



**PROVISION OF ESSENTIAL AND
QUALITY SERVICES THROUGH AN
INTEGRATED PROTECTION, HEALTH
AND NUTRITION RESPONSE FOR
VULNERABLE CONFLICT-AFFECTED
POPULATION IN SOUTHERN AFGHANISTAN**

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FINAL EVALUATION REPORT

PROVISION OF ESSENTIAL AND QUALITY SERVICES THROUGH AN INTEGRATED PROTECTION, HEALTH AND NUTRITION RESPONSE FOR VULNERABLE CONFLICT-AFFECTED POPULATION IN SOUTHERN AFGHANISTAN

PROJECT IMPLEMENTATION DATE: APRIL 1ST, 2020 – JUNE 30TH, 2021

ABSTRACT

The Evaluation exercise concerned the project entitled “Provision of essential and quality services through an integrated Protection, Health and Nutrition response for vulnerable conflict-affected population in Southern Afghanistan”, funded by DG ECHO and implemented in three Districts of Kandahar Province, and in one District of Zabol Province. **The aim of the project was to improve access to quality primary Health care and to provide Protection and Nutrition assistance to under-served populations in the Southern Region of the Country.**

The Evaluation exercise covered all four project locations. **It aimed at analysing the impact of the intervention on the affected population through the achievement of set objectives.** To this end, the following OECD-DAC evaluation criteria were used: **Relevance and Appropriateness; Effectiveness; Efficiency; Sustainability and Likelihood of Impact.** The Evaluation design focused largely on primary qualitative data collection, through interviews with key stakeholders and project staff, and focus group discussions with project beneficiaries. A desk review was also conducted to triangulate data and support the Evaluation's findings.

Based on the analysis conducted, **INTERSOS intervention was relevant and appropriate to the local needs, and it achieved most of the established targets.** Significant challenges reported at both internal and external level did not prevent the targeted populations from benefitting from the services. Yet, some improvements, and more lessons learned moments, could be made to increase the quality of the response that, at present, and because it mainly addresses emergency needs, is not sustainable.

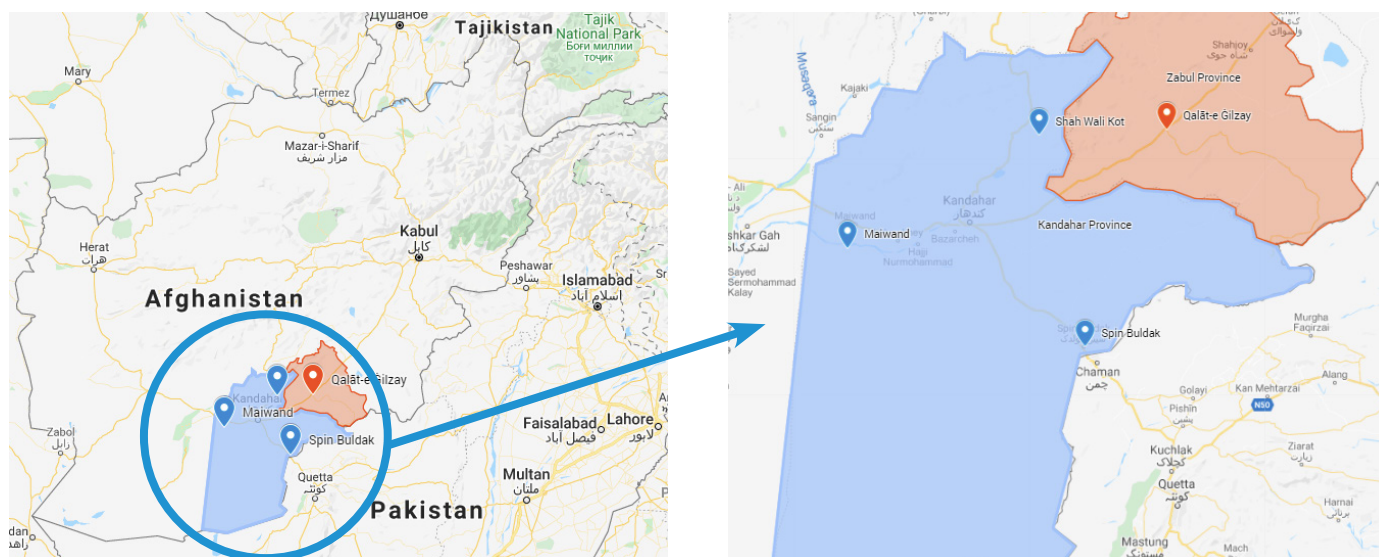
This report was written before August 15th, 2021. It therefore identifies stakeholders and situations in existence during the project period, reflecting only partially the transformations that have subsequently occurred. Although the considerations and final recommendations can still be considered largely valid, the continuous reassessment of the same in the light of changes in the context remains an integral part of INTERSOS' operational mode.

ACRONYMS

CHW	Community Health Worker
DAC	Development Assistance Committee
DG ECHO	Directorate General – European Civil Protection and Humanitarian Aid Operations
DoPH	Department of Public Health
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HF	Health Facilities
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICM	Individual Case Management
IPC	Infection Prevention and Control
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
MHT	Mobile Health Team
M&E	Monitoring & Evaluation
NGO	Non-Governmental Organisation
OPD	Outpatient Department
PLW	Pregnant and Lactating Women
PSS	Psychosocial Support
RCCE	Risk Communication and Community Engagement
SO	Strategic Objective

BACKGROUND INFORMATION

Afghanistan's population still struggles for safety and access to resources and services. The increase of people in need, from 6.3 million for 2019 to 9.4 million for 2020, highlights a situation where communities face a combination of risks, which impact their coping mechanisms and resilience. Harmful practices and violence against women and children remain widespread. The ongoing conflict has hampered the access to Health and Nutrition services for people in need. Health actors face constant challenges to provide lifesaving services, including lack of female Health personnel, volatile security environment, presence of explosives, attacks on Health facilities.



