



# Synthesis of evidence generated by UNICEF Afghanistan 2021-2024

Synthesis Report

January 2025

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## Foreword

UNICEF Afghanistan remains unwavering in its commitment to strengthening evidence-based decision-making. In line with this, the office commissioned the synthesis of evaluations, research, and studies conducted between 2021 and 2024, aiming to present a comprehensive view of its achievements, lessons learned, and the factors behind both successes and challenges.

The period from 2021 to 2024 has presented UNICEF Afghanistan with both significant challenges and opportunities, highlighting the resilience and adaptability of its programmes in one of the world's most complex operational contexts. This synthesis offers a thorough analysis of progress, achievements, and key lessons learned from UNICEF's interventions across various sectors.

The findings emphasise both notable successes and existing barriers, offering critical insights into what has worked and where further improvements are required. Through a robust methodology that incorporates advanced data analysis tools, such as Artificial Intelligence (AI) and natural language processing, this report underscores the importance of community engagement, local ownership, and gender-responsive approaches in achieving sustainable and meaningful outcomes.

Looking forward, this synthesis outlines a clear path for improving on programme integration to ensure that future initiatives are not only responsive to the needs of Afghanistan's most vulnerable children and women but also sustainable over time.

On behalf of UNICEF Afghanistan, I extend my sincere appreciation to the Landell Mills team for their dedication to this work, particularly to Herma Majoor (Team Leader), Hadeel Tawfik (Research Analyst), Huda Mustafawi (National Expert), and Ellie McGovern (Contract Manager) for their professionalism throughout the process. I also express my gratitude to my colleagues from UNICEF Afghanistan and the UNICEF Regional Office for South Asia for their invaluable contributions.

Additionally, I would like to acknowledge Kamilla Nabiyeva (Research and Evaluation Specialist) for directly managing this synthesis, Weeda Sarabi (Evaluation UN Volunteer) and Amin Waizy (Evaluation Consultant) for their consistent support, and Jawad Aslam (Chief Social Policy) for his guidance and oversight.

As we look to the future, it is our shared responsibility to continue using the insights from this synthesis to design programmes that promote equitable, resilient, and sustainable outcomes for all, with a particular focus on girls, women, and marginalized communities. This report not only reflects on the achievements and challenges of the past but also serves as a call to action, urging all stakeholders to unite in accelerating progress toward sustainable development in Afghanistan.



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## Acknowledgements

This synthesis was commissioned by the UNICEF Afghanistan and managed by Kamilla Nabiyeva (Evaluation and Research Specialist) with the support of Weeda Sarabi (Evaluation Officer) and Amin Waizy (Evaluation Consultant), under overall guidance of Jawad Aslam (Chief Social Policy, Evaluation, and Research).

The synthesis was conducted by the Landell Mills. We extend our sincere appreciation to Herma Majoor (Team Leader), Hadeel Tawfik (Research Analyst), Huda Mustafawi (National Expert), and Ellie McGovern (Contract Manager) for their unwavering professionalism throughout the synthesis process.

This synthesis would not have been possible without the active contributions and engagement of numerous stakeholders. We are deeply grateful to the Reference Group, consisting of members from UNICEF Afghanistan and UNICEF Regional Office in South Asia, for their instrumental guidance and feedback.

# Table of Contents

<b>Acronyms</b>	<b>vii</b>
<b>Executive Summary</b>	<b>ix</b>
<b>1. Introduction</b>	<b>13</b>
<b>2. Background and context</b>	<b>13</b>
2.1. Background of UNICEF's engagement	13
2.2. Context of UNICEF's Thematic Priorities in Afghanistan	14
2.2.1. <i>Health</i>	14
2.2.2. <i>Nutrition</i>	15
2.2.3. <i>WASH</i>	16
2.2.4. <i>Education</i>	17
2.2.5. <i>Child Protection</i>	18
2.2.6. <i>Social Protection</i>	18
2.2.7. <i>Cross-cutting themes</i>	19
2.2.8. <i>Institutional Effectiveness in Afghanistan</i>	19
<b>3. Purpose, objectives, scope and users</b>	<b>19</b>
3.1. Purpose	19
3.2. Objectives	20
3.3. Users and use	20
3.4. Scope of the exercise	20
<b>4. Framework and methodology</b>	<b>21</b>
4.1. Conceptual framework and questions	21
4.2. Methodology	22
4.2.1. <i>Quality assessment of reports</i>	22
4.2.2. <i>Systematic review</i>	23
4.2.3. <i>Search strategy using artificial intelligence powered natural language processing</i>	23
4.2.4. <i>Ethical considerations</i>	23
4.2.5. <i>Limitations and mitigations</i>	24
<b>5. Findings</b>	<b>24</b>
5.1. Achievements, evidence, enablers and barriers	24
5.1.1. <i>Analysis of evidence availability per thematic area and year</i>	24
5.1.2. <i>What has worked well and what has not in UNICEF Afghanistan's achievement of results since August 2021?</i>	27
5.1.3. <i>Where is the evidence the strongest, and where are the main gaps in evidence activities generated since August 2021?</i>	41
5.1.4. <i>Institutional and operational effectiveness</i>	44
5.1.5. <i>External and internal enablers and barriers</i>	47
5.2. Overarching findings in each thematic sector	54
5.2.1. <i>Summary of thematic sectors</i>	54
5.2.2. <i>Common and unique enablers and barriers in thematic areas</i>	54
5.3. Sustainability	56
5.3.1. <i>Potential for replicability and scalability</i>	56
5.3.2. <i>Potential for (future) ownership by communities and institutional partners</i>	58
5.3.3. <i>Planned and achieved long-lasting effects in beneficiaries</i>	59
5.3.4. <i>Monitoring and evaluation of sustainability measures</i>	59
5.3.5. <i>Exit strategies</i>	61
5.4. Overarching findings for cross-cutting themes	63
5.4.1. <i>Integration of cross-cutting topics</i>	63
5.5. Lessons learned	69
5.5.1. <i>Community engagement and ownership conditional for sustainability</i>	69
5.5.2. <i>Flexibility and adaptability in programming key in the Afghan context</i>	70
5.5.3. <i>Gender and inclusiveness essential for equitable results</i>	71
5.5.4. <i>Persisting financial barriers hamper full achievement</i>	72
5.5.5. <i>Collaborative and multi-sectoral approaches are cornerstones for effectiveness</i>	72
5.5.6. <i>Monitoring, feedback, and data quality help tracking progress and inform decisions</i>	73

5.5.7. <i>Leveraging technology contribute to programme effectiveness</i>	73
5.5.8. <i>Policy advocacy and strategic alignment help tackling systemic issues</i>	74
5.6. Analysis of recommendations reflected in reports	74
5.6.1. <i>Recurrent recommendations and their implementation status</i>	74
5.6.2. <i>Impact of the implemented recommendations on outcomes and organisational performance</i>	78
<b>6. Conclusions and Way Forward</b>	<b>80</b>
6.1. Conclusions	80
6.2. Way forward	81
<b>Annex 1: Terms of Reference</b>	<b>83</b>
<b>Annex 2: Overarching Theory of Change for Country Programme 2023-2025</b>	<b>93</b>
<b>Annex 3: List of evidence activities 2021-2024</b>	<b>94</b>
<b>Annex 4: GEROS quality sheet</b>	<b>100</b>
<b>Annex 5: Approach to inclusion, exclusion and quality assessment of available reports</b>	<b>110</b>
<b>Annex 6: Stakeholder Engagement, Management and Deliverables</b>	<b>111</b>

# Acronyms

AI	Artificial Intelligence
ALP	Accelerated Learning Programme
ANC	Antenatal Care
BPHS	Basic Package of Health Services
CBE	Community-Based Education
CBNP	Community-Based Nutrition Programme
CDC	Community Development Councils
CFS	Child Friendly Spaces
CHW	Community Health Worker
DACAAR	Danish Committee for Aid to Afghan Refugees
ECD	Early Childhood Development
ECE	Early Childhood Education
ECHO	European Civil Protection and Humanitarian Aid Operations
ECPP	Education Cash Plus Programme
FAL	Flexible Adult Literacy
FGD	Focus Group Discussion
FMVs	Female Mobiliser Vaccinators
GATE	Girls' Access to Teacher Education
GBV	Gender-based Violence
GEROS	Global Evaluation Reports Oversight System
KAP	Knowledge, Attitude and Practice
IALA	Improving Adolescents' Lives in Afghanistan
IDPs	Internally Displaced Populations
IMAM	Integrated management of Childhood Malnutrition
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MHM	Menstrual Hygiene Management
MHPSS	Mental Health and Psychosocial Support
MHT	Mobile Health Teams
MICS	Multiple Indicator Cluster Survey
MRRD	Ministry of Rural Rehabilitation and Development
NESP	National Education Strategic Plan
NGO	Non-Governmental Organization
NLP	Natural Language Programming
ODF	Open Defecation Free
PNC	Postnatal Care
PSEA	Protection from Sexual Exploitation and Abuse
PWDs	People with Disabilities
ROSA	Regional Office for South Asia
SR	South Region
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SBC	Social Behaviour Change
SDG	Sustainable Development Goal
SMS	School Management Shuras
SWOT	Strengths, Weaknesses, Opportunities and Threats
ToR	Terms of Reference

UK	United Kingdom
UN	United Nations
UNEG	United Nations Evaluation Group
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children’s Fund
UNSFA	United Nations Strategic Framework for Afghanistan
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WGSS	Women and Girls Safe Spaces
WHO	World Health Organization
WR	West Region

# Executive Summary

UNICEF Afghanistan commissioned a synthesis of evidence generated from 2021 to 2024 to provide a holistic view of what the office has achieved, how, and reasons behind both successes and challenges. This synthesis analyzed evaluations, research, and studies conducted since August 2021, offering insight into what has worked well, what has not, and why. It also examined key enablers, barriers, lessons learned, organizational effectiveness and efficiency, and sustainability.

Out of 47 reports generated, 38 were retained after a quality assessment, emphasizing the importance of sound evidence. A systematic review employed the qualitative analysis software ATLAS.Ti, enhancing the synthesis process through coding and data management. AI and natural language processing (NLP) aided in analysing large data volumes, identifying themes, and visualising patterns. Limitations, including a short timeframe and risks associated with AI use, were acknowledged and mitigated through strategic planning, ensuring a robust synthesis while highlighting recurring themes across reports.

## Findings

An analysis of UNICEF's evaluations, research, and studies from 2021 to 2024 highlighted both strengths and gaps in evidence availability, with education, nutrition, WASH, and social and behaviour change demonstrating consistent reporting, while key sectors like health, gender, and social protection faced gaps. Cross-cutting themes such as climate, disability, nexus, and institutional effectiveness domains like innovation, advocacy, and partnerships lacked specific evidence over the four years.

UNICEF's interventions in Afghanistan have achieved significant progress across sectors despite challenging operational contexts. The Education Cash Plus Programme (ECPP) has substantially increased girls' enrolment in Nuristan and Jawzjan provinces. Alternative Learning Programmes (ALPs) sustained education access under restrictive conditions, and Early Childhood Education (ECE) programmes equipped children with foundational skills, improving academic outcomes. In health and nutrition, UNICEF's efforts expanded service delivery, increased skilled birth attendance and treated children with Severe Acute Malnutrition (SAM). Nutrition campaigns improved dietary practices and reduced anaemia among adolescent girls. In the WASH sector, UNICEF reached people with water, sanitation, and hygiene services, achieving an increase in access to clean water from 2021 to 2024. Sanitation campaigns reduced open defecation. Child protection initiatives supported children and caregivers with psychosocial support and trained social workers on child protection standards, surpassing targets. Community-led campaigns fostered safer environments for women and children.

Notable achievements were captured alongside persistent challenges. In education, significant barriers remain due to cultural norms, poverty, and inadequate infrastructure. Digital and broadcast learning approaches faced resource constraints, and ECE programmes were hindered by outdated materials and insufficient teacher training. Similarly, nutrition programmes like the Community-Based Nutrition Programme (CBNP) met key targets but struggled with data gaps, supply chain issues, and limited behaviour change. Even though health services expanded coverage and improved skilled birth attendance, maternal mortality and healthcare access disparities persisted, especially in rural areas. Polio vaccination campaigns faced logistical, cultural, and operational challenges, leaving some coverage gaps. In WASH, hygiene practices improved in some urban schools, but rural areas struggled with poor infrastructure, inconsistent water access, and inadequate menstrual hygiene management (MHM). Child protection efforts were constrained by rural inequities, gender barriers, and operational inefficiencies. Social protection programmes provided immediate relief but lacked long-term impact, with delays in cash assistance during winter exacerbating vulnerabilities.

Restrictions on female workers and programming significantly impacted service delivery. While community-led sanitation initiatives and climate-resilient infrastructure projects demonstrated potential, their scalability and sustainability were undermined by resource limitations and regional disparities.

A number of common denominators across all sectors were identified, as categorised below:

- a. Active community engagement was critical for success in many sectors, while limited engagement particularly in rural areas, however, hindered the effectiveness of interventions in addressing local needs.
- b. Deep-rooted cultural norms and gender barriers continued to restrict progress, particularly for women and girls.
- c. Financial constraints and economic challenges limited access to education, healthcare, and basic services.
- d. Infrastructure deficits across sectors impeded service delivery and sustainability.
- e. Weak policy frameworks and systemic inefficiencies affected scalability and programme impact.
- f. The lack of standardised M&E frameworks impeded various results, lack of documentation and gaps in tracking the inclusion of persons with disabilities hindered adaptive learning and accountability.
- g. Limited integration with national systems and poor multi-sectoral programming and coordination reduced effectiveness in some sectors.
- h. Psychological stress among beneficiaries and caregivers influenced outcomes, highlighting the need for psychosocial support. Vocational training initiatives and safe spaces for children and adolescents positively influenced self-esteem and emotional well-being, but resource constraints and limited reach reduced the scalability of such interventions.

Internal and external enablers and barriers have been reflected differently across sectors, with some factors acting as enablers in certain sectors and as barriers in others. Internal and external enablers collectively supported programme success through leadership, resource allocation, community engagement, and partnerships. Internally, strategic guidance, efficient resource use, capacity-building, and advocacy affected social norms, enhanced programme reach, and strengthened sustainability, to the extent possible. Externally, partnerships with NGOs and UN agencies extended programme results, while community involvement promoted acceptance, participation, and ownership.

Some programmes faced challenges, such as staffing shortages, funding constraints, logistical inefficiencies, and planning gaps, which hindered effective implementation. Mixed results emerged as weak data systems and limited infrastructure constrained service delivery, despite logistical support and robust M&E systems in some sectors ensuring accessibility, accountability, and adaptability. Externally, political instability, economic hardships, socio-cultural norms, and security threats disrupted operations, restricted access, and perpetuated disparities.

Programmes demonstrated notable short-term successes and were highly relevant in addressing critical needs; however, achieving long-term sustainability is crucial despite the operational context (e.g., reliance on external funding, as well as environmental and political constraints). Sustainability was partly achieved through community-driven approaches, institutional alignment, and capacity building, ensuring replicability and scalability across sectors. Community-based initiatives, such as sanitation strategies, education campaigns, health and nutrition programmes, fostered local ownership and leveraged grassroots involvement. Institutional integration aligned programmes with national policies, frameworks, and systems, ensuring operational sustainability. Capacity building empowered local stakeholders, including teachers, healthcare workers, and community leaders, to manage and scale initiatives independently. Gender-sensitive strategies and climate-resilient innovations addressed systemic barriers and environmental challenges, enhancing accessibility and adaptability. Technology-driven solutions like mobile learning, vaccination reminders, and digital data tools broadened success and scalability.

## Lessons learned

- a. Active participation and ownership by the community, particularly by religious and community leaders, and culturally sensitive messaging have proven critical for achieving sustainable results across sectors. At the same time, focusing on achieving long-term sustainability is crucial.

- b. Improving coverage and equity aspects, particularly inclusion vulnerable groups like children with disabilities and those in remote areas, is vital.
- c. Flexibility and adaptability in programming and funding have been key to addressing systemic barriers, ensuring inclusivity, and responding effectively to the dynamic Afghanistan's context.
- d. Gender-sensitive and inclusive approaches have been essential for promoting equitable results, particularly by addressing cultural norms and systemic inequalities.
- e. Addressing financial barriers is crucial to achieving optimal outcomes, as economic challenges continue to hinder access to education, healthcare, and protection services for marginalized communities.
- f. Collaborative and multi-sectoral approaches have strengthened programme effectiveness in some sectors. Effective coordination among stakeholders, sectors, and donors enabled adaptability in a changing environment, which was critical to optimizing programme outcomes. Adopting integrated, multi-sectoral approaches can enhance programme effectiveness by addressing interconnected challenges holistically.
- g. Robust monitoring systems, quality data, and feedback mechanisms are instrumental in tracking progress, informing decisions, and improving programme relevance and accountability. Proactive planning and streamlined processes are crucial for maintaining operational efficiency, especially in complex environments.
- h. Leveraging technology has enhanced programme efficiency, transparency, and sustainability in remote and crisis-prone areas.

## Analysis of recommendations in the assessed reports

The synthesis team analysed which were recurrent recommendations in the assessed reports, and how they had been followed up.

- a. Promoting gender equality and empowering women and girls in education has been a key recommendation, including recruiting female teachers, constructing gender-sensitive facilities, and implementing community advocacy initiatives.
- b. Community and local leader engagement has been emphasized for sustainability, with initiatives like parental meetings, awareness campaigns, and mobilization activities improving programme acceptance and participation.
- c. Flexible and inclusive education programmes, such as scaling ALP and CBE and integrating mobile-based learning approaches, have been recommended to enhance access for underserved groups.
- d. Enhancing infrastructure and resource allocation, such as building gender-sensitive and disability-accessible facilities and upgrading WASH infrastructure, has been highlighted as critical for addressing accessibility and service delivery gaps.
- e. Robust monitoring and evaluation frameworks, including centralized databases, real-time digital tools, and harmonized indicators, have been recommended to improve accountability and programme adaptability.
- f. Holistic and multisectoral approaches, such as integrating health, nutrition, WASH, and psychosocial support with education, have been highlighted as effective strategies for enhancing impact and addressing systemic challenges.

## Conclusions

UNICEF's programmes have made significant strides across thematic areas, achieving outcomes such as increased school enrolment, improved water access, and strengthened vaccination campaigns. Community-driven WASH initiatives, gender-sensitive facilities, and mobile health teams have extended critical services to underserved population. However, persistent challenges, including resource constraints, geographic isolation, and cultural resistance, have hindered comprehensive implementation, particularly in rural areas. Thematic evaluations highlight the effectiveness of community engagement,

capacity building, and gender-sensitive programming while identifying gaps in infrastructure, financial sustainability, and disability inclusion.

Sustainability assessments reveal replicable models, such as the solar-powered water systems and community-based health and nutrition initiatives, as promising solutions for scaling results. Cross-cutting themes like gender equality, disability inclusion, and environmental and social safeguards have enhanced accessibility and resilience, though gaps in disability-friendly infrastructure remain. Lessons learned emphasize the importance of flexible, community-driven approaches and multisectoral collaboration. By addressing systemic barriers and refining strategies based on robust monitoring and evaluation, UNICEF Afghanistan can further advance its goals of equitable and sustainable development across all sectors.

## Way forward

It is recommended that UNICEF Afghanistan continues its successful practices while addressing ongoing challenges. Community engagement and local solutions have been core to success. To ensure continued impact, UNICEF should adopt a strategic, cost-effective approach to evidence generation, prioritizing high-quality data across key areas, and address gaps where evidence is lacking. Challenges like geographic isolation, cultural resistance, and funding limitations persist. It would be essential to expand successful approaches, such as leveraging community support for girls' education. Additionally, while equity and gender were effectively integrated, disability inclusion and other cross-cutting factors like climate action, resilience, nexus, institutional effectiveness, and innovation require more attention. A stronger focus on multi-sectoral collaboration would further enhance programme sustainability and results.

Key messages for the way forward would include:

- Continue successful practices in all sectors.
- Adopt a strategic, evidence-based approach to inform decisions.
- Expand and replicate successful models, especially for addressing cultural barriers.
- Address gaps in disability inclusion, climate action, nexus, resilience, institutional effectiveness, and innovation.
- Strengthen multi-sectoral collaboration to enhance sustainability.

# 1. Introduction

In September 2024, United Nations Children's Fund (UNICEF) Afghanistan commissioned Landell Mills to conduct a synthesis of evidence generated from 2021 to 2024 to provide a holistic view of the office's achievements, processes, and reasons behind its successes and challenges.

The synthesis is based on an analysis of evaluations, research, and studies conducted since August 2021. It provides insight into what has worked well, what has not, and the underlying reasons. It also examines key enablers, barriers, and lessons learned. The findings from this exercise will be critical in integrating best practices, fostering continuous learning, and guiding the office in shaping future strategies, including ongoing initiatives like the decentralisation strategy, the organisational culture action plan, and the simplification exercise. The synthesis will also contribute to the annual review and the 2025 planning processes. The Terms of Reference (ToR) have been captured in Annex 1.

## 2. Background and context

### 2.1. Background of UNICEF's engagement

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The UNICEF Strategic Plan 2022-2025 underscores 'data, research, evaluation, and knowledge management' as a crucial change strategy to achieve the main goals and vision of the organisation by 2025.<sup>1</sup> UNICEF's commitment to data and evidence is further shaped by key policies and frameworks, including its revised evaluation and research policies and its strategies on data management and utilisation. The UNICEF Regional Office for South Asia (ROSA) is equally committed to advancing data and evidence generation, analysis, and use.

UNICEF Afghanistan has extended its previous country programme document to cover the period between 2023 and 2025. This extension outlines six key programmatic outcome areas: Health and Polio; Water, Sanitation, and Hygiene (WASH); Nutrition; Education; Child Protection; and Social Protection. These outcomes align with the three primary priorities of the United Nations Strategic Framework for Afghanistan (UNSFA) 2023-2025, UNICEF's Strategic Plan 2022-2025, and the 2030 Sustainable Development Goals (SDGs). Cross-cutting themes include social and behaviour change, gender equality, protection from sexual exploitation and abuse, data, evaluation and research, as well as environmental and social safeguards. The full Theory of Change can be found in Annex 2.

In 2023, UNICEF Afghanistan conducted a comprehensive Programme Stocktake to evaluate its post-August 2021 programming. This exercise resulted in the identification of four core "programming principles," with an additional principle added to inform the design, implementation, and management of UNICEF programmes moving forward. These guiding principles are:

- Protecting the space for women and girls to access services
- Community capacity building to strengthen participation, accountabilities, and empowerment.
- Humanitarian-Development-Peace nexus.
- Prevention agenda, with a focus on prevention of negative outcomes to improve the well-being of children, adolescents, and women.
- Sustainability and Climate Change.

Despite multifaceted humanitarian crisis stemming from prolonged conflict, political challenges, ban on female engagement in data collection, and barriers associated with data collection from female beneficiaries, the work of the United Nations (UN) in Afghanistan showcases importance of data and evidence. Key documents, such as the United Nations Strategic Framework for Afghanistan (UNSFA) 2023, underscore the role of monitoring, evaluation, and learning in evidence-based planning, intervention implementation, and decision-making. The UN-wide Data and Monitoring Group in Afghanistan further demonstrates the organisation's commitment to harnessing data and evidence in its operations.

To address these challenges, UNICEF Afghanistan has adapted its methodologies by incorporating alternative data collection approaches. This includes collaborating with trusted local actors who have

<sup>1</sup> UNICEF Strategic Plan 2022-2025, p. 17

access to female beneficiaries, using anonymized reporting mechanisms, and leveraging secondary data sources to supplement direct field data collection. Additionally, ethical considerations are prioritized to ensure the security and confidentiality of sensitive information, with strict adherence to international data protection standards<sup>2</sup>.

Within UNICEF Afghanistan, data and evidence remain central to shaping the design, planning, implementation, monitoring, and evaluation of programmes and policies. For instance, the 2022-2023 Multiple Indicator Cluster Survey (MICS), along with various evaluations, research products, studies, and programme data, have informed the Country Office programme narrative for 2024-2025. The integrated monitoring, evaluation, and research plan captures all evidence-generation activities within the office.

In UNICEF Afghanistan, the evidence portfolio is primarily covered under the social policy outcome, which is positioned as a knowledge hub for child-related research, evidence, and evaluations and an entry point for integrated social protection services targeting the most vulnerable children. The evaluation and research portfolio conducts and manages regular formative, process, summative, strategic, and impact evaluations, alongside other evaluative exercises. Specifically, the portfolio is aimed at producing rigorous evidence at impact, outcome, and output levels on different thematic and organisational areas. In addition, the portfolio focuses on supporting high quality research for all sectors, including ensuring research ethics and standards.

As outlined in the Programme Strategy Note for Afghanistan 2024-2025, UNICEF Afghanistan is committed to prioritizing evidence generation across impact, outcome, and output levels, as well as institutional effectiveness. The aim is to provide decision-makers and stakeholders with the data needed to design and implement policies and programmes that address the needs of children, adolescents, and women, particularly those who are most marginalised and vulnerable.

## 2.2. Context of UNICEF's Thematic Priorities in Afghanistan

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Afghanistan has faced enduring challenges due to decades of conflict, political instability, economic hardships, and natural disasters. These issues have had severe implications for children and families, particularly across UNICEF's core areas of Health and Polio, Nutrition, WASH, Education, Child Protection, and Social Protection. This section provides an overview of Afghanistan's current situation, trends, challenges, and progress in these areas based on insights from evaluations conducted between 2021 and 2024.<sup>3</sup>

### 2.2.1. Health

The health sector in Afghanistan remains one of the most underdeveloped in the world, and over the years, has become a fragile lifeline for millions, relying heavily on international aid to provide essential care.<sup>4</sup> UNICEF has made significant strides in improving healthcare in Afghanistan, despite facing numerous challenges, especially in the aftermath of the regime change in 2021. Afghanistan is now home to one of the world's worst humanitarian emergencies, with over 28 million people, including 15 million children, in need of assistance as of 2023, largely driven by critical underfunding of the health system, which has severely hampered access to essential medical care, maternal health services, and emergency response efforts.<sup>5</sup>

UNICEF has played a critical role in mitigating these impacts by expanding health services across all provinces and even deploying Mobile Health Teams (MHTs) in 14 provinces, which have provided essential healthcare services to hard-to-reach populations. However, restrictive policies, such as barring Afghan women from working with Non-Governmental Organization (NGOs) and the UN, have had a particularly severe impact on healthcare, where female workers are indispensable for providing critical services to women and children. This limitation has significantly disrupted healthcare access, worsening an already dire health crisis. Female workers, which are essential for healthcare access for women and children, are now limited, exacerbating the crisis.<sup>6</sup>

<sup>2</sup> UNICEF Afghanistan Multiple Indicator Cluster Survey (MICS), 2022-2023

<sup>3</sup> [Afghanistan Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)

<sup>4</sup> [WHO. Afghanistan's health system suffers critical underfunding, calls for donor support](#)

<sup>5</sup> Ibid

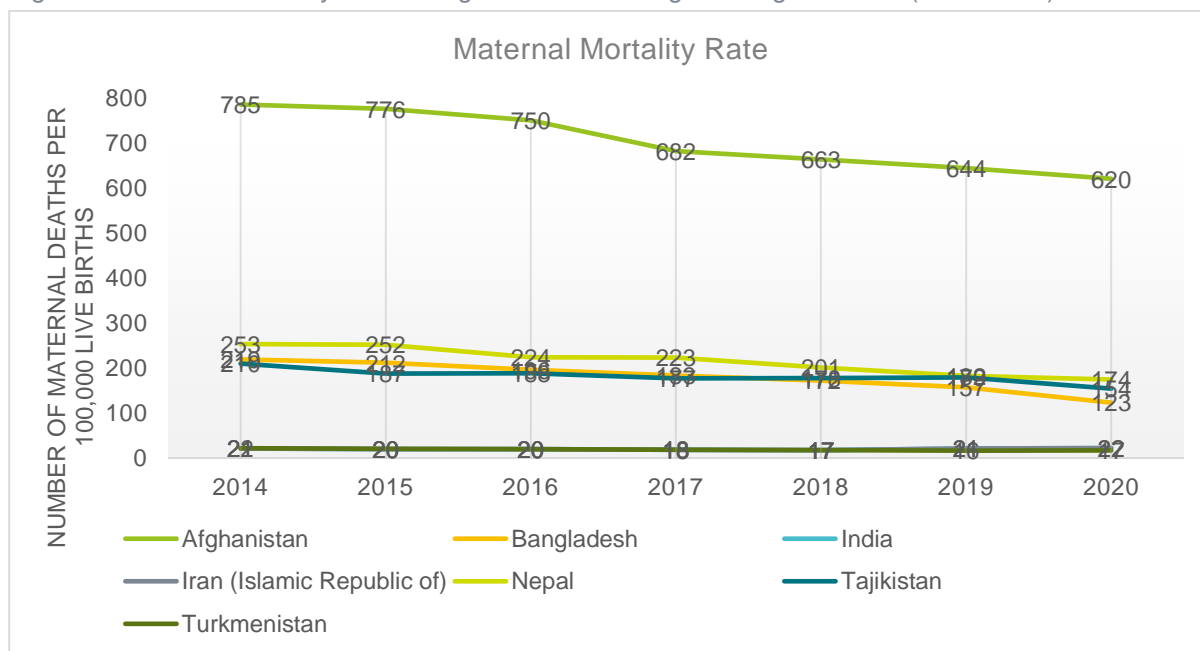
<sup>6</sup> [UNICEF Afghanistan Humanitarian Situation Report 2022; Statement by UNICEF Executive Director April 2023](#)

In recent years, MHTs have reached numerous women and children with child-focused care. Despite overcrowded clinics and limited specialised staff, the MHTs have helped mitigate the worst impacts of healthcare shortages.<sup>7</sup> However, significant gaps remain, particularly in rural areas, where access to qualified healthcare workers is severely limited. To navigate these restrictions, UNICEF has initiated community-based healthcare models by training male and female community health workers (CHWs) to act as intermediaries. These CHWs provide vital maternal and child health services in homes, bypassing formal health system constraints. However, the lack of formal recognition for CHWs and limited access to medical supplies remain key challenges<sup>8</sup>.

One of the most pressing health concerns in Afghanistan is maternal mortality, which remains alarmingly high at 638 deaths per 100,000 live births<sup>9</sup> —significantly higher than in neighbouring countries, as shown in figure 1. Cultural and logistical barriers, as well as limited healthcare infrastructure, continue to hinder access to skilled birth attendants and emergency care. The 2022-2023 Multiple Indicator Cluster Survey (MICS) found that 76.4% of women had attended at least one antenatal care visit, 67.5% of births were attended by skilled health personnel, and 66.3% of births were delivered in an institution.<sup>10</sup> To address these challenges, UNICEF has advocated for expanding mobile health services and increasing the deployment of female healthcare workers, particularly in rural areas.<sup>11</sup>

Afghanistan also remains one of two countries where polio is endemic. UNICEF's polio vaccination programme has made important strides in preventing the further spread of polio, despite significant challenges. Polio vaccination coverage reached 76% nationally in 2022, though it fell short of the 100% target. This gap can be attributed to geographic inaccessibility, cultural resistance, and misinformation, particularly in remote areas. To improve polio vaccination coverage, UNICEF has focused on recruiting and training female vaccinators, deploying mobile vaccination teams, and using local influencers to address myths about polio transmission.<sup>12</sup>

Figure 1: Maternal Mortality Rate in Afghanistan and neighbouring countries (2014-2020).



Source: UNICEF Data Warehouse

### 2.2.2. Nutrition

The collapse of Afghanistan's economy after the regime change pushed many Afghans into extreme poverty, worsening not only their access to healthcare but also affecting food security and nutrition. Although UNICEF's nutrition programmes in Afghanistan have made significant progress in addressing malnutrition, critical challenges remain, with millions still suffering from malnutrition, with children being

<sup>7</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>8</sup> UNICEF Afghanistan. (2020). Health / Ending preventable maternal, newborn and child deaths

<sup>9</sup> UNICEF. (2021). Situation analysis of children in Afghanistan report

<sup>10</sup> UNICEF Afghanistan. (2023). Afghanistan Multiple Indicator Cluster Survey Summary Findings Report 2022-2023

<sup>11</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>12</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes, and Practices (KAP) Study on Polio.

particularly affected. The MICS 2022-2023 reported that 44.7% of children under 5 were stunted, 18.4% were underweight, and 3.7% experienced moderate or severe wasting.<sup>13</sup> Pregnant and lactating women are also heavily impacted, perpetuating a cycle of malnutrition that affects future generations.

Despite UNICEF’s nutrition programmes achieving significant coverage, the impact of climate change on food production has emerged as a growing concern. Droughts and erratic rainfall patterns have worsened food scarcity, further exacerbating malnutrition. In 2023, a locust outbreak in northern Afghanistan further threatened the wheat harvest, highlighting the fragility of the agricultural sector.<sup>14</sup> UNICEF is advocating for the inclusion of climate resilience strategies in nutrition programmes, such as climate-smart agriculture initiatives to support local food production, though these approaches have yet to be fully integrated into humanitarian responses.<sup>15</sup>

Geographic and logistical barriers, coupled with insufficient funding and limited caregiver awareness, have hindered the reach and effectiveness of nutrition programmes. The high prevalence of stunting, affecting 41% of children under five, also reflects the deep-rooted issues in food insecurity and inadequate nutrition. UNICEF has recommended scaling up interventions, such as distributing ready-to use therapeutic foods (RUTF) and providing vitamin A supplementation, which have been successfully delivered to health facilities. UNICEF has piloted digital tracking systems to monitor SAM cases in real time, improving supply chain management for RUTF. However, challenges like limited caregiver education on proper use of RUTF and the lack of digital record-keeping in health facilities complicate the implementation of these interventions. Also, rural health facilities still face connectivity issues, limiting the scalability of this initiative.<sup>16</sup>

Table 1: Reached and target values for SAM, stunting and SAM treatment coverage in Afghanistan.

Indicator	Reached value	Target
Severe Acute Malnutrition	80%	100%
Stunting (under 5 years)	41%	<20%
SAM Treatment coverage	30%	>90%

Source: Nutrition Supply Monitoring, Third-Party Monitoring May 2024

### 2.2.3. WASH

The political and economic shifts in Afghanistan have also significantly affected access to WASH services, which are critical for health and disease prevention. As a result of the political upheaval, millions of people have been displaced, limiting their access to clean water. Afghanistan’s vulnerability to droughts and climate change has further compounded this crisis. As a result, the effectiveness and reach of WASH programmes has also been impacted. Still, UNICEF’s WASH programmes in Afghanistan have achieved substantial progress. Access to basic drinking water stands at 66.8% of households in Afghanistan but is higher in urban areas (92.7%) than in rural areas (60.7%).<sup>17</sup> The WASH programme has exceeded its targets in water supply, benefiting over 492,000 people, surpassing the target by 274%. Still, widespread challenges persist in rural areas, where 92% of households practice open defecation, and a lack of proper sanitation facilities remains.<sup>18</sup> To address this, UNICEF has recommended investing in water supply infrastructure, such as boreholes and wells, and promoting community-led sanitation initiatives to reduce the prevalence of open defecation and improve hygiene standards.<sup>19</sup>

UNICEF’s WASH initiatives have focused on increasing access to climate-resilient water systems, such as solar powered piped and metered house connections, with elevated community storage tanks, to improve water availability in drought-affected areas. These systems have enhanced water supply in some regions, particularly where groundwater monitoring has been integrated into long-term water planning. However,

<sup>13</sup> UNICEF Afghanistan. (2023). Afghanistan Multiple Indicator Cluster Survey Summary Findings Report 2022-2023

<sup>14</sup> Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG). (2024). Inter-agency humanitarian evaluation of the response to the crisis in Afghanistan.

<sup>15</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme (2022-2023).

<sup>16</sup> UNICEF Afghanistan. (2021). Formative evaluation of the Integrated Management of Malnutrition

<sup>17</sup> UNICEF Afghanistan. (2023). Afghanistan Multiple Indicator Cluster Survey Summary Findings Report 2022-2023

<sup>18</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey

<sup>19</sup> UNICEF Afghanistan (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme (2022-2023).

where groundwater was scarce and boreholes yielded little water, some communities were still provided with hand-pumps as an option of last resort instead of solar-powered ones.<sup>20</sup>

While solar-powered water systems have improved availability, their long-term sustainability is threatened by the lack of local maintenance capacity.<sup>21</sup> Many communities struggle with repairs, as limited technical skills and dependency on external support hinder independent maintenance.<sup>22</sup>

Despite these improvements, several areas need continued support. One significant issue is the lack of gender-sensitive WASH facilities, with only 20% of villages providing such infrastructure, and only 17% of schools offering handwashing facilities with soap. To address this, UNICEF has supported expanding gender-segregated sanitation facilities and increase the number of hygiene stations in schools. Additionally, there is a focus on education campaigns aimed at improving hygiene practices, as only 20% of rural households practice handwashing with soap. Strengthening community engagement is also a priority for sustainability of WASH initiatives, as inactive WASH committees and poor community follow-up hinder long-term progress. As such, UNICEF has recommended greater community involvement and the revitalisation of local WASH committees to monitor and maintain the improvements made.<sup>23</sup>

#### 2.2.4. Education

The education sector was also severely impacted by the political and economic landscape, with particular effects on girls' education, teacher deployment, and the overall educational infrastructure. Following the regime change in 2021, restrictive policies curtailed educational opportunities for girls, especially at the secondary level, resulting in a steep decline in enrolment and graduation rates. As of 2024, this policy has kept over 1.5 million girls out of school and resulted in the loss of approximately 3 billion learning hours.<sup>24</sup> Findings from evaluations during this period also showed that the girls' access to education (GATE) program, which had a 68% female graduation rate in 2021, saw a noticeable drop in enrolment after the regime change. Notably, 70% of rural schools lacked female teachers, a challenge compounded by socio-cultural barriers and insufficient infrastructure. This situation has created a significant gap in the deployment of female teachers and hindered educational access for girls, with few formal systems in place to promote community-based education (CBE) models or gender-sensitive facilities, leaving many girls without meaningful educational opportunities.<sup>25</sup> While CBE initiatives have provided alternative learning pathways for girls, the lack of formal accreditation for CBE graduates remains a significant limitation.

