HEALTH PROTECTION & RESEARCH ORGANISATION
موسسه حفاظت و تحقیقات صحی
د روغتیا د ساتنې او څېړنې موسسه

Afghan Humanitarian Crisis Response Support Program in Emergency Response Period, Afghanistan

Third Party Project Evaluation Report

February, 2023

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JAPAN PLATFORM

Acknowledgements

We would like to acknowledge the responsiveness, and constructive engagement of the key informants consulted during this evaluation. Their insights have been valuable in shaping the report.

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The findings within this document, however, are entirely the responsibility of the technical team.

HPRO

Feb 2023

Disclaimer

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Abbreviations

AFN	Afghani
AHF	Afghanistan Humanitarian Fund
CBD	Community based dialogue
CHS	Core Humanitarian Standards
COVID	Corona Virus Disease
CSI	Coping Strategy Index
DoRR	Department of Refugees and Returnees
FCS	Food Consumption Score
FIES	Food Insecurity Experience Scale
GBV	Gender-based Violence
HEAT	Household Emergency Assessment Tool
HHs	Households
HPRO	Health Protection and Research Organization
IDP	Internally Displaced Peoples
IEC	Information Education and Communication
IPC	Integrated Food Security Phase Classification
JPF	Japan Platform
KII	Key Informant Interview
LFA	Logical Framework
MOE	Margin of Error
MORR	Ministry of Refugees and Repatriation
NGO	Non-Government Organization
ODK	Open Data Kit
PDM	Post-Distribution Monitoring
PPE	Personal Protection Equipment
rCSI	Reduced Coping Strategy Index
RFP	Request for Proposal
SGBV	Sexual and Gender-based Violence
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Program

Introduction

1. Introduction

1.1. Overview

Third-party project evaluations are essential accountability and learning initiatives that JPF regularly undertakes jointly with its member NGOs for quality improvement. This is more so for in Afghanistan where JPF and the member NGOs have no access to the project sites due to restrictions associated with the Japanese government funding. Local implementing partners/local offices remotely managed by the members NGOs implement project activities and forefront of daily communication with project stakeholders as well as project beneficiaries.

Given drastic situational changes in Afghanistan, JPF with consultation with the member NGOs, decided the third-party project evaluation planned for five projects in Afghanistan funded by year 2021 budget to focus on assessing and documenting outcomes (immediate impact) rather than exhausting limited resource by conducting summative and/or program evaluation. A request for proposals (RFP) was made to solicit proposals to conduct Third-party project final evaluation services for five JPF projects and Health Protection & Research Organization (HPRO), a Kabul based NGO, has been nominated to provide the endline evaluation for five projects based on competitive selection process. This report presents findings from the endline evaluation of one of the five projects that was implemented by Shanti Volunteer Association (SVA) in Kunar province of Afghanistan.

1.2. Afghanistan Hunger and Food Insecurity

Afghanistan has been subjected to decades of complex and protracted conflicts, combined with a changing climate, gender inequalities, rapid urbanization, underemployment and the economic fallout of the COVID-19 pandemic. Over half of the country's population lives below the poverty line, and food insecurity is on the rise, largely due to conflict and insecurity cutting off whole communities from livelihood opportunities. Based on the Integrated Food Security Phase classification (IPC), in 2022[1], 18.9 million (45%) people are identified as acutely food insecure phase 3 or 4 IPC, including hundreds of thousands who have been displaced by conflict since the beginning of the year 2021. Undernutrition is of particular concern in women, children, displaced people, and returnees, households headed by women, people with disabilities and the poor. Despite progress in recent years, undernutrition rates are now increasing and 2 million children are malnourished. Every year, some 250,000 people on average are affected by a wide range of environmental disasters including floods, droughts, avalanches, landslides and earthquakes. The impact of disasters and dependency on water from rain or snowmelt severely limit the productivity of the agricultural sector, which consequently affects the food security situation in Afghanistan[2]

1 Afghanistan: Acute Food Insecurity Situation for March - May 2022 and Projection for June - November 2022

https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155595/?iso3=AFG

2 World Food Programme, Country Brief, 2022

https://www.wfp.org/countries/afghanistan

1.3. COVID 19 Situation in Afghanistan

The COVID-19 pandemic hit Afghanistan at a time when the country was most vulnerable, with a fragile healthcare system and unable to contain the disease, and meet the needs of the vulnerable people. The country has gone through four waves of the disease thus far. An analysis of the COVID-19 cases reported by the District Health Information Software-2 shows that the fourth wave has just passed in March 2022. With the resurgence of the COVID-19 cases in other countries, it is likely that the next wave might not be too far. Challenges such as the lack or insufficiency of donor funds, unstable political situation, inadequate healthcare services, insufficient healthcare workers and diagnostic capacity, illiteracy of people, poor economy and shortage of the COVID-19 vaccine are greatly threatening the nation. The de facto authority does not seem to have a clear plan to fight against the pandemic. [3]

In addition to this, the proportion of fully & partially vaccinated individuals were least in Kunar, as of 3 Sep 2022. [4]

1.3.1. Overview of the Situation in Kunar Province

Located in the east of the country, Kunar, the project target area, is a largely mountainous province organized into 15 administrative districts including its provincial capital Asadabad. Kunar hosts large concentrations of IDPs and returnees due to conflict within the province, only small percentage of IDP's are outside of province. One in six people is either a returnee or an internally displaced person (IDP). In Kunar Province, 29,000 people were displaced during the period between January and September 2019 alone, about 60% of whom were children under the age of 18. [5] Based on the Integrated Food Security Phase Classification (IPC) 2022 analysis (298,731) 45% of the population of Kunar were estimated to be in phase 3+ of the IPC.[6]

1.3.2. WASH situation in Kunar Province

Water sources for IDPs and returnees are mostly Kariz (aquifers), dug wells, springs and water pipes. Returnees and the IDPs live in host communities and must therefore share the same sources. As a result, there were water shortages in the villages surrounding Asadabad. With the influx of IDPs and returnees, children attending school in the province are rapidly increasing. School facilities, such as classrooms and water, sanitation, and hygiene (WASH) facilities, are not adequate to meet the temporary increase of the children, making it impossible for them to access protective education opportunities. Outdoor learning and inadequate WASH facilities not only have an adverse effect on the quality of education, but also expose the children to protection risks, including poor health, physical violence, and sexual and gender-based violence (SGBV). [7]

3 Dovepress, The fourth wave of the COVID-19 in Afghanistan-the way forward, 2022

https://www.dovepress.com/the-fourth-wave-of-the-covid-19-in-afghanistan-the-way-forward-peer-reviewed-fulltext-article-IDR

4 COVID-19 Epidemiological Bulletin, Afghanistan - Epidemiological Week 35 (28 Aug - 3 Sep 2022)

COVID19-Weekly-Epidemiological-Bulletin_W35_2022.pdf

5 AFGHANISTAN, Snapshot of Population Movements (January to September 2019), OCHA, September 2019

6 Afghanistan: Acute Food Insecurity Situation for March - May 2022 and Projection for June - November 2022

https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155595/?iso3=AFG

7 IOM (2017), "Baseline Mobility Assessment. Summary Results", DTM Afghanistan. https://reliefweb.int/

The issues of security and returnee's repatriation have been on the rise. International Medical Corps conducted the need assessment in Khas Kunar, Sarkani and Shegal Districts of Kunar Province where the returnees and IDPs are most likely to stay because of its location and satisfactory security condition. These IDPs were displaced from neighboring villages and districts due to security concerns and arm clashes between government and anti-government opposition in most location of Kunar specifically in Chapa Dara where the armed clashes have started recently. It has been revealed from the Assessment that a large number of returnees and IDPs are living in Kunar province. The returnees are currently faced with multiple challenges and especially the WASH needs are identified as higher with limited support being currently in place. In addition, unavailability of potable safe drinking water, unsafe hygiene and sanitation behavior and practices, prevalent open defecation practices, and poor personal and environmental hygiene and sanitation conditions are some of the serious WASH challenges for the returnees, IDPs and host communities that need to be addressed urgently. The key highlights from the Assessment reveals that 59.3% of people in Shegal, 71% in Sarkano and 42.1% people in Khas Kunar districts has no access to safe drinking water.[8]

1.4. Project Overview

Afghan Humanitarian Crisis Response Support Program in Emergency Response Period, Afghanistan

The project "Items distribution, hygiene awareness raising and women's protection support project for needy families in Kunar, Afghanistan" was implemented by SVA (Shanti International Volunteer Association) from August 27, 2021 to August 26, 2022. The aim was to reduce the acute food shortage of internally displaced persons and the needy in the target areas of Kunar Province is temporarily curbed and reducing the risk of morbidity by promoting prevention awareness of the new coronavirus (hereinafter referred to as "COVID-19"). Another component of the project aimed to empower women in target areas to acquire basic knowledge of protection, such as gender-based violence, sanitation and child-protection and rearing, and to find solutions by discussing how they should address protection issues and livelihood difficulties. In addition, leadership was provided mainly for women shura to develop leaders who can lead the women's community and to enable women to continue their empowerment activities spontaneously even after the completion of the project. The food assistance was provided to 416 beneficiaries each in khas kunar, sawki and Shigal areas of Kunar. SVA implemented door to door awareness about child protection, women protection and hygiene awareness. At the end of awareness exercise, they distributed dignity kits to 100 women attending the awareness parts. In addition, they conducted CBD (Community based dialogue) with 150 males and talked about what SVA did in awareness.

8 International Medical Corps, WASH Needs Assessment , 2019

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/07/IDPs%2C-Returnees%2C-Host-Communities-WASH-needs-assessment-in-Knuar%2C-Laghman%2C-Nangarhar-by-IMC-%2815-April-2019%29.pdf

1.5. Purpose of the Study

The purpose of the evaluation is to accurately capture information and analyze data on these project outcomes. The specific objectives of final evaluation are:

- To verify and measure outcomes of the projects;
- To understand the beneficiary's satisfaction;
- To document above achievements and challenges;
- To provide any possible indicatives for improving the projects for both JPF and member NGOs

1.6. Structure of the Report

This report represents the synthesis of a number of different streams of analysis and associated reports, including a set of case studies. The main body of the report is structured as follows:

Chapter 2: Methodology

Chapter 3: Findings

Chapter 4: Conclusion & Recommendations

2 Methodology

Study Design

Methodology for Data Acquisition

Means of Assessment

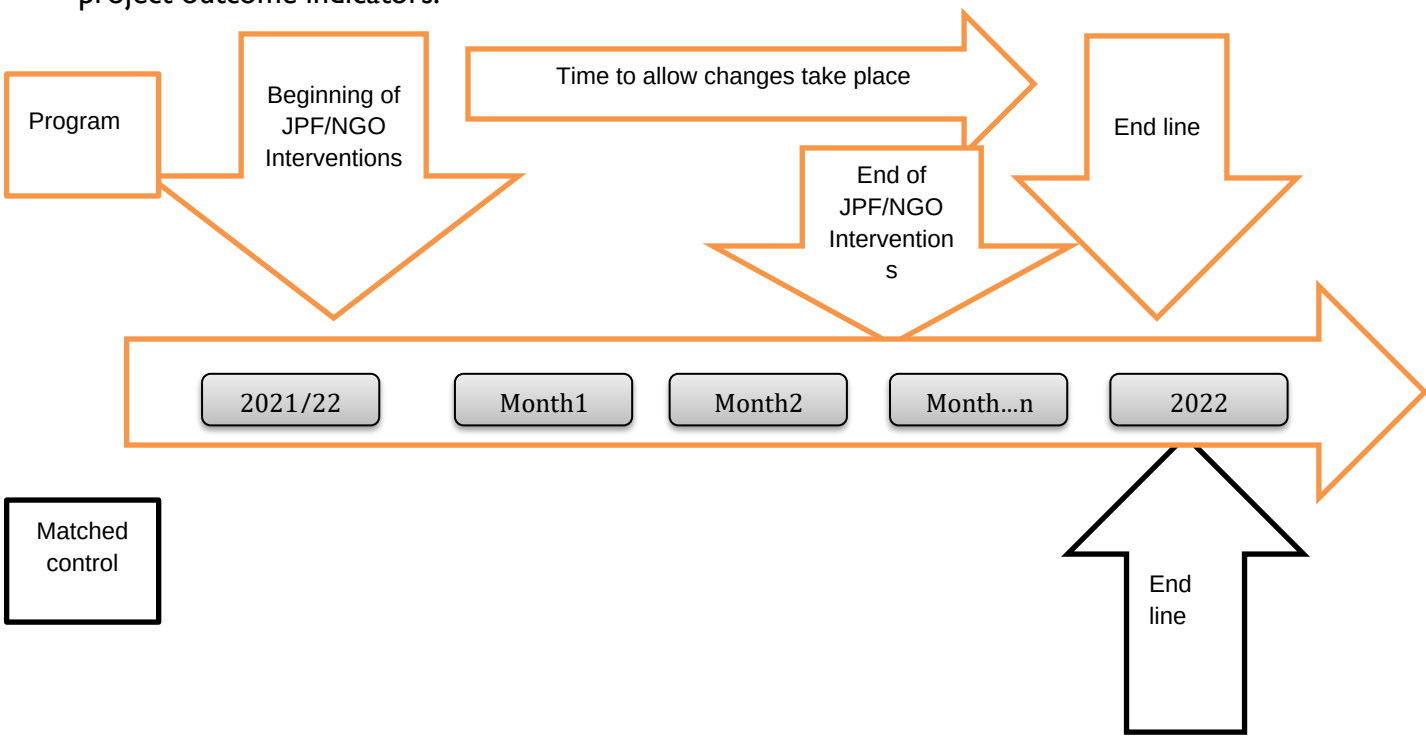
Data Collection

Data Management and Analysis

2. Methodology

2.1. Study Design

A case-control methodology will be adopted for impact evaluation in consultation with the JPF and SVA to provide a scientific rigor to the evaluation. In this case-control method participants from both the intervention (108 HH) and the control group (27 HH) will be purposively selected through matching by socioeconomic indicators such as age, gender, education and marital status. The assessment will try to measure project outcome indicators.



The impact indicators for the project are divided into 2 groups according to the project outcomes linked to each component:

- Emergency food distribution and infection prevention measures
- Women's Protection and Empowerment

Each component has two main outcomes with different indicators:
The first component presents the following outcomes:

- Improved knowledge about COVID-19 infection prevention
- Improved access to food (Food distribution component)

The second component presents the following outcomes:

- Increased Gender Based Violence (GBV) awareness amongst women
- Increased child protection and child care knowledge amongst women

Some of the indicators are linked to the logframe, but also there will be added complementary indicators in some cases. For estimating the impact of the program, it will be used a mean difference method. This method consists in comparing the mean values of the impact indicators between the treatment group (beneficiaries of the program) and the control group (not beneficiaries). In other words, it measures the

differences in outcomes between program participants after the program took effect and another group who did not participate in the program. The mean difference is a standard statistic that measures the absolute difference between the mean value in two groups in an experiment. It estimates the amount by which the experimental intervention changes the outcome on average compared with the control. The statistical significance of the indicators is checked, and as consequence the difference between both means to know if the impact of the program both in food security and resilience through the different indicators outlined in the section 2.

For the identification of treatment, we used the household selection criteria & database used by SVA for identifying the most vulnerable households. In the case of the treatment group, the beneficiaries were randomly selected from the household selection database. In the case of the control group, two villages that were assumed to be similar to the treatment villages in terms of soci-economic conditions but did not get the food assistance and were at least 10 Km away from the treatment villages. Households for control group were randomly selected using spin at the center of the village to determine the first household and then every nth household was selected using systematic random sampling in these two villages where no aid was provided by the SVA project until the sample of control household was completed.

Component 1: Emergency food distribution and infection prevention measures

Outcome 1: Improved knowledge about COVID-19 infection prevention

- **Indicator 1.1.1: Percentage of (beneficiary) households implementing COVID-19 infection control based on correct information - hygiene habits:** This indicator, related to correct hygiene for infection control will be estimated through the following questions of the hygiene module.

Outcome 2: Improved access to food (Food Distribution Component)

- **Indicator 2.1.1: Food Consumption Score (FCS)**
  The Food Consumption Score (FCS) is an index that was developed by the World Food Programme. The FCS aggregates household-level data on the diversity and frequency of food groups consumed over the previous seven days, which is then weighted according to the relative nutritional value of the consumed food groups. For instance, food groups containing nutritionally dense foods, such as animal products, are given greater weight than those containing less nutritionally dense foods, such as tubers. The food consumption score is a proxy indicator of household caloric availability and dietary diversity. Based on this score, a household's food consumption can be further classified into one of three categories: poor, borderline, or acceptable. However, in this

exercise, there will be compared the raw FCS score of the beneficiaries with the raw score of the counterfactual (control group).

Component 2: Women's Protection and Empowerment

Outcome 2: Increased Gender Based Violence (GBV) awareness amongst women

- **Indicator 2.1.1: Percentage of women with improved knowledge about GBV prevention**

Outcome 2.2: Increased child protection and child care knowledge amongst women

- **Indicator 2.2.1: Percentage of men and women who have a certain level of understanding of protection issues:** Percentage of women with improved knowledge about child protection and child care

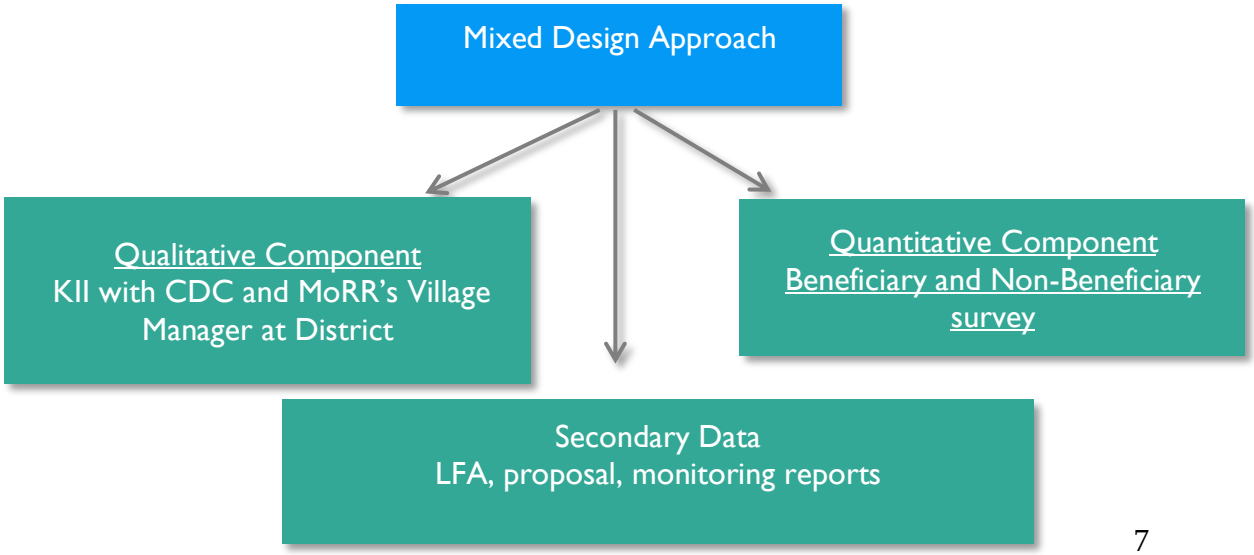
Satisfaction of beneficiaries

The beneficiary satisfaction was assessed with a set of questions depending on the intervention in which the beneficiaries took part. Those questions were answered with a single choice selection in a 1 to 5 Liekert scale between satisfied, satisfied, neutral, very dissatisfied and dissatisfied

2.2. Methodology for Data Acquisition

In line with the above-mentioned objectives, a mixed design approach was adopted for the evaluation. As a method, this research design focused on collecting, analyzing, and mixing both quantitative and qualitative data in order to provide a better understanding of study objectives. Evaluation design was based on triangulation of primary and secondary information collected during the study. A case-control methodology was adopted for impact evaluation in consultation with the JPF and to provide a scientific rigor to the evaluation (fig 1).

Figure 1: Summative evaluation data collection methodology



Sample Size Calculation
In order to calculate minimum sample size for HH in both treatment and control groups, we have used the following formula:

n = N*X / (X + N – 1), where,

X = Zα/22 ¬*p*(1-p) / MOE2,

Zα/2 is the critical value of the Normal distribution at α/2 (e.g. for a confidence level of 95%, α is 0.10 and the critical value is 1.645), MOE is the margin of error 10%, p is the sample proportion (assuming the largest possible variance of 50%), and N is the population size (1.245) Minimum sample size (n) =90 HH

There will be collected an estimated number of 18 extra observations, increasing the total to 108 surveys, in case of a data loss (worst case scenario of 20% data missing) additional 25% (27 household) were added from the control group. A total of 109 were enrolled in the survey from 16 villages, with the following distribution:

Table 1. Sample distribution of beneficiaries by village and district

Beneficiaries				
District	Village	Beneficiary HH	Percentage by Village	Percentage by District
Sawkai	Chenyaree	18	16.5%	33.0%
	Gatoo Qala	18	16.5%	
Khas Kunar	Chimyaree	16	14.7%	33.0%
	Shalay	13	11.9%	
	Chandrawoo	5	4.6%	
	Bilaam	2	1.8%	
Shegal	Lachenaw	10	9.2%	33.9%
	Atoo	5	4.6%	
	Chaqoori	5	4.6%	
	Mandook	4	3.7%	
	Dageesir	3	2.8%	
	Naraysir	3	2.8%	
	Shontala	3	2.8%	
	Slemankhiel	2	1.8%	
	Helal Zai	1	0.9%	
	other	1	0.9%	
total		109	100%	100%

Two villages were selected from Sawkai district: Chenyaree, and Gatoo Qala; four villages from Khas Kunar district: Chimyaree, Shalay, Chandrawoo, and Bilaam; and nine villages from Shegal district: Lachenaw, Atoo, Chaqoori, Mandook, Dageesir, Naraysir, Shontala, Slemankhiel, and Helal Zai.

The stratified sampling between the beneficiary households followed the beneficiary distribution: 33.3% of the beneficiaries were located in Sawkai, 33.3% in Khas Kunar, and 33.3% in Shegal.

For selection of control group households, we performed simple random sampling in two villages[9] from Sawkai district: Kulmanay, and Dandayqala, totaling to 27 enquired households.

