> <p>3.6 Proportion of children attending MHNT outreach receiving polio vaccinations</p> <p>3.7 Proportion of children missing vaccinations because of refusals</p>
	Provide technical assistance on vaccine supply chain management	
	Train polio frontline workers before every campaign	
	Conduct house-to-house Polio vaccination Campaigns (operational support - incentives and transport for vaccinators for SIAs)	
	Undertake monitoring during and after Polio Campaigns and conduct reviews	
	Vaccinate children against polio and other childhood vaccine preventable diseases during mobile health and nutrition outreaches	
	Mobilise and engage communities in polio high-risk communities to increase awareness and uptake of polio vaccinations	

Source: UNICEF Afghanistan (n.d.). UNICEF EU COTM 1 5th report - Logical framework and Work plan.

3. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

3.1 Purpose

The **primary purpose** of this independent evaluation was to assess the relevance, coherence, coordination, coverage, effectiveness, efficiency, sustainability, and impact, to the extent possible, of the programme, e.g., its design, implementation mechanisms, partnerships, and community and beneficiary engagement. The evaluation is summative (i.e. conducted at the conclusion of the programme).

- **From an accountability perspective**, the evaluation aimed to generate evidence and systematically document the contributions of the EU funding toward protection of COM and polio eradication in Afghanistan so far.
- **From a coordination and planning perspective**, the evaluation reviewed programme's relevance and work mechanisms in coordination with other programmes/agencies.
- **From a learning perspective**, the evaluation determined the extent to which UNICEF and WHO supported activities were effective and informed the planning and implementation of future programmes.

3.2 Objectives

As per the TOR (see Annex 1) and based on further improvements, the specific objectives of this evaluation were:

- Assess impact, to the extent possible, and progress towards the attainment of protection for COM and polio programme results and the overall goal, including cross-cutting issues of human rights, gender, and disability.
- Assess the relevance of EU support to the current Afghanistan context and needs.
- Examine efficiency, coverage, coordination, effectiveness, sustainability, and coherence of the joint programme in terms of design, implementation, partnership, community and beneficiaries' engagement.
- Document programmatic and operational lessons learned and opportunities.
- Provide key recommendations (including potential shifts) on the planning, implementation, monitoring and coordination of the joint programme.

3.3 Scope

Programmatic scope. The evaluation encompassed two of the three key programme results areas. It did not include Result 2 as it was implemented in Iran, as indicated in the ToR. The Results areas included in the evaluation are:

- Key result 1: Afghan 'Children on the Move', including unaccompanied children, children being returned to Afghanistan, Internally Displaced Person children and host communities, and children at risk of becoming 'Children on the Move' are protected and receive basic services and a reintegration package based on needs.
- Key result 3: All children in Afghanistan are protected against polio through polio vaccinations.

Geographic scope. The evaluation scope focused on provinces of programmatic action which are: Badakhshan, Badghis, Baghlan, Balkh, Bamyan, Ghazni, Ghor, Herat, Kabul, Kapisa, Kunduz, Laghman, Nangarhar, Nimroz (please see methodology section for further detail).

Thematic focus. The thematic focus of the evaluation was aligned with the programme objectives of health and child protection. Additionally, the evaluation sought to assess programme alignment with equity, human/child rights, disability, and gender elements.

Temporal scope. The temporal scope of the evaluation was from May 2018 until July 2023, as outlined in the ToR. This included the entirety on Phase I of the programme, which was implemented from May 2018 until December 2022, and the start of Phase 2, which was implemented from May 2022 until April 2025. The two phases included very similar activities under Result 1 and, although the coverage was expanded to 30 provinces, the programme was designed to ensure the continuity of activities without duplication across provinces covered in both Phase 1 and 2. Activities under Result 3 were completed by April 2023.

3.4. Key Evaluation Users

The primary users were UNICEF Afghanistan, WHO Afghanistan, EU, implementing partners, cluster partners, right holders and beneficiaries, de facto authorities and relevant national ministries with the goal of improving programmatic responses, and contributing to institutional learning, specifically for future COM and polio programming and implementation in Afghanistan. The secondary users were other UN agencies in Afghanistan, UNICEF South Asia Regional Office, UNICEF Headquarters, WHO regional office, WHO Headquarters, international and local NGOs working on the subject matter, and academia, that will benefit from general knowledge and findings for their programming.

4. EVALUATION FRAMEWORK, DESIGN AND METHODOLOGY

4.1 Evaluation framework, approach, and methods

The evaluation utilized a **mixed-methods approach** using the **OECD-DAC evaluation criteria** to assess relevance, coherence, efficiency, effectiveness, sustainability, and impact, to the extent possible, as well as **humanitarian criteria** of coverage and coordination. It also took into consideration **cross-cutting issues** of equity, gender, human/child rights, and disability. Data was collected by Samuel Hall between December 2023 and March 2024 (exact dates are available in Annex 4).

The evaluation team (ET) prepared an evaluation matrix (EM) based on the initial evaluation questions (EQs) included in the ToR and further improved the questions by discussions with the UNICEF Country Team. The final EM is presented in Annex 5. Key questions are subdivided into sub-questions, accompanied by relevant indicators (or areas of enquiries) and the data sources and data collection methods utilized to assess each indicator.

The main evaluation questions under each evaluation criteria are listed below:

- **Relevance:** To what extent did the design of the Afghanistan COM programme align well with its intended objectives and respond to the identified needs in Result Areas 1 and 3?
- **Coverage:** How did the programme reach and cover children on the move (CoM) in need of protection and polio immunisation?
- **Coherence:** To what extent were the activities and geographic implementation of Result Areas 1 and 3 integrated, both internally within the programme and externally with other sectors, and how aligned were they with global standards?
- **Effectiveness:** What were the key achievements, best practices, performance measures, and challenges in the implementation of the programme, and how did these vary across different geographic locations?
- **Efficiency:** How efficiently did the programme utilize its financial, infrastructure, and human resources to achieve its objectives, and how, if at all, did adaptive management contribute to outcomes and identify best practices?
- **Coordination:** How did partnerships and coordination mechanisms, both within UNICEF and with external key actors, contribute to the achievement of programme outcomes, and what are examples of successful collaborations?
- **Sustainability:** To what extent have programme resources and staff been integrated into national health and protection structures, and what is the likelihood that programme interventions and outcomes will be sustained without UNICEF or donor support beyond the programme's lifespan?
- **Impact:** To what extent has the programme led to direct or indirect long-term benefits, both intended and unintended, for children and other programme participants?
- **Cross-cutting:** To what extent did the programme design and interventions effectively address issues of equity, gender, disability, and child rights?

The following **approaches** were adopted throughout the evaluation:

- **Theory-based approach with contribution analysis:** The evaluation employed a theory-based approach, that collected evidence to assess whether each stage of the ToC (activities, outputs, etc.) was achieved and what were the linkages between these stages. The evaluation used contribution analysis 'to provide evidence and a line of reasoning to draw a plausible conclusion to documented results'.⁴⁹ A plausible conclusion is defined as one that 'a reasonable person would accept, given the evidence'.⁵⁰ This is achieved through several steps: 1. Set out the attribution problem to be addressed; 2. Develop (or review and revise if needed) a theory of change and risks to it; 3. Gather existing evidence on the theory of change; 4. Assemble the contribution story and challenges; 5. Seek out additional evidence; 6. Revise and strengthen the contribution story.
- **Participatory and Child-Focused:** The evaluation team sought active participation from right holders and duty bearers, including children. This approach recognises the ethical imperative to include children in research so their voices can be heard on topics affecting them but also to improve the quality of research through recognising the unique experiences and perspectives of children. The evaluation used age-appropriate tools, which ensured sufficient opportunity for children to speak freely about their experiences, and conducted the evaluation in line with Samuel Hall's Child Safeguarding Policy which is aligned with UNICEF's safeguarding policy (please see Annex 14).
- **Culturally-, Gender-, Disability-, and Age-Responsive:** A gender, disability and age-responsive approach was prioritised to ensure meaningful participation from individuals of all backgrounds and to highlight a diversity of views. This was achieved through actively encouraging the participation of traditionally marginalised groups in the sampling for the qualitative tools, which included girl migrant children and children with disabilities, and by presenting disaggregated findings for these groups where possible. All tools were designed and implemented in ways that were linguistically and culturally appropriate to Afghanistan's context.

⁴⁹ Better Evaluation, 'Contribution Analysis'.

⁵⁰ INTRAC (2017), 'Theory based evaluation'.

- **Human Rights:** A human rights-based approach was employed, where the evaluation assessed the programme's design and implementation in accordance with principles of accountability, equality, non-discrimination, and participation.
- **Contextually Adapted Evaluation/Research Lens:** Recognising the challenges of conducting evaluation and/or research in the current Afghan context and the inherent risks, a detailed risk assessment was conducted as part of Samuel Hall's standard evaluation process to ensure appropriate mitigation approaches were agreed upon for identified risks. The evaluation team coordinated closely with UNICEF to obtain the necessary permissions to conduct evaluation in all target locations. Samuel Hall leveraged its extensive experience working on displacement, migrant children, and health in Afghanistan since 2010 to ensure the contextual relevance of the findings and recommendations.
- **Utilisation-focused:** A utilisation-focused approach was adopted to maximise the usefulness of the evaluation for its intended users, particularly to ensure uptake of the recommendations. To achieve this, the evaluation reference group (ERG) was consulted throughout the evaluation for their input. The findings were also presented at a workshop to co-develop recommendations.

4.2 Data collection tools and sampling

This section outlines the tools used in the evaluation and their purpose. More information on sampling is included in the section 4.3. The tools are available in Annex 10. The evaluation drew on four main sources of data, encompassing different stakeholder levels:

1. **Desk and Literature Review:** This included programme monitoring data, UNICEF reports, implementing partner reports, UNICEF databases, and external data from the UN and other sources regarding the context, needs, and humanitarian approaches in Afghanistan.
2. **Secondary and Administrative Data Analysis:** This included data primarily from UNICEF's Multiple Indicator Cluster Surveys (MICS).
3. **Qualitative primary data collection:** This was gathered through KIIs with programme stakeholders; semi-structured interviews (SSIs); FGDs with rights-holders; site observations which included transect walk with FLWs and observations of Child-Friendly Spaces (CFS).
4. **Quantitative primary data collection:** This involved a household phone survey with caregivers of children under five, a phone survey with Frontline Workers (FLWs), and a phone survey with caregivers of UAMs.

Document and literature review. The document review included a review of all available/provided COM records shared by UNICEF and WHO, including annual programmatic reports and log frames, grant and budget documents, monitoring data, broader UN documentation, Polio Eradication Initiative annual reports and other relevant secondary research, data, and evidence. A list of programme documents is available in Annex 3.

Remote and in-person key informant interviews (KIIs). Samuel Hall's international and national team conducted 27 KIIs with programme stakeholders and partners at national and sub-national levels. A full list of KIIs is available in Annex 8. KIIs were conducted using a semi-structured questionnaire. They were conducted both in-person and online in accordance with feasibility, and targeted stakeholders including:

- UNICEF Afghanistan
- UNICEF ROSA
- WHO
- National stakeholders: National Emergency Operations Centre, Directorate of Labour and Social Affairs
- Implementing partners: ADWSO, Ashyana CFA, War Child, HARO, HRDA, MPO
- Contractor (third party modality): CTG

The evaluators used a standard protocol and set of questions to guide the interviews, tailored to the specific area of expertise and experience of the interviewees. UNICEF originally provided a primary list of key interviewees, with purposeful sampling to include people thought to be best able to provide the data needed. This list was complemented by the evaluation team through a snowball approach, especially with sub-national stakeholders, who offered referrals to other potential interview respondents.

Semi-structured interviews (SSIs): Samuel Hall's national staff and locally sourced enumerators conducted 20 in-person SSIs in Dari and Pashto. Conducted at Child Friendly Spaces (CFS), this included 10 with children (2 girls and 8 boys) who participated in CFS services, 4 with social workers (3 male; 1 female) employed at CFS, and 6 with caregivers of the children who participated in the CFS (3 female and 3 male). Given the sensitivity of the support provided, particularly within the COM results area 1, children were interviewed one-on-one using semi-structured interviews. The interviews followed a semi-structured questionnaire with open-ended questions to elicit natural responses and allow for a narrative approach, enabling participants to share their stories. The tools for children SSIs were also highly gender-sensitive, tailored to the capacities of children aged 11-17, and each interview lasted no longer than 60 minutes. Ethical considerations are available in Section 4.6.

Focus Group Discussions (FGDs): Samuel Hall's national staff and locally sourced enumerators conducted 10 in-person Focus Group Discussions comprising 5-7 respondents with caregivers of children under 5 (covering 56 people: 28 women and 28 men in total). These discussions, conducted in Dari and Pashto, provided in-depth

qualitative data not covered by the survey. The discussion guide focused on specific programme elements under Result Area 3, including community awareness and sensitisation around polio, such as mass media messages and public awareness campaigns. The FGDs, which lasted approximately one and a half to two hours. To ensure that female caregivers could share their experiences freely, the FGDs were split by gender, with female enumerators leading the sessions with female participants.

Site Observations: National Samuel Hall staff and locally sourced enumerators conducted seven site observations including 2 cross-border corridors, 3 child-friendly spaces, and 2 transect walks with FLWs. This method allowed for an understanding of the context in which implementation took place as well as the identification of barriers to success linked to the spaces/environment in which the programmatic actions occurred. Specific tools were designed to capture practical details of the locations as well as allow for open-ended responses by the enumerators to document their impressions of the sites. For the SSIs and site observations, the CFS sampled were part of the EU Phase 2, as child protection completed the implementation of EU Phase 1 by December 2022.

Phone surveys: Samuel Hall's national staff and locally sourced enumerators carried out three phone surveys.

1. **Phone survey with 361 caregivers (adults) of UAMs who received support from UNICEF.** The respondents were selected randomly from a list of programme participants shared by UNICEF. This survey provided data to analyse result area 1.
1. **Phone surveys with 58 Frontline Worker (FLWs).** 58 field workers across four provinces, almost all were volunteers (47 out of 58), though 3 were cluster supervisors and 4 were district coordinators. Respondents were contacted through randomised sampling from a list of programme participants given by UNICEF. This provided data to analyse result area 3.
2. **Phone surveys with 351 caregivers of children under 5.** 351 respondents were interviewed, across five provinces relevant to the agreed-upon geographical scope of the evaluation (Herat, Kabul, Kunduz, Nangarhar, and Nimroz). The sampling was conducted through three steps. A selection of communities in the target provinces according to predefined variables: access, security, and Samuel Hall's database of community leaders who facilitated access to respondents. This provided data to analyse result area 3.

Table 4 summarises the different tools and the target populations. It shows that tools were evenly split across both result areas, including a survey for both result areas and either SSI or FGDs to capture qualitative data to expand upon the findings and enable triangulation. It also indicates that all targets, as outlined in the evaluation's inception report, were broadly met with minor variation that does not undermine the methodological approach.

Table 4 Summary of tools, target population, modality and thematic coverage

Tool and target population		Modality	Result area 1	Result area 3	Target
Document review		N/A	✓	✓	N/A
KIs: 27 with programme stakeholders		In-person and remote	✓	✓	30 (-3)
Phone Surveys	361 Caregivers of UAMs assisted on return	Phone	✓		350 (+11)
	58 Polio volunteers and FLW	Phone		✓	50-56 (+2)
	351 Caregivers of children under 5	Phone		✓	350 (-1)
SSIs: 20 (11 with children who benefited from Child-Friendly Spaces services, 4 with social workers, and 5 with caregivers of UAMs)		In-person	✓		20
FGDs: 10 with caregivers of children under 5 covering 56 people (28 women and 28 men)		In-person		✓	10
Site observations: 7 including 2 cross-border corridors, 3 child-friendly spaces, and 2 transect walks with FLWs		In-person	✓	✓	5-7

Source: The evaluation inception report and data

4.3 Sampling by province and gender

Data sampling was designed to ensure representation by province and gender, alongside practical considerations of security and access. In the ToR, five provinces were identified based on the high proportion of returnees: Kabul, Herat, Kunduz, Kandahar and Laghman. There are marked with an asterisk in **Table 4**. During the inception phase Kandahar was dropped because of challenges obtaining authorizations from the DfA. The sampling of provinces was further adapted:

- **The sampling for the survey of caregivers of UAMs** was expanded to thirteen provinces, in variation to the target provinces agreed in the inception report. The sampling by province was: Badakhshan: 10; Badghis: 2; Baghlan: 14; Balkh: 22; Bamyan: 13; Ghazni: 12; Ghor: 40; Herat: 81; Kabul: 57; Kapisa: 4; Kunduz: 30; Laghman: 8; Nangarhar: 49. The expansion was discussed and agreed with UNICEF. It was because the UAMs were dispersed across the country and there were insufficient UAMs in the original targeted provinces. This sampling allowed to have a more representative coverage of UAMs and to meet the target sample size.
- **The sampling of the survey of FLWs** was adapted during the inception phase to include the target provinces of Kabul (13), Laghman (2), Kunduz (3), Herat (17), and Ghor (23). This aligned with the original target provinces; however, Ghor replaced Kandahar because of challenges obtaining authorisations from the DfA, as agreed during the inception phase.
- **The survey of caregivers of children under 5** was conducted in five provinces: Kabul; Kunduz; Herat; Nimroz; Nangarhar. This aligned with three of the original target provinces; however, Kandahar was dropped because of the political situation made it more difficult to conduct surveys in this region. Laghman was also dropped to focus on Nimroz because it is a border area. Nangarhar was chosen because cases of polio had been identified in the region. Both selections meant the sample was more relevant to the focus of the evaluation.
- **The same provinces were selected for the FGDs** as the survey of caregivers of children under 5 - which covered the same topics – so the data complemented and aligned with data collected from the survey.
- **The provinces for SSIs** were selected in discussion with UNICEF and according to which CFS were open during the time of data collection.

Table 5 outlines the sampling for each tool by province. *Source: The evaluation data*
Table 6 outlines the sampling for each tool by gender of respondent. **Table 7** outlines the sampling by province, role, gender and disability status of the respondent.

Table 5 Sample per province

Sample per province								
Tool (*Indicates original target province)	Kabul*	Laghman*	Kunduz*	Ghor	Herat*	Nimroz	Nangarhar	Total
Qualitative								
Site Observations	1		1		2	1	2	7
Key Informant Interviews	27							27
Semi-Structured Interviews	6				7	3	4	20
Focus Group Discussions	2		2		2	2	2	10
Quantitative								
Phone Survey with Frontline Workers	13	2	3	23	17			58
Phone Survey with Caregivers of children under 5	71		70		70	70	70	351
Phone Survey of caregivers of UAMs assisted in return, including families of children who received support in CFS.	57	8	30	40	81		49	361
	Plus: Badakhshan: 10; Badghis: 2; Baghlan: 14; Balkh: 22; Bamyan: 13; Ghazni: 12; Kapisa: 4; Laghman: 8.							

Source: The evaluation data

Table 6 Sample disaggregated by gender

Sample by gender			
Tool	Male	Female	Total
Key Informant Interviews	23	4	27
Semi-Structured Interviews	14	6	20
Focus Group Discussions	5 (28 Respondents)	5 (28 Respondents)	10
Survey with Frontline Workers	27 (46 per cent)	31 (54 per cent)	58
Survey with Caregivers of Children under 5	186 (53 per cent)	165 (47 per cent)	351
Survey of Caregivers of UAMs	263 (73 per cent)	98 (27 per cent)	361

Source: The evaluation data

Table 7 Disaggregation of SSIs by province, role, gender and disability status

Location	Role	Gender	Disability status
Herat	Parent	F	-
	Parent	M	-
	Social worker	M	-
	Social worker	M	-
	Child	F	-
	Child	M	-
	Child	M	-
Kabul	Child	F	-
	Child	M	Disabled
	Social worker	M	-
	Social worker	F	-
	Parent	M	-
	Parent	F	Parent of a disabled child
Nangarhar	Child	M	-
	Child	M	-
	Parent	M	-
	Parent	F	-
Nimroz	Child	M	-
	Child	M	-
	Child	M	-

Source: The evaluation data

4.4 Quality assurance measures

This section outlines key quality assurance implemented by Samuel Hall in the evaluation. Further information on Samuel Hall's quality assurance measures can be found in Annex 9 In addition, the UNICEF management team and Evaluation Reference Group (ERG) reviewed the inception report and final report and provided guidance and input throughout the process. The ERG also participated in an online workshop to review the findings and input to the co-creation of recommendations.

Training of enumerators

Prior to data collection, Samuel Hall organised a three-day training session in Kabul for the enumerators and team leaders, which covered all elements of fieldwork. The training was conducted in Dari and aimed to ensure all data collection protocols and methods were understood and enumerators confident to implement them, in order to ensure the quality of the data. The training included the following components:

1. Operational context and the programme,
2. Organisational structure and reporting mechanisms of the field team,
3. In-depth review and practice of each data collection tool,
4. Expectations for data collection and data standards,
5. Safeguarding and ethics, aligned with UNICEF norms and standards.

The training included a question-and-answer session to address any concerns and questions by the team. It also included a review of the translation of the tools, which had been translated and back translated to ensure accuracy.

Pilot testing of tools

A pilot of the tools was conducted during the training, and, to uphold participatory evaluation methods, the pilot also included an opportunity for respondents, in particular children, to provide feedback on the tools. This allowed Samuel Hall team and the enumerators to identify relevant questions not asked as well as potential words or questions they did not understand. All the data collected during the pilot was analysed by the evaluation team, based on which additional training was provided to the enumerators, as well as an adaptation of the tools where necessary.

Data quality checks and peer review of deliverables

Data was checked on a daily basis during data collection to ensure any issues could be addressed in real time. Quantitative data quality checks included a completeness check, consistency check, identification of outliers, logic checks, review of text responses, and review of feedback from enumerators. The survey was completed using Kobo which has built-in quality assurance measures such as GPS location of where data was entered. Qualitative data underwent similar quality checks, such as to ensure completeness, use of verbatim transcripts, comprehensiveness of responses and clarity of translation into English. Additionally, all deliverables went through an internal peer review process at Samuel Hall to ensure their quality.

4.5 Data analysis, triangulation and validation

After completion of the data collection, the Samuel Hall team analysed and triangulated the diverse data collected from all tools. The mixed methods approach, involving various sources of primary qualitative and quantitative data, supported triangulation between the different data sets and ensured the rigourousness of findings.

Documentary review findings were recorded using a standardised analytical tool derived from the evaluation matrix, questions, and criteria, and triangulated against other data sources. Strategic and programme documents, along with secondary data, provided context and assisted in refining the evaluation's approach during the inception phase. The documents were reviewed in detail during the field phase in drawing out findings and triangulating with primary sources of data.

Qualitative Analysis

Samuel Hall analysed qualitative data using manual coding in excel. The codebook was based on codes corresponding to each evaluation questions and sub-codes were developed in an iterative fashion, to ensure the ongoing relevance of the codes, and initially based on the pilot data and literature review. All data was coded by two evaluators to reduce the risk of subjective bias and ensure a consistent and comprehensive approach. Any variations were assessed by the team and resulted in either changes to the coding protocol or codebook.