The evaluation findings also pointed to the decline in teacher representation and engagement due to several factors. In particular, the achievement of a 97.8% target for female teacher representation fell short of the target 100% due to the lack of qualified female teachers in underserved areas. Moreover, the absence of structured community participation frameworks and mentorship programmes further limited educational outcomes. Remote areas were particularly affected, with the lack of transportation allowances and infrastructure leaving many children, especially girls, unable to access educational facilities. The absence of formal mentor training and consistent mentorship also posed a significant barrier to the quality of education, with gaps in monitoring and evaluation processes limiting the capacity to track and improve educational performance across the country.<sup>26</sup>

Despite these challenges, some positive outcomes were observed, particularly in CBE programmes. The GATE program, for example, showed a 35% increase in girls' participation in remote areas, demonstrating the potential for localised and flexible educational models to reach marginalised groups. However, the lack of formal mentorship systems, tracking mechanisms for graduates, and inadequate infrastructure continue to restrict the sector's ability to scale. Moving forward, recommendations in the evaluation emphasised strengthening partnerships with local communities and developing gender-responsive, community-based education strategies to ensure that girls in remote areas receive the education they

<sup>20</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>21</sup> Ibid

<sup>22</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>23</sup> UNICEF Afghanistan. (2023). Social & Behavior Change (SBC) Section / WASH FGD

<sup>24</sup> [UNICEF Afghanistan, 13 June 2024. 1,000 Days of Education Lost for Afghanistan's Girls](#)

<sup>25</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>26</sup> UNICEF Afghanistan. (2024) In-depth quality review of existing Early Childhood Education (ECE) centers in the Eastern Region of Afghanistan

need. There is also a pressing need for enhanced monitoring and evaluation systems to better assess programme effectiveness and address educational gaps on a broader scale.<sup>27</sup>

### 2.2.5. Child Protection

Afghanistan's political, social and economic upheaval also has had serious implications for child protection with escalating violence, poverty and displacement compounding risks for vulnerable children. Many children endure forced migration, family separation, and exposure to armed conflict, increasing their vulnerability to exploitation, including child labour, recruitment by armed groups, and trafficking. Inadequate birth registration systems also make age verification difficult, enabling the recruitment of children into military roles.<sup>28</sup> To address the high prevalence of child labour, UNICEF has introduced vocational training programmes targeted at at-risk youth. However, without clear legal enforcement mechanisms, child labour remains widespread. There is an urgent need for stronger policy advocacy to enforce child protection laws and expand livelihood support for vulnerable families<sup>29</sup>.

One of the most pressing concerns in terms of child protection has been the prevalence of child marriage, with 28.7% of girls married before the age of 18 and 9.6% married by the age of 15<sup>30</sup>, largely due to entrenched socio-cultural norms. This issue is compounded by the socio-political environment, which has seen significant policy changes that limit girls' access to secondary education and restrict their mobility, as noted in the previous subchapter.<sup>31</sup>

Another significant challenge in child protection is the high rate of child labour. Despite UNICEF's efforts to address this through child friendly spaces (CFS) and women and girls' safe spaces (WGSS), child labour continues to be widespread. The lack of psychosocial support services for vulnerable children (fewer than 10% of vulnerable children access these services) highlights a systemic shortfall in supporting children affected by conflict, trauma, and exploitation. Furthermore, geographic and logistical barriers, compounded by limited infrastructure and resources, have hampered scaling up services that could prevent exploitation and provide adequate care. In addition, the evaluation findings pointed out a significant gap in civil registration, with only 45.1% of children under five having birth certificates<sup>32</sup>, limiting their access to legal rights and services. This lack of documentation is particularly problematic for children in marginalised or remote areas and exacerbates vulnerabilities such as trafficking, child labour, and forced marriage.<sup>33</sup>

### 2.2.6. Social Protection

Social protection interventions in Afghanistan have played a critical role in addressing the vulnerabilities of displaced populations, returnees, and other marginalised groups by providing essential support to meet their basic needs. Cash-based assistance has been a cornerstone of these efforts, offering flexibility to beneficiaries to prioritize their expenditures based on individual household needs. This approach has been instrumental in improving resilience and access to services such as health, education, and nutrition, particularly for remote and underserved areas.<sup>34</sup> Programmes like multi-purpose cash assistance (MPCA) and cash-for-education schemes have also enhanced financial inclusion through digitised payment mechanisms, reducing fraud risks and improving transparency.<sup>35</sup> Furthermore, targeted interventions, such as conditional cash transfers, have supported access to schooling for children in marginalised communities, ensuring that financial challenges do not impede their right to education.<sup>36</sup>

Despite these achievements, significant challenges remain. The evolving political landscape and restrictive policies, particularly on female engagement, have constrained the scalability and inclusivity of social protection programmes. Restrictions on female mobility and employment have limited the participation of women as both beneficiaries and implementers, weakening the impact of gender-

<sup>27</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>28</sup> [UNICEF Afghanistan. Child protection. Protecting Afghanistan's most vulnerable children](#)

<sup>29</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan.

<sup>30</sup> UNICEF Afghanistan. (2023). Afghanistan Multiple Indicator Cluster Survey Summary Findings Report 2022-2023

<sup>31</sup> UNICEF Afghanistan. UNICEF Child Protection Programme Report

<sup>32</sup> UNICEF Afghanistan. (2023). Afghanistan Multiple Indicator Cluster Survey Summary Findings Report 2022-2023

<sup>33</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan.

<sup>34</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023.

UNICEF Afghanistan. (2024). Inter-Agency Humanitarian Evaluation Of The Response To The Crisis In Afghanistan.

<sup>35</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023.

<sup>36</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023. UNICEF Afghanistan. (2023). Evaluation of the UNICEF L3 response in Afghanistan (August 2021–March 2023).

responsive interventions. In response, humanitarian actors have adopted adaptive strategies, such as community-led programming and gender-sensitive cash assistance, to ensure that the needs of vulnerable populations, especially women and girls, are met. Additionally, cross-sectoral linkages between cash assistance and services in health, education, and nutrition have fostered a more integrated approach, although resource limitations continue to hinder widespread implementation.<sup>37</sup>

### 2.2.7. Cross-cutting themes

#### i. Gender Equality:

There are significant gender disparities faced by women and girls in Afghanistan persistent barriers in education (as mentioned in section 2.2.4), health (see 2.2.1) and empowerment, which impede their progress and well-being. Only 25% of women participate in household decision-making, reflecting systemic exclusion from key roles.<sup>38</sup> Women's empowerment initiatives remain insufficient, further limiting opportunities for meaningful agency and participation in economic, political, and social spheres.<sup>39</sup>

#### ii. Climate Resilience

As discussed in section 2.2.3, seasonal water scarcity and recurring droughts significantly affect WASH outcomes, especially in rural areas. Furthermore, domestic issues like inadequate policies and lack of capacity for climate-resilient infrastructure, along with external challenges such as cultural norms limiting women's participation and climate variability, further compound these challenges and worsen rural vulnerabilities.<sup>40</sup>

#### iii. Disability inclusion

Children with disabilities in Afghanistan face significant barriers to inclusion in education, healthcare, and social participation. According to data from 2023, 31.3% of children aged 3 to 17 experience functional difficulties, with boys (32.8%) facing slightly higher rates than girls (29.7%). Rural children (32.4%) and those from poorer households (32.5%) encounter greater challenges than their urban (27.6%) and wealthier peers (25.3%). Provinces such as Laghman (66.1%) and Logar (57.3%) have the highest rates of disability, while Bamyan (24.7%) and Kabul (22.5%) report the lowest.<sup>41</sup> These results highlight the need for inclusive education, accessible healthcare, and awareness campaigns to support children with disabilities.

### 2.2.8. Institutional Effectiveness in Afghanistan

Institutional effectiveness in Afghanistan faces significant challenges across key sectors, including health, education, WASH, and social protection, as discussed in the prior sections. Logistical inefficiencies, limited workforce capacity, and weak monitoring systems, particularly in rural areas, hamper service delivery. Strengthening institutional capacity and addressing systemic barriers are essential for improving service delivery and ensuring equitable access.<sup>42</sup>

## 3. Purpose, objectives, scope and users

### 3.1. Purpose

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The purpose of this assignment was to synthesise evidence from evaluations, research, studies conducted since August 2021 providing UNICEF Afghanistan with a holistic view of what the office has achieved, how, and reasons behind both successes and challenges. The synthesis has strived to determine what works well and what does not in achieving outcomes for children and adolescents in Afghanistan, while examining key enabling and hindering factors, organisational effectiveness and efficiency, lessons learned, and sustainability. This effort aimed to contribute to the broader knowledge base on Afghanistan.

<sup>37</sup> UNICEF Afghanistan. (2023). Evaluation of the UNICEF L3 response in Afghanistan (August 2021–March 2023), UNICEF Afghanistan. (2024). Inter-Agency Humanitarian Evaluation Of The Response To The Crisis In Afghanistan.

<sup>38</sup> UNICEF Afghanistan MICS 2022 - 2023

<sup>39</sup> UNICEF Afghanistan MICS 2022 - 2023

<sup>40</sup> UNICEF Afghanistan MICS 2022-2023

<sup>41</sup> UNICEF Afghanistan MICS 2022-2023

<sup>42</sup> UNICEF Afghanistan MICS 2022-2023

## 3.2. Objectives

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More specific objectives of the synthesis included the following:

- To assess the quality of generated evidence, particularly focusing on research activities and studies (as all evaluations are reviewed through the Global Evaluation Reports Oversight System (GEROS)) and to identify existing evidence gaps.
- To identify what has worked and what has not in achieving the key results since August 2021.
- To identify how and why certain enabling or hindering factors, both programmatic and organisational, have contributed the achievement of results by UNICEF Afghanistan.
- To explore how sustainability considerations have been integrated into programming and operations.
- To assess the extent to which cross-cutting areas, such as disability, equity, human rights, climate, and environmental and social safeguards, have been integrated into programming and organisational operations based on existing evidence.
- To examine the extent to which recommendations and lessons learned from evidence activities are being implemented.
- To highlight the critical lessons learned to guide UNICEF Afghanistan in achieving its country programme impact goals for 2025.

## 3.3. Users and use

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The findings and recommendations from this evidence synthesis aimed to further shape the future strategic steps by UNICEF Afghanistan. The primary users of this exercise are UNICEF Afghanistan management, programme sections, operations, field offices, project implementation unit, and planning, monitoring and data teams. Secondary users range widely and cover UNICEF ROSA, UNICEF headquarters, other UN agencies and non-governmental organisations in Afghanistan, and academic and research institutions.

## 3.4. Scope of the exercise

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The typology of activities covered all evaluations, research, and studies conducted by UNICEF Afghanistan and/or on UNICEF's performance in Afghanistan. This included inter-agency evaluations, the evaluation of L3 emergency by headquarters, partner/other UN agencies' evidence on UNICEF Afghanistan's performance, and the similar studies. Annex 3 contains the list of selected documents.

- The temporal scope of the exercise covers evidence activities generated from August 2021 onward.
- The geographic scope includes UNICEF's activities on a nationwide scale in Afghanistan.
- All thematic areas, including institutional effectiveness,<sup>43</sup> have been covered. The synthesis has also analysed institutional effectiveness findings from the relevant reports.

<sup>43</sup> Institutional effectiveness will include but not limited to innovation, organisational culture, advocacy and communications, resource mobilization and partnerships, operations, etc. based on availability of findings.

## 4. Framework and methodology

### 4.1. Conceptual framework and questions

UNICEF's ToR (Annex 1) presented seven main indicative evidence synthesis questions. The section below and Table 2 outline those questions further by breaking them down into simpler sub-questions for synthesis purposes. Responses to each sub-question were aggregated to address the main questions individually. For the question on what has worked well, responses were categorised by each thematic area and by UNICEF's institutional effectiveness and operations. This was followed by a comprehensive response for the entire programme whenever possible.

Table 2: Synthesis framework for evaluation questions

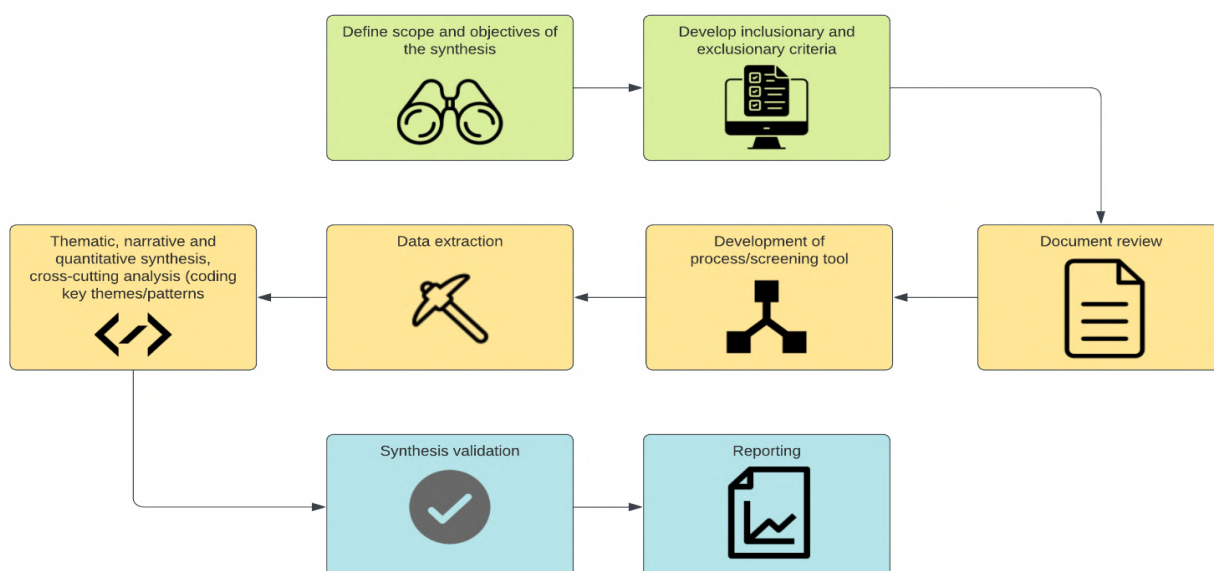
Main question	Sub-questions	Method of analysis
1. Where is the evidence the strongest, and where are the main gaps in evidence activities generated since August 2021?	<ul style="list-style-type: none"> <li>a. What reports presenting evidence (August 2021 to August 2024) are available?</li> <li>b. How consistent is the documentation across different programmatic areas and timeframes?</li> <li>c. What is the quality of the available reports?</li> <li>d. Related to which results/ thematic areas are data most available and reliable?</li> <li>e. Where/in what thematic areas can gaps be identified or non-availability of information?</li> <li>f. How have evidence gaps affected decision-making?</li> </ul>	<p>Quality assessment following GEROS criteria to the extent possible</p> <p>Gap analysis</p>
2. What has worked well and what has not in UNICEF Afghanistan's achievement of results since August 2021?	<ul style="list-style-type: none"> <li>a. What results has UNICEF aimed to achieve between August 2021 and August 2024?</li> <li>b. Which of those have been achieved?</li> <li>c. Which of those have been partly achieved, and if so, to what extent?</li> <li>d. Which results have not or hardly been achieved?</li> <li>e. What are common denominators across the various thematic areas in successful or less successful achievements across different thematic areas?</li> </ul>	<p>Systematic review of planned results and achievements in UNICEF thematic areas</p>
3. What are internal and external enablers and barriers, both programmatic and organisational, that have contributed to the achievement of results by UNICEF Afghanistan?	<p>In the achievement or lack thereof found in question 2:</p> <ul style="list-style-type: none"> <li>a. What have been internal programmatic/ organisational enablers?</li> <li>b. What have been external programmatic/ organisational enablers?</li> <li>c. What have been internal programmatic/ organisational barriers?</li> <li>d. What have been external programmatic/ organisational barriers?</li> <li>e. Were these enablers and barriers the same or similar in each thematic area? What enablers and barriers were specific for what thematic areas?</li> </ul>	<p>Systematic analysis of factors influencing the results between August 2021 and August 2024</p> <p>Comparative analysis of the factors</p>
4. To what extent and how have sustainability considerations been integrated into UNICEF Afghanistan's programme and operational design and implementation?	<p>What sustainability measures were incorporated in programmes, operational design and implementation:</p> <ul style="list-style-type: none"> <li>a. What is the potential for replicability and scalability for UNICEF and other UN agencies, de-facto authorities and other partners, such as NGOs?</li> <li>b. What is the potential for (future) ownership by communities and institutional partners?</li> <li>c. What long-lasting effects were planned and/or achieved in beneficiaries?</li> <li>d. How have sustainability measures been monitored and evaluated throughout the program's lifecycle?</li> <li>e. Has any exit strategy been drawn up or considered?</li> </ul>	<p>Systematically search of sustainability measures; comparative analysis and aggregation</p>
5. To what extent and how have cross-	<ul style="list-style-type: none"> <li>a. To what extent and how are the programme and organisational operations gender-responsive and/or transformative? If not, what is lacking?</li> </ul>	<p>Systematic review of occurrence and importance of cross-cutting topics</p>

	cutting topics <sup>44</sup> been integrated into programming and organisational operations based on available evidence?	<p>b. To what extent and how are needs and rights of people with disabilities included and addressed throughout? If not, what is missing?</p> <p>c. To what extent/how are equity and human rights considered? Have all vulnerable groups been included as relevant? If not, what is missing?</p> <p>d. How have environmental and social safeguards been integrated throughout? If yes, how and to what extent? If not, what is missing?</p> <p>e. What evidence exists on the impact of integrating these cross-cutting themes?</p>	
6.	What lessons have been learned from evidence-generation activities since August 2021?	<p>a. What main lessons learned can be distilled from the assessed reports?</p> <p>b. What findings from the reports can be considered as lessons learned for UNICEF?</p> <p>c. Have these been considered, if so, how, if not, why?</p> <p>d. To what extent are the lessons still fully relevant across different thematic areas?</p>	<p>Extraction of lessons learned in the provided reports</p> <p>Assessment of implementation of lessons learned and their remaining relevance</p>
7.	What recommendations from evidence activities have not been implemented, or face challenges in implementation, and why?	<p>a. What recurrent recommendations have been presented in the assessed reports?</p> <p>b. To what extent have recommendations been implemented, and if so, how?</p> <p>c. Which recommendations were not implemented? Was there a reason, or any specific challenges?</p> <p>d. What has been the impact of the implemented recommendations on programme outcomes or organisational performance?</p>	<p>Extraction of recommendations in the provided reports</p> <p>Assessment of implementation of recommendations</p> <p>Assessment influencing factors</p>

## 4.2. Methodology

The methodological approach is summarised in Figure 2, with the specific methods to implement this approach described below.

Figure 2: Evidence synthesis flow diagram



### 4.2.1. Quality assessment of reports

At the start of the assessment, UNICEF provided the team with 47 reports. While the large-scale evaluations underwent standard quality assurance through the GEROS quality assessment (see Annex

<sup>44</sup> Gender, disability, climate, environmental and social safeguards, social and behaviour change, protection from sexual abuse and exploitation, humanitarian-development-peace nexus, resilience, and data, evidence and knowledge management.

4), this was not the case for the other studies. In order to guarantee a basic level of quality and estimate whether the quality had potentially influenced the weight of the evidence, the team conducted a quality assessment on the non-evaluation documents. Given the limited time and resources, a full-scale GEROS assessment of all documents was not feasible; instead, the team used a “light” version of the assessment.

The criteria used to assess the study reports are presented in the first table in Annex 5, whereas the second table in the same annex presents the specific topics that were considered under each criterion. The results were assigned a weight (between 0 and 1), following the proportional system used in the GEROS quality assessment form. The average rating for each document was calculated.<sup>45</sup> If one or more of the studies were rated “unsatisfactory”, or if the total average score fell below 70%, the evidence was excluded from the analysis. Out of the initial 47 documents, the team retained the 38 highest quality study reports, which matched the minimum requirements of the ToR.

#### **4.2.2. Systematic review**

The document review has been exploratory and descriptive, primarily aimed at understanding the context and focusing on the selected reports as described above. A systematic review has been the core method of this evidence synthesis exercise, which requires finding all available evidence relevant to the specific synthesis questions through exhaustive searches and applying inclusion/exclusion criteria.

The evidence synthesis team employed a qualitative analysis software ATLAS.TI, during the systematic review. This greatly enhanced the process by streamlining data management, coding, and synthesis of the qualitative data. This software enabled systematic coding of all evidence based on key themes, concepts, and categories that emerged from the evidence synthesis questions. This process helped identify patterns and recurring themes across the multiple evidence reports. The evidence synthesis team used these tools to synthesise qualitative findings by organising the coded data and creating models or visual representations of how different themes and concepts are related. This will be useful for drawing meaningful conclusions. Furthermore, an audit trail has documented the coding and analysis process, increasing the transparency of evidence synthesis.

#### **4.2.3. Search strategy using artificial intelligence powered natural language processing**

Artificial intelligence (AI) and natural language processing (NLP) played a role in enhancing qualitative analysis and evidence synthesis by enabling the analysis of large volumes of unstructured data. These technologies assisted in identifying patterns, synthesising findings across various evidence pieces, automatically grouping similar findings from different studies to highlight common themes and differences and analysing word distributions across evidence pieces to identify underlying patterns in the qualitative data. In this synthesis, the team took full advantage of ATLAS.TI’s NLP capabilities and AI-powered chatbot to streamline the analysis of qualitative data, improve accuracy, and generate faster insights:

1. Automated Question-Driven Search with AI Chatbot: Instead of manually searching through documents, the team utilised ATLAS.TI’s AI-powered chatbot to pose specific synthesis questions. This feature allowed the team to query data and documents stored in ATLAS.TI by inputting specific questions.

2. Dynamic NLP-Based Theme Identification and Coding: NLP features within ATLAS.TI automatically recognised and extracted themes, key phrases, and recurring patterns from the text. NLP engine analysed selected documents for predefined keywords and phrases related to synthesis questions.

3. Advanced Data Visualisation and Pattern Recognition: ATLAS.TI’s network analysis and visualisation tools were used to explore the relationships between variables, such as the correlation between “gender inclusion” and “programme success” across different sectors.

4. Evidence Synthesis with AI/NLP-Assisted Lessons and Recommendations Extraction: ATLAS.TI’s NLP capabilities automated the extraction process of identifying lessons learned and recommendations. By analysing recurring themes and common insights across reports, ATLAS.TI highlighted patterns in lessons learned from different projects.

#### **4.2.4. Ethical considerations**

The synthesis has been conducted in accordance with UNICEF policies and procedures, particularly UNICEF Procedure for Ethical Standards in Research, Evaluation, and Analysis, the UNEG Norms and Standards (2016), and the United Nations Evaluation Group Ethical Guidelines. The synthesis has also

<sup>45</sup> If one of the criteria was not relevant to a report, it would be left out and the calculation would be based on less criteria.

adhered to UNICEF-Adapted UNEG Evaluation Reports Standards (2017), UNICEF Policy on Data Protection, and UNICEF Standard on Information Security (2018).

#### 4.2.5. Limitations and mitigations

The team encountered several limitations during the exercise, one of which was the short timeframe (less than three months). This constraint prompted UNICEF to encourage the use of NLP, to expedite the process of reviewing the reports. The team adopted these techniques, and most team members had extensive experience with NLP, which helped extracting and analysing findings within this short time frame.

While the use of AI-powered tools, such as NLP, has clear advantages, their application in the context of complex evaluative work, including evidence synthesis, required careful consideration of limitations and potential risks. Key considerations included:

- Risk of inaccuracy: AI methodologies can produce inaccurate results if the available data is limited or overly simplistic.
- Lack of nuanced human judgment: AI may fail to capture subtle contextual factors or nuanced insights that human evaluators can provide.
- Transparency challenges: AI tools can lack transparency, making it difficult to understand or validate their reasoning processes.
- Bias inheritance: AI systems can inherit human biases embedded in the data they are trained on, potentially affecting outcomes.

The team was aware of these risks and adopted strategies to mitigate them. This included careful design of the analytical tasks assigned to the AI tools, piloting the methodologies to test their effectiveness, and thorough triangulation of AI-generated outputs with other data analysis conducted by the team. These measures ensured that the use of AI complemented human expertise and maintained the integrity of the evidence synthesis process.

Lastly, Section 5.1 highlights an uneven distribution of reports across thematic areas, based on the primary topics of the evaluation reports. The team also referenced additional reports where topics were flagged to facilitate evidence triangulation and provide a more comprehensive analysis.

At inception phase, meta-analysis had been the intended statistical technique for combining findings from multiple evidence activities addressing the same or similar synthesis questions. In practice, however, this could not be pursued. Reasons included incomplete numerical data, lack of comparable standardised outcomes, and lack of continuity in report from different or sequential time periods. As a mitigation, the team relied more heavily on a qualitative approach, using data extraction on various subjects, followed by grouping the findings into recurring themes. By comparing these themes across sources, patterns were highlighted.

## 5. Findings

### 5.1. Achievements, evidence, enablers and barriers

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#### 5.1.1. Analysis of evidence availability per thematic area and year

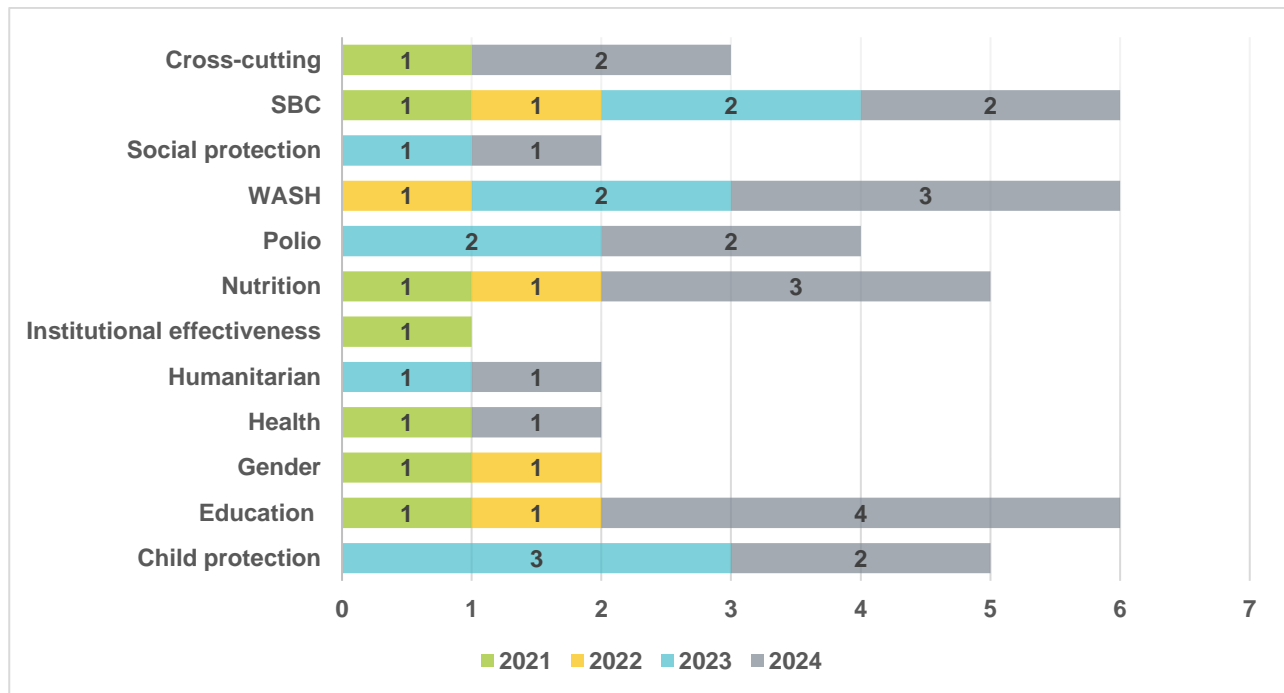
An analysis of UNICEF's evaluations, research, and studies by year and primary thematic area revealed both gaps and strengths in evidence availability. Key sectors such as health, social protection, gender, humanitarian/emergencies, and institutional effectiveness faced notable evidence gaps, with reports missing for two to three years out of the four analysed.

Conversely, thematic areas such as education, social and behaviour change (SBC), nutrition, and WASH demonstrated more consistent evidence availability. Reports in these areas were accessible for most years from 2021 to 2024, positioning them as some of the most comprehensively studied sectors during this period.

Notably, certain areas remain without specific evidence produced over the past four years. These include cross-cutting themes such as nexus, climate, and the like, as well as institutional effectiveness domains

like innovation, organizational culture, advocacy and communications, resource mobilization and partnerships, and operations. Figure 3, Table 3, and Annex 3 provide more details.

Figure 3: Reports used in synthesis by year and (primary) thematic area



Source: Evidence synthesis 2021-2024

*Note: The reports have been categorized by their primary topics. As there were cases where reports addressed two primary topics; therefore, the total count reflects 44 instead of 38. Cross-cutting areas included themes such as data, implementation bans, and the overall situation of children and women. Although Social and Behaviour Change (SBC) is reflected as a cross-cutting area in this report, it has been presented separately in this figure and the following table due to the significant number of related reports produced.*

Table 3 Number of evidence reports by thematic area and year

Year	Child protection	Education	Gender	Health	Humanitarian	Institutional effectiveness	Nutrition	Polio	WASH	Social protection	SBC	Cross-cutting	Total
<b>2021</b>		1	1	1		1	1				1	1	7
Evaluation		1	1	1		1	1						5
Study											1	1	2
<b>2022</b>		1	1				1		1		1		5
Evaluation			1										1
Study		1					1		1		1		4
<b>2023</b>	3				1			2	2	1	2		11
Evaluation					1					1			2
Study	3							2	2		2		9
<b>2024</b>	2	4		1	1		3	2	3	1	2	2	21
Evaluation	1				1		1	1	1				5
Research		1									1		2
Study	1	3		1			2	1	2	1	1	2	14
<b>Total</b>	<b>10</b>	<b>12</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>10</b>	<b>8</b>	<b>12</b>	<b>4</b>	<b>12</b>	<b>6</b>	<b>44</b>

Source: Evidence synthesis 2021-2024

### 5.1.2. What has worked well and what has not in UNICEF Afghanistan's achievement of results since August 2021?

The sections below discuss what has worked well and less well per thematic area.

#### i. Planned results that UNICEF has achieved as per plan between August 2021 and August 2024

In **education**, UNICEF's Education Cash Plus Programme (ECP), implemented in 2022 as a response to the increased barriers to girls' education under the regime change, aimed to address financial, social, and cultural challenges. By providing unconditional cash transfers, the programme alleviated economic pressures on families, enabling them to prioritize their daughters' education amidst political and financial instability. This initiative led to a substantial increase in enrolment, with 92% of girls under 10 enrolled in Nuristan and Jawzjan provinces by 2024, up from 54% in 2022, while dropout rates for child labour decreased from 85% to 35%. The ECP also incorporated Social and Behaviour Change (SBC) activities, promoting community engagement to challenge negative perceptions of girls' education. However, despite these efforts, the restrictive policies imposed by the current regime—including the ban on secondary education for girls—have significantly limited access to schooling, particularly in rural areas where cultural barriers further exacerbate the issue. ECP also supported improving sanitation facilities, making schools safer and more accessible for girls. Awareness campaigns and community dialogues resulted in 82% of parents valuing girls' education at endline against 11% at baseline. Teachers and community leaders promoted menstrual hygiene management (MHM) education, creating a supportive school environment that contributed to higher attendance and reduced absenteeism. Safer, inclusive schools and better MHM enabled girls' greater attendance and comfort. Among caregivers, 92% acknowledged a safer school environment compared to 15% at baseline. By 2024, 79% of adolescent girls reported no violence in schools compared to 14% at baseline, demonstrating the programme's success in fostering secure educational spaces.<sup>46</sup>

Under the GATE Scholarship Programme, 2,210 female participants were supported between 2015 and 2020 across 17 provinces in Afghanistan; 68% had graduated by the time of the evaluation, and the remaining participants were still enrolled in the programme with a low dropout rate of 7.4%; 42% of the graduates secured teaching positions in underserved areas.<sup>47</sup>

UNICEF piloted five Alternative Learning Programmes (ALPs) to sustain education access for girls under restrictive conditions. This included broadcasting through TV and radio, mobile-based learning, online platforms, face-to-face clandestine learning, and self-directed approaches. ALPs helped increase female literacy rates from a mere 6% in 2001 to 30% in 2021 (though still well below the 56% rate for men). The Improving Adolescents' Lives in Afghanistan (IALA) programme mobilised adolescents as agents of change, reducing child marriage rates and increasing secondary school enrolment for girls.<sup>48</sup>

UNICEF prioritized Early Childhood Education (ECE) by implementing holistic strategies aligned with the Nurturing Care Framework. These included enhancing health and sanitation facilities, integrating play-based learning methodologies, and expanding centres to underserved regions. Community engagement was a pillar of the strategy, promoting parental involvement. Stakeholders perceived ECE programmes to have contributed to sustained academic and social benefits. ECE is seen to foster children's social maturity through structured environments that promote cooperation and empathy and to prepare children for formal schooling by providing foundational literacy and numeracy skills.<sup>49</sup>

Under **nutrition**, UNICEF's Community-Based Nutrition Programme (CBNP) emphasised expanding access to nutrition services across Afghanistan, focusing on vulnerable populations in Herat, Ghazni, and Parwan provinces. Key interventions included growth monitoring, nutrition education, and counselling, resulting in improved feeding practices among children aged 6-23 months. Enhanced CHW capacities and systematic training bolstered programme delivery.<sup>50</sup>

Between 2013–2019 in Afghanistan, an estimated 690,000 children under 5 years old were at risk of SAM on an annual basis, and 2.54 million children were affected by Moderate Acute Malnutrition (MAM).

<sup>46</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>47</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>48</sup> UNICEF Afghanistan. (2022). Summative Evaluation of the Programme on Improving Adolescents' Lives in Afghanistan (2017-2020).

<sup>49</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>50</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

Between 2013–2019, the Integrated Management of Acute Malnutrition (IMAM) programme, which was designed to scale up services, successfully treated<sup>51</sup> 880,000 children with SAM and 600,000 children with MAM, saving an estimated 185,000 lives, achieving coverage exceeding Sphere Standards.<sup>52</sup> The IMAM programme expanded significantly during this period, increasing treatment facilities from 377 in 2014 to 1,422 by 2019, and scaling up mobile and community-based nutrition services, which helped extend coverage to remote areas.<sup>53</sup>

The SMART Nutrition Survey assessed the nutritional status of children under five and pregnant and breastfeeding women in Herat, Badghis, Faryab, and Ghor provinces, to guide targeted interventions, including micronutrient supplementation. Data revealed a marked reduction in anaemia prevalence among adolescent girls through iron and folic acid supplementation.<sup>54</sup>

Community engagement and education programmes enhanced maternal nutrition practices promoted exclusive breastfeeding and improved hygiene standards. Positive behavioural changes were recorded, such as better dietary habits and increased hygiene awareness.<sup>55</sup> The active engagement of communities surpassed targets for mobilisation, raising awareness of proper nutrition and hygiene.<sup>56,57</sup> MHTs were instrumental in extending healthcare services to remote communities, providing essential maternal and child health interventions. These teams adapted their services seasonally to address prevalent health concerns, saving families significant transportation costs and improving care accessibility.<sup>58</sup>

Under **health**, the training of Community Health Workers (CHWs) and health volunteers contributed to improved caregiver knowledge and practices like breastfeeding and prenatal care. UNICEF increased skilled birth attendance from 14% in 2003 to over 40% by 2020 by deploying trained CHWs.

UNICEF implemented SBC interventions in the South and West regions to increase maternal and newborn health service utilisation. Results included significant improvements in antenatal care (ANC) practices, and institutional delivery preferences. ANC coverage rose from 4% to 61% among rural women. These interventions contributed to a decline in maternal mortality from 1,450 deaths per 100,000 live births in 2000 to 682 deaths in 2017.<sup>59</sup> Fathers' and community influencers' attitudes also improved, fostering broader acceptance and support for maternal health initiatives.<sup>60</sup>

In efforts to combat **polio**, UNICEF implemented community-led polio vaccination campaigns targeting high-risk regions. Female Mobilizer Vaccinators (FMVs) were deployed in underserved areas to integrate vaccination delivery with health education. Gender-sensitive strategies were used to address cultural barriers, ensuring higher participation from women caregivers.<sup>61</sup> The campaigns achieved vaccination coverage exceeding programme targets during 2022–2023. Refusal rates declined from 30% in 2019 to under 10% post-intervention. Vaccine wastage rates remained consistently within acceptable limits.<sup>62,63</sup>

UNICEF and its implementing partners' programme exceeded its targets for psychosocial support and case management, supporting over 10,000 unaccompanied minors. Community-based structures such as Child-Friendly Spaces further offered services like mental health and psychosocial support (MHPSS), vocational training, and educational referrals. In surveys, nearly all caregivers of children under five expressed satisfaction with the psychosocial services provided. These services were found crucial in

<sup>51</sup> Meaning that high cure rates were achieved in line with Sphere Standards

<sup>52</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>53</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management Of Acute Malnutrition (IMAM) Initiative.

<sup>54</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>55</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP).

<sup>56</sup> For example, food demonstration sessions educating caregivers on nutritional practices, exceeded their target by 42%.

<sup>57</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP).

<sup>58</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>59</sup> UNICEF Country Report for Afghanistan. (2021). Evaluation of South Asia's Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health

<sup>60</sup> UNICEF Afghanistan. (2024). End-Line Study to Evaluate the Outcomes Of The Social And Behavioral Intervention / Provinces In South Region and West Region.

<sup>61</sup> UNICEF Afghanistan. (2023). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators in Polio High-Risk Locations.

<sup>62</sup> UNICEF Afghanistan. (2024). Understanding the motivations, influences, and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan.