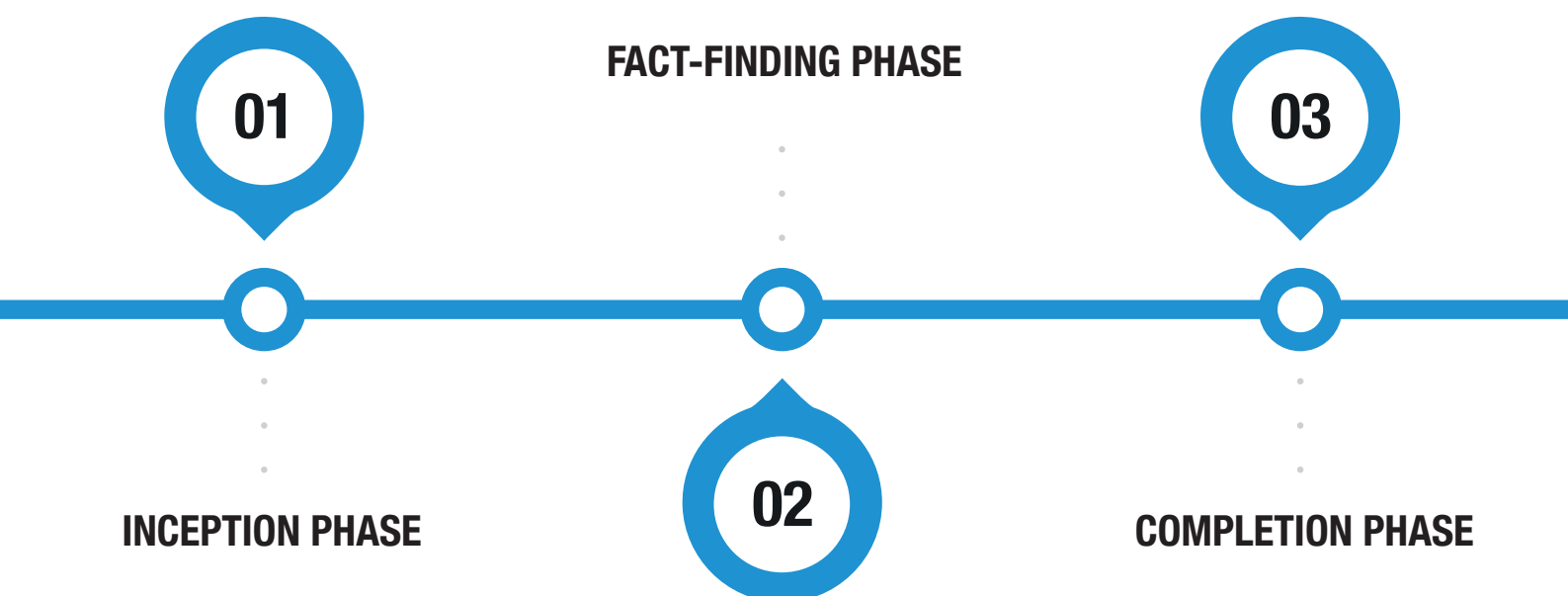
The project evaluated in this exercise, funded by DG ECHO, aimed at providing an integrated Protection, Health, and Nutrition response to improve access to quality, lifesaving and high-impact services for individuals and communities in need in Maywand, Spinboldak and Shahwalikot Districts of Kandahar Province, and in Qalat District of Zabol Province, areas characterized by a high level of conflict activity and instability. The adaptation of activities some months after the beginning aimed at addressing the rising needs related to the Covid-19 outbreak.

The intervention lasted 15 months and combined a mobile and a static approach to reach out to vulnerable populations in hard-to-reach or underserved areas.

EVALUATION METHODS AND LIMITATIONS

Evaluation Design

The Evaluation exercise was organised around **three main phases**: 1) the inception phase, consisting in preliminary work based on a desk review of the project's main documents, as well as of the most relevant reports produced by other agencies on the humanitarian situation in Afghanistan; 2) the fact-finding phase, consisting in the direct collection and analysis of data - conducted in Afghanistan; 3) the completion phase, consisting in the drafting and sharing of the Evaluation Final Report, completed with findings and recommendations.



The following Development Assistance Committee (DAC) criteria were used to evaluate the project: Relevance and Appropriateness; Effectiveness, Efficiency; and Sustainability and Likelihood of Impact. Overall, ten Evaluation questions were developed around the criteria and used during the data collection phase.

Data collection methods

The Evaluation was primarily qualitative in nature, consisting of Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). In order to guarantee completeness of data, a mixed methodological approach was used: quantitative data from the project's monitoring documents were also analysed to triangulate and complement information deriving from the identified stakeholders.

• KIIs

The KIIs' schedule entailed semi-structured interviews developed around the Evaluation questions. A sample of 20 key informants was interviewed: they included numerous INTERSOS staff (both programmes and technical staff, at project, mission, and regional level) and local stakeholders (mainly Government and Cluster representatives of the related sectors). Interviews took place between April 20th and May 14th, 2021, in different locations, specifically: Kabul, Kandahar, Spinboldak, and Rome. Some of them were conducted in English by the Evaluator, either in person or via phone/skype. For the interviews conducted in Pashto, the presence of a local staff was needed for translation.

• FGDs

In total, 13 FGDs were facilitated in all the project locations, in the period between April 21st and April 28th, 2021. Except one FGD that was organised with the INTERSOS Mobile Health Team operating around the area of Spinboldak, all other FGDs (12) involved beneficiaries from the current ECHO-funded intervention, coming from the four targeted districts. In each location, two to four different groups of FGDs were organised and conducted separately for men and women. Each FGD had 12 participants. Beneficiaries were selected on a random basis by the Monitoring & Evaluation (M&E) Unit supporting the Evaluation exercise, in order to have all status represented.

At the beginning of each FGD, verbal consent was asked to beneficiaries to use the information collected for the Evaluation purposes, and to have a recorder to register the discussions and ensure higher accuracy in the data. Lastly, but most importantly, beneficiaries were guaranteed of the confidentiality of the exercise, as well as of the information collected.

Due to language and security constraints, all FGDs were conducted by INTERSOS national staff in Pashto by the local team supporting the Evaluation in its different phases.

Limitations

The Evaluation was conducted within the context of the following limitations:

- The Evaluation was mainly qualitative in nature. No quantitative data was collected, thus the triangulation had to be done with reference to the project's monitoring documents.
- The Evaluation focus was more on understanding what worked and what did not work, rather than on assessing the technicalities of the activities.
- Language constraints implied that all FGDs had to be conducted in Pashto by INTERSOS national staff. To minimise translation bias, questions were analysed in depth by the Evaluator and the team before starting the FGDs, to make sure the meaning was clear to everyone, and that the language used was appropriate for the audience.
- In terms of external stakeholders, only some of them were available to be interviewed during the Evaluation exercise. Furthermore, those that were involved were mostly from the Health Sector (either from the Health Facilities where INTERSOS provided its support, or from the Department of Public Health – DoPH). Therefore, the external perceptions collected on the intervention here analysed had mainly a Health perspective.

FINDINGS

RELEVANCE AND APPROPRIATENESS

The Evaluation exercise established that the project was both relevant and appropriate, considering the needs of the targeted populations. The multi-sector response that was provided, combining a static and a mobile approach, took into consideration the specificities of the context and was designed with a focus on women and children. Whilst the community was involved and consulted, and the creation of Community Health Workers (CHWs) surely ensured a link between the Organisation and the affected population, some improvements could be made to reach a more constant level of community engagement throughout the lifetime of the project, and to reinforce not only the accountability system, but the overall internal capacity of using the feedbacks received in a continuous learning process.