Table 2. Sample distribution of control group households by village

Control group			
District	Village	Control group	Percentage of survey Household in each village
Sawkai	Kulmanay	14	51.9%
	Dandayqala	13	48.1%
total		27	100%

2.3. Means of Assessment

- Desk review: post distribution monitoring data, training materials, concept note, beneficiary database
- Beneficiary and non-beneficiary household interviews: to gather information on beneficiary household socio-economic condition, usage of food, food practices, hygiene practices. The interview will also use tools such as coping strategy index, post distribution satisfaction score and food consumption score
- KII with Community leaders: to gather information on current women issue, prevalence of GBV, effectiveness of community dialogue, women participation in household, local, community affairs
- KII with provincial and district authorities

2.4. Data Collection

2.4.1. Training and Field Testing

The training of provincial supervisor and enumerator for the project in Kunar province conducted successfully on Nov 8, 2022 at HPRO office in Kabul. The training facilitated by HPRO technical team. Two participants one male and one female participated in this training. The methods used in the training were Interactive presentations and group discussions, Individual and group exercises, feedback from participants and facilitators, daily reflections from participants and role plays facilitated by investigators. In addition, the data collection tools presented separately to the participants and practically worked on the tools in Smart Phones using ODK (Open Data Kit) system. Different methods, such as presentation, group work, questions and answers and practical work were conducted. Finally, the feedback was given by the facilitators regarding filling out the questionnaires and using ODK properly.

9 The distance between intervention areas and non-intervention area was minimum 10 Km. Additionally, control area having similar cultural, economic, customs and geographical conditions that of intervention area except that they did not get the assistance from the JPF funded SVA project nor from any other organization.

2.4.2. Data collection

Data collection was conducted from Nov 10 to 21, 2022. An ODK based cloud mobile data collection platform "Kobotoolbox" was used for the data collection and storage. Digital data collection tools were designed in a manner that ensured receipt of quality data to the system, all possible validation measures were taken into account while designing the tool. Data collectors were popped up with alerts while submitting invalid data and they wouldn't be able to submit incomplete or invalid data. A total of two interviews were conducted; one with the village manager of DoRR of Khas Kunar district and one with the Community Leader in Sawkai district.

The key challenge faced by data collection team was accessing interviewees due to several reasons related to harsh geography Covid, growing insecurity across Afghanistan. This resulted in difficulty in intra district movement and conducting household survey and KII's. The Shegal district is a mountainous part of the Kunar province and there is no paved road for the car to go inside the villages, so during the data collection HPRO team and SVA colleagues walked by foot all the way inside the mentioned villages.

2.4.3. Monitoring and Supervision for quality assurance

HPRO project coordinator traveled to Kunar province and accompanied and oversaw the data collection work of the field data collectors for 2 days; he provided on the spot feedback and end of day debrief in which all weak points were highlighted and emphasize was made to not repeat those. In addition, a monitoring team from HPRO Kabul office performed spot checks of interviews as soon as it is uploaded in HPRO ODK. The study supervisor also conducted monitoring of the data collection process on ODK. Besides taking such quality control measures in the data collection application, a data quality assurance officer was assigned to regularly check the data for invalidity and communicated the data related issues with the data collectors. Incorrect records were rectified or eliminated from the database. To ensure respondents' personal information confidentiality instead of collecting their name, the application generated an auto number for each respondent formatted as (Province Code, District Code, First three letters of village name, 4 digit random number). All qualitative data collection events were audio recorded. The quality assurance manager conducted quality checks on transcribed interviews and second quality assurance check was conducted on translated interviews.

2.4.4. Means of Communication

The mode of communication was phone calls for regular communication between HPRO Kabul team and SVA Afghanistan team. Virtual platform such as zoom, skype and email was used for sharing progress updates or getting information for evaluation, between JPF, SVA and HPRO team..

2.5. Data Management and Analysis

2.4.1 Transcription and Translation

Transcription of field notes started as soon as the data arrived in the database. The quality assurance officer reviewed field notes for completeness and made additions to the notes after listening to the audio-recorded interviews. To get an accurate account

of data from the interviews, the quality assurance officer, data manager and field supervisor reviewed notes and make additions to the field notes. One translator was solely responsible for translating transcripts from Farsi/Pashto to English. The quality assurance officer translated quantitative information. Verbatim transcripts were created from the recordings using a standardized transcription protocol. Transcripts were translated into English, and used for analysis.

2.4.2 Coding of data

Quantitative

The questionnaires were coded with such as district name, village name etc. The study team developed coding rules for all the situations and applied them consistently. The coding issues were pertaining to missing information, ambiguous information, details of response is disconnected from choices selected by respondents. The data files were cleaned for errors. The data manager checked thoroughly the data file to ensure that all responses are within the valid range. Invalid entries were rechecked with the electronic database and based on consensus within the team, observations were replaced with valid numbers.

Qualitative

Some identifiers such as KII interview name used in the study were put in hidden folders since we no longer need this information as we wanted to eliminate the possibility of linking responses on the electronic file to individuals. During the study respondents were given opportunity to provide written comments at the end of the questionnaire. The responses were coded according to the type of comment that was made. The open-ended comments were coded and the data was entered electronically in the access program.

The research objectives and research questions guided data coding for qualitative data. The key themes were developed based on the objectives of the evaluation. The sub-themes were generated using the relevant research questions. These were priori codes that guided the categorization of the data. As new sub-themes emerged, those were also coded as new codes. The quality assurance officer and data manager provided support to the team during transcription of field notes. After the transcription of field notes, a quality assurance officer worked on the organization of field notes. The field notes and transcribed interviews were organized by respondents and type of data collection method (KII). Data was organized by main folder and sub folders and then started coding of data. A deductive thematic analysis was conducted with the transcripts using the qualitative data analysis software. For the coding process, first priori codes were developed based on the existing themes. Priori codes provide a general framework for major themes and subthemes that were generated later through an iterative process. Then, the technical lead had to review transcribed notes multiple times so they could label or group certain areas in the dataset. The quality assurance officer and field coordinator team looked for similar views and opinions and group them together to support a particular theme.

2.4.3 Data analysis

Quantitative

For quantitative data analysis, data was first run for missing values, double entries in STATA 14. Data was recoded for certain values and new variables were generated.

During data analysis of quantitative data, data issues of type I and type II errors was assessed. The quantitative information was compiled to generate ratios and figures. In this study only univariate analysis was conducted, mainly in the form of frequencies and percentages. Later, pivot tables were generated using Ms Excel to segregate the values as per sub-groups.

Qualitative

KII interviews were first transcribed and then translated to English. Followed by analysis of qualitative data under the major themes of 1) Program functioning, 2) Project Management and 3) capacity building. Sub themes were generated under each major theme based on the objectives stated in ToR. The purpose was to group themes in a hierarchical structure. Sub themes were placed under each major theme in a way that supports the major theme.

2.4.4 Limitations

There were various limitations to this study, which can be divided into, challenges of field, and evaluation scope. The scope of evaluation was broad considering the interventions in three districts. The evaluation team in consultation with SVA field team tried to select control groups as close to the beneficiaries as possible so there is close matching guided by the HEAT database with both beneficiaries and no beneficiaries. However, there were challenges as there was no baseline data from the control villages. Both HPRO and SVA field tried its best to select two villages for the control group as close as possible to the treatment people. This limited the exercise of comparing results between beneficiaries and control groups of the Food Consumption Score (FCS), the Food Insecurity Experience Scale (FIES) and the Coping Strategy Index (CSI). As a consequence, we only presented the FCS from a descriptive perspective to complement the first and second outcome indicator stated in the logframe which is improved food security and improved the resilience of target communities to disasters. The households for survey were selected in the three districts where both component one and two were planned to be implemented. It was later realized that only food aid, hygiene education through billboards on main roads and hygiene kits were distributed to people in the villages in three districts. However, training on protection and distribution of dignity kits had been changed to the capital of Kunar province due to security and cultural sensitivity issues. Due to this change in the area of implementation of component two, the effect of the women empowerment component could not be reflected by this study because the study sampling did not go beyond the three districts.

Findings

3

Objective 1: To verify and measure outcomes of the projects

Objective 2: To understand beneficiary satisfaction

Objective 3: To document project achievements and challenges

Objective 4: To provide any possible indicatives for improving the projects for both JPF and member NGOs (Recommendations)

3. Findings

This section presents the findings under three large themes followed by sub thematic areas. Headline findings are presented as bold (and numbered) statements and the supporting findings are presented as sub sections with additional paragraphed text.

3.1. Objective1. To verify and measure outcomes of the projects

3.1.1 Study participant demographics

- **Distribution by age:** The average age of the individuals of the sample is 35.3 years-old. In the case of the beneficiaries, the average age in Khas Kunar is 35.8 years-old, in Sawkai is 35.8, and in Shegal is 35.0 Finally, the control group average age is 34.1 years old (Sawkai).
- **Distribution by sex and marital status**: Most of the interviewees were male 65.4% with 63.3% among beneficiary participants and 74.1% among participants in the control villages. The majority of the respondents of the sample are married (72.8%), while 26.5% are widows and 0.7% other. When it comes to beneficiaries, 67% are married while 96.3% of the control group have the same marital status.
- **Distribution by literacy:** Most of the respondents are illiterate (93.4% of the sample). Regarding beneficiaries 91.7% are illiterate, 3.7% have studied less than secondary school, 1.8% have finished secondary school and 2.8% have studied bachelor's degree. Regarding the control group, the 100% are illiterate.
- **Distribution by ethnicity:** 99% of the beneficiaries are Pashtun and 1% Pashayi, while 100% of the control group is Pashtun.
- **Distribution by Occupation:** Most of the respondents are casual workers (51.4% of the beneficiaries and 63% of the control group). In second place, housewives (30.3% of the beneficiaries and 22.2% of the control group.

Table 3. Sample distribution of control group households by village

Occupation	Beneficiaries	Control Group	Grand Total
Agriculture- own land	3.7%	14.8%	5.9%
Agriculture-labor	1.8%	0.0%	1.5%
Casual labor	51.4%	63.0%	53.7%
Service/salaried with govt job	2.8%	0.0%	2.2%
Housewife	30.3%	22.2%	28.7%
Not employed	5.5%	0.0%	4.4%
no response	4.6%	0.0%	3.7%

- **Distribution by migration status:** Most of the respondents are host communities (60.3%), followed by 22.1% IDPs and the remaining 17.6% are returnees.

Table 4. Sample distribution of sample by migration status

Migration status	Beneficiaries	Control group	Grand Total
IDP	26.6%	3.7%	22.1%
Host community	51.4%	96.3%	60.3%
Returnee	22.0%	0.0%	17.6%

All interviewees in Gatoo Qala, are returnees, while all of the interviewees from Bilaam are IDPs. All the enquired households from Chaqoori, Dageesir, Helal Zai, Kulmanay, Mandook, Naraysir, Shalay, Shontala and Slemankhiel are host communities. In the rest of the villages (Atoo, Chandrawoo, Chenyaree, Chimyaree, Dandayqala, Lachenaw) were mixed interviews of IDPs, host communities and returnees.

On average, beneficiary IDPs have been living in the same place for 9.6 years, while control group IDP have been there for 5 years. Beneficiary returnees have settled back for 7.1 years. The main reason for IDPs to displace was due to poverty (53.3%), war (23.3%), personal conflicts (20%) and other reasons 3.3%. Most of the IDPs are not going back to their place of birth or living (96.6%).

3.1.2 Household characteristics

On average, the beneficiaries´ household size (number of members that live in the same house) is 10.2, from which almost six (5.9) are children from 0 to 17 years old, 4 are adults (from 18 to 60 years old), and there is almost one elder of more than 60 years every five households (0.2). The 2.2% of the beneficiary household family members are people with disabilities.

