

# **REAL TIME RESPONSE REVIEW:**

## **AFGHANISTAN CRISIS APPEAL PHASE 1**

**JUNE 2022**



**DISASTERS  
EMERGENCY  
COMMITTEE**

<b>Summary</b>	<b>1</b>
<b>Review Objectives and Methodology</b>	<b>4</b>
<b>Review Context</b>	<b>9</b>
<b>Response Challenges</b>	<b>10</b>
<b>Review Findings</b>	<b>14</b>
CHS 1: Appropriate and Relevant Response	14
<i>Responsiveness of the Design</i>	14
<i>Inclusive and Accessible Response Design</i>	15
<i>Alignment of Strategies and Ways of Working</i>	16
CHS 2: Effective and Timely Response	17
<i>Effectiveness of Key Strategies</i>	17
<i>Timeliness of Activities</i>	18
CHS 3: Local Capacity Strengthening	19
<i>Community Involvement in Implementation Activities</i>	19
<i>Changes in Community Behaviour and Capacity</i>	20
CHS 4: Communication, Participation, and Feedback	21
<i>Timely and Effective Communication with Communities</i>	21
<i>Participation of Communities During Response</i>	22
CHS 5: Complaint Management	22
<i>Effective, Inclusive, and Accessible Feedback Mechanisms</i>	22
<i>Safeguarding and Protection</i>	23
CHS 6: Coordination and Complementary Efforts	24
<i>Collaboration Across the Response</i>	24
<i>Strengths and Challenges of Coordination</i>	24
CHS 7: Continuous Learning and Improvement	25
<i>Strengths and Challenges of the MEAL System</i>	25
<i>Sharing Information and Learning</i>	26
CHS 8: Staff Support	26
<i>Staff Performance and Management</i>	26
CHS 9: Resource Management	27
<i>Expenditure Monitoring</i>	27
<i>Environmental Impact</i>	28
<b>Conclusion</b>	<b>30</b>
<b>Recommendations</b>	<b>31</b>

# Acronyms

<b>AAP</b>	Accountability to Affected Populations
<b>CHS</b>	Core Humanitarian Standard
<b>CDC</b>	Community Development Council
<b>COVID-19</b>	Coronavirus 19
<b>DEC</b>	Disasters Emergency Committee
<b>DFID</b>	Department for International Development (United Kingdom)
<b>IDP</b>	Internally Displaced Person
<b>(I)NGO</b>	(International) Non-Governmental Organisation
<b>MEAL</b>	Monitoring, Evaluation, Accountability, and Learning
<b>MHPSS</b>	Mental Health and Psychosocial Services
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>UK</b>	United Kingdom
<b>UN</b>	United Nations
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WASH</b>	Water, Sanitation, and Hygiene

# Acknowledgements

This real-time review was commissioned by the Disasters Emergency Committee (DEC) and led by Marika Bairamyan for Rooted Impact (RI), with support of RI's Afghanistan partner BEID Consulting Services as well as the DEC member host agency Islamic Relief, and overseen by Katy Bobin, Monitoring, Evaluation, Accountability and Learning Manager, DEC.

The response review team wishes to express its thanks and deep appreciation to all organisations and individuals who spent their valuable time to share their experiences and views on the DEC response.

The content and findings of the report remain the sole responsibility of the external review team, and do not necessarily reflect the views of the DEC Secretariat, member agencies, and their partners.

# Summary

On 15 December 2021, the Disasters Emergency Committee (DEC) launched the [Afghanistan crisis appeal](#) to respond to extensive humanitarian needs in the country. DEC is a unique and dynamic membership of charity organisations that has run over 74 fundraising appeals and raised more than £1.7 billion to help save lives and protect livelihoods in disaster-affected communities around the world since 1963.

## Real-time Response Review Process

DEC commissioned this real-time response review with the following **primary objectives**:

- *Review DEC member programmes under the Afghanistan appeal Phase 1 period*
- *Harvest and document real time learning*
- *Recommend strategies and actions to improve the delivery of humanitarian actions*

[The Core Humanitarian Standard on Quality and Accountability \(CHS\)](#) guided this review. Review methods included rapid, timely, and interactive assessment activities focused on in-person, qualitative data collection. The review focused on eight agencies, but included input from all 13 DEC member organisations working across:

- Nine (9) sectors: capacity building, food, health, livelihoods, multipurpose cash, nutrition, protection, shelter, and WASH
- Eight (8) provinces: Badakhshan, Badghis, Balkh, Kunar, Wardak, Kabul, Paktya, and Helmand

This report outlines real time learning, the objectives and methodology, context of the review, challenges, key findings, conclusions, and ends with recommendations. The findings presented here highlight high-level, aggregated data on priority areas that were able to be explored during this real-time response review. Each section in the findings is structured to highlight the relevant CHS commitment, criterion, and specific evaluation questions that guided data collection and prioritisation of key findings.

# Key Findings

The majority of DEC member responses are on track in achievement of targets, despite some delays and constraints to implementation. Key real time findings include:

1

**Response design** was grounded in context, developed through participatory processes to the extent possible, based on good practice, and aligned with relevant strategy of individual DEC members.

2

**Project activities** are effectively meeting objectives in a timely manner overall, with the exception of cases which are influenced by external factors, such as government restrictions.

3

**Community engagement and capacity building mechanisms exist**, but need further investment.

4

Mechanisms to support **communication and participation** are in place, but more clarity is needed by communities on DEC member selection criteria and the selection of activities.

5

**Complaint** mechanisms are in place, but are under-utilised by communities. Accountability mechanisms need to be strengthened to ensure that members are making progress in addressing feedback and complaints from crisis affected communities.

6

**Collaborative learning** among members is very limited and needs proactive solutions and spaces.

7

Individual **MEAL systems** are working well, while needing more focus on adaptive management. Programme specific cross learning between DEC members is lacking.

8

**Staff are well managed** administratively, but need greater **psychosocial and security support.**

9

**Resource management**, including expenditure monitoring and environmental impact, requires greater attention through increased assessment, planning, and resource allocation.

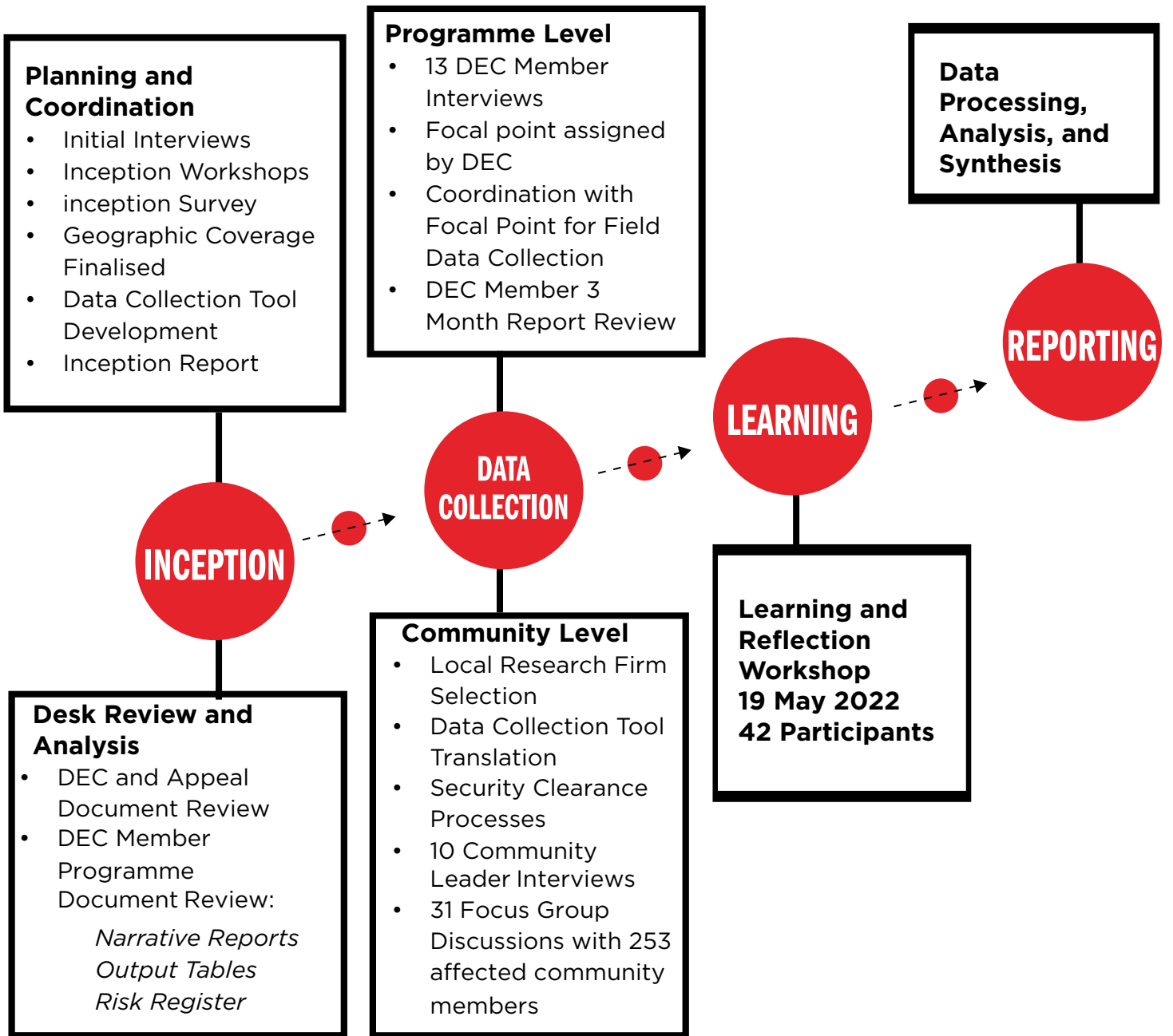
# I. Review Objectives and Methodology

This real-time response review of the DEC Afghanistan crisis appeal Phase 1 sought to draw out key real time learning, highlight good practices, engage in collective reflection, and identify gaps and challenges in the implementation of the Afghanistan response. The review focused on on-the-ground, qualitative data collection. This report presents real time findings and recommendations for future

Real-time review processes focus on rapid, timely, and interactive assessment and are most effective at early stages of a response. This dynamic helps to construct knowledge, engage country teams in consideration of emerging findings and review processes, improve ongoing operational decision-making for the response and enhance planning of future response phases. The real time recommendations from DEC members' Phase 1 will inform Phase 2 planning and implementation, as well as future programming.