1. To what extent do the objectives of the intervention respond to the local needs?

According to the Humanitarian Needs Overview 2020 (HNO 2020), because of the protracted conflict nearly every province of Afghanistan had shock-affected households facing multiple humanitarian needs simultaneously. One of the most recurrent combinations saw Protection and Health as the two sectors where the population had the greatest needs. The revised Humanitarian Response Plan 2018-2021 (HRP 2021) for Afghanistan prioritised three Strategic Objectives (SOs) for the global response to the crisis, here summarised:

- SO1 focused on the provision of urgent, emergency assistance to ensure people's survival and prevent mortality.
- SO2 concerned specifically Protection violations and the need to address critical problems related to physical and mental wellbeing and coping mechanisms.
- SO3 prioritised the assistance to the most vulnerable in the community and the need to enhance their resilience, by addressing critical problems related to living standards and coping mechanisms.

In this context, the Evaluation exercise assessed that the multi-sectoral intervention implemented by INTERSOS was in line with the needs of the population, with its focus on an integrated Protection and Health response. Moreover, the intervention was in line with the broader strategy of INTERSOS Afghanistan foreseen for 2020, as well as with what had been identified by the international humanitarian community.

The proposal submitted to the Donor in February 2020 underlined the focus on the emergency needs of the affected population, and specifically of the most vulnerable groups, including women, children, and Gender-Based Violence (GBV) survivors. The project had as its main objective of providing Health and Nutrition services to underserved communities, through both a static and a mobile approach, so as to address the needs of those living in hard-to-reach areas, left out from any public Health support - the so called "white areas".

With the arrival of the Covid-19 pandemic in mid-2020, the needs of the population further increased because of the negative effects not only on the Health, but also on the social and economic sphere of already affected communities. In this scenario, the adoption of activities promoted by INTERSOS starting from July 2020 was found to be appropriate. Particularly relevant were the awareness sessions organised in all the targeted locations, which aimed at promoting good hygiene practices to reduce the spreading of the virus.

The relevance and appropriateness of the intervention, as analysed through the above desk review, was confirmed by both interviews with key informants and discussions with the affected communities.

Indeed, all key informants confirmed the relevance of the intervention in relation to the needs of the population. According to the mission's Senior Management staff, the intervention was also in line with the country's strategy of expanding the operations to Zabul Province, an underserved area with one of the highest proportions of Internally Displaced Persons (IDPs) and host population.

Furthermore, the integration of Protection in the response was also recognised as a significant added value of the intervention, considering the very little humanitarian presence in that area, mainly concentrated in providing an emergency response. This was acknowledged also by some of the external stakeholders interviewed, who confirmed the relevance of INTERSOS project vis à vis the humanitarian situation in the country:



INTERSOS is implementing activities in inaccessible areas, where others cannot go. Conflict has not stopped for one single day, since 2007. When there is conflict, there is Protection need.

Likewise, project staff all remarked that the lack of humanitarian actors in the white areas of Spinboldak District, as well as lessons learned from previous interventions, were the rationale behind the choice to intervene with a Mobile Health Team (MHT), thus providing a combined static and mobile support whose objective was to reduce the vacuum left by the public Health assistance and respond to the need of a struggling population. One important factor was also the gratuity of the services offered by INTERSOS, in the face of a general lack of free-of-charge medical assistance.

External stakeholders voiced their consensus in recognising the value and the relevance of INTERSOS activities in all targeted locations, as they provided not only a direct response to the needs of the communities, but also a considerable support to the local Health structures and their personnel.

Yet, if the assistance was relevant indeed, according to nearly half of those interviewed it was not complete, as it could have included a WASH component to increase access to water – an essential good, considering also its necessary presence for good hygiene practices. In fact, while it was recognised that awareness sessions related to the Covid-19 pandemic were relevant to the needs of the population and appropriate to the situation ongoing in the country, it was also recognised that without proper access to water their relevance (and effectiveness) risked an important decrease.

Concerning the point of view of beneficiaries, all FGDs participants confirmed that the activities implemented by INTERSOS responded to their needs and expressed satisfaction in relation to the assistance received. During the FGDs, all services provided by INTERSOS were mentioned for their relevance.



There is not a service of INTERSOS that was not very essential and useful.¹



Most of the elderly people in our village had serious medical conditions... Fortunately, due to the services of INTERSOS, these people, who could not afford the treatment, now started their treatment and got the medicines.²

¹ FGD with a group of women in Maywand, Kandahar Province (April 2021).

² FGD with a group of women in Shahwalikot, Kandahar Province (April 2021)

2. Are the activities consistent with the overall goal and the attainment of its objectives?

INTERSOS intervention aimed at improving access to quality, lifesaving, and high-impact services for individuals in need in the four targeted Districts, underserved areas with significant constraints in terms of access to (or even presence of) functioning Health facilities. To reach this goal, the intervention foresaw a two-fold strategy including both a static and a mobile presence, so as to complement existing Health facilities with Protection activities while reaching out to underserved rural areas through a mobile team composed of both Health and Protection staff.

The Evaluation exercise established that the activities were consistent with the primary goal of the intervention.

After having conducted the Multi-Sectoral Needs Assessment and having interviewed Health workers of the targeted locations in Kandahar and Zabul Provinces at the end of 2019, INTERSOS Staff had identified the significant gap in the existing Health facilities, in terms of capacities and resources. The foreseen intervention addressed this by establishing Protection Centres in the three selected HFs, combining the approach of using Health and Nutrition as entry points, with the more confidential services that a static facility can provide.

Training sessions were an important component of the project, which aimed at promoting great capacities within the existing HFs. Indeed, medical personnel were trained to be able to provide first basic emotional support and refer GBV survivors to the Protection teams.

Nutrition needs were addressed through awareness sessions and the establishment of an Infant and Young Child Feeding (IYCF) Corner in the Province Hospital of Qalat, in order to provide a variety of services to mothers and their children, among which screening, referral, counselling, and food education support.



The MHT was an important asset of the project in improving access to medical services for a population otherwise cut off from public hospitals or any other Health facilities, also because of relevant constraints to their freedom of movement. The two teams deployed within the MHT, of Health and Protection staff, ensured that referrals could be done in an easy yet efficient way, reaching the population of 12 villages in the Spinboldak white areas. The services of the MHT guaranteed particular attention to women and children, through the provision of routine immunisation services and other dedicated activities aimed at improving their Health and Nutrition status. Indeed, the distribution of baby kits to mothers was used as means to incentivize the attendance to the reproductive Health cycle, while delivery kits were provided to pregnant women and traditional birth attendants to ensure a safe and clean delivery in case the nearest HF could not be reached.