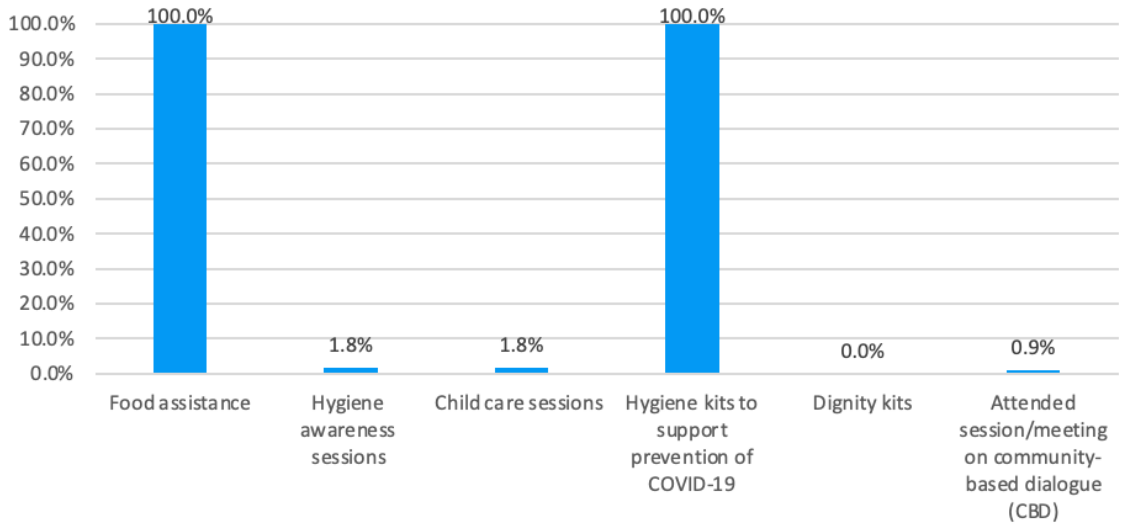
On the side of the non-beneficiaries, the distribution is quite similar: the household size is 10.9 members, and on average, there are 6.3 children, 4.4 adults, and one elder in every five households (0.2). The 0.7% of the non-beneficiary household families are people with disabilities.

3.1.3 Enrollment in the program

All the beneficiaries from the sample took part in 2 components of the project: Food distribution & received hygiene kits to support prevention of COVID-19. However, only 1.8% took part in the hygiene awareness sessions, child care sessions in addition to the previous named components, and 0.9% attended to a session/meeting on community-based dialogue (CBD) by the time the data has finished to be collected on November 20th

2022. Further inquiry from the field revealed that the SVA teams provided one on one education on hygiene during survey of the household however due to COVID 19 risks, sessions in big groups were not held which was asked by the survey teams. Component two of the project was changed from the initial planned place (Sawki, Khas Kunar and Shaigal) to Asad Abad and hence it is not reflected by the survey.

Figure 2: Participation of beneficiaries by program component



All beneficiaries have been enrolled in the program for 3 months, have received one token and have received food for three months at once. All of them have received 150 kg of wheat, 20 liters of cooking oil, 21 kg of sugar, 21 kg of beans, and 1 set of packaging material. They also received hygiene kits for the prevention of COVID-19.

Further exploration revealed that the awareness sessions on child protection, hygiene, community-based dialogue and dignity kit distribution took place in the capital city of Kunar province and that is the reason they were left out from the evaluation sample.

3.2. Objective 2. To understand the beneficiary's satisfaction

Functioning of the food assistance component

On average it took more time and was more expensive to get the food aid in Khas Kunar villages, it was faster in Sawkai villages and it was cheaper in Shegal. Lachenaw and Slemankhiel were the villages more distant to the distribution points (it took on average 52.5 minutes), while Chenyaree had the shortest time to get (40.5 minutes). Dageesir and Chaqoori are the villages where beneficiaries have to wait the longer queues (81.7 and 80 minutes) while Slemankhiel is the fastest (15 minutes). Dageesir is the cheapest location to get to the distribution point and back (250 AFN), while Helal Zai, is the most expensive (500 AFN).

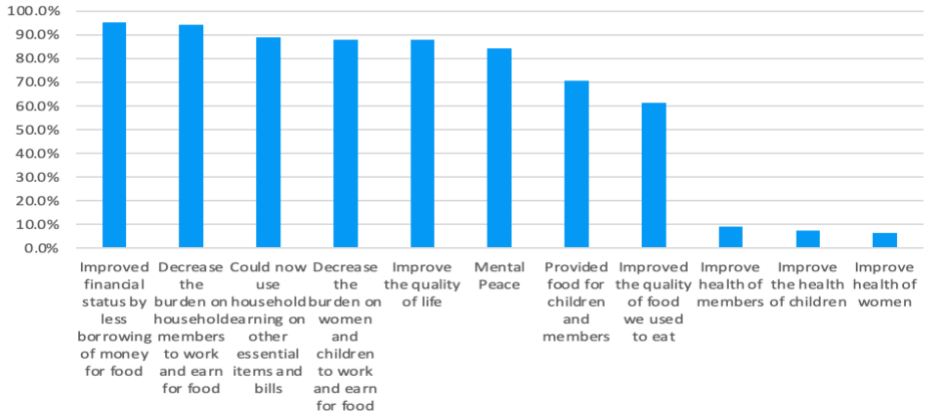
Table 5. Cost and time taken by the beneficiary to get the assistance

Village	Average Time It Took to Get to the Distribution Point	Average Time to Receive the Food, When Arrived at the Distribution Point (Minutes)	Total Time to Get the Food Assistance	Average of Total Cost to Receive the Food (AFN)
Khas Kunar	47.4	69.9	117.3	401.11
Bilaam	49.0	72.5	121.5	425.00
Chandrawoo	48.2	75.0	123.2	430.00
Chimyaree	49.3	73.6	122.8	396.25
Shalay	44.5	63.1	107.5	392.31
Sawkai	40.9	57.6	98.5	318.06
Chenyaree	40.5	55.2	95.7	312.78
Gatoo Qala	41.3	59.9	101.2	323.33
Shegal	50.2	64.1	114.3	309.46
Atoo	49.6	49.6	99.2	320.00
Chaqoori	50.0	80.0	130.0	340.00
Dageesir	48.3	81.7	130.0	250.00
Helal Zai	50.0	70.0	120.0	500.00
Lachenaw	52.5	57.0	109.5	325.00
Mandook	47.5	60.0	107.5	275.00
Naraysir	48.3	73.3	121.7	283.33
Shontala	46.7	73.3	120.0	300.00
Slemankhiel	52.5	15.5	68.0	325.00
Other	60.0	120.0	180.0	150.00
Grand Total	46.2	63.9	110.1	342.57

There are two beneficiaries that are part of other assistance program, but there is no further information on this.

Most beneficiaries feel the food assistance has helped to improve financial status by less borrowing of money for food (95.4%), decrease the burden on household members to work and earn for food (94.5%), and they could use household earning on other essential items and bills (89.0%).

Figure 3. How food assistance has helped the household



Most beneficiaries consider that food assistance program has considered special needs of women mostly (44.2%).

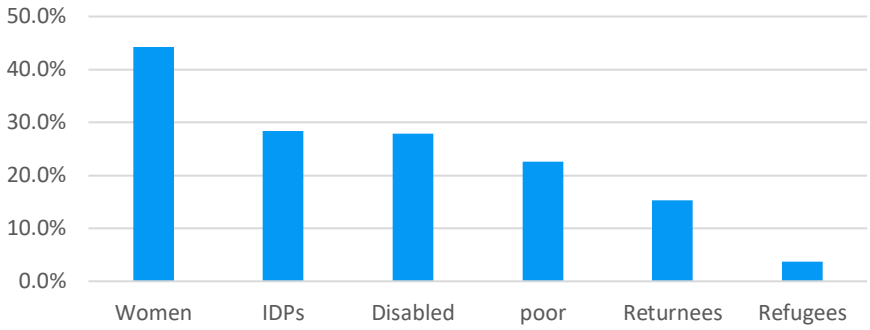


Figure 4. Consider that SVA food assistance program have considered the special needs of the groups

Most beneficiaries (95%) consider that groups have been asked about their needs for the implementation of the aid

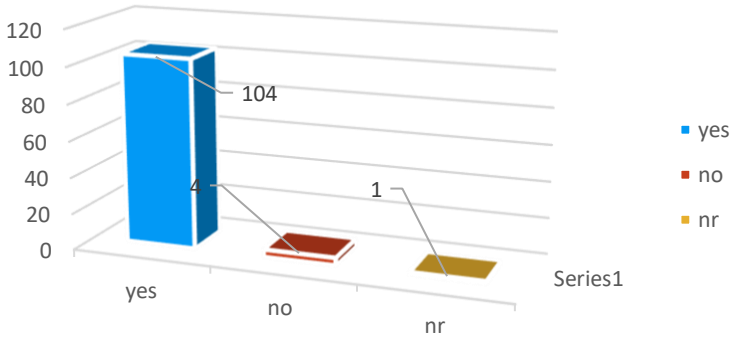


Figure 5. Groups were asked about their needs

Beneficiaries felt either highly (39%) or very highly involved (60%) in the need assessment. Additionally, most beneficiaries felt also highly (74%) and very highly (24%) involved in the implementation process of JPF projects (including steering committee).

Figure 6. Involvement of beneficiaries in the needs assessment of SVA food assistance program

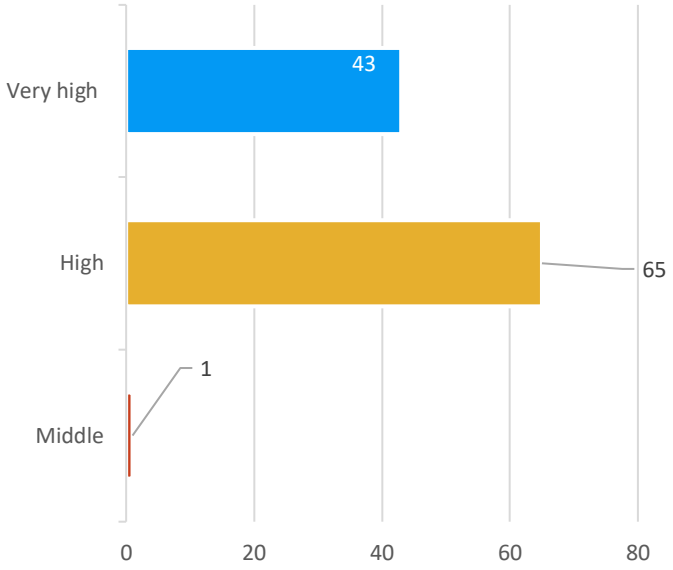
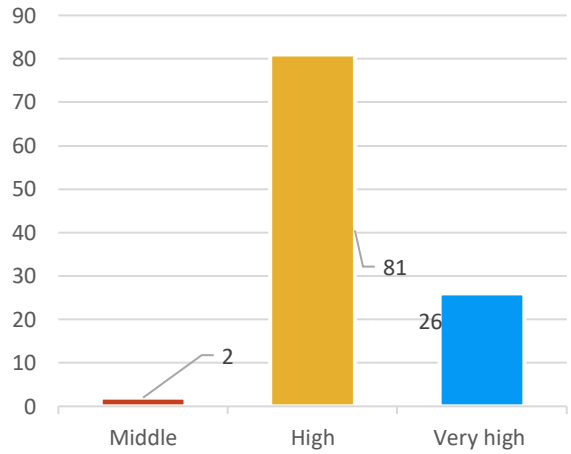
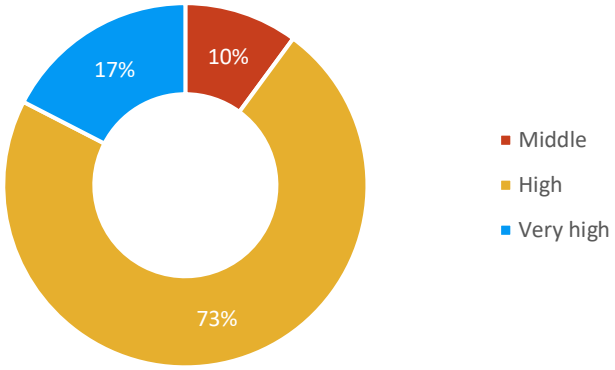


Figure 7.Involvement of beneficiaries in the implementation process of JPF projects



Most beneficiaries felt also highly (73%) and very highly (17%) involved in the monitoring process of JPF projects (including complaint mechanisms).