This report outlines real time learning, the objectives and methodology, context of the review, challenges, key findings, conclusions, and ends with recommendations. The findings presented here highlight high-level, aggregated data on priority areas that were able to be explored during this real-time response review. Each section in the findings is structured to highlight the relevant CHS commitment, criterion, and specific evaluation questions that guided data collection and prioritisation of key findings.

# Real-Time Response Review Project Methodology Overview

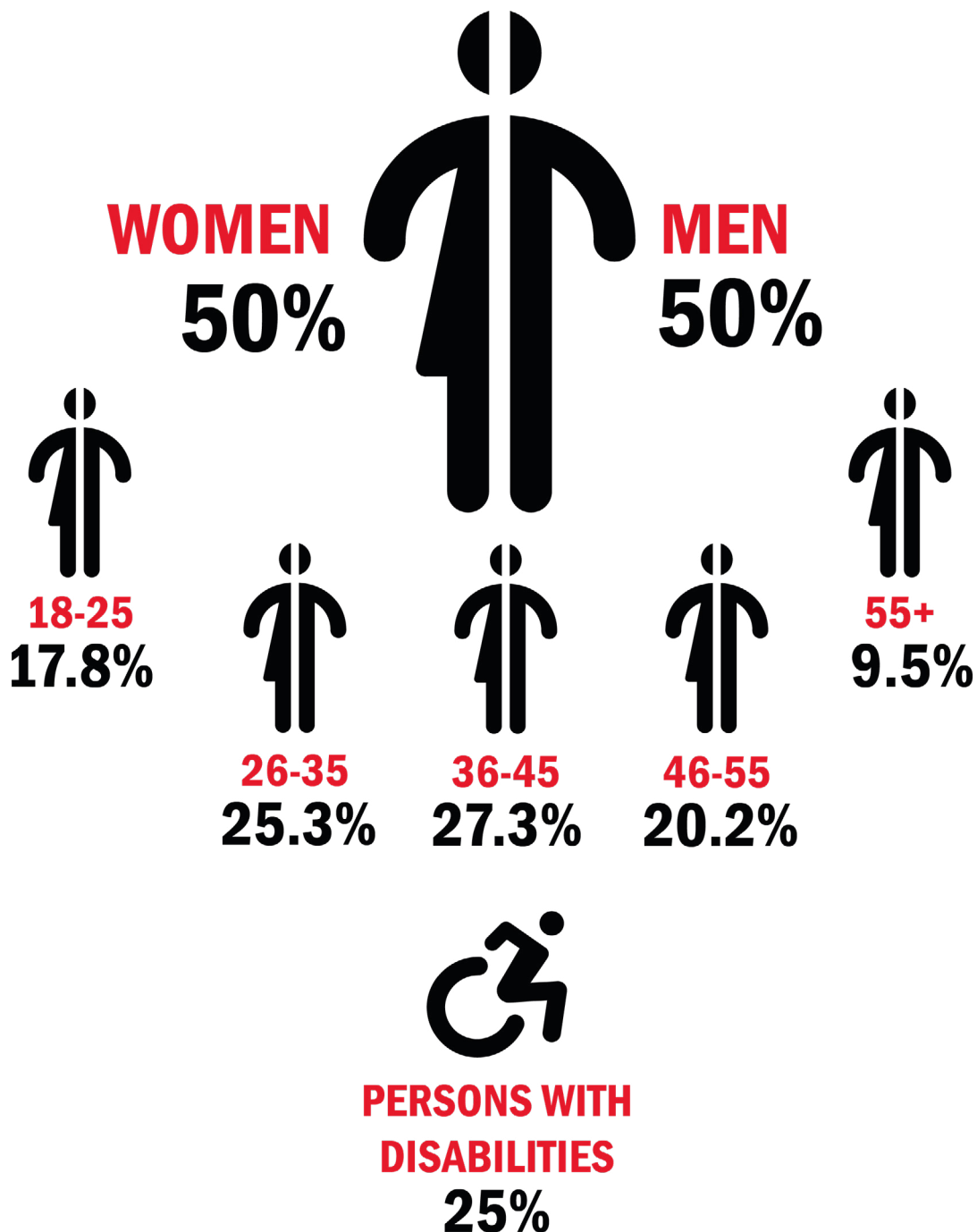


**LIMITATIONS** (Red Circle)

Process	Context
<ul style="list-style-type: none"> <li>Lack of infrastructure, transport, and connectivity in remote locations</li> <li>Poor coordination and delays in some targeted communities, as well as from the side of DEC members</li> <li>No consultation with de facto authorities or donor community</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty accessing and engaging women and other marginalised groups</li> <li>High levels of poverty and illiteracy</li> <li>Political tension and security concerns</li> <li>Balancing field and headquarters perspectives, while centering beneficiaries</li> </ul>



**COMMUNITY LEVEL FOCUS GROUP  
DISCUSSION PARTICIPANT PROFILE:  
31 FOCUS GROUP DISCUSSIONS  
WITH 253 INDIVIDUALS**



## Geographic and Thematic Coverage

Rooted Impact strategically selected a sample of provinces to ensure diverse demographic coverage, as well as thematic and sectoral representation. The eight selected provinces for this review include Badakhshan, Badghis, Balkh, Kunar, Wardak, Kabul, Paktya, and Helmand.



Rooted Impact’s researchers conducted community data collection in each of the selected provinces. There are nine sectors of intervention (Capacity Building, Food, Health, Livelihoods, Multipurpose Cash, Nutrition, Protection, Shelter, WASH), with 13 organisations, each engaged in at least 2 or more sectors each.



## II. Review Context

Afghanistan is suffering from its worst drought in almost three decades and is now coming out of a freezing winter season. Mass population displacement caused by increased conflict, the Taliban takeover in August 2021, economic sanctions, and the ongoing impact of Covid-19 is exacerbating chronic hunger and poverty.

Between November 2021 and March 2022, 22.8 million people, 55 percent of the population, face acute hunger; the highest proportion of people to face acute hunger in Afghanistan ever recorded. Nine million people are on the brink of famine, and 3.2 million Afghan children under five are expected to suffer from acute malnutrition by the end of the year. It is commonly acknowledged by humanitarian agencies and experts that a “humanitarian catastrophe” is unfolding.

Since its launch in **December 2021**, the DEC **[Afghanistan crisis appeal](#)** has raised over **£48.5 million**, including £10 million in Aid Match from the UK government. The funds are disseminated to 13 DEC member organisations for response programme implementation in-country. Implementation is planned over a period of two years across two phases: Phase 1 for an initial six months, and Phase 2 for the remaining 18 months.

Currently, **13 DEC member agencies** are drawing down DEC funds in Afghanistan. The majority of members have decades of experience operating in Afghanistan and are able to deliver vital humanitarian actions. Members currently work directly, or with local partners, implementing a range of projects

in sectors. There are generally high levels of community acceptance and relationships based on trust across DEC member interventions.

With funding from the DEC Afghanistan appeal, members began implementation of Phase 1 programming in December 2022.

**Initial implementation activities** covered 22 of the 34 provinces of Afghanistan by prioritising:

*Improved food security, with a special focus on nutrition support for young children and pregnant and breastfeeding women*

*Support to healthcare facilities, focusing on cases of malnutrition*

*Provision of winterization kits or multipurpose cash support to help displaced families stay warm and address their immediate needs*

*Provision of clean drinking water and sanitation to avoid the spread of waterborne diseases*

*Protection of women and girls against any kind of violence and abuse*

*Livelihood improvement activities including capacity building*

<sup>1</sup>UN Office for the Coordination of Humanitarian Affairs. Global Humanitarian Needs Overview (2022). <https://reliefweb.int/report/world/global-humanitarian-overview-2022>

<sup>2</sup>ActionAid UK; Action Against Hunger; Age International; British Red Cross; CAFOD; CARE International UK; Christian Aid; Concern Worldwide; International Rescue Committee UK; Islamic Relief; Save the Children UK; Tearfund; World Vision UK

## II. Response Challenges



### **POOR INFRASTRUCTURE**

Afghanistan is a large country with approximately 40 million people over 652,864 square kilometres. Each of the 34 provinces contains a number of districts (ranging from 5-29), and often have over 1,000 villages. The predominantly rural, mountainous terrain and poor infrastructure mean that it can take days to reach remote regions within a single province. For example, in the Badakhshan province, there are distant places such as the Wakhan District, which is located three days away by car. In other areas, animals are the only option for transportation. The roads are often disrupted and there are poor network connections to confirm travel plans or other programme needs. Even in instances where activities are well planned, delay in coordination and implementation can be common in all provinces.