Quantitative Analysis

For the three quantitative surveys, the team adopted a rigorous analytical approach. Initially, the evaluation team examined each variable in the dataset to identify any inconsistencies or anomalies. Following this, simple frequencies were computed for all pertinent variables. Disaggregated analyses were conducted for key indicators, allowing for a granular understanding segmented by geographic location using SPSS and R, ensuring accuracy and meaningful insights from the data collected through Kobo.

Validation

The findings of this evaluation were validated by the ERG. The validation process involved the sharing of the draft report with the ERG for their review. Additionally, a presentation of the key findings was made by the Evaluation Team, which enabled open discussion and the collection of information to further refine the findings and develop the recommendations.

4.6 Ethical considerations

The evaluation adhered to United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation (2020), UNEG Norms and Standards for Evaluation (2016), UNICEF Safeguarding Policy, UNICEF's revised evaluation Policy (2023), UNICEF-adapted UNEG Evaluation Reports Standards (2017), UNICEF's Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis which include the core principles of Respect, Beneficence, Justice, Integrity, and Accountability. Additionally, the team adhered to UNICEF Standard on Information Security (2018) and UNICEF Policy on Personal Data Protection (2020). This approach protected and respected human rights, particularly children's rights, in all evaluation and data collection processes.

The overall evaluation approach was aligned with established norms and standards for evaluation, following the ethical guidelines of the UN system and UNICEF, including, but not limited to, the following principles:

- **Independence and Impartiality:** The evaluation team-maintained independence from the programme under evaluation to prevent bias or undue influence and has no conflict of interest.

- **Credibility and Accountability:** The team ensured transparency about the purpose of the evaluation with all stakeholders involved in the evaluation and ensuring a fair and accurate reporting of the data.
- **Informed Consent and Right to Retract:** Informed consent was obtained from all participants based. All participants were also informed of their right to withdraw from the evaluation at any given moment.
- **Avoidance of Harm:** All appropriate measures were taken to avoid harm. Pre-emptive measures were taken for unforeseen events in the field, with appropriate responses as necessary.
- **Privacy of Participants and Anonymity:** The privacy and anonymity of participants were maintained. UNICEF and partners' lists of rights holders – which were used to identify potential FGD and survey participants - were anonymised to maintain the security and confidentiality of participants.

As this evaluation includes participation by children, an Ethical Review Board Approval by HML Institutional Review Board (see Annex 7) was obtained before any data collection began. Evaluation activities with children were designed in accordance with Samuel Hall's Child Safeguarding Policy, UNICEF guidance on research involving children, and UNICEF Safeguarding Policy. Data collection tools were adapted to the specific age group of the children being interviewed. Informed consent from adult caregivers, and of the children themselves, was required and attained prior to interviews. Enumerators and data collection teams were thoroughly trained on the tools and appropriate safeguarding measures for research with children. Referral measures were put in place for children identified as facing protection or other risks.

4.7 Evaluation limitations

Table 8 outlines limitations of the methodology of the evaluation in terms of achieving the intended objectives and mitigation measures used to limit the impact.

Table 8 Limitations and mitigation measures

Limitation	Mitigation measure(s)
Non-availability of or insufficient time availability with some stakeholders for detailed discussions.	The evaluation team successfully coordinated with the UNICEF Afghanistan focal point to maximise stakeholder participation in the KIIs. In some instances, group KIIs were conducted to accommodate the availability of stakeholders.
The survey with caregivers of UAMs was designed to cover the five provinces chosen in the geographical scope of the evaluation in the ToR. However, Samuel Hall's team encountered challenges with approvals from DfA and a high rate of no-response or inactive phone number.	In collaboration with UNICEF, the fieldwork team mitigated this issue by including beneficiaries (from a list shared by UNICEF) from additional provinces to ensure the total target sample size was reached (see Section 4.3).
Achieving gender representativeness was a challenge throughout the evaluation, particularly due to the use of phone surveys which complicated efforts to reach women and ensure gender-balanced participation. Similarly, sociocultural dimensions also made in-person access to female respondents in private settings difficult.	This challenge was mitigated in-part by ensuring equitable gender distribution in FGDs and, partially in SSIs (see <i>Source: The evaluation data Table 6</i>).
No authorisation for in-person surveys.	Despite meetings and discussion with ministries to obtain the necessary authorisations, the evaluation team did not receive the proper authorisations to conduct in-person surveys. This resulted in a decision, with UNICEF, to conduct phone surveys. This contributed to the majority of respondents to the random dialler survey are male, which aligns with a general tendency in Afghanistan often result in the underrepresentation of female respondents.

Limited data on the long-term impact of the programme and challenges establishing attribution.

The evaluation took place soon after completion of the programme mean it was difficult for the evaluation to capture the impact of the programme as the design of the evaluation was focused on the summative aspect rather than an impact evaluation. The design of the tools means the data available is on the subjective perception of expected long-term impact, rather than objective data about its actual impact. For Result 1, where impact is more methodologically challenging to measure, this perception is primarily captured through the survey of caregivers of UAMs which asks specifically about the expected long-term impact and the likelihood of re-migrating. This provides some indication of whether the programme has achieved the expected outcome of supporting re-integration and building a protective environment that prevents unsafe and irregular migration. However, causal attribution to the programme is very difficult to establish as a wide range of other factors – far beyond the control of the programme – also impact this decision and affect reintegration experiences.

Source: The evaluation team

5. EVALUATION FINDINGS

5.1 Relevance

EQ.1. To what extent did the design of the Afghanistan COM programme align well with its intended objectives and respond to the identified needs in Result Areas 1 and 3?

KEY FINDINGS

- The COM programme was highly relevant in filling the gaps regarding child protection in Afghanistan, specifically as migration flows increased from 2021 onwards, including UAMs. Its relevance became more pronounced after the political transition in 2021, as it filled a void in the national child protection structure.
- The COM programme was highly relevant in its design in aiming to respond to the needs of COM regarding longer-term economic hardship (e.g., vocational training, referrals to education), child protection at the border and in areas of origin through emergency support, reunification with families and ongoing case management to facilitate reintegration, provision of Mental Health and Psychosocial Services (MPHSS), and the need for gender and disability inclusive services.
- The COM programme was highly relevant in its polio vaccination campaigns given the continued wild transmission of the virus and misinformation and mistrust of vaccinates among communities.

EQ.1.1 To what extent was the design of the Afghanistan COM programme appropriate to achieve its intended purpose and objectives (for Result areas 1 and 3)?

The overarching objectives of this programme were adequately defined and continued to be relevant over the five-year programmatic period of 2018 until 2023 despite the regime change in 2021. **The programme was well designed to address two important needs in the population of children in Afghanistan, namely child protection and polio eradication**, corresponding to Result 1 and 3 respectively, and the following respective objectives.

- Result 1: Afghan 'Children on the Move (COM)', including UAMs, children being returned to Afghanistan, Internally Displaced Person children and host communities, and children at risk of becoming 'Children on the Move' are protected and receive basic services and a reintegration package based on needs.
- Result 3: All children in Afghanistan are protected against polio through polio vaccinations.

In terms of overall relevance of the programme, UNICEF and WHO emerged as pivotal players in this landscape pre-regime change by providing essential technical guidance to the national and provincial governments and aligning these activities with national and provincial policies and strategies to optimise child protection and polio vaccination, while contributing to service delivery. For instance, UNICEF and its partners helped to develop and enhance a legal and policy framework supportive of UAMs prior to 2021. This effort included the approval of the Ministry of Interior's "Child Protection and Safeguarding Policy" and its enforcement action plan, which would directly impact the protection of UAMs and refugee children in contact with the law. Additionally, the "Common Policy for Protection of Children Associated with Armed Conflict" was approved by the Council of National Security, although its enforcement action plan remained unfinished when the previous government collapsed⁵¹, and the first-ever National Child Protection Policy was developed and approved by the high-level commission chaired by the vice president. **Post regime change, UNICEF filled the vacuum** that appeared in response and participated in capacity-building and system strengthening at the community/local level through NGOs, local implementers, community leaders, and FLWs. The identified linkages emphasised the importance of a holistic and integrated approach in addressing challenges faced by COM through a local approach.

More specifically, on Result 1, a substantial proportion of Afghan children faced child protection issues, including unsafe migration and child labour. **The relevance of this programme increased after the Taliban takeover in 2021 which created a vacuum in the national child protection structure.** At this period, the programme became more relevant as it helped fill the gap in responding to the need of child protection in Afghanistan, specifically as large movements of migration were sustained throughout the year of 2021 onwards, which included UAMs. Research with children conducted by Save the Children in 2022 has highlighted how a quarter (25 per cent) of children reported they had moved or been displaced since August 2021, with safety and security (88 per cent), damage to their home (27 per cent), or economic factors (19 per cent) being the main drivers. In particular, mostly boys under 18 had left the country for employment in Türkiye, the Islamic Republic of Iran, or Pakistan due to the economic situation.⁵² Because of the regime change, several activities that relate to national capacity building could

⁵¹ UNICEF Afghanistan, First Consolidated Progress Report to the European Union for the Programme 'Afghan Children on the Move' A Framework for Action to Protect Children in Iran and Afghanistan, 2021.

⁵² Save the Children, 'Breaking Point: Children's lives one year under Taliban rule', 2022.

no longer be implemented because of the policies of the DfA, but the relevance of the programme was maintained as the programme delivery team was adaptable in focusing their attention to community level activities.

The relevance of the programme was also indicated by **the programme's activities that were tailored to the needs of these children**. As outlined in **Table 9**, it was designed to work at multiple levels to holistically meet their needs. Among the six programmatic activities designed under Result 1, two related to primary beneficiaries (i.e., returnee children in Afghanistan), four related to secondary beneficiaries (i.e. community members and other children) and national capacity building⁵³.

Table 9 Activities under Result 1 and target beneficiaries

	Activities under Result 1	Target beneficiaries
Activity 1.1	Support Afghan children returning from Iran and Pakistan and others at risk with basic child protection and emergency response services	Primary - Returnee children in Afghanistan
Activity 1.2	Build the capacity of Government to strengthen national policy framework and monitor and manage data of Unaccompanied Minors (UAM) returned to Afghanistan	Secondary - National system
Activity 1.3	Support social service system at the national and provincial level to ensure effective case management, follow-up and referral of child protection cases	Secondary - National system
Activity 1.4	Enhance the capacity of the national justice system to adhere to international standards on justice for children	Secondary - National system
Activity 1.5	Coordinated outreach and awareness raising campaigns to sensitise community member, religious leaders, children and other relevant target groups, on risk associated with unsafe migration	Secondary - Community members and other children
Activity 1.6	Psycho-social support for vulnerable children including those displaced and returnee children moving with their families	Primary - Returnee children in Afghanistan

Source: Desk review

On Result 3, the programme addressed a key global health priority of polio eradication, as Afghanistan is only one of two remaining polio endemic countries. Similar to Result 1, the relevance of Result 3 increased after the regime change in 2021. Prior to the regime change, certain areas were not accessible to international organisations, thus limiting the efforts of polio vaccination. After the regime change, all regions became accessible and the possibility of achieving the objective of protecting all children in Afghanistan against polio became more feasible. From 2019, house-to-house polio vaccinations were banned in the entire country⁵⁴ resulting in the necessity for mosque-to-mosque or site-to-site vaccinations instead, which were less effective in reaching the most vulnerable (UAM, children with disabilities, women and girls, those in rural and hard-to reach areas). The appropriateness of the design was further demonstrated by WHO's vaccination initiatives which employed a multifaceted strategy to reach migrating children. This included deploying nomadic vaccination teams or community-based teams, which contributed to increased polio vaccination coverage. The seven activities (see **Table 10**) designed under Result 3 were thus all relevant at the time of programme inception in 2018. In particular, given the social context of polio vaccination hesitancy in Afghanistan, the inclusion of activity 3.7⁵⁵ to target the secondary beneficiaries of community members was particularly relevant, as this was the only activity attempting to shape societal norms, whereas all other activities were technical by nature.

Table 10 Activities under Result 3 and their nature

	Activities under Result 3	Nature of activity
Activity 3.1	Forecast, procure and distribute bivalent (b) OPV for 10 million children under five years for NIDs, SNIDs and for Cross Border Teams	Technical
Activity 3.2	Provide technical assistance on vaccine supply chain management	Technical
Activity 3.3	Train polio vaccination frontline workers before every campaign	Technical
Activity 3.4	Conduct house-to-house Polio vaccination Campaigns (operational support-incentives and transport for vaccinators for NIDS)	Technical
Activity 3.5	Undertake Monitoring during and after Polio vaccination Campaigns and conduct reviews	Technical
Activity 3.6	Vaccinate children against polio and other childhood vaccine preventable diseases during mobile health and nutrition outreaches	Technical
Activity 3.7	Mobilise and engage communities in polio high-risk communities to increase awareness and uptake of polio vaccinations	Normative

⁵³ Activities that relate to national capacity building could no longer be implemented because of the policies of the DfA.

⁵⁴ WHO, [Eastern Mediterranean - Afghanistan Country Report](#).

⁵⁵ Mobilise and engage communities in polio high-risk communities to increase awareness and uptake of polio vaccinations.

EQ.1.2 To what extent did the design of the programme respond to identified needs under Result areas 1 and 3?

The needs of beneficiaries were assessed at design and inception in the first framework document *UNICEF, Consolidated Progress Report for the Action Afghan Children on the Move: A Framework for Action to Protect Children in Iran and Afghanistan, 2021* which set out the profile of COM and how UNICEF aimed to respond.⁵⁶ According to programme stakeholders, these needs were further assessed and evaluated during the programme implementation.

This section outlines five key needs experienced by intended beneficiaries that the programme was highly relevant in seeking to respond to. However, as discussed under effectiveness, the scale and multifaceted nature of these needs, meant that the programme faced challenges in meeting them.

The first key need expressed in programme documents and by respondents was the **necessity to further address the economic hardships** faced by families that prompt migration. In the face of familial financial hardship, overall insecurity and instability, children (voluntarily or involuntarily) migrate to seek financial opportunities to support themselves and their families. This renders COM more vulnerable to various risks including exploitation, physical, psychological and sexual violence, early/forced child marriage, child labour and/or child trafficking. This suggested the relevance of COM's activities to address the underlying structural needs due to economic hardships through vocational training. Upon return, UAMs often had few belongings and little cash or means (such as a mobile phone) to contact family members. UNICEF's services at the border provided highly relevant **emergency support** through CFSs to meet these short-term needs, and offered **family reunification and on-going case management** support to facilitate reintegration.

The ongoing relevance of child protection activities were demonstrated by the **serious ongoing child's rights violations** – a second key need. From January to December 2022, the Country Task Force of Monitoring and Reporting verified the killing of 46 children (7 girls and 39 boys) and maiming of 135 children (18 girls and 117 boys) from January to December 2022.⁵⁷ These violations occurred in central (58), southern (36), northern (35), western (25), eastern (21), and north-eastern (6) regions. The leading cause of child casualties were explosive devices (143 children or 79 per cent), followed by physical assault (23 children or 13 per cent) and targeted killing (7 children or 4 per cent). Thus, the relevance of UNICEF's activities was high, particularly UNICEF and five of its implementing partners increased presence at the eastern, western, and southern borders in Afghanistan (Islam Qala in Herat, Milak Border in Nimroz, Torkham Border in Nangarhar, and Spin Boldak in Kandahar). In particular, the influx of refugees from outside the country through the Torkham in the Eastern region and Spin Boldak in the Southern region required a multi-sectoral emergency response across water and sanitation, nutrition, health, education and child protection, and risk mitigation of GBV.

Thirdly, there was a **crucial need for Mental Health and Psycho-Social Services (MHPSS) for COM** given their experience of often traumatic journeys and being victims of police violence during deportation. This was compounded by the context of fragility, protracted warfare, socioeconomic hardship and violence. For instance, a 2018 cross-sectional survey of children in Afghanistan revealed that 71% of children had experienced physical violence in the past year, and home was the most likely location of violence.⁵⁸ This suggested the relevance of UNICEF's implementation of MHPSS programming through CFS and the trainings carried out with new FLWs (e.g., CFSs' facilitators, social workers, and implementing partners' child protection focal points). UNICEF and its implementing partners also held a 3-day training on mental health and Psychological First Aid for community health workers and CFS facilitators in Herat, Ghor, and Farah provinces in the Western region.

Fourthly, **gender and disability responsive services** were identified as a key concern. Girls face a number of specific vulnerabilities, including exposure to GBV, including harmful practices such as child marriage, forced marriage, and exchange marriage.⁵⁹ Although violence against women and girls was pervasive in Afghanistan prior to August 2021, threats to their safety have been exacerbated by the de-facto authorities' (DfAs) policies that restrict women and girls' freedom of movement and education⁶⁰, forcing them into isolation and putting them at risk of experiencing further violence⁶¹. Regarding **disability**, one in five Afghan households have an adult or child with

⁵⁶ UNICEF Afghanistan, First Consolidated Progress Report to the European Union for the Programme 'Afghan Children on the Move' A Framework for Action to Protect Children in Iran and Afghanistan, 2021.

⁵⁷ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

⁵⁸ O'Leary, P · Cameron, CM · Lakhani, A · et al. Violence against children in Afghanistan: concerns and opportunities for positive change *Child Abuse Negl.* 2018; 76:95-105. Shoib, Sheikh et al. The children of Afghanistan need urgent mental health support, *The Lancet*, Volume 399, Issue 10329, 1045 – 1046.

⁵⁹ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

⁶⁰ Since March 2022, the de facto authorities (DfA) have closed the vast majority of girls' secondary schools depriving girls of the right to education.

⁶¹ Though the DfA have expressed a commitment to protecting women and girls, the strict rules on their movement and dressing continue to be tightened and enforcement measures have increased in severity. For example, some women found outside without male accompaniment (Mahram) have been subjected to public lashings - [UN Women Gender Alert, Women's Rights in Afghanistan: Where are We Now? \(December 2021\)](#)

a serious physical, sensory, intellectual, or psychosocial disability.⁶² Over four decades of war have left more than one million Afghans with amputated limbs and other mobility, visual, or hearing disabilities, as well as mental health conditions such as depression, anxiety, and post-traumatic stress. These were often a direct result of the protracted conflict. Pre-existing disabilities, not directly related to the conflict, such as those caused by polio are prevalent. Among the several million internally displaced Afghans, people with disabilities are overrepresented, and they face greater challenges accessing humanitarian assistance.⁶³

Lastly, for all vulnerable children (COM, children with disabilities, girls), **access to education** was a key need, according to programme stakeholders and children interviewed through SSIs.⁶⁴ For COM, their migration and engagement in wage earning activities often interrupted their educational trajectories. Upon their return, reintegration into the education system was often challenging. Children with disabilities lacked access to education because of inaccessible physical infrastructure and suitable adaptive learning resources and technologies. As previously noted, access to education and freedom of mobility has been highly restricted for girls and young women since 2021. Children who experience all three of these vulnerabilities faced compounded challenges, isolation and marginalisation.

The scale of need in this area is further reflected by the commitment of the EU to fund the continuation and expansion of the programme through Phase 2 which expanded the programme from 19 provinces in Phase 1 to 30 provinces and implementing very similar activities.⁶⁵

5.2 Coverage

EQ.2. How did the programme reach and cover children on the move (CoM) in need of protection and polio immunisation?

KEY FINDINGS

- Regarding Result 1, programme staff expressed the challenge of conducting follow-ups to assess post-return situation and needs for COM who were reunified to more distant provinces.
- Regarding Result 3, coverage was strong as it exceeded 100 per cent of the programme targets for the majority of programme implementation from 2022-2023. It improved after the Taliban takeover in 2021, since scale-up was possible to previously inaccessible areas, particularly in the Eastern and Southern Regions, although gaps are likely to remain due to the prohibition of house-to-house vaccinations in some provinces.

EQ.2.1. To what extent did the programme reach COM in need of protection and immunisation against polio?

Programmatic coverage varied across provinces with regard to the follow-up of child protection support to UAMs where they were reunified with their families. Upon return to Afghanistan, UAMs were reintegrated across the country to different provinces. For **those who were assisted to return to more distant provinces (e.g. Mazar, Kunduz), programme staff expressed the challenge of conducting follow-up to understand their reintegration situation and needs.** This was partly due to the lack of formal mechanisms of referral between regions and provinces for the provision of child protection services.⁶⁶ In order to reduce duplications in the report, more information and analysis of data for child protection indicators is presented under the effectiveness section.

There were also challenges in terms of coverage of mobile populations, although concerted efforts were made to address this. For instance, Child Protection Action Network (CPAN) operates in all 34 provinces. The programme's polio vaccination efforts targeted high-risk mobile populations through cross-border vaccination teams. Over the period from March 2022 to March 2023, approximately 8.8 million COM were vaccinated through cross-border vaccination teams, permanent transit teams, and returnee encashment centres, highlighting a concerted effort to address polio transmission and child protection risks in mobile populations across regions. The programme's progress report highlighted that, at cross border points such as Torkham in the East and Spin Boldak in the South, a multi-sectoral response was delivered including child protection, polio vaccinations, Water, Sanitation and Hygiene, GBV prevention, health and nutrition assistance.⁶⁷

Regarding polio immunisation, **the coverage of children in need of vaccination significantly increased after the Taliban takeover in 2021**, since scale-up was possible to previously inaccessible areas, particularly in the

⁶² Human Rights Watch, "*Disability is Not a Weakness*", *Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan*, 2020.

⁶³ *ibid.*

⁶⁴ UNICEF Afghanistan, Fifth Consolidated Progress Report for the Action 'Afghan Children on the Move' A Framework for Action to Protect Children in Iran and Afghanistan, May 2023.

⁶⁵ Proposal to the European Union for the Programme 'Afghan Children on the Move – A framework for Action to Protection Afghan Children', submitted 06 December 2021.

⁶⁶ Fifth report p. 39.

⁶⁷ UNICEF, Fifth Consolidated Progress Report for the Action Afghan Children on the Move: A Framework for Action to Protect Children in Iran and Afghanistan - Up to 30 April 2023.

Eastern and Southern Regions. Indeed, interviewed staff from UNICEF and WHO remarked that this was the first time in many years that they had access to all areas throughout Afghanistan, which presented an opportunity for progress towards polio eradication in the country. This has been supported by positive results in coverage from NIDs, SNIDs and Case Response throughout the year 2022-2023, where targets were achieved, and even exceeded during some of the campaigns. This is illustrated in Table 11, where coverage exceeded 100 per cent for the majority of programme implementation from 2022-2023. Moreover, coverage of the SIA campaign was also strong and reached its 95 per cent target. Nonetheless, despite such excellent rates of success, respondents identified **pockets of inaccessibility** due to harsh weather conditions and snowfall during the winter season.