Furthermore, the adaptation of the project activities that followed the outbreak of Covid-19 in the first half of 2020 was found to be consistent with the overall goal of the intervention. The addition of Risk Communications and Community Engagement (RCCE); Infection and Prevention Control (IPC) and Hygiene Promotion (both at HFs and at community level) as well as the provision of PSS services in COVID-19 Isolation wards was consistent with the rest of the project and continued to promote its main objective, by providing vulnerable communities with an integrated Protection and Health response.

When asked about the consistency of the project's activities with the overall goal, all KIs agreed that the activities implemented were appropriate to the local culture and norms, and in line with the overall objective of the intervention. It was also observed that, because of the sensitivity of the Protection component in particular, should activities had not been respectful of the local culture it would have been nearly impossible to continue their implementation.

Lessons learned from previous interventions, as well as consultations with community leaders and religious authorities, were behind the approach of using Health and Nutrition as an entry point for Protection. This solution was praised by both internal and external actors as an effective measure to address the cultural sensitiveness present in the country and ensure the planned response. Particularly praised was the use of the Quran as a facilitating factor to spread Protection principles, starting from the existence of human rights and thus the need to protect the most vulnerable. As one INTERSOS staff recalled:



Religion, from one side a limit, became a resource. Our staff went to the religious and community leaders to ask advice on how to raise awareness on the importance of family planning, and they found verses in the Quran that could be used for this purpose: the necessity to wait some years between one child and the following one, so that each of them can have the attention he/she deserves.

Key informants recognised the capacity of the project staff to adapt the response on the way and address the newly emerged needs related to the Covid-19 pandemic:



We managed to achieve the same goals with different activities: (...) communities were able to access more information on Health topics and their awareness increased, which in turn helped address existing issues – even people that go to school doubt about the efficacy of the Covid-19 vaccine.

Finally, the establishment of a network of Community Health Workers (CHWs) was very well appreciated. INTERSOS staff recognised their added value in being the link between the community and the Organisation, capable of guaranteeing presence and follow up when the project staff could not be there because of security or access limitations.

According to the beneficiaries interviewed, in identifying and implementing the proposed activities INTERSOS respected local norms and was sensitive to local traditions:



INTERsos has considered the gender relationship in our community, and we have seen gender balanced teams serving the most vulnerable and needy population in different essential sectors, to develop and promote Healthy living (...) We are happy and satisfied from these services, we hope that these services will continue.³

Yet, some remarks were made in relation to the distribution of kits, as receiving a list of pre-identified items was considered less appropriate than having cash to buy stuff sensitive to local norms:



My Husband was not encouraging the distribution of the dignity kit and its items (blankets etc.). He said: « Why not cash, so we use it ourselves? ». The services and provision of items cannot be adjusted in cultural and religious codes.⁴

While this suggestion should be taken into consideration, most of the beneficiaries confirmed their satisfaction with all activities implemented and services received.

³ FGD with a group of women in Shahwalikot, Kandahar Province (April 2021).

⁴ FGD with a group of women in Maywand, Kandahar Province (April 2021).

3. Was the design of the intervention the most appropriate to achieve the set goals and objectives?

The design of the intervention included since the beginning the engagement and active participation of the communities, in a community-based approach that had to consider gender related issues during all phases of the project life. Accountability mechanisms were also well delineated with three different mechanisms foreseen: complaint and feedback boxes in each Protection Centre within the HFs; one focal point to be trained to receive face-to-face complaints; and the hotline number. All this was meant to complement the existing “Awaaz” humanitarian helpline, already set up at country level. Lastly, the idea was to have periodic and systematic reviews and analyses of the information collected by the M&E Team, to use them to assess the strengths and weaknesses of the activities and inform the decision-making towards programmes development.

The Evaluation exercise established that the design was appropriate, considering the final objective of the intervention, yet the implementation of such design could be improved, either because some activities aimed at increasing the accountability started late, or because of a lack of confrontation moments to review the feedback received and involve the community in their analysis.



1. Community-based approach

In general, particularly relevant for the application of the community-based approach was the establishment of the CHWs, whose network proved fundamental in bridging the gap between INTERSOS and the communities that is sometimes created because of the challenging context of operation. This importance was recognised and praised by both key informants, internal and external, and beneficiaries, who saw in the CHWs a safe focal point able to take the place of INTERSOS staff in their absence. Considering that no Local Committee was set up as part of the project, the value of this network of volunteers acquired even more importance in representing the connection between the project staff and the people assisted.

At the same time, some internal stakeholders manifested the need to have a dedicated person, on INTERSOS side, tasked with following up on the relationship with the communities, to provide them with one single representative of the Organisation and avoid the confusion created by having different persons, as well as sometimes different approaches, based on the single project.

Nevertheless, **the relationship between INTERSOS and the local communities was overall judged as positive, to the extent that at the end of project, the staff was all known by name and recognised.** Furthermore, even the working modalities of the project become known and recognised, as reported by the members of the MHT:



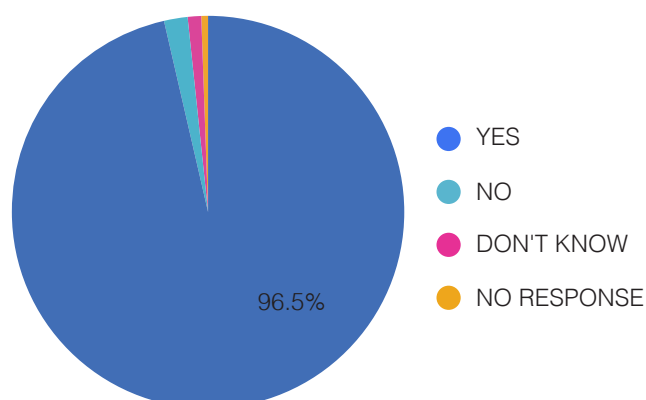
At first, we used to communicate to the community leaders the dates of our arrival to certain villages – then, people learned our routine and started waiting for us knowing exactly when and where we would have operated.

According to the beneficiaries, INTERSOS liaised with their communities in the initial phase of the project, as shown by both direct testimonies and by data coming from the internal accountability exercise:

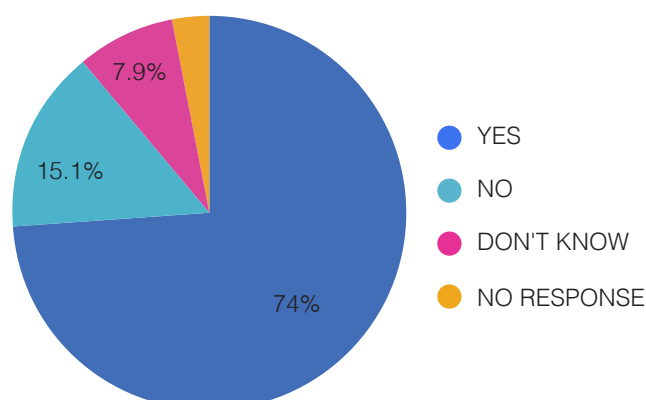


INTERSOS people did the community engagement and informed the elders of our villages.⁵

Do you know of anyone in your community who was consulted by INTERSOS [in the past 5 months] on what your needs are and how the INTERSOS can best help?