### **INACCESSIBLE**

At times, project locations are inaccessible due to natural disasters and weather conditions. In the first few months of initial implementation, members faced additional challenges related to harsh weather and natural disasters. Throughout the winter, heavy rain snowfall impacted road conditions

and access to remote regions, affecting staff movement, as well as procurement activities. For example, in January 2022, the Helmand province experienced flash flooding in several provinces and in February, an earthquake in the Badghis province impacted approximately 800 homes. Members prioritise procurement from within the province where supplies are needed when possible to minimise delays, security concerns, and access issues.



### **CHANGING APPROACHES OF LOCAL AND NATIONAL AUTHORITIES**

Members must be agile and adapt to changing approaches of local and national authorities towards the work of NGOs, and COVID-19 restrictions, among others. Security concerns vary across the country and can change quickly. This contributes to many DEC members adopting a low-profile in their areas of intervention and particularly when travelling. Members report that they have not experienced any direct attacks on organisational assets or staff, however, staff often frequent public locations that are vulnerable to attack. The general fear of attack in these places may limit NGO access to community members.

Security concerns have contributed to conflict sensitivity mainstreaming across programme activities. Programmes have dedicated security staff present at all levels. Security training is delivered to the staff at the majority of organisations. The majority of members utilise branding exemptions for safety concerns, as well as to help maintain the humanitarian principles of independence and neutrality. In some instances, members avoid being identifiable as a humanitarian organisation while in transit (e.g., use of unmarked vehicles), however, may have logos visible at the distribution points. Online, members ensure that no information on their social media reveals location or other sensitive data about vulnerable populations.



**SECURITY CONCERNS**

Women staff members are critical to successful programme implementation, yet current conditions on the ground require certain accommodations to ensure their safety and effectiveness. There are additional safety concerns related to working with women and gender related issues. Members must be extremely careful when working with women community members, ensuring consent for any gatherings or meetings, and having women staff available and able to travel. Members



**SAFETY CONCERNS RELATED TO WORKING WITH WOMEN**

make efforts to hire women in pairs with men (e.g. brother and sister, or husband and wife), plan for separate travel arrangements for women and men, create separate working space for women, and require women staff to wear hijab for their own protection.

Where necessary, members have adapted terminology to be more appropriate for the context. For example, instead of “protection” they often use terms such as “psychosocial services”, and rather than providing psychosocial services exclusively to women, they are provided to both women and men. Members generally avoid use of terms such as gender-based violence and sexual and reproductive health.



**ADAPTED TERMINOLOGY**

Banking and financial services obstacles continue to present a challenge in getting funds into Afghanistan. Even though it has improved, the banking system is still fragile, with very limited liquidity, and fraught with corruption and fraud. This has led to delays in various processes, for example, supply management has been impacted by issues with banking and cash transfers. DEC member headquarters teams have been risk-averse and there has been difficulty in convincing finance teams to transfer money through alternative platforms.



**BANKING AND FINANCIAL SERVICES OBSTACLES**

The informal system, Hawala, has been effective for those organisations that have used it recently. Members with a well-established relationship with a money transfer agent to transfer funds into the country report less issues, though some are still conducting due diligence on other potential agents to mitigate risk. The challenges with receiving funds have led to the delay of the response activities.

Arrests were experienced by some staff of DEC members due to misunderstandings in prioritisation of humanitarian assistance. This was resolved after the engagement of senior management of members and official clarification from the central government. DEC members are highly responsive to security issues, supported by the provision of security training and ongoing assessment of contextual risks. Members report that development of personal good relationships and detailed clarification of activities on the local level with local governments needs greater attention, as there are still cases of misunderstanding of activities and prioritising their interests.



**MISUNDERSTANDINGS IN  
PRIORITISATION OF  
HUMANITARIAN ASSISTANCE**



**POVERTY**

Extreme poverty is prevalent across much of the country, particularly in target communities. Despite the effectiveness of aid to those who received it, the need on the ground is much greater and constantly growing. In some instances, the number of eligible individuals in the community is much greater than the available resources. In some areas, participants were divided in small groups to avoid attracting any attention on distribution sites, reducing protection concerns. This was done in consultation with community leaders to avoid contributing to potential community conflict. Programme staff must also make time to regularly debrief on safety, timeliness, and accessibility of distribution, and how these factors might contribute to protection risks.



### ILLITERACY

Many people in rural areas are illiterate, particularly the heads of households and women. Healthcare facilities are extremely limited and often not accessible due to the current security situation. Despite tailored messaging by implementing agencies, many individuals in target areas were not aware of key health programme support, such as counselling provided for mental health-related concerns.



### UNEMPLOYMENT

Unemployment is a key difficulty in communities that also contributes to malnutrition, limited access to education, accommodation, and other services. Communities highlighted the need for better linkages to and establishing sources for employment opportunities.



### EXTREMELY LIMITED FACILITIES AND ACCESS TO HEALTHCARE

Accessibility of healthcare services remains a challenge. Long distances, lack of transportation, and inadequate supplies continue to be challenges across many provinces. The COVID-19 pandemic also brings the risk of new outbreak, potential risks for the teams and restrictions on our activities due to governmental decisions. More widespread information sharing is needed to ensure equitable access to information on the prevention and treatment of communicable diseases.



## III. Review Findings

The findings presented here highlight high-level, aggregated data on priority areas that were able to be explored during this real-time response review. Each section below is structured to highlight the CHS commitment and criterion that guided data collection and prioritisation of key findings. Findings are intended to provide context for the recommendations outlined later in this report.

The **Core Humanitarian Standard on Quality and Accountability** (CHS) was used to frame this review, and to harvest and document real time key learning to improve the delivery of DEC humanitarian actions in Afghanistan. Review questions were developed to expand and better understand implementation and performance of DEC-funded programmes in terms of the CHS criteria.

In line with the CHS key actions and organisational responsibilities for each standard, the review team focused on:

*What staff engaged in humanitarian action should do to deliver high-quality programmes consistently and to be accountable to affected communities*

*The policies, processes, and systems DEC member organisations need to have in place to ensure their staff provide high-quality, accountable humanitarian actions*

### CHS 1: Appropriate and Relevant Response

#### **Core Humanitarian Standard 1:**

Communities and people affected by crisis receive assistance appropriate and relevant to their needs

**Primary Criterion:** Humanitarian response is appropriate and relevant

### Responsiveness of the Design

The response design sought to meet the **needs, rights, and capacities of communities, marginalised, and at-risk groups** by basing Phase 1 plans on targeted assessments. DEC members conducted rapid needs assessments and multi-sectoral needs assessments in coordination with humanitarian partners.

The review found that the DEC appeal and member response design was **grounded in the context of each target area**, developed through participatory processes to the extent possible, based on good practice, and aligned with relevant member strategies. Project activities were planned in line with humanitarian standards such as **CHS and SPHERE Minimum Standards for WASH**, including prioritisation of accountability to affected persons. Organisations adhered to relevant internal and international technical standards across sectors.

**Community selection criteria** included households headed by women, children, or persons with disabilities or with limited mobility, marginalised or minority ethnic groups, diverse income levels, youth, community elders, previously unreached populations (including rural areas), among others. **Cultural sensitivities** were adhered to, such as ensuring Mahram requirements when women are hired. Project site selection considered security concerns, safeguarding, and inclusive access. Data collection and analysis was disaggregated by sex, age, and persons of disability to maximize insights for programme improvements.

Despite appropriate planning, challenges on the ground often required adjustments, for example, in instances where start-up was delayed, funding for winterization kits was reallocated to cash assistance or other seasonally appropriate activities. In areas experiencing natural disasters, member agencies were ready to assess community needs and include newly eligible individuals into programme activities. DEC and members were able to adapt and maintain responsive approaches throughout Phase 1 activities. DEC members report being satisfied with

the **support and flexibility of DEC** in terms of adjustment of the appeal and planning. There is consensus among members that this flexibility is critical to the programme success and enables them to remain responsive and achieve project objectives despite challenges to implementation.

## **Inclusive and Accessible Response Design**

Members engaged **diverse community representation** at the **design stage**, which contributed to some inclusive and accessible implementation practices, however, gaps remain, particularly during implementation. Members engaged with local communities, leaders, and community structures (Shuras, Community Development Committees, etc.). Member reports indicate that mutual trust and support was prioritised during project inception through initial planning consultations and discussions with communities. Programming planning prioritised the participation of marginalised groups such as women, children (girls and boys), and persons with disabilities to ensure protection, safety, and dignity. Involvement was not as strong during implementation.

Members working on **disability inclusion** report success using the [Washington Group Questions Short Set](#) to assess qualitative and quantitative needs. Additional mechanisms to facilitate two-way communication and participant identification through initial assessment have been put into place. Processes aim to identify enablers and barriers that persons with disabilities and older people face. Many member staff receive training on the rights and needs of persons with disabilities, how to identify children and caregivers with disabilities, and

removing attitudinal, financial, environmental, communication, and institutional barriers that prevent persons with disabilities from participating. Gender balanced teams deployed in coordination with community religious leaders helped to facilitate acceptance of women's participation. Efforts tended to focus on physical, visual, and auditory barriers.