The successful coverage was commendable given the challenges posed by the **continued prohibition of house-to-house vaccination in specific districts but indicated that other pockets of inaccessibility likely exist** (discussed further under effectiveness). This restriction likely hinders coverage given that house-to-house vaccination is the most proactive method for reaching children in need and achieving optimal coverage. In contrast, mosque-to-mosque and site-to-site vaccination strategies are passive, relying on caregivers to bring children to designated vaccination sites, and less effective due to restrictions on mother's and women's movements, as outlined from programme stakeholders. It means those who are unwell or physically disabled, for example, are less likely to be brought to centralised vaccination locations.

Table 11 Summary of Polio vaccination campaigns conducted during May 2022–April 2023⁶⁸

Year	Type	Actual dates	Round	Target	Admin Coverage	Status	Coverage per cent
2022	NIDs	23-26 May	May	9,999,227	10,306,111	Done	100.0 per cent
2022	NIDs	27-30 June	Jun	9,999,227	10,066,571	Done	100.7 per cent
2022	SNIDs	25-28 July	Jul	7,020,084	7,123,741	Done	105.8 per cent
2022	CR	27-30 August	Aug	1,144,312	1,240,420	Done	108.4 per cent
2022	NIDs	19-22 September	Sep	9,999,227	10,387,559	Done	103.9 per cent
2022	SNIDs	17-20 October	Oct	6,091,545	6,094,264	Done	105.0 per cent
2022	CR	21-24 November	Nov	1,144,312	1,321,414	Done	115.5 per cent
2022	SNIDs	5-8 December	Dec	7,311,226	7,014,784	Done	100.4 per cent
2023	SNIDs	23-26 January	Jan	5,461,527	5,624,925	Done	103.0 per cent
2023	CR	20-23 February	Feb	1,144,312	1,420,962	Done	124.2 per cent
2023	NIDs	13-15 March	Mar	9,999,227	9,763,816	Done	97.6 per cent
2023	CR	3-6 April	Apr	1,144,312	1,372,436	Done	119.9 per cent

Source: UNICEF programme data

5.3 Coherence

EQ.3. To what extent were the activities and geographic implementation of Result Areas 1 and 3 integrated, both internally within the programme and externally with other sectors, and how aligned were they with global standards?

KEY FINDINGS

- The programme had very limited internal coherence between Result 1 and Result 3 both in the design and implementation largely due to the different target age of children and overall objectives.
- On the cross-border level, coherence between UNICEF Afghanistan and UNICEF Iran programming was limited; there was little coordination in work activities despite children crossing the border of the two countries.
- There was strong coherence between UNICEF and WHO under Result Area 3 as largely indicated by the success of the implemented activities.

⁶⁸ Taken from an internal document shared by UNICEF. *Fifth Consolidated Progress Report for the Action Afghan Children on the Move: A Framework for Action to Protect Children in Iran and Afghanistan. Up to 30 April 2023.*

- There were examples of positive integration of the programme with other UNICEF sectors, particularly through child-friendly spaces which facilitated access to education, health services and offered positive parenting classes.
- Result 3 was well integrated with polio vaccination programmes funded by other donors at the policy and service delivery level.
- The programme was aligned with UNICEF's global frameworks and priorities in child protection and health, in particular the systems strengthening approach that has explicitly guided UNICEF's child protection programming. The programme contributed to SDG 16.2 to protect children from abuse, exploitation, trafficking and violence and SDG 3 to ensure healthy lives and promote well-being for all at all ages.

EQ.3.1 How integrated are the activities under Result areas 1 and 3? To what extent was there a geographic convergence in the implementation of the programmatic action under Result areas 1 and 3?

The ToC of the COM programme included in the programmatic documentation did not explicitly address the polio-related components of the programme. This reflected a broader trend within the programme's documentation, where the **two result areas were treated almost as separate programmes** outside of the funding, with limited information provided regarding the coherence of design between two components. In addition, monitoring and annual reports presented findings without an overall integrated assessment.

From a programme design standpoint, there was limited internal coherence between Result 1 and Result 3 due to three factors.

1. **The difference in age group of target children beneficiaries:** Although both Result 1 and 3 targeted children in Afghanistan, each Result targeted a different age group. Result 1 focused on children who have migrated and returned, who are more likely to be older and adolescents. Whereas Result 3 focused on younger children, who are under the age of five, which thus relies on their caregivers to ensure programmatic access to the children for polio vaccination. This age difference impeded internal coherence when implementing programmatic activities. While there has been some integration of both result areas within the same geographic and target population, this discrepancy still limited the feasibility of implementing cross-cutting programming.
2. **The gender difference of primary and secondary beneficiaries:** Result 1 provided support to returnee children, who are mostly boys due to cultural norms in Afghanistan (for example, a total of 875 girls compared to 3,195 boys who were UAMs received community-based reintegration services and reunited and reintegrated with their families⁶⁹). Whereas Result 3 required the active cooperation of caregivers to allow their young children to be vaccinated, and this often involved a female family member as the primary caregiver of children. This gender difference had implications on the male and female mix of programme implementation staff and limited internal coherence between the two.
3. **The difference in Result objectives:** Result 1 was based primarily on individual-level interventions, namely the provision of child protection and case management support to returnee children in Afghanistan, such as family reunification, psychosocial services, and cash assistance. On the other hand, Result 3 was based largely on population-level interventions, namely polio vaccination campaigns and epidemiological surveillance. These two types of interventions required different approaches, activity design, implementation, and training of programme delivery staff, thus limiting the opportunity of synergy.

Despite these differences, there were examples when programme staff have attempted to create synergy during programmatic delivery. A good example of this was the dissemination of safe migration messages to families through front line polio workers during house-to-house vaccination. Polio vaccinators, as well as routine immunisation teams, also visited CFS centres for vaccination.

On the cross-border level, coherence between UNICEF Afghanistan and UNICEF Iran programming was limited, as there was little coordination in work activities despite children moving between the borders. This was influenced by both external factors, including considerations related to the Iranian authorities, and internal factors, such as the organisational structure where each office reported to a different UNICEF regional office (Regional Office for South Asia for Afghanistan and UNICEF Middle East and North Africa for Iran). Nevertheless, the evaluation team noted that UNICEF Afghanistan and UNICEF Iran have conducted a consultative virtual meeting in April 2022 to discuss the revitalisation of an action plan previously discussed in 2018 for the strengthening of cross-border case management and child protection services. Such joint efforts are essential to ensure internal coherence within UNICEF.

The collaboration between UNICEF and WHO, solely under results area 3, in the context of polio eradication, was marked by high levels of coherence. UNICEF and WHO jointly supported nationwide polio vaccination campaign operations. Up to the last reporting period available in April 2022, this collaboration resulted in the delivery of a total of 47.6 million vaccinations. In addition, UNICEF and WHO devised an integrated services

⁶⁹ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

approach aimed at strengthening the EPI in areas of Afghanistan with high polio risk.⁷⁰ This approach involved administering polio vaccinations through mobile clinics and outreaches in underserved areas. UNICEF and WHO, alongside other stakeholders, combined efforts to conduct comprehensive monitoring and supervision of campaign readiness, execution, and post-campaign activities. This concerted effort included the identification of barriers impeding programme implementation and the formulation of solutions to mitigate bottlenecks during the preparatory phase.

EQ.3.2 To what extent was there integration between this programme and other programming sectors?

The programme adopted an integrated approach by design and implementation with other programming sectors. All **children in CFS had access to psychosocial support and basic emergency health services**. Children in more critical situations were supported with additional medical services and referrals to healthcare services. Between May 2018 and December 2022, a total of 3,814 (1,890 girls, 1,924 boys) returned UAMs and children at risk were referred to other social services and benefited from specialized services including mental health, medical services, education, and other services, bringing the cumulative total to 18,531 children, 7,435 more than the target of 11,096.⁷¹

Integration has been more challenging when cross-border movement was involved for child protection. A case in point was **education**, as there was no mechanism to ensure continuity of schooling between different curricula when children have migrated abroad and returned to Afghanistan. Nonetheless, KII respondents at the implementation level noted that the programme, in some areas, did address educational disparities, through accelerated learning at CFS to help children who were behind in their education catch up to their age-appropriate grade level. Another example was integration of CFS as community-based education mechanisms, which have been praised as they allowed for better accountability and ownership. According to UNICEF staff, there was a wish to better integrate child protection within other sectors such as education, but the programme in Phase I has not been able to clearly expand on that area.

In three provinces (Herat, Ghor, and Farah), facilitators provided sessions on positive parenting to the caregivers engaged in the CFSs at the time, as part of **social and behavioural change**. Parents interviewed, who received these services, expressed that they were better equipped with knowledge that could support the development of their children compared to before, through positive methods of child discipline; creating a protective environment at home; promoting good hygiene and sanitation; and understanding the importance of education, among others.

EQ.3.3 To what extent was there external coherence at the national and global level?

In terms of polio vaccination, UNICEF progress reports and national policy documents such as the National Emergency Action Plan (2023) and Afghanistan Polio Eradication Initiative report (2022), showed that the programme was **well integrated with other polio vaccination programmes** funded by other donors at the policy and service delivery level. This was primarily because of the coordination offered by the NEAP for Polio Eradication which was coordinated through the EOC with support from UNICEF and WHO and donor partners.⁷² Key interventions to improve population immunity included implementation of the strategies as outlined by the NEAP 2022 and the NEAP 2023 with emphasis on improvement of campaign quality in areas implementing the House-to-House campaign modality.⁷³

The COM Programme was well aligned with SDGs. In particular, the programme was well aligned with SDG 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases) and 16.2 (end abuse, exploitation, trafficking and all forms of violence against and torture of children). The COM Programme also largely aligned with **UNICEF's global frameworks and priorities in child protection**, in particular the systems strengthening approach that has explicitly guided UNICEF's child protection programming. At the programmatic level, COM had some alignment with the **UNICEF Gender Action Plan (GAP)** although the ability to achieve gender-transformative change – a key goal of the policy - was limited in this context (see EQ9.1).

5.4 Effectiveness

EQ.4. What were the key achievements, best practices, performance measures, and challenges in the implementation of the programme, and how did these vary across different geographic locations?

KEY FINDINGS

Result 1:

⁷⁰ National Emergency Action Plan 2023, Polio Eradication Initiative Afghanistan.

⁷¹ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

⁷² UNICEF, Fifth Consolidated Progress Report for the Action Afghan Children on the Move: A Framework for Action to Protect Children in Iran and Afghanistan - Up to 30 April 2023.

⁷³ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

- The programme was effective in meeting many of its targets and was highly valued by beneficiaries. However, the programme struggled to address deeper rooted challenges to prevent repeat migration.
- Community engagement and awareness-raising emerged as a key achievement of the programme and a platform to advocate for children's rights, to combat different forms of abuse, and develop potential solutions at the local level.
- High degree on unmet needs have been reported amidst increased needs throughout the programme duration. 85 per cent (307 out of 361) mentioned that at least one key need was not covered (53 per cent mentioned the need for education, 48 per cent for nutrition, and 35 per cent for child protection).
- The programme faced exogenous barriers such as the regime change, de-facto authorities questioning the validity of child rights and human rights principles, and donor conditionalities; as well as challenges on provincial level ranging from insufficient workforce to support children in need to challenges in follow-up and internal migration.

Result 3:

- Campaigns appears successful at the local level as caregivers of children under five report positive views of the vaccine and in their interaction with FLWs. Community engagement thus appears highly effective in facilitating positive engagement with the campaign.
- Despite the fact that almost all of indicator targets were achieved, there were still challenges such the shortage of female staff, the change of modality for the vaccination campaign (from house-to-house to mosque-to-mosque or site-to-site), and misinformation about the vaccine in some areas.
- The programme's effectiveness varied notably between regions like Herat, Nangahar, Kabul, and Nimroz. Cultural and educational disparities played a critical role, with each province's customs and cultures influencing programme components differently.

EQ.4.1 What have been the key achievements and best practices in the design and implementation of the programme? How did they differ across different geographic locations (Kabul, Herat, Nangarhar, Laghman, Ghor, Nimroz, Kunduz)?

This section outlines key achievements and best practices in the design and implementation of the programme across different geographic locations. This refers to actions that were particularly successful and significant in contributing to the effectiveness of the programme.

Result 1

As of 16 September (based on the 16 May 2024 report⁷⁴ shared with the EU), 8 of 10 indicators under Result 1 were achieved, as shown in **Table 12**, indicating a high level of effectiveness at the output level of the ToC and a key achievement for the programme. Indicator 1.1 exceeded the target (32,645 v. 24,000) due to the dramatic changes and the need of the programme to scale its responses to accommodate the escalated situation for more children after the crises. The challenges were observed in achieving all targets for children benefitting from cash support (80 per cent) and reunified children being supported so that they are engaged with income generating activities or education (31 per cent v. the target of 50 per cent), which showcased that the programme struggled to address deeper rooted challenges to prevent repeat migration.

Table 12 Indicators, expected targets, and achieved targets under Result 1⁷⁵

Indicator	Expected target	Achieved target (as of 16 May 2024 report ⁷⁶)
1.1. Number of unaccompanied minors returned from Iran and Pakistan supported with Psychosocial Support (PSS) and general case management (6,000 per year x 4 years)	24 000	32,645 (5,062 girls and 27,583 boys)
1.2. Number of unaccompanied minors supported with specialised services (2,219 per year x 5 years)	11 096	18,531 (7,071 girls and 11,460 boys)
1.3 Number of social workers trained	826	2,737 (1,121 female and 1,616 male)
1.4. Number of immigration/border officials trained on child rights and child protection (90 officers as of 2021) (Paused as of August 2021)	90	93 (14 female)
1.5. Number of police officers trained on child friendly policing in 34 provinces (153 as of 2021) (Paused as of August 2021)	153	387 (23 female)

⁷⁴ Validated with the data reflected in the final report to the EU that was shared on the 4th of November 2024.

⁷⁵ UNICEF Afghanistan, Final Report to the EU, Logical framework and Work plan.

⁷⁶ Validated with the data reflected in the final report to the EU that was shared on the 4th of November 2024.

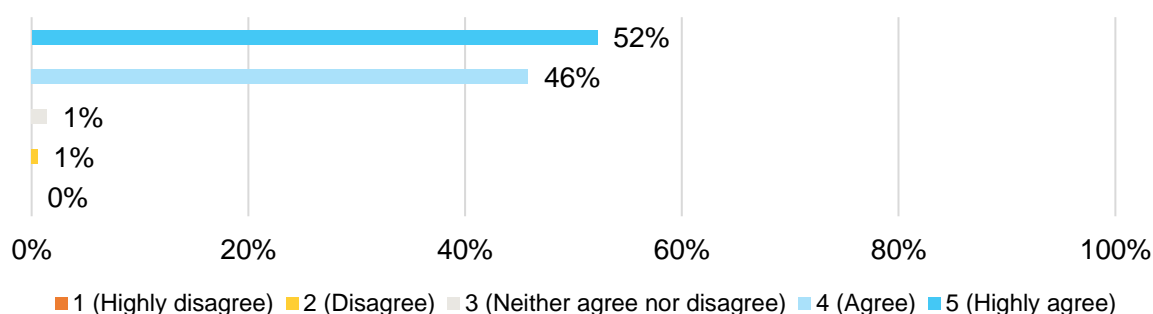
1.6. Number of community members including adolescents participated in community dialogue (49,317 per year x 5 years)	246 585	1,285,181
1.7. Number of children receiving psychosocial support services through community structure (35,004 per year x 5 years)	175 020	327,169 (123,919 girls and women)
1.8. Percentage of reunified children supported that are engaged in income generating activities or education	50 per cent	31 per cent
1.9 Number of most vulnerable children who benefit from cash support (950 per year x 5 years)	4 754	3,791 (80 per cent) (525 girls and 3,266 boys)
1.10 Number of Child Protection Action Network (CPAN) members trained on child rights and case management (140 as of 2021) (Paused as of August 2021)	140	140

Source: UNICEF Afghanistan, Final Report to the EU, Logical framework and Work plan

Another key achievement for the programme was **the positive view of the support received, as reported by caregivers of UAMs**. In terms of the nature of the support received, of 361 surveyed, caregivers reported receiving nutrition (301, 83 per cent), Water, Sanitation and Hygiene services (230, 64 per cent), legal services (61, 17 per cent), mental health services (55, 15 per cent), medical services (49, 14 per cent) and education services (10, 2.8 per cent). The respondents also revealed that **the most common forms of support were related to the family tracing and reunification component of the programme, particularly on costs of returning to their families from Iran or Pakistan, including but not limited to receiving cash of up to 5000 AFN, meals while staying for a few nights in provided accommodation, clothes, and basic toiletries, such as soap and a toothbrush**. The support was uniformly described as being received after deportation and he/she arrived in Afghanistan, and most commonly from a UNICEF employee.

Regarding support provided, 100 per cent of respondents indicated they were happy that UNICEF brought their child back home (361). Moreover, 98 per cent of respondents (353) highly agreed or agreed that they were happy with the services provided to their children, as shown in Graph 1. An identical number reported their children were also happy with the service. This was supported by seven SSIs with children in CFSs across three locations (Herat, Nangarhar, and Nimroz), who received emergency support at the border. All children expressed their positive experience of staying in the centre for 2-3 nights and their appreciation of the support and assistance they received. This was typically the opportunity to engage in activities such as drawing, calligraphy, watching cartoons, and playing sports. Children also received toiletries such as soap and a toothbrush, shoes or clothing, and had access to regular meals and a bed. They described their improved well-being from feeling safe in the centre, after distressing and sometimes violence at the hands of Iranian police during deportation. They also felt relief from the worry they had felt about how they would be reunited with their family as most indicated not having the funds to return to where their family was living.

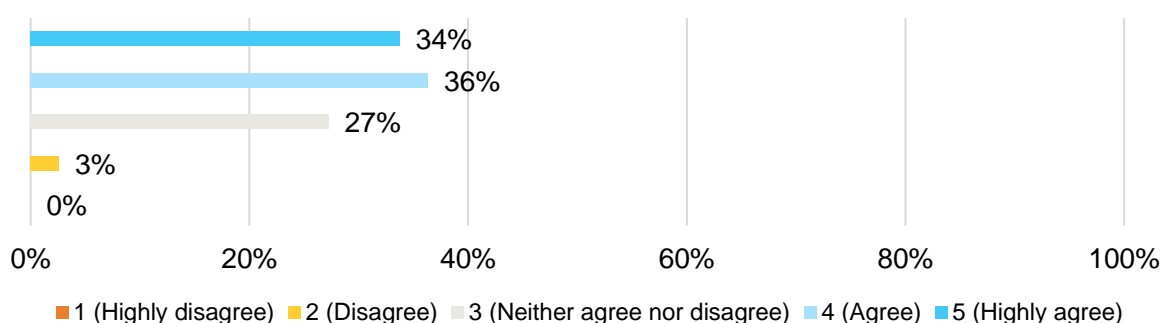
Graph 1 Are you happy with the services provided to your child/children? (N=361)



Source: Survey of Caregivers of UAM children conducted from December 2023 to February 2024

The survey of caregivers of UAM children also revealed that 70 per cent (54) of caregivers (out of 77 reporting) that received **cash assistance** agreed or strongly agreed that the programme helped their child, as shown in Graph 2, indicating a high level of satisfaction. A slightly higher number (77 per cent, (59 out of 77)) reported their child was happy with the cash assistance. Most indicated they used the cash assistance for transport (N=67), followed by food (33), then support to family (8), other (8) and education (1).

Graph 2 Do you think the [cash assistance] child support helped your child (N=77)



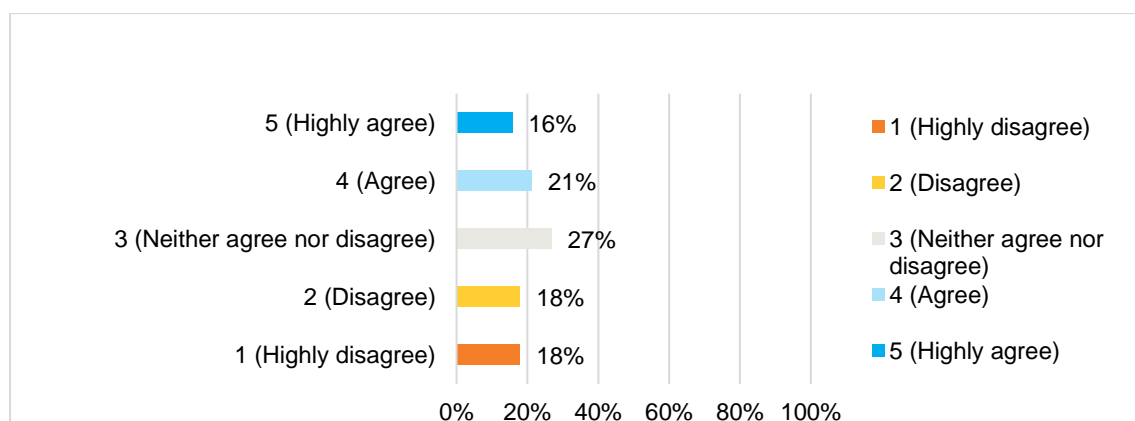
Source: Survey of Caregivers of UAM children conducted from December 2023 to February 2024

Regarding **vocational training**, the survey of caregivers of UAMs highlighted only six caregivers who reported receiving it, and vocational training was available at one CFS⁷⁷, where SSIs were conducted. The sample sizes were therefore too small across both methods to draw accurate conclusions. Nonetheless, the anecdotal evidence was positive. Five of the six caregivers surveyed highly agreed or agreed it met the needs of their child. At a CFS in Kabul, SSIs with children, social workers and caregivers, revealed the positive impact of the centre in terms of the positive environment and feeling supported. The centre provided tailoring courses, taught literacy skills, provided referrals to medical services (e.g. for hearing loss), and conducted awareness raising about hygiene. Similarly, a school in Torkham was received very positively by two caregivers interviewed as part of this evaluation who were grateful that their children could receive an education and the additional support provided such as food and hygiene products.

134 out of 361 (37%) respondents said their child/children received **psychosocial support services** regarding their mental wellbeing. Open form responses were consistently very positive, with caregivers indicating their child was reassured and told not to worry or be afraid, and to feel safe. As all CFSs were intended to provide psychosocial support services, the responses suggested that caregivers were not aware that their child received psychosocial support service.

As for the effectiveness of the programme in improving the **child's well-being**, an indication of psychosocial health, the perception was mixed (see **Graph 3**): the percentage of caregivers agreeing that the programme has significantly improved their child's wellbeing constituted 37 per cent, neither agreeing nor disagreeing was 27 per cent, and disagreeing was 36 per cent. This was likely because of the emergency forms of support most caregivers report receiving, such as food and clothing, which is unlikely to significantly improve their well-being.

Graph 3 Would you say that your child wellbeing has improved because of the programme? (N = 361)



Source: Survey of Caregivers of UAM children conducted from December 2023 to February 2024

As identified in key programme documents and SSIs, **community engagement on issues related to child protection was fundamental to the provision of critical child protection services**. From 2018-2023⁷⁸, UNICEF expanded its intervention to reach more children and communities. A total of 614,174 individuals (90,713 girls,

⁷⁷ It has been reported by UNICEF Afghanistan staff that it is not typical to have vocational training at CFS. Therefore, it is a good example for replication purposes.