<sup>63</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.; UNICEF Country Report for Afghanistan. (2021). Evaluation of South Asia's Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health

addressing the physical and emotional trauma of unaccompanied minors and in facilitating family reunification.<sup>64</sup>

In **WASH**, services reached 35 newly accessible districts in underserved regions, providing emergency water trucking, construction and rehabilitation of water supply systems, hygiene kits and sanitation facilities and hygiene promotion campaigns, reaching over 1.2 million beneficiaries. UNICEF supported 100 surface and groundwater monitoring stations, strategically placed across Afghanistan to address areas most affected by drought, floods, and water contamination. The monitoring stations contributed to resilience by ensuring year-round water availability and supporting early warning systems for groundwater depletion and contamination. Prepositioned supplies in multiple provinces enabled rapid response within 12–24 hours during acute watery diarrhoea outbreaks, including in emergency hotspots such as areas impacted by floods or with limited access to clean water.<sup>65</sup>

Related to drinking water, UNICEF focused on enhancing access to clean drinking water and sanitation facilities between 2021 and 2024. Efforts included constructing and rehabilitating solar-operated and gravity-fed water systems in underserved areas, ensuring sustainable access to clean water for households, schools, and healthcare facilities.<sup>66,67</sup> In 2015, only 65% of households in Afghanistan had access to safe drinking water.<sup>68</sup> In December 2023, UNICEF's programme, which included the construction and rehabilitation of water systems, led to a 274% achievement in the water supply component, benefitting over 492,600 people.<sup>69</sup>

UNICEF implemented hygiene promotion campaigns emphasising behavioural changes, like proper handwashing, safe water storage and MHM. This included distributing hygiene kits with soap and water treatment chemicals to over 500 vulnerable households, reducing diarrhoeal disease prevalence and fostering long-term hygiene behaviours.<sup>70</sup> In 2024, 98% of households had water at handwashing sites.<sup>71</sup>

Sanitation facilities in schools and communities addressed privacy and security concerns, particularly for adolescent girls.<sup>72</sup> UNICEF improved over 1,000 WASH facilities in 52 schools and 27 healthcare centres, significantly enhancing hygiene and health outcomes. At baseline, less than 25% of rural schools had access to clean water and sanitation facilities. In 2021, over 70% of targeted schools met these standards.<sup>73</sup> Hygiene behaviour change campaigns helped improve handwashing practices in urban schools, notably at Rabia Balkhi Girls School.<sup>74</sup> MHM facilities in schools increased attendance of adolescent girls, addressing a critical barrier to education.<sup>75</sup>

Community-led initiatives, such as Community-Led Total Sanitation, were instrumental in reducing open defecation (ODF) practices. In target provinces<sup>76</sup>, in 2021, pre-intervention 92% of rural populations practiced open defecation.<sup>77</sup> Latrine availability was limited to 10% of households, most of which were in poor condition. Post-intervention in 2024, 97% of households owned toilets, of which 91% were functional. ODF retention rates reached 73%.<sup>78</sup> Open defecation was nearly eradicated in Kabul, with less than 1% of women and 3% of men practicing it, thanks to improved sanitation facilities in 78% of households and targeted awareness campaigns.<sup>79</sup>

<sup>64</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>65</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>66</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>67</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>68</sup> MoPH-NSIA-AFDHS, 2015; 86% of urban households having access compared to just 58% in rural areas.

<sup>69</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>70</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>71</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>72</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>73</sup> UNICEF Country Report for Afghanistan. (2021). Evaluation of South Asia's Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health

<sup>74</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD

<sup>75</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>76</sup> Balkh, Badakhshan, Baghlan, Jawzjan, Takhar, Kunduz, Faryab, Samangan, and Sarepul.

<sup>77</sup> UNICEF Afghanistan. (2021). Rapid WASH Assessment Report

<sup>78</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>79</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

Under UNICEF's **child protection** strategy, birth registration is central. Coordination efforts with DfA and international partners aim to strengthen civil registration systems, addressing the gap that excludes millions of children from legal recognition. The programme targets increasing birth registration rates and simplifying the registration process, thereby ensuring that children have access to their fundamental rights and services. This initiative also includes advocacy for legal reforms to improve accessibility and reduce bureaucratic barriers.<sup>80,81</sup>

UNICEF has prioritized improving access to legal documentation for children and vulnerable populations in Afghanistan, recognising the foundational role of identity documents in accessing education, healthcare, and social services. The lack of documentation, such as birth certificates and Tazkiras,<sup>82</sup> is a significant barrier, especially for marginalised groups like women, returnees, and internally displaced persons (IDPs). UNICEF has partnered with inter-agency working groups to ensure data protection and advocated for improved civil registration systems, including digitised identity management. Access to civil documentation improved through community-based initiatives. Birth registration access increased from 50% in 2020 to 68% in 2023, with 800,000 Tazkiras issued in 2023 (25% increase from 2021). In Balkh and Herat provinces, coordination between local councils and religious leaders enabled 150 individuals to acquire Tazkiras through targeted support mechanisms.<sup>83</sup>

UNICEF has focused on reintegrating returnees and displaced children into communities, emphasising access to safe spaces, vocational training, and education. Data analysis revealed displacement stemmed from security concerns (88%), housing damage (27%), and economic hardship (19%). Programmatic interventions were designed to ensure priority inclusion of returnees in social services and to prevent secondary displacement through careful planning and resource allocation. Moreover, feedback mechanisms and community consultations have informed strategies to address the unique vulnerabilities of returnees, enhancing programme alignment with local needs.<sup>84,85</sup> Between 2021 and 2022, UNICEF supported over 1.2 million returning IDPs. 67% of IDPs accessed essential health services and 51% accessed education through UNICEF-supported initiatives.<sup>86</sup>

UNICEF has worked to mitigate risks of exploitation and violence against children. Child marriage and child labour remain pervasive issues, driven by economic hardship and socio-cultural norms. UNICEF's programmes have emphasised preventive measures, including community sensitisation campaigns and cash assistance for at-risk families. For instance, over 19,000 children have received cash-based support as part of case management services, helping to alleviate economic pressures that contribute to these harmful practices.<sup>87</sup>

Other key interventions include providing mental health and psychosocial support services to over 4.2 million children and caregivers and disseminating explosive ordnance risk education to 1 million individuals to address immediate safety concerns. UNICEF has also implemented targeted gender-based violence (GBV) interventions, reaching over 63,000 individuals, with a focus on creating CFSs and WGSSs. CFSs provided mental health support to 8,434,701 individuals in 2022-2023, exceeding targets by 199%. These programmes were complemented by the training of social workers and community members to strengthen localised protection systems.<sup>88,89</sup> By 2023, 7,451 social workers completed training on child protection standards, surpassing targets by 233%. Case management services provided cash assistance to 26,137 children between January 2022 and July 2023, exceeding targets by 138%. The report did not provide an average amount of cash assistance per child. Between January 2022 and July 2023, GBV programmes reached 1,238,730 individuals, exceeding targets by 1,948%. By 2023, the training on Sexual Exploitation and Abuse prevention extended to 26,003 individuals, including community leaders and social workers, surpassing initial targets by 3,715%.<sup>90</sup>

<sup>80</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>81</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan.

<sup>82</sup> Afghan identity card.

<sup>83</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>84</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>85</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>86</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>87</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan.

<sup>88</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis Report.

<sup>89</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>90</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

Under **social protection**, the Education Cash Plus Programme (ECP) successfully increased girls' school enrolment rates in Nuristan and Jawzjan provinces from 54% in 2022 to 92% by 2024, while reducing dropout rates from 85% to 35%.<sup>91</sup> Alongside cash transfers, community engagement played a pivotal role in advancing girls' education, with 86% of trained community leaders actively advocating for girls' education and 82% of parents valuing education for girls by 2024, compared to only 11% at baseline. Social Behaviour Change (SBC) campaigns further improved parental attitudes and reduced violence in schools, as evidenced by 79% of adolescent girls reporting no school-based violence in 2024, a significant increase from 14% at baseline.<sup>92</sup> Furthermore, Cash-Based Assistance (CBA) initiatives provided economic support to over 215,609 households between 2020 and 2023, facilitated by the digitization of registration and improved operational efficiency through the HOPE Management System.<sup>93</sup>

As for **cross-cutting areas**, UNICEF successfully adapted programme strategies under restrictive operational contexts, such as gender-segregated environments and funding withdrawals. **Gender-responsive humanitarian responses and operational adjustments** ensured continued service delivery across health, education, and WASH sectors despite bans on female workforce participation. UNICEF was able to expand programme coverage to hard-to-reach areas and strengthened multi-sectoral approaches. Already in an early stage, UNICEF expanded its operational footprint by establishing two new sub-field offices in Lashkargah and Tirinkot in March 2020. This expansion led to coverage of all 399 districts in the health sector, 394 districts in nutrition, 205 in education, 166 in child protection, and 143 in WASH.<sup>94</sup> Multi-year planning and funding appeared essential in enhancing service delivery across sectors. Efforts to expand MHTs and address severe malnutrition demonstrated the importance of integrated service delivery in crisis contexts.<sup>95</sup>

Through strategic engagement with communities and authorities, UNICEF secured critical service delivery continuity. Despite restrictive policies following the regime change, UNICEF's negotiated exemptions enabled 34% of health service providers and 29% of education workers to maintain their roles in 2023. Inter-agency coordination expanded humanitarian response coverage from 22.4 million people in 2022 to 29.2 million by mid-2023, representing three-quarters of Afghanistan's population. The health sector achieved 89% coverage of targeted beneficiaries in 2023, while education programmes supported over 8 million children, including 60% girls, through community-based initiatives. Partnerships with local NGOs maintained operations in 84% of rural districts, effectively leveraging community trust for sustained service delivery.<sup>96</sup>

UNICEF met its 15% benchmark for gender expenditures in 2020, with gender integration in programme documents rising from 0% in 2018 to 100% in 2020. The recruitment of 471 FMVs and 25 female mobilisers in communication for development strengthened female representation in field operations. By 2020, all eight country programmes incorporated at least one integrated gender priority result, up from five programmes in 2018.<sup>97</sup> Following restrictions on women's mobility, UNICEF shifted toward community-led approaches and supported female staff to work through remote modalities.<sup>98</sup>

UNICEF has taken significant strides through centralised management systems in 2024 by improving data quality and coverage assessment and fostering data-driven decision-making by implementing targeted interventions for enhanced data culture and organisational accountability. These efforts included activities such as collecting feedback through Community Engagement & Feedback Centres and aligning data collection with specific reporting periods to ensure accuracy.<sup>99</sup>

Safe spaces for women and girls were established to foster knowledge sharing and mobility, while systematic capturing of outcomes informed programme enhancements. Between 2020 and 2023, UNICEF's cash-based assistance coverage grew from 4,814 to 215,609 households. The introduction of

<sup>91</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>92</sup> Ibid

<sup>93</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023..

<sup>94</sup> UNICEF Afghanistan. (2021). Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-21.

<sup>95</sup> Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG). (2024). Inter-agency humanitarian evaluation of the response to the crisis in Afghanistan.

<sup>96</sup> Ibid.

<sup>97</sup> Ibid

<sup>98</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>99</sup> UNICEF Afghanistan. (2024). Data Quality Assessment.

the HOPE Management System digitised registration and data management, while the Project Management Unit centralised operations.<sup>100</sup>

UNICEF integrated **climate resilience** into its programming to address Afghanistan's vulnerability to environmental challenges. Climate-resilient infrastructure, such as solar-powered water systems, was prioritized to ensure sustainable access to water in underserved areas.<sup>101</sup> Groundwater and surface water monitoring stations were established to improve water resource management, providing early warning systems for floods and droughts.<sup>102</sup> Efforts to mitigate climate risks in education included the development of disaster risk reduction curricula and school-based resilience-building activities.<sup>103</sup> However, gaps remained in integrating climate change adaptation across all sectors, with limited scalability and funding for comprehensive disaster risk reduction strategies.<sup>104</sup>

UNICEF prioritized **PSEA** as a core element of its programming, focusing on prevention, reporting, and response mechanisms. Training sessions on PSEA reached over 26,000 individuals, including community leaders and social workers, by 2023, surpassing targets.<sup>105</sup> Community-based reporting mechanisms, such as anonymous feedback channels, were established to enhance accountability and trust.<sup>106</sup> However, challenges such as cultural stigma and limited awareness of PSEA reporting systems hindered broader participation, particularly in rural and conservative areas. Addressing these barriers will require ongoing advocacy, capacity building, and culturally sensitive approaches.<sup>107</sup>

## ii. Planned results that were partially achieved

In **education**, progress toward gender equality has been partly achieved. Efforts to promote girls' education through (School Management Shuras) SMSs have been effective, but cultural norms and remaining barriers to full participation highlight the need for further support. Poverty continues to challenge girls' education, though school absenteeism due to financial constraints reduced by 42%.<sup>108</sup>

The lack of adequate infrastructure was only partially addressed. Infrastructure challenges persist, with 41% of targeted schools lacking basic facilities such as buildings and sanitation, while ECE settings face inadequate teaching aids and outdated resources, affecting the learning environment.<sup>109,110</sup> Limitations in digital resources and internet access for self-directed and broadcast learning approaches remained persistent.<sup>111</sup>

In the GATE Programme, female mentor recruitment exceeded revised targets, but inconsistent employment support for graduates highlighted areas for improvement.<sup>112</sup> Irregular training for ECE teachers limited opportunities to adopt updated methodologies, while gaps in feedback mechanisms and monitoring further constrained capacity-building efforts.<sup>113</sup> While professional development initiatives had impact, irregular and insufficiently tailored training for ECE teachers and rural educators limited capacity-building opportunities.<sup>114</sup>

<sup>100</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023.

<sup>101</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey

<sup>102</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme (2022-2023).

<sup>103</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education

<sup>104</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme (2022-2023).

<sup>105</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan

<sup>106</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023..

<sup>107</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>108</sup> UNICEF Afghanistan. (2024). End-Line Study to Evaluate the Outcomes Of The Social And Behavioral Intervention / Provinces In South Region and West Region.

<sup>109</sup> Ibid.

<sup>110</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>111</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>112</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>113</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>114</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

Community engagement efforts, including advocacy campaigns to reduce violence against girls, showed partial success, reducing incidents during school commutes, though risks persist.<sup>115</sup> Parenting sessions in ECE settings have not been fully established, limiting parent involvement in early learning initiatives.<sup>116</sup>

Self-directed and digital learning modalities showed partial progress, though the lack of resources and guidance led to mixed outcomes, with digital learning hampered by poor internet access. Digital learning demonstrated incremental success in skill-building but was hindered by poor internet access and limited digital literacy. Efforts to establish clandestine face-to-face learning improved interaction but were constrained by safety and scalability concerns.<sup>117</sup>

In **nutrition**, efforts to address malnutrition achieved partial success. The SMART Survey faced limitations in data collection and inconsistencies, particularly in remote areas such as Ghor, where fieldwork was disrupted. Despite obtaining malnutrition prevalence estimates, discrepancies in age and sex distribution affected the accuracy of findings.<sup>118</sup> The IMAM initiative succeeded in maintaining MAM cure rates above national standards from 2013 to 2016 but saw a decline post-2017 due to high defaulter rates and supply chain inconsistencies.<sup>119</sup> Recently, the CBNP was found to achieve moderate success, with indicators for food distribution and training meeting 77–95% of targets but facing gaps in growth monitoring coverage and sustained behaviour change.<sup>120</sup> In provinces like Ghazni, 93% of health posts met their IYCF counselling targets during the capacity-building phase, while in Herat, 108% of target health posts received adequate materials for IYCF counselling. However, gaps remain in growth monitoring coverage and sustained behaviour change, with stakeholders emphasising the need for long-term support to ensure programme sustainability.<sup>121</sup>

Skilled birth attendance increased, but disparities in access and maternal mortality rates remained, particularly in poorer and rural areas. The MHTs struggled with resource limitations, including insufficient equipment and sporadic schedules, which hindered their effectiveness in remote areas.<sup>122</sup>

In **health**, significant advancements in maternal and child health services were achieved but remained uneven across regions. Misconceptions about ANC and postnatal care (PNC) practices were reduced but persisted in remote areas, where transportation and infrastructure barriers limited access. Institutional delivery adoption improved, though still inhibited by cultural misconceptions.<sup>123</sup> Healthcare services expanded coverage, but gaps remained in ensuring equitable access for all communities.

**Polio** vaccination campaigns achieved partial results. Polio vaccination campaigns reached many high-risk areas, but cultural resistance, bans on female workers, and operational restrictions led to missed vaccinations.<sup>124,125</sup> Efforts to engage religious and community leaders addressed vaccine misinformation but were limited in scope, particularly in urban areas where campaigns faced logistical challenges.<sup>126</sup>

The CHW programme achieved progress in expanding services and improving gender balance among recruits, with 45% of CHWs being women. Nonetheless, cultural norms and restricted mobility limited the participation and impact of female CHWs, particularly in rural settings. Awareness and utilisation of CHW services were low, with only 3.7% of women reporting recent use of these services.<sup>127</sup>

<sup>115</sup> UNICEF Afghanistan. (2024). End-Line Study to Evaluate the Outcomes Of The Social And Behavioral Intervention / Provinces In South Region and West Region.

<sup>116</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>117</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>118</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>119</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>120</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CNP) / draft version.

<sup>121</sup> Ibid

<sup>122</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>123</sup> UNICEF Afghanistan. (2024). End-Line Study to Evaluate the Outcomes Of The Social And Behavioral Intervention / Provinces In South Region and West Region.

<sup>124</sup> UNICEF Afghanistan. (2023). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators in Polio High-Risk Locations.

<sup>125</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>126</sup> Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan.

<sup>127</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

In **WASH**, progress was made in improving hygiene practices and sanitation infrastructure, but significant gaps remain. Handwashing behaviour, for instance, improved in urban schools, but remained inconsistent in rural areas. Similarly, access to sanitation was partially achieved, with only two out of six schools having functional deep wells, and inclusive toilets being available in limited numbers.<sup>128</sup> Open defecation was nearly eliminated in Kabul but persisted significantly in rural Sarobi, highlighting regional disparities in sanitation practices.<sup>129</sup> Furthermore, unclean and unsafe latrines remained a universal issue in some areas.<sup>130</sup>

Water accessibility showed mixed progress across studies. Functional water sources were reported in some schools, but seasonal limitations of solar-powered systems and non-functional hand pumps hindered reliability.<sup>131</sup> Efforts like feasibility studies for clean water solutions showed promise but required further implementation.<sup>132</sup>

Progress in MHM was partial, with one of six schools having a dedicated MHM room, and gender-sensitive toilets were limited in availability.<sup>133</sup> Awareness campaigns and hygiene kit distribution were conducted but often insufficient to meet population needs.<sup>134</sup> Community engagement in WASH initiatives showed mixed success. ODF status monitoring was inconsistent, with proactive measures varying across regions.<sup>135</sup> While community structures like Community Development Councils (CDCs) contributed positively, their dissolution compromised sustainability prospects.<sup>136</sup>

WASH-related health outcomes improved partially, with reduced prevalence of acute watery diarrhoea in urban areas but persistent high rates in rural settings.<sup>137</sup> Hygiene promotion campaigns showed variability in effectiveness, with some regions reporting low adoption of water treatment and handwashing practices.<sup>138</sup> Additionally, hygiene practices were hampered by variability in training quality and turnover among trained personnel.<sup>139</sup>

In **child protection**, the accessibility of legal documentation showed partial progress, with notable disparities between urban and rural areas. Processing times for e-Tazkiras and passports improved in urban centres, yet long waits persisted, particularly in rural areas where operational challenges were more pronounced. Marriage certificates were accessible faster for those with connections or resources, but rural regions faced significant delays of up to six months. Digital identity management introduced online application systems, which demonstrated potential but were hindered by technical and operational issues, including repeated in-person applications despite theoretical online capabilities. Efforts to digitise archives began, yet the lack of resources constrained broader implementation.<sup>140</sup> Gender-specific barriers to documentation were partly mitigated through informal solutions. For instance, women used unofficial marriage certificates as proxies to access assistance packages, highlighting adaptive practices amidst structural challenges. However, protection risks due to documentation gaps persisted, particularly for women and vulnerable groups in rural settings, where access remained uneven.<sup>141</sup>

Reintegration efforts showed mixed success, particularly in education and basic service provision. While most returnee children accessed clean drinking water and washing facilities, one-third still lacked these essentials. Education for returnee children remained a critical gap, with girls disproportionately affected

<sup>128</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>129</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>130</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>131</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>132</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>133</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>134</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>135</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>136</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>137</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>138</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>139</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>140</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>141</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

due to cultural and logistical barriers.<sup>142</sup> Social exclusion and financial constraints further impacted access to vocational training and other protective services.<sup>143</sup>

Child protection services achieved partial results, particularly in MHPSS and community engagement. Approximately 59% of the target for children and caregivers accessing MHPSS services was achieved, while only 39% of the target for alternative care for unaccompanied children was met. Challenges included delays in supply delivery for CFSs, unused recreational kits due to untrained facilitators, and incomplete social integration for children who suffered violence, reaching just 12% of the target.<sup>144</sup> Inadequate resources and capacity constraints in vocational training centres further limited the reach of child protection services.<sup>145</sup>

As for **cross-cutting areas**, inter-sector coordination and multi-sector programming exhibited limited progress. Integrating sectors through the Inter-Cluster Coordination Team was relatively successful but lacked practical collaboration in many regions. Multi-sector planning was identified as a priority, yet operationalising these strategies remained a challenge, particularly in addressing the basic needs agenda and education for girls.<sup>146</sup>

Efforts to improve data quality and accountability achieved partial success. While some progress was made in implementing data-driven decision-making frameworks, five activities under SBC Indicator 2 were not implemented, limiting comprehensive assessments. Data inconsistencies, particularly for SBC5 and Gender Indicator 2, revealed partial success in achieving accuracy and completeness, with technical challenges such as internet outages further hindering data entry.<sup>147</sup>

The ban on women in programming significantly impacted service delivery and gender equity initiatives. Remote working arrangements allowed some continuity, but reduced productivity and communication inconsistencies hindered programme effectiveness. Restrictions on female workers limited the mobility and quality of child protection and WASH services, while educational programming for girls faced significant setbacks due to halted classes.<sup>148</sup>

For **PSEA**, training programmes successfully reached over 26,000 individuals, including community leaders and social workers, by 2023, fostering greater awareness of protection from sexual exploitation and abuse. However, cultural stigma and limited awareness of reporting mechanisms, particularly in conservative areas, reduced the effectiveness of these initiatives<sup>149</sup>. The lack of accessible feedback channels in rural communities further highlighted the need for expanded outreach and capacity building<sup>150</sup>.

In **climate change**, UNICEF's efforts to establish climate-resilient infrastructure, such as solar-powered water systems, improved water access in underserved areas. However, seasonal limitations and high maintenance costs restricted scalability, particularly in rural communities<sup>151</sup>. Disaster risk reduction strategies, while integrated into some programmes, lacked comprehensive coverage and funding, leaving certain regions vulnerable to climate-related challenges<sup>152</sup>.

As for **social protection**, cash-based assistance programmes achieved partial success, meeting immediate household needs but lacking long-term impact. Short-term transfers addressed basic requirements but did not significantly improve sectoral outcomes. Delays in winterisation programmes and inconsistent cash distribution further limited effectiveness, with only 8,158 of the planned 43,099 households receiving timely assistance.<sup>153</sup>

<sup>142</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>143</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>144</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>145</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>146</sup> Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG). (2024). Inter-agency humanitarian evaluation of the response to the crisis in Afghanistan.

<sup>147</sup> UNICEF Afghanistan. (2024). Data Quality Assessment.

<sup>148</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>149</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report

<sup>150</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023

<sup>151</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>152</sup> UNICEF Afghanistan (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme (2022-2023).

<sup>153</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023..

### iii. Planned results that were hardly or not achieved

In **education**, in 2021, school completion rates were low, especially for women and rural populations; less than one in four children completed upper secondary school. Learning outcomes were poor, with only 22% of students achieving minimum proficiency in reading and 25% in mathematics.<sup>154</sup> School completion rates remained low, particularly for women and rural populations, with less than one in four children completing upper secondary school in 2021. Despite efforts such as cash incentives, barriers like financial constraints, harmful cultural practices, inadequate infrastructure, and restrictions imposed by post-regime change policies continued to prevent girls from accessing education in 2023 and 2024, with teachers also facing low payment and insufficient support.<sup>155,156</sup>

The transition from CBE classes to local schools faced logistical and financial barriers, such as costs for transport and school materials, making it difficult for many students to continue their education. Additionally, there was limited access to female subject specialists and inadequate training for female teachers, compounded by delayed delivery of textbooks.<sup>157</sup>

In 2021, the GATE programme faced multiple inefficiencies, including inadequately trained mentors, which limited their ability to support graduates, and a lack of deliberate employment pathways for graduates. Furthermore, systemic gaps in monitoring and evaluation (M&E), compounded by fragmented data, hindered programme oversight and the effectiveness of graduate networks, which failed due to unclear operational objectives.<sup>158</sup>

In ALPs, the lack of formal certification undermined their credibility. Furthermore, significant outreach efforts through broadcast learning were not tracked, leaving outcomes unclear. Inadequate internet infrastructure hindered online learning, with slow download speeds often delaying educational progress.<sup>159</sup>

The ECE initiative faced multiple challenges, including the absence of parenting sessions, inadequate teacher development, and outdated age-appropriate materials. Gender inclusivity was hindered by a shortage of qualified female teachers, and holistic child development was limited by the lack of a national Early Childhood Development (ECD) policy framework, incomplete implementation of responsive caregiving and maternal mental health programmes, and siloed service delivery.<sup>160,161</sup>

In **nutrition**, the baseline assessment in 2021 revealed significant gaps in child nutrition and healthcare practices. Only 1.15% of children aged 6–23 months received minimum dietary diversity. Institutional delivery rates were low, with only 18% of pregnant women delivering in healthcare facilities.<sup>162</sup>

The CHW programme in 2021 struggled with integrating into a comprehensive Primary Health Care reform agenda. Career progression pathways for CHWs, particularly for women, remained underdeveloped, and gender-transformative policies have not been adequately implemented.<sup>163</sup>

Addressing malnutrition in 2022 faced significant challenges, including missing or inaccurate data, discrepancies in child malnutrition indicators, and measurement errors. The limited availability of specialized nutrition products, such as Ready-to-Use Therapeutic Food, along with inconsistent geographic coverage of IMAM services, further hindered effective responses.<sup>164,165</sup> Referral success rates for malnourished children were low, with only 45% and 25% of the targets achieved for MAM and SAM. Improvements in dietary diversity and handwashing behaviours were inconclusive, reflecting gaps in

<sup>154</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan..

<sup>155</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report. .

<sup>156</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>157</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>158</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>159</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>160</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>161</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>162</sup> UNICEF Afghanistan. (2021). C4d Strategy Baseline Assessment / Paroon District and Nooristan Province.

<sup>163</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>164</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>165</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

sustained behaviour change efforts. Furthermore, a lack of consolidated M&E data impeded decision-making and national integration of CBNP services.<sup>166</sup>

**Healthcare** services in Afghanistan remain constrained by inadequate infrastructure, including a lack of specialised equipment, insufficient inpatient beds, and limited-service consistency. MHTs are irregularly scheduled, limiting accessibility for remote populations. Economic barriers, such as the inability to afford quality medications, exacerbate these issues. Furthermore, MHPSS services remain critically underprovided despite significant needs.<sup>167</sup>

In 2024, the absence of functional healthcare policies following regime changes hindered improvements in maternal health outcomes. Misconceptions about ANC and PNC practices persisted, particularly in remote areas where religious beliefs and social norms discouraged seeking medical assistance. Transportation and infrastructure barriers further limited access to maternal, newborn, and child health services, while trust in healthcare professionals remained low in several rural villages.<sup>168</sup>

**Polio** vaccination efforts in 2023 and 2024 faced significant challenges, with campaigns missing targets by 1–1.5 million children per campaign. Vaccine refusal among 'hard-refusal' households, insufficient female vaccinators, and culturally inappropriate service locations hindered coverage. Additionally, logistical and political barriers, including restrictions on urban populations and disruptions to door-to-door campaigns, further limited geographic coverage and left gaps in data representation.<sup>169,170</sup>

In **WASH**, initiatives initially struggled to meet the population's needs, particularly in rural areas where hygiene kit distributions and social mobilisation efforts were limited. However, post-2021, UNICEF WASH programming faced few restrictions, with significant achievements despite external challenges. UNICEF prioritized building capacity through Community-Led Total Sanitation (CLTS), achieving substantial progress in provinces like Helmand, Laghman, and Kabul, where WASH facilities in schools and communities improved. Nevertheless, gaps remain, including insufficient handwashing facilities in schools, poor waste management, and the need for inclusive sanitation, particularly in provinces like Sar-e-Pul and Badghis. Addressing these gaps requires long-term sustainability planning and further community engagement.<sup>171, 172,173</sup>

Efforts to eliminate ODF have been successful in a limited number of regions, with high slippage rates reversing progress. For example, in Paktika and Samangan provinces, ODF practices nearly returned to pre-intervention levels. Basic hygiene practices, such as handwashing with soap, were not adopted in surveyed areas, and MHM facilities were absent in multiple rural schools.<sup>174,175,176</sup>

Water systems of WASH interventions often fell into disrepair due to a lack of maintenance. Furthermore, incomplete community support mechanisms for toilet construction and insufficient solid waste management systems limited the long-term impact of these initiatives.<sup>177,178</sup>

Equity and inclusion gaps were pervasive, with women frequently excluded from water management committees and marginalised communities underserved. Additionally, cultural misconceptions and financial barriers hindered universal access to sanitation and hygiene.<sup>179</sup>

In **child protection**, in 2023, significant delays in accessing passports restricted movement and economic opportunities, with high competition and corruption exacerbating the issue. Women faced unique barriers, such as lacking identity documentation or marriage certificates, which hindered their

<sup>166</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>167</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>168</sup> UNICEF ACO. (2024). End-Line Study to Evaluate the Outcomes Of The Social And Behavioral Intervention / Provinces In South Region and West Region.

<sup>169</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>170</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>171</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>172</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>173</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>174</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>175</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>176</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>177</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>178</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>179</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

ability to claim inheritance, retain child custody, or enrol children in school. High travel costs, administrative hurdles, and inefficiencies due to the limited digitalisation of records further compounded these challenges. Additionally, poor collaboration between ministries led to inefficiencies in registering vital events, while office closures and reduced DfA capacity resulted in uneven access to documentation services.<sup>180</sup>

In 2023, only 12% of the target for boys and girls receiving social and economic reintegration and life skills support was achieved. Similarly, just 39% of the target for reunifying unaccompanied children with their families was met. Delayed delivery of supplies and unused resources, such as recreational kits, further hindered programme effectiveness. Sensitive issues like misuse of funds were reported but not followed up. Additionally, birth registration and child labour interventions remained low-priority areas due to competing programmatic focuses.<sup>181</sup>

Also in 2023, returnees faced limited long-term reintegration support, particularly in addressing psychological and social dimensions of reintegration. Multisector interventions in return areas were incomplete, and secondary displacement remained a persistent challenge due to inadequate resources. Returnee families often struggled with economic and nutritional needs, and many children exhibited signs of malnutrition due to insufficient food. A lack of sustainable livelihoods further entrenched economic precarity among returnees.<sup>182</sup>

In 2024, vocational training centres faced significant capacity limitations, preventing many children from accessing training opportunities. A lack of transportation support further restricted participation, particularly for girls from economically disadvantaged households.<sup>183</sup>

As for **cross-cutting areas**, in 2024, failures in establishing sustainable basic service infrastructure and coordinating humanitarian and development efforts were reported. Accountability to affected people mechanisms were found incomplete, and response efforts failed to adequately address the extraordinary scale and severity of needs. Economic and social needs remained unmet in a sustainable manner, exacerbated by the lack of a link to an active development agenda.<sup>184</sup>

In 2023, significant delays hampered the winter cash assistance programme, with only 19% of households receiving payments before suspension. The earthquake response achieved only 21% of participant targets. Evidence-building activities remained incomplete, and inadequate coverage of household needs through Cash+ activities left many beneficiaries underserved. The absence of clear documentation for some humanitarian cash transfer programmes further complicated implementation.<sup>185</sup>

In 2024, it was reported how sanctions and gender-based restrictions disrupted programme implementation. Girls' education programmes in certain provinces were suspended, and the field presence of female staff for monitoring and delivery was inconsistent due to travel restrictions requiring mahrams. Delays in teaching material distribution and insufficient gender-sensitive WASH services further compounded these challenges. The ban on women attending distribution sites hindered cash-based interventions, while online learning modalities for female teachers faced obstacles due to poor internet access and resource shortages.<sup>186</sup>

In climate change, disaster risk reduction (DRR) strategies were not fully implemented, leaving many regions vulnerable to environmental challenges. While some climate-resilient infrastructure was established, these efforts were geographically limited and lacked comprehensive monitoring to ensure long-term sustainability. High costs and inadequate funding further restricted the scalability of climate adaptation measures.<sup>187</sup>

<sup>180</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>181</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>182</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>183</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>184</sup> Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG). (2024). Inter-agency humanitarian evaluation of the response to the crisis in Afghanistan.

<sup>185</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023.

<sup>186</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>187</sup> UNICEF Afghanistan (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme (2022-2023).

#### iv. Common denominators across the thematic areas

The sections above focus on each thematic area, but a number of common denominators in terms of achievement or lack thereof were also identified, as categorised below.

##### a. Community engagement and support:

Active community involvement was a critical success factor in many sectors. In education, in 2024, awareness campaigns improved attitudes toward girls' education.<sup>188</sup> CBE classes addressed parental concerns by offering safer, closer alternatives, increasing participation.<sup>189</sup> Conversely, the absence of parental engagement in ECE centres limited effectiveness. In nutrition, for example, CBNP programmes in 2024 benefitted from active local leadership, improving acceptance and programme implementation.<sup>190</sup> Similarly, polio campaigns saw success when religious and community leaders were engaged as trusted advocates for vaccination.<sup>191</sup> Conversely, limited engagement in health programmes, such as the IMAM initiative in 2021, reduced outreach and participation.<sup>192</sup> In WASH, strong community involvement in sanitation system maintenance significantly improved programme outcomes.<sup>193</sup> Similarly, programmes that included local communities in planning and infrastructure maintenance in 2024 achieved longer-lasting results.<sup>194</sup> Limited engagement in rural areas, however, hindered the effectiveness of interventions in addressing local needs.<sup>195</sup>

##### b. Cultural norms and gender barriers

Deep-rooted cultural norms continued to complicate achieving results, notably in education for girls. In 2024, practices like child marriage and restrictions on female education were still prevalent. Efforts to empower female educators through mentorship networks in 2021 showed promise but remained limited,<sup>196,197</sup> and the lack of female teachers limited mentorship opportunities and societal acceptance, particularly in rural areas.<sup>198,199</sup> In WASH, the 2023 SBC qualitative study noted that inadequate MHM facilities in rural areas hindered women's and girls' access to services.<sup>200</sup> Mixed-gender training teams and gender-sensitive planning in 2024 improved engagement but scaling was limited.<sup>201</sup> Related to healthcare access, in 2024, the requirement for women to travel with a male companion limited their ability to seek health services.<sup>202</sup> Cultural norms and restrictions on women's mobility also compounded challenges in accessing legal documentation and child protection services. In 2023, systemic barriers required women to be accompanied by male guardians for essential services, limiting their autonomy.<sup>203</sup>

##### c. Financial constraints and economic barriers

Economic challenges heavily influenced results. For educational access, cash transfers in 2024 alleviated financial burdens but failed to eliminate economic pressures on families.<sup>204,205</sup> Stipends for teachers in 2024 helped reduce disparities but were often insufficient to cover transportation and other cost.<sup>206</sup> In WASH, limited financial resources impeded progress, for instance affecting households' ability to afford basic hygiene supplies like soap.<sup>207</sup> Economic precarity was also a recurring barrier to healthcare access. In 2024, poverty and transportation costs forced many households to rely on inadequate traditional

<sup>188</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>189</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>190</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CNP) / draft version.

<sup>191</sup> Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan.

<sup>192</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition (IMAM) Initiative.

<sup>193</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>194</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>195</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>196</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>197</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash for Education Project in Nuristan and Jawzjan.

<sup>198</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>199</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>200</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>201</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>202</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>203</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>204</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>205</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>206</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>207</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

medicine.<sup>208</sup> As for protection, in 2023 many families had to prioritize basic survival over legal documentation and education.<sup>209</sup> Vocational training programmes provided economic empowerment for some, but transportation and resource constraints restricted their broader impact.<sup>210</sup>

#### d. Infrastructure and resources

Infrastructure deficits hindered various outcomes. In education, in 2024, 41% of schools lacked essential facilities like clean water and proper buildings.<sup>211</sup> Inadequate ECE centres, such as those using tents, compromised child safety and participation.<sup>212</sup> Poor infrastructure and inconsistent maintenance also undermined WASH outcomes. Damaged sanitation facilities and non-functional water systems in 2024 were significant barriers,<sup>213</sup> and inadequate drainage systems in 2023 contributed to water contamination risks.<sup>214</sup> Inadequate infrastructure and logistical support furthermore limited healthcare accessibility, for instance accessible health facilities in 2024 and stock shortages of nutritional supplements in 2022.<sup>215,216</sup>

#### e. Policy alignment and systemic challenges

Weak legislative frameworks and policy enforcement perpetuated systemic barriers to UNICEF programmes. In 2024, inadequate policies failed to address critical issues like child marriage and insufficient schools for girls.<sup>217</sup> In 2021, the alignment of the GATE Programme with national education strategies fostered favourable conditions, but systemic gaps limited scalability and institutional ownership.<sup>218</sup> Bureaucratic inefficiencies in 2024 further delayed the programme implementation.<sup>219</sup> In WASH interventions, in 2024, weak intersectoral coordination affected efforts to establish sustainable water and sanitation programmes, leaving many communities underserved.<sup>220</sup> The absence of unified frameworks for monitoring and planning exacerbated these inefficiencies, particularly in rural areas.<sup>221</sup> The lack of integration between health systems and policy frameworks undermined sustainability in health and nutrition programmes. In 2024, the insufficient integration of community-based nutrition programmes with broader health systems reduced the long-term impact of behaviour change efforts.<sup>222</sup> Also, weak policy enforcement in 2021 contributed to low coverage of malnutrition treatment services.<sup>223</sup> Furthermore, policy gaps and administrative inefficiencies significantly impacted protection programmes. In 2023, incomplete digitisation of documentation systems caused delays in civil registration, while limited coordination between ministries hindered service delivery.<sup>224</sup> The absence of child-sensitive policies in migration and reintegration processes further marginalised vulnerable children.<sup>225</sup>

#### f. Data, monitoring, evaluation, and knowledge management gaps

The absence of robust M&E frameworks impeded various results, such as adaptive learning and decision-making in education. In 2021, fragmented data collection in the GATE Programme hindered the ability to track progress and ensure accountability.<sup>226</sup> ECE centres in 2024 lacked formal documentation and detailed monitoring systems.<sup>227</sup> In WASH, in 2024, gaps in tracking the inclusion of persons with

<sup>208</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>209</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>210</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>211</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>212</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>213</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>214</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>215</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>216</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>217</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>218</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>219</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>220</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>221</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>222</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>223</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management Of Acute Malnutrition (IMAM) Initiative.