In many cases, priority assistance was given to **persons with disabilities**, however, this was inconsistent across activities. Data indicates that more robust due diligence of most needed people should be done to be able to select those most in need. For example, informants report that **more resources and intentional, inclusive targeting** is needed to meet food needs for the most at-risk groups. Cash assistance is needed to supplement the provided food, which is only enough for limited time (e.g., cooking oil was reportedly insufficient). In addition, reports indicated that only one aid card was reportedly provided to an entire house (regardless of how many families live in a house), which is not sufficient for most communities.

There are positive examples of DEC members that have made adaptations to ensure the needs of the most vulnerable persons with disabilities are addressed, however, this is not a common practice among all DEC members. The review team found that while there is acknowledgement of the importance of these practices in planning documents and training activities, many members lack quality implementation and monitoring.

Due to common practices of **discrimination**, persons with disabilities continue to report feeling marginalised. Working with women with disabilities is challenging, as better

coordination and permission is needed.

### **Culture and community perspectives**

limit disabled people from participating in programme activities, however, in instances where they are engaged in the community activities, these individuals tend to display high levels of interest and participate actively. Reports indicate that addressing this requires strong and established **community engagement** mechanisms, where staff are trained on **inclusion, identification and outreach of persons with disabilities**. These are seen as critical components to engage persons with disabilities effectively and ensure that their voices are amplified and their rights actualised.

### **Alignment of Strategies and Ways of Working**

Members report **coordinating** their response and delivery of services with other actors who are working under the same mandate. Primary areas of coordination include avoiding duplication of interventions and capacity building of local NGOs. Organisations participate with other coordinating bodies such as UNOCHA and relevant NGOs and INGOs, UN clusters, ACABR, and other stakeholders. Members report participating in relevant planning meetings, joint monitoring visits, and adhere to relevant guidelines, as needed.

There were initially some challenges in terms of the appeal focus vis-a-vis the local government priorities. DEC leadership and UNOCHA facilitated a clarification process and resolved this situation. UNOCHA plays a critical role in Afghanistan in establishing strategies, protocols, and coordination. Members report that the agency seems to be respected by the Afghan government.

Following resolution, DEC members moved forward based on their humanitarian appeal priorities, following their own processes and targets), and did not work beyond these priorities.

Frontline staff maintain regular communication with local leaders, Shura members, and traditional elders for their guidance and support. The process implementation and **monitoring** are perceived as **well planned** and allow for adaptability. The level of monitoring frequency and quality assurance controls are seen as sufficient. Members consider **accountability** to affected communities and implement a variety of **community feedback mechanisms**. Feedback is collected and analysed, however, it has been very limited and there is little evidence that results have been utilised for programme enhancement or are presented back to the relevant community.

**Additional factors that impact responsiveness, flexibility, and adaptability** include commodity price fluctuations, movement restrictions, reduced working hours, insecurity, remoteness, access, as well as challenges obtaining approval from authorities, and lack of access to, and/or knowledge of how to use technology and digital devices.

**Staff turnover** is also an ongoing concern for implementing organisations across locations and sectors.

## CHS 2: Effective and Timely Response

### **Core Humanitarian Standard 2:**

Communities and people affected by crisis have access to the humanitarian assistance they need at the right time

**Primary Criterion:** Humanitarian response is effective and timely

### **Effectiveness of Key Strategies**

The majority of DEC member responses are on track in achievement of targets, despite a number of delays and various constraints to implementation. Discussions with affected communities provided qualitative information on their satisfaction with the services they received from DEC members. Interviews with DEC members also provided feedback on key programme components. Members utilise post distribution monitoring (PDM) surveys for analysis of activities such as distribution of cash and winterization kits to households and identify any unintended consequences, accessibility of assistance, satisfaction of the process, timeliness of assistance and lessons learnt to better inform future projects and next phases.

**Regular monitoring** and field visits ensure activities are implemented using the appropriate standards.

- **Multipurpose cash assistance** emerged as a highly impactful approach in Afghanistan. This strategy allowed communities to prioritise their own preferences and areas where they often experience the most need - food, education, and hygiene.

- **Cash distribution for shelter** is seen as the most valuable support and is preferred over in-kind support. Distributed cash was reportedly very timely, especially for those who received it during Ramadan and winter months, as it enabled families to survive. Marginalised groups, such as persons with disabilities and widowed women, were prioritised. Community members report that more of this support is needed.
- **Livelihoods support** was reported positively across communities. Projects engaged community elders to ensure the selection of those most in need. Agriculture capacity building on new techniques was beneficial to farmers and increased the efficiency of their work resulting in improvement of harvest. Animal care practices also improved. Community members report the need for improved irrigation systems, construction of ditches, provision of water pumps, water wells, and other equipment and machines to improve the harvesting of crops and increase opportunities for sustainable income and employment.
- **Winterisation** support was considered sufficient, of a high quality, and reportedly fulfilled the needs of most communities. The items were found to be distributed to marginalised groups first. The provision of items was timely, covering many needs of communities. Sewing machines and tents were highlighted as a continued need by communities.
- Families in **WASH** training reported to be better following hygiene requirements. Community members report needing to have more sustainable access to clean

water as the current water situation is insufficient to meet their needs. Many respondents have insufficient access to clean water. Frequent electrical cuts make water unavailable. Few can afford water purifiers and often get water from the mosque. There is a lack of appropriate toilets in many communities.

- **Nutrition** counselling activities have been effective in raising awareness among community members. Women reported being aware of the relevant kinds of food that need to be provided to their children to avoid malnutrition. However, current nutrition and protection messaging is seen as ineffective due to cost-barriers to accessing telephones and radio. Members are moving towards cost-effective means of delivering messaging (mosque tannoys, billboards) and conducting in-person follow-up with households to discuss their understanding of the messaging. Education about infant and young children feeding practices has had positive outcomes on the children's health, however, most affected communities still do not have access to a diversified diet, and cannot afford to purchase key items.

### Timeliness of Activities

While many members experienced delays at different points in programme start-up and ongoing procurement processes, beneficiaries report that in most cases, **distribution of goods and services** came when people needed it the most. Distribution of assistance was coordinated and informed by communities to ensure project activities align with seasonal food insecurity, especially in winter.



More coverage is needed to provide for entire villages and communities across districts in a timely manner. People who live in remote areas were not reached as well and many women waited for long periods to receive distribution cards. Some distribution points were considered too distant from communities, however, the decision for distribution points was often affected by security concerns.

### CHS 3: Local Capacity Strengthening

#### **Core Humanitarian Standard 2:**

Communities and people affected by crisis have access to the humanitarian assistance they need at the right time

**Primary Criterion:** Humanitarian response is effective and timely

#### **Community Involvement in Implementation Activities**

Community involvement and participation was primarily seen during planning stages. During implementation member programmes incorporated **community involvement mechanisms** such as Local Beneficiary Selection Committees, composed of local community members, who reflect diverse identities (gender, age, disability, etc). Other examples include project administration committees established with representatives of local Shura and internally displaced persons (IDPs), youth groups, women, and community development councils (CDCs).

Strategies to ensure **engagement of communities during implementation** have

largely relied on feedback mechanisms. Community feedback and complaints are in place, however, many members report very few meaningful submissions of feedback or complaints. Mechanisms include consultation meetings, door-to-door visits, suggestion boxes, HEAT tools, FGDs, and through telephones to help ensure maximum diversity.

**Post activity monitoring** includes questions related to satisfaction, quality of the intervention, areas for improvement, and how included the community felt in the intervention. This data is triangulated with ongoing community conversations where those who are most vulnerable and marginalised are provided with opportunities to input on the design, implementation, and monitoring of the project, and of feedback and information sharing channels.

During implementation, members experienced **difficulties accessing priority populations**. The review found **gaps in inclusion of persons with disabilities** at all the stages of the Afghan appeal implementation. Several members made considerations at planning stages; however, there has been limited follow up on qualitative approaches to ensure accessibility and inclusion of persons with disabilities. This was particularly evident with **gender**, as well. Culturally, men are consulted more than women and receive and collect humanitarian assistance, with women reportedly being excluded from community-level decision-making.

Members acknowledge that **women's inclusion** and participation needs ongoing attention and solutions. In most cases, women can participate in short meetings, which limits their meaningful participation. In some provinces women are under more

scrutiny than in others, affecting their levels of participation across DEC member responses. Barriers include freedom of movement (including having a male guardian or mahram present), limited women humanitarian staff, and related issues, including dress code, limited field access without male guardians, and lack of prioritisation of their needs.

The importance of **gender inclusion** is highlighted by successes in the WASH sector, mental health and psychosocial support (MHPSS), and data collection spaces, which are perceived to be woman friendly (e.g. separate meetings or as culturally appropriate). The **couples approach** (couples or brothers and sisters) to community level facilitation worked well during the response enabling communication and data collection with women and girls, including supporting household surveys conducted by women staff. Members acknowledge the limitations of these approaches, however, must find creative ways to build **gender balanced teams** to ensure inclusion of women and girls at this stage. At times, restrictions on women staff were mandated by the government. Extensive coordination was needed with the national and regional government, and UNOCHA to allow travel and mobilisation of women.

Members acknowledge the vital role **religious leaders** play in the community and by extension in their programmes and interventions. Religious leaders are seen as critical stakeholders in building community acceptance of programmes, raising community awareness on relevant issues, resolving community conflicts, negotiating with authorities, and accessing marginalised groups. They often form part of the consultation mechanism during project design and implementation, and help in

selection among affected communities. These relationships can help avoid conflicts and ensure a “do no harm” approach is implemented. Religious leaders are also seen as holding a unique position to help contextualise gender in Islamic curriculums and support sensitization on human rights and women’s rights within Islamic teaching.