⁷⁸ UNICEF Afghanistan, Fifth Consolidated Progress Report for the Action 'Afghan Children on the Move' A Framework for Action to Protect Children in Iran and Afghanistan (Up to 30 April 2023).

102,269 boys, 209,764 women, 211,428 men) participated in sensitization and awareness-raising activities in the form of community dialogues and dissemination of key messages (explosive ordinance risk education, child marriage, Protection of Sexual Exploitation and Abuse (PSEA), violence against children, unsafe migration, and child rights), through billboards and posters shared. Due to the restriction on movement and the limitation of women and girls in public spaces, UNICEF implemented mass media campaigns to reach vulnerable communities. It is worth highlighting that **enhancing community engagement efforts focused on child protection and polio within the COM programme have yielded considerable success**, attributed to the establishment of **entry points at the grassroots level** through community leaders, religious figures, and the utilisation of community members as knowledge conduits. Several implementing partners have also established community-based councils as well as *Shura*, operating under specific terms of reference, which have played a pivotal role in sensitising communities and directly involving them in programme activities, thereby fostering deeper community engagement.

During the Phase I of the COM programme, in addition to direct service delivery, **UNICEF also engaged at the community level in preventative interventions aimed at addressing the underlying causes of irregular migration and family separation**. A substantial awareness-raising campaign was launched employing mass media, community mobilisation, and interpersonal communication to sensitively educate families about the risks and consequences associated with sending children away from home to work.⁷⁹

Figure 3 Photo of a child drawing in a CFS in Kunduz province taken during a site observation



Source: Observation in a CFS in Kunduz province

Social workers operating in CFS across various provinces have noted the **success and effectiveness of their awareness-raising efforts**, as reported through SSIs. Even though current DfA regulations restrict conducting awareness sessions, they were still able to disseminate crucial information to the mothers through brochures covering topics such as COVID-19, landmines, gender-based violence, risks associated with illegal migration, and seasonal diseases.

CFSs have also served as a platform to advocate for children's rights, combat different forms of abuse, and develop potential solutions at the local level. Despite limitations, respondents have mentioned that in some provinces such as Herat, local NGOs are holding weekly meetings with caregivers, focusing on topics such as children's rights, safety, and violence prevention, as well as monthly gatherings involving various community representatives, including village leaders, local council heads, mosque imams, elders, and youth, to discuss similar issues. Leveraging the influence of mosque imams has also been depicted as a success. These efforts have extended to addressing sensitive issues like sexual and physical violence, parental neglect, children's rights, and illegal migration. **In the Northern region, the CFSs were used as a space to provide messages on key child protection issues to adults.**⁸⁰ Every Thursday throughout the reporting period, the caregivers in all nine provinces of the region participated in awareness sessions. This intervention produced positive results; with implementing partners reporting that community members played their part in protecting children from the negative effects of intense socio-economic issues. Community members discouraged children from pursuing unsafe migration due to financial constraints and became more proactive in identifying child protection cases. Communities identified and referred several cases concerning returnee children almost in all nine provinces of the Northern region. Additionally, participants transmitted what they learned to other members of their respective communities. Programming at CFS

⁷⁹ UNICEF Afghanistan, Fifth Consolidated Progress Report for the Action 'Afghan Children on the Move' A Framework for Action to Protect Children in Iran and Afghanistan (Up to 30 April 2023).

⁸⁰ Fifth narrative report p. 24.

included the roll out of information campaigns on the risks of unaccompanied journeys. The information was disseminated through various media platforms and youth networks, particularly targeting adolescent boys, who are the demographic engaging the most in unaccompanied migration, according to programme stakeholders. Upon return, stronger linkages with vocational training and a comprehensive reintegration package for returnee children was developed to help mitigate the risk of reattempted travel.

Efforts have also been made to **strengthen community mechanisms, such as the use of community-based councils for Child Protection issues to prevent unsafe migration**, which has yielded positive results. Additionally, the use of community-based councils for child protection issues has proven effective. KII's showed that post-assessments of community dialogues have significantly increased knowledge among the target audience regarding child protection issues, safe migration, and GBV. Notably, the effectiveness of the programme was enhanced when working on the capacity of these councils and establishing specific ToR with them. This approach facilitated the addressing of child protection issues and encouraged community participation, thereby ensuring the smooth implementation of the programme.

Result 3

Under Result 3, almost all of indicator targets were achieved, as shown in Table 13, with only one target (Proportion of children attending MHNT outreach receiving polio vaccinations) not being fully achieved. As it has been indicated in the final report to the EU, MHNTs were stopped in 2022, and UNICEF continued to provide services through outreach vaccinators.

Table 13 Indicators, expected targets, and achieved targets under Result 3

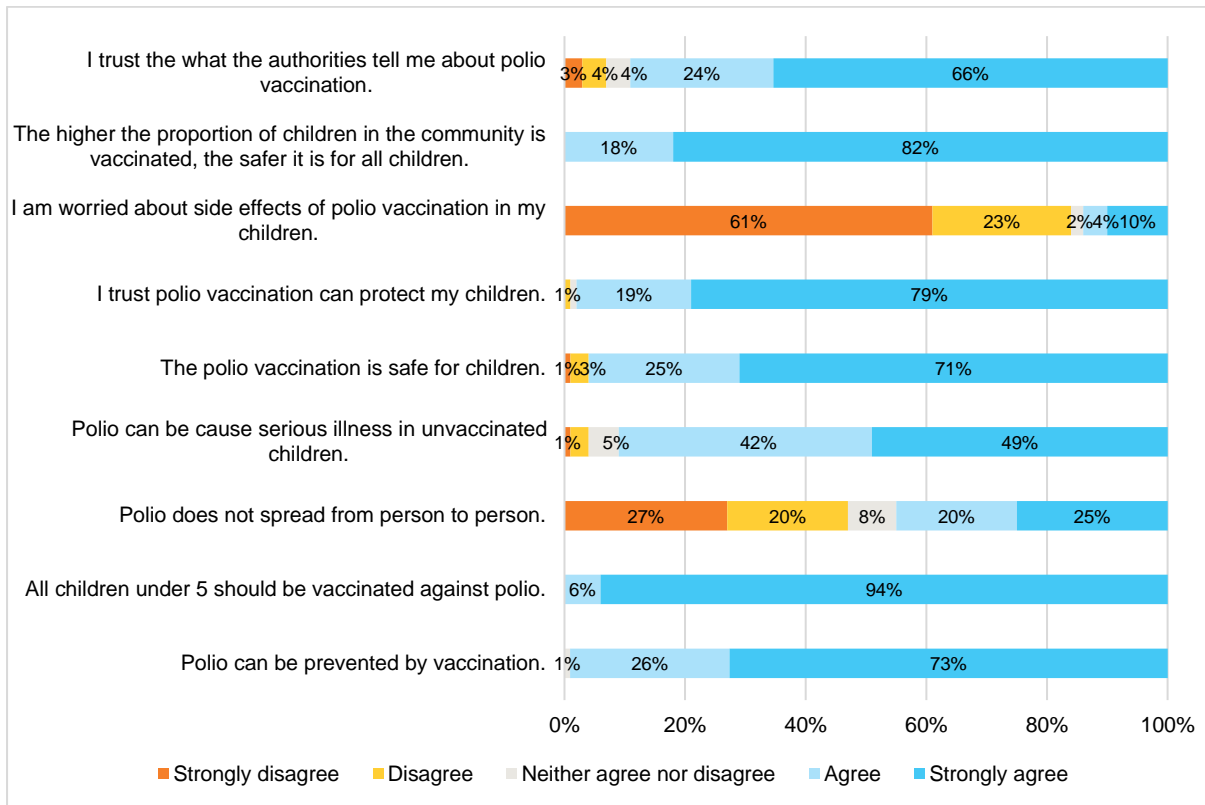
Indicator	Expected target	Achieved target (as of 16 May 2024 report ⁸¹)
3.1. Number of children reached with Polio Vaccine	9.5 - 10 million children in each of 4 polio NIDs	10 million children during NIDs
3.2. All required Oral Polio Vaccine (OPV) for Polio SIAs arrive in country at least 2 weeks before any SIA	100 per cent	100 per cent
3.3. Vaccine wastage rate	VWR <15 per cent	<15 per cent
3.4. SIA campaign coverage	>95 per cent	>95 per cent
3.5. Number of polio vaccination campaigns with more than 90 per cent lots passed in lot quality assurance survey	3	3
3.6 Proportion of children attending MHNT outreach receiving polio vaccinations	>95 per cent	93.5 per cent
3.7 Proportion of children missing vaccinations because of refusals	<1 per cent	<1 per cent

Source: UNICEF Afghanistan, Final Report to the EU, Logical framework and Work plan

Overall **caregivers of children under five, surveyed as part of this evaluation, had a positive view about vaccination and a scientifically accurate view of its benefits.** Out of 351 caregivers of children under 5 that were surveyed, only 3.4 per cent (12) of respondents indicated they had refused a vaccine in the past, but all indicated they would consider vaccinating the children again in the future. This is in line with indicator 3.7 in **Table 13** which shows that refusals were less than 1 percent. The reasons given for refusals in the survey were primarily a lack of knowledge about its importance, others not trusting it, or concerns it would make the baby unwell. As shown in Graph 4, respondents' main concerns regarding the vaccination were side-effects, which may not necessarily reduce willingness to vaccinate their children. However, misunderstandings remained about the illness in general as 29 per cent agreed (incorrectly) that polio does not transmit from one person to another. Perception of the vaccine however was positive, with 99 per cent viewing the vaccination as safe for children.

⁸¹ Validated with the data reflected in the final report to the EU that was shared on the 4th of November 2024.

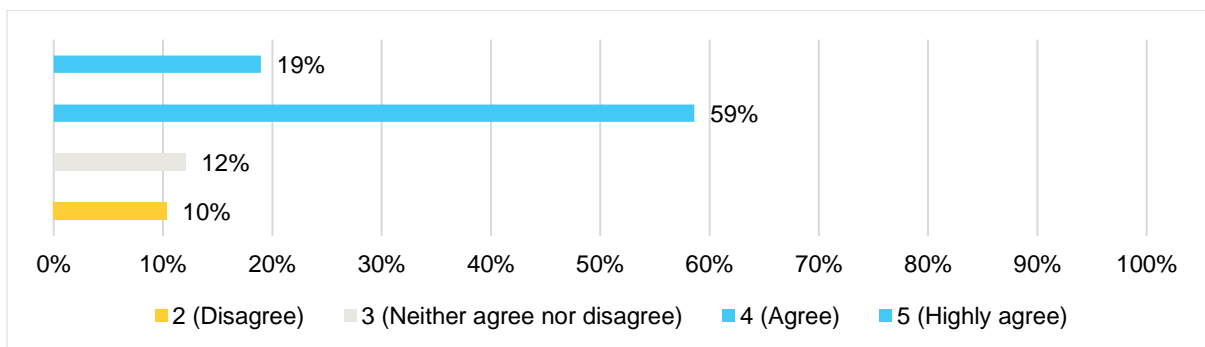
Graph 4 Level of agreement with statements about polio (N= 349⁸²)



Source: Survey with Caregivers of Children under 5 conducted from February 2024 to March 2024

The informed nature of community members was further supported by findings from the survey of polio volunteers and FLWs as 78 per cent (45 out of 58) said families generally have a good understanding of why vaccination is important (see Graph 5). FGD responses with caregivers of children under five similarly showed that they understood the risks of polio, such as paralysis, and its links to sanitation issues and exposure to contaminants. The call centre at the National Emergency Operations Centre also played a crucial role in dispelling misinformation about polio and integrating child protection messages into vaccination efforts, ensuring a coordinated approach.

Graph 5 Do you think the families generally have a good understanding of why polio vaccination is important (N=58)



Note: 1 (Highly disagree) was 0%.

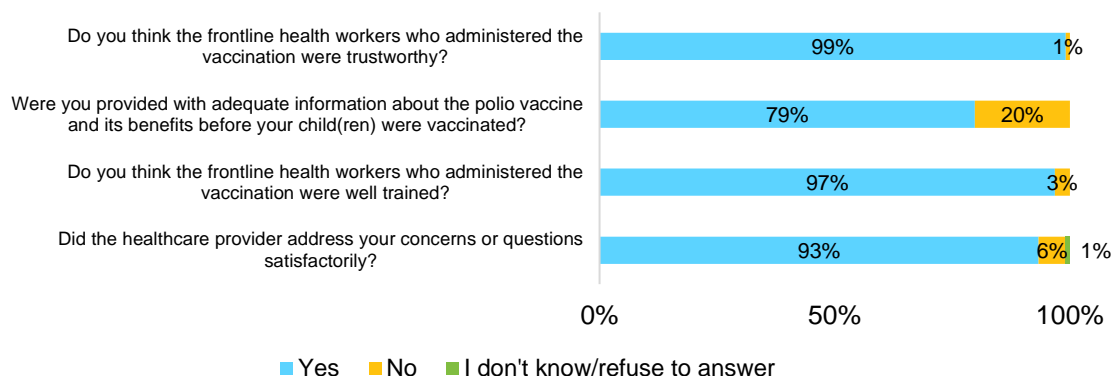
Source: Survey with Frontline Workers & Polio volunteers conducted in January 2024

Caregivers of children under five also report positive interactions with FLW. As shown in

Graph 66, 97 per cent thought the FLWs were well-trained; and 99 per cent thought they were trustworthy. In terms of access to information, 79 per cent reported they were provided with adequate information about the polio vaccine and its benefits before their child was vaccinated, and 93 per cent said the healthcare provider addressed their concerns or questions satisfactorily.

⁸² Two respondents did not answer the questions as they had not heard of polio; therefore, they did not participate in the survey further. Therefore, N=349 and not 351.

Graph 6 Percentage of caregivers of children under five reporting on FLWs and access to information (N=349⁸³)

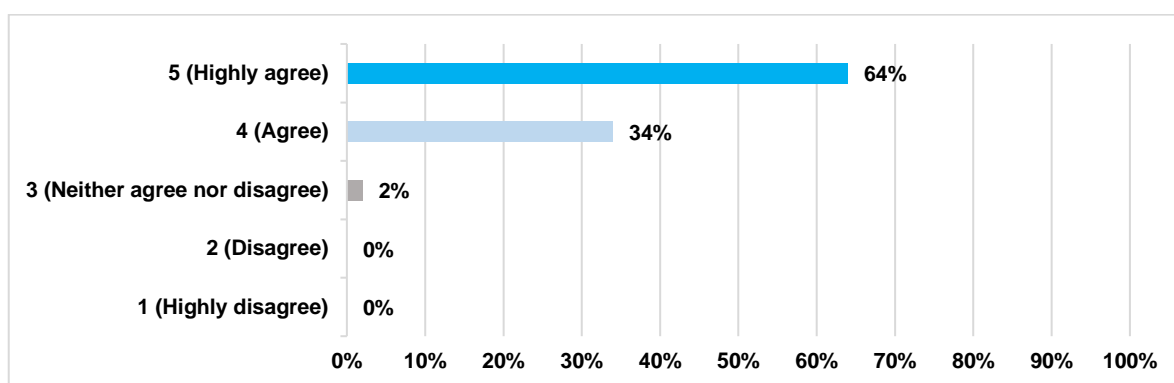


Source: Survey with Caregivers of Children under 5 conducted from February 2024 to March 2024

FLWs established and grew relationships of trust with caregivers while also addressing their core needs for economic assistance, medical provision and care. FLWs offered incentives to the caregivers who brought their children to sites for vaccination. The incentives provided included baby blankets, soap, hygiene kits, and clean delivery kits with more focus on polio high-risk areas in the southern region. This effectively encouraged caregivers to bring their children to be vaccinated at sites outside of their homes. In order to increase vaccination coverage, the female mobilizer vaccinators were successful in increasing reach with female caregivers. Moreover, as some of them are trained nurses and midwives that people trust, providing health education, specifically on reproductive health, in addition to vaccination was a key intended positive outcome of the programme.

Capacity on the supply and cold chain of oral polio vaccines has been strengthened. Through the programme, UNICEF distributed millions of doses of oral polio vaccines during campaigns from central cold stores to the regional and provincial cold stores and to the vaccination teams in the districts. This was supported by the fact all caregivers with children under five reported that the vaccine was kept cold and the survey of FLWs where only 6.8 per cent (4) indicated they did not have the material to keep the vaccine cold (i.e., vaccines barriers and ice packs). Additionally, FLWs underwent thorough training to prevent vaccine wastage, ensuring careful tracking of each dose to minimise loss. This accountability mechanism ensured well-coordinated vaccination efforts at all levels. The strength of the supply chain was also indicated by nearly all FLWs indicating that they had sufficient vaccines to distribute compared to people's needs (98 per cent highly agree or agree (57)), as shown in **Graph 7**.

Graph 7 Do you always have enough vaccine to distribute compared to people's need (n=58)



Source: Survey with Frontline Workers & Polio volunteers conducted in January 2024

Community engagement was developed through targeted messages in the community, with the **deployment of around 6,600 frontline social mobilisers** to support community engagement and awareness sessions before and during polio vaccination campaigns in the eastern, southern, and southeastern regions of Afghanistan.⁸⁴ This was mainly carried out through the work of frontline social mobilisers, which worked with the community, through Shura

⁸³ Two respondents did not answer the questions as they had not heard of polio; therefore, they did not participate in the survey further. Therefore, N=349 and not 351.

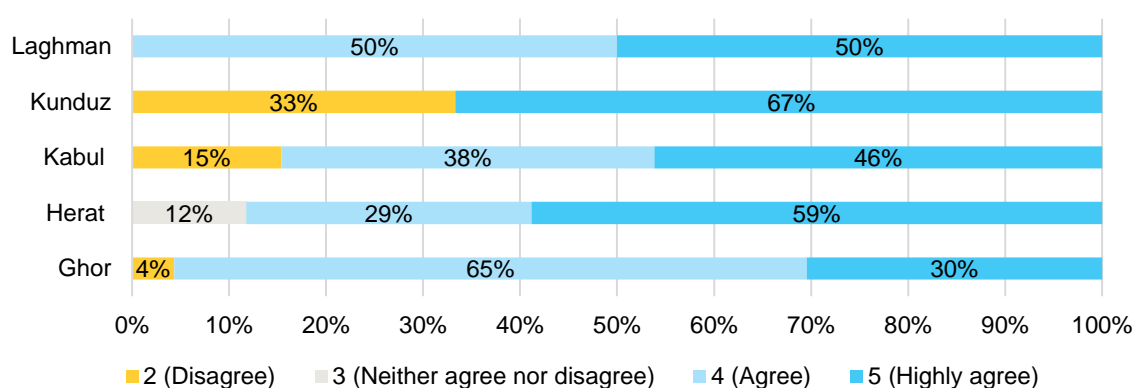
⁸⁴ UNICEF Afghanistan, Final Report for the Action: Afghan Children on the Move. A Framework for Action to Protect Children in Iran and Afghanistan. May 2024.

councils, to carry out messages regarding the importance of polio vaccination. They addressed caregivers' concerns about vaccination, identified and vaccinated children who had not been vaccinated, particularly in polio-endemic and high-risk areas in southern Afghanistan. Coordination on polio awareness through influential community members has been proven effective to increase vaccine acceptance. The role of community figures as a source of information about polio was reflected in the survey of caregivers of children under 5, where the most common source of information was directly from healthcare providers (n=316, multiple choice question), followed by TV/radio (n=270), family (n=100), friends (n=86) and neighbours (n=73).

Community engagement proved effective in supporting polio vaccination efforts through increased household participation in vaccination campaigns. The Social and Behaviour Change component has successfully mapped and strengthened community structures. Before FLWs' visits, the programme conducted proactive community mobilisation activities in surveyed provinces, with 67 per cent of FLWs reporting household participation in mobilisation activities. Engaged families showed greater readiness to vaccinate their children, travelling significant distances and engaging openly with health workers. In contrast, families not involved displayed more scepticism, according to surveyed FLWs.

FLWs also indicated that polio vaccination **can be an entry point for awareness raising and referrals to other routine immunisation and other health issues**, indicating the ability of the approach to achieve wider health outcomes. Graph 8 shows the proportion of FLW who agree or highly agree that families ask for referrals regarding other issues during vaccination campaigns by location. Across all locations (except for Kunduz), around 90% agree or highly agree that families ask for referrals regarding other issues during vaccination campaigns.

Graph 8 Do the families ask you for referrals or help regarding other health issues concerning their children of family members, disaggregated by province (N = 58)



Note: 1 (Highly disagree) was reported at 0%.
Source: Survey with Frontline Workers conducted in January 2024

FLWs reported experiencing emotional violence, but it does not appear to deter them from their work. Overall, 34 per cent (20) of FLWs reported experiencing violence, 13 were women and 7 were men. Those that have experienced violence, all reported emotional violence with two indicating they were *also* victims of physical violence. The physical and emotional violence was primarily from family members (90 per cent, 18), with 20 per cent (4 out of 20) reporting emotional violence from uniformed personnel.

FLWs however reported confidence in responding to such incidents, with 88 per cent (51 out of 58) reporting they highly agree or agree that there is a special protocol in case of issues affecting their safety. It also did not deter them from their work as 90 per cent (52) highly agree or agree that they would volunteer in the future when there is an opportunity, despite the documented targeted killings of polio FLWs, including eight killed in February 2022 in the North-eastern region.⁸⁵ Violence against vaccination campaigns has been reoccurring, due to misinformation, such as allegations of espionage towards vaccination workers, which have fuelled distrust among the population.

The programme design was based on assessments and evaluations which informed phase II - with a focus on vocational training, income generation activities and multi-purpose cash assistance so that minors can rebuild their lives after return to Afghanistan. Differences were not noted in the approach by region or geographic location in this regard, nor did they appear in the quantitative data. The main geographic added value of the programme remains the strength of the border response, co-locating Polio Front Line Workers at the border and Child Protection workers, providing different but complementary services to children upon return. These synergies and working with frontline workers as an entry point to carry out child protection related messages, as well as MHPSS, were particularly strong in the design and implementation of the programme overall.

⁸⁵ WHO (2022), [Statement of the Thirty-third Polio IHR Emergency Committee](#).

EQ.4.2 What performance measures were used to monitor and evaluate programme delivery?

The effectiveness of the programme was regularly monitored through structured mechanisms in place, including regular reporting processes and an overarching log frame with performance indicators.