Figure 8. Involvement of beneficiaries in the monitoring process of JPF projects



99% of beneficiaries received the food on time and all of them received the right amount informed by SVA. 99% also felt treated courteously. All beneficiaries believe Integrated humanitarian response through food security program is fair and is helpful for their families. All of them also consider that Is food assistance sufficient to provide food for family for one month.
There were 2 cases that wouldn't continue to receive food assistance, however, there were not provided further explanations.

Beneficiary Satisfaction and program functioning on food and kit distribution intervention
Most beneficiaries (60%) are very satisfied with the distribution system and are satisfied with the way SVA staff informed about the process (67%).

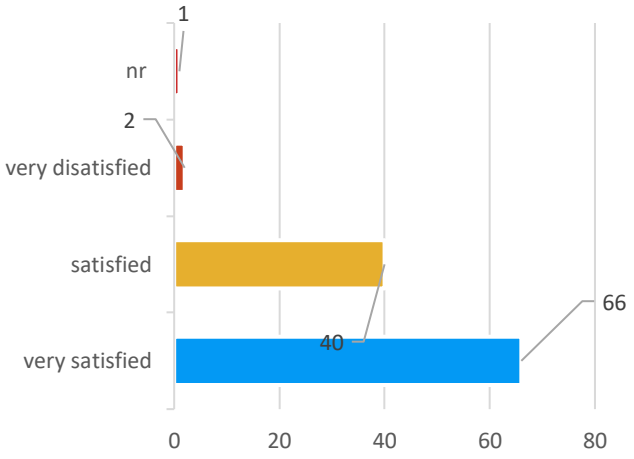


Figure 9. Satisfaction with the food distribution system

All beneficiaries were either very satisfied (35%) or satisfied (65%) with the ease of getting the food. Regarding the location of food distribution, most of the beneficiaries were satisfied (65%).

Figure 10. Satisfaction with the way SVA staff informed about the process

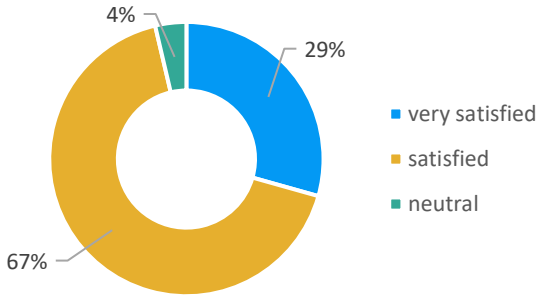
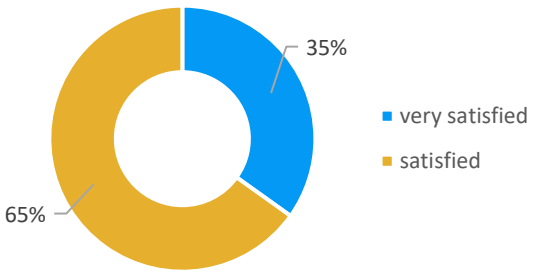


Figure 11. Satisfaction with the ease of getting the food



Most of the beneficiaries were satisfied with the amount of time they spent waiting to get the food (69%). All beneficiaries were either very satisfied (68%) or satisfied (32%) with the respectfulness of the staff.

Figure 12. Satisfaction with the location of food distribution

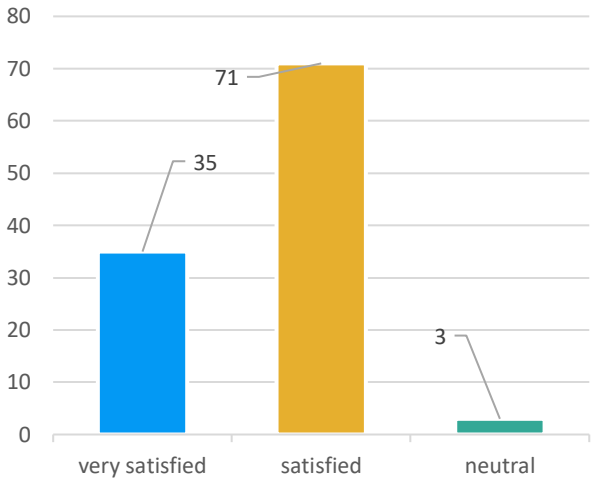
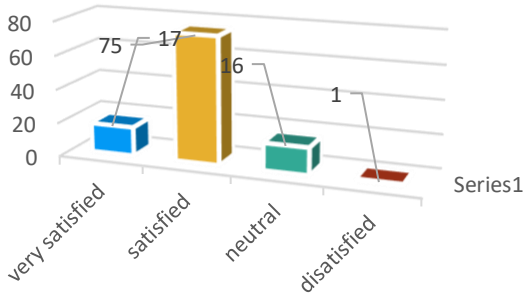


Figure 13. Satisfaction with the amount of time you spent waiting



Most of the beneficiaries are satisfied (60%) with the cost and time they spent away to reach the food distribution point.

Figure 14. Satisfaction with the respectfulness of the staff

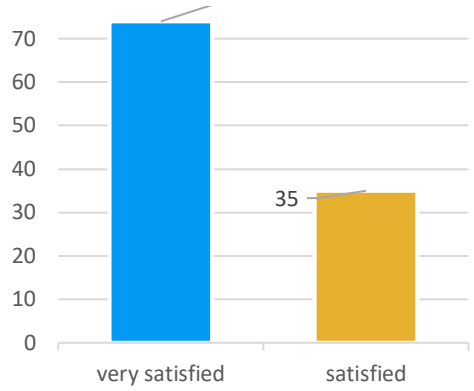
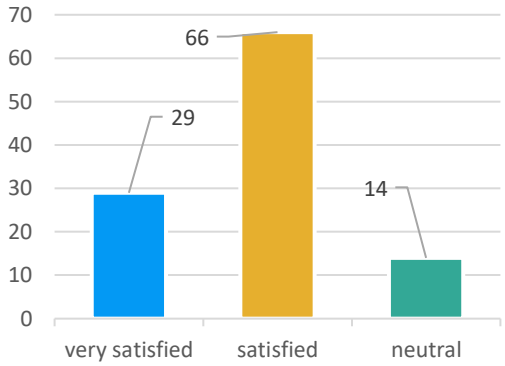
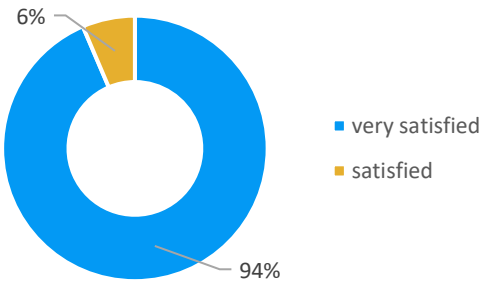


Figure 15. Satisfaction with the travel cost and time spent away from job to reach to location and receive food



All beneficiaries are either very satisfied (94%) or satisfied (6%) with the overall assistance program.

Figure 16. Satisfaction with the overall food



Findings from Key Informants

On etiquette of interaction with the communities: Due to good conduct with people, checking if assistance was distributed to the neediest and observing cultural etiquette of the monitoring team the monitoring as well as the conversation and interaction with the community were evaluated high.

> *"I evaluate it also highly…. because that the they had good behavior with people….We know that they had nice behavior, when visiting a house they would ask for permission"*

The government representative also talked about transparency in distribution of food to the right people

> *"High…. the food distributed to them whose name were in the list and the food distribution process was accomplished transparently as the people who were selected to receive the assistance would be checked by looking at their NIDs."*

3.3. Objective 3- To document project's achievements and challenges

3.3.1 Achievements: The project was able to distribute food to vulnerable households that were selected through beneficiary survey. These beneficiaries received three rounds of food assistance at one time.

The food assistance was provided to 416 beneficiaries each in khas kunar, sawki and Shigal areas of Kunar. Each beneficiary was given 300 Afs for transportation of food stuff to their homes. In addition, the SVA teams provided door to door awareness with correct information on COVID-19 infection prevention to households in the districts during the beneficiary selection survey. Each beneficiary also received hygiene kits at the time of food distribution. The kits contained the following itemes: 10 Mask,5 Dettol hand soap,1 soap case,1 bucket, 3 hand towels and 1 bath tumbler.

SVA also implemented awareness about child protection, women protection and hygiene awareness. Those awareness sessions were held in the capital of Kunar province for 100 women and 150 men. At the end of awareness exercise, they distributed dignity kits to 100 women attending the awareness sessions. The Child protection community dialogue sessions were also held for the 150 men in the capital of Kunar, however those were not held in the three districts due to security reasons and change of government and hence not reflected by the survey.

Findings from the qualitative interviews:

On capacity building: The JPF contribution to the capacity development of institutions was evaluated high and was considered significant and very helpful.

> *"High… This is because as you know that due to the change happened in Afghanistan, people have been facing with a lot of difficulties and hardships…. The new government*

cannot support the people and resolve their needs… developing the capacity of the people is significant and is very useful"

KII

When asked about what activities should be included for the capacity development of the local government agencies regarding food preservation and health and nutrition, the KII highlighted a need for conducting needs assessment to identify priorities.

"The needs assessment and the priorities of beneficiaries… So, it is because that first needs should be specified…"

KII Village Manager

On the content and way of delivery of the training: Sessions on promotion of hygiene were conducted for men and women and were provided with knowledge hygiene, COVID 19. In addition child nutrition is covered during the education session; the training was in local language and simple.

"When they held sessions on promoting of hygiene they looked at people situation and then held it, that how to keep the hygiene of themselves and their children, what should they do before eating… washing hands and after eating also, what they should do after and before going to toilet…. Regarding the conversations they went to the people houses and talked to people in their understandable language and accent…."