Do you consider that your opinions have been taken into account when designing the project?



⁵FGD with a group of men in Shahwalikot, Kandahar Province (April 2021).

2. Accountability system

All FGDs participants were aware of the existence of the accountability mechanisms and could name at least some of them. Results coming from the internal accountability exercise highlighted that 30% of the 430 people interviewed would refer to external actors in case they had problem with the assistance, with the remaining 70% using INTERSOS complaint mechanisms. While this might be in line with social norms and practices, it still remains an area worth attention – considering that issues related with the services provided by INTERSOS are easily solved with and by INTERSOS itself.

Where would you go if you had a question or a problem with the assistance?



When looking at the effectiveness of the accountability mechanisms put in place, project staff recognised the significant challenge that remains even with a sufficiently diverse system in place. In fact, key informants asked about the appropriateness of accountability mechanisms acknowledged that complaint boxes remained often empty, the hot line was functioning, yet network issues prevented people from using their phones; and the phone surveys used for the internal accountability exercises had an inherent bias in that when they addressed women, these women were using their husbands' phone, with consequences on the honesty and completeness of their answers. Indeed, one key informant highlighted that before questioning the accountability mechanisms in place, it is essential to understand whether people have been informed about their rights to complain and the fact that if something is not working, they can have a say, because it is their right. Another added that:



Accountability system is a new thing here, it is not always understood what accountability is, not even internally by our staff. We need more information, more awareness session, because otherwise accountability can be confused with spying.

EFFECTIVENESS

Overall, the project achieved its results in all sectors of intervention. Some targets were significantly overachieved, as they had initially rounded down given that the activities were new and/or the areas of implementation had not been explored before. With such a high degree of effectiveness, but considering the high sensitivity of some of the topics treated (like the support to GBV survivors), more focus should be put on quality rather than on quantity of the cases managed. Yet, this step requires the presence of technical coordinators during the whole implementation period, to guarantee prompt and active support to the project staff.

4. To what extent were the objectives achieved / are likely to be achieved?

Looking at the final data in the project monitoring documents and triangulating the information with what key informants and beneficiaries reported, the Evaluation exercise confirmed that the intervention achieved its objectives, in all sectors. The overall accomplishment of the project results was achieved notwithstanding some delays caused by the insecurity and access issues, resulting, for example, in activities in Qalat being downsized for nearly two months (November – December). The number of conflict-affected individuals that was supposed to be reached by the integrated response was also attained, with 66,423 people benefitting from INTERSOS services, out of the 62,585 initially foreseen – with an achievement level of 106.13%.

This comment from one beneficiary summarised the overall feeling:

“ With the presence of INTERSOS, the needs of our society have been addressed in the field of Health and safety. So far, no humanitarian organisation had been able to provide such services and INTERSOS gave the services and assistance to vulnerable people in our society. Everyone in the community is happy with INTERSOS services.”⁶

Strictly related with the effectiveness of the project, is the internal capacity of monitoring the activities and thus being able to adjust them according to new needs or changes in the context. To this regard, key informants gave mixed answers. On one side, the strengthening of the M&E Unit over the year resulted in stronger support to the project team, with better information management in terms of both quality and timeliness. Yet, while important tools were set up, many voiced the necessity of further improvement in this area, by transforming an informal system to some structured, formal practices, to be able also to look at the quality of the services provided, rather than their quantity.

Results will now be analysed per sector: targets and achievements related to the project indicators will be taken from internal monitoring documents while data collected from key informants and beneficiaries during the Evaluation exercise will help understand the reason behind some significant over- or under-achievements.

⁶FGD with a group of men in Spinboldak, Kandahar Province (April 2021).

• Protection

Indicator	Target	Achieved	%
# of individuals supported with comprehensive case management and PSS in line with global standards	3,200	4,478	140%
# of staff receiving Protection training	95	133	140%
# of successful referrals to external partners	350	1,135	324.29
# of successful internal referrals	350	1,127	322
# of individuals attending awareness sessions	21,600	32,232	149.22
# of individuals involved in Protection monitoring	7,200	7,508	104.28
# of Protection cases identified and referred by Health staff	1,500	722	48.13



The analysis confirmed that the intervention addressed Protection concerns of vulnerable segments of the population, and it provided capacity building to staff to enable them to identify such concerns.

“ The Protection team provided training and explained the main concept of Protection to the community, so through this understanding and the support received the life standard of vulnerable people increased.⁷

In terms of the referral system, INTERSOS staff confirmed its effectiveness both ways: from Protection to Health and vice versa. In this, the presence of CHWs was essential as they could reach out to people normally excluded from access to Health facilities. Members of the MHT operating in villages around Spinboldak district manifested their satisfaction with the effectiveness of this collaboration:

“ We have good coordination, both ways: Health – Protection and Protection – Health. We have two kinds of beneficiaries: those who come and know already about Protection, and they recognise during the consultation that they need Protection services, others that understand this after some time. Not only do we give information to them, but we also directly take them to the Protection team.

Beneficiaries appreciated both the direct support given to children, by providing them with the national ID cards, which allowed them to enrol in schools, and the indirect support provided through the awareness sessions to the community:

“ As a result of public awareness, the community now understands that young girls and boys in the community should refrain from underage marriage, and that they should pay attention to the education of children, forbidding them hazardous work and enrolment in armed groups.⁸

The suggestion expressed by many members of the staff pointed at a higher concentration on the quality of the assistance, rather than the quantity of the activities performed, with specific reference to Case Management. What happened was that the attention remained at the number of cases taken, without really considering that for each case, multiple follow-up sessions are needed. The long timespan of each case was also at the origin of the decision to stop accepting new cases in the last months of the projects, which created some tensions with the beneficiaries – as reported by one Protection staff:

“ People continue to come but we cannot accept their cases. They misunderstand why we cannot accept their cases – they think we accept only “our” circles. We should be able to shift some cases to other projects. In general, longer projects are needed if they have a Protection component. It takes time to start, and then you need to stop shortly after.

⁷ FGD with a group of men in Qalat, Zabul Province (April 2021).

⁸ FGD with a group of men in Spinboldak, Kandahar Province (April 2021).

• Health

Indicator	Target	Achieved	%
# of OPD consultations	9,000	12,269	136,32
# of PLW consultations	4,900	3,691	75,33
# of GBV survivors supported by medical team	30	1	3,33
# of women who attended at least 2 ante-natal visits	1,470	2,275	154,76
# of live births attended	630	1,133	179,84
# of cases of women with life threatening complications managed	160	173	108,13
# of community members that accesses Covid-19 hygiene promotion	30,720	30,219	98,37

Triangulation of data with the feedbacks from key informants and beneficiaries confirmed that the intervention improved access to quality primary Health care.