Result 1 was monitored through UNICEF staff based in zonal offices and outposts within the regions, child protection country office staff, third party extenders, with regular programme visits by field officers, and monthly reports from implementing partners inputted to a tracking system. UNICEF has a wide reach in Afghanistan with a country office in Kabul and zonal/regional offices across the country. These include five zonal/regional offices in Kandahar (South), Herat (West), Nangarhar (East), Balkh (North), and Kabul provinces (Central), provincial sub-offices in Paktya, Badghis, Ghor, Bamyan, Daikundi, and Badakhshan, and outposts in Helmand and Uruzgan established in 2020. UNICEF's field presence and established mechanisms were deployed for real-time monitoring and supervision of programme activities by its staff; quantitative data on the indicators were shared by implementing partners monthly, and more detailed programmatic reports including qualitative data were shared on a quarterly basis. UNICEF also established a system of utilising the services of third-party monitors and technical extenders to conduct field visits and report on the status of implementation of the activities.⁸⁶

Result 3 was monitored jointly by UNICEF and WHO at each round of SIAs beginning from the pre-campaign preparation phase. Provincial, regional, and national level staff monitored micro plans and training sessions in high-risk districts. A survey with FLWs noted that supervision and daily monitoring appears to be functioning well, with 76 per cent of interviewees (44 out of 58) communicating with their supervisors on a daily basis. Moreover, campaign monitoring was also conducted through a hotline, which was used to remote monitor the FLWs going to the field and conduct specific surveys with FLWs when the programme requested (for example: opinion or perception of the community regarding the polio vaccine in some small pocket or specific area). Overall, all these findings were compiled at the end of each campaign and were consolidated into a qualitative report which informed improvement in subsequent rounds.

According to the final progress report, the programme ensured close supervision of vaccination teams by deploying provincial and district supervisors during SIAs in order to detect and resolve performance problems immediately. In polio reservoir and high-risk areas, supervision and monitoring were improved during the SIAs with additional support from the regional and national levels. There was also continuous monitoring of process indicators such as team composition, team performance and supervision indicators that were assessed to address gaps affecting the quality of campaigns. The programme worked towards strengthening referral mechanisms to enrol and follow up new-borns for immunisation and other essential health services. The National Emergency Operations Centre held regular post campaign review meetings (engaging the regional and provincial teams) to ensure that the feedback and lessons learned were documented and used for quality improvement.⁸⁷

To assess alignment between programmatic activities and indicators, the evaluation team mapped each activity under Results 1 and 3 to their closest corresponding indicator (see Table 14). All activities under Result 1 had closely corresponding indicators; however, **only some activities under Result 3 had closely related indicators**. In particular, Activity 3.3 did not have a closely related indicator, and Activity 3.7 only had an indirect indicator or mean to track progress, a clear weakness in the monitoring framework. Nevertheless, all indicators under both Results were relevant, well-defined and offer objective quantitative measures of success than can be tracked over time.

The COM programme underwent a Results-Oriented Monitoring assessment between August 31st and September 9th, 2020. The results and recommendations matched to programme activities are available in Annex 6. The Results-Oriented Monitoring provided key recommendations, such as the establishment of baseline data, a review of the logical framework, commissioning a summative evaluation, as well as establishing ongoing monitoring at implementing partners sites. This was reflected in the monitoring system which, despite noted gaps in 'indicator to activity' alignment, was **responsive, accurate and subject to cyclical review processes at different levels**. Key indicators and targets were revised and reviewed to reflect the reality on the ground, lessons learned, and for quality assurance purposes, at core points during programming.

Result 3 also underwent a Results-Oriented Monitoring assessment from September 26th to November 1st, 2023.⁸⁸ It noted the polio programme as a '**robust data collection mechanism**', although **some of data was underutilised**. It also noted a lack of indicators reflecting the percentage of children covered by the house-to-house modality and number of women engaged in roles such as FLWs. The report included a recommendation to 'conduct an internal evaluation of the current community engagement strategy to gain a comprehensive

⁸⁶ UNICEF Afghanistan, Final Report for the Action: Afghan Children on the Move. A Framework for Action to Protect Children in Iran and Afghanistan. May 2024.

⁸⁷ UNICEF Afghanistan, Final Report for the Action: Afghan Children on the Move. A Framework for Action to Protect Children in Iran and Afghanistan. May 2024.

⁸⁸ ROM Report, Afghan Children on the Move- A Framework for Action to Protect Children in Iran and Afghanistan, (top up of ACA/2018/392-791), 2023.

understanding of the impact that various community awareness-raising approaches have on polio programme outcomes.⁸⁹

Programme delivery was partially monitored at the local level through consultations with families of children that migrated and were subsequently supported in CFS. Across various locations, FGD respondents mentioned that the NGOs responsible for the CFS have asked for suggestions through in-person gatherings and have taken into account their demands and feedback. However, other community FGD respondents have noted that this was not the case, mentioning a lack of accessible channels of communication to inform them about structures and processes that affect them. **This demonstrated a disparity in the feedback loops regarding programme participants, noting an unequal response in account to affected populations frameworks at the programmatic level.**

Table 14 Result activities and their closest corresponding indicator(s)

	Activities under Result 1	Closest corresponding indicator(s)
Activity 1.1	Support Afghan children returning from Iran and Pakistan and others at risk with basic child protection and emergency response services	1.1. Number of unaccompanied minors returned from Iran and Pakistan supported with Psychosocial Support (PSS) and general case management (6,000 per year x 4 years) 1.2. Number of unaccompanied minors supported with specialised services (2,219 per year x 5 years) 1.8 Percentage of reunified children supported that are engaged in income generating activities or education 1.9 Number of most vulnerable children who benefit from cash support (950 per year x 5 years)
Activity 1.2	Build the capacity of Government to strengthen national policy framework and monitor and manage data of Unaccompanied Minors (UAM) returned to Afghanistan	1.4. Number of immigration/border officials trained on child rights and child protection (90 officers as of 2021) (Paused as of August 2021)
Activity 1.3	Support social service system at the national and provincial level to ensure effective case management, follow-up and referral of child protection cases	1.3 Number of social workers trained 1.10 Number of Child Protection Action Network (CPAN) members trained on child rights and case management (140 as of 2021) (Paused as of August 2021)
Activity 1.4	Enhance the capacity of the national justice system to adhere to international standards on justice for children	1.5. Number of police officers trained on child friendly policing in 34 provinces (153 as of 2021) (Paused as of August 2021)
Activity 1.5	Coordinated outreach and awareness raising campaigns to sensitize community member, religious leaders, children and other relevant target groups, on risk associated with unsafe migration	1.6. Number of community members including adolescents participated in community dialogue (49,317 per year x 5 years)
Activity 1.6	Psycho-social support for vulnerable children including those displaced and returnee children moving with their families	Number of unaccompanied minors returned from Iran and Pakistan supported with Psychosocial Support (PSS) and general case management (6,000 per year x 4 years) 1.7. Number of children receiving psychosocial support services through community structure (35,004 per year x 5 years)
	Activities under Result 3	Closest corresponding indicator(s)
Activity 3.1	Forecast, procure and distribute bivalent (b) OPV for 10 million children under five years for NIDs, SNIDs and for Cross Border Teams	3.3. Vaccine wastage rate
Activity 3.2	Provide technical assistance on vaccine supply chain management	3.2. All required Oral Polio Vaccine (OPV) vaccines for Polio SIAs arrive in country at least 2 weeks before any SIA campaign
Activity 3.3	Train polio frontline workers before every campaign	
Activity 3.4	Conduct house-to-house Polio vaccination Campaigns (operational support- incentives and transport for vaccinators for NIDS)	3.1. Number of children reached with Polio Vaccine 3.4. SIA campaign coverage
Activity 3.5	Undertake Monitoring during and after Polio vaccination Campaigns and conduct reviews	3.5. Number of polio vaccination campaigns with more than 90 per cent lots passed in lot quality assurance survey
Activity 3.6	Vaccinate children against polio and other childhood vaccine preventable diseases during mobile health and nutrition outreaches	3.6 Proportion of children attending MHNT outreach receiving polio vaccinations
Activity 3.7	Mobilise and engage communities in polio high-risk communities to increase awareness and uptake of polio vaccinations	(3.7 Proportion of children missing vaccinations because of refusals) – indirect

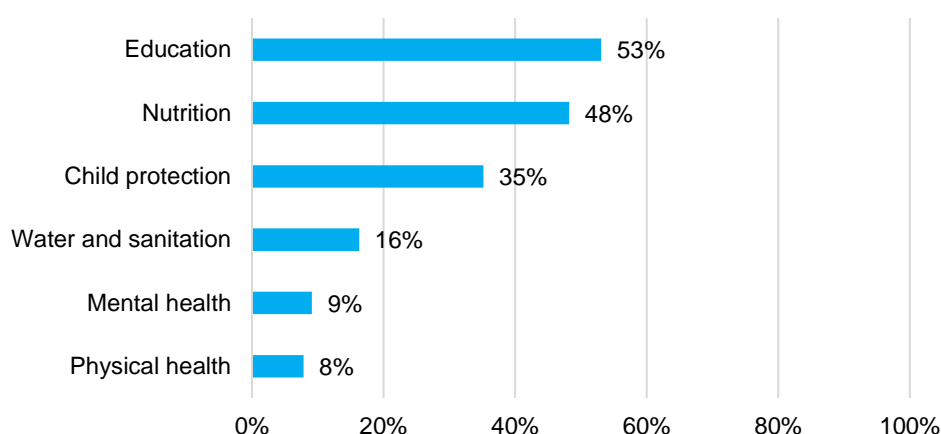
⁸⁹ UNICEF Afghanistan. Review of the Result 3. 2023.

EQ.4.3 What were any consistent challenges in implementation of the programme? How did they differ across different geographic locations (Kabul, Herat, Nangarhar, Laghman, Ghor, Nimroz, Kunduz)?

Result 1

Despite the positive feedback on the programme from caregivers of UAMs on the support they did receive, **85 per cent (307 out of 361) mentioned that at least one key need was not covered**. As shown in **Graph 9**, when the respondents who indicated needs were not met, they were asked about *which* needs were not covered, and 53 per cent mentioned the need for education, with many highlighting the importance of training or vocational training to help them secure jobs and employment locally. This was followed by a need among 48 per cent of respondents for improved nutrition and 35 per cent mentioning the importance of child protection.

Graph 9 What needs were not covered by the programme? (N = 307)



Source: Survey of Caregivers of UAM children conducted from December 2023 to February 2024

SSIs with children and caregivers, who had received more extensive support through CFSs, such as literacy and vocational training, indicated it **was often insufficient to meet their needs**. The training courses were described as lasting only a few months, with children indicating they had only learnt to write their name. The effectiveness of the support was also hindered by the external environment. For instance, the provision of tailoring courses was valued but there was not sufficient market demand for their products which meant most girls could not receive a suitable income from it. Social workers at one CFS indicated various additional challenges including a lack of trained social workers which has meant the centre had to hire non-trained workers, the limited resources that meant basics such as stationary cannot be purchased. They also highlighted the gaps in provisions for girls who are victims of sexual abuse and the limited reach beyond urban centres.

More broadly, consistent challenges in programme implementation across the country related to the change in regime in 2021. The Taliban takeover and the change to engaging with the DfAs, as well as the partial collapse of the governmental system, has forced UNICEF to adopt a different approach in Afghanistan.

The below lists exogenous challenges that have impacted the effectiveness of the programme across different locations:

- The decision taken by donors to immediately impose financial restrictions resulting in severely limited cash flow within Afghanistan, complicating disbursements to and by partners, as noted by most programme stakeholders interviewed.** After the Taliban takeover in 2021, UNICEF could no longer directly finance the DfA due to the new regime and donor restrictions, also including from the EU. Previously, UNICEF worked directly with the Ministry of Labor and Social Affairs (MoLSA) under the former Afghan government, facilitating direct fund transfers and close collaboration. However, post-2021, direct financial transactions with the new regime were no longer feasible. This led UNICEF to heavily rely on civil society, NGO partners, and third-party modalities for implementation, focusing on community-based structures. These changes posed significant challenges, requiring new implementation modalities due to the regime change, as well as generating significant additional costs and transaction fees. Numerous KIIs also highlighted that donor funding levels, timelines, and conditionalities did not align with population needs.
- The de-facto authorities questioned the validity of child rights and human rights principles and frameworks,** which underpinned the programme. The governmental framework responsible for child protection, formerly overseen by the MoLSA, in particular, ceased to exist. In addition, the DfA also did not give permission to resume interventions for some implementing partners, which limited response in some provinces. These choices, perceived as arbitrary, can often be linked to past antagonisms between

local Taliban groups and aid organisations (active in the field of gender or human rights) as well as personal differences.

On the provincial level, the programme encountered numerous challenges across various geographic locations:

- **Challenges in follow-up and internal migration:** Children affected by harmful migration are often dispersed across various provinces, complicating follow-up efforts by child protection case workers and social workers. Based on reports by FLWs, this dispersion hindered consistent engagement and support, especially when children relocated to distant provinces. Additionally, the lack of a proper referral mechanism between regions further aggravated these challenges, making it difficult to include victims in necessary services across different areas. This is partly due to the lack of formal mechanisms of referral between regions and provinces for the provision of child protection services.
- **The high cost of activities such as vocational training, interim care centres, and family reunification:** Despite recognising the need to extend children's time in CFS or add more places, budget constraints prevented this. This resulted in uneven service delivery, with programmatic actions confined to specific districts. For instance, in Kandahar, and Nimroz provinces, only certain districts were covered (four in Kandahar, and three in Nimroz) despite needs assessments indicating the necessity to cover all districts for effective system strengthening, as described by programme stakeholders in KIIs.
- **The lack of prevention measures:** Programme stakeholders suggested shifting focus towards preventing unsafe migration, as intervening upon return may be too late to prevent harm. Prevention also can be more cost-effective than treatment. Moreover, the programme final report also indicated UNICEF's commitment to increase the use of prevention as a mechanism to improve sustainability.⁹⁰
- **An insufficient workforce to support children in need:** The shortage of personnel further exacerbated the difficulties in delivering consistent and comprehensive services across different regions. The capacity at the Directorate of Labour and Social Welfare and Department of Repatriation and Refugees was inadequate and many of the trained child protection workers left the country following the political transition in 2021.
- **The misalignment between budget constraints and programmatic needs, leading to an uneven distribution of services:** The lack of adequate funding limited the programme's ability to expand and provide uniform support, resulting in some districts receiving necessary services while others remaining underserved. The disparity underscored the need for increased funding and resources to ensure a comprehensive and equitable service delivery across all regions.
- **The lack of proper and safe spaces for girls who have suffered sexual violence:** There is a lack of understanding of problems that girls suffering from sexual violence have, including the perception that girls have "fewer problems than boys", mainly because their problems are less visible or talked about, and as they increasingly do not leave the home. Although the majority of COM and UAMs are boys due to gender norms and as boys outnumber girls on the migration route, responses were most often tailored to the needs of boys.

Result 3

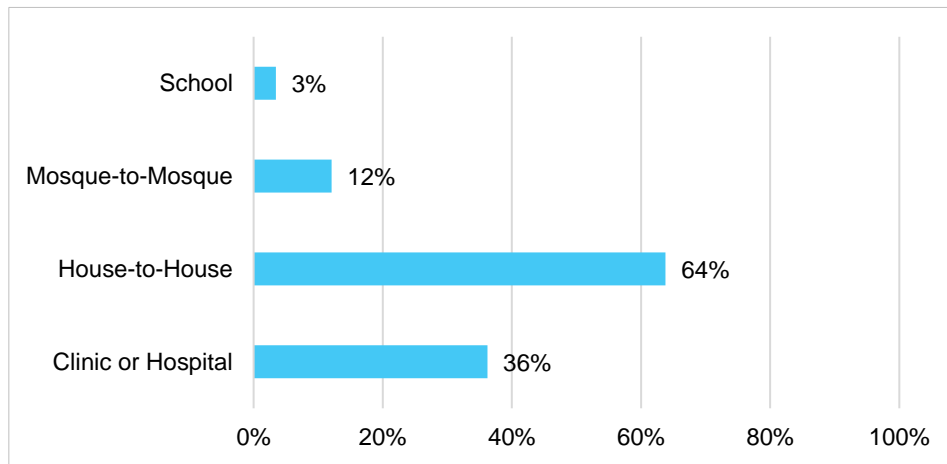
A key challenge faced under Result 3 was the **modality of the vaccination campaign**, the use of house-to-house vaccination campaigns was dependent on the provincial authorities' approval and, in some, mosque-to-mosque or site-to-site modalities had to be used instead. Engagement of the DfAs varied from province to province, and in some cases from district to district. House-to-house vaccination was allowed in some provinces (Ghor, Kabul, Laghman) but limited in other provinces (primarily in the Southern region and two provinces in the Northeast region). Programme stakeholders reported that mosque-to-mosque or site-to-site modalities were less effective as women, those who are disabled or unwell, may face barriers attending. The ban house-to-house vaccination, particularly in Kandahar province, contributed to fewer children receiving vaccine in 2022 (between 0.34 million to 1.75 million)⁹¹.

Graph 610 shows how the modality of vaccination varied, as reported by FLWs. FLWs reported that the most frequently used modality was still house-to-house (64 percent, 37).

⁹⁰ UNICEF Afghanistan, Final Report for the Action: Afghan Children on the Move. A Framework for Action to Protect Children in Iran and Afghanistan. May 2024.

⁹¹ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023, p. 38. Afghanistan Polio Eradication Initiative Annual Report 2022, p.21 notes that 'The ban on house-to-house vaccination in Kandahar province resulted in fewer children receiving polio vaccine in 2022 (between 0.34 million to 1.75 million).

Graph 10: How did you conduct the vaccination? (N = 58)



Source: Survey with Frontline Workers conducted in January 2024

Misinformation about the vaccine has persisted, with some caregivers of children under five, who participated in FGDs, showing disinterest in learning about polio, misunderstanding the preventive purpose of vaccines, and maintaining a belief that the vaccine is part of a Western agenda against Muslims. Although, as noted above, the majority of surveyed caregivers of children under 5 held positive views of the vaccine, perhaps suggesting more subtle concerns or suspicions arose in the discussion format of FGDs.

The programme's effectiveness varied notably between regions like Herat, Nangahar, Kabul, and Nimroz. Cultural and educational disparities played a critical role, with **each province's customs and cultures influencing programme components differently**. KIIs with implementation and programme staff highlighted the challenges of recruiting female social workers and gaining community acceptance in regions like Herat, which required multiple awareness sessions. In contrast, Kabul, with its higher education levels and distinct cultural context, allowed for easier recruitment of female workers and community acceptance of vaccination and vaccine delivery by women, leading to more efficient programme implementation.

The **shortage of female staff** also represented an obstacle to providing effective services to girls and female migrants. Overcoming the ban on female staff was partially successful, with female partners being able to travel to areas with their male relatives (*Mahrams*). However, they were unable to attend office-based activities. Trainings of female FLWs took place segregated from male sessions. In addition, the challenge of finding qualified female facilitators in certain areas necessitated hiring from other locations, imposing additional burdens on female FLWs.

5.5 Efficiency

EQ.5. How efficiently did the programme utilize its financial, infrastructure, and human resources to achieve its objectives, and how, if at all, did adaptive management contribute to outcomes and identify best practices?

KEY FINDINGS

- The programme managed to utilize 99 per cent overall, with 98 per cent utilization under Result 1 and 111 per cent under Result 3.
- Programme monitoring and review data suggested the programme has been efficient.
- Programme adaptability appeared strong as the programme was able to adapt both result areas in the face of a changing context. On the child protection front, activities that targeted COM and the community were scaled up, while activities that targeted national capacity building were either put on hold or scaled down during and following the political transition. On the polio front, the programme team displayed agility in redirecting resources for the procurement of vaccines for immunisation campaigns when needed.
- The programme demonstrated readiness and efficiency in responding quickly to emergency needs, exemplified by the swift response to influxes from Pakistan in late 2023, under Phase 2, based on the strong structures developed under Phase 1.
- Various examples of best practices were identified including the use of pre-implementation assessments, working with local authorities in the face of delays at the national level, leveraging remote work to maintain the involvement of female staff, clear SOPs, and referral pathways.

EQ.5.1 To what extent did the programme use available financial, infrastructure and human resources, including the implementation arrangement, in the most economical and timely manner to achieve its objectives?

The programme was planned and co-funded by the European Union (EU) and UNICEF sources with a total budget of EUR 67,400,000, of which the EU contributed EUR 58,900,000 with the remaining coming from other sources. The budget of EUR 67.4m included Result 2 (“Afghan Refugee children in Iran have equal access to education, protection / legal services, health and nutrition, and integrated social protection (cash plus) services”), which is not covered by the evaluation. As of May 2024, 99 per cent (EUR 66,891,095 out of EUR 67,400,000) of the total budget of the action has been utilized.⁹² Programme monitoring and review data suggested the programme has been efficient. The financials of the programme are depicted below. Human resources data was not available at the disaggregated level to further analyse the efficiency. However, staff and personnel costs are covered in the financials, and they were underutilized vis-à-vis allocated budget under both result areas.

Regarding Result 1, the programme managed to utilize 98 per cent (EUR 12,686,938 out of 12,927,899). It was reported that transfers and grants to counterparts (particularly due to transfer to PCA partners for reintegration support to children who are reunified in the community) exceeded the allocated budget, with underutilization under contractual services. The disaggregation of costs⁹³ is the following:

- Staff and personnel costs: EUR 1,654,740 utilized out of 1,821,866 allocated.
- Supplies, commodities, and materials: EUR 712,530 out of 941,343.
- Contractual services: EUR 291,397 out of 887,609.
- Travel: EUR 36,506 out of 43,722.
- Transfers and grants to counterparts: EUR 9,991,764 out of 9,233,358.

Regarding Result 3, the programme overutilized the budget by around 11 per cent (111 per cent) with spending EUR 30,259,665 out of 27,269,181 allocated (UNICEF portion excluding transfer to WHO). Overspending mainly happened because of supplies/commodities whereas there was a marginal underutilization in other areas. The disaggregation of costs⁹⁴ is the following:

- Staff and personnel costs: EUR 918,929 out of 1,335,091.
- Supplies, commodities, and materials: EUR 25,201,084 out of 21,066,227.
- Contractual services: EUR 2,683,300 out of 3,169,001.
- General operating and other direct costs: EUR 1,456,351 out of 1,698,862.
- Transfer to WHO (not reflected in the amount above): EUR 15,030,420 out of 18,536,112.

Moreover, on Result 3, key surveillance indicators were sustained during the COVID-19 pandemic and transition of the government in 2021⁹⁵. **The international surveillance review in June 2022 and the meeting of the Technical Advisory Group on polio eradication in Afghanistan in October 2022 have affirmed the efficiency and sensitivity of the surveillance system for polio eradication in the country.**⁹⁶ In addition, **two indicators were directly relevant to efficiency (3.2 on supply chain timeliness and 3.3 on vaccine wastage), both of which have been achieved.**

EQ.5.2 How, if at all, did adaptive management or continuous improvement contribute to programme outcomes?

In face of the changing political context related to the 2021 Taliban takeover, the programme team remained highly adaptive and flexible in diverting resources to priority community needs.