He also said:

"What they should do during the childhood period, what they should do when their kid is during the period when he/she goes to school. They would teach them how to take care of children's' hygiene, food, and health…"

KII Village Manager

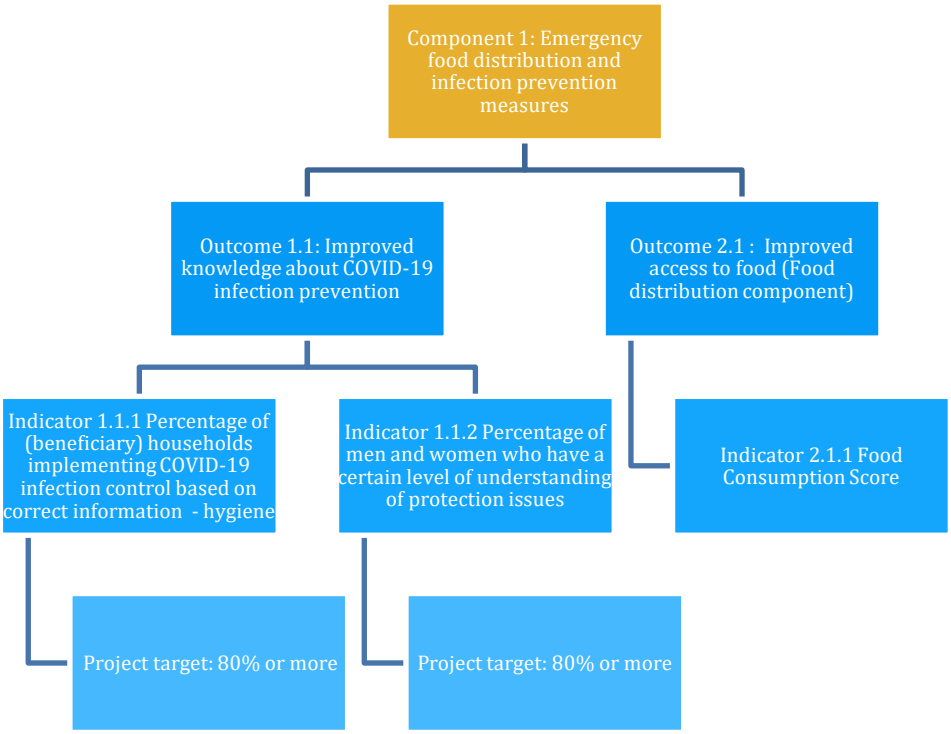
On coordination with the government

It is believed that the JPF funded project was implemented with close coordination of local government agencies during beneficiary selection, verification, assistance distribution, complaint mechanism, post distribution monitoring, and conducting meeting with child caregivers.

"The categories of the project cycle mentioned were all carried out in close coordination with the authorities… Here whenever they held a program in villages, along with that they would also conduct gathering in each village and to men and women they would teach how to take care of child.

3.3.1.1 Impact Evaluation

Component 1: Emergency food distribution and infection prevention measures



As stated in the previous chart, there were almost no beneficiaries that attended the hygiene sessions in the sample (1.8%), despite all beneficiaries have received hygiene kits and IEC (Information Education Communication) material on Covid 19. Further inquiry from the field revealed that the SVA teams provided one on one education on hygiene during survey of the household however due to COVID 19 risks, sessions in big groups were not held which was asked by the survey teams. Component two of the project was changed from the initial planned place (Sawki, Khas Kunar and Shaigal) to Asad Abad and hence it is not reflected by the survey.

The following indicators were measured with all beneficiaries in the three districts and not in the Asad Abad. This is a limitation of the study that it could not give real picture the beneficiaries of the component two of the project.

Outcome 1.1: Improved knowledge about COVID-19 infection prevention
Indicator 1.1.1 Percentage of (beneficiary) households implementing COVID-19 infection control based on correct information - hygiene habits

- **Project target: 80% or more**

Most of the beneficiaries (76%) have mentioned four or five critical times [10] for handwashing, while in the case of the control group, 19% have identified four or more critical times. Therefore, the results of the Chi^2 test (with 2 freedom degrees), suggest that the difference between the two groups regarding the knowledge about the critical times to wash hands, is statistically significant at the level of 99%, with p= 0.000 (p<0.001).

Table 6. Knowledge about handwashing critical times

	1 Critical Time	2 Critical Times	3 Critical Times	4 Critical Times	5 Critical Times	Total
Beneficiaries N=109	1%	7%	16%	49%	28%	100%
Control group N=27	0%	4%	78%	19%	0%	100%
Total N=136	1%	7%	28%	43%	22%	100%
	<4 critical times		4+ critical times		Total	P value
Beneficiaries N=109	24%		76%		100%	<0.001
Control group N=27	81%		19%		100%	

Beneficiaries use soap for household chores in a slightly higher proportion (97.20 in comparison to 97.01% for the control group). However, the results of the Chi^2 test (with 1 freedom degree), suggest that the difference between the two groups regarding the use of soap for household chores, is not statistically significant: p= 0.806.

Table 7. Use of soap for hand washing

	No	Yes	Total
Beneficiaries N=109	3%	97%	100%
Control group N=27	4%	96%	100%
Total	3%	97%	100%

10 The five handwashing critical times to which this makes reference are: 1- Before preparing food for the baby or the family; 2-Before feeding the baby; 3-After cleaning the baby; 4-After using the toilet; 5-Before eating food

Most beneficiaries wash their hands 9 times[11] a day (24.8%) and in second place 11 times a day (17.4%), while most of the control group wash their hands 6 and 7 times a day (33.3% and 29.6%). In addition, beneficiaries on average wash hand 8.7 occasions while control group reported an average of 6.7 occasions when they wash hands. Therefore, the results of the Chi2 test, suggest that the difference between the two groups regarding the times that hands are washed on the daily routine, is statistically significant at the level of 99%, with p= 0.000 (p<0.001).

Table 8. Number of occasions a person washes hands per day among beneficiaries and control group

	2 occasions	3 occasions	4 occasions	5 occasions	6 occasions	7 occasions	8 occasions	9 occasions	10 occasions	11 occasions	12 occasions	13 occasions	Total
Beneficiaries N = 109	1%	1%	1%	6%	6%	8%	13 %	25 %	17 %	17 %	4%	1%	100 %
Control N=27	0%	0%	4%	7%	33 %	29 %	19 %	4%	4%	0%	0%	0%	100 %
Total N=136	1%	1%	1%	7%	12 %	13 %	14 %	21 %	14 %	14 %	3%	1%	100 %

Figure 17. Two Sample t-test for handing washing behavior

```
Two-sample t test with unequal variances

   Group |     Obs        Mean    Std. Err.   Std. Dev.   [95% Conf. Interval]
---------+--------------------------------------------------------------------
       1 |     109    8.752294    .2007275    2.095657    8.354417    9.15017
       2 |      27    6.777778    .2465334    1.281025    6.271021    7.284534
---------+--------------------------------------------------------------------
combined |     136    8.360294     .180978    2.110548    8.002375    8.718213
---------+--------------------------------------------------------------------
    diff |            1.974516    .3179155                1.339598    2.609433
------------------------------------------------------------------------------
    diff = mean(1) - mean(2)                                      t =   6.2108
Ho: diff = 0                     Satterthwaite's degrees of freedom =  65.0192

    Ha: diff < 0                 Ha: diff != 0                 Ha: diff > 0
 Pr(T < t) = 1.0000         Pr(|T| > |t|) = 0.0000          Pr(T > t) = 0.0000
```

11 The times of the day that were taken into account for the daily routine were: 1. After contact with sticky, oily, smelly materials; 2. After contact with sticky, oily, smelly materials; 3.After coming from the burial field/garden/work; 4.First thing when you wake up; 5.After eating; 6.After attending to a child who has defecated; 7.Before preparing food; 8.Before feeding a child; 9.Before serving food; 10.After touching animals; 11.After cleaning a dead body; 12.After using the toilet/defecating; 13.Before eating; 14.Before breastfeeding; 15.After changing a child's diaper/ cloth

All beneficiaries and control group use water to wash their hands. All control group uses also soap, while 93.6% of the beneficiaries use soap. However, there is not statistically significance in this difference. Also, there is some difference between the participants (77.1%) and the control group (77.8%) regarding the use of ash for handwashing. However, there is not statistically significance in this difference. The majority of both beneficiaries and control group do not use alcohol/hand sanitizer, and there is a slight difference between them which is not statistically significant.

Similar to the previous method, most of the beneficiaries and control group do not use Dettol/ disinfectant, and there is a slight difference between them but it is not statistically significant. Regarding the use of sand, 50% of the beneficiaries use it for handwashing while 41% of the control group have the same practice. However, the difference between them is not statistically significant. In terms of the use of earth for handwashing, almost all beneficiaries (99.1%) and control group (99.3%) do not use this method, and there is no statistical significance in this difference.

Table 9. Hand washing practices

Handwashing agent	Beneficiary N=109	Control N=27	Total N=136
Water	100%	100%	100%
Soap	94%	100%	95%
Ash	77%	78%	77%
Alcohol/ hand sanitizer	1%	4%	1%
Sand	50%	41%	49%
Dettol/ disinfectant	1%	0%	1%
Earth/ dirt	1%	0%	1%

All beneficiaries and control group coincided that the easy access to water would change to make handwashing with soap a habit for them. Most of the beneficiaries practice four out of five steps to keep food safe[12] (53.2%) and in second place five out of five (31.2%). Non beneficiaries follow a similar distribution (55.6% practice four steps and 29.6% practice five).

Table 10. Knowledge of steps needed for keeping food safe

Participant Type	1 Step	2 Steps	3 Steps	4 Steps	5 Steps	Total
Beneficiary N=109	1%	1%	14%	53%	31%	100%
Control N=27	0%	0%	15%	56%	30%	100%
Total	1%	1%	14%	54%	31%	100%

12 The steps for keeping food safe that were taken into account are: 1. Keep clean (hands, working surfaces, utensils); 2. Separate raw foods from cooked foods, including utensils and containers.; 3. Use fresh foods and cook thoroughly (especially meat, poultry, eggs, and fish); 4. Keep food away from flies; 5. Use clean and safe water.

Indicator 1.1.2 Percentage of men and women who have a certain level of understanding of protection issues

Regarding the quantity of factors[13] that recognize that increase the risk of a person becoming infected to Covid-19, beneficiaries have recognized in general more factors (61% have recognized 4 or more factors) than non-beneficiaries (19%). In this case, the results of the Chi^2 test, suggest that the difference between the two groups, is statistically significant at the level of 99%, with p= 0.000 (p<0.01).

Table 11. Knowledge of factors for COVID 19

Factors Mentioned /Participant Type	Beneficiaries	Control group	Total
1 factor	1%	4%	1%
2 factors	11%	30%	15%
3 factors	27%	48%	31%
4 factors	20%	15%	19%
5 factors	17%	4%	15%
6 factors	13%	0%	10%
7 factors	6%	0%	5%
8 factors	5%	0%	4%
Total	100%	100%	100%
4+ factors mentioned	61%	19%	53%
< 4 factors mentioned	39%	81%	47%
P Value			<0.01

All beneficiaries have received both PPE kits and of IEC (Information Education Communication) Material on Covid 19 in the past 6 months while none of the control group did. The situation of beneficiaries regarding the understanding and implementation of hygienic measures for preventing the spread of COVID-19 is better in comparison to the control group. However, project target of 80% for the indicators: "Percentage of (beneficiary) households implementing COVID-19 infection control based on correct information - hygiene habits" and "Percentage of men and women who have a certain level of understanding of protection issues" was too optimistic: in the first case 27.5% were able to recognize the five critical times for handwashing and only 1 beneficiary washes his hands routinely at all necessary times; in the second case 4.6% of the

13 The factors that can increase the risk of infection taken into account are: 1. Visiting crowded places such as bazars and get togethers (marriage, ceremonies, family functions); 2. Un-necessary commuting and travel; 3. Neglecting personal hygiene; 4. Disregarding dangers of COVID 19 and consider it a lie; 5. Not following social distancing norm; 6. Not wearing mask; 7. Not restricting unwanted movement of outsiders inside home; 8. Having other diseases (such as, cold); 9. Having weak immune system.

beneficiaries were able to recognize all the factors that can increase the risk of infection. Nonetheless, 61% of the beneficiaries know four or more factors while 39% of the control group do; this is statistically significant. Likewise, for, 76% of the beneficiaries know 4 or more critical times for hand washing while only 19% of the control group do; the results are statistically significant.