“My daughter was injured in a mine explosion. INTERSOS programme team facilitated her trip so that she could get treatments, and now she feels better.”⁹

One woman said:

“A child with anemia was sent to Kandahar by INTERSOS Protection team, where he underwent surgery. Now he feels okay, and this is a huge achievement.”¹⁰

Hygiene awareness sessions were also much appreciated and proved effective in their scope:

“I learned a lot from awareness, especially hygiene procedures and its benefits. Now I can keep my child safe from disease by applying accurate hygiene and feeding them with safe Food – they will be Healthy and physically well.”¹¹

• Nutrition

Indicator	Target	Achieved	%
# of children under 5 admitted for treatment of Severe or Moderate Acute Malnutrition	162	179	110.49
# of people receiving behaviour change intervention to improve IYCF practices	1,000	5,604	560.4

⁹ FGD with a group of men in Qalat, Zabul Province (April 2021).

¹⁰ FGD with a group of women in Qalat, Kandahar Province (April 2021).

¹¹ FGD with a group of women in Maywand, Kandahar Province (April 2021).

Though interviews with internal key informants revealed that Nutrition targets were initially rounded down, as it was the first time INTERSOS was implementing such activities in the area, the analysis confirmed that the project achieved its goal. At the same time, the way “behaviour change” was calculated leaves some doubts in relation to the real change - and so the evident overachievement of the related target. Indeed, for measuring this indicator, attendance books were used, whilst a pre- and post- awareness session test could have probably provided more accuracy in terms of how much the intervention had been effective in improving the participants’ IYCF practices.

5. What were the major factors influencing the achievement or non-achievement of the objectives of the intervention?

The Evaluation exercise identified several factors that influenced the implementation of the project activities and thus the achievement of their objectives.



ENABLING FACTORS

INTERSOS long-standing presence in the country, knowledge of the context and expertise in the sectors of intervention definitely played a role throughout the lifetime of the project. As other interventions were already ongoing in the areas of Kandahar Province (or had been for years), access was already granted, as well as acceptance from local communities and local authorities, which were particularly favourable to the provision of Health activities. As reported by one INTERSOS staff that had conducted an FGD in one of the project locations,

“ People in Maywand said « We'll write a letter to the Governor for INTERSOS not to leave » if you need it. They now recognise our work and want us to stay.

Excellent capacity-building in Protection, obtained following the trainings carried out by the Protection Coordinator first, was another enabling factor. Consequently, the good quality in the implementation of Protection activities resulted in an improved trust by the local communities, who ended up recognising INTERSOS not only as a Health actor, but for its Protection services too – considering that at first this sector and its activities were a new concept for the majority of the interlocutors in the country, it was a clear achievement of the team, the fact that

“ Local authorities now recognise what we are doing and its relevance. Knowing that in Qalat they want to organise a public appreciation for us, is very significant.¹²

The capacity of adapting activities, especially shortly after the Covid-19 outbreak, was also considered as a positive factor: the team proved its adaptability in being able to change and shape activities to the evolving needs, while remaining within the project framework.

Internally, good collaboration within and among the departments was registered, facilitated by the absence of substantial logistical challenges. Furthermore, medical – Protection collaboration was also effective: the synergy in the office was reflected also in the field, where both teams managed to work well together.

CHALLENGES

The general insecurity that affected the country and the targeted areas was undeniably a challenge, and it is a widespread feeling among those interviewed that it probably played a role in preventing bigger achievements from being obtained. Indeed, not only did security constraints prevent staff from going to the field and conducting regular monitoring, but they also resulted in temporary interruptions of the activities.

Likewise, the Covid-19 outbreak had some effects, specifically on procurement. Drugs had to be purchased in the country, and although at the end results were achieved, sometimes it meant having a lower quality and in general, some delays were reported at the beginning, because of unclear procedures and weak positioning at the customs.

¹² KII with one INTERSOS project staff (April 2021).

Another external challenge was reported in the interruption of phone coverage that affected some of the locations where activities were implemented, which prevented staff (and the beneficiaries) from using their telephones: this had consequences on the capacity to conduct accountability exercises (usually conducted by phone), but also in terms of security.

The collaboration with the DoPH emerged as being particularly demanding – and the fact that all discussions had to be taken in the local language did not make it easier, excluding the project management team from a direct engagement. The DoPH was also the interlocutor for Protection activities, and, with the lack of other actors and stakeholders, the dialogue and coordination suffered the different level of understanding of and expertise in the sector.

On the side of the individuals receiving the services, though the majority of people confirmed they could benefit with no major challenges, the main concern that was reported from all four project locations revolved around access and security constraints:

“ The remoteness of the Health team's location, lack of transportation, conflict and mine risk have led to some persons of the community being deprived from services. I moved there easily because I am close to INTERSOS MHT location, but INTERSOS should coordinate with the community in delivering the services so that all members of the community can benefit from them.”¹³

The impact of the unstable situation was particularly felt at night:

“ Crossing unsecured areas in the night is threatening (...) For example, some time ago, there was a pregnant woman in our village, and she was in a very critical condition, but we were not able to get her to the hospital in time. This is a big problem.”¹⁴

To face this difficulty, some expressed the necessity to have more Health facilities spread outside urban areas, or at least ambulances that could fill this gap and support patients in reaching the nearest hospital when needed.

¹³ FGD with a group of men in Spinboldak, Kandahar Province (April 2021).

¹⁴ FGD with a group of men in Qalat, Zabul Province (April 2021).

EFFICIENCY

Given the security and access constraints registered in the areas of intervention, INTERSOS was able to provide a timely and efficient response. The delay in the provision of case management services, as it was perceived by some beneficiaries, could find an explanation more on what is still a partial understanding of how such service works, rather than on gaps in the response. More investments could have been made in security training and tools.



6. Were activities cost-efficient?

The Evaluation focused on the approach implemented and on what key informants reported when asked about whether the choices made led to the best solution in terms of cost-efficiency.

A significant expense was made for refreshments and numerous components of material assistance, which were provided alongside awareness sessions. As reported by project staff, this decision was taken not only because being the first year of the implementation, “it was necessary to build the relationship with the community”, but most of all to support participants’ re-attendance.¹⁵

¹⁵ For example, for ante-natal care each woman should do four different visits, thus incentives to their re-attendance were deemed a necessary component to include as part of the activities.

Similarly, Covid-19 related activities and hygiene sessions foresaw the distribution of substantial quantities of soap: undoubtedly one necessary element for applying the good practices, yet something not available without the support of INTERSOS, with some risk of creating dependence and expectations on the beneficiaries' side. Overall, the validity of this approach was acknowledged by internal key informants. Yet, some pointed at a lack of standardisation with other projects having some of the same activities, but not envisaging refreshments or material support.