Regarding Result 1, activities that targeted COM and the community were scaled up, while activities that targeted national capacity building were paused, through the second formal amendment to the programme. Activities that were scaled up included the provision of psychosocial support services to children and coordination of outreach and awareness raising campaigns to sensitise community members, religious leaders, and children on the risk associated with unsafe migration. The target indicators relevant to these activities were all over-achieved, reflecting the adaptability of the programme in meeting emerging population needs. On the other hand, activities that were on hold or scaled down included the training of border officials and social workers. Nevertheless, the target indicators relevant to these activities were still achieved over the entire programme period.

Regarding Result 3, the programme team was able to quickly divert resources for the procurement of vaccines for immunisation campaigns whenever the need arose through routine surveillance, which was highlighted as a strength of this programme funding.

⁹² UNICEF Afghanistan, Final Report for the Action: Afghan Children on the Move. A Framework for Action to Protect Children in Iran and Afghanistan. May 2024.

⁹³ Please note that the costs have been rounded.

⁹⁴ Please note that the costs have been rounded.

⁹⁵ UNICEF Afghanistan, Final Report for the Action: Afghan Children on the Move. A Framework for Action to Protect Children in Iran and Afghanistan. Logical framework and Work plan. May 2024.

⁹⁶ *ibid.*

EQ.5.3 Which, if any, best practices for programme efficiency can be identified?

Implementing partners in the programme were able to enhance efficiency and effectiveness by conducting **pre-implementation assessments** and adapting interventions to fit the unique characteristics of each region. For example, additional awareness sessions were held in Kandahar where more community-level resistance was encountered compared to Kabul, attributed by programme stakeholders to different education levels. Through recognizing the diversity in societal structures, awareness levels, necessities, and lifestyles across different regions, the programme tailored its activities accordingly. This approach ensured that activities were culturally sensitive and aligned with the specific needs and customs of each community, thereby maximising their impact. Additionally, the implementing partners remained flexible and responsive to feedback from social and field workers, making necessary adjustments to address emerging challenges and ensure programme relevance.

A good practice identified was the response by programme staff **to deal with delayed partnerships** amidst the changing political environment. Since the Taliban takeover in 2021, implementing partners have experienced a significant delay in signing the Memorandum of Understanding (MoU) with the DfAs in Kabul, which interrupted the implementation schedule of the programme. In response to this challenge, programme staff engaged with the local authorities and obtained their verbal approval to resume activities while the Memorandum of Understandings were being approved at the ministry level. This kept implementation delay to a minimum. Despite operational restrictions, implementing partners demonstrated adaptability **by leveraging remote work for female staff, thereby maintaining their involvement in service delivery** (see also EQ9.1). This flexibility not only ensured the continuation of programme activities, but also contributed to overall improvements in programme effectiveness and efficiency.

The programme demonstrated readiness to accommodate emergency needs. Referring to recent influxes from Pakistan in late 2023, following the mass deportations initiatives by the Government of Pakistan, programme stakeholders described their ability to respond to over 550 children and their families. The strength of the structures in place – developed under Phase 1 but continuing to be implemented during Phase 2 - through referral mechanisms, SOPs, and capacity of partners meant they could assist them immediately upon arrival and ensure comprehensive protection from the outset. This success underscored the establishment of an effective system capable of promptly responding to such critical caseloads in the country.

The efficient utilisation of funds was particularly apparent in campaigns and community awareness initiatives. Implementing partners, as shared through KIIs, provided examples of how they **were able to reach thousands of children and their families, providing them with valuable information and support using limited financial resources.** Through initiatives like using banners, mass media awareness, and community dialogue sessions, the programme effectively disseminated important messages about protection, GBV, unsafe migration, and child protection, demonstrating cost efficiency while maximising the reach and effectiveness of campaigns and community awareness efforts.

5.6 Coordination

EQ.6. How did partnerships and coordination mechanisms, both within UNICEF and with external key actors, contribute to the achievement of programme outcomes, and what are examples of successful collaborations?

KEY FINDINGS

- Prior to 2021, formalised coordination mechanisms between UNICEF and the previous government existed; however, these were no longer functional since 2021 due to the regime change. Since the political transition in August 2021, there has been incremental progress in engaging with authorities to resume vaccination campaigns.
- Child Protection Area of Responsibility members and UNICEF developed a new SOP that took into consideration the learnings around case management of UAMs gained during Phase I. Partners were trained on this SOP and the procedures were operationalized in mid-2023.
- The EOC has been a successful platform for coordination for all polio partners and has been overseeing the implementation of strategies and activities outlined in the NEAP.
- UNICEF and WHO have collaborated with IOM and UNHCR to successfully facilitate the vaccination of returnee children as part of High-Risk Mobile Population initiatives. On child protection, a cross-border mechanism has been established between UNICEF and IOM so that children who return to Afghanistan from Pakistan or Iran are systematically received and screened for services through the joint partnership.
- At the local level, coordination with key figures such as religious leaders and community leaders has been key to success of vaccination campaigns.

EQ.6.1 To what extent did partnerships or coordination mechanisms established with other key actors and internally within UNICEF and WHO contribute to the delivery of the results?

A key factor influencing programme results was the engagement with the DfA since the Taliban takeover. Prior to 2021, formalised coordination mechanisms between UNICEF and the Republic existed; however, those were no longer functional since 2021 due to the regime change. For example, child protection programming was highly linked at the governmental level with the MoLSA, both through financial, political, and programmatic cooperation as they were the key counterparts. After the takeover by the Taliban in 2021, the cooperation instantly ceased, particularly the ability to transfer funds. This resulted in a heavy reliance on civil society and NGO partners to sustain community-based structures.

Nevertheless, programme staff continued to maintain ties with ministries bilaterally to facilitate coordination of activities.⁹⁷ Since August 2021, UNICEF has invested significant time and effort to build trust, gain access and mitigate agreement on difficult protection matters with the DfA at the local and national level, with plans to negotiate more gains for child protection in the future. One example, described in the Fifth Narrative Report, was the revival of a small bilateral Technical Working Group at national level between MoLSA and UNICEF to discuss the child protection issues. While the group was not fully activated, it was described as 'a positive step forward to strengthen the overall programme planning, coordination, and dialogue of the child protection sector in Afghanistan'.⁹⁸

One of the key challenges that had been identified during the implementation of the COM programme was the unavailability of SOP for case management for COM after the regime change. The SOP developed before August 2021 was no longer in use, and service delivery happened on an ad-hoc basis. This made it challenging to provide a comprehensive child-sensitive response in a coordinated manner. Subsequently, the Child Protection Area of Responsibility members and UNICEF, developed a new SOP that took into consideration the learnings around case management of UAMs gained during Phase I. Partners were trained on new SOP and the procedures were operationalized in mid-2023⁹⁹. As such, **coordination with external members was key to strengthening and streamlining the Child Protection system, and filling the gap left by regime change.**

Despite this, **the Child Protection Action Networks (CPANs), established with UNICEF's support under the previous government, remained active and were now led by the DfA.** CPANs continued to facilitate coordination between the DfA, UNICEF, and other stakeholders in the child protection community in Afghanistan. Programme staff have also noted engagement with the DfA regarding returnees, as border authorities were responsible for overseeing and supporting interventions. The DfA has granted special permission for the establishment of child protection structures, which supported interim care, including family tracing and reunification for children. There was partial acceptance and recognition of the need for such programmes, given that local authorities lack the capacity to sustain these actions independently. Despite a lack of outright collaboration, there was an acknowledgement of the need for engagement in Child Protection by the DfA, and a facilitation of interventions through the granting of authorizations.

Nevertheless, some programme staff have also reported that, **while coordination was present, communication between the DfA and international organisations was not very strong.** This was primarily due to restrictions posed on programme implementation as a result of a lack of authorisation, the ban on female vaccinators, restrictions on the house-to-house modality, as well as unannounced visits by DfA staff to camps and transit centres, resulting in a disruption of activities, according to programme stakeholders through KIIs. Current child protection issues were exacerbated by the lack of regulations at border crossings and concerns about potential mistreatment by police. This situation intensified the trauma experienced by vulnerable children. Despite ongoing advocacy efforts directed at the DfA, there was a lack of harmonised national policies at borders to support children and prevent such actions.

On Result 3, **the EOC has been a successful platform for coordination for all polio partners and has been overseeing the implementation of strategies and activities outlined in the NEAP.** The EOC has been structured both at the national and regional levels, which includes the Ministry of Health/National EPI, WHO, UNICEF, the US CDC, and Bill and Melinda Gates Foundation representatives. The EOC provided the opportunity to provide regular situation updates and discuss work plans regarding polio vaccination in Afghanistan. As an example, UNICEF and WHO have been able to jointly respond to emerging polio needs in the country, such as expanding the upper age limit of polio vaccination to 10 years old based on surveillance data and expert advice.¹⁰⁰

Since the political transition in August 2021, there has been incremental progress in engaging with authorities to resume vaccination campaigns across Afghanistan. Campaigns were reinstated in November 2021, overcoming previous bans in certain areas. Through local advocacy efforts, particularly with the DfA, physical

⁹⁷ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

⁹⁸ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023, p.48.

⁹⁹ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023, p.39.

¹⁰⁰ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

accessibility for vaccination campaigns has significantly improved. The house-to-house vaccination modality, advocated at various levels, was conducted throughout the country, except in the South Region and two provinces in the Northeast. Additionally, advocacy with the DfA has led to incremental gains in female participation among FLWs, including vaccinators, cluster supervisors, district coordinators, and social mobilizers. These achievements have been the result of repeated advocacy meetings where results were presented to the DfA in review sessions and other forums, demonstrating improvements in campaign coverage. While the South Region was still facing challenges with house-to-house access, continuous local negotiations were ongoing to address these issues. On internal coordination within UNICEF and WHO to contribute to the delivery of the results, please see the section on internal coherence (section 5.3). The key findings are not repeated in this section in order to reduce duplications in the report.

EQ.6.2 How did partnerships with key actors lead to enhanced programme outcomes, and what are the specific examples of successful collaboration?

The relationship between UNICEF Afghanistan and the DfA was highly sensitive. This was because of financial restrictions and donor conditionalities imposed after the 2021 Taliban takeover. After the events of 15 August 2021, UNICEF suspended its financial cooperation with the DfA and continued to engage in the interest of successful implementation of the COM programme. There is no signed agreement between UNICEF and the DfA. Consequently, the DfA does not currently have the capacity to implement child protection activities in the country and relies on external stakeholders such as UNICEF, the UNHCR, IOM and private foundations like the Bill and Melinda Gates Foundation to sustain the work.¹⁰¹ Moreover, the relationship with the DfAs was complicated by additional restrictions on programme implementation. For example, gender-sensitive child rights activities implemented prior to 2021 were unable to continue after the Taliban takeover due to the authorities' ban on female workers. This has set back the sustainability of programme results and widening gender disparities, particularly in the Southern region.

Regarding coordination with external partners, programme staff and implementing partners consistently mentioned that **inter-agency partnerships with other UN organisations have been highly successful**, including IOM and UNHCR. On child protection, a cross-border mechanism has been established between UNICEF and IOM so that children who return to Afghanistan from Pakistan or Iran are systematically received and screened for services through the joint partnership. The timely notification by IOM to UNICEF programme staff whenever a UAM has been identified has allowed programme staff to seamlessly provide the children with needed services. Regarding polio, partnerships with other UN agencies have significantly bolstered the programme's coverage and effectiveness. UNICEF and WHO have collaborated with IOM and UNHCR to facilitate the vaccination of returnee children as part of High-Risk Mobile Population initiatives. UNICEF also collaborated with IOM on the identification and referral of UAMs at the four main border crossing points with Pakistan and Iran to provide post-arrival reception assistance.¹⁰²

At the local level, **coordination with key figures such as religious leaders and community leaders** has proven to be the most effective method for reaching target populations during vaccination campaigns. Feedback from surveyed Frontline Workers (FLWs) revealed that 64 per cent personally coordinated with religious figures and 67 per cent with community leaders to conduct their vaccination campaigns effectively (see Table 15). This has underscored the substantial impact of local partnerships on the implementation of programme activities.

Table 15 FLW coordination with local authorities, community leaders and religious figures (N=58)

	During your campaign, do/did you coordinate personally with local authorities from the Ministry of Public Health?	During your campaign, do/did you coordinate personally with religious figures?	During your campaign, do/did you coordinate personally with community leaders?
YES	40 per cent	64 per cent	67 per cent
NO	60 per cent	36 per cent	33 per cent

Source: Survey with Frontline Workers conducted in January 2024

EQ.6.3 To what extent did the Polio team coordinate with frontline workers in other sectors, particularly Child Protection, and vice-versa? What were the synergies between both Result Areas?

The National Emergency Operations Centre expressed willingness to expand the use of their call centre beyond polio-related messaging, including child protection messages and support during natural disasters. This

¹⁰¹ UNICEF Afghanistan, First Consolidated Progress Report to the European Union for the Programme 'Afghan Children on the Move' A Framework for Action to Protect Children in Iran and Afghanistan, 2021.

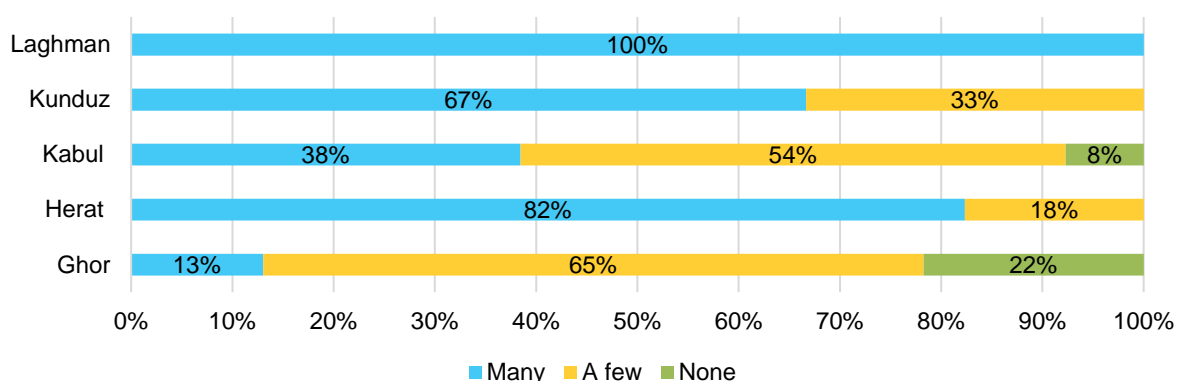
¹⁰² UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

demonstrated a proactive approach to leveraging existing resources for broader public health and protection initiatives. In addition, child protection implementing partners expressed how their robust safeguarding policies ensured that children's health needs are addressed through general check-ups and referrals to health centres when necessary.

An effective entry point for joint programming between UNICEF/WHO and external partners was at the cross-border sites. Sites included IOM centres for undocumented returnees and UNHCR repatriation camps for registered returnees, and along the cross-border routes and shelters of nomads. These entry points provided an opportunity for intervention for both the child protection and polio programme teams.

Another effective entry point was raising community awareness and establishing monitoring referral mechanisms on polio vaccination through CFS. FLWs at CFS provided children above the age of five and their caregivers with information about child health and the importance of polio and other essential vaccinations. The programme checked vaccination cards of children admitted to CFS, and if any child under the age of five has not received the polio vaccine, proactive measures were taken to ensure their vaccination. In addition, vaccination campaigns were used as an entry point to track and target COM. The majority of FLW surveyed, 90 per cent (out of 58), indicated that they vaccinated children that are migrating or displaced during their immunisation campaign (for disaggregation by province see **Graph 10**).

Graph 10 Vaccination of migrating or displaced children (N = 58)



Source: Survey with Front Line Workers conducted in January 2024

5.7 Sustainability

EQ.7. To what extent have programme resources and staff been integrated into national health and protection structures, and what is the likelihood that programme interventions and outcomes will be sustained without UNICEF or donor support beyond the programme's lifespan?

KEY FINDINGS

- **Integration into national health and protection structures has been limited** since the regime change. **The lack of national child protection structures means that current efforts rely solely on external partners and donors**, and a programme will unlikely continue beyond its lifespan without continued external intervention.
- **The findings demonstrate that community ownership offers a practical approach to sustaining programme results despite political constraints.** Continuation of similar vocational/educational training courses even after the programme's conclusion and instigating social and behavioural change around the treatment of children among community members are important for the further sustainability.
- **Regarding polio programming, while the health system exhibits more organisation compared to the child protection system, it remains dysfunctional and relies solely on external funding for sustainability.** Consequently, the prospect of integrating polio eradication activities into routine health services without external funding remains minimal. However, assuming ongoing external funding for the health system by members of the EOC (Bill and Melinda Gates Foundation, etc.), there remains a possibility of integrating and sustaining the efforts of the polio programme as long as such financial support persists.

EQ.7.1. To what extent have programme resources and staff been integrated into existing national health and protection structures (looking at pre and post 2021)? What integration model has been used?

The findings of this evaluation demonstrated that **community ownership offered a practical approach to sustaining programme results despite political constraints**. Consequently, shifting focus from formal capacity building focused on national stakeholder to informal community-focused capacity building can be used as an approach towards sustainability.

On Result 1, at the community level, there were signs of sustainability. Individuals in certain areas continued educational training courses at their own expense, showcasing sustained engagement beyond the programme's duration. Additionally, collaboration with UNICEF and other organisations has instilled a sense of accountability within communities, leading to the continuation of similar vocational or educational training courses even after the programme's conclusion. Such level of community ownership displayed a shift in behaviour and thinking around the value of programme activities. With regards to child protection awareness raising and sensitisation, efforts have also drawn attention to the role of community members in safeguarding children's rights, and the community played a part in the informal child protection architecture together with the formal mechanisms of the CPANs at the district and provincial levels. Such system strengthening worked on two levels, first through bulwarking the child protection architecture, and also through instigating social and behavioural change by addressing actions and attitudes around the treatment of children.

Prior to 2021, national child protection structures existed, and the programme included national capacity building components such as providing child protection training to social workers, police officers, and border officials. However, since 2021, these national structures no longer exist. The loss of national capacity previously built was also due to brain drain of these professionals leaving the country. Thus, from a sustainability perspective, **programme resources that have gone into national capacity building were unable to be integrated into any national child protection structures post-2021**, although this was due to external circumstances outside of the control of programme staff.

In line with the *Social Service Welfare Scale up Strategy and Plan* that was developed in early 2022, UNICEF, in partnership and coordination with Kabul University, worked on **designing and structuring a national social service (child protection/GBV) workforce**. Responsibility for hiring, training, mentoring, supervising, and reporting lied with UNICEF through a long-term agreement. UNICEF has revived engagement with the University's Faculty of Psychology and Educational Science, as well as regional universities, to develop an intensive training programme for potential social workers and para-social workers to address critical gaps in the workforce.

Result Area 3 programme staff considered it challenging to integrate polio eradication activities into the national health structures. This is because **polio eradication activities are still conducted as vertical programmes, which are run in parallel to national services**. Programme staff expected that once the target of polio eradication is close in Afghanistan, it would be the time to plan for integration with other health services.

EQ.7.2. What is the likelihood that programme interventions and outcomes in terms of material resources, human capital development, services, and benefits to COM, will continue without explicit UNICEF/donor support beyond the COM programme's lifespan?

The programme under both Phase 1 and Phase 2 was reliant on donor funds. The situation at the time of the evaluation indicated that the sustainability of the programme cannot be guaranteed without funding support from other stakeholders because the DfA do not currently financially support child protection services. Although the patchwork of child protection mechanisms and the restructuring of the system spearheaded by UNICEF appeared viable, it requires donor support and/or DfA ownership beyond the lifespan of the programme, which at present the DfA is ill-equipped to do. **The lack of national child protection structures means that current efforts rely solely on external partners and donors, and such a programme will unlikely continue beyond its lifespan without continued external intervention.**

Regarding polio programming, while the health system exhibits more organisation compared to the child protection system, it remains dysfunctional and relies solely on external funding for sustainability. Consequently, the prospect of integrating polio eradication activities into routine health services without external funding remains minimal. However, assuming ongoing external funding for the health system such as by members of the EOC (Bill and Melinda Gates Foundation, etc.), there remains a possibility of integrating and sustaining the efforts of the polio programme as long as such financial support persists.

5.8 Impact

EQ.8. To what extent has the programme led to direct or indirect long-term benefits, both intended and unintended, for children and other programme participants?

KEY FINDINGS

- Child protection efforts appeared to only have short-term, rather than long-term impact as caregivers of UAMs reported that they perceived the benefits and impact to be short-lived. Almost 50 per cent reported that their child will likely migrate again, almost exclusively to Iran, which was consistent across different age groups and current locations of the child. Although the impact of the programme's activities is significant in the short-term, such as offering safety and reassuring after traumatic journeys; however, the support available is too short-term in scale and scope to substantially affect lives of children.
- Positive unintended outcome included improved public health awareness through knowledge-transfer amongst communities both in rural and urban environments as a result of polio vaccinations. According to FGD respondents who were caregivers of children under 5, the programme has sparked community-level discussions on other vaccines too.

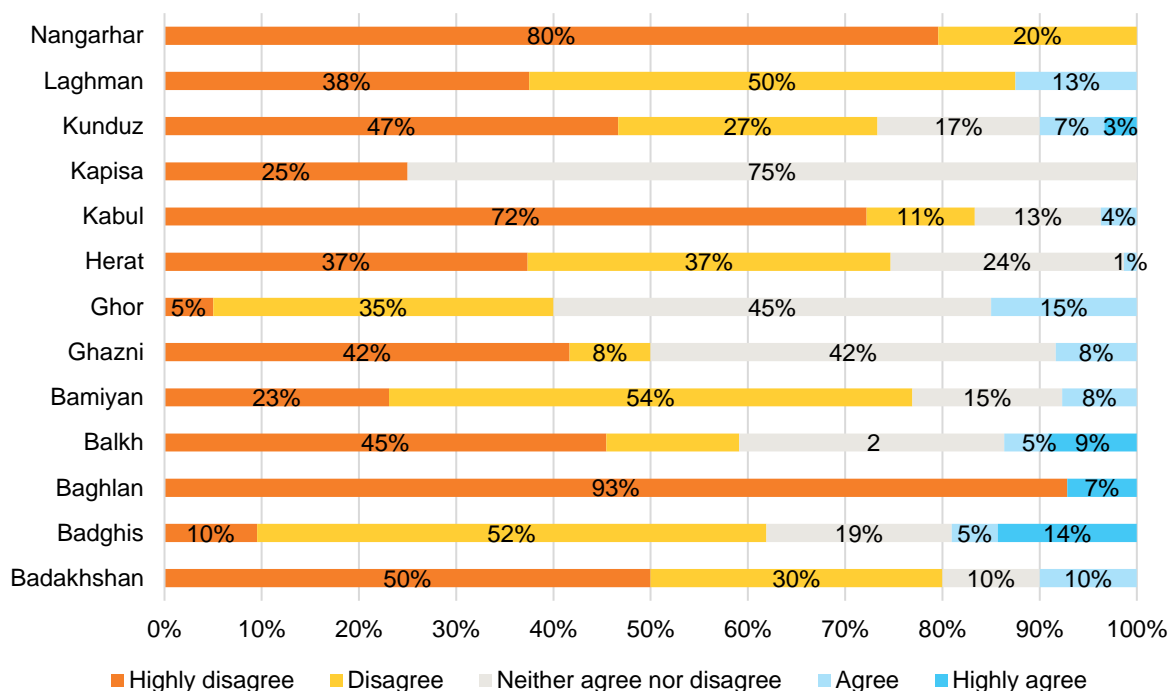
EQ.8.1 To what extent are there any direct or indirect long-term benefits (intended and unintended) that have accrued to children and other programme participants that can be attributed to their involvement in the programme?