Outcome 2.1: Improved access to food (Food distribution component)
Indicator 2.1.1. Food Consumption Score (FCS)

The Food Consumption Score (FCS) is an index that was developed by the World Food Program (WFP). The FCS aggregates household-level data on the diversity and frequency of food groups consumed over the previous seven days, which is then weighted according to the relative nutritional value of the consumed food groups. For instance, food groups containing nutritionally dense foods, such as animal products, are given greater weight than those containing less nutritionally dense foods, such as tubers. The food consumption score is a proxy indicator of household caloric availability and dietary diversity. Based on this score, a household's food consumption can be further classified into one of three categories: poor, borderline, or acceptable. It is determined the household's food consumption status based on the following thresholds: 0-21: Poor; 21.5-35: Borderline; >35: Acceptable. On this case, both beneficiaries and control group households have a poor consumption score. As consequence we will compare the raw FCS score of the beneficiaries with the raw score of the counterfactual (control group).

Figure 18. The output of the statistical analysis of t test done for FCS

Two-sample t test with unequal variances

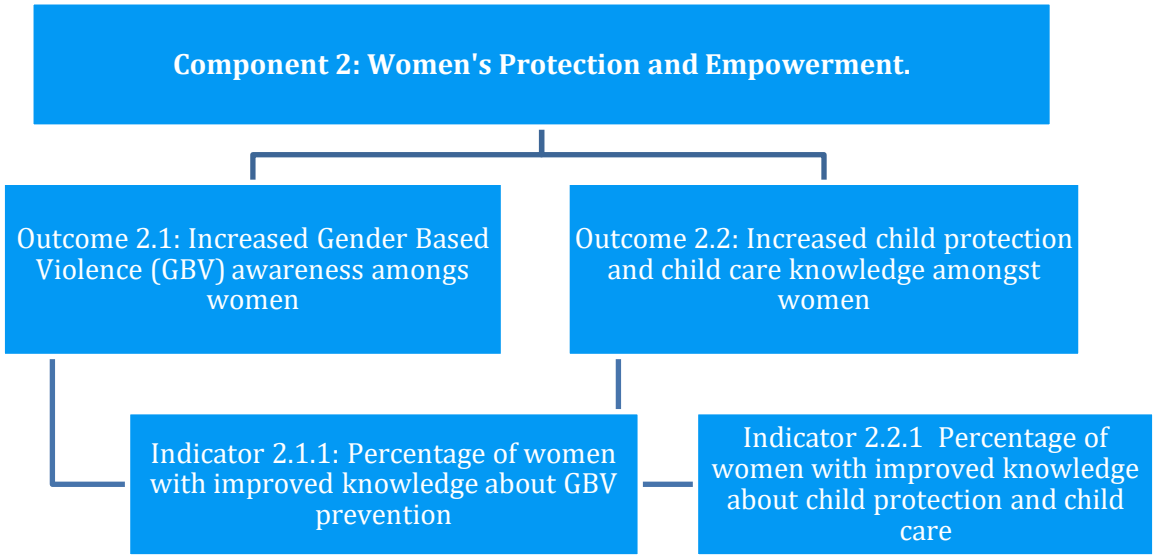
Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf.	Interval]
1	109	14.7844	.3172982	3.312691	14.15546	15.41334
2	27	13.7963	.2827662	1.469296	13.21506	14.37753
combined	136	14.58824	.2622221	3.058009	14.06964	15.10683
diff		.9881074	.4250117		.1444705	1.831744

diff = mean(1) - mean(2) t = 2.3249
Ho: diff = 0 Satterthwaite's degrees of freedom = 96.0409

Ha: diff < 0 Ha: diff != 0 Ha: diff > 0
Pr(T < t) = 0.9889 Pr(|T| > |t|) = 0.0222 Pr(T > t) = 0.0111

When performing a mean difference test assuming unequal variances, we reject the null hypothesis (with a P value smaller than 0.05-in this case 0.022), so there is statistical evidence that there is a difference between the group of beneficiaries and the no beneficiaries. That difference is almost one more in the case of the beneficiaries, so there is a better situation regarding the household caloric availability and dietary diversity

Component 2: Women's Protection and Empowerment



As stated in the participation of beneficiaries by program component analysis, in the study sample there were almost no beneficiaries that attended to childcare sessions in the sample (0.9%), and none that attended to session/meeting on community-based dialogue (CBD). Also, there were no women that attended to any women protection awareness session. None of the sampled women in the three districts received the dignity kit. The reason for this was explained that the survey sample focused on only 3 districts and did not include beneficiaries from the AsadAbad capital.

Overall, there were 47 women participants in the study of which 7 were from the control group while 40 were from the beneficiaries of food assistance. It was realized that the project had changed the protection component to be implemented in a different area than that where the food assistance was distributed.

Table 12. Sample distribution of women

District	Village	Beneficiaries	Control Group	Total
Khas Kunar	Chandrawoo	1		1
	Chimyaree	3		3
	Shalay	1		1
Sawkai	Chenyaree	7		7
	Dandayqala		3	3
	Gatoo Qala	10		10
	Kulmanay		4	4
Shegal	Atoo	2		2

	Chaqoori	4		4
	Dageesir	1		1
	Helal Zai	1		1
	Lachenaw	5		5
	Mandook	2		2
	Naraysir	2		2
	Slemankhiel	1		1
	Grand Total	40	7	47

The following indicators were measured with all beneficiary women of the project.
In general, indicators of this section don't present a statistically significant differences between the beneficiaries and the control group. This is for the reason we mentioned above that the project changed location of implementing the GBV and protection component in areas other than the place where food and hygiene kits were distributed. However, they can be useful in the perspective of building baseline values for further projects on GBV in the area.

Outcome 2.1: Increased Gender Based Violence (GBV) awareness among women

Indicator 2.1.1: Percentage of women with improved knowledge about GBV prevention

Only one women (2.5% of the sampled beneficiary women) said there are medical services related to women's sexual and reproductive life and/or violence against provided in her community. 10% of the beneficiary women believe that women's rights to health, including sexual and reproductive health are provided to girls under 18. None of the control group believe so. However, there is not statistical significance in this difference.

Table 13. Knowledge about GBV prevention

	Beneficiaries	Control Group	Total
Are women's rights to health, including sexual and reproductive health, provided to girls under 18?			
Yes	10%	0%	9%
Don't know	90%	100%	91%
Are you aware about regulations (in the constitution, legislation or in other legal codes) that guarantee women safety			
Yes	0%	0%	0%
Don't know	100%	100%	100%
Adultery is criminalized			
Yes	100%	100%	100%

No	0%	0%	0%
Prostitution is criminalized			
Yes	100%	100%	100%
No	0%	0%	0%
In the past 30 days, how many times did you go outside the village			
1 time	38%	43%	38%
2 times	50%	57%	51%
3 times	10%	0%	9%
4 times	3%	0%	2%
Can you go unescorted to your parents' house/village?			
Yes	15%	14%	15%
No	85%	86%	85%

None of the beneficiary women neither the control group women were aware about regulations (in the constitution, legislation or in other legal codes) that guarantee women safety. All beneficiary women and control group recognize that both adultery and prostitution are criminalized. In the past 30 days, both beneficiary women and control group present a similar distribution regarding the times they did go outside the village: most of the beneficiaries did go 2 times (50%) as well as the control group women (57.14%). There is not statistical significance in the difference between the two groups. Most of the beneficiary and control group women can´t go unescorted to their parent´s home/village (85% of beneficiaries and 95.71% of the control group). There is not statistical significance in the difference between the two groups. None of the beneficiary or control group women participate in or are members of any social, political, or religious organizations.

Reaction to Scenario of meeting cousin beaten by her husband

In the hypothetical case they visit their cousin and she tells the interviewee that her husband beat her severely and asks her for help. The interviewees would take the following actions:

- Most of the beneficiaries (89.7%) and control group women (100%) would rather calm the victim down and tell her that the situation is bound to get better instead of accompanying the victim to the police to report the incident. There is no statistical significance in the difference between both groups.

Table 14. Reactions to hypothetical scenario

	Beneficiaries	Control Group	Total
Accompany her to the police to report the incident.	10%	0%	9%

Calm her down and tell her that the situation is bound to get better	90%	100%	91%
Express my sympathy for her but would tell her that every couple has to work it out for themselves	98%	100%	98%
Get the shura member involved	3%	0%	2%
Talk to her parents and ask them to come by to help the couple find a peaceful solution	95%	71%	91%
Advise her to try harder to please her husband and things will likely improve.	5%	29%	9%
Don't know	3%	0%	2%
Tell her that beating is often a sign of love and that she should try to work it out with her husband	92%	100%	93%
Notify the community leader or development council member and ask them to mediate the dispute.	5%	0%	4%
Never talk to unknown men	88%	100%	89%
Be careful, if someone tried to be physically close	5%	0%	4%
Tell your parents if you have problems	5%	0%	4%
Talk to a trusted adult	3%	0%	2%

- Most of the beneficiaries (97.5%) and control group women (100%) would rather express their sympathy for the victim but would tell her that every couple has to work it out for themselves instead of getting a shura member involved. There is no statistical significance in the difference between both groups.
- Most of the beneficiaries (95%) and control group women (71.43%) would rather talk to the victim´s parents and ask them to come by to help the couple find a peaceful solution instead of advising the victim to try harder to please her husband and things will likely improve. There is no statistical significance in the difference between both groups.
- Most of the beneficiaries (92.31%) and control group women (100%) would rather tell the victim that beating is often a sign of love and that she should try to work it out with her husband instead of notifying the community leader or development council member and ask them to mediate the dispute. There is no statistical significance in the difference between both groups.
- Most of the beneficiaries (87.5%) and control group women (100%) believe that the most effective way of protecting yourself from sexual assault is to never talk to unknown men. There is no statistical significance in the difference between both groups.
- Most of both beneficiary women (92.5%) and control group (93.62%) agree that when women get rights, they are taking rights away from men
- Most of both beneficiary women (92.5%) and control group (93.62%) agree that Gender equality, meaning that men and women are equal, has come far enough already.