<sup>224</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>225</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>226</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>227</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

disabilities weakened equity goals.<sup>228</sup> Also, the lack of drainage system monitoring in 2023 contributed to infrastructure deterioration and contamination risks.<sup>229</sup> In health and nutrition, in 2021, poor data quality in nutrition programmes prevented making evidence-based improvements.<sup>230</sup> The lack of standardised M&E systems in 2023 hindered the ability to effectively monitor child protection interventions, which included inconsistent use of templates and incomplete reporting on sensitive issues.<sup>231</sup>

#### g. Integration in national systems and multisectoral coordination

Fragmented coordination between education programmes and national systems affected sustainability. In 2024, standalone initiatives like Accelerated Learning Programmes (ALP) lacked widespread implementation and integration into formal education frameworks.<sup>232</sup> Similarly, early childhood programmes in 2024 struggled to align with broader educational policies, limiting their long-term impact.<sup>233</sup> In health/polio, limited integration with broader health systems undermined sustainability. Standalone vaccination campaigns in 2024 faced challenges in achieving long-term impact without alignment with routine healthcare systems.<sup>234</sup> Similarly in nutrition, the lack of systemic support for nutrition programmes reduced their scalability and effectiveness.<sup>235</sup> The lack of multisectoral coordination was also evident in protection programmes. In 2023, standalone child protection services failed to address the comprehensive needs of beneficiaries.<sup>236</sup> On the other hand, partnerships between UN agencies in addressing child marriage demonstrated the potential of collaborative efforts.<sup>237</sup>

#### h. Psychological and social impact

Psychological stress and anxiety among beneficiaries affected outcomes. In education, stress and anxiety were significant barriers for students, caregivers, and teachers in 2024. Poor caregiver mental health negatively affected early childhood development and the ability to provide responsive care.<sup>238</sup> In WASH, limited access to safe sanitation facilities in 2024 increased stress and vulnerability, particularly for women and girls.<sup>239</sup> In health and nutrition, the psychological toll of malnutrition and restricted access to healthcare in 2024 was evident among caregivers and children.<sup>240</sup> In protection programmes, psychosocial support was a critical component in 2024. Vocational training initiatives and safe spaces for children and adolescents positively influenced self-esteem and emotional well-being, but resource constraints and limited reach reduced the scalability of such interventions.<sup>241</sup>

#### 5.1.3. Where is the evidence the strongest, and where are the main gaps in evidence activities generated since August 2021?

Parallel to the extraction of findings in the prior section, the team has investigated the strength of the evidence and the remaining gaps, informed by the documents in Annex 3.

Evidence was considered strong, where reliable data were explicitly documented and use of statistically significant data was mentioned, where reports were corroborated by multiple sources, and if programmes were meant to achieve and achieved measurable and verified outcomes.

Main evidence gaps were identified if reports explicitly mentioned or described that reliability was affected by issues like insufficient data, gaps, or incomplete achievements/data, challenges in data collection, monitoring, or scalability of interventions, and areas with limited documentation, such as underrepresented regions, populations, or programme outcomes.

<sup>228</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>229</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>230</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management Of Acute Malnutrition (IMAM) Initiative.

<sup>231</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>232</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>233</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>234</sup> Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan.

<sup>235</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>236</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>237</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>238</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>239</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>240</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>241</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

Table 4: Strength of evidence and evidence gaps per thematic area.

Area	Where evidence is strongest	Main evidence gaps
Education	Increased enrolment and retention rates for girls, supported by community structures.	Lack of longitudinal studies to evaluate long-term impacts on enrolment, retention, and learning outcomes, particularly for girls.
	Improved teaching quality and introduction of gender-sensitive facilities, including Menstrual Hygiene Management (MHM) rooms.	Insufficient evidence on strategies to address entrenched cultural resistance and economic barriers to girls' education in rural areas.
	Higher engagement of female teachers and improved teacher-student ratios in CBE programmes.	Limited data on impact of teacher training on student outcomes, particularly in underperforming regions.
	Significant progress in reducing dropout rates through financial incentives like the Education Cash Plus Programme (ECP).	Limited analysis on how community-level advocacy campaigns affect long-term perceptions of girls' education in conservative areas.
	Notable increases in secondary school enrolment for girls, driven by adolescent empowerment initiatives like IALA.	Insufficient data on the scalability of alternative learning models, including online platforms and face-to-face learning under restrictive conditions.
WASH	Reduction in waterborne diseases through community-led initiatives.	Limited evidence on the sustainability and maintenance of WASH infrastructure, especially in remote areas.
	Improved hygiene practices and behavioural change due to effective hygiene promotion campaigns.	Gaps in data on long-term functionality and inclusivity of gender-sensitive WASH facilities.
	Effective use of digital tools (e.g., Kobo) for real-time data collection and monitoring.	Lack of comprehensive analysis on the scalability of digital monitoring tools in low-resource settings.
	Climate-resilient infrastructure like solar-operated water systems improved access and sustainability in drought-prone areas.	Insufficient research on the cost-effectiveness and long-term viability of solar-powered systems in remote and resource-constrained areas.
	Enhanced community engagement through water management committees, fostering local ownership.	Limited analysis on the effectiveness of gender-sensitive approaches in WASH committee training and leadership.
Health & Polio	Higher vaccination coverage supported by FMVs and health shuras, particularly in underserved regions.	Insufficient analysis of volunteer retention issues and the long-term impact of community health worker training programmes.
	Successful integration of health and nutrition services into BPHS, demonstrating efficiency and accessibility.	Limited evidence on the integration of digital tools to improve service delivery in remote and conflict-affected areas.
	Polio campaigns successfully reduced hard-refusal rates and increased vaccination uptake through community engagement and FMV support.	Limited evidence on strategies to sustain high vaccination rates in culturally restrictive environments.
	Positive shifts in maternal health practices, including increased ANC and institutional deliveries, following Social and Behaviour Change (SBC) interventions.	Insufficient data on the long-term sustainability of SBC-driven behaviour changes in maternal and child health.
Nutrition	Improvements in child and maternal nutrition, with reduced anaemia rates among adolescents.	Gaps in assessing effectiveness of gender-responsive nutrition programmes and tailored interventions for malnutrition among vulnerable groups.

	Reduction in SAM and MAM rates through the Integrated Management of Acute Malnutrition (IMAM) programme, exceeding Sphere standards.	Limited evidence on strategies to address high CHW turnover and supervision gaps in delivering nutrition services.
	Active community engagement in promoting nutrition-sensitive practices like exclusive breastfeeding and dietary diversity.	Insufficient data on long-term impacts of community nutrition programmes in areas with persistent food insecurity.
Child Protection	Legal documentation services via mobile outreach teams have successfully increased access to legal identity for vulnerable populations.	Limited data on overcoming cultural resistance to legal services and child protection initiatives in conservative regions.
	Effective use of child-friendly spaces (CFSs) for psychosocial support and fostering safe environments for children.	Gaps in recruitment and retention strategies for female staff in rural areas to deliver protection services.
	Strengthened community-based child protection committees, fostering ownership and local engagement.	Insufficient evidence on long-term sustainability of community-led child protection structures.
	Substantial progress in reducing child marriage and labour through cash-based assistance and community sensitisation campaigns.	Limited data on the long-term impact of cash assistance in preventing child marriage and labour.
	Increased uptake of birth registration services following advocacy and digitalisation efforts.	Insufficient research on the scalability of digital birth registration systems in remote and resource-constrained areas.
Social Protection	Effective cash-based assistance programmes that alleviate immediate economic hardships for vulnerable households.	Limited evidence on the long-term impact of cash assistance programmes on poverty reduction and economic resilience.
	Community-driven approaches fostered ownership and improved service delivery in social protection programmes.	Limited research on the role of local governance and community structures in sustaining social protection outcomes.
	Successful implementation of winterization support programmes to address seasonal vulnerabilities.	Gaps in understanding the scalability of winterization programmes and their integration with other social protection measures.
<b>Cross-Cutting Themes</b>		
Data, Evidence & Knowledge Management	Use of digital tools like Kobo and HOPE for beneficiary registration, data management, and programme monitoring.	Fragmented data collection methods and lack of robust frameworks to track long-term impacts, particularly on gender equity and programme sustainability.
	Regular data triangulation using qualitative and quantitative methods for enhanced reporting accuracy.	Technical gaps in integrating gender-responsive indicators and real-time data analytics across all programmes.
	Centralised management systems like ActivityInfo streamlined data collection and reporting processes across multiple sectors.	Insufficient alignment of data collection frameworks with local governance systems, limiting the scalability of monitoring solutions.
Gender	Gender-responsive approaches integrated into multiple sectors, improving inclusivity and access for women and girls.	Limited data on the scalability and impact of gender-focused programmes in restrictive contexts.
Disability inclusion	Some inclusion through CBE and IMAM programmes with case referrals for children with disabilities.	Limited disaggregated data on the needs and challenges faced by people with disabilities across sectors, hindering tailored intervention designs.

	Identification and referral of disability cases incorporated into IMAM and community-based programmes.	Insufficient evidence on accessibility of health, nutrition, and WASH services for people with disabilities, particularly in remote underserved areas.
	Improved access to disability-friendly infrastructure in ECE and WASH programmes, enhancing school attendance among children with disabilities.	Limited analysis of the effectiveness of assistive technologies and specialised training for caregivers in improving disability inclusion.
Humanitarian-Development-Peace Nexus	Evidence of coordinated approaches improving resilience and recovery in conflict-affected areas.	Limited integration of nexus programming with local governance structures to enhance sustainability.
Climate & Environment	Integration of solar-powered water systems and climate-resilient WASH infrastructure to mitigate environmental challenges.	Inadequate data on the long-term effectiveness of climate-resilient interventions, particularly in health and WASH sectors.
	Use of area-based approaches to address environmental and displacement challenges in disaster-prone regions.	Limited research on the integration of climate adaptation strategies into cross-sectoral programming, especially for education and health.
PSEA	Strengthened measures to prevent sexual abuse and exploitation in service delivery programmes.	Limited research on the effectiveness of PSEA interventions in remote and high-risk areas.
Scalability & Replication	Community-based approaches like CLTS and IMAM, integrated into BPHS, demonstrate strong potential for replication in similar contexts.	Lack of evidence on replicability in diverse, conflict-affected, or urban contexts, and limited analysis of financial mechanisms to ensure sustainability.
	Strong partnerships with local NGOs and community leaders, facilitating programme adaptation to local needs.	Insufficient evidence on the scalability of vocational training and empowerment programmes for women and marginalised groups.

#### 5.1.4. Institutional and operational effectiveness

##### i. Effectiveness of programme delivery

Related to **timeliness** of programme delivery, delays in cash distribution were common due to negotiations with donors and access authorizations. Winterization cash assistance was often delayed due to donor funding schedules, making the assistance less effective for beneficiaries in extreme weather conditions. Emergency response to the 2022 earthquake in Khost was relatively timely, as cash transfers were initiated within three months, but this was still slower than best-practice standards for rapid emergency response.<sup>242</sup>

In health, the Health Impact M&E Framework (2016-2020) set a target for 96% of the population to access healthcare within two hours, but half of the caregivers reported living more than two hours away from a health facility. MHTs were deployed to reach remote populations, but coverage was inconsistent across provinces, and admission data suggested gaps in service delivery. The Acute Watery Diarrhoea outbreak response in Sarobi and Kabul (2022) was effective in deploying WASH interventions, but gaps in hygiene promotion and awareness campaigns reduced the sustainability of the response.<sup>243</sup> WASH services for displaced populations were slow to deploy, particularly in areas with high IDP concentrations, leading to water shortages in temporary settlements.<sup>244</sup>

For **scalability**, in nutrition, IMAM services were scaled up to cover 99% of districts by integrating nutrition treatment into Basic Health Centres and Secondary Health Centres. By 2019, more than 11,000 health

<sup>242</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023.

<sup>243</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>244</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

staff were trained in IMAM, ensuring that a qualified workforce was available to implement services nationwide.<sup>245</sup>

As for cash-based assistance, model expanded from one service provider in 2021 to three by 2023, demonstrating increased capacity and scalability. Digitization of participant registration through KOBO and HOPE platforms improved efficiency, allowing real-time tracking of cash distributions.<sup>246</sup>

WASH programmes faced scalability challenges due to high infrastructure costs and the limited capacity of local implementing partners, which slowed expansion to hard-to-reach areas.<sup>247</sup> Education programmes, including the GATE initiative, had moderate scalability, with higher uptake in urban areas, but barriers in rural and conflict-affected regions limited overall expansion<sup>248</sup>.

Related to **reaching target populations**, in hard-to-reach areas, 40% of the Afghan population lives in areas, known as "white areas", making humanitarian access difficult. Nomadic communities across 15 provinces faced barriers to health and nutrition services, often due to ethnic biases and exclusion from formal service delivery.<sup>249</sup>

Cash+ programmes improved household resilience, but low transfer values meant that cash assistance was insufficient to meet long-term needs. Post-distribution monitoring found that 70% of recipients used cash assistance for food, but there was limited tracking of impact on long-term household financial stability.<sup>250</sup>

In child protection, birth registration and legal identity support were not always consistently implemented, leading to gaps in children's access to education and social protection services. Explosive Ordnance Risk Education campaigns reached only 44% of programme districts, leaving gaps in war-affected communities where landmine risks were high.<sup>251</sup>

## ii. Adaptability of operations to external challenges

Following the regime change in August 2021, humanitarian agencies faced logistical, financial, and operational disruptions, with many INGOs and international UN staff evacuating while local staff continued programming with limited guidance. UNICEF shifted towards localized operations, increasing reliance on Afghan staff and local implementing partners due to security and travel constraints.<sup>252</sup> Humanitarian agencies had to navigate diplomatic tensions, often negotiating directly with the de facto authorities to retain access to vulnerable populations. UNICEF and its partners avoided direct de-facto authorities (DfA) affiliations, instead using multi-sectoral partnerships and third-party monitoring to sustain service delivery. The centralized control by DfA created operational bottlenecks, requiring region-specific adaptations rather than a single approach.<sup>253</sup>

When the December 2022 ban on female NGO staff was announced, several organizations paused operations temporarily, leading to disruptions in health, nutrition, and education programmes. Nonetheless, the UN reaffirmed its commitment to "stay and deliver", ensuring services could be provided "whenever and wherever possible with a meaningful and active presence of female aid workers". Due to restrictions on male-female interaction in workplaces, agencies developed "parallel workstreams", allowing male and female staff to operate in separate but coordinated teams. In some areas, humanitarian actors negotiated community-specific agreements, enabling female staff to continue working under certain conditions, such as being accompanied by male family members when conducting fieldwork.<sup>254</sup> Remote working models were expanded to keep female staff involved in programme management, training, and reporting even if fieldwork was restricted.<sup>255</sup>

<sup>245</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management Of Acute Malnutrition (IMAM) Initiative..

<sup>246</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023

<sup>247</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>248</sup> UNICEF Afghanistan. (2021). Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-21.

<sup>249</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>250</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023

<sup>251</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>252</sup> Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG). (2024). Inter-agency humanitarian evaluation of the response to the crisis in Afghanistan.

<sup>253</sup> UNICEF Afghanistan. (2021). Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-21.

<sup>254</sup> Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG). (2024). Inter-agency humanitarian evaluation of the response to the crisis in Afghanistan.

<sup>255</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

After the regime change, development-oriented programmes shifted to emergency response, prioritizing food security, health, and cash assistance.<sup>256</sup> Humanitarian access to contested areas was facilitated by using local intermediaries, community elders, and religious leaders, particularly for health and education programmes.<sup>257</sup> MHTs were adapted to operate in rural and insecure areas, ensuring that essential services were delivered even where fixed facilities were not feasible. Third-party monitoring and remote data collection were used in high-risk regions where direct staff access was restricted.<sup>258</sup>

Girls' education programmes adapted to bans on secondary schooling by expanding home-based learning, radio lessons, and digital content delivery. Some agencies negotiated community-led education models, where girls could continue studying under female teachers in informal settings<sup>259</sup>.

Related to crisis response, the WASH programme demonstrated strong adaptability by pre-positioning emergency supplies, ensuring rapid response to earthquakes, floods, and disease outbreaks. Emergency nutrition interventions were scaled up through contingency planning, enabling quick procurement of supplies and targeted mobilization of mobile teams.<sup>260</sup>

Also, when the Government of Pakistan mass deported Afghan refugees in late 2023, UNICEF quickly redirected resources to provide essential services to over 550 children and their families.<sup>261</sup>

### **iii. Strengths in accountability mechanisms, innovation adoption, and learning processes**

Accountability mechanisms in UNICEF-supported programmes emphasize community feedback, transparency, and monitoring systems.

Community-based feedback systems include the Awaaz Helpline, established in 2018, which provides a nationwide feedback mechanism where affected populations can report concerns about humanitarian assistance. The Afghanistan Community Voices and Accountability Platform (established by UNFPA in 2023) enhances transparency by tracking community concerns and feedback trends. Furthermore, community consultations have played a critical role in accountability, ensuring that humanitarian aid is aligned with the needs of affected populations.

When it comes to strengthening gender-inclusive accountability, following the ban on female Afghan workers, a rapid consultation was conducted through Awaaz, collecting responses from 800+ women and girls to identify community engagement gaps. The GiHA Working Group and GenCap have provided guidelines for engaging female community volunteers, improving accountability to women and girls in humanitarian programming.

Accountability for SBC was emphasized through community engagement training for SMSs, which has improved the accountability of education programmes by ensuring that local voices are included in decision-making. Furthermore, the UNICEF-supported Cash-for-Education programme had shown improved transparency, with 88% of parents reporting that they received feedback after raising concerns.

As for humanitarian transparency, multipurpose cash programmes allowed beneficiaries to have flexibility in meeting their needs, which enhanced community satisfaction and reduced bureaucratic inefficiencies. Cash-in-hand distribution by Money Service Providers ensured that assistance reached remote areas, including delivering funds on animals' backs where roads did not exist.

### **iv. Strengths in innovation**

Innovation adoption across sectors focused on technology, alternative learning, and sustainability approaches. In education, mobile-based education and broadcast learning (radio, WhatsApp, Telegram) were used during COVID-19 and remained applicable where face-to-face education was restricted. Home-based learning models, where teachers distributed worksheets and provided remote mentoring through mobile phones, have been effective in retaining out-of-school girls in learning processes. In

<sup>256</sup> Ibid.

<sup>257</sup> UNICEF Afghanistan. (2021). Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-21.

<sup>258</sup> UNICEF Afghanistan. (2021). Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-21.

<sup>259</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>260</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>261</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

WASH, UNICEF has been exploring incinerators, waste collection systems, and private-sector engagement as part of innovative solutions for solid waste management.

Mobile money systems and digital cash assistance (e.g., Hesab mobile wallets) have improved payment efficiency in cash-based aid while reducing fraud risks. Financial inclusion has improved as banks in Afghanistan have been reintroducing payment services, allowing humanitarian agencies to use digital banking for more transparent and traceable transactions.

In nutrition, integration of programming into provincial-level decision-making has strengthened nutrition governance and service delivery. Use of data-driven nutrition coordination mechanisms (e.g., provincial nutrition committees) ensures technical discussions and survey findings inform policy decisions.

#### v. Strengths in learning processes

Learning processes have been embedded in community-driven feedback loops, cross-sectoral coordination, and knowledge-sharing practices. UNICEF's CBE programmes have demonstrated successful adaptation to local challenges, with girls' education rates improving as a result of financial support and advocacy programmes. SMSs have played a multi-dimensional role in school governance, conflict resolution, and community engagement.

The Humanitarian Country Team and Inter-Cluster Coordination Team have acted as critical forums for collective learning, improving multi-sectoral responses. The winterization programme under the ES-NFI Cluster has been highlighted as a best practice in inter-sectoral coordination, demonstrating successful cross-sector learning. As for data collection and monitoring, real-time data from the Afghanistan Community Voices and Accountability Platform has been used to analyse trends in beneficiary concerns and feedback, improving learning from past interventions. Surveys and gender-disaggregated data collection have ensured a better understanding of aid impact on women and girls, leading to more inclusive programming.

#### 5.1.5. External and internal enablers and barriers

The following sections offer a detailed narrative on the internal and external enablers and barriers that impact effectiveness and achievement across sectors. Table 5 below presents a summarised comparative overview of these factors vary across sectors.

Table 5: Comparative analysis: Successes vs. challenges across sectors

Factor	Success in one sector	Challenges in another sector
Community Engagement	<p>✔ <b>Health &amp; Nutrition:</b> Vaccination campaigns effectively leveraged religious leaders and CHWs to build trust.</p>	<p>✘ <b>Education &amp; WASH:</b> Resistance to girls' education and rural sanitation programmes due to deep-rooted cultural norms.</p>
Flexible Funding & Donor Support	<p>✔ <b>WASH:</b> 2024 funding flexibility enabled rapid responses to sanitation crises and infrastructure repair.</p>	<p>✘ <b>Education:</b> Short-term donor cycles hindered sustainability of cash-for-education initiatives, especially for girls.</p>
Strategic Partnerships	<p>✔ <b>Health:</b> <b>UNICEF-WHO collaborations</b> helped address cross-border polio challenges and increased coverage.</p>	<p>✘ <b>Protection:</b> Coordination gaps with ministries slowed civil registration and documentation processes.</p>
Technology & Digital Tools	<p>✔ <b>WASH:</b> Use of KoBo applications improved <b>real-time data collection</b> and monitoring.</p>	<p>✘ <b>Education:</b> Online and mobile learning initiatives struggled due to limited internet connectivity and digital literacy.</p>
Infrastructure Investment	<p>✔ <b>Protection:</b> Establishment of documentation hubs in rural areas increased birth registration rates.</p>	<p>✘ <b>Health &amp; WASH:</b> Seasonal dependency on solar-powered water systems and cold-chain vaccine storage failures limited service continuity.</p>
Advocacy & Social Norms Change	<p>✔ <b>Education (2024):</b> Awareness campaigns boosted parental support for girls' schooling.</p>	<p>✘ <b>Health:</b> Vaccine hesitancy remained an issue due to misinformation and cultural resistance in some communities.</p>

Gender Barriers & Workforce Participation	<p>✔ <b>Nutrition:</b> Training programmes successfully increased female CHW participation, improving outreach to women.</p>	<p>✘ <b>Education &amp; Health:</b> Lack of female teachers and CHWs in rural areas limited access for girls and women.</p>
M&E Systems	<p>✔ <b>Health &amp; Nutrition:</b> Behavioural diagnostic frameworks improved evidence-based decision-making.</p>	<p>✘ <b>WASH:</b> Weak data collection on slippage rates and sanitation system maintenance hindered sustainability.</p>

### i. Internal enablers

UNICEF's leadership in facilitating, coordinating, and mobilising emerged as a critical enabler across all sectors, consistently driving programme success through strategic guidance, stakeholder alignment, and proactive decision-making. For example, in education, School Management Shuras (SMS) facilitated local decision-making and strengthened school-community relationships.<sup>262</sup> In WASH initiatives, community leaders' roles were essential in promoting hygiene and sanitation,<sup>263</sup> and in protection, their facilitation of access to legal documents ensured broader participation and accessibility.<sup>264</sup> In health, leadership by the National Emergency Operations Centre was pivotal in coordinating polio campaigns.<sup>265</sup>

The availability and efficient allocation of resources played a vital role. In education, providing school materials reduced economic barriers for caregivers.<sup>266</sup> WASH programmes in 2024 benefited from flexible funding mechanisms that supported rapid responses to emerging needs.<sup>267</sup> In nutrition, resource mobilisation ensured sustainable programme support through donor contributions.<sup>268</sup> The health sector also leveraged resource availability for free vaccine provision and personnel training.<sup>269</sup>

Logistical support facilitated the delivery and accessibility of services, ensuring programme efficacy. For education, this was transportation for teachers and students,<sup>270</sup> whereas WASH initiatives benefited from tools like Kobo Toolbox applications for data collection and monitoring.<sup>271</sup> In health, transportation allowances for FMVs and mobile clinics ensured accessibility to services in remote areas.<sup>272</sup> Similarly, protection programmes utilised mobile teams to deliver services.<sup>273</sup>

Training and capacity-building initiatives were fundamental across all sectors, equipping stakeholders with the skills needed for effective implementation. In education, teacher training workshops improved pedagogical strategies.<sup>274</sup> WASH programmes relied on training field teams in hygiene promotion.<sup>275</sup> In nutrition, multilingual training for CHWs enhanced service delivery.<sup>276</sup> In health, gender-responsive training improved FMVs' performance.<sup>277</sup>

Advocacy and awareness campaigns transformed social norms and expanded access to essential services; they contributed to shifting attitudes, reduced resistance, and fostered acceptance. In education, public awareness campaigns significantly increased parental support for girls' education in 2024.<sup>278</sup>

<sup>262</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>263</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>264</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>265</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>266</sup> UNICEF Education report.

<sup>267</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>268</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>269</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>270</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>271</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>272</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>273</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>274</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>275</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>276</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>277</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>278</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

Community engagement was a cornerstone for sustainability and relevance. For education, CBE addressed external risks.<sup>279</sup> WASH initiatives benefited from community monitoring of ODF progress.<sup>280</sup> Nutrition programmes leveraged community mapping for awareness,<sup>281</sup> and health programmes engaged religious and community leaders to promote vaccination campaigns.<sup>282</sup>

Robust M&E systems ensured accountability and adaptive management. In education, dashboards tracked programme progress.<sup>283</sup> WASH programmes employed multi-layered monitoring systems.<sup>284</sup> For health, behavioural diagnostic frameworks helped refine interventions.<sup>285</sup> Nutrition programmes benefitted from joint monitoring visits and quality checklists.<sup>286</sup>

## ii. External enablers

Similar under internal enablers, community engagement was important. This consistently facilitated programme acceptance and sustainability across education, WASH, nutrition, health, protection, and gender-focused interventions. In education, local councils such as SMSs and CDCs mobilised resources and implemented training to support education initiatives in 2024.<sup>287</sup> In WASH, community leaders spearheaded ODF campaigns, ensuring sustainability through regular monitoring in 2024.<sup>288</sup> Nutrition programmes benefitted from community volunteers and CHWs, who extended outreach to remote areas.<sup>289</sup> Health initiatives leveraged trusted community figures, such as religious leaders, to advocate for vaccination campaigns.<sup>290</sup> Across protection services, community leaders bridged gaps in accessing safe spaces and essential documentation.<sup>291</sup>

Strategic partnerships amplified programme reach, quality, and sustainability. Education programmes in 2024 integrated collaborations with NGOs, UNICEF, and the World Bank to develop gender-sensitive curricula and distribute educational materials.<sup>292</sup> In WASH, partnerships with the Danish Committee for Aid to Afghan Refugees (DACAAR) and ACTED facilitated feasibility studies for water provision.<sup>293</sup> Nutrition programmes benefitted from UNFPA and WFP partnerships to expand coverage and enhance operational capacity.<sup>294</sup> Health campaigns succeeded through UNICEF-WHO collaborations tackling cross-border challenges and improving operational efficiency.<sup>295</sup> Protection interventions incorporated collaborations with local NGOs and donors like USAID to implement area-based programming.<sup>296</sup>

Effective stakeholder alignment strengthened programme delivery. It proved instrumental in aligning priorities and leveraging resources. In education, collaboration with District Education Departments and alignment with national strategies like the National Education Strategic Plan (NESP) III ensured programmatic success in 2024.<sup>297</sup> In WASH, UNICEF's coordination with the Ministry of Rural Rehabilitation and Development (MRRD) enabled access to remote areas and integrated services with health and nutrition programmes.<sup>298</sup> Nutrition efforts utilised multi-sector coordination mechanisms to

<sup>279</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>280</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>281</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>282</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>283</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>284</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>285</sup> Understanding motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions. UNICEF.

<sup>286</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>287</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>288</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>289</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP).

<sup>290</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>291</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>292</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan

<sup>293</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>294</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>295</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>296</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>297</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>298</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

align with food security and WASH services.<sup>299</sup> Health programmes integrated vaccination efforts with child protection and nutrition services to maximise outreach and efficiency.<sup>300</sup>

WASH programmes utilised gender-sensitive hygiene education sessions to address misconceptions and encourage behavioural changes.<sup>301</sup> Nutrition efforts engaged local leaders to educate families on malnutrition prevention and health service utilisation.<sup>302</sup> Health initiatives disseminated public health messages through trusted local media, boosting campaign effectiveness.<sup>303</sup> Protection programmes incorporated community leaders and social workers as key actors in spreading awareness about child safety and legal documentation.<sup>304</sup>

Investment in infrastructure and improving accessibility were crucial for ensuring inclusivity and equity in service delivery. Education programmes implemented gender-sensitive facilities and local learning spaces to enhance participation.<sup>305</sup> WASH initiatives facilitated construction and repair of latrines through community-led approaches.<sup>306</sup> Nutrition services reached remote areas by integrating CHWs and female surveyors to deliver services at the community level.<sup>307</sup> Health campaigns helped overcome mobility challenges by coordinating cross-border initiatives and expanding coverage in underserved areas.<sup>308</sup> Protection programmes enhanced access by establishing documentation hubs in villages and linking safe spaces with community services.<sup>309</sup>

### iii. Internal barriers

Staffing challenges consistently impeded programme effectiveness. High staff turnover, low incentives, and restrictive policies limited recruitment.<sup>310,311</sup> In education, the lack of female teachers reduced girls' access and retention.<sup>312</sup> High attrition rates and insufficient training for community workers further exacerbated implementation difficulties.<sup>313</sup> In WASH programmes, high turnover, untrained technical staff, and insufficient monitoring systems disrupted planning and implementation, while gender inclusivity gaps in water management committees limited programme success.<sup>314</sup> Nutrition programmes also faced staffing issues, with overburdened health workers struggling to manage high caseloads, leading to service delays and protocol errors.<sup>315</sup> Health sector staffing was affected by gender constraints, limiting the recruitment and functioning of female CHWs and FMVs.<sup>316</sup>

Funding constraints were a recurring barrier, limiting programme scalability and sustainability. Short funding cycles and donor dependencies delayed operations and hindered long-term planning.<sup>317</sup> In education, insufficient financial resources hindered the provision of infrastructure, MHM facilities, and learning materials, disproportionately affecting girls.<sup>318</sup> WASH programmes faced limited budgets preventing sanitation facility repairs and hygiene kit distribution.<sup>319</sup> Nutrition programmes struggled with unsustainable costs, resulting in reduced rations for SAM treatment and delayed digital system

<sup>299</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>300</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>301</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>302</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>303</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>304</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>305</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>306</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>307</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>308</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>309</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>310</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs on UNICEF Programming.

<sup>311</sup> UNICEF Afghanistan. (2024). Data Quality Assessment.

<sup>312</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>313</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>314</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>315</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>316</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>317</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>318</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>319</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

implementation for resource management.<sup>320,321</sup> Health programmes were similarly impacted, with donor-imposed sanctions reducing cash flow and service delivery flexibility post-2021.<sup>322</sup>

Planning deficiencies consistently undermined programme implementation, through over-reliance on manual systems, weak systems integration, and limited conflict sensitivity.<sup>323,324</sup> In education, gaps in logistical preparedness and fragmented service delivery due to the absence of a national framework disrupted initiatives like mobile learning.<sup>325,326</sup> WASH interventions suffered from inadequate maintenance plans for sanitation infrastructure and delayed emergency responses.<sup>327</sup> In nutrition, delayed Memoranda of Understanding, reliance on manual records, and insufficient data management systems led to inefficiencies in programme rollouts.<sup>328</sup> Health programmes struggled with poor integration of FMV activities and weak strategies for engaging underserved populations.<sup>329,330</sup>

Infrastructure deficiencies affected programme delivery where durable, sustainable, and context-specific infrastructure solutions to support programme implementation were not available. In education, inadequate school buildings, toilets, and overcrowded classrooms undermined accessibility and learning quality, particularly for marginalised groups.<sup>331,332</sup> In WASH programmes, damaged sanitation facilities and seasonal dependency on solar-powered water systems compromised outcomes.<sup>333</sup>

Logistical challenges compounded operational inefficiencies. In WASH, resource distribution and transportation barriers hindered service delivery in remote areas.<sup>334,335</sup> Nutrition programmes faced supply shortages and inadequate storage for essential items like Ready-to-use Supplementary Food and Super cereal, further complicating service delivery.<sup>336</sup> Health interventions suffered from insufficient infrastructure and delayed cross-border collaboration.<sup>337</sup>

Data, Evidence & Knowledge Management, including fragmented monitoring practices and over-reliance on individual staff members for institutional knowledge undermined accountability and service delivery,<sup>338,339</sup> emerged as a core barrier. In WASH, limited data collection on slippage rates and weak feedback mechanisms hindered sustainable outcomes.<sup>340,341</sup> Nutrition programmes faced insufficient supervision of CHWs and lack of consolidated national datasets reducing decision-making opportunities.<sup>342,343</sup> Health programmes faced challenges in data reliability due to biases and poor representation in qualitative studies.<sup>344,345</sup>

Gender-related barriers were pervasive, particularly in education and health. In education, the unavailability of qualified female teachers in remote areas limited girls' learning opportunities.<sup>346</sup> Health

<sup>320</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>321</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>322</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>323</sup> UNICEF Afghanistan. (2024). Data Quality Assessment. .

<sup>324</sup> UNICEF Afghanistan. (2021). Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-21.

<sup>325</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>326</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>327</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>328</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>329</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>330</sup> Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan.

<sup>331</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>332</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>333</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>334</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>335</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>336</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>337</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>338</sup> UNICEF Afghanistan. (2024). Data Quality Assessment. .

<sup>339</sup> Formative evaluation of cash-based assistance programme. UNICEF.

<sup>340</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>341</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>342</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>343</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>344</sup> Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan.

<sup>345</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>346</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

programmes were severely impacted by mobility restrictions, stigma, and cultural pressures faced by female staff, limiting their recruitment and effectiveness.<sup>347</sup> Restrictive mahram policies further hindered female staff operations in broader programmes.<sup>348</sup>

#### iv. External barriers

Political instability has deeply disrupted Afghanistan's education sector. The DfA governance reforms led to restrictive policies, including banning secondary education for girls and excluding female teachers, leaving 1.1 million girls without access to education.<sup>349</sup> Frequent political changes have destabilised teacher recruitment and retention, especially in rural areas, causing operational challenges.<sup>350</sup> ECE centres saw a drastic reduction post-2021 due to governance upheavals.<sup>351</sup> Governance disruptions under the DfA delayed planning and monitoring of WASH programmes.<sup>352</sup> Instability in provinces like Paktika and Samangan led to high slippage rates in ODF initiatives<sup>353</sup>. Infrastructure development and resource allocation were similarly stalled due to political uncertainties, impeding community engagement and project progress<sup>354</sup>. The health sector experienced significant disruptions, particularly in vaccination programmes. Political instability led to coordination breakdowns with national systems, forcing reliance on NGOs<sup>355</sup>. Restrictions on female vaccinators further limited outreach,<sup>356</sup> while cross-border logistical issues and operational inefficiencies compounded these challenges.<sup>357</sup>

Economic hardship had a significant impact. Poverty forced families to prioritize survival over schooling, often resulting in early marriages and child labour.<sup>358</sup> Financial dependency on international donors also threatens programme sustainability,<sup>359</sup> and perpetuated unsustainable dependency.<sup>360</sup> Families struggling to afford uniforms and supplies exacerbated enrolment challenges, perpetuating disparities.<sup>361</sup> Economic constraints limit access to essential hygiene resources and maintenance of infrastructure. Poverty leaves many unable to rebuild collapsed sanitation facilities or purchase basic hygiene products.<sup>362</sup> Financial disparities across provinces hinder equitable resource distribution.<sup>363</sup> Afghanistan's economic collapse and donor sanctions severely restricted resources for health initiatives. Dependency on external funding created vulnerabilities in sustaining vaccination programmes,<sup>364</sup> while families' inability to meet basic needs contributed to vaccine hesitancy.<sup>365</sup> Poverty and resource shortages compounded malnutrition challenges, leading to increased food insecurity, with deteriorating dietary diversity and stunting rates.<sup>366</sup> Unsustainable funding models further restricted service availability.<sup>367</sup>

<sup>347</sup> Evaluation of Current CHW Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>348</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>349</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>350</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>351</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>352</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>353</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>354</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>355</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>356</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>357</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>358</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>359</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>360</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan.

<sup>361</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>362</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>363</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>364</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>365</sup> Understanding motivations, influences & attitudes of families who refuse oral polio vaccine in high-risk regions.

<sup>366</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>367</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

Economic hardship amplified barriers to accessing legal documentation and child protection services. High costs of travel and documentation fees left vulnerable populations without essential services.<sup>368</sup>

Security threats deter attendance and service delivery. Risks such as abductions and violence during commutes discouraged families from sending daughters to school,<sup>369</sup> while clandestine schooling faced threats of teacher arrests under the existing regime.<sup>370</sup> Security concerns restricted community engagement and infrastructure development, particularly in rural areas.<sup>371</sup> Limited access to high-risk zones increased costs and logistical difficulties, while restrictions on female staff reduced household outreach.<sup>372</sup> Security issues constrained mobility for health workers and vaccinators, delaying outreach and limiting service coverage.<sup>373</sup> Logistical challenges in conflict zones frequently resulted in stockouts of health supplies.<sup>374</sup>

Safety concerns delayed distribution of nutrition commodities and restricted outreach in conflict zones.<sup>375</sup> CHWs faced mobility challenges, impeding access to nutrition services in remote areas.<sup>376</sup> Insecurity limited access to essential protection services, with risks like unexploded ordnance disproportionately affecting children.<sup>377</sup> Field visits and monitoring efforts were curtailed, reducing programme reach.<sup>378</sup>

Deep-rooted socio-cultural norms restricted girls' access to education. Early marriages and traditional beliefs prevented girls from attending school even when financial barriers were addressed.<sup>379</sup> Resistance to female participation in education perpetuated gender disparities.<sup>380</sup> Cultural barriers limited the adoption of improved hygiene practices. Resistance to abandoning open defecation and gender norms restricting women's access to hygiene facilities hindered programme impact.<sup>381</sup> Misinformation and gender norms restricted vaccination acceptance. Religious misconceptions fuel mistrust, while restrictions on women's participation in health campaigns limit outreach and reduce community engagement.<sup>382</sup> Cultural restrictions on women's movement reduced access to community-based nutrition programmes. Gender-segregated norms, such as needing a male escort, further limited-service utilisation. Systemic discrimination and patriarchal norms restricted access to documentation and child protection services.<sup>383</sup>

Infrastructure and resource deficits also present a challenge. Weak institutional infrastructure and disrupted regional collaborations hindered service delivery. High administrative instability increases costs and limits outreach.<sup>384</sup> In education, lack of classrooms, teaching materials, and gender-sensitive facilities affect all but disproportionately affects girls.<sup>385</sup> Transportation challenges and geographical isolation further reduce regular attendance, particularly in rural areas.<sup>386</sup> Insufficient infrastructure, such as a lack of waste management systems and water scarcity, undermines WASH programmes.<sup>387</sup> Seasonal variations in water availability exacerbate challenges, particularly in drought-affected areas.<sup>388</sup> Logistical

<sup>368</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>369</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>370</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>371</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>372</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>373</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>374</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>375</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>376</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>377</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>378</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>379</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>380</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>381</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>382</sup> Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions.