Due to the design of the evaluation and the programme, it was challenging to infer causal attribution. To the extent possible, the evaluation tried to assess the contributions of the programme, mostly at the output level.

For Result 1, the intended outcome, as indicated in the ToC, is to support children returning to Afghanistan in their integration. This was assumed to be realised through children's access to PSS, education, vocational training, increased training for social workers, and increased capacity of CPANs and community members to protect children from unsafe migration.

The long-term impact is far more limited for Result 1. Notably, **72 per cent of caregivers of UAMs highly disagreed or disagreed that they perceive the programme benefits and impact to their child will be long-lasting** (see **Graph 11** for disaggregation by province). Except for Kapisa (with 75 per cent neither agreeing nor disagreeing), caregivers in all other provinces shared a negative view. The support received by most UAM caregivers surveyed and children interviewed at CFSs at the border was short-term assistance, such as with food, clothing, medical help, accommodation, or fare to return to Afghanistan, which is very unlikely to have addressed the underlying reasons for their migration. Social workers shared the view that this form of aid did not significantly impact children's prospects. One social worker mentioned they had previously conducted vocational activities which enabled them to offer some employment opportunities, but this was no longer available.

Graph 11 Do you think the programme's benefits to your child will continue to be long lasting? (N = 352¹⁰³)



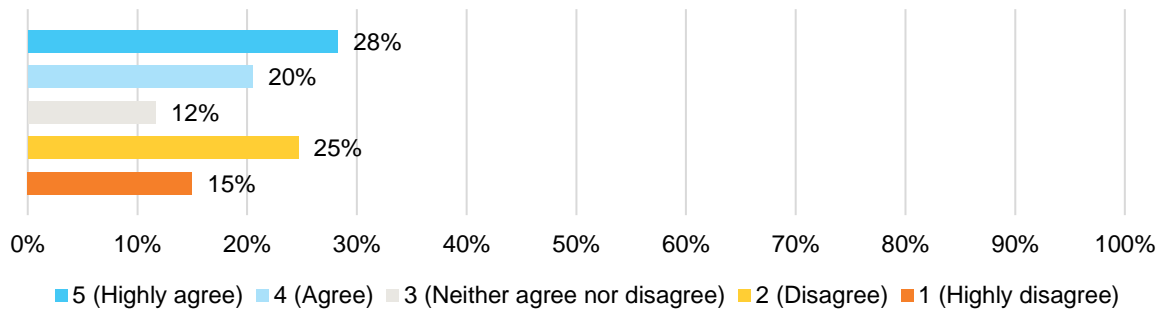
Source: Survey of Caregivers of UAM children conducted from December 2023 to February 2024

Even children and caregivers who had received vocational training and support, as noted under effectiveness, viewed this support as insufficient to have a lasting impact. It was viewed as too short, lasting only a few months, to fundamentally change their situation in the face of socio-economic challenges. For example, caregivers in Nangarhar were grateful their children could attend a UNICEF-run school, but their daughters could not attend past primary school due to the ban on girls’ secondary education. Similarly, a girl in Kabul who had attended a vocational training course on tailoring, which she had greatly enjoyed and said gave her hope for the future, said the cash assistance of 12,000 AFN had not been sufficient for her or her classmates to start a business. Instead, she made clothes for her wider family which saved them money but did not generate a substantial income. All caregivers and children interviewed called for more education and training opportunities to address longer-term needs, but also cash assistance to meet basic needs in the short-term. The challenges were further supported by Indicator 1.8 which revealed that only 31 percent of reunified children supported are engaged in income generating activities or education.

More fundamentally, **the personal circumstances that force children to migration still persist.** This is very clearly demonstrated by approximately half of caregivers of UAMs (48 per cent, 176 out of 361) expressed agreement or strong agreement that their child is more likely to migrate again (see Graph 12). Without new legal routes and the short time span, in which contexts are unlikely to have changed, this can be assumed to be unsafe, and irregular migration that puts children at significant risk of harm. Of these caregivers, the vast majority (168) thought the child would **migrate to Iran** and the remaining that answered indicated Turkey (2), Germany (1), Switzerland (1), Europe (1), Pakistan (1), abroad (1), and “anywhere there is work” (1). When asked how they feel about the decision to migration again, in open text answers, nearly all respondents described the lack of choice they faced and the need to send their child because of their desperate financial situation. Many described feelings of sadness, unease, worry and distress, but feeling compelled. Seventeen respondents also indicated that their children had already migrated again and were in Iran at the time. The survey findings indicated the scale of unmet needs and remaining challenges for protecting children in this context.

¹⁰³ Responded to the question.

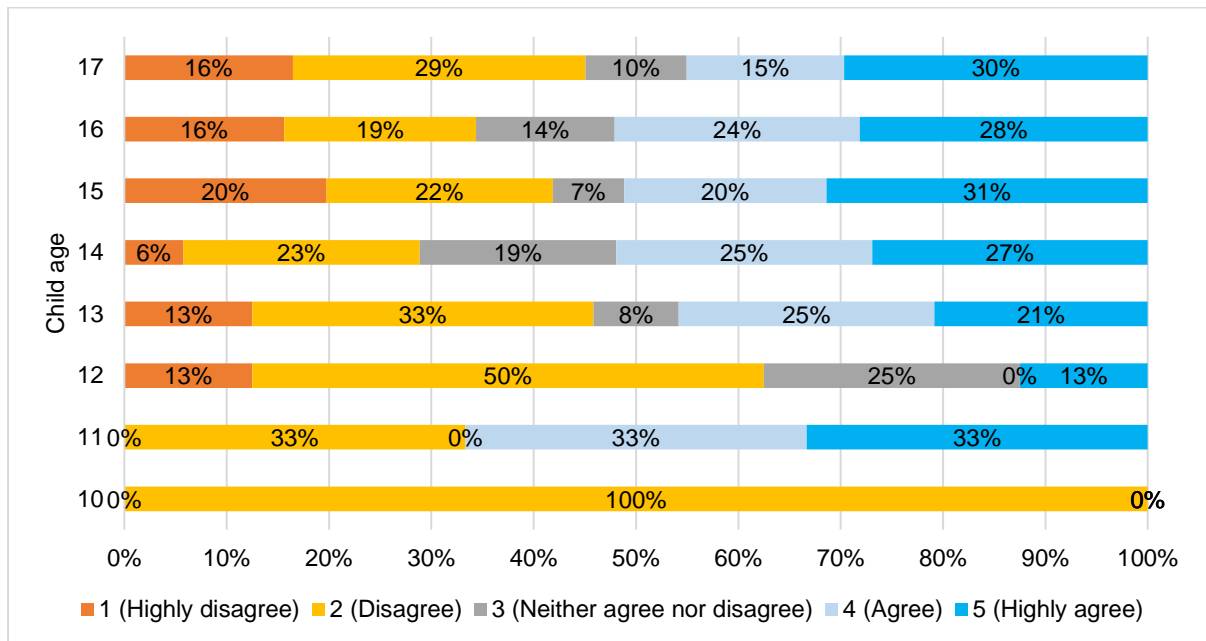
Graph 12 Do you think your child will migrate again in the future? (N=361)



Source: Survey of Caregivers of UAM children conducted from December 2023 to February 2024

Responses by caregivers regarding their child’s likelihood to migrate again in the future **did not indicate a substantial variation by age of the child**. Although sample sizes varied considerably, there was a consistent response across the age brackets except the ages of 10 and 12. For other ages, caregivers mostly agreed or highly agreed that their child will migrate again (see **Graph 13**).

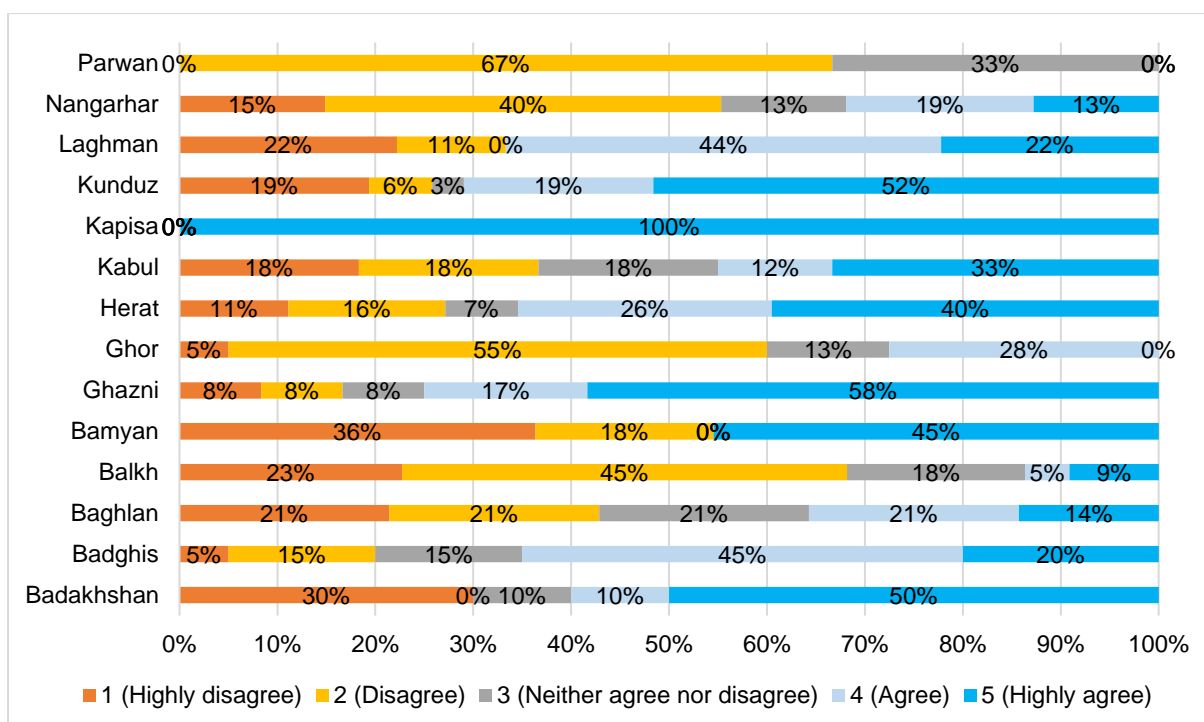
Graph 13 Do you think your child will migrate again in the future (disaggregated by age of child) (N=361)



Source: Survey of Caregivers of UAM children conducted from December 2023 to February 2024

Similarly, responses by caregivers regarding their child’s likelihood to migrate again in the future did not indicate a substantial variation by **where the household is currently living**. Although sample sizes varied considerably, there was a consistent response across most locations. Except for Parwan, Nangahar, Ghor, Balkh, and Baghlan, caregivers of UAMs tended to be more pessimistic about the likelihood of their children to migrate again in the future (see **Graph 14**).

Graph 14 Do you think your child will migrate again in the future (disaggregated by current location of household) (N=361)



Source: Survey of Caregivers of UAM children conducted from December 2023 to February 2024

One of the unintended positive outcomes was **community mobilisation around polio vaccination. The overall importance of vaccines has significantly improved public health awareness through knowledge-transfer amongst communities both in rural and urban environments.** According to FGD respondents who were caregivers of children under 5, it sparked community-level discussions on other vaccines, such as those for measles, tetanus (TT), COVID-19, pertussis, chickenpox, and hepatitis, as well as the importance of good hygiene and nutrition practices. FGD respondents across the evaluation sites noted that they were maintaining good hygiene practices among children, within their homes, and in the broader environment, and they encouraged each other to vaccinate their children, through discussions within family, neighbours and other members of the community. This has also fostered collaboration in sanitation practices, with some mentioning the importance of not littering in the streets and avoiding pollution of open water sources as important practices to follow. Moreover, sustained advocacy at the local level has percolated through communities and with local authorities, enabling women to re-enter the workforce in critical sectors such as health and child protection in some localities.

For Result 3, the success of the programme, as outlined under effectiveness, means there is a significant impact on children’s health through the effective prevention of polio and thus better securing their right to health. **The polio vaccination programme demonstrated remarkable success, achieving nearly all targets despite significant challenges.** The initiative vaccinated 10 million children during each of the four National Immunisation Days (NIDs), maintained vaccine wastage rates below 15%, and achieved over 95% campaign coverage, supported by robust supply chain logistics and trained frontline workers (FLWs). Community engagement efforts were instrumental in fostering vaccine acceptance, with 99% of surveyed caregivers viewing the vaccine as safe. FLWs built trust through incentives, professional interactions, and health education, addressing barriers to vaccination, particularly in underserved areas. However, misinformation, cultural resistance, and provincial restrictions on house-to-house campaigns constrained outreach, especially in regions like Kandahar. The programme’s vertical structure, heavily reliant on external funding, posed sustainability challenges, though its integration into broader health services holds potential with continued financial support. Overall, the programme not only advanced polio eradication but also strengthened health systems, to some extent.

A critical negative consequence of the context (not related to the programme) was the targeted killings of polio FLW involved in the programme, with the latest incident in February 2022 in the North-eastern region, which has led to a pause in polio vaccination campaigns in several regions (East and Northeast), a change in modality from house-to-house to mosque-to-mosque in the Northeast region, and limited women’s participation in subsequent campaigns with the percentage of women vaccinators reduced in Jalalabad from 72 per cent in March 2021 to zero in June 2021, in a current atmosphere of insecurity.¹⁰⁴ This not only set back progress on polio eradication in Afghanistan, but is itself a gross violation of human rights.

¹⁰⁴ NEAP, National Emergency Action Plan 2023 - Polio Eradication Initiative Afghanistan.

5.9 Cross-Cutting

EQ.9. To what extent did the programme design and interventions effectively address issues of equity, gender, disability, and child rights?

KEY FINDINGS

- **The programme was gender-responsive and disability-sensitive** in taking active steps to ensure that the needs of girls, boys, and children with disabilities were met. There were examples of tailored initiatives across both results areas and innovative practices to ensure the inclusion of female mobilizer vaccinators. However, there were **challenges in targeting children with non-visible disabilities**.
- The scale of need was huge and, as a result, **there were unmet needs, particularly around sexual violence**.
- The evaluation found that **there was lack of indicators to ensure progress and prioritisation** of girls and children with disability.

EQ.9.1 To what extent did the programme design and interventions address equity, gender, disability, and child rights issues within the context of COM?

Gender

UNICEF and WHO programme staff expressed a necessity to better understand the needs of girls on the move, especially upon return, design and implement the best interventions for this population. The gaps were reflected and better addressed in changes to Phase II of the programme which introduced important gender-focused objectives and activities. These included an objective focused on 'gender needs' and incorporating **GBV Prevention** messages into child protection-related community outreach and awareness-raising activities. This was in response to the Whole-of-Afghanistan Assessment (WoAA) that noted recruitment of children, child marriage, and child labour were on the rise in Afghanistan. 74 per cent of the households assessed in the WoAA noted behaviour change in the household, including anger, aggressive and violent behaviour change due to poverty and distress, which increased the risk of children experiencing greater levels of domestic and gender-based violence in their homes.¹⁰⁵ The programme rationale also indicated that violence against women and girls increased during the period of COVID-19 while also negatively impacting the availability of services.

During Phase 1, **COM programme** had some tailored interventions to the specific needs of girls on the move and mothers of children at risk of migration. Interviews with UNICEF and WHO staff demonstrated that there was a broad understanding of gender-related risks and needs. Tailored interventions included, for instance, the creation of **CFSs specifically for girl beneficiaries (although it was limited)**, which were accompanied by the intervention of female facilitators and female counsellors. In terms of prevention, there has been some targeting towards mothers in the community for awareness raising around unsafe migration through local community initiatives, as well as awareness on maternal and women's health. The CFS visited in Kabul as part of this evaluation, for example, had programmes focused on empowering girls and helping them to understand their rights and specific classes, such as computer, tailoring, and embroidery.

Nonetheless, UNICEF and WHO technical and management staff expressed that more could be done to meet the **unmet needs**. Some implementing partners interviewed did not see the importance of gender issues because around 80 per cent of UAM beneficiaries were boys, according to them. Two social workers in Kabul noted that there is no safe place for the girls who have suffered sexual violence by family members. Challenges in accessing education for girls, in the face of the ban on secondary education, was also highlighted by parents of COM in SSI.

Regarding Result 3, **female workers' ban also had a negative impact on the polio vaccination strategies** in late 2022, as low female participation in SIAs has been identified as a challenge, attributed to social barriers and the requirement for females to be escorted by males. The restrictions on female movement and targeted attacks on polio FLW have led to a decrease in female participation. It decreased from 46 percent in May 2021 to 26 percent in September 2023 because of restrictions imposed on female movement and two targeted attacks. The programme continued to expand the deployment of the 629 Female Mobilizer Vaccinators (FMVs) from 477 at health facilities.¹⁰⁶

The following efforts have been successful in integrating gender: **expanding the deployment of Female Mobilizer Vaccinators, the use of female extenders in continuing vaccination efforts, and connecting with women in the community on polio efforts**. However, in some provinces and districts, local authorities were scrutinising the operation of social workers and required permission from the DfA for their continued work. This issue was particularly relevant in the Central Region, where social workers conducted house visits. Advocacy at the national

¹⁰⁵ OCHA 2021, Whole of Afghanistan Assessment (WoAA).

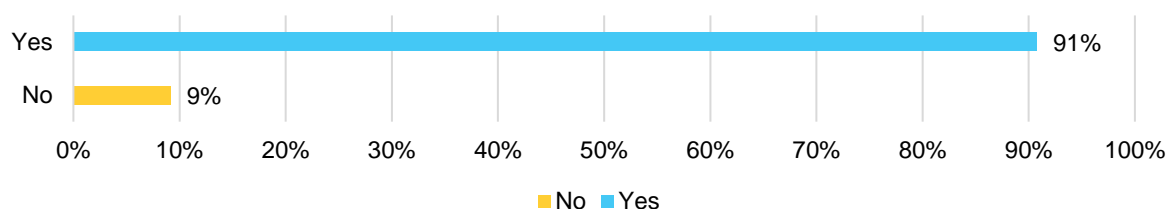
¹⁰⁶ UNICEF, Final Report for the Action Afghan Children on the Move A Framework for Action to Protect Children in Iran and Afghanistan, up to 16 September 2023, submitted 16 May 2024.

level with MoLSA has resulted in some local authorities permitting female social workers to continue providing services, including case management. Strategies, such as remote case management and strengthening community-based structures, have also been developed and implemented in parallel to palliate for the female workers' ban. This included the **'Nest' approach** in the Central Region. With the local Shura's permission, the female workers in the 'Nest' could work from home without any restrictions. This approach brought the services to the children by setting up safe spaces in the female workers' homes in the community, which were available for all women and girls. There, the child protection service providers were able to assess their needs and provided information and/or linked them with professional social workers for service referrals. The local Shura agreed to monitor the 'Nest' activities and ensured that the women and children could access the services without violating the local norms.¹⁰⁷

Although the inclusion of female mobiliser vaccinators likely improved the gender-responsiveness of actions, only 16 per cent (9 out of 58) of surveyed FLW said they have **received specific guidelines regarding vaccination of girls**. 93 per cent (54) reported that there was no difference in vaccinating boys and girls in the communities where they worked. This was possibly due to a lack of awareness among FLW about how vaccination can be impacted by gender norms although this also suggested that gender norms are not overtly impacting their work.

Regarding the conduct of the polio vaccination, it was **widely seen as respectful of women and girls**, with 91% of respondents (316 out of 349 responded) agreeing that the programme was designed and done in a way that was respectful of / appropriate for women and girls (see **Graph 15**).

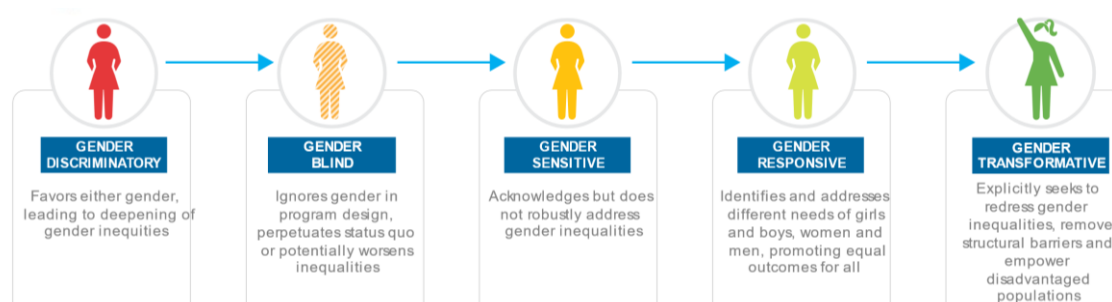
Graph 15 Do you think the vaccination program was designed and done in a way that was respectful of / appropriate for women and girls? (N=349)



Source: Survey with Caregivers of Children under 5 conducted from February 2024 to March 2024

Overall, the programme can be characterised as 'gender responsive' as the activities outlined in this section 'identifies and addresses different needs' between girls and boys with the aim of promoting equal outcomes for all (see **Figure 4**). The potential for the programme to be gender transformative and removal 'structural barriers and empower disadvantaged groups' – the next step towards gender equality in UNICEF's gender continuum – is highly limited in this political context (see **Figure 4**).

Figure 4 UNICEF Gender Continuum Diagnostic tool¹⁰⁸



Source: UNICEF Gender Continuum Diagnostic Tool

Disability

Regarding disabilities, updated data from the Afghanistan Humanitarian Needs Overview 2023 indicated that more than 8.3 per cent¹⁰⁹ of the population in need were persons with disabilities, including children, the highest percentage in the world indicating the high relevance of disability-mainstreamed services.

Through the programme design, UNICEF ensured thorough assessments of children deported from Iran and Pakistan to Afghanistan, to be able to provide **individualised plans to better tailor services to their needs**

¹⁰⁷ Ibid.

¹⁰⁸ UNICEF, 'Gender Marker Implementation in UNICEF'.

¹⁰⁹ UNICEF Afghanistan, UNICEF EU COTM I 5th report - Logical framework and Work plan, 2023.

although programme stakeholders also felt more tailored interventions were needed. During the period of 2022-2023, at least 497 (188 girls and 309 boys) children with disabilities were supported with psychosocial support through CFSs, case management, referral to specialised services and cash provision. Sessions with psychologists aimed not only to support disabled children but also educate their peers on inclusive behaviour and interaction, thereby promoting mutual understanding and inclusivity. One child and parents of disabled children interviewed as part of this evaluation were deaf and had been prioritised for inclusion in CFSs. The children had received hearing aids which had significantly improved their daily lives. They described how they were now able to easily hear conversations, watch TV, and look for work. One had received psychological support which the child described had improved his well-being following bullying from his peers because of his disability.