## Changes in Community Behaviour and Capacity

At the community level, capacity building is an integral part of prevention and response activities that will support long-term sustainability. Communities participating in programme activities have implemented improved community behaviours and developed local capacities. Communities have gained experience and skill in applying **accountability, learning, mapping, and planning** systems and implementing collaborative, participatory approaches.

The programme funding has facilitated hiring of **local staff** who are trained on SHEA and PSEA and other areas (e.g., hygiene). Additional training is provided to local CHWs, Shura members, and women from family health action groups, among others. These individuals are primarily from the local community. In addition, members utilise local **community-based volunteers** to improve acceptance and sustainability of activities. By investing in these capacities, programme activities help build resources within the community.

Some members are implementing capacity building interventions to strengthen engagement with **older people and persons with disabilities** to ensure that they are equally involved in the programme response.

Members rely on their solid relations and welcome presence in the area, working closely with community representatives to ensure understanding, acceptance, and active participation in the project.

Programme structures are contributing to **mobilising and promoting increased agricultural production** in target locations. The programme is building capacity through cash inputs for farmers and targeted committees, which will contribute to a longer lasting impact. Clients are able to utilise these skills and generate income beyond the project.

The programme has also facilitated a **digital transformation and IT development** from manual systems for some activities. It has provided psychosocial supports for children and caregivers, WASH and **health related training**, including Covid-19 prevention, nutritional education, and increased access to these supports. In some areas, farmers have received technical training around seasonal crops and livestock activities to promote **regenerative agricultural practices and climate adaptation techniques**.

#### CHS 4: Communication, Participation, and Feedback

##### **Core Humanitarian Standard 4:**

Communities and people affected by crisis know their rights and entitlements, have access to information, and participate in decisions that affect them

**Primary Criterion:** Humanitarian response is based on communication, participation and feedback

#### **Timely and Effective Communication with Communities**

DEC implementing members focused on designing **awareness raising materials** in the formats and languages according to the local context, while also addressing accessibility, literacy and visual abilities, and the preferences of the communities. Members produce and disseminate **accessible information, education, and communication materials** to promote awareness and engagement of community and religious leaders. Members engage with district and community level leaders to include them in affected community assessment and selection processes, and specific programme components, such as food preferences for the communities.

Distribution of material takes into account **logistical needs** of the population (e.g., distance and timing). There are examples of some members developing **child-friendly formats** (e.g., visuals, oral information, sharing guides) and information sharing materials. To help address illiteracy, project staff plan time to explain information orally to target community members, with particular attention to women and girls.

**Targeted materials**, such as learning booklets containing information on the cash transfer system, and participant's rights and entitlements, are provided at opportune times that **complement programme activities**. Members also share information through focus group discussion, leaflets, posters, and hotlines staffed by women, as well as during project implementation meetings and monitoring exercises.



## Participation of Communities During Response

**Communities are consulted** on project activities, locations, targeting criteria, information needs, languages, and channels for communication. Community participation was facilitated through project kick-off meetings with men and women, rapid needs assessments, baseline surveys, PDM, social audits, KIIS, FDGs, and online survey platforms. Members work to ensure participation of **community members representing diverse identities** (e.g., local leaders/village Shuras, and faith leaders). Despite these activities, there are many cases where communities were not adequately informed of programme activities.

Members remain **sensitive to tribal and ethnic divisions** within Afghanistan and take steps to reduce activities that may increase tension, for example, by ensuring awareness of eligibility criteria and inclusivity in community member selection. Selection committees reflect, to the extent possible, the structure of the population, including representatives of displaced and host communities, women, persons with disabilities and older people, as well as those who have lost income, and woman and child-headed households.

Participatory approaches and information sharing among members and local stakeholders helped ensure **inclusion of marginalised and at-risk groups**. Partners ensure women's participation in all phases of the project by providing equal opportunities and separate training sessions for women, as needed. As many Afghan women cannot travel without a mahram, members consider and plan for this, for example, child health referral programmes are budgeting transport

for health referrals and other auxiliary costs for the child needing care, the mother or woman caregiver, and the mahram. However, women's inclusion in various provinces is not homogeneous, with some having stricter restrictions on participation than others.

## CHS 5: Complaint Management

### **Core Humanitarian Standard 5:**

Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints

**Primary Criterion:** Complaints are welcomed and addressed

## Effective, Inclusive, and Accessible Feedback Mechanisms

Feedback mechanisms have been established, in **coordination with the community**, to collect ongoing feedback and complaints from affected communities. Project participants have access to these feedback and complaints mechanisms, which are built around accessible channels and formats, through which people will be able to **confidentially** report any complaint or feedback. Data is generally **disaggregated** gender, status, and age. Members are intentional and proactive in soliciting feedback from women through hiring both men and women staff and conducting gender sensitive satisfaction surveys and PDMs. Feedback mechanisms were designed to be **accessible to persons with disabilities and people of diverse education backgrounds** (e.g., those who are unable to read or write). Diverse channels are used, including phone,

emails, interviews, feedback boxes, community response committee. Communities are consulted regarding preferred mechanisms.

Activities and mechanisms are tailored to the needs and accessibility requirements of different target groups and driven by community input (e.g., anonymous hotline, SMS, in-person, child-friendly formats, visual aids, oral information sharing, etc.). Members inform the community of expected programme outcomes, clarify community expectations, rights, and entitlements. Members strive to empower community members by **raising awareness on their rights and how they can share their feedback**.

Members take steps to ensure all **mechanisms are adapted to local and cultural realities**. Programme activities include supportive actions, such as training trusted elders and community members on Code of Conduct for staff and how to report cases of abuse/raise awareness and prevention of misconduct. In other areas, support groups have been established to provide social support opportunities for mothers and caregivers of children, which are also used as communication channels with women in the community. Despite these mechanisms and ongoing attempts to engage the community in utilising them for programme improvements, the majority of partners report that feedback has been rare.

To date, the majority of members have received minimal feedback from communities, to date. For those members that are receiving feedback, the requests have largely supported the findings of initial assessments. Feedback is primarily requests for unconditional cash grants for buying necessary items like medicine, winter supplies, fuel, children's

school fees, etc. Feedback indicates the need for more food and emphasises unemployment and economic crisis as critical issues. Where feedback applies to programme implementation, members are considering requests on a case-by-case basis to determine the most appropriate resolution. Feedback has also acknowledged the support that they received was effective and important for their survival.

## Safeguarding and Protection

Implementing members have **safeguarding** policies in place in reference to **harm and abuse** that may be caused by media and communications. Care is taken when using terms of the sexual and gender-based violence (SGBV) and sexual and reproductive health and rights (SRHR) sectors, ensuring affected communities' data is protected, and considering **cultural and local practices**.

The majority of members have measures in place for **staff protection** and ensuring safety and capacity building, for example various protection, abuse, exploitation related policies, and behavioural protocols. Protection issues, such as safety and inclusive access are considered during project site selection. Some members report mainstreaming protection, monitoring and referral to ensure safe programming within their broader organisational and programme activities.

The review indicates that **protection** needs remain a key challenge after the regime change due to ongoing conflict, drought, restricted humanitarian access, and deterioration of the protection environment. The ongoing conflict in Afghanistan poses serious risks to the **physical safety and psychological well-being** of civilians.

Members in some regions report that violence against women and minority communities has increased. Constraints on **women's participation** limit many activities. Where appropriate members deliver messaging on gender-based violence, safeguarding, and obtaining feedback from women at the community level. There are examples reported of using religious leaders to offer protection of women and girls at the community level, for instance, using CDCs, community elders, and Shuras to ensure protection referrals are in place.

Members report that **participatory approaches** involving the community in all aspects of project implementation and establishing community volunteers' groups has helped in acceptance at community level. This in turn has helped improve security for staff and field workers.

## CHS 6: Coordination and Complementary Efforts

### Core Humanitarian Standard 6:

Communities and people affected by crisis receive coordinated, complementary assistance

## Collaboration Across the Response

All participating DEC members actively coordinate with various NGOs, along with other humanitarian bodies and organisations present in the relevant area. Members coordinate activities with **stakeholders** in their **relevant sectors at national, provincial, district and international levels**, e.g.,

government, community groups, NGOs, UN, etc. The majority of members actively participate in UN cluster meetings to share innovations, lessons learnt, best practices, and challenges. Cluster meetings appear to be the main point of coordination.

Members also coordinate with relevant authorities, NGOs, and community groups to **avoid duplication** of efforts. Where relevant, members work within similar security frameworks, codes of conducts, programme criteria, and quality standards, which facilitates these interactions.

DEC members coordinate among themselves to **share information**, however, to date, this is primarily aimed at avoiding duplication of services. Prior to the appeal proposal package development phase, one member took the lead in organising an information-sharing session at the national level to promote coordination and collaborations among members. During implementations, there are few examples of DEC members reaching out to other members to complement efforts and share each other's innovations and lessons learnt for better integration and adaptability. In the instances where this was seen, the organisational collaboration began prior to the Afghanistan programme, for example, during the Covid-19 Appeal, and are still functioning.

## Strengths and Challenges of Coordination

Members generally maintain positive working relationships with **local authorities** at district, provincial, and national levels. At minimum, this generally includes: 1) Payment of taxes related to staff salaries and other essential programme and policy requirements, including rents for buildings; 2) Obtaining international staff visas and work permits; 3) Approval

of work plan and coordination of project deliverables; and 4) Discussion/negotiation on issues and approvals.