<sup>383</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>384</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>385</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>386</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>387</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>388</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

constraints, including inconsistent vaccine storage and geographic isolation, hinder health service delivery.<sup>389</sup> Weak infrastructure impedes cold chain maintenance and limits coverage in remote regions.<sup>390</sup> Delayed restocking of nutrition supplies and transportation challenges disrupt service delivery.<sup>391</sup> Seasonal fluctuations exacerbate logistical difficulties, restricting access to essential nutrition services.<sup>392</sup>

## 5.2. Overarching findings in each thematic sector

### 5.2.1. Summary of thematic sectors

Table 6 captures impact, documented outcomes, and remaining gaps for UNICEF's thematic areas in a nutshell. Details on what went well are included in section 5.1.2.

Table 6: Impact, documented outcomes, and remaining gaps for UNICEF's thematic areas

Sector	Positive impact	Documented outcomes	Remaining gaps
<b>Education</b>	<ul style="list-style-type: none"> <li>• Increased enrolment</li> <li>• Better retention rates</li> <li>• Improved teaching quality</li> </ul>	<ul style="list-style-type: none"> <li>• Higher girl attendance</li> <li>• Enhanced learning outcomes</li> <li>• Stronger community support</li> </ul>	<ul style="list-style-type: none"> <li>• Gender disparities</li> <li>• Infrastructure needs</li> <li>• Teacher shortages</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>• Better water access</li> <li>• Improved sanitation</li> <li>• Enhanced hygiene practices</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced diseases</li> <li>• Community ownership</li> <li>• Sustainable systems</li> </ul>	<ul style="list-style-type: none"> <li>• Rural coverage</li> <li>• Facility maintenance</li> <li>• Gender sensitivity</li> </ul>
<b>Health/ Polio</b>	<ul style="list-style-type: none"> <li>- Better vaccination coverage</li> <li>- Enhanced health services</li> <li>- Improved outreach</li> </ul>	<ul style="list-style-type: none"> <li>- Higher vaccination rates</li> <li>- Better outbreak control</li> <li>- Community trust in health programs</li> </ul>	<ul style="list-style-type: none"> <li>- Service access gaps</li> <li>- Limited career progression for CHWs</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Improved child nutrition</li> <li>- Better maternal health</li> <li>- Strengthened delivery systems</li> </ul>	<ul style="list-style-type: none"> <li>- Early detection of malnutrition</li> <li>- Increased breastfeeding rates</li> </ul>	<ul style="list-style-type: none"> <li>- Inconsistent service delivery</li> <li>- Funding gaps</li> <li>- Weak integration with food security programs</li> </ul>
<b>Child Protection</b>	<ul style="list-style-type: none"> <li>• Improved documentation</li> <li>• Enhanced safety</li> <li>• Better support services</li> </ul>	<ul style="list-style-type: none"> <li>• More legal access</li> <li>• Stronger protection</li> <li>• Better outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Rural coverage</li> <li>• Service integration</li> <li>• Cultural acceptance</li> </ul>
<b>Social Protection</b>	<ul style="list-style-type: none"> <li>- Enhanced cash transfer programs</li> <li>- Stabilised economic support for vulnerable groups</li> <li>- Improved livelihood opportunities</li> </ul>	<ul style="list-style-type: none"> <li>- Higher retention in education programs</li> <li>- Reduced reliance on harmful coping mechanisms</li> <li>- Improved household income security</li> </ul>	<ul style="list-style-type: none"> <li>- Coverage gaps for displaced and remote populations</li> <li>- Limited financial sustainability</li> <li>- Weak policy alignment</li> </ul>

### 5.2.2. Common and unique enablers and barriers in thematic areas

The enablers and barriers across thematic areas exhibited both similarities and distinct sector-specific characteristics (see section 5.1.4.i). Cross-cutting enablers such as community engagement, cultural adaptation, flexible funding, and strategic partnerships were instrumental in multiple sectors. For example, SMSs in education and community leadership in WASH promoted programme acceptance and sustainability. Digital adaptation and remote work ensured continuity during restrictions, especially in female-led initiatives. Strategic partnerships expanded service coverage, while gender-responsive programming improved access for women and girls across sectors.

Still, certain enablers were unique to specific thematic areas. In health, community-based integration of services allowed for simultaneous delivery of health and nutrition interventions, increasing efficiency. Nutrition programmes benefited from robust monitoring frameworks that enabled data-driven decision-

<sup>389</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>390</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>391</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>392</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

making, while mobile outreach teams in protection bridged gaps in accessing essential services like legal documentation. Similarly, targeted capacity building was particularly effective in WASH programmes, enhancing the sustainability of hygiene promotion initiatives.

Barriers, while often overlapping, also revealed sector-specific nuances. Resource constraints and security challenges were common across sectors, but their manifestations varied. In education, cultural resistance, and a lack of female teachers severely restricted girls' access, particularly in rural areas. Health services faced mobility restrictions and safety concerns for female staff, while WASH programmes were hampered by seasonal water scarcity and high operational costs in remote areas. Nutrition programmes struggled with volunteer retention and digital infrastructure gaps. Protection programmes were limited by cultural norms restricting women's mobility and shortage of female staff in rural districts. Table 7 provides a brief overview of common and unique barriers and enablers.

Table 7: Overview of common and unique enablers and barriers

Area	Common enablers	Unique enablers	Common barriers	Unique barriers
<b>Education</b>	Community engagement, flexible funding, cultural adaptation.	School Management Shuras, digital tools for remote operations.	Resource constraints, cultural norms restricting girls' participation.	Lack of female teachers, overcrowded classrooms, inadequate gender-sensitive infrastructure.
<b>Health</b>	Strategic partnerships, gender-responsive programming, digital adaptation.	Community-based integration of health and nutrition services, recruitment of female mobile vaccinators.	Security risks, mobility restrictions for women, resource limitations.	Cross-border logistical challenges, poor integration with nutrition services.
<b>Nutrition</b>	Robust monitoring frameworks, community trust through local partnerships.	Multilingual training for CHWs, use of joint monitoring visits to enhance programme adaptability.	Volunteer retention issues, reliance on manual data systems.	Supply chain disruptions, gaps in digital infrastructure impacting rural areas.
<b>WASH</b>	Cultural adaptation, capacity building, community involvement in monitoring hygiene initiatives.	Use of digital tools like KoBo for real-time data monitoring, community-led Open Defecation Free status.	High operational costs in rural areas, limited funding for infrastructure maintenance.	Seasonal water scarcity, inadequate maintenance plans for sanitation facilities.
<b>Child Protection</b>	Gender-sensitive programming, partnerships with local NGOs for targeted interventions.	Mobile outreach teams for legal documentation, integration of traditional community structures.	Cultural resistance to women's mobility, security risks for female staff.	Shortage of female personnel in rural areas, high cost of accessing legal documentation services.
<b>Social Protection</b>	Community engagement fostering local ownership Advocacy campaigns for awareness (e.g., child protection, legal documentation)	Cash-based programming to address poverty and access barriers Integration with child labour prevention programs	Political instability disrupting governance and service delivery - Funding gaps undermining sustainability - Security challenges limiting rural and conflict-area access	Limited cash accessibility in areas with poor financial infrastructure - Cultural discrimination (e.g., against minorities, women) - Barriers to cross-border cash transfers
<b>Cross-Cutting</b>	- Gender-responsive approaches enhancing inclusivity - Community-driven participation fostering ownership - Advocacy for equity and rights (e.g.,	- Disability inclusion in service design and delivery - Climate resilience in infrastructure and programming (e.g., solar water systems, drought-resistant food supplies)	- Lack of gender equity policies reducing women's participation - Exclusion of persons with disabilities in programme design	Weak national policies addressing climate adaptation.

	gender, disability inclusion)		- Insufficient focus on climate resilience in vulnerable areas	
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## 5.3. Sustainability

### 5.3.1. Potential for replicability and scalability

#### i. Community-based approaches

UNICEF's community-driven approaches supported replicability. The GATE programme showed widespread community acceptance, making it a model for replication in culturally similar regions.<sup>393</sup> ECE initiatives leveraged community contributions for classroom repairs and engaged local leaders. Public awareness campaigns on ECE benefits further enhanced community support.<sup>394</sup> Additionally, ALPs and CBE were tailored to local needs and enhanced accessibility, especially in rural areas through gender champions and local leader engagement.<sup>395</sup>

The Community-Led Total Sanitation model achieved ODF status in districts such as Nangarhar and Kandahar, making them scalable through behavioural change campaigns and ongoing monitoring.<sup>396</sup> Community health shuras in Sarobi connected stakeholders, highlighting their replicability in underserved areas.<sup>397</sup> In Parwan, community-based water management enabled stakeholders to take ownership of infrastructure repairs, ensuring sustainable scalability.<sup>398</sup>

The CBNP used CHWs and volunteers to deliver cost-effective services, showcasing scalability potential when integrated into the Basic Package of Health Services (BPHS). Advocacy efforts for integrating CBNP into BPHS supported national expansion, although challenges like high CHW turnover and supervision gaps remain.<sup>399</sup> IMAM services integrated into BPHS also demonstrated scalability through simplified treatment protocols.<sup>400</sup> Leveraging input of trusted religious leaders and elders for polio awareness campaigns proved highly scalable.<sup>401</sup> FMVs' local deployment in underserved areas significantly increased vaccination rates.<sup>402</sup>

CFSs and child protection structures provided safe environments and psychosocial support, making them replicable in other regions.<sup>403</sup> Community-led civil registration systems, including legal offices and local leaders' engagement, offered scalable solutions to mitigate risks faced by vulnerable populations.<sup>404</sup>

#### ii. Policy alignment and institutional integration

Policy integration ensured scalability in education through alignment with national frameworks like NESP III.<sup>405</sup> ECE initiatives leveraged national education standards and workforce training, creating replicable models institutionalised through partnerships with the Ministry of Education.<sup>406</sup> Also, global nurturing care guidelines for ECD were updated to the local context in Afghanistan.<sup>407</sup>

Integration with national WASH frameworks, such as hygiene and sanitation roadmaps, standardised monitoring systems for water quality and supply.<sup>408</sup> Transitioning to climate-resilient, solar-powered water

<sup>393</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>394</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>395</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>396</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>397</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>398</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>399</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>400</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>401</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>402</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>403</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>404</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>405</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>406</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>407</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>408</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

systems highlighted adaptability and scalability for high-cost regions.<sup>409</sup> IMAM and CBNP initiatives were aligned with BPHS to ensure sustainable scalability.<sup>410,411</sup> Child protection interventions, such as disseminating messages on GBV and child labour through schools, were integrated into national education systems.<sup>412</sup>

### iii. Capacity building for scalability

Capacity-building in education programmes focused on training mentors and lecturers in gender-responsive pedagogy, creating replicable professional development frameworks.<sup>413</sup> ALPs enhanced capacity through teacher training and community involvement.<sup>414</sup> Capacity-building efforts across sectors, such as training in data collection, civil registration, and healthcare management, were pivotal for ensuring sustainability and scalability of interventions.<sup>415,416</sup> Hygiene promoters and community mobilisers trained through integrated campaigns contributed to disease prevention, demonstrating the replicability of knowledge transfer.<sup>417</sup> CHWs and local leaders were trained to support in ECD and IMAM, creating scalable frameworks by integrating health, nutrition, and child protection systems.<sup>418,419</sup> Also, community-based child protection structures integrated capacity-building with psychosocial support systems.<sup>420</sup>

### iv. Gender-sensitive strategies

Gender-sensitive strategies, such as WASH interventions and vocational training for girls, improved programme accessibility, addressed systemic barriers, and offered sustainable, replicable solutions.<sup>421,422,423,424</sup> CHW training and tailored nutrition programmes increased community acceptance and ensured the scalability of interventions in gender-segregated societies.<sup>425</sup>

### v. Climate resilience

ECE programmes incorporated sustainability through local institutions' partnerships, creating replicable models with reduced reliance on external funding.<sup>426</sup> Climate-resilient water systems ensured sustainability in water supply while addressing environmental challenges. Prepositioning essential emergency supplies was replicable for maintaining operational effectiveness in crises.<sup>427</sup> The integration of climate-resilient approaches with cross-sectoral health interventions created scalable and sustainable frameworks for addressing environmental challenges in healthcare delivery.<sup>428</sup>

### vi. Technology and innovation for scalability

Mobile learning technologies, such as using mobile phones for teacher-student communication, assignment submission, and feedback, demonstrated scalability by broadening access to education. Flexible online learning models complemented face-to-face education in urban areas, offering replicable solutions for diverse contexts.<sup>429</sup>

<sup>409</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023)..

<sup>410</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>411</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>412</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>413</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>414</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>415</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>416</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>417</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>418</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>419</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>420</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>421</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>422</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>423</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>424</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>425</sup> UNICEF Afghanistan. (2021). Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-21.

<sup>426</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>427</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>428</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>429</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

Solar-powered water systems exemplified technological innovation by reducing operational costs and promoting sustainability. These systems were particularly effective in high-cost or remote regions, enabling scalable solutions for reliable water provision.<sup>430</sup>

The UNICEF SMART Survey showcased adaptability and scalability through digital data collection tools like ODK. These tools enhanced replicability by streamlining nutritional monitoring in emergency contexts. Flexible sampling methods further supported consistent implementation across varying contexts.<sup>431</sup>

Mobile-based vaccination reminders were an innovative strategy to enhance health communication and coverage in underserved areas, demonstrating scalability for broader application.<sup>432</sup> The digitisation of legal archives improved operational efficiency and accessibility, providing a scalable model for civil registration services across dispersed populations. Mobile outreach teams also utilised technology to extend access to legal counselling and service delivery in rural areas.<sup>433</sup>

### **vii. Barriers to replication and scalability**

A number of barriers to scalability were also reported. Dependency on donor funding, as seen in the GATE programme, highlighted the need for sustainable financial mechanisms to enable replication.<sup>434</sup> Security challenges, particularly in rural areas, limited scalability for female teacher placements.<sup>435</sup> The lack of robust monitoring and evaluation systems hindered the scaling of WASH interventions.<sup>436</sup>

Challenges in scaling CBNP initiatives included high CHW turnover, insufficient refresher training, and funding constraints. Addressing these gaps is critical to maintaining programme quality during replication<sup>437</sup>. Logistical and financial barriers in expanding FMVs to hard-to-reach areas limited the scalability of vaccination drives.<sup>438</sup> The lack of transportation facilities for accessing civil registration centres posed barriers to scaling documentation services, requiring logistical support and mobile outreach models.<sup>439</sup>

## **5.3.2. Potential for (future) ownership by communities and institutional partners**

### **i. Community ownership**

Community was a cornerstone of replicability and ownership across sectors. SMSs demonstrate strong ownership of educational outcomes through monthly meetings, advocacy, and shared decision-making.<sup>440</sup> Families also contributed significantly by building and maintaining school facilities and providing support despite economic hardships.<sup>441</sup> In WASH, sustainable management was ensured through community-led sanitation strategies.<sup>442</sup>

CHWs and local leaders in health demonstrated ownership by mobilising resources and promoting awareness.<sup>443</sup> Grassroots councils and Shuras involved community members in vaccination campaigns and health service delivery, enhancing trust and programme uptake.<sup>444</sup> In protection, local leaders and grassroots associations facilitated access to documentation and child protection services, showcasing the community's capacity to sustain long-term solutions.<sup>445</sup> While community ownership across sectors is robust, challenges such as resistance to financial contributions in WASH and reduced engagement in nutrition programmes due to political instability remained challenges to sustained outcomes.<sup>446,447</sup>

<sup>430</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>431</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>432</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>433</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>434</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>435</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>436</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>437</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>438</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>439</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>440</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>441</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>442</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>443</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>444</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>445</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>446</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>447</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

## ii. Institutional ownership

In education, national strategies like NESP III and partnerships with NGOs supported integration of programmes into institutional frameworks, such as teacher training initiatives to professionalise education systems.<sup>448,449</sup> In WASH, national coordination platforms and partnerships with ministries enhanced programme alignment and operational sustainability.<sup>450</sup>

In nutrition, institutional ownership is evident in the integration of programmes like IMAM into national health strategies and hospital service packages.<sup>451</sup> In health, collaboration between NGOs, local health structures, and religious leaders strengthened health systems and polio eradication.<sup>452</sup> Protection initiatives leveraged institutional frameworks such as partnerships with the Ministry of Refugees and Repatriation to enhance access to documentation and reintegration support.<sup>453</sup>

Nonetheless, institutional ownership faced also challenges such as limited capacity, financial dependency on external donors, and political instability.<sup>454</sup>

### 5.3.3. Planned and achieved long-lasting effects in beneficiaries

Various attitude and behaviour related improvements were reported. In education, community attitudes including parental support towards girls' education improved significantly. Maternal and child health knowledge improved under the CBNP, with ANC uptake increasing by 10-12 percentage points. FMVs helped increase vaccination rates.<sup>455,456</sup> Polio vaccination adherence rose to 96.7% among caregivers, supported by FMVs and health shuras that addressed misconceptions and improved vaccine accessibility.<sup>457</sup> The CBNP improved child health, with handwashing station availability increasing from 28% to 70%, and reductions in anaemia among adolescents through iron and folic acid supplementation. Dietary practices among mothers improved with the introduction of fruits, vegetables, and proteins into children's meals.<sup>458</sup>

Hygiene education campaigns significantly increased awareness of proper sanitation practices, with 99% of respondents acknowledging the importance of handwashing before meals and after toilet use. This awareness contributed to better sanitation practices, reducing diarrhoea prevalence in vulnerable communities.<sup>459</sup> Community-led sanitation strategies promoted long-lasting behavioural changes, ensuring ODF statuses in Nangarhar and Kandahar.<sup>460</sup> CFSs fostered courage, community engagement, and positive social interactions among children, alongside literacy skills applied in practical contexts.<sup>461,462</sup>

Related to empowerment, in education, the CBE programme instilled confidence and public speaking skills among students, preparing them for leadership roles.<sup>463</sup> Also, vocational training programmes provided adolescents with skills for sustainable livelihoods, improving mental well-being, self-esteem, and economic independence.<sup>464</sup> The observed reduction in child labour among girls, (85% to 35%) is also deemed lasting.<sup>465</sup> Cash assistance programmes led to 14% of children ceasing work on the streets.<sup>466</sup>

### 5.3.4. Monitoring and evaluation of sustainability measures

Sustainability in education programmes was monitored through baseline and endline comparisons and iterative frameworks. Gender-sensitive indicators enhanced measuring education outcomes. Community

<sup>448</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>449</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>450</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>451</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>452</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans.

<sup>453</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>454</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>455</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>456</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>457</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>458</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>459</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>460</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>461</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>462</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>463</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>464</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>465</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>466</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023.

feedback mechanisms and adaptive strategies ensured relevance and effectiveness.<sup>467</sup> In GATE the absence of a robust M&E framework to track long-term impacts was observed.<sup>468</sup>

Digital tools like NVivo were used in the Cash for Education project, integrating behavioural indicators into systematic monitoring. Confidential feedback mechanisms addressed barriers, improving monitoring transparency and adaptability.<sup>469</sup> In the ECE Study, gaps in tracking long-term sustainability led to recommendations for standardised policies on teacher-student interaction monitoring and health assessments. Monthly evaluations provided insights but lacked systematic sustainability planning.<sup>470</sup> The Formative Evaluation of Cash-Based Assistance, which assessed gender impacts and scalability for social protection systems, was used to measure long-term benefits.<sup>471</sup>

The Final ECD Mapping Report integrated existing systems like HMIS and EMIS, aligning sustainability with SDG targets. Cross-sectoral accountability was enhanced by developing an ECD Index and training service providers in data collection, supported by third-party monitoring for quality assurance.<sup>472</sup> Community-driven insights informed programme strategies.<sup>473</sup>

In WASH, regular monitoring aligned with established standards like Sphere indicators was central. For instance, the WASH SBC Qualitative Study recommended annual water use assessments within the Humanitarian Needs Overview process. It was reported that 27% of communities actively tracked sanitation progress, while 20.4% developed plans to sustain ODF status.<sup>474</sup>

Institutional integration was crucial, like in the collaboration with the ministries MOPH and MRRD that facilitated systematic monitoring using tools like Kobo Toolbox.<sup>475</sup> Also, a Sustainability Assessment Grid was developed, focusing on vulnerable groups, and incorporating Environmental and Social Safeguards into M&E systems, even if gaps in disaggregated data limited comprehensive analysis.<sup>476</sup>

Disease surveillance frameworks like the Rapid WASH Assessment incorporated baseline data to improve water access and hygiene facilities, supporting health risk mitigation.<sup>477</sup> Regular water use surveys helped ensure behavioural strategies were put in place.<sup>478</sup>

Nutrition programmes embedded sustainability in evaluation frameworks and data-driven monitoring. The IMAM Evaluation integrated sustainability metrics into national systems.<sup>479</sup> Data-driven frameworks like the KAP Study employed behavioural models and triangulated qualitative and quantitative data to evaluate vaccination uptake dynamics.<sup>480</sup> Still, reliance on external funding posed a significant risk.<sup>481</sup>

Continuous quality checks were supported by tools like GPS tracking and dashboards during the SMART Survey, which reinforced survey sustainability through daily feedback loops.<sup>482</sup> Behavioural change monitoring was emphasised in the CBNP Evaluation, where baseline and post-intervention comparisons demonstrated sustained improvements in prenatal care and breastfeeding. However, fragmented data systems remained a challenge, limiting effective sustainability monitoring.<sup>483</sup>

In protection, the Research on Documentation and Legal Identification combined remote data collection with in-depth fieldwork to tackle civil registration challenges. Digitisation of archives was recommended to enhance the reliability of documentation systems.<sup>484</sup> The Child Protection Programme Analysis

<sup>467</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>468</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>469</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>470</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>471</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023..

<sup>472</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>473</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>474</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>475</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>476</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan 2022-2023.

<sup>477</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>478</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>479</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>480</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>481</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>482</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>483</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>484</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

recommended supply and end-user monitoring systems to guide resource utilisation and ensure regional consistency.<sup>485</sup> Socio-ecological frameworks monitored mobility and family conditions, ensuring sustainable reintegration outcomes.<sup>486</sup>

On cross-cutting topics, the Final Data Quality Assessment Report highlighted the use of ActivityInfo and DHIS2 for structured data management, supported by staff retention efforts.<sup>487</sup> Gender-sensitive approaches, as seen in the Report on the Ban on Women in UNICEF Programming, ensured robust evaluations of gendered impacts, informing capacity-building efforts for programme handovers.<sup>488</sup>

### 5.3.5. Exit strategies

Exit strategies were not specifically documented but considered through community empowerment, capacity building and integration into national systems, partly coinciding with the details of sustainability as discussed above.

#### i. Community empowerment

In education, empowering SMSs to take ownership of educational initiatives and address barriers like girls' education post-programme was part of the exit strategy.<sup>489</sup> Involving families and caregivers in planning ECD initiatives to foster community ownership and ensure long-term impact was stressed.<sup>490</sup> The demand for community-based education classes to maintain access for children, especially girls, who face geographical and financial barriers to hub schools, was also revealed.<sup>491</sup>

In nutrition, engaging communities and fostering local ownership were emphasised as pivotal exit strategies. Training local healthcare workers to independently manage services and reduce reliance on external actors and integrating local leaders in decision-making to foster ownership and resilience were highlighted in the Final Community Voices Report.<sup>492</sup> Collaboration with community representatives during data collection was described as helpful to facilitate future operations.<sup>493</sup>

In WASH, empowering local communities to take ownership was a central theme. Reports outlined moving from communal to family latrines, promoting community-led management to treat sanitation as a continuous service.<sup>494</sup> Strengthening local NGOs, community-based organisations, and sanitation committees to ensure community ownership and maintain the ODF status was furthermore highlighted,<sup>495</sup> as well as communities repairing water networks and integrating maintenance protocols for schools, showcasing local leadership's readiness to maintain infrastructure.<sup>496</sup>

In protection, community empowerment strategies focused on institutionalising local protection structures. Establishing child protection committees to maintain support post-programme was emphasised.<sup>497</sup> Empowering communities to sustain legal documentation processes was also pursued.<sup>498</sup>

#### ii. Capacity building

In education, building institutional capacity was a key exit strategy. Training lecturers and embedding activities in Teacher Training Colleges to promote institutional ownership were important activities in the GATE Programme.<sup>499</sup> Advocating for capacity building for teachers and Shura members to ensure local sustainability was reiterated in the SBC Baseline Survey.<sup>500</sup> Training local organisations and service providers on data collection and monitoring to prepare centres for operational independence was also

<sup>485</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>486</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>487</sup> UNICEF Afghanistan. (2024). Data Quality Assessment. .

<sup>488</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>489</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>490</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>491</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>492</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>493</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>494</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>495</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>496</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>497</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>498</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>499</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>500</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

recommended.<sup>501</sup> Addressing challenges in transitioning from CBE programmes, while stressing the need for grassroots capacity building, was noted in the Voices from Communities Report.<sup>502</sup>

Training healthcare workers to manage local issues independently received much attention,<sup>503</sup> and enhancing the capacity of CHWs for programme management was recommended.<sup>504</sup> Training social mobilisers to address vaccination challenges and foster long-term community ownership was advocated for.<sup>505</sup> In nutrition, strengthening technical and managerial capacity to enable independent programme management was frequently discussed. One evaluation detailed training Provincial Nutrition Officers to lead coordination efforts and ensure decision-making authority.<sup>506</sup>

In WASH, capacity building was central as part of an exit strategy. One evaluation focused on enhancing local stakeholders' technical competence to maintain water systems independently.<sup>507</sup> Another emphasised empowering community health shuras and CHWs.<sup>508</sup> Training water management committees to address issues like water shortages was also described.<sup>509</sup>

### iii. Integration into national and local systems

In education, aligning programmes with national and local systems was a recurring theme. Integrating policy alignment with the NESP III to institutionalise gender-responsive education was discussed in the GATE Evaluation.<sup>510</sup> Formalising agreements with public schools and transferring centres to the Ministry of Education for sustainability were proposed in the ECE Study.<sup>511</sup> Another area of focus was embedding ECD into health, education, and social protection services to leverage existing systems.<sup>512</sup>

In health, integrating initiatives into formal systems was a sustainable pathway. Ample attention was paid to planning for the integration of CHWs into formal health systems was emphasised.<sup>513</sup> Embedding FMVs into BPHS structures with financial and training support was also proposed.<sup>514</sup>

In nutrition, transitioning programme responsibilities to national systems for sustainability was prioritized. One evaluation discussed integrating IMAM into BPHS and EPHS for universal coverage.<sup>515</sup> Transferring CBNP to BPHS partners post-capacity building was detailed in the CBNP Evaluation Report.<sup>516</sup>

In WASH, embedding services into national and local systems was key. Integrating WASH monitoring into national frameworks and establishing Water Technical Working Groups for planning and budgeting were recommended.<sup>517</sup> Transitioning WASH services to local management structures through collaboration with local authorities was detailed in the ECHO-supported WASH Evaluation.<sup>518</sup>

In protection, aligning initiatives with national and regional frameworks was crucial, including transitioning development projects to align with local community priorities and national frameworks.<sup>519</sup> Embedding child protection interventions into the health and education sectors was also recommended.<sup>520</sup>

<sup>501</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>502</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>503</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>504</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans.

<sup>505</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>506</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>507</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>508</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>509</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>510</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>511</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>512</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>513</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans.

<sup>514</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>515</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>516</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>517</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>518</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>519</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan.

<sup>520</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

## 5.4. Overarching findings for cross-cutting themes

### 5.4.1. Integration of cross-cutting topics

#### i. Gender

In terms of gender-responsive programming, UNICEF's education initiatives addressed improving gender equity by addressing harmful cultural practices such as early marriage through advocacy campaigns, encouraging community leaders to support girls' education.<sup>521</sup> The implementation of gender-sensitive facilities, such as MHM rooms to support girls' attendance and WASH initiatives that engage religious leaders, plays a crucial role in reshaping societal attitudes toward girls' education.<sup>522,523</sup> The GATE programme supports female teachers<sup>524</sup>, who make up 97.8% of the workforce in ECE,<sup>525</sup> in creating safer and more inclusive school environments, critical in boosting girls' enrolment and retention.<sup>526</sup> ECE ensured inclusivity by strategically situating centres in Girls' High Schools, thereby increasing enrolment rates for girls.<sup>527</sup> Programmes also addressed risks related to poorly lit and unsafe latrines.<sup>528</sup> Women played a central role in applying hygiene lessons at home, leading to improved family health.<sup>529</sup> As for including female members in water committees, despite progress, only 7.4% of villages reported this.<sup>530</sup>

In nutrition, gender-disaggregated data shows higher malnutrition rates among girls than boys in provinces like Faryab and Ghor, underscoring the need for tailored food security and nutrition interventions.<sup>531</sup> Interventions focus on vulnerable groups, such as pregnant and lactating women, through female CHWs.<sup>532</sup> In health, vaccination programmes deployed FMVs to enhance accessibility for women while respecting cultural norms.<sup>533</sup> Gender-segregated vaccine teams facilitated inclusive service delivery.<sup>534</sup> Health initiatives also included safe spaces for women and vocational training to support psychological recovery and empowerment.<sup>535</sup> In protection, legal documentation efforts addressed barriers for women by assigning female officers to collect biometric data, ensuring cultural appropriateness.<sup>536</sup> Programmes supported female-headed households by allowing women with unofficial marriage certificates to access assistance.<sup>537</sup>

As for gender-transformative programming, gender-transformative approaches in education include leadership training for women and girls and scholarships to alleviate economic burdens.<sup>538</sup> Digital literacy campaigns target restrictive norms that limit girls' access to technology, while safe spaces for vocational training and protection address broader inequalities.<sup>539</sup> In WASH, women are trained in hygiene practices, encouraging active participation in community water management.<sup>540</sup> Household water connections reduce exposure to GBV by eliminating the need for women to travel long distances<sup>541</sup>.

<sup>521</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>522</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>523</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>524</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>525</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan

<sup>526</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>527</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan

<sup>528</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>529</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>530</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>531</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>532</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>533</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>534</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>535</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>536</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>537</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>538</sup> Assessment on options for girls' secondary education and the availability of female teachers in public schools

<sup>539</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>540</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>541</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

In nutrition, SBC focused on reducing gender constraints in household food distribution and pregnancy care, promoting equitable decision-making.<sup>542</sup> MHTs provided targeted health education to adolescent girls, empowering them to make informed choices.<sup>543</sup> In health, programmes enhanced female CHWs' leadership opportunities by providing literacy and gender-specific training.<sup>544</sup> Gender-transformative policies, like safe spaces for survivors of GBV, were established despite restrictive environments.<sup>545</sup> In protection, vocational training for girls in tailoring and embroidery improved economic empowerment and self-esteem.<sup>546</sup> Community-led protection mechanisms, such as dialogues on violence prevention, promoted local ownership of gender-sensitive interventions.<sup>547</sup>

Still, gaps remain in both gender-sensitive and gender transformative programming. Infrastructure deficits, such as the lack of age-appropriate hygiene facilities, persist in many schools.<sup>548</sup> Economic constraints and cultural resistance continue to limit access to education, necessitating covert strategies like clandestine schools.<sup>549</sup> In nutrition, the absence of a comprehensive gender analysis limited the ability to design tailored interventions.<sup>550</sup> In health, restrictive policies, such as imposed bans on female staff and education, have disrupted gender-sensitive health programmes.<sup>551</sup> Only 16% of frontline workers reported receiving gender-sensitive vaccination guidelines.<sup>552</sup> In protection, many women lack legal documentation, such as Tazkiras, which restricts access to rights and services.<sup>553</sup>

## ii. Rights of people with disabilities

Efforts to include children with disabilities have seen varying degrees of success across programmes. Children with disabilities still face significant barriers to education, including systemic discrimination and marginalisation, contributing to high dropout rates.<sup>554</sup> In 2023, education infrastructure was improved, including segregated and user-friendly latrines for girls with disabilities, which increased their school attendance.<sup>555</sup> Still, CBE was the only avenue for formal education for children with disabilities in many rural areas of Afghanistan, since it helped alleviating challenges that they face in accessing traditional schools due to infrastructure and distance.<sup>556,557</sup> In 2024 ALPs and Flexible Adult Literacy (FAL) were highlighted as steps toward inclusive education, though their geographical reach was limited.<sup>558</sup>

In WASH, barriers to accessing facilities for people with disabilities (PwDs) remained significant. PwDs faced barriers to accessing nutrition services due to inadequate infrastructure and staff training. The absence of tailored equipment and adaptive services in clinics significantly restricted PwDs' participation in health and nutrition programmes.<sup>559,560</sup> MHTs provided critical nutritional support to remote and displaced populations, ensuring that temporary settlements and marginalised communities were not excluded from essential services.<sup>561</sup> Nutrition programmes incorporated disability case identification and referrals within the IMAM guidelines, but gaps in application left some PwDs underserved.<sup>562</sup>

<sup>542</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>543</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>544</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>545</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>546</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>547</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>548</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>549</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>550</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>551</sup> Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG). (2024). Inter-agency humanitarian evaluation of the response to the crisis in Afghanistan.

<sup>552</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>553</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>555</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>556</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>557</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>558</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>559</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>560</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>561</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>562</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

In health, economic barriers such as distance to health posts and maternal education gaps were mitigated through the deployment of CHWs who provided decentralised nutrition services.<sup>563</sup> CHWs were trained to provide disability care as part of primary healthcare services, but inconsistencies in the implementation of these policies created barriers to inclusion of PwDs.<sup>564</sup> Most health facilities lack essential features, such as lighting, locks, and privacy measures.<sup>565</sup> Advocacy efforts have focused on integrating disability considerations into broader nutrition initiatives to address these gaps. Inclusive practices in WASH services remain inconsistent and limited though. Ramps were not available in 67% of water points and 83% of sanitation facilities.<sup>566</sup> Assistive devices for PwDs, such as raised pedestals and handles to use toilet facilities, were often unavailable as well.<sup>567,568</sup>

Legal identity is essential for reducing marginalisation and enabling access to services for PwDs. Having a Tazkira (national ID) is essential for PwDs for accessing disability pensions and essential services,<sup>569</sup> but many PwDs faced barriers such as lack of awareness and inaccessible documentation processes. Mobile legal teams, proposed as a solution, were highlighted as a promising intervention, though their reach remained limited. Furthermore, only 17% of youth with disabilities participated in formal or non-formal education due to stigma and resource limitations.<sup>570</sup>

### iii. Equity and human rights

Efforts to ensure equitable access to education were central to several UNICEF initiatives. UNICEF's advocacy campaigns in education brought children's right to education to the fore by tackling systemic issues such as child labour and early marriage, ensuring that vulnerable groups were not excluded from opportunities.<sup>571</sup> The inclusion of ECE in national policies further promoted equitable access to quality early learning, addressing disparities across regions.<sup>572</sup> The Education Cash Plus programme targeted underserved regions, aiming to improve enrolment and retention rates among marginalised groups, by addressing cultural barriers and harmful traditions through advocacy campaigns.<sup>573</sup> Provision of free textbooks and stationery under this programme helped reduce financial barriers to education for economically disadvantaged families.<sup>574,575</sup> The GATE programme focused on reducing educational disparities in underserved areas by addressing systemic inequities, ensuring a fairer distribution of educational opportunities.<sup>576</sup> Additionally, CBE classes tackled challenges related to distance and inadequate infrastructure, providing critical access for children with disabilities who were otherwise excluded from public schools.<sup>577</sup> Programmes like the Cash for Education Project supported vulnerable families, particularly those with children with disabilities, through cash assistance aimed at improving school enrolment and retention.<sup>578</sup> Adequate attention was paid to vulnerable groups, including women, youth, children with disabilities, refugees, and IDPs. Emergency WASH supplies addressed the acute needs of displaced populations, particularly during emergencies.<sup>579</sup>

<sup>563</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>564</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>565</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>566</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>567</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>568</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>569</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>570</sup> UNICEF Afghanistan. (2021). Situation Analysis of Children and Women in Afghanistan.

<sup>571</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>572</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>573</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>574</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>575</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>576</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>577</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>578</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>579</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

In the WASH sector, the ECHO-supported programme applied an RBA to focus on equitable service delivery for marginalised groups, ensuring that these populations were prioritized in interventions.<sup>580</sup>

Health initiatives were underpinned by human rights frameworks, which aimed at equitable healthcare access while addressing systemic gender inequities that often limited services for women and girls.<sup>581</sup> FMVs ensured access to healthcare for women facing mobility restrictions due to socio-cultural norms, including those in conservative regions.<sup>582</sup> Mobile clinics improved access to maternal, neonatal, and child health services in remote areas, reducing mortality rates.<sup>583,584</sup>

Protection programmes focused on access to legal documentation for vulnerable groups, including IDPs, refugees, and ethnic minorities. Nonetheless, systemic barriers limited access for these groups, with unaccompanied minors and IDPs particularly affected.<sup>585</sup> Nutrition programmes aligned closely with human rights principles by targeting marginalised groups addressing the inequities in access to malnutrition interventions.<sup>586</sup>

#### iv. Environmental and social safeguards

**Environmental safeguards:** in education, rainwater harvesting systems were introduced to mitigate water scarcity and promote sustainability in schools.<sup>587</sup> ECE centres featured sustainable water and sanitation facilities to improve health and environmental outcomes.<sup>588</sup> Activities such as tree planting and pollution reduction were implemented in ECD centres to foster environmental awareness.<sup>589</sup> On the other hand, the GATE Programme did not explicitly address environmental considerations.<sup>590</sup>

In WASH, solid waste management initiatives targeted environmental risks by addressing open dumping and promoting systematic disposal practices.<sup>591</sup> Climate-resilient infrastructure was introduced, such as solar-powered water pumps and protected water sources.<sup>592</sup> The ODF survey highlighted environmentally sustainable approaches like safe reuse of human waste.<sup>593</sup> Still, issues such as flooding and collapsible soils in regions like Paktika remained unresolved.<sup>594</sup>

Nutrition programmes leveraged mobile clinics to address environmental challenges like adverse weather conditions.<sup>595</sup> Handwashing stations and water access improvements were linked with nutrition services to enhance environmental resilience. CHWs bridged environmental gaps by promoting sustainable sanitation practices.<sup>596</sup> Disaster response in disaster-affected areas underscored adaptability, although gaps in explicit environmental strategies persisted.<sup>597</sup>

In health, sanitation and waste management were reinforced through field training and compliance with environmental hygiene standards during polio vaccination and other health interventions.<sup>598</sup> Disaster response mechanisms addressed climate vulnerabilities in child protection programmes, enhancing resilience against environmental displacement.<sup>599</sup>

<sup>580</sup> Ibid.