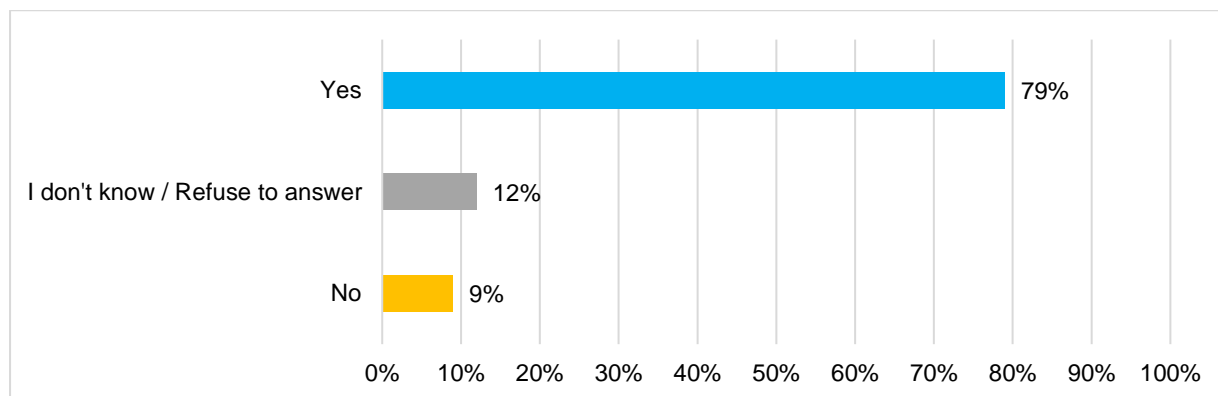
Through re-designing Afghanistan's State Welfare Organisation's Community-based Rehabilitation programme, UNICEF had trained 60 facilitators to provide combined rehabilitation and education services in hard-to-reach communities. At the completion of the intervention, **access to rehabilitation and education services for 200 children with disabilities (including Afghan children) living in deprived areas of Khorasan Razavi and South Khorasan had been enhanced.**

Additionally, UNICEF supported a series of **training of trainers workshops for 73 master teachers on distance and hybrid learning methods and developing digital learning materials accessible for children with disabilities.** Following the national scale-up of the programme in 2023, all special education organisation's teachers working in 1,720 special schools were expected to be knowledgeable in distance and hybrid learning methods. 78,064 students (including Afghan refugee students) with disabilities in special schools would have benefitted indirectly from the improved access to quality hybrid learning.

There was an **absence of clear targets** for including disabled participants, which failed to incentivise the programme to adopt a truly inclusive approach. Without specific goals and designated individuals responsible for ensuring the participation of disabled beneficiaries, there was little pressure on the programme to prioritise disability inclusion effectively. Moreover, it was reported that there were **challenges in targeting children with non-visible disabilities.**

Regarding Result 3, the vaccination programme was viewed by caregivers of children under five as being **designed and done in a way that was respectful of / appropriate for people with disabilities** which 79% of respondents (277 out of 349 responded) indicating they agreed with the statement (see **Graph 16**).

Graph 16 Do you think the vaccination programme was designed and done in a way that was respectful of / appropriate for people with disabilities (N=349)



Source: Survey with Caregivers of Children under 5 conducted from February 2024 to March 2024

Child Rights

In terms of child rights, the programme has firmly adopted a human rights-based approach. Its child protection component revolved around safeguarding children from all forms of harm and ensuring their rights to thrive in a secure environment. Extensive training to implementing partners to ensure that these standards were met has resulted in positive coordination at the implementation level on protection and safeguarding mechanisms such as the creation of Prevention from Sexual and Exploitation and Abuse focal points. Similarly, the polio component focused on securing children's right to health through polio vaccination.

An important child rights concern highlighted by the programme stakeholders was on **the documentation of human rights violations and violations of children's rights among UAMs.** While the programme primarily focused on providing services for COM, it has acknowledged a lesser emphasis on advocacy. Programme personnel, both at the national and local levels, mentioned deficits in information-gathering and documentation of potential human rights and child rights violations among UAMs.

6. LESSONS LEARNED

This section outlines lessons learned for UNICEF and other stakeholders seeking to implement similar programmes in the future.

1. The extensive needs among COM means meeting their needs is highly challenging. The desperate situation of COM prompts them and often their caregivers to make the highly difficult decision to engage in unaccompanied migration, primarily to Iran. While migration involves huge risk at the hands of smugglers and violence by police, some do find work and remit money to their families. In Afghanistan, the political and economic climate makes finding a livelihood highly challenging. Support provided through this programme primarily met emergency needs and, even where more extensive support was provided, was often insufficient to meet long-term needs and avoid further migration. Parents and children cited the need for more education and vocational training.

2. Programme flexibility, leveraging partnerships and strong coordination means targets can be met, even in highly complex and politically uncertain contexts. The programme has seen significant changes in the operational context. When the programme was launched, the issues of access and risk prevention were central; five years later, the challenges were responding to funding limits and gaps in national structures, but security and access to populations became easier. Across this changing context, programme flexibility and, particularly, coordination with partners and careful negotiations with the DfA, have meant that targets have still been met.

3. The internal coherence of programmes is as important as external coherence to achieve results and ensure the logical design of programmes. The COM programme included three results, covering diverse topics (child protection and polio) and distinct geographic regions (Afghanistan and Iran). While there were some points of overlap and limited synergies, these were largely separate programming areas, affecting the coherence of internal planning and programmatic design. The need for more coherent programme is essential to achieve the results and impact on beneficiaries.

4. Key best practices to enhance effectiveness and efficiency include conducting pre-implementation assessments, engaging local authorities to mitigate delays at the national level, coordinating with community and religious leaders, leveraging remote work to sustain the participation of female staff, and establishing clear standard operating procedures (SOPs) and referral pathways. These strategies have been consistently identified as instrumental in optimizing programme outcomes.

5. Attempts to create synergies during programmatic delivery (e.g., the dissemination of safe migration messages to families through front line polio workers during house-to-house vaccination, visits by polio vaccinators and routine immunization teams to CFS) are **examples of good practices to be leveraged and continued**. A multi-sectoral response was implemented at cross-border points such as Torkham in the East and Spin Boldak in the South, integrating child protection, polio vaccination, WASH (Water, Sanitation, and Hygiene), GBV prevention, and health and nutrition services. The National Emergency Operations Centre also indicated its readiness to extend the scope of its call centre beyond polio-related messaging to include child protection and natural disaster support. Cross-border sites emerged as effective platforms for joint programming by UNICEF, WHO, and partners like IOM and UNHCR, facilitating coordinated interventions by child protection and polio programme teams. Additionally, Child-Friendly Spaces (CFSs) proved to be valuable entry points for delivering integrated multi-sectoral responses.

7. CONCLUSIONS

All child protection activities were highly relevant in the face of very high demand for family reunification, emergency support, MHPSS and case management as an entry point to education and vocational training.

The COM programme was highly relevant because of the high degree of need reported among children and parents. The economic and political situation in Afghanistan means vulnerable children, particularly UAMs, have a high demand for the programme's activities, including but not limited to vocational training and cash transfers. MHPSS and services to facilitate family reunification were relevant in the face of the physical and psychological trauma faced by UAMs living without their families in Iran and during deportation. The relevance of the programme increased during the course of implementation as large migration influxes were sustained from 2021 onwards, including UAMs, and the political transition in 2021 which led to the collapse of the national child protection structure.

The programme struggled to meet its long-term goals regarding child protection but short-term impact was considerable.

The programme ToC had an ambitious goal to foster integration. However, the nature of the support provided was insufficient to be able to realistically meet this goal and two agencies alone cannot together be responsible for the integration of children on the move. Reintegration support requires area-based and multi-sectoral investments beyond those in this programme. Essential support focused primarily on emergency support at the border in terms of accommodation, food and clothes and reunification with UAMs' families. Interviews with children and parents who had received longer-term support, such as vocational training, valued the opportunity in terms of the positive environment at the training and said it gave them hope for the future. However, some reported not being able to turn it into a viable business, noting both the lack of financial support to be able to start a business and the external environment in which there was insufficient demand.

Notably, 72 per cent of caregivers of UAMs highly disagreed or disagreed that the benefits of the programme for their children will be long-lasting. Similarly, almost 50% thought their child will migrate again, with some indicating their child had already re-migrated. Nonetheless, the short-term impact of the programme was considerable. It allowed UAMs to feel safe and be reassured by counsellors after traumatic journeys. It provided crucial case management support to reunite them with their families, when many could not afford the travel expense or contact their family. The value placed on this support is reflected by 98 per cent of parents of UAMs surveyed highly agreeing or agreeing that they were happy with the services provided to their children.

There were gaps in coverage and challenges meeting demand for child protection, especially for girls.

Programme staff commented on the challenges meeting demand because of the high number of UAMs crossing the border, the lack of provision in certain areas and challenges conducting follow-ups to assess post-return situation and needs. This was attributed to a lack of overall programme funds. There were gaps in provision for girls, with limited CFS tailored to meet their needs, and, after 2021, a lack of female frontline social workers in some provinces. Children with disabilities on the move, particularly the ones with non-visible disabilities, were overlooked, although CFS targeted vulnerable children in other activities.

Polio campaigns were effective and relevant, and they were only hindered by external constraints.

Polio vaccination activities were highly relevant given the continued wild transmission of the polio virus and were crucial in securing children's right to health. Community mobilisation efforts appeared successful as caregivers of children under five consistently reported positive and scientifically accurate opinions of the vaccine, and professional interactions with FLWs. The activities were also effective and efficient, for example hitting targets regarding wastage. Coverage of the programme and meeting targets were strong, with only external constraints that are likely to affect future results, such as the ban of female FLW and partial bans on house-to-house vaccination.

Sustainability of the programme is limited but entry points in terms of community engagement provide a way forward.

Integration into national health and protection structures has been limited since 2021 due to the regime change and the pause of activities related to national capacity building. However, partnerships and networks have been built that facilitate sustainability and there were some gains at the community and local level. Nonetheless, the programme relied solely on external partners and donors, and it will unlikely continue beyond its lifespan without continued external intervention.

The programme adapted well through developing good partnerships and strong coordination in the face of a changing context.

Programme adaptability was strong. Following the regime change, while national capacity building activities were paused, other activities such as child protection activities that targeted COM and the community were scaled up, and the programme worked well with partners to fill gaps in the national child protection structures. Regarding polio activities, the programme team displayed agility in redirecting resources for the procurement of vaccines for immunisation campaigns when needed, were well coordinated through the EOC, and focused on implementation of the NEAP.

Internal coherence within the programme was limited; however, external conference showcased good results.

The result areas of child protection and health were programmatically very different due to the different age groups of targeted children and overall objectives, although there were some synergies through the availability of polio immunisation at CFS at the border. Similarly, internal coherence between UNICEF Afghanistan and

UNICEF Iran programming was limited, despite children crossing the border of the two countries and Result 2 of the programme which was geographically focused on Iran. External coherence was reported quite strong.

8. RECOMMENDATIONS

Table 16 Recommendations for UNICEF outlines recommendations for UNICEF, based on the findings of the evaluation. The recommendations have been developed in collaboration with the ERG. The Evaluation Team presented initial recommendations which were tailored in response to the ERG's feedback to ensure their relevance and suitability for implementation.

Table 16 Recommendations for UNICEF

#	Change desired	Recommendation	Actions to implement recommendation	Timeframe	Responsibility (e.g. Units)
1.	Children prevented from engaging in unsafe migration for COM and internally displaced children ¹¹⁰ are better protected.	Focus on preventing unsafe migration for COM with expanded partnerships with migration mandated agencies and target internally displaced children as an overlooked category with high needs.	<ul style="list-style-type: none"> Shift the programme's focus towards prevention strategies and integrate this with the Result 3 polio response, with the support of key figures such as religious and community leaders. Ensure community feedback mechanisms and community-based monitoring including key indicators on prevention (tracking key indicators such as % of children who migrated after a year, % of families who changed their minds on child migration following the programme activities). Expand the collaboration with IOM and UNHCR from the cross-border to reintegration mechanisms and enhance partnerships between key actors along migration routes. Implement prevention and awareness raising campaigns at schools, refugee camps, hospitals, mosques, border crossings. Assess and build capacity of actors at the border on how to identify and intervene in a child-friendly manner with UAMs. Staff and train social workers to reinforce prevention and response. Evaluate the work of the CPAN on COM inclusion and develop a strategy to reinforce CPAN across all 34 provinces of Afghanistan, including on monitoring of key outcomes and demographics covered. Broaden the scope of beneficiary groups to more directly target internally displaced children and children in street situations. 	1 month – 2 years	<p>UNICEF Afghanistan (Child protection, SBC, Health/Polio, Education), WHO</p> <p>Partnerships will be required with migration mandated agencies (IOM, UNHCR) and referral mechanisms (through CPAN)</p>

¹¹⁰ Internally displaced children in Afghanistan are children born in displacement or that have had to move with their families due to conflict, climate change, and / or man-made disasters. They can be returnee-IDPs with families living in camps and informal settlements across the country.

#	Change desired	Recommendation	Actions to implement recommendation	Timeframe	Responsibility (e.g. Units)
			<ul style="list-style-type: none"> Implement an integrated approach that includes mobilisation and awareness campaigns targeting caregivers, along with leveraging the school system to help extend child protection and case management support to internally displaced children. Tailor targeted interventions, such as providing access to education, healthcare, and social support. 		
2.	Increased awareness and normative change that accepts and promotes polio vaccination and child protection within communities.	Continue and expand direct awareness activities with community and religious leaders and health workers, alongside media channels such as television and radio, in disseminating information to bring about norm change.	<ul style="list-style-type: none"> Implement extensive awareness-raising activities on polio and child protection for both genders. Engage local communities and leaders as conduits for knowledge dissemination and community engagement. Conduct awareness-raising activities that are tailored through a cascading transfer-knowledge strategy: social workers, community and religious leaders, families, young children, and adolescents. 	6 months - 2 years	UNICEF Afghanistan, (Child Protection, Health/Polio, SBC, Gender), WHO
3.	Local authorities have ownership and accountability over programme activities to ultimately ensure the sustainability of results.	Engage local authorities for ownership and accountability to improve sustainability of the programme and build on initial progress.	<ul style="list-style-type: none"> Continue and build on advocacy efforts with the DfA and local authorities to ensure the prioritisation of polio eradication efforts within the country, and the protection of children returning at the border. Strengthen capacity of the Child Protection Action Network (CPAN): identify gaps and reinforcement required for CPAN to lead on prevention and response. Establish a localisation strategy to identify local actors, such as religious leaders (male and female), and equip them with skills to support local activities and ensure their involvement and gradual ownership of the programmes. Establish a community engagement strategy to empower local communities to be the focal points for awareness raising against harmful practices, and build on identified best practice communities to share results and learning between/across communities. 	6 months - 2 years	UNICEF Afghanistan (Child protection, SBC, Health/Polio), WHO In partnership with CPAN members
4.	COM have improved access to education and vocational training.	Advocate for comprehensive programmatic action on education and consider vocational training to address long-term needs.	<ul style="list-style-type: none"> Implement Alternative Learning Packages (ALP) for COM. Integrate caregivers into literacy programmes to ensure their support for their child's education. Continue promoting and advocating for girls' education, to the extent possible. 	6 months - 2 years	UNICEF Afghanistan (Child Protection, Education, Gender), WHO

#	Change desired	Recommendation	Actions to implement recommendation	Timeframe	Responsibility (e.g. Units)
			<ul style="list-style-type: none"> Reinforce CFS as one-stop-shop for all-inclusive integrated basic services covering child health and hygiene, psychosocial support, recreation, education, and vocational training. This can be done with a greater focus on girls' inclusion. CFS can become a dual learning space and protective environment to build resilience, healing and self-expression among COM, including girls. 		
5.	Improved livelihood opportunities for COM and their households.	Invest in cash assistance as a tool for sustainable reintegration and improved livelihoods and ensure inclusion of COM/CP in cash assistance programming across interventions in Afghanistan.	<ul style="list-style-type: none"> Ensure the inclusion of COM households as an eligibility criterion in cash assistance and vocational training as part of reintegration efforts to support the establishment of small businesses to address severe economic difficulties. Partner with the Cash and Voucher working group to include a child protection lens in cash programming across Afghanistan, including the inclusion of CP in tools, targeting and measurement of outcomes to empower local communities where COM originate from and return to. Pilot the roll-out of peer savings groups and self-help groups with COM households and communities of origin/return. Engage with the Save the Children to draw on their experience on effective child-sensitive cash programming¹¹¹, such as integrating the migration/displacement criteria and linking cash to vaccinations. Potentially explore the possibilities of working with UNDP under Abadei, a programme that targets community resilience and has as one of its focus areas people impacted by migration and displacement. 	6 months - 2 years	<p>UNICEF Afghanistan (Child Protection, Social Protection, Health/Polio), WHO</p> <p>Partnerships with: Cash and Voucher working group members and leads (WFP and IRC), AKF, Women for Women International, Afghanaid, World Bank on self-help group initiatives and support, Save the Children, UNDP</p>
6.	Children on the move with disabilities have improved access to services, feel empowered and included in communities and programming action leads to gender-focused	Empower children on the move with disabilities as part of a commitment to disability inclusive programming, foster gender inclusion, and target isolation and disempowerment.	<ul style="list-style-type: none"> Ensure the inclusion of disability in tools, targeting and referrals, and setting of specific goals and designated individuals responsible for ensuring participation of beneficiaries with disabilities. Prioritise the identification and empowerment of children on the move with disabilities through tailored support, including accessible resources, barrier-free infrastructure, mental health support. Increase capacity building for social workers on disability inclusion and develop guidelines/manual on disability inclusion programming. 	3 months - 2 years	<p>UNICEF Afghanistan (Education, SBC, Child Protection, Health/Polio, Gender, Disability), WHO</p> <p>In partnerships with GiHA working groups across the country</p>

¹¹¹ [The Effectiveness of Cash Transfer Programming for Children | Save the Children's Resource Centre.](#)

#	Change desired	Recommendation	Actions to implement recommendation	Timeframe	Responsibility (e.g. Units)
	outcomes that target isolation and disempowerment.		<ul style="list-style-type: none"> Enhance medical services, especially for children on the move with disabilities, ensuring timely and comprehensive healthcare. Recruit paraprofessionals, aides and assistants as staff and/or volunteers at schools, border crossings, and hospitals. Ensure accessibility for children on the move with non-physical disabilities with the presence of assistants and adaptive learning resources. Foster inclusivity and understanding among all children and community members through awareness raising campaigns. Use disability-disaggregated indicators to monitor progress. Prioritise the development of clear targets within programmatic action for gender inclusion. Expand the work of the CFS to target girls' inclusion, education and empowerment, and implement comprehensive gender programming that promotes gender equality at all levels, including but not limited at CFS and through social collectives. Use gender-disaggregated data to monitor progress. 		
7.	Communities of origin/return of COM have access to relevant services.	Expand coverage of the programme to underserved areas to ensure comprehensive coverage of services.	<ul style="list-style-type: none"> Ensure inclusion of COM households and communities as an eligibility criterion across key humanitarian interventions. Align the COM programme in the protection and gender strategy validated by the Humanitarian Country Team (HCT). Reinforce the work of CPAN in terms of prevention, response and monitoring. Expand the existing CFS to provide integrated services (health, psychosocial, recreational, education) and gender inclusive spaces. 	6 months - 2 years	<p>UNICEF Afghanistan (Child Protection), WHO</p> <p>Partnering with IOM and UNHCR to include COM response within their existing programming</p>
8.	Programmatic synergies that contribute to the needs being met for programme beneficiaries.	Improve internal coherence of the programme and create/explore further programmatic synergies during programmatic delivery.	<ul style="list-style-type: none"> Ensure all result areas are cohesively linked and aligned with the newly updated ToC to foster strategic coherence. Replicate the successful consultative virtual meetings between UNICEF Afghanistan and UNICEF Iran to enhance cross-border case management and child protection services. Synergize responses across sectors by integrating child protection, polio vaccination, WASH, GBV prevention, health, and nutrition services. Identify additional 	1 month – 2 years	UNICEF Afghanistan (Child Protection, Health/Polio, WASH, Nutrition, Gender), WHO

#	Change desired	Recommendation	Actions to implement recommendation	Timeframe	Responsibility (e.g. Units)
			<p>opportunities for synergy, such as expanding the National Emergency Operations Centre's call centre scope beyond polio messaging to include child protection and natural disaster information.</p> <ul style="list-style-type: none"> Utilize CFSs as strategic entry points for delivering integrated, multi-sectoral responses, maximizing their potential to serve affected communities effectively. 		
9.	Enhanced collaboration within UNICEF, across UNICEF/WHO, with the broader humanitarian community and with communities of origin/return, as well as increased information on breaches of children's rights at the border to inform more effective prevention and response mechanisms.	Invest in joint activity roll-out, community engagement, and monitoring to address operational inefficiencies, including tracking potential breaches of children's rights at the border.	<ul style="list-style-type: none"> Identify locations where results 1-3 can be rolled out jointly by WHO and UNICEF to increase efficiencies and joint roll-out of activities. Strengthen community engagement and household participation in CP and polio activities. Involve relevant stakeholders such as community representatives and establish community feedback mechanisms. Work with the Accountability to Affected People (AP) WG to integrate COM in feedback mechanisms and real-time monitoring activities. Invest in a dashboard for monitoring and follow-up on reintegration situation and needs of COM with regular check-ins by social workers (phone or other) and real-time community-based monitoring systems. Establish comprehensive monitoring mechanisms to track potential breaches of human and children's rights, with a focus on children returning at the border. Provide training for monitoring personnel on human rights and children's rights. 	1 month - 2 years	<p>UNICEF Afghanistan, (Health/Polio, Education, SBC, Child Protection), WHO</p> <p>Partner with the AAP group</p>

ANNEXES

Please refer to the separate document. The list of annexes is reflected below.

- Annex 1. Terms of Reference
- Annex 2. Original ToC of the programme
- Annex 3. Bibliography
- Annex 4. Data Collection Timeframe
- Annex 5. Evaluation Matrix
- Annex 6. Results-Oriented Monitoring Recommendations & Actions
- Annex 7. ERB Approval
- Annex 8. List of Interviews and Sites Visited
- Annex 9. Samuel Hall Statement of Quality Assurance
- Annex 10: Tools
- Annex 11: Samuel Hall Data Protection Measures
- Annex 12: Programme Log frame (Result 1 and 3)
- Annex 13: Survey Data
- Annex 14: Samuel Hall Child Safeguarding Policy