Even if overall the organigramme that was set up was considered appropriate for the implementation of the activities, the absence of some specific roles was mentioned, which could have supported the team: for instance, a storekeeper, a pharmacist, a logistics assistant to help in the management of an expanding compound - though the most cited absent role related to Protection female staff, especially for PSS services.

Drugs were another point of discussion, and both internal and external staff manifested the need to have higher quantities, considering also the general unavailability in the public Health facilities.

The project team underlined that more focus should have been given to security, with more money invested in tools (such as satellite phones, or GPS tracking) and training sessions that could serve as a follow up after the initial briefing provided, which however focused more on general topics rather than more specific issues such as what to do in case of accidents (explosions, kidnappings, car hijacking, etc).



7. Were objectives achieved on time?

Overall, INTERSOS respected the established timeline as foreseen in the proposal narrative. At the end of the project, activities were all completed, notwithstanding that in some locations they had to be stopped for months because of security constraints.

The major concern in terms of timeliness of services provision relates to Case Management. On one side, project staff reported that cases remained open for a longer time than the three months foreseen by the internal procedure, because of the situation they were facing in the field. As clearly explained by one of them,

“ Beneficiaries live in areas where roads are blocked, so they cannot come back for follow up meetings and we temporarily lose them. So, we wait, we know how difficult this can be for them to come back. They have so many restrictions and limitations, they are not allowed by families, governments, armed opposition groups, roads... this is why we wait; it is OK if the case remains open.

Yet, on the other side, beneficiaries tended to perceive this as a service provided with substantial delays:

“ We have one general concern about INTERSOS Case Management section and services. INTERSOS provided services in the mentioned section to the community: for example, INTERSOS staff collect one serious case from the community, but the result is taking two months and the beneficiary has come many times to follow up on her case without any exact date and timeline.¹⁶

Perhaps, behind this misunderstanding and these different perceptions lies a gap in communication between the organisation and the community, with the result that people have only a partial knowledge of how case management works. One suggestion could be to provide more information on this, and specifically on the need to have multiple follow up sessions, depending on the individual case, so that cases that remain open to “wait” for beneficiaries to come back are not wrongly perceived by the counterpart.

¹⁶ FGD with a group of men in Maywand, Kandahar Province (April 2021).

SUSTAINABILITY AND LIKELIHOOD OF IMPACT

The intervention brought about positive change in the communities, by improving their access to primary Health care and providing them with Protection and Nutrition services much needed considering the multiple challenges the population has been dealing with for the past decades. Yet, for a project with such a strong Protection component, more time is needed to have a real impact. Though awareness sessions and trainings to Health staff proved effective in augmenting their knowledge and capacities, this type of intervention cannot be sustainable: on the contrary, sustainability overlaps with continuity of the activities.

8. To what extent has the intervention supported and developed local capacities, both at authorities and community level?

The primary goal of the project was to improve access to Protection, Health, and Nutrition services for underserved communities of the targeted areas – the type of services provided was therefore more directed at providing an immediate and direct assistance to ameliorate people's lives. The evaluation exercise, through the analysis of the pre- and post- training surveys as well as through the data collected from key informants and beneficiaries, established that the intervention did increase people's knowledge and awareness, while not specifically focusing on the development of local capacities. As it will be explained below, additional time was needed to invest in training the staff, and in following up on such trainings.

To start with, the trainings conducted to Health staff on Protection topics were effective in providing them with essential information, and such trainings were not directed at Health staff only: the CHWs also benefited from these capacity-building sessions, and this was reflected in their capacity of referring individuals in need of Protection support that had been identified in the communities.

Key informants all mentioned the importance of awareness sessions in making people more aware of Health and Nutrition practices, as well as in good hygiene practices specifically related to Covid-19. By giving awareness sessions to underserved, rural communities, INTERSOS was able to convey key messages to the population, bringing about significant changes in behaviours and thus contributing also to their resilience. One project staff reported that



My experience is that the only thing that really helps people in a sustainable way, is awareness programmes. The rest is temporary assistance. We should focus more on and work more with CHWs, and on building their capacities and knowledge. Their behaviour changes and they transfer this to the community.

Yet, on the other side, others from within the project staff underlined that, while triggering a real change, more follow up was needed to consolidate and capitalise on the awareness sessions – and this would have been possible had a longer project been in place.

In the words of two members of the project team,

“ Awareness sessions are not enough to bring about change. Behaviour change is not possible in the short term, if you want to change someone’s behaviour you need time. We at least brought some thinking. We need more time.

Indeed, considering the time taken to start the activities, and the extent to which many subjects were completely new to these communities (Protection-related topics, for instance, but also some Health issues), more time was needed to really strengthen local knowledge and capacities.

It is also worth mentioning one positive factor that was cited multiple times by both internal and external stakeholders, related to the (positive) domino effect that these awareness sessions had, with direct beneficiaries replicating the messages received by INTERSOS staff, both at homes and in other communities not served by the activities:

“ Through the support of Covid-19 and hygiene training and sessions, people are able to care about their Health. They share the information with those who are not aware. It brings positive impact in the community.¹⁷

Frequently mentioned were the information received on IYCF, as well as those related to preventive measure to adapt against the spread of Covid-19:

“ Because of public awareness sessions, many changes have taken place in our lives. The most important change was in hygiene. We did not know before, but now we wash our hands with soap; in the past, we washed vegetables only with water, but now we wash our vegetables with water and salt. We did not know before how to prevent Covid-19, but now we know that we should use the mask and wash our hands for 20 seconds and have distance from each other.¹⁸

Furthermore, the attention on education (and of female education in particular), which was brought about through awareness sessions on the importance of letting children attend school, as well as the direct provision of education kits, was also very appreciated.

¹⁷ FGD with a group of women in Spinboldak, Kandahar Province (April 2021).

¹⁸ FGD with a group of women in Shahwalikot, Kandahar Province (April 2021).

9. What has happened as a result of the intervention (intended or unintended)?

The project brought about positive change in the communities: the different services that were provided in the four targeted areas were unanimously seen as important in supporting people's lives and improving access to quality services in the three sectors of intervention. One INTERSOS project staff, when asked to evaluate whether it could be possible to see any impact generated by the activities, associated personal perceptions and results achieved with a change in external perceptions:

“ We transformed some lives. There are many successful examples of referrals from one province to the other, of children enrolled in schools, of individuals receiving PSS. I see a change in the community, and this finds confirmation when local authorities of the targeted areas now recognise the relevance of what we are doing.