<sup>581</sup> UNICEF Afghanistan. (2021). Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-21.

<sup>582</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>583</sup> UNICEF Afghanistan. (2024). End-Line Study to Evaluate the Outcomes Of The Social And Behavioral Intervention / Provinces In South Region and West Region.

<sup>584</sup> UNICEF Afghanistan. (2023). Formative Evaluation of the Cash Based Assistance (CBA) Programme in Afghanistan, 2020 – 2023.

<sup>585</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>586</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>587</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>588</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>589</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>590</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>591</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>592</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>593</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>594</sup> Ibid

<sup>595</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>596</sup> Ibid.

<sup>597</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>598</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>599</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

In protection, digitised legal documentation helped reduce reliance on paper and logistical strain. Child-friendly spaces were designed to protect children from environmental hazards like unexploded ordnance (UXO).<sup>600</sup> Disaster risk reduction strategies, including contingency planning and renewable energy investments, addressed environmental and climatic vulnerabilities.<sup>601</sup>

Climate change adaptation and prevention had also been part of UNICEF's approach. Examples include classroom modifications that reduced hazards during rainy seasons. Heating needs for winter, which were raised as key concerns by communities, were less prominently addressed.<sup>602</sup> Under WASH, climate-resilient sanitation infrastructure helped tackle high groundwater levels and unstable soils.<sup>603</sup> Wastewater management and sustainable practices mitigated environmental contamination risks.<sup>604</sup> Geographic disparities in water access highlighted the need for targeted interventions.<sup>605</sup> Mobile clinics and service delivery adaptations addressed climate-related disruptions, such as earthquakes and extreme weather.<sup>606</sup> Also, community awareness campaigns educated communities on climate-related health risks, fostering adaptive behaviour.<sup>607</sup> Migration programmes linked drought and natural disasters to displacement, integrating area-based approaches to strengthen infrastructure and reintegration strategies. Investments in renewable energy further underscored climate adaptation goals.<sup>608</sup>

**Social safeguards:** in education, gender-sensitive infrastructure ensured safe and equitable access for girls.<sup>609</sup> Community participation maintaining school facilities reinforced social sustainability.<sup>610</sup> Ethical practices like data protection and cultural sensitivity were central to surveys and interventions.<sup>611</sup> In health, community leaders and religious figures were engaged to foster trust and equitable access during vaccination programmes.<sup>612</sup> Gender-sensitive outreach and awareness campaigns ensured women's and illiterate populations participation in health initiatives.<sup>613</sup> In nutrition, culturally sensitive healthcare access was facilitated by female health workers, while community mobilisation mitigated socio-political constraints. Grandmothers and male family members were incentivised to support equitable nutrition service delivery.<sup>614</sup> Social awareness campaigns addressed malnutrition and related health risks, integrating cultural and environmental considerations.<sup>615</sup>

In WASH, accessible latrines supported vulnerable groups (as elaborated before)<sup>616</sup>. Female frontline workers were employed to ensure equitable access to WASH services in underserved communities, but dependence on CDCs led to gaps in addressing marginalised groups' needs.<sup>617</sup>

In protection, social safeguards integrated vocational training for adolescents, fostering resilience and reducing risks of exploitation.<sup>618</sup> Awareness campaigns targeted harmful social norms and child protection risks, including UXO threats.<sup>619</sup>

<sup>600</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>601</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>602</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>603</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>604</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>605</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>606</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>607</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>608</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>609</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>610</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>611</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>612</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>613</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>614</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>615</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>616</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>617</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>618</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>619</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

## v. Social and Behaviour Change

SBC activities significantly influenced societal attitudes, particularly for girls' education through campaigns addressing gender biases, increasing enrolment and retention rates for girls. Life skills education in CBE further encouraged families to adopt better health and hygiene practices.<sup>620</sup>

Hygiene promotion drove substantial changes in sanitation practices. For example, SBC campaigns in Kabul contributed to 90% of women reported handwashing after defecation.<sup>621</sup> Campaigns also addressed misconceptions, resulting in improved community practices.<sup>622</sup>

SBC strategies played a pivotal role in maternal and child nutrition improvements. Counselling and food demonstrations raised correct breastfeeding knowledge from 62% to 83%.<sup>623</sup> Community awareness campaigns encouraged mothers to seek malnutrition treatment and promoted balanced diets for children.<sup>624</sup> In the health sector, SBC initiatives increased vaccine acceptance and community trust. Localised messaging and FMV deployment improved vaccination rates and integrated child protection into campaigns, enhancing programme effectiveness.<sup>625</sup>

In protection, SBC campaigns increased awareness of child rights and safety practices, such as legal identification and mine risk education. These efforts reached vulnerable groups, including displaced populations and low-literacy women, through tailored messaging.<sup>626,627</sup>

## vi. Climate change

Efforts to address climate-related vulnerabilities have focused on strengthening infrastructure resilience and promoting behavioural change. In the WASH sector, interventions targeted high groundwater levels and unstable soils by implementing climate-resilient sanitation infrastructure. These measures were designed to mitigate the risks of environmental contamination, reduce health hazards, and ensure the sustainability of essential services<sup>628</sup>.

Educational facilities were also modified to account for climate impacts, such as rainy season hazards and winter heating needs. Communities highlighted these adjustments as essential to ensuring uninterrupted learning environments and the safety of children during extreme weather conditions<sup>629</sup>.

The WASH interventions adopted climate-resilient strategies, including the development of sustainable wastewater management systems and promotion of environmentally friendly practices. These strategies aimed to mitigate contamination risks, particularly in regions with high groundwater levels. Geographic disparities in water access underscored the need for targeted climate-informed interventions to support vulnerable populations<sup>630</sup>.

Climate change has exacerbated health challenges, particularly through its impact on service delivery and disease prevalence. Mobile clinics and health teams were deployed to address disruptions caused by climate-related events such as floods, droughts, and earthquakes. These teams provided essential maternal and child health services, with a focus on nutritional support and disease prevention in remote areas<sup>631</sup>.

Climate-induced disasters, including droughts and floods, have been significant drivers of displacement in Afghanistan. Migration programmes linked environmental factors to the protection needs of displaced populations, emphasising the integration of area-based approaches to support infrastructure and

<sup>620</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>621</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>622</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>623</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>624</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>625</sup> Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations

<sup>626</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>627</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>628</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH, UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>629</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>630</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH, UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>631</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health & Nutrition.

livelihood reintegration strategies. Renewable energy investments and the promotion of sustainable livelihoods further underscored the role of climate adaptation in fostering long-term resilience <sup>632</sup>.

### vii. Protection from Sexual Exploitation and Abuse (PSEA)

PSEA measures ensured safety and ethical service delivery of interventions, even if structured PSEA operational frameworks were often limited. Safeguarding practices embedded in education programmes minimised risks and built trust within learning environments. Monitored practices contributed to increased participation and retention rates, particularly for vulnerable children, fostering safer educational settings.<sup>633</sup> Gender-sensitive designs for sanitation infrastructure, as explained above, helped also PSEA. Community feedback mechanisms further supported informal safeguarding measure.<sup>634,635</sup>

Safeguarding practices in nutrition programmes, such as PSEA training for community health workers, reduced risks of exploitation during service delivery.<sup>636</sup> In health programmes, PSEA training for healthcare and community workers fostered ethical practices during service delivery, such as polio vaccination campaigns.<sup>637,638</sup> In protection, community-based support systems reduced exploitation risks during legal documentation processes for vulnerable groups, such as displaced populations. PSEA principles were also integrated into safe spaces and vocational training initiatives, supporting child welfare, and reducing risks of labour exploitation.<sup>639,640</sup>

Table 8 reflects a summary of the findings above and combines these with the findings that are elaborated in section 5.5 on lessons learned.

Table 8: Cross-Cutting Themes Analysis

Theme	Successes	Challenges	Lessons learned	Future priorities
Gender Equality	<ul style="list-style-type: none"> <li>Gender-sensitive facilities</li> <li>Female participation</li> <li>Targeted programmes</li> </ul>	<ul style="list-style-type: none"> <li>Cultural barriers</li> <li>Resource limits</li> <li>System gaps</li> </ul>	<ul style="list-style-type: none"> <li>Cultural sensitivity crucial</li> <li>Community support needed</li> <li>Gradual approach works</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable integration</li> <li>Cultural alignment</li> <li>Resource allocation</li> </ul>
Community Engagement	<ul style="list-style-type: none"> <li>Local leadership</li> <li>Programme ownership</li> <li>Sustainable practices</li> </ul>	<ul style="list-style-type: none"> <li>Cultural norms</li> <li>Resource constraints</li> <li>Coordination gaps</li> </ul>	<ul style="list-style-type: none"> <li>Local ownership vital</li> <li>Cultural respect key</li> <li>Sustained engagement needed</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building</li> <li>Resource support</li> <li>System integration</li> </ul>
Monitoring & Evaluation	<ul style="list-style-type: none"> <li>Digital tools</li> <li>Basic systems</li> <li>Data collection</li> </ul>	<ul style="list-style-type: none"> <li>System fragmentation</li> <li>Resource limitations</li> <li>Technical gaps</li> </ul>	<ul style="list-style-type: none"> <li>Integration important</li> <li>Digital tools helpful</li> <li>Capacity needed</li> </ul>	<ul style="list-style-type: none"> <li>System integration</li> <li>Resource allocation</li> <li>Technical support</li> </ul>
Sustainability	<ul style="list-style-type: none"> <li>Programme integration</li> <li>Local ownership</li> <li>Basic systems</li> </ul>	<ul style="list-style-type: none"> <li>Resource gaps</li> <li>System weaknesses</li> <li>Coordination issues</li> </ul>	<ul style="list-style-type: none"> <li>Integration crucial</li> <li>Resources vital</li> <li>Coordination needed</li> </ul>	<ul style="list-style-type: none"> <li>Resource planning</li> <li>System strengthening</li> <li>Coordination enhancement</li> </ul>

## 5.5. Lessons learned

### 5.5.1. Community engagement and ownership conditional for sustainability

Community participation and ownership were essential overall and particularly in ensuring sustainability and have been part and parcel of UNICEF’s programming. It played a transformative role in improving educational outcomes, like in engaging community members through SMSs to boost enrolment and

<sup>632</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study, UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>633</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>634</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>635</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>636</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>637</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>638</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers’ Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>639</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>640</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

attendance among marginalised groups.<sup>641</sup> Involving caregivers and local leaders addressed cultural barriers, enabling girls' re-entry into education in contexts where gender norms often restrict participation.<sup>642</sup> Localised initiatives such as CBE and ALP also enhanced community trust.<sup>643</sup> Awareness campaigns were instrumental in increasing the recruitment of female teachers and fostering cultural acceptance of their roles in schools.<sup>644</sup> Community buy-in remains a central pillar for success across all modalities, including alternative learning systems and clandestine education programmes.<sup>645,646</sup>

In nutrition, community-based referral systems linked local health posts to broader health facilities, significantly improving governance and access to nutrition services. Local leaders and cultural norms were strategically leveraged to engage communities, as demonstrated in peer advocacy initiatives where women shared positive experiences with clinics and nutrition support.<sup>647,648</sup> Tailored engagement strategies, such as feedback mechanisms and capacity building, refresher training and financial support for local CHWs have appeared critical for maintaining high-quality service delivery.<sup>649,650</sup>

In health, engaging local leaders was more effective in addressing resistance to vaccination campaigns than conventional approaches,<sup>651,652</sup> particularly in high-risk regions like Kandahar. Pre-implementation assessments helped tailor interventions to the specific needs of resistant communities, enhancing trust and programme relevance.<sup>653,654</sup> Furthermore, sustainability in health initiatives was bolstered through integration with national frameworks, such as the Basic Package of Health Services<sup>655</sup> and keeping focus on aligning local health systems with donor-funded interventions.<sup>656</sup>

In WASH, leveraging local leadership and fostering community engagement were key to sustaining sanitation infrastructure and promoting behavioural change. Active involvement of community leaders was instrumental in sustaining ODF status through sanitation initiatives. Village heads facilitated hygiene-focused discussions and mobilised resources, fostering ownership among community members,<sup>657</sup> Empowering communities to share hygiene knowledge further amplified the impact of educational campaigns.<sup>658</sup> Community-led initiatives like waste management systems and hygiene education have fostered long-term improvements in health behaviours.<sup>659</sup> Involving local NGOs and sanitation committees helped maintain latrines and water systems, ensuring their functionality over time.<sup>660</sup> Integration of community-led maintenance plans monitoring systems has helped achieve sustainability.<sup>661</sup>

### 5.5.2. Flexibility and adaptability in programming key in the Afghan context

The adaptability of tailored education models like ALP and FAL addressed systemic barriers by enabling dropout students and girls with household responsibilities to re-enter education. Context-sensitive adaptations in provinces such as Badghis improved programme outcomes by aligning interventions with

<sup>641</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>642</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>643</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>644</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>645</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>646</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>647</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>648</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>649</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>650</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>651</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>652</sup> Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan.

<sup>653</sup> Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan.

<sup>654</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>655</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>656</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>657</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>658</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>659</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>660</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>661</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

local needs.<sup>662,663</sup> CBE was another flexible approach that addressed gaps in access caused by political instability and restrictive cultural norms.<sup>664</sup> Such education models help improve accessibility for disadvantaged groups, including children with disabilities.<sup>665</sup>

In health, FMVs helped leveraging flexible resource allocation and establishing remote work arrangements. Adaptable strategies in scaling FMV projects also demonstrated the potential for geographic expansion.<sup>666,667</sup> In areas affected by conflict or displacement, flexible health service delivery through MHTs has addressed gaps in healthcare access.<sup>668</sup>

In WASH, flexible funding mechanisms like "crisis modifiers" allowed programmes to respond rapidly to emergencies while maintaining long-term developmental goals in vulnerable communities.<sup>669</sup> UNICEF's advocacy for community-led solutions, such as local water management committees, ensured resilience and sustainability even in politically fragile contexts.<sup>670</sup>

### 5.5.3. Gender and inclusiveness essential for equitable results

Gender-sensitive and gender-transformative programming is key to achieving equitable results and remains very important, especially in the light of the current situation. The construction separate girls' schools and separate toilets and gender-sensitive facilities played a vital role in school retention among girls, as did female teacher training.<sup>671,672,673</sup> Inclusive infrastructure designs accommodating children with disabilities further ensured equity in educational opportunities<sup>674</sup>. Separate and confidential spaces for girls and women in schools, coupled with targeted advocacy campaigns involving religious leaders and community elders, facilitated greater participation in education.<sup>675</sup> Programmes that addressed patriarchal norms and promoted female leadership were particularly impactful in regions with entrenched gender disparities.<sup>676</sup> Furthermore, UNICEF's Cash for Education project supported girls' enrolment and retention through financial aid.<sup>677</sup>

The recruitment of FMVs significantly increased vaccination rates among marginalised groups, particularly women without male accompaniment (mahrams).<sup>678</sup> The recruitment and training of female CHWs helped increasing access to services for women and girls. Gender-sensitive policies, such as reducing geographic workloads for CHWs and increasing the number of female supervisors, supported the cultural acceptance and operational success of health programmes.<sup>679</sup> Targeted education campaigns for adolescent girls, focusing on menstruation and hygiene, encouraged greater engagement with health and nutrition services.<sup>680</sup> Overall, facilities equipped with MHM resources, adequate lighting,

<sup>662</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>663</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>664</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>665</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>666</sup> Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations

<sup>667</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>668</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>669</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>670</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>671</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>672</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>673</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>674</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash for Education Project in Nuristan and Jawzjan.

<sup>675</sup> UNICEF Afghanistan. (2024). End-Line Study to Evaluate the Outcomes of The Social And Behavioral Intervention / Provinces In South Region and West Region.

<sup>676</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash for Education Project in Nuristan and Jawzjan.

<sup>677</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>678</sup> Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations

<sup>679</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>680</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

and secured latrines improved safety and access for women and girls in rural areas, but accessibility for PwDs remained a challenge.<sup>681,682</sup>

Also, programmes addressing gender dynamics were highly effective in improving participation rates in nutrition programmes. Lessons brought out the importance of addressing reduced female decision-making power within households, which significantly impacts dietary diversity and prenatal care. Integrating gender analysis into SBC strategies and involving women in decision-making processes enhances programme effectiveness and equity outcomes.<sup>683,684</sup>

#### **5.5.4. Persisting financial barriers hamper full achievement**

Financial barriers, if left unaddressed, will hamper reaching optimal achievements. In education, initiatives like cash transfers and scholarships alleviated economic pressures on low-income households, significantly increasing girls' school attendance.<sup>685</sup> Scholarships under the GATE programme enabled female teacher training, reducing gender disparities in the education workforce.<sup>686</sup> Additionally, providing free resources and financial support sustained alternative learning programmes for marginalised groups.<sup>687</sup> The need for these mechanisms persists, particularly in underserved areas where economic barriers disproportionately affect girls.<sup>688,689</sup>

Economic barriers also hinder access to healthcare and nutrition interventions. Cash transfers and integrated support systems have shown effectiveness in mitigating these challenges, particularly in vulnerable households, but funds do not yet suffice.<sup>690</sup>

In protection, financial assistance programmes provided critical support for obtaining legal documentation, particularly for displaced populations and rural communities. This approach was evident in Herat, where financial constraints were a major barrier to accessing legal identification services.<sup>691</sup>

#### **5.5.5. Collaborative and multi-sectoral approaches are cornerstones for effectiveness**

The integration of multi-sectoral support systems remained a cornerstone of education programming. Referral pathways linking education, health, and psychosocial services ensured sustainable, comprehensive interventions. Programmes like UNICEF's ECE centres aimed at collaboration across sectors, such as WASH, nutrition, and education, to enhance outcomes for children and families.<sup>692,693</sup> Cross-sectoral partnerships have been instrumental in integrating education and child protection services, ensuring that issues such as early marriage and child labour are addressed holistically. Advocacy and community mobilisation have reinforced the impact of these interventions.<sup>694, 695</sup>

Collaboration with universities, such as those supporting ECE centres, enhanced teacher training and curriculum quality.<sup>696</sup> Integrating health, nutrition, WASH, and psychosocial support services within schools created comprehensive frameworks to address overlapping barriers. Hygiene education linked with infrastructure development not only improved health outcomes but also boosted school attendance by reducing waterborne diseases.<sup>697</sup> This addressed the broader needs of children and families, enhancing educational engagement and outcomes.<sup>698</sup>

<sup>681</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / WASH.

<sup>682</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>683</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>684</sup> UNICEF Afghanistan. (2022). Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)

<sup>685</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>686</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>687</sup> Assessment on options for girls' secondary education and the availability of female teachers in public schools

<sup>688</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>689</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>690</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>691</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>692</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>693</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>694</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>695</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>696</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>697</sup> UNICEF Afghanistan. (2024). Open Defecation Free (ODF) Sustainability Survey.

<sup>698</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

In health, collaboration with local authorities and integration of CHWs into formal systems strengthened programme sustainability and accountability, minimising delays during implementation.<sup>699</sup> Coordinated efforts between nutrition and health sectors have maximised the impact of interventions such as IMAM and Community-Based Nutrition Programme (CBNP) by addressing malnutrition through a combination of maternal health education, referral systems, and improved healthcare linkages.<sup>700,701</sup>

In WASH, partnerships with health and education sectors effectively embedded hygiene behaviours at the community level, fostering sustainable practices.<sup>702</sup> Linking hygiene and sanitation initiatives with health and environmental programmes strengthened resilience and mitigated risks during emergencies. Integrated efforts, such as combining groundwater monitoring with hygiene education, provided sustainable solutions while fostering community resilience.<sup>703</sup> In protection, inter-agency partnerships ensured comprehensive responses to child protection challenges, such as child marriage and legal documentation, by integrating services.<sup>704</sup>

#### **5.5.6. Monitoring, feedback, and data quality help tracking progress and inform decisions**

In M&E, digital tools like Kobo and DHIS2 improved real-time data collection, centralised reporting, and decision-making. Regular refresher training addressed high staff turnover for data quality consistency.<sup>705</sup>

Still, in education, the lack of structured feedback mechanisms in programmes like GATE limited the ability to make data-driven adjustments.<sup>706</sup> Some good practices can also be mentioned: data-driven approaches guided curriculum reform and teacher development. Feedback-informed workshops, such as bimonthly training sessions for ECE teachers, improved teaching methodologies and aligned with local community needs.<sup>707</sup> Evidence from community voices shaped education policies, ensuring their relevance and inclusivity.<sup>708</sup>

In health, UNICEF focused on integration of real-time data monitoring systems to track vaccination progress and inclusivity. Gender-sensitive indicators were proposed to measure the effectiveness of health interventions for women and children. Harmonised information systems across health services improved the ability to allocate resources effectively and adapt programmes to community needs.<sup>709</sup> In nutrition, transitioning from manual to digital recording systems for stock management improved inventory tracking and reduced inefficiencies in supply chains, particularly for nutrition supplies.<sup>710</sup>

In WASH, monitoring systems such as groundwater risk assessments and dynamic policies addressed emerging needs and systemic changes, safeguarding water quality and promoting sustainability. Community-based feedback mechanisms improved accountability and allowed real-time programme adjustments. However, the reliability of third-party monitoring data remained a challenge, necessitating standardisation in data collection methods.<sup>711</sup>

In protection, harmonising data collection templates and follow-up actions improved the consistency and effectiveness of child protection and legal documentation services.<sup>712</sup>

#### **5.5.7. Leveraging technology contribute to programme effectiveness**

In education, digital platforms, including mobile applications and WhatsApp groups maintained learning continuity in regions with limited internet access.<sup>713</sup> Technology-driven feedback systems and data

<sup>699</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>700</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>701</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>702</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>703</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023)..

<sup>704</sup> UNICEF Afghanistan. (2023). Child Protection Programme Analysis report.

<sup>705</sup> UNICEF Afghanistan. (2024). Data Quality Assessment. .

<sup>706</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>707</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>708</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>709</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>710</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>711</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>712</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>713</sup> Assessment on options for girls' secondary education and the availability of female teachers in public schools

monitoring platforms enhanced programme transparency and effectiveness, allowing for better alignment with local needs.<sup>714</sup>

In health, mobile health initiatives used technology to improve service delivery in remote areas. These efforts combined real-time data collection with localised feedback mechanisms, ensuring responsive and targeted health interventions.<sup>715</sup> Digital record-keeping systems for nutrition supplies streamlined inventory management and reduced logistical inefficiencies.<sup>716</sup>

In WASH, solar-powered water systems and digital groundwater monitoring improved resource management during emergencies. These innovations demonstrated the potential of technology to enhance the sustainability and efficiency of WASH services, particularly in crisis-prone areas.<sup>717</sup>

#### **5.5.8. Policy advocacy and strategic alignment help tackling systemic issues**

Advocacy for inclusive education policies remained relevant in tackling systemic issues like child labour and early marriage. Programmes aligned with national and global priorities, such as Afghanistan's NESP III, continue to shape long-term educational strategies and gender equity goals.<sup>718</sup> Policy alignment in health programming has reinforced sustainable vaccine delivery, particularly in polio campaigns. Gender-sensitive policies have empowered female health workers, improving service delivery and vaccination rates.<sup>719,720</sup> As for child protection, strategic alignment with national policies has strengthened legal identity and child protection interventions. The digitisation of legal records and the integration of birth registration with child-friendly spaces have ensured sustainability and inclusivity.<sup>721,722</sup>

## **5.6. Analysis of recommendations reflected in reports**

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### **5.6.1. Recurrent recommendations and their implementation status**

The section below presents the recommendations that were presented by multiple evaluations as a recurrent theme. A number of these coincide or run in parallel with the lessons learned in section 5.5.

#### **i. Gender equality and female empowerment**

In education, promoting gender equality and empowering women and girls has been a focal recommendation across reports. This includes integrating gender-transformative approaches that challenge societal norms and empower girls through campaigns and leadership roles.<sup>723</sup> Recruiting and training female teachers, particularly in rural areas, has been highlighted as a strategy to address gender disparities by providing mentorship and role models, which has been followed by UNICEF for a number of years.<sup>724</sup> Programmes like GATE had been specifically designed to offer culturally aligned and academic guidance, enabling increased access and retention for female students,<sup>725</sup> and as described above, construction of gender-sensitive facilities such as separate schools and latrines has consistently been implemented.<sup>726</sup> Structured employment pathways for female graduates and community advocacy for women's leadership have further bolstered empowerment efforts.<sup>727</sup> Programmes focused on

<sup>714</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>715</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>716</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>717</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>718</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>719</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>720</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>721</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>722</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>723</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>724</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>725</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>726</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>727</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

integrating gender-sensitive pedagogies to support female students. Additionally, gender-sensitive infrastructure created secure spaces for girls, facilitating better educational outcomes<sup>728</sup>.

Several recommendations addressing gender equality have remained unimplemented due to systemic and logistical barriers. For example, the need to establish separate schools for girls to address cultural norms and increase their participation remains unmet due to resource limitations, with 41% of schools lacking basic facilities.<sup>729</sup> Additionally, the shortage of female teachers, particularly in rural areas, persists due to logistical challenges and cultural resistance, hampering recruitment and retention efforts.<sup>730</sup> Furthermore, cultural resistance and weak law enforcement hinder the enforcement of gender-specific laws, such as the law on Elimination of Violence Against Women.<sup>731</sup>

The regime change has further obstructed striving for gender equality, notably in education. Integration of inclusive education programmes, including sexual and reproductive health education, thus face more resistance from cultural norms and lack of DfA endorsement.<sup>732</sup> Lastly, training on gender equity has reportedly been inconsistent, limiting the integration of transformational practices across sectors.<sup>733</sup>

## ii. Engagement of local leaders and communities

Engagement of communities and local leaders is recognised as a cornerstone for sustainability and programme success. In education, strengthening community-led initiatives fostered local ownership and accountability.<sup>734</sup> Recommendations from evaluation reports underscore the importance of involving local leaders and religious figures to gain programme acceptance. UNICEF indeed employed collaboration with local leaders and structures to bolster programme success,<sup>735</sup> including for GATE and CBE,<sup>736,737</sup> but also in disseminating health messages and combating vaccine hesitancy.<sup>738</sup> Culturally sensitive initiatives, such as parental meetings for mothers, increased acceptance and participation.<sup>739</sup>

Awareness campaigns about the importance of legal documentation engaged communities and religious leaders effectively through radio and TV, by increasing public understanding of legal rights. Community-based initiatives, such as village documentation stations, partially addressed logistical challenges and empowered vulnerable populations.<sup>740</sup> Community mobilisation efforts, including dietary discussions and village mapping activities, significantly increased community participation in nutrition programmes.<sup>741</sup>

Though UNICEF was successful in community engagement, cultural norms restricting women's participation in decision-making limited their participation.<sup>742</sup> Also, parenting sessions designed to promote family involvement in ECE centres have not been conducted due to cultural sensitivities and programmatic gaps.<sup>743</sup>

Also, despite having training vaccinators and involving community leaders to promote vaccination awareness, recommendations to address knowledge gaps about polio transmission and prevention remain unmet due to resource constraints, particularly in rural areas.<sup>744</sup>

<sup>728</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>729</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>730</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>731</sup> 2021 SitAn of Children and Women in Afghanistan - long report

<sup>732</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>733</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>734</sup> Ibid

<sup>735</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>736</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>737</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>738</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices of Polio In Afghanistan.

<sup>739</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>740</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>741</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>742</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>743</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>744</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

### iii. Flexible and inclusive education programmes

Recommendations in education highlighted the importance of scaling ALP and CBE to improve access for underserved groups.<sup>745</sup> Combining face-to-face learning with mobile-based or self-directed approaches has been suggested to increase inclusivity, especially in remote areas. Providing financial incentives and scholarships is another recommended strategy to ensure continued participation, particularly in economically constrained regions.<sup>746</sup> UNICEF has followed these recommendations, which also facilitated reaching girls and children with disabilities.<sup>747</sup>

### iv. Teacher training and professional development in education

Improving teaching quality through regular training and capacity-building initiatives has been a key recommendation. In education, reports emphasise the need for workshops, professional development sessions, and refresher courses tailored to ECE and secondary teachers.<sup>748</sup> Collaboration with the Ministry of Education has been recommended to streamline the employment of graduates, addressing the shortage of qualified teachers in underserved areas.<sup>749</sup> Logistical support, such as transportation and resources, was found necessary to facilitate teacher participation, especially in remote regions.<sup>750</sup>

Still, advocacy for reducing gender disparities and promoting inclusive education faced political instability and resistance.<sup>751</sup> The lack of a cost-benefit analysis for programmes like GATE undermined efforts to secure long-term funding and integrate these initiatives into national budgets. Nonetheless, UNICEF has partially been able to implement the recommendations, among others through the GATE programme, which integrated psychology courses into teacher training to better address the cognitive and emotional needs of students. Thematic improvements in curriculum and pedagogy enhanced education quality and responsiveness. Gender-responsive pedagogy training led to better lecturer engagement with female students, fostering inclusive learning environments. Efforts to enhance the sustainability of educational programmes included deploying programme graduates to teaching positions, particularly in public schools. These structured employment pathways supported long-term programme impact and aligned with the recommendations for building capacity within public education systems.<sup>752</sup>

On the other hand, efforts to improve teacher recruitment and development, particularly for female educators, faced financial and logistical constraints. For instance, teacher trainees experienced economic burdens and long travel distances, compounded by the requirement for a mahram, limiting female participation in training programmes.<sup>753</sup> Moreover, initiatives to regularise teacher training for ALP and ECE workshops have been hindered by inconsistent planning and resource allocation.<sup>754,755</sup>

### v. Infrastructure and resources

Reports consistently highlight the importance of improving infrastructure and resource allocation. Constructing gender-sensitive and disability-accessible facilities and providing adequate WASH infrastructure in schools were key recommendations.<sup>756,757</sup> Enhancing ECE environments through the provision of play materials, sanitation facilities, and first aid kits was also often emphasised.<sup>758</sup> Other recommendations included upgrading sanitation infrastructure to include gender-sensitive and disability-

<sup>745</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>746</sup> Assessment on options for girls' secondary education and the availability of female teachers in public schools

<sup>747</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>748</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>749</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>750</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>751</sup> UNICEF Afghanistan. (2024). Endline Report Social and Behaviour Change. Qualitative Research of Cash for Education Project.

<sup>752</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>753</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>754</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>755</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>756</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>757</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>758</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

friendly features, such as ramps and private latrines.<sup>759</sup> Expanding infrastructure in underserved areas through mobile clinics and diagnostic facilities was also deemed essential.<sup>760</sup>

Infrastructure development projects to a certain extent improved educational spaces by constructing gender-sensitive facilities like separate girls' toilets and safe classrooms.<sup>761</sup> Additionally, WASH facilities' upgrades supported better hygiene and sanitation, fostering a conducive learning environment.<sup>762</sup> Improving operational facilities for FMVs addressed infrastructure gaps in vaccination programmes, enhancing the accessibility and functionality of vaccination services.<sup>763</sup> Resource allocation to CHW programmes improved delivery mechanisms, addressing logistical challenges to scaling up.<sup>764</sup>

Nonetheless, funding constraints were a cross-cutting barrier. Recommendations to provide free learning materials, expand safe learning spaces, and strengthen inclusive education programmes remained unmet due to limited resources,<sup>765</sup> as did recommendations for constructing dedicated classrooms, toilets, and handwashing stations.<sup>766,767</sup> In the WASH sector, recommendations for regular maintenance of water points and systematic water quality monitoring remain unmet due to funding and logistical constraints.<sup>768</sup> Inclusive WASH facilities remain underdeveloped. For instance, 67% of observed water points are inaccessible to people with disabilities, reflecting planning and resource limitations.<sup>769,770</sup> Geographic barriers further exacerbate water access inequities, with 64% of surveyed communities reporting inadequate availability.<sup>771</sup> Also, high initial costs limited the scalability of climate-resilient WASH infrastructure.<sup>772</sup> In nutrition and health, efforts to improve health service access, particularly in underserved areas, remained inconsistent due to logistical and funding challenges. MHTs, crucial for reaching remote populations, often operated infrequently, with communities dissatisfied by their limited availability.<sup>773</sup> Recommendations to deploy mobile clinics for the CBNP were not implemented due to resource constraints. Furthermore, although initial training for CHWs had been provided, consistent professional development and refresher courses remained unimplemented due to financial and operational barriers.<sup>774</sup> Limited dissemination of updated IMAM protocols also undermined service delivery quality.<sup>775</sup> In protection, access to legal documentation was constrained by insufficient financial resources and technical capacity. Recommendations for deploying mobile teams and increasing documentation centres remained unmet,<sup>776</sup> as did most efforts to expand child-friendly spaces and vocational training for adolescents.<sup>777</sup>

## vi. Monitoring and evaluation

Evaluations found robust M&E frameworks essential for tracking progress and ensuring accountability. In education, developing standardised policies, centralised databases, and feedback mechanisms is recommended to measure outcomes effectively.<sup>778</sup> In the WASH sector, harmonised indicators and databases were suggested to improve accountability and programme adaptability, ensuring alignment

<sup>759</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>760</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>761</sup> UNICEF, 2024, Endline Evaluation Report - SBC

<sup>762</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>763</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>764</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>765</sup> UNICEF Afghanistan. (2022). Assessment on options for girls' secondary education and the availability of female teachers in public schools.

<sup>766</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Education.

<sup>767</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>768</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>769</sup> Ibid

<sup>770</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>771</sup> Ibid

<sup>772</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme (2022-2023).

<sup>773</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Health and Nutrition.

<sup>774</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>775</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>776</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>777</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>778</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

with national standards.<sup>779</sup> Health sector reports emphasised the integration of M&E systems with national frameworks and the need for regular baseline surveys.<sup>780,781</sup>

UNICEF has partially responded to these recommendations. Early digitisation of legal documentation processes helped improve the M&E processes by improving the accessibility and reliability of records.<sup>782</sup> Centralised databases and real-time digital tools like Kobo forms and ODK streamlined data collection and enhanced the trustworthiness and efficiency of monitoring systems. At the same time, efforts to enhance data quality were hindered by fragmented systems and incomplete training on tools like Kobo.<sup>783</sup> Also, M&E systems in health remained weak. Recommendations for independent feedback mechanisms and integrated monitoring systems have not been implemented due to coordination challenges.<sup>784,785</sup> Separate reporting channels for CBNP and HMIS reduced data accuracy and utility, while IMAM monitoring mechanisms lacked integration with quality care indicators.<sup>786,787</sup>

### **vii. Holistic and multisectoral approaches**

Adopting holistic and multisectoral approaches enhances the impact of interventions across sectors and has been recommended by evaluations. Protection reports for instance highlighted the importance of coordinating child protection services with education, health, and WASH to provide holistic support for vulnerable children and families.<sup>788,789</sup>

This was not always easy, since systemic reforms were hindered by policy gaps and weak governance. The absence of a multisectoral national policy framework for Early Childhood Development and inadequate enforcement of Afghan civil laws reflect governance challenges.<sup>790</sup> Still, UNICEF has been able to use holistic and multisectoral approaches in many cases. In education, developing referral pathways that integrate health, nutrition, and psychosocial support ensured comprehensive service delivery and improved outcomes for adolescents.<sup>791</sup> Multisectoral frameworks for ECE programmes strengthened coordination among stakeholders, ensuring effective service delivery. National policies to institutionalise ECE and align it with broader developmental goals underscored the need for cohesive strategies.<sup>792</sup> In nutrition, integrating WASH and maternal health initiatives with nutrition programmes was critical for addressing chronic malnutrition effectively.<sup>793</sup>

## **5.6.2. Impact of the implemented recommendations on outcomes and organisational performance**

This section reflects the outcomes of thematic analyses of impacts, where these had been documented.

### **i. Education Programmes**

Economic interventions, such as cash transfers, have been instrumental in reducing financial barriers to education, particularly for girls. These measures prioritized education over income-generating activities, significantly improving school enrolment, attendance, and learning outcomes. Public awareness campaigns further enhanced these outcomes by challenging harmful cultural norms and promoting parental support for girls' education. Community dialogues and advocacy by leaders created enabling environments for higher retention rates, as seen in Afghanistan's GATE Programme. Gender-responsive

<sup>779</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme in Afghanistan (2022-2023).

<sup>780</sup> Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National Health Care Strengthening Plans. UNICEF.

<sup>781</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>782</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>783</sup> UNICEF Afghanistan. (2024). Data Quality Assessment. .

<sup>784</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>785</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

<sup>786</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

<sup>787</sup> UNICEF Afghanistan. (2021). Formative Evaluation of Integrated Management of Acute Malnutrition.

<sup>788</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>789</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>790</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>791</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>792</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>793</sup> UNICEF Afghanistan. (2024). Evaluation of the Community-Based Nutrition Programme (CBNP) / draft version.

infrastructure improvements, including separate toilets and safe classrooms, fostered safer learning environments, directly contributing to higher retention and attendance rates.

Teacher training programmes have strengthened classroom practices, with gender-responsive pedagogy empowering female teachers to improve outcomes. Workshops on early childhood education also enhanced teaching quality in ECE centres, fostering foundational skills among young learners. Accelerated Learning Programmes (ALP) addressed gaps for students who missed early-grade education, helping them catch up and build confidence. Health and hygiene interventions, integrated with education programmes, further improved attendance by providing clean facilities, first aid kits, and hygiene education, creating healthier learning environments for students. Collectively, these multifaceted interventions have driven substantial improvements in access, quality, and equity in education.<sup>794,795,796</sup>

## ii. WASH Programmes

Improvements in water supply and infrastructure, such as solar-powered water systems and functional water points, have enhanced access to clean water in schools and communities, reducing health risks and supporting educational outcomes. Gender-sensitive sanitation facilities, including inclusive toilets and MHM rooms, addressed privacy and accessibility needs, fostering participation among adolescent girls and students with disabilities. Hygiene promotion campaigns, coupled with the distribution of hygiene kits, instilled sustainable practices that reduced waterborne diseases like cholera.

