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EVALUATION

FINAL PERFORMANCE EVALUATION OF THE AFGHAN CIVILIAN ASSISTANCE PROGRAM (ACAP III)

December 2017

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FINAL PERFORMANCE EVALUATION OF THE AFGHAN CIVILIAN ASSISTANCE PROGRAM III

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Cover Photo: Courtesy of ACAP III. Distribution of food packages in Herat, November 2017.

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The views expressed in this report are those of the author and do not necessarily reflect the views of USAID, the Government of the Islamic Republic of Afghanistan, or any other organization or person associated with this project.

ABSTRACT

The Afghan Civilian Assistance Program (ACAP) III is a \$19.6 million initiative that works in collaboration with the Government of the Islamic Republic of Afghanistan (GIROA) to provide assistance to eligible civilian families and individuals following traumatic events resulting from the ongoing conflict with anti-government elements. The primary objectives/components of ACAP III are:

1. To stabilize and enable civilian victims of conflict and their families to rebuild their lives through immediate and longer-term assistance including food and non-food packages, physical rehabilitation, psycho-social counseling and income generation assistance;
2. To strengthen Afghan Government capabilities to identify and respond to the needs of its citizens through the provision of capacity building activities designed;
3. To support and enhance advocacy for, and outreach to, civilian victims of conflict.

This final evaluation of ACAP III assesses the performance of project activities from July 2015 to November 2017. The evaluation's statement of work includes three main questions linked to the ACAP III components:

1. How effective was ACAP III's coordination and delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and Explosive Remnants of War (ERW)?
2. Did the implementing partner structure implementation of ACAP III to strengthen and complement elements of the three main components of the program?
3. Have ACAP III's activities and programs facilitated and improved skills and knowledge of the new and existing victim assistance services among communities?

The evaluation methodology included:

- Structured interviews with key informants;
- Focus group discussions;
- Surveys conducted on-site and by phone with program beneficiaries across Afghanistan; and
- Document review.

Key findings and conclusions for each evaluation question include:

1. Based on overall high beneficiary-reported levels of satisfaction, quality, impact and adequacy, ACAP III assistance activities were relevant and effective;
2. ACAP III did not meet broad governance goals. The project did not seek to informally build GIROA capacities; and
3. ACAP III's approach to building awareness of the project's victims' assistance programs in the field was highly effective.

CONTENTS

ABSTRACT	iii
ACRONYMS	v
EXECUTIVE SUMMARY	i
PROJECT BACKGROUND	8
Evaluation Purpose and Evaluation Questions	9
Evaluation Methodology	10
KEY FINDINGS	11
Component #1— Assistance to Victims of Conflict	11
Component #2 – Capacity Building for Government Agencies	21
Component #3— Advocacy and Outreach	26
Gender Considerations	29
CONCLUSIONS	30
Component #1— Assistance to Victims of Conflict	30
Component #2 – Capacity Building for Government Agencies	31
Component #3 – Advocacy and Outreach	32
RECOMMENDATIONS	33
Component #1— Assistance to Victims of Conflict	33
Component #2 – Capacity Building for Government Agencies	34
Component #3— Advocacy and Outreach	35
Gender Considerations	35
ANNEX I: ACAP III FINAL EVALUATION STATEMENT OF WORK	36
ANNEX II: FINDINGS-CONCLUSIONS-RECOMMENDATIONS MATRIX	47
ANNEX III: LIST OF CONTACTS AND KEY INFORMANTS	56
ANNEX IV: EVALUATION TOOLS	57
ANNEX V: LIST OF DOCUMENTS REVIEWED	62
ANNEX VI: VICTIM ASSISTANCE ELIGIBILITY CRITERIA	63
ANNEX VII: VICTIM ASSISTANCE PROCESS FLOW MAP	64
ANNEX VIII: IMSMA PROCESS MAP	65
ANNEX IX: CAPACITY BUILDING ACTION PLAN	66
ANNEX X: TRAINING SURVEY RESULTS	67
ANNEX XI: PROJECT TIMELINE	69
ANNEX XII: EVALUATION METHODOLOGY	73
ANNEX XIII: DISCLOSURES OF REAL OR POTENTIAL CONFLICT OF INTEREST	79
ANNEX XIV: EVALUATION TEAM MEMBER SUMMARY INFORMATION	80