Despite overall positive relationships, there are also instances of local authorities misunderstanding of humanitarian activities, which led to staff arrests during Phase 1. In one instance, a member reported challenges around local authorities' requests to input on the beneficiary lists and for a DEC member organisation to share beneficiary data with them. The member reported that in future, they will take greater care in explaining to them their mandate, ways of working, code of conduct and standard processes for beneficiary selection and data protection to avoid any further difficulties.

**Government permissions** are complex, with several layers of governing bodies and authority to be obtained for implementation of various activities. This includes the central government level – such as the Ministry of Economics, Ministry of Agriculture, and Ministry of Refugees, local government, as well as sectoral bodies. The government online registration process is causing partners slight delays as the paperwork needed is laborious and time consuming. The government demands very strong coordination and control over the humanitarian aid organisations, which takes time and creates additional administrative processes.

**Security clearance** can take significant amounts of time, which influences timely provision of assistance. In addition to permissions from government entities, permissions are required from religious units and community heads and male leads of families. Government **attitudes and behaviours** towards humanitarian

programming vary across regions, with local authorities in some areas being more supportive than in others. **Personal relationships** play a critical role in enabling implementation to move forward.

## CHS 7: Continuous Learning and Improvement

### Core Humanitarian Standard 7:

Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection

**Primary Criterion:** Humanitarian actors continuously learn and improve

## Strengths and Challenges of the MEAL System

Data is collected through activity monitoring, post distribution monitoring, and various surveys, using a combination of paper based and digital platforms. Data is disaggregated by age, gender, and disability. Using the **programme and specific project results frameworks**, outcomes, outputs and activities are updated regularly. To prevent duplication among affected communities, all projects establish a registration system among affected communities based on a set criteria and registration is kept in a database. These data and information sources are shared with different projects implemented in the same geographical area. When possible, members report that they try to ensure gender balanced MEAL teams.

Many members utilise online **project management systems** to track project activities and strengthen management processes for remote work. This includes use of online databases for real-time data entry and analysis accessible remotely and platforms such as the Grants Health Tracker, Agresso Financial Systems, and KOBO. Mobile phones and online platforms facilitate timely data from volunteers within project sites.

All members engage in **post distribution monitoring, regular feedback sessions, and ongoing community feedback and complaint response mechanisms** to facilitate community participation in providing feedback. Use of skype, emails, phone calls, and monthly reports where physical monitoring is not possible to ensure proper implementation by partners, and provide staff and partners training on such systems. Digital feedback case management systems, such as Compass, are utilised to collect, document and confidentially refer sensitive complaints on fraud, corruption, exploitation, abuse, and protection. The system is designed to escalate sensitive complaints internally to authorised staff. However, there is little evidence of learning and project adaptations informed by the collected data to date.

## Sharing Information and Learning

Members collaborate in **general information sharing** among each other and involve a range of stakeholders in regular communications, including NGOs, UN Agencies, provincial focal points, government ministries and district officials. This includes sharing project progress and lessons learnt.

Members participate in DEC coordination meetings, which include sharing key learnings,

however more extensive **programme specific cross learning** between DEC members is currently lacking and only evident between two to three members. The remainder of DEC members are currently less engaged in such cross learning at the programmatic level.

Members report a **desire for more effective collaboration**, such working together to create a cross-learning platform. In particular, a Phase 2 kick-off meeting was raised as a strategy to learn about the programmes of other agencies and identify any synergies.

## CHS 8: Staff Support

### Core Humanitarian Standard 8:

Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers

**Primary Criterion:** Staff are supported to do their job effectively, and are treated fairly and equitably

## Staff Performance and Management

Members ensure that new staff receive the proper **orientation** and ensure project implementation based on the accepted **project standards**. All staff and volunteers sign the code of conduct and are given access to training on child protection, PSEA, etc. Staff adhere to **relevant policies** and ensure manageable workload. To the extent practical, members allow flexible working options, e.g., work from home if there are security or health concerns. Some organisations ensure that there are trained peer supports providing



staff care support and interventions, though members report that there is a need for additional resources in this area.

Some members experienced delays in project start-up due to challenges with **staff recruitment**. To address culturally sensitive programme activities, members aimed to recruit more women for the role of community outreach officers. However, it was a challenge to find suitable women candidates from the job market in most of the provinces due to the restriction on women's mobility in the country and the nature of the roles which require frequent field travel. While members report struggling with **staff turnover**, there are also **positive examples** of dedicated staff working intensively to resolve issues and achieve targets in complex, difficult environments, at times with delays in funds.

All members have adopted **special measures in order to mitigate the risk of COVID-19** through adherence to safe behaviours, such as physical distancing and proper ventilation of working areas. Hygiene protocols are in place and any vaccine requirements in place are communicated to staff appropriately. In-person meetings have been limited as much as possible and moved online.

**Dedicated security staff** are present at all levels. All security personnel are trained on how to prevent, mitigate, and respond to security incidents, conduct security assessments, develop risk assessment and management plans, and other security contingency plans.

All members have well-established **remote management systems** and processes for their existing programme and utilise these mechanisms to directly implement in the

target areas. Regular meetings are held between collaborating partners to discuss progress and challenges. All staff undergo training on a regular basis including, security training, finance and compliance, COVID-19 protocols, and programme related content, such as Principles of Accountability to Affected People and safeguarding measures.

Members also implement regular capacity-building workshops and review meetings. Partners have their own codes of conduct, child protection policies, PSEA, and whistleblower policies, which are quality checked by the organisation to ensure it meets international standards.

## CHS 9: Resource Management

### Core Humanitarian Standard 9:

Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently, and ethically

**Primary Criterion:** Resources are managed and used responsibly for their intended purpose

### Expenditure Monitoring

All members have processes in place for document control, procurement, list of 'pre-qualified' suppliers, supervise distribution of supplies, and other **governance and financial systems**. Staff are trained to be aware of fraud, bribery, and anti-corruption and how these situations should be addressed. Tools, such as HesabPay and the Global Watch Lists for

Blocked Party screening help ensure funds are not being utilised by blocked parties or politically exposed persons.

International standards of **internal control measures and processes** are in place for rapid response operations with periodic reviews and audits carried out on staff and partner organisations. These tend to focus on fraud, bribery, and corruption. Most members use multiple banks to ensure availability of cash for expenditures. Many also partner with government agencies to stay informed on any emergency situations and environmental threats that may occur and have **contingency plans** in place.

Members hold **regular finance updates** and organise additional ad-hoc meetings as needed. Organisational committees **monitor high-level metrics on outcomes, financial management, and risk and internal compliance** at country and programme levels to share relevant information and metrics.

Access to physical cash, currency fluctuations, and liquidity risks are influencing budgeting issues and respective planning and implementation. Members are actively engaged in monitoring and taking proactive steps in this regard.

Examples include:

- Revising budgets before the end of Phase 1 to ensure meeting the minimum spend requirement and allow time to reallocate resources to additional activities if necessary
- Managing cash flow prudently so that conversion of funds to local currency is done only when payments are due

- Procuring goods in USD, for example, having suppliers of food quote in USD and provide offshore accounts for payments, thus reducing the risk of large forex losses

## Environmental Impact

Members anticipate very low long-term environmental impacts from response activities. Given the focus on crisis response activities and anticipated **low impact, the review found environmental concerns to be a low priority, with very few members dedicating adequate time and resources in this area.**

Most members have a **global organisational environment policy** which all country offices abide by that commit to prioritising local procurement and minimising unnecessary plastic waste, as well as ensuring a proper waste management system at distribution sites.

In-country, **programme specific implementation and monitoring of environmental actions** is currently lacking. Environmental issues did not receive proper attention during planning, and this has continued during implementation. There is no systematised environmental approach seen among the DEC members. In a few areas, there has been some consideration of sector sustainability criteria and activities based on reducing environmental impact in humanitarian response, but there have been limited environmental assessments conducted.

The few members who are actively engaged in limiting environmental impact in Afghanistan currently report focusing on **supply chain sustainability**, for example:

- Procuring **locally sourced goods and services** such as food packages, livestock protection, and agriculture kits
- Use of **solar energy, green transport**, and better **coordination** of trips into target communities whenever possible
- Working with local Shura representatives and community volunteers as part of programming, members help reduce car travel by having **resources within the communities** who can respond to community inquiries and assist with monitoring, without requiring additional travel

Communities engaged in the response lack awareness of environmental protections processes. Members report positive responses from **community awareness raising sessions** to promote environmental protection, waste disposal, and good practices on keeping the environment clean (e.g., disposal of plastic materials, etc.). There is acknowledgement that these activities need to be increased and mainstreamed into other efforts, such as the distribution process. One member reported planting trees around their physical office space, noting both the mental health benefits and the positive environmental contribution.

One member reports that hygiene promotion activities have increased participants' understanding of waste management and sanitation practices which indirectly have a positive impact on the cleanness of the environment of the targeted communities. They note that the provision of hygiene kits and water kits has increased the access of targeted households to the necessary hygiene items and improved the targeted populations' sanitation practices within their house and community.

Where environmental impact concerns are being addressed in a more systematic way, there are positive examples of mechanisms that can be scaled or replicated. In some areas, there are instances of Climate Smart Agriculture (CSA) and Community Based Disaster Risk Management (CBDRM) committees that have been strengthened through training to continue with project activities.

Where they exist, these community structures provide support in reducing vulnerabilities through early warning systems and coordination of maintenance of infrastructure like water canals to address flooding. They establish and train committee members on **disaster response, disaster mitigation advocacy skills, early warning systems**, and development contingency plans. Partners share planning and implementation learnings during preparation of community seasonal calendars and community capacity building training. Another positive example seen during the review are instances where members have supported the establishment or revitalization of **water sanitation user committees** to manage and maintain water points after the end of the project.