- Most of both beneficiary women (90%) and control group (100%) agree that a wife should obey her husband, even if she disagrees.
- Most of both beneficiary women (82.5%) and control group (100%) agree that it is important for a man to show his wife/partner who is the boss.
- Most of both beneficiary women (90%) and control group (85.71%) agree that it is the job of men to be leaders, not women.
- Most of both beneficiary women (87.5%) and control group (100%) strongly disagree that men have good reason to hit his wife if she disobeys him.
- Most of both beneficiary women (87.5%) and control group (100%) strongly disagree that if a wife disobeys her husband, she should be slapped, and more force be used.
- All beneficiary women and control group agree that women should tolerate violence in order to keep her family together.
- Most of both beneficiary women (87.5%) and control group (85.71%) strongly disagree that women should be able to choose her own friends, even if her husband disapproves.
- Most of both beneficiary women (55%) and control group (85.71%) strongly disagree that men should decide how to spend his free time on his own.
- Most of both beneficiary women (87.5%) and control group (85.71%) strongly disagree that women should decide how to spend her free time on her own.
- In the case of the statement "If a woman has power in the household, it means she is taking power away from her husband", the opinion was divided: Most of both beneficiary women (48.72%) and control group (57.14%) disagreed. However, 43.59% of the beneficiaries agreed and also 28.7% of the control group.
- Most of both beneficiary women (97.5%) and control group (97.87%) agree that husband and wife can share power.
- Most of both beneficiary women (97.5%) and control group (97.87%) agree that women's opinions are valuable and should always be considered when household decisions are made
- Most of both beneficiary women (97.5%) and control group (97.87%) strongly disagree that it is more important that a boy go to school than a girl.
- Most of both beneficiary women (97.5%) and control group (97.87%) strongly disagree that women should be able to marry whomever they want, regardless of their parents' views.

Table 15. Attitude about gender

Participant Type	Strongly Agree	Agree	Disagree	Strongly Disagree	Na
When women get rights, they are taking rights away from men					
Beneficiaries	5%	93%	0%	3%	0%
Control group	0%	100%	0%	0%	0%
Gender equality, meaning that men and women are equal, has come far enough already					
Beneficiaries	5%	93%	3%	0%	0%

Control group	0%	100%	0%	0%	0%
A wife should obey her husband, even if she disagrees.					
Beneficiaries	3%	90%	3%	5%	0%
Control group	0%	100%	0%	0%	0%
It is important for a man to show his wife/partner who is the boss					
Beneficiaries	3%	83%	10%	5%	0%
Control group	0%	100%	0%	0%	0%
It is the job of men to be leaders, not women					
Beneficiaries	8%	90%	3%	0%	0%
Control group	0%	86%	0%	14%	0%
In your opinion, does a man have good reason to hit his wife if she disobeys him?					
Beneficiaries	0%	3%	10%	88%	0%
Control group	0%	0%	0%	100%	0%
If a wife disobeys her husband, she should be slapped and more force be used?					
Beneficiaries	0%	3%	10%	88%	0%
Control group	0%	0%	0%	100%	0%
A woman should tolerate violence in order to keep her family together.					
Beneficiaries	0%	100%	0%	0%	0%
Control group	0%	100%	0%	0%	0%
A woman should be able to choose her own friends, even if her husband disapproves					
Beneficiaries		0%	88%	0%	13%
Control group		14%	86%	0%	0%
A man should decide how to spend his free time on his own					
Beneficiaries	5%	20%	20%	55%	0%
Control group	0%	0%	14%	86%	0%
A woman should decide how to spend her free time on her own					
Beneficiaries	0%	0%	3%	88%	10%
Control group	0%	0%	0%	86%	14%
If a woman has power in the household, it means she is taking power away from her husband					
Beneficiaries	8%	44%	49%	0%	0%
Control group	0%	29%	57%	14%	0%
A husband and wife can share power					
Beneficiaries	0%	98%	0%	3%	0%
Control group	0%	100%	0%	0%	0%
Women's opinions are valuable and should always be considered when household decisions are made					
Beneficiaries	0%	98%	0%	3%	0%
Control group	0%	100%	0%	0%	0%
It is more important that a boy go to school than a girl.					
Beneficiaries	0%	0%	0%	98%	3%

Control group	0%	0%	0%	100%	0%
Women should be able to marry whomever they want, regardless of their parents' views.					
Beneficiaries	0%	0%	5%	85%	10%
Control group	0%	0%	0%	100%	0%
The father (not the mother) is the one who should have the final say in the household.					
Beneficiaries	10%	28%	46%	15%	0%
Control group	0%	29%	71%	0%	0%

It can´t be concluded that the situation of women has improved since the beginning of the project. There were no sampled women that have been beneficiaries of the GBV component and indicator values are similar to the control group. It can´t be concluded that the percentage of women with improved knowledge about GBV prevention (as stated in the indicator 2.1.1)

Results from qualitative interviews with Key Informants:

The Gender Based Violence (GBV), is not that commonplace that it becomes a challenge in the society. According to the community leader women are oppressed in most societies in Afghanistan, however, dishonoring them in Islam is forbidden. He agreed with women participation in protection or other educational sessions.

> *"…usually happens in Afghanistan, and maybe it occurs here too (Sawki district), but it's not common…. it does not happen to the extent that it become challenge for us…women participate in the sessions (protection or health education) when it is needed… We don't have safe house but we had orphanage in Sawki district"*
>
> KII Community Leader

Outcome 2.2: Increased child protection and child care knowledge amongst women

Indicator 2.2.1 Percentage of women with improved knowledge about child protection and child care

In beneficiary and control group households, there are not children under 18 that do not live in their family households. Most of the beneficiaries (70%) believe that child do not need to be physically punished in order to bring up, raise, or educate them properly, while all control group think the same way.

Table 16. Attitude towards child

Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?		
	No	Yes
Beneficiaries	81%	19%
Control group	96%	4%
Total	84%	16%

Is there any place in or near this community where children can go if they are abused by their parents or if they run away from home?		
Beneficiaries	98%	2%
Control group	100%	0%
Total	99%	1%

None of the beneficiaries or the control group have identified any place in or near the communities where children can go if they are abused by their parents or if they run away from home.

- If aware that a child was experiencing abuse at home, 89% of the beneficiaries and 96% of the control group would report the case.
- If aware that a child was experiencing abuse at home, 91% of the beneficiaries and 92% of the control group would confront the perpetrator.

Table 17. Knowledge about child protection measures

	Beneficiary	Control
If you knew that a child was experiencing abuse at home, what would you do?		
1. Report the case	89%	96%
2. Confront the perpetrator	91%	92%
3. Offer care to the child	57%	23%
4. Keep quiet/do nothing	5%	0%
5. Other	3%	0%
To whom would you report a case of child abuse?		
1. Member of child's family	96%	100%
2. Community leader	63%	96%
3. Child protection committee	22%	4%
4. Religious leader	26%	19%
5. School/school organization	1%	0%
6. Social or health worker	6%	0%
7. Government authority	63%	41%
8. Non-government organization	0%	0%
9. Police	10%	0%
Do you witness any of the following in your village/ community/neighbor		
1. Child labor	97%	100%

2. Orphaned child	10%	22%
3. Child beggars	11%	26%
4. Child being hit openly	95%	100%
5. Bacha bazi	0%	0%
6. Child being sold to resolve dispute	0%	0%
7. Child being sold for money	1%	0%
8. Under age marriage	4%	0%
9. Child marriage	5%	0%
10. Child sold in exchange of water or other household necessities	0%	0%
What do you generally do when you observe above instances		
1. Stay quiet, what can we do	7%	0%
2. Speak with child and inquire the reason	78%	78%
3. Ask child about his/her parents	76%	70%
4. Discuss about such case in own family members	25%	7%
5. Discuss about such case with neighbors/friends	20%	11%
6. Discuss about such case with shura members	58%	74%
7. Discuss about such case with community elders	72%	81%
8. Provide shelter to child till he/she finds a safe shelter	81%	100%

- If aware that a child was experiencing abuse at home, 57% of the beneficiaries and 23% of the control group would offer care to the child.
- If aware that a child was experiencing abuse at home, 5% of the beneficiaries and 0% of the control group would keep quiet or do nothing.
- In the case of reporting a child abuse all beneficiaries and control group coincide that they would report to a member of child's family.
- Additionally, 63% of the beneficiaries and 96% of the control group would report it to the community leader.
- 22% of the beneficiaries but only 4% of the control group would report it to a child protection committee.
- 26% of the beneficiaries and 19% of the control group would report to a religious leader.
- 1% of beneficiaries would report to school organization but none of the control group would report to the school.
- Only 6% of the beneficiaries would report to a social or health worker, while none of the control group would do so.

- 63% of the beneficiaries would report to an authority, while 41% of the control group would. This difference is statistically significant at the level of 95%, with p= 0.033 ($p<0.05$).
- No one from the beneficiary group and no one from the control group would report to any NGO.
- 10% of the beneficiary group and no one from the control group would report to the police.
- Regarding child care, conducts between the beneficiary and the control group are quite similar.

When asked "Do you witness any of the child abuse cases in your village/ community/neighbor" child labore and child being hit openly was almost 100% among beneficiaries (97% and 95%) and control group (100% and 100% respectively). Orphan child and beggar child is mentioned by 10% and 11% of the beneficiaries and by 22% and 26% of the control group. None of the participant reported about bacha bazi.

What do you generally do when you observe the above instances?
Stay quiet was mentioned by 7% of the beneficiaries but none of control group. Provide shelter was mentioned by 81% of beneficiaries and 100% of control group. Other response included; discuss with community elder (72% Beneficiary 81% control), speak with the child and inquire the reason and ask child about his parents were mentioned by 78% and 76% beneficiaries and 78% and 70% control group respectively. Discuss the issue at own family (25% beneficiary 7% control) or neighbor or friends (20% beneficiary 11% control group.

On the child labor
Child labor seem to be happening; but no abuse reported recently and the cause of the labor is believed to be poverty.

> *"Yes, there are. Most of Afghans are poor and face with poverty. The parents take advantage of their children… such cases are reported; we had child safety committee before in the last regime…."*
>
> KII Community Leader

3.4. Objective 4: To provide any possible indicatives for improving the projects for both JPF and member NGOs

Discussion of the results:

The first component, emergency food distribution and infection prevention measures, was successful in improving the food consumption and hygiene habits of the beneficiaries. However, did not fulfill the logframe targets of an 80% or more beneficiary households implementing COVID-19 infection control based on correct information, and an 80% or more beneficiaries who have a certain level of understanding of protection issues.

Food consumption scores show that the consumption is still poor between beneficiaries, but is slightly better than control group. Additionally, beneficiaries have reported high

levels of satisfaction and commitment in the food distribution component. Also, they feel that the program has helped in improving their financial status by less borrowing of money for food and decreased the burden on household members to work and earn for food, as well as they could use household earning on other essential items and bills.

The second component Women's Protection and Empowerment has not showed much progress, given the need for SVA to change this component to the center of the province due to the challenging context. The available facts and figures show a critical situation regarding GBV and child protection awareness. On the other hand, national and local context can present very hard challenges for implementing such program.

Recommendations for further improvement of future projects

Coordination with the authorities and local stakeholders including elders (men and women) should bolster the efforts of including 'people most in need'. This is to ensure to keep the exclusion errors as minimum as possible.

The available data on GBV and child protection knowledge could serve as a baseline for future programming in the GBV and child protection in the three districts and overall province. GBV is a sensitive topic and discussing it can risk the safety of the service provider as well as of the victim especially given the current political context. At most caution should be made when discussing and reporting or caring for GBV. Reporting and caring for GBV is best addressed through the health system of the country. Given the current socio-political context, the health system and health facilities seem the only suitable place where GBV aware services may be received.

Integration of emergency assistance with resilience building activities: Risk reduction and resilience can be expanded and build in further for future programs. Activities of hygiene promotion, as covered under current program was good case for other programs to follow.

Improving on behaviour change strategies through audio visual aids: Conducting awareness sessions through audio and visual materials such as videos, poster and charts for educating illiterate men and women on hygiene and other topics, will ensure message effectiveness which can be measured through behaviour changes.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