ACRONYMS

ACAP III	Afghan Civilian Assistance Program III
AGE	Anti-Government Element
AMEP	Activity Monitoring and Evaluation Plan
ANDMA	Afghanistan National Disaster Management Authority
AOR	Agreement Officer Representative (of USAID)
ARCS	Afghan Red Crescent Society
CB	Capacity Building
CDC	Community Development Council
CRPD	Convention of Rights of Persons with Disabilities
DMAC	Directorate for Mine Action Coordination
DMD	Division of Martyrs and Disabilities
DoD	Directorate of Disabilities
DPKO	Department of Peacekeeping Operations (UN)
ERS	Economic Reintegration Services
ERW	Explosive Remnants of War
GIRoA	Government of the Islamic Republic of Afghanistan
IA	Immediate Assistance
ICRC	International Committee of the Red Cross
IG	Income Generation (assistance)
IMSMA	Information Management System for Mine Action
IOM	International Organization for Migration
IP	Implementing Partner
IPSO	International Psychosocial Organization
IT	Information Technology
KI	Key Informant
M&E	Monitoring and Evaluation
MoLSAMD	Ministry of Labor, Social Affairs, Martyrs and the Disabled
MoPH	Ministry of Public Health
MRE	Meals Ready to Eat
NGO	Non-Governmental Organization
PIP	Project Implementation Plan
SOW	Statement of Work
ToC	Theory of Change
UN	United Nations
UNDSS	United Nations Department of Safety and Security
UNMACA	United Nations Mine Action Centre for Afghanistan
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
VA	Victim Assistance

EXECUTIVE SUMMARY

EVALUATION PURPOSE

The purpose of this evaluation is to study and document the successes and weaknesses of ACAP III implementation and to examine the extent to which the program is achieving its objectives. This evaluation will inform future USAID programming for victims' assistance in Afghanistan. This final evaluation of ACAP III assesses the performance of project activities from July 2015 to November 2017.

BACKGROUND

USAID's Afghan Civilian Assistance Program (ACAP) III is a \$19.6 million initiative that works in collaboration with the Government of the Islamic Republic of Afghanistan (GIROA) to provide assistance to eligible civilian families and individuals following traumatic events, herein after referred to as "incidents", resulting from the ongoing conflict with anti-government elements (AGEs). The primary objectives/components of ACAP III are:

1. To stabilize and enable civilian victims of conflict and their families to rebuild their lives through immediate and longer-term assistance including food and non-food packages, physical rehabilitation, psychosocial counseling, and income generation assistance;
2. To strengthen Afghan Government capabilities to identify and respond to the needs of its citizens through the provision of capacity building activities designed; and
3. To support and enhance advocacy for, and outreach to, civilian victims of conflict.

EVALUATION QUESTIONS

The evaluation statement of work includes three main questions, linked to the ACAP III components, and a number of sub-questions that can be found in the main body of the report:

- (1) How effective was ACAP III's coordination and delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and Explosive Remnants of War (ERW)?
- (2) Did the implementing partner structure implementation of ACAP III to strengthen and complement elements of the three main components of the program?
- (3) Have ACAP III's activities and programs facilitated and improved skills and knowledge of the new and existing victim assistance services among communities?

METHODS

Findings, conclusions, and recommendations are based on evidence drawn from a methodology that included:

- A total of 67 structured interviews with Key Informants (KIs) including United Nations (UN) partners, international and local Non-Governmental Organizations (NGOs), relevant GIROA agencies, and community representatives;
- Eight focus group discussions (48 women; 58 men);
- A total of 753 surveys of beneficiaries across Afghanistan conducted on-site and by phone; and

- A review of ACAP III reporting documents and other information sources.

KEY FINDINGS and CONCLUSIONS¹

Component # 1: Assistance to Victims of Conflict:

To stabilize and enable civilian victims of conflict and their families to rebuild their lives through immediate and longer-term assistance including food and non-food packages, physical rehabilitation, psycho-social counseling and income generation assistance.

Key Findings

Immediate Assistance

Project records show that a total of 13,717 immediate assistance (IA) food/non-food packages were delivered by the program, impacting 117,945 beneficiaries. The IA packages were distributed in 32 of 34 provinces--all those in which eligible incidents occurred. Nearly all beneficiary survey respondents indicated that they were very satisfied (40%) or satisfied (57%) with the IA packages, and that the packages met their needs (77%). Beneficiaries who said the IA packages did not meet their needs said they were not sufficient for larger, extended families. This was because the quantity of the items in each package was meant to serve a “typical” family for two months; it was not tailored to the size of larger families. 42% of beneficiaries surveyed rated the quality of the food/non-food packages as very high, while 54% rated the quality as average, and 4% rated the quality as poor.