## III. Conclusion

The Afghanistan response presents complex challenges. Political tensions, security concerns, poor infrastructure, difficult terrain, and cultural constraints constantly contribute to difficult working environments. The Afghan population has experienced **prolonged periods of stressors**, ranging from inadequate basic needs to major psychological distresses due to protracted conflict and displacement. The nutrition and health status of the most affected populations will continue to be severely affected by the projected drought, escalating fighting, and displacement.

Members must constantly monitor organisational visibility issues, weather, political instability, financial market fluctuations, conflict, and security concerns. Headquarters and field staff and processes must **maintain agile and adaptable approaches** to changing requirements of local and national authorities towards the work of NGOs, COVID-19 restrictions, etc. Contingency plans are necessary to address the possibility of inaccessible project locations due to natural disasters, harsh weather conditions, security concerns, and restrictions on the movement of staff.

In the midst of this context, DEC members implementing in Afghanistan have been **largely successful in achieving programme objectives**. DEC has succeeded in implementing flexible, appropriate strategies, which allowed members to remain agile in responding to needs on the ground. Implementing members were able to reach target communities with essential supports that prioritised those with the greatest need.

Externally, members must **continue to adapt** to political tensions that create obstacles for timely response implementation, banking restrictions, and challenges reaching marginalised groups, especially women, while managing their own staff fatigue, protection issues, and turnover.

Internally, the **most critical gaps** currently revolve around the need for greater **engagement and learning** at both programme and DEC member level:

- Diverse **community representation** must be better mainstreamed in programme planning and implementation
- Effective community **utilisation of feedback and complaint mechanisms** is critical to enhancing programme learning and must be addressed
- DEC and members must prioritise **engagement amongst each other** to promote more intentional, collaborative learning and reflection that builds on individual strengths to **support broader programme implementation**

DEC member learning efforts should be channelled towards **cross-cutting issues** such as gender, inclusion, protection, accountability to affected populations, staffing issues, managing financial risk, and better addressing environmental impact.

# IV. Recommendations

The recommendations presented here provide a framework for strengthening DEC funded humanitarian action in Afghanistan and offer **strategies** to build upon current strengths and good practices, and address short and long-term areas needing development or change. Recommendations are intended to **provide initial guidance and serve as a starting point for further discussion within the DEC and among members.**

The following table highlights recommended strategies in line with CHS priority areas. Recommendations consider both programmatic and organisational components of response delivery. Some members may already be implementing recommended approaches; this should be leveraged for learning among other members seeking to implement new or improved strategies.

<b>Afghanistan Crisis Appeal Phase 1 Real-time Response Review Recommendations</b>	
<b>CHS 1: Communities and people affected by crisis receive assistance appropriate and relevant to their needs</b>	
<b>Responsiveness of the Design</b>	<ul style="list-style-type: none"> <li>Collect and prioritise disaggregated data in collaboration with representative groups and local leaders to <b>identify barriers to inclusion and improve access</b>; and, to promote equitable support and service that is provided without discrimination; data should include gender, age, household type (e.g., women-led, child-headed, etc.), citizenship status (IDPs, host population) and disability status as well as disaggregation within disability (type)</li> <li>Allocate resources for logistics needed to <b>ensure meaningful participation of women</b> (especially with children/pregnant/lactating), <b>persons with disabilities</b> and other prioritised <b>marginalised/at-risk groups</b> identified with communities</li> <li>Increase efforts to <b>recruit woman staff</b> who are aware of cultural practices, with whom the community feels comfortable cooperating with (as nurses, screeners, nutrition promoters, and psychosocial counsellors, hotline responders, etc.).</li> <li>Engage with women leaders and groups to inform culturally sensitive approaches to recruitment, identify women who can be trained in these capacities by DEC members / partners, and refer qualified women for employment</li> <li>Maintain <b>flexibility of DEC funding strategy and programme management</b> to ensure real time adaptability of member activities</li> <li>Establish and engage cross-learning platform(s) between DEC members on a regular basis to improve <b>documentation of adaptations and lessons learnt</b></li> </ul>

<p><b>Inclusive and Accessible Response Design</b></p>	<ul style="list-style-type: none"> <li>- Improve strategies for <b>inclusion of and accessibility</b> by marginalised / at-risk groups:             <ul style="list-style-type: none"> <li>• Working with <b>representative groups</b> (e.g. organisations of persons with disabilities, older people’s associations, youth associations, etc.) to highlight good practice specific to that context, inform targeting, monitor, and provide accountability</li> <li>• In the case of <b>cash assistance</b>, assessing the capacities, assets, and socio-economic situations of community members / households with additional relevant criteria that concern at-risk groups (e.g. persons with disabilities often have other costs linked to accessibility, assistive devices, personal assistance, transportation, and medical needs)</li> <li>• Promote a <b>representative community-based targeting process</b> for defining eligibility criteria and recipients. For example, bringing men and women with different types of disabilities into the targeting process</li> <li>• Provide follow-up training and mentorship on the <b>Washington Group Short Set</b> to ensure uptake and practice during implementation of a response; understand that persons with disabilities should represent at least 15% of those targeted and audit assessments if below this figure</li> <li>• Create an <b>accessibility and safety plan</b> for each member’s response in regard to marginalised and at-risk groups, consult at-risk groups, and representative groups during this process</li> <li>• Regularly audit policies / communications / activities for any discriminatory and/or harmful practices, inaccessibility and barriers, or complexities</li> </ul> </li> <li>- Address the current issue of only one aid card being provided to a house (regardless of the number of households) by:             <ul style="list-style-type: none"> <li>• Basing <b>aid on the number of house inhabitants</b>, through investigating and validating the information from multiple sources</li> <li>• Increase the number of trained <b>women staff available to work with women and girls</b></li> <li>• Build on <b>gender inclusion</b> successes in the WASH sector, MHPSS, and data collection, by creating more women friendly spaces</li> <li>• <b>Increase use of couples approach</b> (couples or brothers and sisters) to enabled women’s participation in the response</li> <li>• <b>Ensure gender balanced teams</b> to enable engagement with women and girls</li> <li>• Leverage the vital role of religious leaders at all the stages of the response, at the same time focusing on <b>diverse community ownership</b> on targeting</li> </ul> </li> </ul>
--	--

<p><b>Alignment of Strategies and Ways of Working</b></p>	<ul style="list-style-type: none"> <li>• Develop strategies on implementation and provide awareness on them among local government to <b>build a better understanding</b> of delivered support and its importance</li> <li>• <b>Monitor factors that impact responsiveness, flexibility, and adaptability</b>, including commodity price fluctuations, movement restrictions, reduced working hours, insecurity, remoteness, access, as well as challenges obtaining approval from authorities, and lack of access to, and/or knowledge of how to use technology and digital devices</li> <li>• <b>Address staff turnover</b>, which is creating challenges in timely and quality delivery of the response, for example, analysing reasons for turnover and considering incentives</li> </ul>
---	---

**CHS 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time**

<p><b>Effective Key Strategies</b></p>	<ul style="list-style-type: none"> <li>- <b>Increase multipurpose cash assistance and cash distribution</b> <ul style="list-style-type: none"> <li>• Assess the economic situation of the household; for example, how many earners are in the household versus dependent members</li> <li>• Consultation with different at-risk groups, in particular persons with functional- and mobility limitations, and analyse barriers to different cash delivery mechanisms in order to select the most adequate mechanism for emergency cash transfers in that context</li> <li>• Prioritise a cash delivery mechanism which persons from at-risk groups can access themselves, instead of through a third person to ensure freedom of choice and independence, especially for women and persons with disabilities</li> </ul> </li> <li>- Enhance <b>livelihoods</b> support <ul style="list-style-type: none"> <li>• Address the need for improved irrigation systems and identify the best solutions considering historical community approaches, for example, construction of ditches, provision of water pumps, water wells, and other equipment and machines to improve the harvesting of crops and increase opportunities for <b>sustainable income and employment</b></li> </ul> </li> <li>- Improve <b>nutrition</b> efforts <ul style="list-style-type: none"> <li>• Increase utilisation of <b>cost-effective methods of message delivery</b> (mosque tannoys, billboards) and conducting in-person follow-up</li> <li>• Improve access to a diversified diet to <b>address malnutrition</b> by delivery of different kinds of food</li> <li>• Provide cash assistance to supplement the provided food</li> </ul> </li> <li>- Increase <b>WASH</b> activities <ul style="list-style-type: none"> <li>• Increase access to clean water, tanks to store water, and water purifiers</li> <li>• Improve access to clean and hygienic toilets</li> </ul> </li> <li>- Enhance <b>Winterisation</b> efforts <ul style="list-style-type: none"> <li>• Increase provision of sewing machines and tents</li> </ul> </li> </ul>
--	---