Community engagement and capacity building were pivotal in the success of these programmes. Community-led sanitation initiatives empowered local teams to maintain water systems and sanitation facilities, ensuring long-term functionality. Integrating WASH programmes with local institutions, such as the Ministry of Energy and Water, enabled evidence-based decision-making and programme sustainability. These interventions collectively created healthier environments, promoted equity, and improved public health outcomes, demonstrating the transformative potential of integrated WASH initiatives.<sup>797,798,799,800</sup>

## iii. Health Programmes

Community engagement strategies have been central to improving vaccination outcomes, with local leaders and women's groups facilitating trusted communication channels. Gender-sensitive approaches, such as deploying FMVs, expanded vaccine access to underserved areas, particularly high-risk communities, while enhancing trust and participation. Integrated polio vaccination campaigns, aligned with broader community mobilisation efforts, created a cohesive approach to public health challenges, safeguarding children's health despite operational constraints.

Capacity building strengthened service delivery by exceeding training targets for social workers and enhancing the roles of CHWs. Behavioural change initiatives, such as localised communication strategies, addressed misinformation, increasing vaccine acceptance and public trust. Sustained community engagement ensured long-term impacts, with Emergency Operations Centres improving coordination and aligning activities with national health plans. These efforts have increased vaccination rates and reinforced community ownership and resilience in public health initiatives.<sup>801, 802, 803</sup>

## iv. Legal documentation, child protection, and migration programmes

Legal documentation programmes enhanced accessibility and social inclusion, particularly for displaced and vulnerable populations. Recognising older government-issued documents mitigated confusion, while partnerships with community and legal offices improved access to civil registration. Community-based

<sup>794</sup> UNICEF Afghanistan. (2021). Formative Evaluation of the Girls' Access through Female Teacher Education (GATE) Scholarship Programme Afghanistan: 2015 – 2019.

<sup>795</sup> UNICEF Afghanistan. (2024). An in-depth mapping study of existing and adequate platforms of early childhood development services in Afghanistan.

<sup>796</sup> UNICEF Afghanistan. (2023). Baseline Survey Report / SBC Qualitative Research of Cash For Education Project in Nuristan and Jawzjan.

<sup>797</sup> UNICEF ACO. (2023). Social & Behavior Change (SBC) Section / WASH FGD.

<sup>798</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the ECHO-Supported Humanitarian WASH Programme (2022-2023).

<sup>799</sup> UNICEF Afghanistan. (2022). Water, Sanitation and Hygiene Rapid Wash Assessment Report.

<sup>800</sup> UNICEF Afghanistan. (2022). Final Report Knowledge, Attitude, and Practice Survey on Acute Watery Diarrhoea/Cholera in Sarobi District and Kabul City.

<sup>801</sup> UNICEF Afghanistan. (2023). Knowledge, Attitudes and Practices Of Polio In Afghanistan.

<sup>802</sup> UNICEF Afghanistan. (2024). Formative Assessment on the Effectiveness of the Deployment of Female Mobiliser Vaccinators (FMV) in Polio High-Risk Locations.

<sup>803</sup> UNICEF Afghanistan. (2024). Summative Evaluation of the Polio & Child Protection Programme for Afghan Children on the Move.

child protection initiatives, such as CFSs and WGSSs, created supportive environments for children and women, bolstering mental health, social well-being, and educational opportunities. Vocational training for girls banned from formal education provided hope and future opportunities, while GBV interventions and capacity building for social workers strengthened protection mechanisms.

Migration and reintegration efforts under frameworks like the Solutions Strategy for Afghan Refugees and Priority Areas of Return and Reintegration facilitated access to shelter, education, and cash assistance, stabilising humanitarian efforts. Legal documentation improved service access for returnee children, while advocacy against forced returns emphasised durable solutions.<sup>804,805,806</sup>

#### v. Data quality, community behaviour, and gender-sensitive adaptation

Enhancing data quality improved programme accountability and effectiveness, with multi-step verification processes and expanded training on digital tools like Kobo reducing redundancies and streamlining reporting. Community behaviour change initiatives under SBC programmes positively impacted health-seeking behaviours, increasing PNC care visits and exclusive breastfeeding practices. Educational campaigns also improved attitudes toward girls' education and reduced unsafe migration practices.

Gender-specific adaptations, such as home-based learning spaces and the integration of WGSSs into health centres ensured programme continuity amidst cultural restrictions. Remote modalities allowed women to contribute to programming despite challenges, while capacity building for local NGOs strengthened compliance and delivery. Intersectional data collection provided nuanced insights, enabling tailored responses to vulnerabilities based on gender, disability, and region.<sup>807,808,809</sup>

## 6. Conclusions and Way Forward

### 6.1. Conclusions

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UNICEF's programmes have achieved significant progress across thematic areas, with documented outcomes such as increased school enrolment, improved water access, and strengthened vaccination campaigns. Gender-sensitive facilities and community-driven WASH initiatives fostered sustainable and equitable access to services, while mobile health teams extended healthcare reach to underserved areas. Quantitative data, including a 96.7% polio vaccination adherence rate and reductions in waterborne diseases, strongly supports these findings. Despite these successes, resource constraints, cultural barriers, and limited infrastructure remain critical challenges, particularly in rural areas. The evaluation of programme outcomes, coverage, and alignment with sustainability goals highlights both areas of achievement and persistent gaps.

Thematic sector evaluations reveal that community engagement, gender-sensitive programming, and capacity building are instrumental enablers of success. SMSs and mobile outreach teams played pivotal roles in improving education and protection services, particularly for girls and vulnerable groups. Increased retention rates in schools and enhanced community participation in WASH programmes underline the impact of these approaches. However, recurring challenges such as geographic isolation, funding limitations, and cultural resistance hindered comprehensive implementation. By examining cross-sectoral enablers and barriers, both common and unique, the analysis underscores the need for more systemic integration and financial sustainability.

Sustainability assessments indicate that replicable models like the GATE programme, community-based WASH initiatives, and integrated health systems such as BPHS have strengthened programme longevity. Scalable approaches, including solar-powered water systems and digital data tools like the UNICEF SMART Survey, demonstrate promising results. Nevertheless, barriers such as high CHW turnover, donor dependency, and logistical constraints continue to limit scalability. These findings, derived from factors such as community ownership, institutional integration, and resource alignment, emphasise strong

<sup>804</sup> IOM Afghanistan. (2023). Documentation and Legal Identification in Afghanistan.

<sup>805</sup> UNICEF Afghanistan. (2024). Voices from affected population / communities / Child Protection.

<sup>806</sup> UNICEF Innocenti Office. (2023). Afghan Child Migration, Return and Reintegration Study.

<sup>807</sup> UNICEF Afghanistan. (2024). Data Quality Assessment.

<sup>808</sup> UNICEF Afghanistan. (2024). Effect Of the Ban on Women in NGOs On UNICEF Programming.

<sup>809</sup> UNICEF Afghanistan. (2021). C4D Strategy Baseline Assessment / Paroon District and Nooristan Province.

evidence in community-driven success stories and highlight gaps in financial independence and programme transitions.

The integration of cross-cutting themes such as gender, disability inclusion, equity, and environmental safeguards further underscores the impact of UNICEF's programming. Gender-sensitive facilities, vocational training for girls, and climate-resilient infrastructure have addressed critical challenges, such as accessibility and environmental risks. Solar-powered water systems are a prime example of solutions that tackle both environmental and social vulnerabilities. However, gaps in disability access and inconsistent social safeguards indicate that greater efforts are needed to achieve full inclusivity. These conclusions draw from equity-focused evaluations and monitoring data, with particularly strong evidence in gender-sensitive WASH and education initiatives, while challenges persist in geographic disparities and disability-friendly infrastructure.

Lessons learned from UNICEF's programming highlight the importance of community engagement, flexible approaches, and multisectoral collaboration. Tailored education models like ALP and CBE adapted effectively to socio-political challenges, while WASH programmes leveraged local leadership for sustainability. Evaluations and stakeholder feedback reveal notable success in improving access and retention for marginalised groups, though financial barriers and fragmented monitoring systems remain significant limitations. These insights are based on criteria such as adaptability, community participation, and data-driven decision-making, showcasing the potential for scalable success alongside areas requiring targeted intervention.

Analysis recommendations across sectors have consistently emphasised gender-sensitive infrastructure, inclusive programming, and robust monitoring and evaluation systems. These efforts have translated into improved learning environments, higher vaccination rates, and partially implemented alternative education models and mobile health teams. However, systemic issues such as resource limitations, weak governance, and cultural resistance have slowed comprehensive adoption. Implementation reviews and outcome tracking reveal strong evidence in teacher training and WASH infrastructure, while gaps in resource allocation and standardisation of monitoring processes underscore the need for continued focus on these areas.

Through this synthesis of evaluations, monitoring data, and stakeholder insights, UNICEF's achievements are brought into focus alongside critical areas for improvement. By building on successes in community-driven initiatives, gender-sensitive programming, and multisectoral collaboration, UNICEF can refine its strategies to address systemic gaps and ensure equitable, sustainable outcomes across all thematic sectors.

## 6.2. Way forward

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It is suggested to continue the successful practices and address the challenges (as per the findings). The synthesis team has tried to consider the major differences in context that have emerged since the regime change. UNICEF has been able to achieve reasonably well against planned activities. UNICEF's equity-based programming enabled them to adequately serve marginalised people to the extent possible.

It is recommended to adopt a strategic and cost-effective approach to evidence generation, prioritizing high-quality evidence across key focus areas and addressing gaps where evidence is lacking. This will ensure the organization is equipped to make informed decisions and take effective action.

It is therefore important that **UNICEF continues its presence and engagement in Afghanistan** at the same scale. Important progress was made in education (school enrolment), WASH (improved water access), health (vaccination) and gender (gender-sensitive facilities, girls' education). UNICEF may therefore consider continuing the same or a similar approach, with **community engagement, local leadership, gender-sensitive programming, capacity building, and using local solutions, such as engaging SMSs, FMVs and CHWs at its core.**

Factors that kept challenging the progress were geographic isolation, cultural resistance, high CHW turnover, and funding limitations. These are factors that are difficult to address, and/or will take a long time. One way to address these better might be **the expansion or replication of approaches that had appeared successful.** An example would be that UNICEF did very well in convincing parents of the

value of girls' education, thus successfully addressing one of the cultural barriers. If results continue to improve, the reporting thereof can be used to convince donors.

When it comes to cross-cutting factors, UNICEF did well on most, with areas for further improvement. **Equity was fully mainstreamed, and gender was addressed to the extent possible, but disability was not well included.** Since UNICEF as an organisation has acknowledged the important to ensure that people and especially children living with disabilities have access to their rights, the organisation should as soon as possible ensure that this is included in all of the programmes. Furthermore, areas such as institutional effectiveness, including innovation, organizational culture, advocacy and communications, resource mobilization, and partnerships, along with cross-cutting themes like climate action, nexus programming, environmental and social safeguards, resilience, alongside disability, remain insufficiently addressed. This highlights significant opportunities to generate additional evidence and enhance focus within both programming and operations.

Lastly, a stronger focus on **multi-sectoral collaboration and programming** would help UNICEF and other stakeholders to even further strengthen results, as well as the expected sustainability of the interventions.

# Annex 1: Terms of Reference

**Terms of Reference**  
UNICEF Afghanistan  
August 2024



## **Synthesis of evidence generated by UNICEF Afghanistan 2021-2024**

### Table of Contents

1. Summary .....	2
2. Background and Rationale .....	2
3. Purpose, Objectives, Use and Scope.....	4
4. Evidence synthesis questions .....	5
5. Evaluation Approach, Methodology, and Ethical Considerations .....	5
6. Management and Governance Arrangements .....	6
7. Evidence Synthesis Schedule and Deliverables .....	7
8. Required Qualifications and Experience of the Evaluation Team .....	7
9. Payment Schedule .....	8
10. Requirements for Technical and Financial Proposals .....	8
11. Assessment of Proposals .....	9

## 1. Summary

UNICEF Afghanistan is commissioning a synthesis of evidence generated from 2021 to 2024 to provide a holistic view of what the office has achieved, how, and reasons behind both successes and challenges. This synthesis will analyze evaluations, research, and studies conducted since August 2021, offering insight into what has worked well, what has not, and why. It will also examine key enablers, barriers, lessons learned, organizational effectiveness and efficiency, and sustainability. The findings from this exercise will be critical in integrating best practices, fostering continuous learning, and guiding the office in shaping future strategies, including ongoing initiatives like the decentralization strategy, the organizational culture action plan, the simplification exercise, and the like. The synthesis will also contribute to the annual review and 2025 planning processes.

These Terms of Reference (ToR) describe the primary purpose, objectives, scope, indicative synthesis questions, proposed methodological approach, associated risks, and qualifications of external firm required to undertake this evidence synthesis from September to mid-November 2024.

## 2. Background and Rationale

### A. UNICEF Afghanistan: Background overview and evidence landscape

The UNICEF Strategic Plan 2022-2025<sup>1</sup> underscores 'data, research, evaluation, and knowledge management' as a crucial change strategy to achieve the main goals and vision of the organization by 2025. UNICEF's commitment to data and evidence is further shaped by key policies and frameworks, including its revised evaluation and research policies, policies and strategies on data, and the like. At the same time, the UNICEF Regional Office for South Asia (ROSA) is also dedicated to advancing data and evidence generation, analysis, and use<sup>2</sup>.

UNICEF Afghanistan has extended its previous country programme document (CPD) to cover the period between 2023 and 2025. This extension outlines six key programmatic outcome areas: Health; Water, Sanitation, and Hygiene (WASH); Nutrition; Education; Child Protection; and Social Protection. These outcomes align with the three primary priorities of the United Nations Strategic Framework for Afghanistan (UNSFA) 2023-2025, UNICEF's Strategic Plan 2022-2025, and the 2030 Sustainable Development Goals (SDGs)<sup>3</sup>. Cross-cutting themes include social and behaviour change, gender equality, protection from sexual exploitation and abuse, data, evaluation and research, as well as environmental and social safeguards.

In 2023, UNICEF Afghanistan conducted a comprehensive Programme Stocktake to reflect on its post-August 2021 programming. This exercise led to the identification of four "programming principles", with an additional principle added to inform the design, implementation, and management of UNICEF programmes moving forward. These guiding principles are:

- Protecting the space for women and girls to access services.
- Community capacity building to strengthen participation, accountabilities, and empowerment.
- Humanitarian-Development-Peace nexus.
- Prevention agenda, with a focus on prevention of negative outcomes to improve the well-being of children, adolescents, and women.
- Sustainability and Climate Change.

The overarching theory of change for UNICEF Afghanistan's 2023-2025 Programme, reflected in Figure 1, showcases outputs, outcomes and an impact to guide the programming to achieve a future where children, adolescents, and

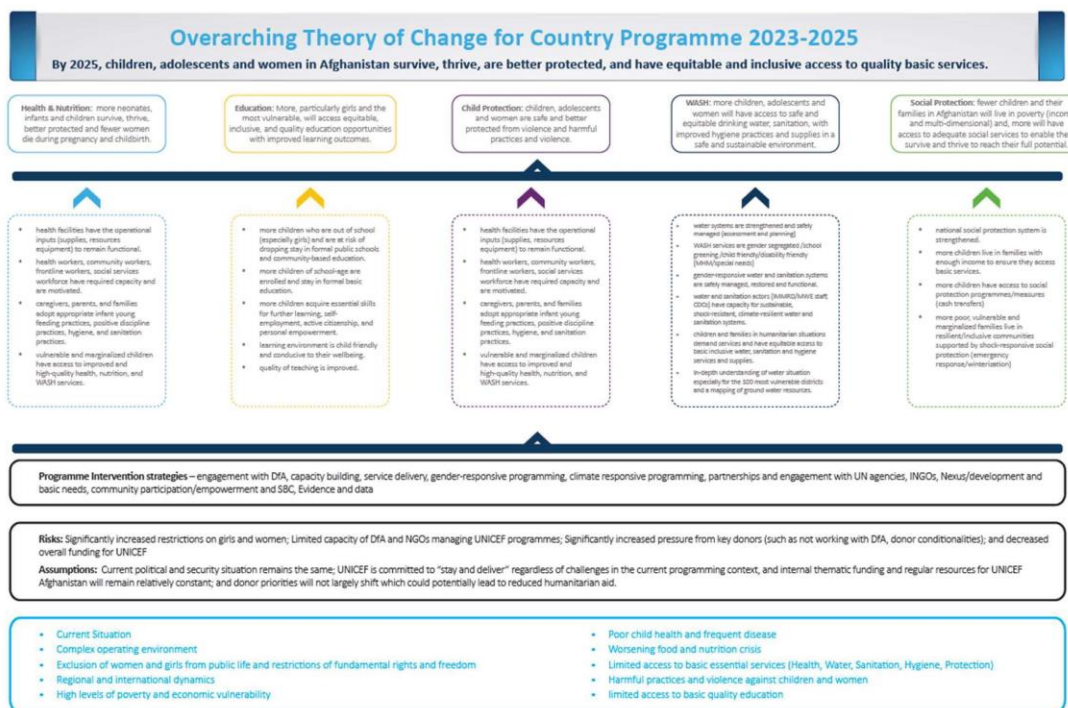
<sup>1</sup> UNICEF (2021). UNICEF Strategic Plan 2022-2025. Available at: <https://www.unicef.org/reports/unicef-strategic-plan-2022-2025>

<sup>2</sup> UNICEF (2021). UNICEF Regional Office for South Asia (ROSA) Management Plan 2022-2025.

<sup>3</sup> UNICEF Afghanistan (2024). Programme Strategy Note 2024-2025.

women in Afghanistan survive, thrive, are better protected, and enjoy equitable, inclusive access to quality basic services.

Figure 1: Overarching theory of change for country programme 2023-2025



Despite multifaceted humanitarian crisis stemming from prolonged conflict, political challenges, ban on female engagement in data collection, and barriers associated with data collection from female beneficiaries, the work of the United Nations (UN) in Afghanistan showcases importance of data and evidence. Key documents, such as the United Nations Strategic Framework for Afghanistan 2023<sup>4</sup>, underscore the role of monitoring, evaluation, and learning in evidence-based planning, intervention implementation, and decision-making. The UN-wide Data and Monitoring Group in Afghanistan further demonstrates the organization's commitment to harnessing data and evidence in its operations.

Within UNICEF Afghanistan, data and evidence have been central to shaping the design, planning, implementation, monitoring, and evaluation of programmes and policies. For instance, the 2022-2023 Multiple Indicator Cluster Survey (MICS), along with various evaluations, research products, studies, and programme data, have informed the Country Office programme narrative for 2024-2025. The integrated monitoring, evaluation, and research plan (IMERP) captures all evidence-generation activities within the office.

In UNICEF Afghanistan, evidence portfolio is primarily covered under the social policy outcome, which is positioned as a knowledge hub for child-related research, evidence, and evaluations and an entry point for integrated social protection services targeting the most vulnerable children. The evaluation and research portfolio is conducting and

<sup>4</sup> United Nations (2023). United Nations Strategic Framework for Afghanistan. Available at: <https://afghanistan.un.org/en/238795-united-nations-strategic-framework-afghanistan>

managing regular formative, process, summative, strategic, and impact evaluations, alongside other evaluative exercises. Specifically, the portfolio is aimed at producing rigorous evidence at impact, outcome, and output levels on different thematic and organizational areas. In addition, the portfolio focuses on supporting high quality research for all sectors, including ensuring research ethics and standards.

As outlined in the Programme Strategy Note for Afghanistan 2024-2025, UNICEF Afghanistan is committed to prioritizing evidence generation across impact, outcome, and output levels, as well as institutional effectiveness. The aim is to provide decision-makers and stakeholders with the data needed to design and implement policies and programmes that address the needs of children, adolescents, and women, particularly those who are most marginalized and vulnerable.

## B. Rationale

Several research studies and evaluations conducted by UNICEF have generated new insights that could deepen the understanding of the situation faced by children, adolescents, and women in Afghanistan. In this context, UNICEF Afghanistan is seeking to commission an evidence synthesis that will generate evidence on key results, what works and what does not, enabling and hindering factors, lessons learned, organizational effectiveness and efficiency, and sustainability. The synthesis will serve as a critical resource for integrating best practices, promoting continuous learning, and informing the country office and management in determining next strategic steps and ongoing initiatives such as decentralization strategy, organizational culture action plan, simplification exercise, and the like. The exercise will inform the annual review and planning for 2025.

## 3. Purpose, Objectives, Use and Scope

The **purpose** of this assignment is to synthesize evidence from evaluations, research, studies conducted since August 2021 providing UNICEF Afghanistan with a holistic view of what the office has achieved, how, and reasons behind both successes and challenges. The synthesis will determine what works well and what does not in achieving outcomes for children and adolescents in Afghanistan, while examining key enabling and hindering factors, organizational effectiveness and efficiency, lessons learned, and sustainability. This effort will also contribute to the broader knowledge base on Afghanistan.

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

- To identify what has worked and what has not in achieving the key results since August 2021.
- To identify how and why certain enabling or hindering factors, both programmatic and organizational, have contributed the achievement of results by UNICEF Afghanistan.
- To highlight the critical lessons learned to guide UNICEF Afghanistan in achieving its country programme impact goals for 2025.
- To assess the quality of generated evidence, particularly focusing on research activities and studies (as all evaluations are reviewed through the Global Evaluation Reports Oversight System (GEROS)) and to identify existing evidence gaps.
- To explore how sustainability considerations have been integrated into programming and operations.
- To assess the extent to which cross-cutting areas, such as disability, equity, human rights, climate, and environmental and social safeguards, have been integrated into programming and organizational operations based on existing evidence.
- To examine the extent to which recommendations and lessons learned from evidence activities are being implemented.

**Evidence synthesis users and use:** The findings and recommendations from this evidence synthesis will further shape the future strategic steps by UNICEF Afghanistan. The **primary users** of this exercise are: UNICEF Afghanistan management, programme sections, operations, field offices, project implementation unit, and planning, monitoring and data teams.

**Secondary users** range widely and cover UNICEF Regional Office of South Asia, UNICEF headquarters, other UN agencies and non-governmental organizations in Afghanistan, and academic and research institutions.

#### Scope of the exercise:

- The typology of activities will cover all evaluations, research, and studies conducted by UNICEF Afghanistan and/or on UNICEF's performance in Afghanistan (covering inter-agency evaluations, the evaluation of L3 emergency by headquarters, partner/other UN agencies' evidence on UNICEF' Afghanistan performance, and the like).
- The temporal scope of the exercise will cover evidence activities generated from August 2021 onward.
- The geographic scope will include UNICEF's activities in Afghanistan.
- All thematic areas, including institutional effectiveness, will be covered. It is expected to synthesize institutional effectiveness areas from the relevant reports.

#### 4. Evidence synthesis questions

The main **indicative evidence synthesis questions** are presented herein.

1. What has worked well and what has not in UNICEF Afghanistan's achievement of results since August 2021?
2. What are internal and external enablers and barriers, both programmatic and organizational, that have contributed to the achievement of results by UNICEF Afghanistan?
3. What lessons have been learned from evidence-generation activities since August 2021?
4. Where is the evidence the strongest, and where are the main gaps in evidence activities (evaluations, research and studies) generated since August 2021?
5. To what extent and how have sustainability considerations been integrated into UNICEF Afghanistan's programme and operational design and implementation?
6. To what extent and how have gender, disability, equity, human rights, climate, and environmental and social safeguards been integrated into programming and organizational operations based on available evidence?
7. What recommendations from evidence activities have not been implemented, or face challenges in implementation, and why?

#### 5. Evaluation Approach, Methodology, and Ethical Considerations

The evidence synthesis will use a meta-synthesis analytical approach, covering all evidence-generation activities (evaluations, research activities, and studies) conducted by UNICEF Afghanistan or on UNICEF Afghanistan's performance since August 2021. The synthesis is designed to be **utilization-focused**, aiming to inform key decisions and leverage evidence for ongoing programme and organizational enhancements. A **participatory approach** will be adopted, closely engaging key stakeholders to foster meaningful participation and ownership throughout the process. The synthesis will systematically integrate **gender, human rights, disability, climate, ESS, and equity considerations** across all stages.

The approximate number of evidence reports is 40; however, the number will be refined based on the compilation of all reports. Given the relatively small volume, all reports will be synthesized for the purposes of this exercise. The use of natural language processing (NLP) and/or other machine learning approaches is highly encouraged to optimize the analysis process.

At a minimum, the following **data gathering methods** are recommended:

- **Systematic synthesis of existing evidence:** Conduct a systematic synthesis of existing evidence, alongside a desk review of key documents, programme materials, presentations, secondary administrative data, etc. The bidder is expected to use systematic review software (e.g., EPPI-Reviewer, RevMA, Covidence, etc.), quantitative (e.g., STATA, R, SPSS, etc.), and qualitative (e.g., NVivo, Dedoose, etc.) analysis tools. The use of NLP and/or other machine learning approaches is highly encouraged.
- **Sense-making workshop with key stakeholders:** Conduct a sense-making workshop on the findings, lessons learned, and recommendations with key stakeholders.

The firm is expected to produce a synthesis report, evidence gap map, brief, and PowerPoint presentation with data visualization and infographics. *Bidders are invited to interrogate the approach and methodology presented in the ToR and improve on it or propose an approach they deem more appropriate, considering the time constraints outlined in the section 7.*

Anticipated risks in the management of this evidence synthesis, along with corresponding mitigation measures, are documented in the table below.

**Table 1: Risks and mitigation measures**

Risk	Risk Mitigation Measure
Challenges with availability of evidence	The evaluation manager will work closely with sections to provide all the evidence reports generated since August 2021. If evidence on certain areas is not available, it will be reflected in the limitations section of the main report.
The short timeframe for the exercise	The use of natural language processing and/or other machine learning approaches are encouraged to expedite the process of reviewing the reports. The bidders are encouraged to propose the right-sized team to conduct this exercise.

The evidence synthesis team will be expected to follow revised UNICEF Evaluation Policy, the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation, UNICEF’s Methodological Briefs on Evidence Synthesis series, UNICEF standards on evaluation ethics and quality, UNEG Ethical Guidelines for Evaluation, and UNEG Code of Conduct, as well as with UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation.<sup>5</sup> UNICEF’s Global Evaluation Reports Oversight System (GEROS) standards should be incorporated to the highest degree possible for synthesis reporting.

Upon completion, the dataset generated by the synthesis will be transferred to UNICEF, enabling further analyses. All data, reports, and dissemination materials produced through this assignment will remain the intellectual property of UNICEF.

## 6. Management and Governance Arrangements

An **Evaluation Specialist** will manage and supervise the exercise (i.e., Evaluation Manager).

A **Reference Group (RG)** will be created to support the firm in an advisory capacity. The roles of the RG will be to:

- Participate in a sense-making workshop to validate key findings, lessons learned, and recommendations.
- Review all deliverables, including the draft report, emerging evidence summary presentations, and final report.
- Play a critical role in ensuring the synthesis process is rigorous, inclusive, and aligned with the expectations of UNICEF Afghanistan.

<sup>5</sup> These references are available at the following link: <https://www.unicef.org/evaluation/resources>

## 7. Evidence Synthesis Schedule and Deliverables

The evidence synthesis is expected to be completed within approximately 2.5 months, from September to mid-November 2024. The synthesis team should allocate reasonable effort to ensure the timely submission of all the deliverables. The key deliverables and schedule are as following:

- A brief plan for the evidence synthesis outlining the methods and process (1 week after signing the contract).
- A draft report and presentation on the key findings, lessons learned, and recommendations, including evidence gap map and data visualization (6 weeks after signing the contract).
- A sense-making workshop with key stakeholders to validate findings, lessons learned, and recommendations (7 weeks after signing the contract).
- A final report and synthesis brief, incorporating feedback from the reference group (10 weeks after signing the contract).

The dataset for the synthesis produced by the institution will be transferred to UNICEF at the end of the exercise to allow UNICEF to conduct further analyses.

## 8. Required Qualifications and Experience of the Evaluation Team

### Evaluation Team: Qualifications and experience required

The team conducting this evaluation is expected to include, at least, three team members: one team leader and two other team members. The bidders are welcome to share different team configurations based on the terms of reference for the review.

#### **Team Leader: Senior Evidence Synthesis Expert**

Expected responsibilities:

- Direct all parts of the synthesis, directly accountable to UNICEF.
- Coordinate and supervise the synthesis team's work in their contributing roles.
- Ensure the quality of the process, outputs, methodology and timely delivery of all products.
- Take direct responsibility for all deliverables being of satisfactory quality.
- Ensure that the deliverables emerge promptly, following a high-quality, in-depth analytical process and ongoing consultation with the UNICEF Evaluation Manager and the Reference Group.

Key qualifications:

- An advanced university degree (Master's or higher) in Evaluation, Public Policy, Social Policy, Economics, or a relevant field across the social sciences (PhD preferred).
- A minimum of eight years of professional experience in conducting or supporting the evidence synthesis, systematic reviews and/or rapid academic reviews or evidence gap maps related to development cooperation, humanitarian assistance, social sciences, or institutional effectiveness.
- Experience synthesizing different types of evidence, including evaluations, research activities, and studies.
- Experience developing and executing methodologies for evaluation synthesis, including narrative or thematic synthesis of quantitative and qualitative data and the creation of criteria to select and sample evaluations or social research products.
- Previous experience related to UNICEF's work is an asset.
- In-depth knowledge of qualitative and quantitative data collection and analytical methods.

- Access to, and experience in using Systematic Review software (e.g., EPPI-Reviewer, RevMa, Covidence, etc.), quantitative (e.g., STATA, R, SPSS, etc.), and qualitative (e.g., NVivo, Dedoose, etc.) analysis tools.
- Experience in natural language processing and/or other machine learning approaches is an asset.
- Strong understanding of the UN system, UN programming at a country level and the Sustainable Development Goals, alongside familiarity with the context in Afghanistan, is preferred.
- Knowledge of UNEG Norms and Standards for Evaluation and the UNEG Ethical Guidelines for Evaluation is desirable.
- Strong communication and interpersonal skills, with the ability to communicate effectively with stakeholders from different backgrounds.
- Excellent report writing skills, being able to write clear and concise analytical reports to strict deadlines.
- Fluency in English is required.

#### **Team Member(s): Synthesis analysts/Junior researchers (2)**

- The Team Members will support the Team Leader / Senior Evidence Synthesis Expert, in conducting the synthesis, particularly contributing to data analysis and reporting.

#### **Key qualifications:**

- An advanced university degree (Master's or higher) in Evaluation, Public Policy, Social Policy, Economics, or a relevant field across the social sciences (PhD preferred).
- A minimum of two years of professional experience in conducting or supporting the synthesis of evaluation results, systematic reviews and/or academic literature reviews related to development cooperation, humanitarian assistance, social sciences, or institutional effectiveness.
- Familiarity with the context in Afghanistan is preferred.
- In-depth knowledge of qualitative and quantitative data collection and analytical methods.
- Access to, and experience in using Systematic Review software (e.g., EPPI-Reviewer, RevMa, Covidence, etc.), quantitative (e.g., STATA, R, SPSS, etc.), and qualitative (e.g., NVivo, Dedoose, etc.) analysis tools.
- Experience in natural language processing and/or other machine learning approaches is an asset.
- Fluency in English is required.

## **9. Payment Schedule**

Unless bidders propose an alternative payment schedule, payments will be as follows:

- Approved plan for the evidence synthesis outlining the methods and process (1 week after signing the contract) [10% of the payment].
- Approved draft report and presentation on the key findings, lessons learned, and recommendations, including evidence gap map and data visualization (6 weeks after signing the contract) [40% of the payment].
- A sense-making workshop with key stakeholders to validate findings, lessons learned, and recommendations (7 weeks after signing the contract) [20% of the payment].
- Approved final report and synthesis brief, incorporating feedback from the reference group (10 weeks after signing the contract).

## **10. Requirements for Technical and Financial Proposals**

Proposals will be evaluated based on a combination of technical and financial considerations including the need to meet the mandatory criteria. The technical quality of the proposals will account for 70 per cent of the final score; financial proposals will account for 30 per cent.

A panel of specialists will review the technical proposals first; only proposals that meet the mandatory criteria and receive a minimum of 70 points during the technical evaluation will be considered further. Proposals that pass the technical stage will then receive a financial score and the two will be added together.

- A. Table of contents.
- B. Presentation of the bidding institution or institutions if a consortium.
- C. Short narrative description of the bidding institution's experience and capacity in conducting synthesis activities.
- D. List of similar/relevant past and on-going assignments carried out by the proposer in the past 5 years. UNICEF may contact reference persons for feedback on services provided by the proposers.
- E. Full reports or preferably links to full reports listed as examples of relevant past and on-going assignments of the proposer (at least 3), on which the proposed key personnel directly and actively contributed or authored.
- F. A short narrative on the proposed methodology. This should minimize simple repetition of what is stated in the ToR. There is no minimum or maximum length. If in doubt, ensure sufficient detail is provided for UNICEF to be able to judge the technical expertise.
- G. Work plan, which will include as a minimum requirement the following:
  - General work plan based on the one proposed in the ToR, with comments and proposed adjustments, if any.
  - Detailed timetable by activity. It must be consistent with the general work plan and the financial proposal. It must factor in sufficient time for the drafting of the deliverables report, the quality assurance by the evaluation team, UNICEF and the Reference Group, and their finalization. It should also consider the vacation time of evaluation team members.
- H. Evaluation team:
  - Summary presentation of proposed experts.
  - Description of support staff if any.
  - Level of effort of proposed experts by activity. It must be consistent with the financial proposal.
  - CVs of each proposed team member.

**Content of the financial proposal:** The financial proposal must be fully separated from the technical proposal. The financial proposal will be submitted in both PDF and Microsoft Excel format. Costs will be formulated in US dollars and free of all taxes. It will include the following elements as a minimum requirement:

- A. Overall price proposal.
- B. Budget by phase, by activity, and by cost.

As per UNICEF procurement procedures, the budget for this assignment is not disclosed.

## 11. Assessment of Proposals

**Mandatory criteria:** Vendors must provide documentation of proven expertise with a UN agency or development partner showcasing the vendor's expertise in conducting synthesis activities. This could include a track record in conducting similar analysis and strategy development processes across a range of development partners for UN agencies or similar type of organization.

**Technical criteria:** The following criteria will be used in evaluating the technical proposals:

Technical Evaluation Criteria		
Section 1: METHODOLOGY	Quality of proposed implementation plan, i.e., how to undertake and execute each stage, with proposed project schedules.	20
	Quality of proposed approach and methodology for the assignment including for information compilation and analysis.	20
<b>Total Section 1: 40 points</b>		
Section 2: QUALIFICATIONS	Quality and relevance of the sample work provided.	10
	Relevant academic qualifications, skills, and years of technical experience of team members, including familiarity with UNICEF.	10
	Oral and written communication skills of the proposed team members, including ability to facilitate and conduct meetings and ability to conduct work in English.	5
	Clear description of quality assurance mechanisms to be used by the institution to deliver quality products. Includes both in house and outsourced quality assurance.	5
<b>Total Section 2: 30 points</b>		
<b>Total Possible Points</b>		<b>70</b>
<b>Minimum qualifying required Score (Total Technical Proposal)</b>		<b>59</b>

**Financial criteria:** The following criteria will be used in evaluating the financial proposals:

- The price should be broken down for each component of the proposed work based on an estimate of time which needs to be stated.
- Bidders must complete the financial proposal form, with the daily rate of each team member.
- The price proposal should include separate travel costs.
- The total amount of points allocated for the price component is 30. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited institutions which obtain the required threshold of points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price, e.g.:

$$\text{Score for price proposal } X = (30 * \text{Price of lowest priced proposal}) / (\text{Price of proposal } X)$$

# Annex 2: Overarching Theory of Change for Country Programme 2023-2025

## Overarching Theory of Change for Country Programme 2023-2025

By 2025, children, adolescents and women in Afghanistan survive, thrive, are better protected, and have equitable and inclusive access to quality basic services.

**Health & Nutrition:** more neonates, infants and children survive, thrive, better protected and fewer women die during pregnancy and childbirth.

**Education:** More, particularly girls and the most vulnerable, will access equitable, inclusive, and quality education opportunities with improved learning outcomes.

**Child Protection:** children, adolescents and women are safe and better protected from violence and harmful practices and violence.

**WASH:** more children, adolescents and women will have access to safe and equitable drinking water, sanitation, with improved hygiene practices and supplies in a safe and sustainable environment.

**Social Protection:** fewer children and their families in Afghanistan will live in poverty (income and multi-dimensional) and, more will have access to adequate social services to enable them survive and thrive to reach their full potential.

- health facilities have the operational inputs (supplies, resources equipment) to remain functional.
- health workers, community workers, frontline workers, social services workforce have required capacity and are motivated.
- caregivers, parents, and families adopt appropriate infant young feeding practices, positive discipline practices, hygiene, and sanitation practices.
- vulnerable and marginalized children have access to improved and high-quality health, nutrition, and WASH services.

- more children who are out of school (especially girls) and are at risk of dropping stay in formal public schools and community-based education.
- more children of school-age are enrolled and stay in formal basic education.
- more children acquire essential skills for further learning, self-employment, active citizenship, and personal empowerment.
- learning environment is child friendly and conducive to their wellbeing.
- quality of teaching is improved.

- health facilities have the operational inputs (supplies, resources equipment) to remain functional.
- health workers, community workers, frontline workers, social services workforce have required capacity and are motivated.
- caregivers, parents, and families adopt appropriate infant young feeding practices, positive discipline practices, hygiene, and sanitation practices.
- vulnerable and marginalized children have access to improved and high-quality health, nutrition, and WASH services.

- water systems are strengthened and safely managed (assessment and planning)
- WASH services are gender segregated /school grouping (risk/threat/disability-friendly (MHH/special needs)
- gender-responsive water and sanitation systems are safely managed, restored and functional.
- water and sanitation actors (Municipal/WVWS staff, CSOs) have capacity for sustainable, shock-resistant, climate-resilient water and sanitation systems.
- children and families in humanitarian situations demand services and have equitable access to basic inclusive water, sanitation and hygiene services and supplies.
- In-depth understanding of water situation especially for the 100 most vulnerable districts and a mapping of ground water resources.

- national social protection system is strengthened.
- more children live in families with enough income to ensure they access basic services.
- more children have access to social protection programmes/measures (cash transfers)
- more poor, vulnerable and marginalized families live in resilient/inclusive communities supported by shock-responsive social protection (emergency response/winterization)

**Programme Intervention strategies** – engagement with DFA, capacity building, service delivery, gender-responsive programming, climate responsive programming, partnerships and engagement with UN agencies, INGOs, Nexus/development and basic needs, community participation/empowerment and SBC, Evidence and data

**Risks:** Significantly increased restrictions on girls and women; Limited capacity of DFA and NGOs managing UNICEF programmes; Significantly increased pressure from key donors (such as not working with DFA, donor conditionalities); and decreased overall funding for UNICEF

**Assumptions:** Current political and security situation remains the same; UNICEF is committed to “stay and deliver” regardless of challenges in the current programming context, and internal thematic funding and regular resources for UNICEF Afghanistan will remain relatively constant; and donor priorities will not largely shift which could potentially lead to reduced humanitarian aid.