KIs commented on the need to provide high quality critical medications, a low-cost assistance that could save lives. Examples were given of people dying due to lack of quality antibiotics.

According to beneficiary surveys, 32% of packages were delivered within 21 days of the incident, and 76% were delivered within six weeks. However, ACAP III’s project records reported a delivery rate of 55% within 21 days, short of the indicator target rate of 65%. ACAP III provided two reasons for falling short of the targeted timeframe for delivering assistance. First, a number of incidents, such as the May 2017 bombing near the German Embassy, were of a scale that taxed the resources of the project. Second, harsh weather and poor road conditions combined to delay delivery times. Given the high rate of satisfaction with the assistance expressed in the survey and in focus group discussions, the missed target does not appear to be a significant issue with the beneficiaries.

Physical Therapy

Project records show ACAP III physiotherapists provided tailored services to 4,484 beneficiaries, 27% of which were female, using a Ministry of Public Health (MoPH) protocol. Overall, 82% of beneficiaries surveyed by the evaluation team responded that the physical therapy services were adequate to their needs. Women were less likely to rate the services as adequate to their needs, in part due to difficulties in accessing the assistance, as cultural restrictions and a lack of qualified therapists made it difficult for ACAP III to effectively deploy therapists where needed to reach women beneficiaries. Of beneficiaries surveyed, 99% responded that they were very satisfied or satisfied with the assistance, and 90% responded that they were very much or somewhat permanently improved.

Psychosocial Counseling

According to project records, a total of 15,499 victims (45% female) benefitted from psychosocial counseling sessions provided by ACAP III. Satisfaction with psychosocial counseling assistance was high

¹ Additional findings and conclusions are found in the main body of the report.

and 88% of beneficiaries surveyed reported the assistance was adequate for their needs. Respondents reported that 93% of the counseling assistance was provided within the six-week targeted timeframe.

Income Generation (IG) Assistance

According to ACAP III project records, 870 asset packages were provided to families who lost their breadwinner. This Income Generation (IG) assistance helped 6,790 Afghans, 56% of which were female. Many KIs expressed the view that IG assistance was the most needed and the most effective of ACAP III's assistance programs. Of IG assistance beneficiaries surveyed, 90% said that their family income improved, and 80% said that the IG assistance was adequate for their needs.

There were several issues with IG assistance. For some family survivors, there was insufficient follow-up assistance to help them generate the income they expected. ACAP III data shows the proportion of beneficiaries able to earn pre-incident income within six months far below the target for each year. A second issue related to this metric of the effectiveness of the assistance, *the restoration of the family to their pre-incident income*. Pre-incident/post-assistance income is self-reported and there is incentive to overestimate the former. To mitigate this issue, a new metric designed to meet the Ministry of Labor, Social Affairs, Martyrs and the Disabled's (MoLSAMD's) level of disability payments was introduced late in the project. KIs noted that this metric is more realistic in terms of measuring a family's ability to meet its basic needs.

Implementation

USAID eligibility criteria for victims stood in contrast to the United Nations Mine Action Service (UNMAS) victim assistance (VA) policy. Thus, criteria were not fully effective in contributing to the transparency of decisions.

A number of KIs interviewed had mistaken notions about the selection criteria, which contributed to a perception of a lack of transparency about how beneficiaries were selected. KIs also commented, however, that ACAP III deployed knowledgeable surveyors to collect and verify the information needed to determine incident and victim eligibility.

Conclusions

Based on high beneficiary-reported ratings of ACAP III assistance activities in four main categories – satisfaction (97%), quality (97%), impact (94%) and adequacy (77%) – these assistance activities were found to be relevant and effective (see Figure 1 below).



The discrepancy between beneficiary-reported delivery of IA (32% within 21 days) and ACAP III-reported delivery (53% within 21 days) may be due to the fact that ACAP III's rate was derived from documented distribution dates as opposed to beneficiaries' memory. However, given that beneficiaries who received delayed assistance were reportedly very satisfied or satisfied (98%), the project's

targeted distribution timeframe was not necessarily a significant factor in achieving a successful immediate assistance service.