Indeed, activities implemented during the project helped reaching other, wider, objectives, as mentioned in another internal interview with a technical staff:

“ We trained people on human rights, on their rights. Now they have the thinking, they understand that if I beat my wife, this is not good. This information helped decrease the number of GBV cases.

This was felt also by external stakeholders:

“ Definitely there is a positive change in the community. Zabul people are very needed and underserved. Women now are coming for deliveries, before they were not coming but now, they know about the services and that if they come, they also receive the kits. This helps a lot; people are encouraged to come to the hospital and indeed the number of patients is higher compared to the past.



From FGDs, people confirmed that change was there: PSS was among the activities appreciated the most, with visible consequences on the wellbeing of the patients, together with awareness sessions:



Diseases have also decreased, while the general knowledge of people has increased: we understand more on how to maintain good Health and be well, physically and emotionally.¹⁹

Legal support was recognised as another driver for change, and especially the provision of the national ID cards (Tazkira) allowed children to enrol in schools, therefore giving them another option than working or begging in the streets. Participants to FGDs all acknowledged this as a catalyst for change:



After public awareness, the community now understands that young girls and boys in the community should refrain from underage marriage, pay attention to the education of children, forbid children from hazardous work and issue civil documents to women.²⁰

Knowing about rights was mentioned across the different project locations, specifying how this has effects on living conditions:



Right now, we know about our rights and how to protect ourselves. Now we live in a different way.²¹



Our lives have changed a lot. I am relieved because when Protection team advised me, I calmed down and gained confidence. Now whenever I am depressed or unhappy, I return to the instructions and the advice of the INTERSOS team. I realize that I am a human being and as a human I have rights.²²

It is important to mention that no negative impact was signalled by beneficiaries:



The services did not have a negative impact; these services fulfil the needs of many people. The services had many positive results and changed people's life. We are very happy with these services and hope that they will continue for a long time.²³

¹⁹ FGD with a group of women in Maywand, Kandahar Province (April 2021).

²⁰ FGD with a group of men in Spinboldak, Kandahar Province (April 2021).

²¹ FGD with a group of men in Shahwalikot, Kandahar Province (April 2021).

²² FGD with a group of women in Qalat, Zabul Province (April 2021).

²³ FGD with a group of women in Shahwalikot, Kandahar Province (April 2021).

10. To what extent are the benefits of the intervention likely to continue?

Overall, the Evaluation exercise, through the information collected both internally and externally, established that one year is not enough to ensure any real degree of sustainability for a project so conceived. Looking at the project proposal, there was no mention of any exit strategy²⁴, nor was it foreseen the creation of local committees, though significant investment was put on the role of CHWs, tasked with the responsibility of continuing some of the activities started by INTERSOS, by identifying Protection concerns in the communities. And yet, for the benefit of this question, it is worth dividing the analysis of the support provided by INTERSOS within the evaluated project in two parts, both including all three sectors: one that considers the emergency response, another that focuses on the awareness sessions and the trainings – undoubtedly perceived as the most sustainable component of the project.



²⁴ The initial idea of being able to ensure an extension of the activities perhaps played a role in the project design.

EMERGENCY RESPONSE

The project was mainly conceived to address emergency needs of a largely underserved population, by providing them with live-saving assistance.

One of the main issues reported by both internal and external stakeholders, was the fact that the lack of resources in the local structures prevented them from guaranteeing continuity of the activities:

“ Zabul is a very poor area. The Provincial Hospital without INTERSOS cannot do anything. The capacity of the Health staff is good, but they do not have resources.”²⁵

The same situation could be found in other Districts of Kandahar Province, as mentioned in the interview with one staff working in Shahwalikot area:

“ There should be sources of assistance. INTERSOS is now providing Protection in the Health facilities, if it leaves, there is no source. Work should be done to find such a source: staff, equipment, funds. This is the case also for Covid-related activities: INTERSOS now distributes soap but if it leaves, nobody is there that can provide it.”

When it comes to Protection services, the specificity of the sector needs to be considered, as well as the fact that INTERSOS was the only actor capable of providing such assistance. This meant that it took a significant amount of time to set up the activities, with the result that after one year only there was no structure left in the community with the adequate resources and capacities to continue this work. Case management remains something strictly linked to the work of humanitarian NGOs – and in the case of Afghanistan, almost of INTERSOS only. Furthermore, in terms of impact of case management, this comes usually when a long-term support and the related follow up can be ensured.

Another relevant factor is the presence of INTERSOS in hard-to-reach areas, or in the white areas: if this, on one side, did represent one of added-values of the intervention, on the other side it means that such areas are still outside the catchment population of government-run facilities. One additional reason to involve more, and in a more comprehensive way, local communities in the implementation of the project activities: CHWs started this process, but further investment on them is needed to strengthen the link between humanitarian agencies, government structures, and the affected populations.

One external stakeholder gave his perception, quite straightforward yet categorical:

“ There is no sustainability, if INTERSOS stops, then all activities will stop.”

²⁵ Interview with one technical staff.

AWARENESS / TRAINING

As reported in other sessions of this report, awareness sessions did increase local knowledge and proved effective in at least providing some new thinking in the local communities. At the same time, the overall feeling that emerged from the staff interviewed is that this positive effect will not remain once INTERSOS leaves:

“ We made a small difference, a small change in the behaviour, but when we leave the area people will go back to where they were when we first came.

The same applies to the trainings provided to local staff: they achieved their aim of increasing people's knowledge and capacities, as also demonstrated by the pre- and post- training tests carried out by the M&E Unit, though little doubt is there around the need of having refresher sessions.

In light of the above, it can be concluded that the project was not sustainable – but probably this was not its purpose. The knowledge of the context and the understanding of the trends of the needs revolve around the argument and lead to the conclusion that **the sustainability of this project is perhaps given by the likelihood that it can continue.**

“ The negative side of a quick project is that once we build trust, the project ends. And then this has consequences on how people see us. Trust is essential, and sustainable projects will help us build trust with the community.

To guarantee a longer presence would ensure a higher degree of impact, building on the achievements made along the way. In the words of one project staff,

“ To leave would limit the effectiveness of our intervention, now that we have gained trust and acceptance and that a higher level of understanding has been created.



RECOMMENDATIONS

- Increase the number of female staff in the provision of the different services, and particularly within the MHT and for Protection services (PSS).
- Foresee more awareness sessions to be sure beneficiaries understand the rationale behind the project's activities, so as to avoid unnecessary misunderstandings (mostly concerning case management).
- Have focal points in each District that can be seen as a permanent referent by both local authorities and the communities.
- Continue improving the accountability system: increase FGDs with the beneficiaries on a regular basis and set up structured follow up analyses of the findings.
- Ensure there is at least one security briefing to all staff and, if possible, organise refresher sessions.
- Work more on community engagement throughout the implementation period, with a focus on training the CHWs in being able to carry out at least some of the activities.



INTERSES

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