- Current Situation
- Complex operating environment
- Exclusion of women and girls from public life and restrictions of fundamental rights and freedom
- Regional and international dynamics
- High levels of poverty and economic vulnerability
- Poor child health and frequent disease
- Worsening food and nutrition crisis
- Limited access to basic essential services (Health, Water, Sanitation, Hygiene, Protection)
- Harmful practices and violence against children and women
- limited access to basic quality education

## Annex 3: List of evidence activities 2021-2024

	Document type	Thematic Areas	Year	Title of evidence activities
1	Evaluation	Education: <ul style="list-style-type: none"> <li>- Gender Equality in Education</li> <li>- Capacity Building</li> <li>- Community and Cultural Engagement</li> <li>- Mentorship and Support Networks</li> <li>- Sustainability and Employment</li> </ul>	2021	Formative evaluation of girls' access to teacher education GATE programme
2	Study	Education: <ul style="list-style-type: none"> <li>- Economic Hardships</li> <li>- Secondary Employment</li> <li>- Professional Well-being and Teaching Effectiveness</li> <li>- Safety and Security Concerns</li> <li>- Workplace Harassment and Abuse of Power</li> <li>- Mental Health and Morale</li> <li>- Professional Development and Support</li> </ul>	2022	Assessment on options for girls' secondary education and the availability of female teachers in public schools
3	Study	Education: <ul style="list-style-type: none"> <li>- Environment, Facilities, Health, and Sanitation</li> <li>- Curriculum and Classroom Practices</li> <li>- Professional Development</li> <li>- Engagement with Parents and Community</li> <li>- Partnership and Multisector Collaboration</li> </ul>	2024	In-depth quality review of existing Early Childhood Education (ECE) centres in the Eastern Region of Afghanistan
4	Study	Education: <ul style="list-style-type: none"> <li>- Early Childhood Education (ECE)</li> <li>- Access and Participation</li> <li>- Quality of Learning Environment</li> <li>- Curriculum and Learning Standards</li> <li>- Teacher Training and Qualifications</li> <li>- Parent and Community Engagement</li> <li>- Child Health, Nutrition, and Safety</li> </ul>	2024	Early Childhood Development Mapping study
5	Research	Education and <b>SBC</b> : <ul style="list-style-type: none"> <li>- Understand the Present Education Scenario for Adolescents</li> <li>- Examine Behavioural Factors Impacting Education</li> <li>- Identify and Enhance Enablers</li> </ul>	March 2024	Qualitative research of cash for education
6	Study	Polio <ul style="list-style-type: none"> <li>- Identification and Categorisation of Influencers</li> <li>- Cross-Border Influences</li> <li>- Communication Channels and Strategies</li> <li>- Challenges for Pro-Vaccine Influencers</li> <li>- Motivations of Influencers</li> <li>- Recommendations for Engaging Influencers</li> </ul>	2023	Knowledge attitude and practices KAP study
7	Evaluation	Polio and Child Protection	2024	Summative evaluation of polio and child protection programme (draft version)
8	Study	Polio: <ul style="list-style-type: none"> <li>- Knowledge and belief in the polio virus</li> <li>- Knowledge of symptoms</li> <li>- Knowledge of transmission</li> <li>- Prevention</li> <li>- Treatment</li> <li>- Attitudes towards polio vaccine versus routine immunisation</li> <li>- Concerns about safety of the polio vaccine</li> </ul>	2024	Understanding the motivations, influences and attitudes of families who refuse oral polio vaccine in high-risk regions of Afghanistan

9	Study	Polio: <ul style="list-style-type: none"> <li>- Impact of FMVs on Vaccination Rates</li> <li>- Examine Community Awareness and Attitudes Effectiveness of FMVs in Changing Attitudes and Behaviours.</li> <li>- Health Facilities With and Without FMVs</li> <li>- Operational Efficiency and Resource Utilisation</li> </ul>	2023	Female Mobiliser Vaccinators effectiveness assessment
10	Evaluation	Nutrition: <ul style="list-style-type: none"> <li>- Scaling of SAM and MAM Services</li> <li>- Early Detection and Treatment of Malnutrition</li> <li>- Strengthening Health Systems</li> <li>- Reducing the Prevalence of Malnutrition</li> <li>- Increasing Coverage and Accessibility</li> </ul>	2021	Formative evaluation of integrated management of acute malnutrition (IMAM) initiative
11	Survey	Nutrition: <ul style="list-style-type: none"> <li>- Malnutrition prevalence among women aged 15 - 49 years old</li> <li>- Anthropometrics: Age, Weight, Height, MUAC, Oedema,</li> <li>- Acute malnutrition, Combined GAM, MAM, SAM, Chronic malnutrition</li> </ul>	2022	Integrated Nutrition SMART Survey of Four Provinces (Herat, Badghis, Faryab, and Ghor)
12	Evaluation	Nutrition	2024	Evaluation of community- based nutrition programme (draft version)
13	Survey	Nutrition/PMD	2024	Supply and end-user monitoring survey (nutrition - ready-to-use therapeutic food) <sup>810</sup>
14	Study	WASH and <b>SBC</b> Hygiene Practices: <ul style="list-style-type: none"> <li>- Facilities in or near the toilet</li> <li>Hands washing during the five critical junctures</li> </ul> Sanitation: <ul style="list-style-type: none"> <li>- lack of access to improved latrines</li> <li>- limited water access for sanitation needs.</li> <li>- MHM facilities in rural schools</li> </ul> Water Handling Practices: <ul style="list-style-type: none"> <li>- Safe drinking water in schools, households, and health centres.</li> <li>- Water storage</li> </ul>	2023	WASH SBC qualitative study
15	Assessment	WASH and <b>SBC</b> : <ul style="list-style-type: none"> <li>- Drinking water services status</li> <li>- Hygiene Service Status</li> <li>- Hand Washing Facilities</li> <li>- Sanitation Service Status</li> <li>- Knowledge of Acute Watery Diarrhoea and Cholera</li> <li>- Oral Rehydration serum</li> <li>- Coping mechanism with lack of water</li> </ul>	2023	Rapid Water Sanitation and Hygiene assessment
16	Study	WASH	2024	Open Defecation Free sustainability survey. Draft version.
17	Evaluation	WASH: <ul style="list-style-type: none"> <li>- Relevance and Appropriateness</li> <li>- Programme Coherence and Integration</li> <li>- Effectiveness of WASH Interventions</li> <li>- Efficiency of Resource Utilisation</li> <li>- Coverage and Equity</li> </ul>	2024	Summative evaluation of ECHO-funded WASH program

<sup>810</sup> TPM was used for the nutrition end user monitoring. The report can be used as it covers some findings on enablers, barriers, and lessons learned

		<ul style="list-style-type: none"> <li>- Sustainability and Long-Term Impact</li> <li>- Operational Strengths and Challenges</li> <li>- Cross-Cutting Issues</li> </ul>		
18	Study	<p>WASH and <b>SBC</b>:  Knowledge, Attitudes, and Practices towards Water, Sanitation, and Hygiene</p> <ul style="list-style-type: none"> <li>- Sources of information on WASH</li> <li>- Attitudes towards certain hygiene and sanitation behaviours</li> <li>- Access to improved drinking water source</li> <li>- Handling Drinking Water</li> <li>- Sanitation and open defecation</li> <li>- Handwashing station</li> <li>- Knowledge, Attitudes, and practices towards Adult Diarrhoea</li> <li>- Knowledge, Attitudes, and practices towards Child Diarrhoea and Nutrition</li> <li>- Knowledge, Attitudes, and practices towards Acute Watery Diarrhoea/Cholera</li> <li>- Knowledge on sign and symptoms of AWD/Cholera</li> <li>- Institutional level factors influencing behaviours towards acute watery diarrhoea</li> </ul>	2022	Acute Watery Diarrhoea KAP survey
19	Study	<p>Child protection:  Drivers of Migration:  <ul style="list-style-type: none"> <li>- Economic Hardship</li> <li>- Insecurity and Conflict</li> </ul> Risks During Migration and Transit:  <ul style="list-style-type: none"> <li>- Exploitation and Abuse</li> <li>- Fear and Detention</li> </ul> Experiences of Forced Return  <ul style="list-style-type: none"> <li>- Deportation and Mistreatment</li> <li>- Physical and Psychological Hardships</li> </ul> Reintegration Challenges and Discontent Post-Return:  <ul style="list-style-type: none"> <li>- Low Satisfaction Levels</li> <li>- Gender and Location Disparities.</li> </ul> Lack of Support and Basic Services Post-Return:  <ul style="list-style-type: none"> <li>- Limited Access to Basic Needs:</li> <li>- Barriers to Education.</li> </ul> Social Exclusion and Isolation  <ul style="list-style-type: none"> <li>- Restricted Community Engagement</li> <li>- Lack of Safe Spaces</li> </ul> Dire Needs and Service Gaps</p>	2023	Child and Youth Experiences of Migration, Displacement and Return in Afghanistan
20	Study	<p>Child protection</p> <ul style="list-style-type: none"> <li>- Birth Registration</li> <li>- Child Discipline and Child Labour</li> <li>- Child Marriage</li> </ul>	2023	Child protection programme analysis report
21	Study	<p>Child protection</p> <ul style="list-style-type: none"> <li>- Accessibility of Legal Documentation and Civil Registration</li> <li>- Acceptability and Reliability of Legal Documentation</li> <li>- Protection Risks Due to Lack of Documentation</li> <li>- Impact on Women and Gender-Specific Documentation Needs</li> <li>- Challenges and Risks of Digital Identity Management</li> <li>- Humanitarian and Programmatic Implications</li> <li>- International Support and Data Protection in Identity Management</li> </ul>	2023	Research on documentation and legal identification in Afghanistan

22	Evaluation	<p>Gender</p> <ul style="list-style-type: none"> <li>- evidence-based and risk-informed programming on increasing access of out-of-school adolescent girls to secondary education</li> <li>- programming on changing societal perceptions about: (a) child marriage practices; and (b) girls 'empowerment in Afghanistan</li> <li>- institutional learning about the complex relationships linking financial incentives, education, and perceptions on child marriage/girls' empowerment.</li> </ul>	2021	Summative evaluation of Afghan women's leadership initiative (AWLI) programme in support of adolescent girls
23	Evaluation	<p>Gender</p> <ul style="list-style-type: none"> <li>- Adolescent Empowerment and Education</li> <li>- Reduction of Harmful Traditional Practices</li> <li>- Community Engagement and Support Systems</li> <li>- Communication and Peer Networking</li> <li>- Gender Equality and Rights-Based Empowerment</li> <li>- Community and Policy Influence</li> <li>-</li> </ul>	2022	Summative Evaluation of the Programme on Improving Adolescents' Lives in Afghanistan
24	Study	<p>Cross-cutting Gender Rights and Protection of Children and Women:</p> <ul style="list-style-type: none"> <li>- Children's Rights Violations</li> <li>- Women's Rights and Gender Inequity</li> <li>- International Rights Framework</li> </ul> <p>Humanitarian and Socioeconomic Challenges:</p> <ul style="list-style-type: none"> <li>- Humanitarian Needs and Crisis Response</li> <li>- Poverty and Economic Vulnerability</li> </ul> <p>Peace and Stability:</p> <ul style="list-style-type: none"> <li>- Impact of Political Instability</li> <li>- Dependence on International Aid</li> </ul> <p>Social Norms and Harmful Practices:</p> <ul style="list-style-type: none"> <li>- Harmful Social Norms</li> <li>- Gender Inequality and Discrimination</li> </ul> <p>Progress Towards the Sustainable Development Goals (SDGs):</p> <ul style="list-style-type: none"> <li>- SDGs Related to Children and Women</li> <li>- National Policy and Legal Frameworks</li> </ul>	2021	A comprehensive report on the Situation of Children and Women in Afghanistan
25	Study	<p>Cross-cutting/Data quality</p> <ul style="list-style-type: none"> <li>- Data Quality and Trustworthiness</li> <li>- Data-Driven Decision Making</li> <li>- Programmatic Coverage and Indicator Assessment</li> <li>- Data Culture and Organisational Accountability</li> <li>- Gaps and Areas for Improvement in Data Collection</li> </ul>	2024	Data quality assessment
26	Study	<p>Cross-cutting/Ban on Women:</p> <ul style="list-style-type: none"> <li>- Impact of Sanctions and Funding Withdrawals</li> <li>- Barriers to Aid Delivery</li> <li>- Gender-Segregated Society</li> <li>- Gender-Specific Travel and Public Restrictions</li> <li>- Historical and Cultural Perspectives on Gender Segregation</li> <li>- Educational Access and Limitations</li> <li>- Social and Economic Exclusion</li> <li>- Health and Safety Implications</li> <li>- Programmatic Constraints</li> <li>- Adaptation of Programme Strategies</li> <li>- Impact on Gender Equity Initiatives</li> </ul>	2024	Effect of ban on programme implementation

27	Study	<p>WASH:</p> <ul style="list-style-type: none"> <li>- Community-based water management</li> <li>- Community-Led Total Sanitation</li> <li>- Upskilling communities on how to build and manage latrines</li> <li>- Hygiene promotion</li> </ul>	2024	Voices from affected population/communities
28	Study	<p>Social protection/Relevance of Cash Assistance:</p> <ul style="list-style-type: none"> <li>- Accessibility of Cash Assistance</li> <li>- Quality of Cash Assistance Delivery</li> <li>- Effects of Cash Assistance on Household</li> </ul>	2024	Voices from affected population/communities
29	Study	<p>Health and Nutrition Services:</p> <ul style="list-style-type: none"> <li>- Need for Paediatric Care</li> <li>- Importance of Mobile Health Teams (MHTs)</li> <li>- Maternal and Prenatal Nutritional Support</li> <li>- Malnutrition Awareness and Management</li> <li>- Pre- and Post-Natal Care Gaps</li> <li>- Service Reach to Remote Areas</li> <li>- Barriers to Access</li> <li>- Perception of Service Quality</li> <li>- Consistency of Care</li> </ul>	2024	Voices from affected population/communities
30	Study	<p>Education:</p> <ul style="list-style-type: none"> <li>- Community-Based Education and Accelerated Learning Programmes</li> <li>- Girls' Access to Teacher Education</li> <li>- Teacher Development</li> <li>- Proximity to Education Facilities</li> <li>- Quality of Education Services</li> <li>- Effects of Education Services on Communities</li> <li>- Empowerment of Female Teachers and Learners: GATE</li> </ul>	2024	Voices from affected population/communities
31	Study	<p>Child Protection services:</p> <ul style="list-style-type: none"> <li>- Provision of Safe Spaces (CFSs and WGSS)</li> <li>- Vocational Training Opportunities</li> <li>- MHPSS</li> <li>- Accessibility of Child Protection Services</li> <li>- Quality of Child Protection Services</li> <li>- Effects of Child Protection Services on Children and Adolescents</li> </ul>	2024	Voices from affected population/communities
32	Evaluation	<p>Humanitarian response:</p> <ul style="list-style-type: none"> <li>- Scope and Alignment of L3 Response</li> <li>- Preparedness, Activation, and Scale-Up</li> <li>- Processes and Outcomes of the Response</li> <li>- Cross-Cutting Aspects of the L3 Response</li> <li>- Geographic Focus and Accessibility Challenges</li> </ul>	2023	Evaluation of the UNICEF L3 response in Afghanistan
33	Evaluation	Humanitarian response	2024	Inter-Agency Humanitarian Evaluation of the response to the crisis in Afghanistan
34	Evaluation	<p>Health/Various:</p> <ul style="list-style-type: none"> <li>- Historical Context and Development of Health Infrastructure</li> <li>- Health Policy and Universal Health Coverage (UHC)</li> <li>- Progress and Health Indicators</li> <li>- Ongoing Challenges and Barriers</li> <li>- Community Health Worker (CHW) Programme and CBHC</li> </ul>	2021	Afghanistan: Evaluation of Current Community Health Worker Policies and System Support and their Readiness for Community Health Workers' Expanding Roles and Responsibilities within Post-Astana National

		<ul style="list-style-type: none"> <li>- Linkages to Sustainable Development Goals (SDGs)</li> <li>- International Commitments and the Astana Declaration</li> </ul>		Health Care Strengthening Plans
35	Evaluation	<p>Institutional Effectiveness:</p> <ul style="list-style-type: none"> <li>- Assessment of Strategies and Approaches</li> <li>- UNICEF's Strategic Positioning</li> <li>- Innovation and Adaptation for Future Programming</li> </ul>	2021	Strategic Positioning Evaluation of the Afghanistan Country Programme 2015-2019
36	Study	<p>SBC:</p> <ul style="list-style-type: none"> <li>- Knowledge and Awareness of Key Health and Well-Being Practices</li> <li>- Current Community Behaviours Affecting Children's Well-Being</li> <li>- Influencing Factors on Community and Institutional Behaviour</li> </ul>	2021	Communication for Development Strategy baseline assessment in Paroon, Nooristan
37	Study	<p>SBC:</p> <ul style="list-style-type: none"> <li>- Maternal and Child Health Service Accessibility and Utilisation</li> <li>- Maternal Health Outcomes</li> <li>- Knowledge Enhancement</li> <li>- Community and Influencer Engagement</li> <li>- Adapting to Local Conditions</li> </ul>	2024	Endline study to evaluate the outcomes of SBC in South Region and West Region
38	Evaluation	<p>Social Protection:</p> <ul style="list-style-type: none"> <li>- Regular cash transfers (RCT)</li> <li>- Humanitarian cash transfers (HCT) for early support and emergencies</li> <li>- Complementary services provision</li> <li>- Gender-sensitive approaches</li> <li>- Evidence generation and learning</li> </ul>	2023	Formative evaluation of cash-based assistance programme

## Annex 4: GEROS quality sheet

GEROS Evaluation Quality Assurance Tool		
Version: November 2020		
REPORT RATING SUMMARY		
Overall Rating	XX%	Highly Satisfactory
•••••	Exceptional (96% - 100%)	5 Exemplifies UNICEF/UNEG standards for evaluation reports. Decision makers may use the evaluation with a high degree of confidence
••••	Highly Satisfactory (87.5% - 95.99%)	4 Exceeds UNICEF/UNEG standards for evaluation reports and decision makers may use the evaluation with a high degree of confidence
•••-	Satisfactory (62.5% - 87.49%)	3 Meets UNICEF/UNEG standards for evaluation reports. Decision makers may use the evaluation with confidence
••--	Fair (35% - 62.49%)	2 Meets UNICEF/UNEG standards for evaluation reports in some regards, but not all. Decision makers may use the evaluation with caution. Substantive improvements in some areas are needed
•---	Unsatisfactory (0% - 34.99%)	1 Does not sufficiently meet the UNICEF/UNEG standards for evaluation reports. Decision makers cannot rely on the evaluation.
REPORT DETAILS		
Title of the evaluation report		
Report sequence number		
Region		
Year of report		
Office		
Coverage (countries)		
ToRs present		
Date of review (dd/mmm/yyyy)		
Name of review firm		
CLASSIFICATION OF EVALUATION REPORT		
Management of evaluation (Managerial control and oversight of evaluation)		
UNICEF goal areas (Alignment with strategic plan priorities)		
Every child survives and thrives		
Every child learns		

Every child is protected from violence and exploitation	
Every child lives in a safe and clean environment	
Every child has an equitable chance in life	
Gender equality (cross-cutting)	
Humanitarian action (cross-cutting)	
Evaluation object	
Evaluation type	
Evaluation strategy	
Evaluation design (primary method used)	
Evaluation level	
Geographic scope	
Primary SDG(s) covered (number)	
EQA Summary:	
Recommendations for Improvement:	
SECTION RATINGS	
SECTION A:	EXECUTIVE SUMMARY (weight 5%)
Question 1.	Can the executive summary inform decision-making?
i	Is clearly presented, serves as a standalone document useful for informing decision making, and is of relevant conciseness and depth for key users (Maximum of 5 pages unless otherwise specified in ToR).
ii	Includes all necessary elements (overview of the intervention, evaluation purpose, objectives and intended audience, evaluation methodology, key conclusions on findings, lessons learned if requested, key recommendations) as per the ToR.
iii	Includes all significant information needed to understand the intervention and the evaluation AND does not introduce new information from what is presented in the rest of the report.

SECTION B:	BACKGROUND (weight 5%)		Comments on Rating (include explanations for any criterion not rated)
Question 2.	Is the object of the evaluation clearly described?		
i	Clear and relevant description of the intervention, including location(s), timelines, cost/budget, and implementation status.		
ii	Clear and relevant description of intended rightsholders (beneficiaries) and duty bearers (state and non-state actors with responsibilities regarding the intervention) by type (i.e., institutions/organisations; communities; individuals...), by geographic location(s) (i.e., urban, rural, particular neighbourhoods, town/cities, sub-regions...) and in terms of numbers reached, with disaggregation by gender, age, disability. .. (as appropriate to the purpose of the evaluation).		
Question 3.	Is the context of the intervention clearly described?		
i	Clear and relevant description of the context of the intervention (i.e. relevant policy, socio-economic, political, cultural, power/privilege, institutional, international factors) and how context relates to the implementation of the intervention.		
iii	Linkages drawn to the SDGs and relevant targets and indicators for the area being evaluated.		
iii	Clear and relevant description (where appropriate) of the status and needs of the rightsholders/beneficiaries of the intervention.		
Question 4.	Are key stakeholders, their relationships and contributions clearly identified?		
i	Identification of implementing agency(ies), development partners, right holders, and additional duty bearers and other stakeholders; and of linkages between them (e.g., stakeholder map) (if relevant).		
ii	Identification of the specific contributions and roles of key stakeholders (financial or otherwise), including UNICEF.		
SECTION C:	EVALUATION PURPOSE, OBJECTIVES AND SCOPE (weight 5%)		Comments on Rating (include explanations for any criterion not rated)

Question 5.	Is the purpose of the evaluation clearly described?		
i	Purpose of evaluation is clearly defined, including why it was needed at that point in time, its intended use, and key intended users.		
Question 6.	Are the objectives and scope of the evaluation clear and realistic?		
i	Clear and complete description of what the evaluation seeks to achieve by the end of the process with reference to any changes made to the objectives included in the ToR (if applicable).		
ii	Clear and relevant description of the scope of the evaluation: what will and will not be covered (thematically, chronologically, geographically with key terms defined), as well as, if applicable, the reasons for this scope (e.g., specifications by the ToRs, lack of access to particular geographic areas for political or safety reasons at the time of the evaluation, lack of data/evidence on particular elements of the intervention).		
Question 7.	Is the theory of change, results chain or logic well-articulated?		
i	Clear description of the intervention's intended results, or of the parts of the results chain that are applicable to, or are being tested by, the evaluation.		
ii	Causal relationship between outputs and outcomes is presented in narrative and/or graphic form (e.g., results chain, logic model, theory of change, evaluation matrix).		
iii	For theory-based evaluations, the theory of change or results framework is assessed, and if requested in the ToR, it is reformulated/improved by the evaluators.		
SECTION D:	EVALUATION DESIGN AND METHODOLOGY (weight 20%)		Comments on Rating (include explanations for any criterion not rated)
Question 8.	Does the evaluation use questions and the relevant evaluation criteria that are explicitly justified as appropriate for the purpose of the evaluation?  UNICEF evaluation standards refer to the OECD/DAC criteria - Relevance; Coherence; Effectiveness; Efficiency; Sustainability; Impact (not all are necessarily relevant for all evaluations). Evaluations should also consider equity and leaving no-one behind, gender and human rights based approach (these can be mainstreamed into other criteria). Humanitarian evaluations should also		

	consider Coverage; Connectedness; Coordination; Protection; Security.		
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i	Evaluation questions and sub-questions are appropriate for meeting the objectives and purpose of the evaluation. The relevant criteria are specified and are aligned with the questions.		
ii	In addition to the questions and sub-questions, the evaluation matrix includes indicators, benchmarks, assumptions and/or other processes from which the analysis can be based and conclusions drawn.		
Question 9.	Does the report specify adequate methods for data collection, analysis, and sampling?		
i	Evaluation design and set of methods is relevant and adequately robust for the evaluation's purpose, objectives and scope; and are fully and clearly described.		
ii	Data sources are appropriate - these would normally include qualitative and quantitative sources (unless otherwise specified in the ToR) - and are all clearly described.		
iii	Sampling strategy is provided - it should include a description of how diverse perspectives are captured (or if not, provide reasons for this).		
iv	Clear and complete description of the methods of analysis.		
v	Methodology allows for drawing causal connections between outputs and expected outcomes.		
vi	Clear and complete description of limitations and constraints faced by the evaluation, including gaps in the evidence that was generated and mitigation of bias, and how these were addressed by the evaluators (as feasible).		
Question 10.	Are ethical issues and considerations described?  The evaluation should be guided by the UNEG ethical standards for evaluation. As such, the evaluation report should include:		
i	Explicit and contextualised reference to the obligations of evaluators (independence,		

	impartiality, credibility, conflicts of interest, accountability).		
ii	Description of ethical safeguards for participants appropriate for the issues relevant to methodology and how they are applied (respect for dignity and diversity, right to self-determination, fair representation, compliance with codes for vulnerable groups, confidentiality, and avoidance of harm). For those cases where the evaluation involves interviewing children, explicit reference is made to the UNICEF procedures for Ethical Research Involving Children.		
SECTION E:	EVALUATION FINDINGS (weight 25%)		Comments on Rating (include explanations for any criterion not rated)
Question 11.	Do the findings clearly address all evaluation objectives and scope?		
i	Findings marshal sufficient levels of evidence to systematically address all of the evaluation's questions, sub-questions and criteria.		
ii	Explicit use of the intervention's results framework/ToC in the formulation of the findings.		
Question 12.	Are evaluation findings derived from the conscientious, explicit and judicious use of the best available, objective, reliable and valid data and by accurate quantitative and qualitative analysis of evidence.		
i	Evaluation uses credible forms of qualitative and quantitative data. It presents both output and outcome-level data as relevant to the evaluation framework. Triangulation is evident through the use of multiple data sources.		
ii	Findings are clearly supported by, and respond to, the evidence presented, including both positive and negative. Findings are based on clear performance indicators, standards, benchmarks, or other means of comparison as relevant for each question.		
iii	Causal factors (contextual, organisational, managerial, etc.) leading to achievement or non-achievement of results are clearly identified. For theory-based evaluations, findings analyse the logical chain (progression -or not- from implementation to results).		
Question 13.	Does the evaluation assess and use the intervention's Results Based Management elements?		

i	Assessment of the adequacy of the intervention's monitoring system (including completeness and appropriateness of results/performance framework - including vertical and horizontal logic, M&E tools and their usage if required in ToR) to support decision-making.		
SECTION F:	EVALUATION CONCLUSIONS & LESSONS LEARNED (weight 10%)		Comments on Rating (include explanations for any criterion not rated)

Question 14.	Do the conclusions clearly present an objective overall assessment of the intervention?		
i	Conclusions are clearly formulated and reflect the purpose and objectives of the evaluation. They are sufficiently forward looking (if a formative evaluation or if the implementation is expected to continue or have additional phase).		
ii	Conclusions are derived appropriately from findings and present a picture of the strengths and limitations of the intervention that adds insight and analysis beyond the findings.		
Question 15.	Are logical and informative lessons learned identified? [N/A if lessons are not presented and not requested in ToR]		
i	Identified lessons stem logically from the findings, have wider applicability and relevance beyond the object of the evaluation.		
ii	Lessons are clearly and concisely presented yet have sufficient detail to be useful for intended audience.		
SECTION G:	RECOMMENDATIONS (weight 15%)		Comments on Rating (include explanations for any criterion not rated)
Question 16.	Are recommendations well-grounded in the evaluation?		
i	Recommendations align with the evaluation purpose, are clearly formulated and logically derived from the findings and/or conclusions.		
ii	Recommendations are useful and actionable for primary intended users and uses (relevant to the intervention); guidance is given for implementation, as appropriate.		
iii	Process for developing the recommendations is described, and includes the Involvement of duty-bearers, as well as rights holders when feasible (or		

	explanation given for why they were not involved).		
Question 17.	Are recommendations clearly presented?		
i	Clear identification of groups or duty-bearers responsible for action for each recommendation (or clearly clustered group of recommendations). Clear prioritisation and/or classification of recommendations to support use.		
SECTION H:	REPORT STRUCTURE AND PRESENTATION (weight 5%)		Comments on Rating (include explanations for any criterion not rated)
Question 18.	Does the evaluation report include all relevant information?		
i	Opening pages include: Name of evaluated object, timeframe of the evaluation, date of report, location of evaluated object, names and/or organisation(s) of the evaluator(s), name of organisation commissioning the evaluation, table of contents -including, as relevant, tables, graphs, figures, annexes-; list of acronyms/abbreviations, page numbers.		
ii	Annexes include, if not in report body: terms of reference, evaluation matrix, list of interviewees, results chain/ToC/logical framework, list of site visits, data collection instruments (such as survey or interview questionnaires), list of documentary evidence. Other appropriate annexes could include additional details on methodology, results chain, information about the evaluator(s).		
Question 19.	Is the report logically structured?		
i	Structure is easy to identify and navigate (for instance, with numbered sections, clear titles and sub-titles, well formatted).		
ii	Structure accords to UNICEF guidelines for evaluation reports: context, purpose and methodology would normally precede findings, which would normally be followed by conclusions, lessons learned and recommendations.		
Question 20.	Is the report well presented?		
i	Report is of reasonable length; it does not exceed number of pages that may be specified in ToR.		
ii	Report is easy to understand (written in accessible way for intended audience) and		

	generally free from grammar, spelling and punctuation errors.		
iii	Frequent use of visual aids (such as infographics, maps, tables, figures, photos) to convey key information. These are clearly presented, labelled, and referenced in text.		
SECTION I:	EVALUATION PRINCIPLES (weight 10%)		Comments on Rating (include explanations for any criterion not rated)
Question 21.	Did the evaluation design and style consider incorporation of the UN and UNICEF's commitment to a human rights-based approach to programming, to gender equality, and to equity?		
i	Reference and use of rights-based framework, and/or CRC, and/or CCC, and/or CEDAW and/or other rights related benchmarks in the design of the evaluation.		

ii	Clear description of the level of participation of key rights holders and duty bearers in the conduct of the evaluation (for example, a reference group is established, stakeholders are involved as informants or in data gathering).		
iii	Language is empowering and inclusive, avoiding gender, heterosexual, age, cultural and religious bias, among others; use terminology of rights holders and duty bearers; data is disaggregated by marginalised group; differential results are assessed (distribution of results across different groups).		
iv	Evaluation assesses the extent to which the implementation of the intervention addresses child rights and Leave No-one Behind (gender and other excluded and marginalised groups). It is disability inclusive.		
Question 22.	Does the evaluation meet UN SWAP evaluation performance indicators? (Note: this question will be rated according to UN SWAP standards)		
i	GEEW is integrated in the Evaluation Scope of analysis, and evaluation criteria and questions are designed in a way that ensures GEEW-related data will be collected.		
ii	A gender-responsive methodology, methods and tools, and data analysis techniques are selected.		

iii	The evaluation Findings, Conclusions and Recommendations reflect a gender analysis.		
<b>SWAP Rating Guidance</b>			
<p>i GEEW is integrated in the Evaluation Scope of analysis, and evaluation criteria and questions are designed in a way that ensures GEEW-related data will be collected.</p>			
<p>a. Does the evaluation assess whether sufficient information was collected during the implementation period on specific result indicators to measure progress on human rights and gender equality results?</p> <p>b. Does the evaluation include an objective specific to assessment of human rights and gender equality considerations or was it mainstreamed in other objectives?</p> <p>c. Was a standalone criterion on gender and/or human rights included in the evaluation framework or mainstreamed into other evaluation criteria?</p> <p>d. Is there a dedicated evaluation question or sub-question regarding how GEEW was integrated into the subject of the evaluation?</p>			
<p>ii A gender-responsive methodology, methods and tools, and data analysis techniques are selected.</p>			
<p>a. Does the evaluation specify how gender issues are addressed in the methodology, including: how data collection and analysis methods integrate gender considerations and ensure data collected is disaggregated by sex?</p> <p>b. Does the evaluation methodology employ a mixed-methods approach, appropriate to evaluating GEWE considerations?</p> <p>c. Are a diverse range of data sources and processes employed (i.e. triangulation, validation) to guarantee inclusion, accuracy and credibility?</p> <p>d. Does the evaluation methods and sampling frame address the diversity of stakeholders affected by the intervention, particularly the most vulnerable, where appropriate?</p> <p>e. Were ethical standards considered throughout the evaluation and were all stakeholder groups treated with integrity and respect for confidentiality?</p>			
<p>iii The evaluation Findings, Conclusions and Recommendations reflect a gender analysis.</p>			
<p>a. Does the evaluation have a background section that includes an intersectional analysis of the specific social groups affected by the issue or spell out the relevant normative instruments or policies related to human rights and gender equality?</p> <p>b. Do the findings include data analysis that explicitly and transparently triangulates the voices of different social role groups, and/or disaggregates quantitative data, where applicable?</p> <p>c. Are unanticipated effects of the intervention on human rights and gender equality described?</p> <p>d. Does the evaluation report provide specific recommendations addressing GEWE issues, and priorities for action to improve GEWE or the intervention or future initiatives in this area?</p>			

## Annex 5: Approach to inclusion, exclusion and quality assessment of available reports

There was no prior list of inclusion criteria, as UNICEF Afghanistan wanted to provide as many reports as possible to enlarge the data pool. UNICEF used a straightforward process, reaching out to every section to share the major evaluations, studies and research, which they had produced from 2021 to 2024.

In order to ensure that the quality of these research activities and studies was sufficient to inform the study, the synthesis team drew up a template and scoring sheet, and assessed all of the reports that UNICEF had provided to ensure they could be used. UNICEF's evaluation reports go through a thorough GEROS review, which is reflected in Annex 4.

	Name of report	Purpose and object study	Methodology	Clarity and evidence base of findings	Conclusions and recommendations	Clarity and structure report	Total (weighted average)	Remarks, briefly explaining the rationale behind the scoring
	<b>Scoring:</b> <b>1 = good</b> <b>0.75 = reasonable</b> <b>0.5 = poor</b> <b>0 = not applicable</b> <b>Minimum for inclusion: 75%</b>							
1.								
2.								
....								
47.								

	Question	Topics
1.	Are the object and purpose of the study clearly described?	Description of: <ul style="list-style-type: none"> <li>- Intervention and intervention logic</li> <li>- Location, timelines</li> <li>- Stakeholders and beneficiaries and their role</li> <li>- Context</li> <li>- Purpose, objectives and scope of study</li> </ul>
2.	Is the methodology sufficiently robust?	<ul style="list-style-type: none"> <li>- Questions at the basis of study (clarity, appropriateness)</li> <li>- Method for data collection</li> <li>- Sampling method and size</li> <li>- Appropriateness of data sources</li> </ul>
3.	Are the findings clearly described and sufficiently evidence-based?	<ul style="list-style-type: none"> <li>- Findings are based on evidence</li> <li>- Mixture of qualitative and quantitative findings</li> <li>- No important data sources were overlooked</li> <li>- Causal factors are referred to</li> <li>- Findings are linked to UNICEF intervention logic</li> </ul>
4.	Conclusions and recommendations are clearly formulated and useful	<ul style="list-style-type: none"> <li>- Conclusions are clearly formulated and based on findings</li> <li>- Lessons learned (if any) are clear and useful for a wider audience</li> <li>- Recommendations are useful, actionable and prioritised</li> </ul>
5.	The report is clear and well structured	<ul style="list-style-type: none"> <li>- The report is easy to understand, including for non-experts</li> <li>- The report is clearly structured</li> <li>- The report has an acceptable length</li> </ul>

# Annex 6: Stakeholder Engagement, Management and Deliverables

## **Sense-making workshop with key stakeholders**

Validation of the findings of an evidence synthesis by its main users was a key element in ensuring the utility of the exercise. To this end, the team organised a workshop with internal and external stakeholders at country-level to discuss key findings, conclusions, and recommendations before the final evidence synthesis products were published. This allowed the inputs and opinions of stakeholders to be fully considered and helped create greater ownership of the synthesis' findings by enabling those who would ultimately use them to comment on their relevance and practicability.

## **Management arrangements**

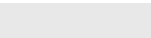




The Evaluation Specialist from UNICEF Afghanistan oversaw and supervised the conduct of the synthesis, ensuring independence, impartiality, and transparency throughout the process. Landell Mills was responsible for conducting the synthesis. The synthesis team consisted of four members: a Team Leader (Herma Majoor), a Research Analyst (Hadeel Tawfik), a National Expert (Huda Mustafawi) and a Contract Manager/ Backstopper (Ellie McGovern).

## **Deliverables and Workplan**

The key deliverables and schedule are outlined below. The work plan is included below.

- A brief plan for the evidence synthesis outlining the methods and process.
- A draft report and presentation on the key findings, lessons learned, and recommendations, including evidence gap map and data visualisation.
- A sense-making workshop with key stakeholders to validate findings, and lessons learned.
- A final report and synthesis brief, incorporating feedback from the reference group.

	Month	Duration of evaluation										
		OCT			NOV				DEC			
Week #		0	1	2	3	4	5	6	7	8	9	10
Week commencing		14/10/2024	21/10/2024	28/10/2024	04/11/2024	11/11/2024	18/11/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024	23/12/2024
<b>1. INCEPTION PHASE</b>												
a	Contract signature											
b	Kick-off meeting with UNICEF Afghanistan & Reference Group (RG).											
c	Preliminary document mapping, desk review											
d	Development of methods and process for evidence synthesis											
e	SG Meeting to discuss proposed approach / sign off											
<b>2. DATA COLLECTION, ANALYSIS, DRAFT REPORT &amp; WORKSHOP</b>												
a	Processing and analysis of qualitative and quantitative data											
b	Drafting and submission of Draft Report & Presentation											
c	Additional data collection/ document review (to fill gaps)											
e	Commenting period for RG to feedback on Draft report											
f	Preparation of preliminary findings and recommendations for sense-making workshop											
g	Sense-making workshop on findings and recommendations and revisions											
<b>3. REPORTING</b>												
a	Revision of Draft Report based upon feedback from sense-making workshop											
b	Submission of Final Report to RG											
c	Commenting period - RG to feedback on Final Report											
d	Incorporation of comments, Development of Synthesis Brief and approval of Final Report											
e	Sharing of datasets with UNICEF											

-  Team activity
-  UNICEF commenting period
-  Meetings with Reference Group
-  Draft deliverables
-  Final deliverables