**Afghanistan Crisis Appeal Phase 1  
Real-time Response Review Recommendations**

**CHS3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient, and less at-risk as a result of humanitarian action**

<p><b>Community Involvement in Implementation</b></p>	<ul style="list-style-type: none"> <li>• Improve <b>engagement of communities in all stages of implementation</b> and monitoring to facilitate more diversified and frequent participation, communication, and feedback</li> <li>• Increase <b>proactive approaches to seeking participation and feedback from women</b> through hiring gender appropriate staff and engaging with all community groups across different phases of the project/programme cycle</li> <li>• <b>Engage with local women-led organisations</b> to support development strategies reaching women and girls in hard-to-reach areas due to security concerns</li> <li>• Improve strategies to <b>ensure inclusion</b> of marginalised and at-risk groups in monitoring and analysing data collected</li> <li>• <b>Disseminate</b> learnings from post activity monitoring, learnings from the community feedback and respective adaptations on a regular basis</li> </ul>
<p><b>Community Behaviour and Capacity</b></p>	<ul style="list-style-type: none"> <li>• Increase <b>investment in local staff and volunteers as community-based resources</b></li> <li>• Increase investment in activities that <b>contribute to communities being more resilient to future shocks</b>, such as small business/enterprise development</li> <li>• Promote more intentional investment in <b>local procurement</b> from small businesses</li> <li>• Build on agricultural successes in <b>capacity building</b> to enhance further regenerative agricultural practices and climate adaptation techniques</li> <li>• Increase <b>psychosocial and security support</b> for staff and affected communities to support them with coping with the current tensions</li> <li>• Share member <b>capacity building</b> interventions to strengthen engagement with older people and persons with disabilities, as well as <b>take into account the environment and measures</b> necessary for their participation</li> </ul>

**CHS 4: Communities and people affected by crisis know their rights and entitlements, have access to information, and participate in decisions that affect them**

<p><b>Timely and Effective Communication with Communities</b></p>	<ul style="list-style-type: none"> <li>• Ensure <b>culturally sensitive materials</b> are brief, visual, plain language used, in local languages, and <b>accessible to persons with disabilities</b>; where there are higher rates of illiteracy, plan for staff to read out messages</li> <li>• Support frontline staff to be in <b>regular communication</b> with local leaders for guidance and support, including gender sensitive numbers/meeting rooms</li> </ul>
---	---

**Afghanistan Crisis Appeal Phase 1  
Real-time Response Review Recommendations**

**CHS 5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints**

<p><b>Effective, Inclusive, and Accessible Feedback Mechanisms</b></p>	<ul style="list-style-type: none"> <li>• <b>Design and audit existing feedback and complaint mechanisms</b> with persons from different at-risk groups, in particular women and girls with disabilities, blind persons, deaf and hard of hearing persons, persons with intellectual or psychosocial disabilities and persons from linguistic minorities to ensure equitable access</li> <li>• Monitor community <b>utilisation of feedback and complaint mechanisms</b> and follow up by DEC members</li> <li>• Continue raising <b>awareness on community rights to information and how to share feedback</b> through delivering sessions with practical examples</li> <li>• Increase <b>accountability</b> to communities on follow-up of feedback</li> <li>• Engage across DEC members in <b>cross-learning on good and inclusive practices</b> for feedback and complaint mechanisms</li> <li>• Maintain a variety of <b>feedback and complaint mechanisms</b>: toll-free helplines, desks at distribution centres, opportunity for confidential reporting including creating enabling environment for women and PWDs for sharing feedback</li> </ul>
<p><b>Safeguarding and Protection</b></p>	<ul style="list-style-type: none"> <li>• Develop more <b>comprehensive strategies for safeguarding and protection</b> based on recent examples and lessons learned through in-depth analysis of respective challenges and respective communication with local actors that can contribute to the following the strategies</li> <li>• Develop strategies to help minimize violence against women and minority communities and help <b>ensure their involvement in empowering activities</b>- have extensive interaction with local government, community leaders and other important parties that are influencing decision making and creating an environment for women engagement.</li> </ul>



**Afghanistan Crisis Appeal Phase 1  
Real-time Response Review Recommendations**

**CHS 6: Communities and people affected by crisis receive coordinated, complementary assistance**

<b>Collaboration</b>	<ul style="list-style-type: none"> <li>• <b>Improve information flow</b> among partners with real-time access to information- creation of whatsapp group or arrangement of internal information/experience exchange meetings in preliminarily defined important areas</li> <li>• Consider by-monthly/monthly <b>coordination</b> among DEC members -could be done by assigning one organisations as a lead of this process</li> <li>• Hold a <b>Phase 2 Kick off</b> meeting for all DEC members to learn about the programmes of other agencies and identify any synergies</li> <li>• Consult with members on creating an <b>effective space for sharing and learning</b> - whatsapp group, email group, and meetings</li> <li>• Establish and maintain effective <b>collaboration, coordination and relationship with the de facto authorities</b> and other humanitarian actors - by arranging high level representative meetings with participation of DEC management, UN OCHA and other important entities</li> </ul>
<b>Coordination</b>	<ul style="list-style-type: none"> <li>• Ensure adequate attention is given to <b>government permissions</b> on all levels - make arrangement in advance and get in touch with respective representatives</li> <li>• Plan appropriately for <b>security clearance</b> requirements -obtain in depth information in advance</li> <li>• Establish the necessary <b>personal relationships and networks</b> that are critical to timely and smooth implementation of activities, including religious leaders, village heads, and government structures-collect contact information of these representatives and if they are not known yet, find people who could provide references to the organisation and connect to them in a positive way</li> <li>• Ensure appropriate <b>communication and information to local government</b> to avoid misunderstandings of humanitarian assistance priorities-arrange update meetings with local government and/or send update emails.</li> </ul>

**Afghanistan Crisis Appeal Phase 1  
Real-time Response Review Recommendations**

**CHS 7: Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection**

<p><b>MEAL Systems</b></p>	<ul style="list-style-type: none"> <li>• Increase attention to <b>priority needs, challenges, and solutions</b> in post distribution monitoring and overall monitoring on a regular basis - set-up periodic team discussion meetings and plan follow up actions</li> <li>• Improve strategies for ongoing data collection to <b>inform learning and timely management of areas for improvement</b> -- set-up periodic team discussion meetings and plan follow up actions</li> <li>• Ensure <b>regular feedback sessions</b>, and ongoing community feedback and complaint response mechanisms- providing update meetings on feedback status to community members</li> <li>• Improve <b>accountability approaches</b> to informing communities of the complaint process and addressing complaints</li> </ul>
<p><b>Sharing and Learning</b></p>	<ul style="list-style-type: none"> <li>• <b>Leverage, aggregate, and share individual member learnings to strengthen overall programme</b> implementation- through meetings, whatsapp group, email group</li> <li>• Establish mechanisms for <b>documenting and disseminating lessons learned</b> among members to be used for supporting decisions and future projects design-creating common sharepoint or google drive where the DEC members can put the lessons learned info with follow up through meeting discussions</li> <li>• Establish a <b>cross-learning platform</b> to discuss the opportunities, challenges among DEC members would support improvement of the response</li> <li>• Consider an inter-agency <b>data sharing working group</b></li> <li>• Ensure <b>proportional budget</b> for research, learning, and dissemination- consider that while response stage planning and discussion with DEC</li> </ul>



**Afghanistan Crisis Appeal Phase 1  
Real-time Response Review Recommendations**

**CHS 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers**

<b>Staff Performance and Management</b>	<ul style="list-style-type: none"> <li>• Increase <b>psychosocial support</b> to staff, particularly those who travel and face security threats- arrange bi-monthly individual meetings with psychologist to the staff members</li> <li>• Ensure staff <b>security</b> is a significant focus during the delivery of response and not limited to provision of trainings -support this with the communication with taliban, updates on current security situation in the field and all the other security measures before, while and after the trips</li> <li>• Assess <b>staff turnover</b> issues and contributing reasons in order to identify appropriate solutions -staff satisfaction survey would be a solution</li> <li>• Ensure special attention is given to creating an <b>enabling environment for women staff</b> and ensure equal access to opportunities- analysis of the current environment and feedback from female staff</li> <li>• Ensure staff are well trained in communication and protection issues necessary to apply a <b>'do no harm'</b> approach with communities also ensuring monitoring of "do no harm" approach application in the response activities</li> <li>• Enhance staff <b>capacity to collect and analyse data provision of theoretical and practical trainings/exercises</b></li> <li>• Ensured <b>gender-balance</b> in enumerator teams to allow for safe and active participation of women across the response</li> </ul>
---	--

**CHS 9: Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently, and ethically**

<b>Expenditure Monitoring</b>	<ul style="list-style-type: none"> <li>• Maintain <b>focus on the Afghanistan crisis at DEC level</b> to ensure continued resources for the ongoing crisis - Afghanistan context and needs assessment to be conducted for further/new response planning</li> <li>• <b>Monitor and revise budgets on an ongoing basis</b> and reallocate resources to additional activities if possible</li> <li>• Implement appropriate <b>risk management strategies</b>, such as managing cash flow prudently, procuring goods in USD, etc</li> </ul>
<b>Environmental Impact</b>	<ul style="list-style-type: none"> <li>• Increase in-country, <b>programme specific</b> implementation and monitoring of <b>environmental impact</b></li> <li>• Incorporate appropriate <b>environmental assessments</b> as a regular part of project management cycles during implementation</li> <li>• Increase <b>community awareness</b> of the importance of the environment consideration and protection through delivery of training sessions and awareness raising meetings</li> <li>• Build capacity of <b>community based disaster risk management committees</b></li> <li>• Support further establishment or revitalization of <b>water sanitation committees</b> considering historical community approaches</li> </ul>



DISASTERS  
EMERGENCY  
COMMITTEE



## DEC MEMBER CHARITIES



act:onaid

age International



CAFOD  
Catholic Agency for  
Overseas Development



CONCERN  
worldwide



Save the  
Children

tearfund

World Vision



hello@rootedimpact.com  
www.rootedimpact.com