While ACAP III's initiatives to assess and provide or refer beneficiaries for physical therapy and rehabilitation were effective overall, ACAP III was not able to provide adequate services to women beneficiaries to the same degree as it was able to provide to men.

ACAP III's psychosocial counseling assistance was highly effective, reaching beneficiaries where they lived and helping victims of conflict to better deal with the trauma of the violence.

IG assistance was effective in providing assets to surviving family members to generate income to meet basic family needs. The lack of follow-up assistance to strengthen the ability of the relatively few (5%) IG beneficiaries that were not capable of managing the asset to generate sufficient basic income was a lost opportunity.

ACAP III significantly improved program management following the initial misunderstanding by UNMAS of the nature and requirements of USAID programming.

ACAP III selection criteria were to a degree counter-productive in achieving desired program transparency. The problem may have resulted from a lack of partnering with the GIRoA in program implementation, and from the inconsistency with selection criteria for other international donor programs working in Afghanistan.

Component #2: Capacity Building for Government Agencies:

To strengthen Afghan Government capabilities to identify and respond to the needs of its citizens through the provision of capacity building activities designed.

Key Findings

High priority Ministry of Labor, Social Affairs, Martyrs and the Disabled (MoLSAMD) capacity building activities, including the National Disabilities Survey and the Customer Service and Basic Management trainings, were cancelled by ACAP III, and ACAP III's capacity building trainings were reduced to basic IT and English courses for junior staff at MoLSAMD. KIs noted the trainings did not effectively strengthen the Ministry's capacities to deliver VA.

The advisors helped perform day-to-day ministry work. There was no clear or comprehensive plan to improve government capacity using the advisors. Rather, they worked in the ministry as needed, to develop policy and operational documents. In the view of Ministry officials, these documents helped to strengthen the ministries' capacity to carry out their basic responsibilities, but were not measurably effective in strengthening the ministries' capacities to support VA initiatives.

ACAP III did not conduct a baseline, nor set metrics, nor document results as to how performance was improved.

Conclusions

ACAP III did not meet broad governance goals identified under this objective's indicators. The project did not seek to informally build the capacity of the MoLSAMD and the Ministry of Public Health (MoPH) to assist victims of conflict by partnering with them to learn-by-doing. GIRoA was not an engaged partner in assistance design, selection, or delivery.

ACAP III did not effectively design or implement capacity building assistance towards achieving its Theory of Change outputs.

ACAP III's Activity Monitoring and Evaluation Plan (AMEP) was not effective in developing the data and information needed for performance management, as it did not include a baseline, metrics or performance results.

Cancellation of MoLSAMD's high priority capacity building activities reduced trainings to basic IT and English courses, and reduced the Ministry's level of trust with ACAP III.

Component #3: Advocacy and Outreach:

To support and enhance advocacy for, and outreach to, civilian victims of conflict.

Key Findings

Quarterly meetings among MoLSAMD, MoPH and UNMAS occurred intermittently, but as ministry KIs noted, meeting attendance does not necessarily result in improved tactical coordination, data sharing, mutual goal setting or documented critical decision-making, which were their goals, and ACAP III did not establish a process to document the results achieved and establish causality.

KIs expressed the view that the presence of psychosocial counselors, physiotherapists, and government representatives at IA distribution events was a powerful outreach tool to access families of victims, especially women.

Many stakeholder KIs expressed the view that ACAP III's engagement to raise awareness about the assistance program was highly effective. Most beneficiaries surveyed (92%) reported that they heard about the assistance via the awareness campaign or outreach efforts to local government workers and service providers. Only 8% were not aware of the project until someone from ACAP III called or visited them at home or in the hospital.

Conclusions

ACAP III's approach to building awareness of the project's victims' assistance programs in the field was highly effective. Using appropriate stakeholders at the local level, the awareness campaign and the various on-the-ground orientations helped to build a strong network of community representatives to help in identifying eligible victims, verifying incidents, assessing victims' needs, and distributing and raising awareness of the available assistance.

Cross-Cutting Theme: Gender

Women and men almost equally benefited from two of ACAP III's prime services—IA and income generation (IG) packages. A majority of women, however, did not consider the physiotherapy service or IG adequate for their needs, though 93% expressed a high level of satisfaction with IG. It can be concluded that ACAP III was generally able to effectively reach women throughout Afghanistan except for the provision of physical therapy assistance, due in part to the project's inability to hire sufficient female therapists.

ACAP III developed an effective strategy to reach women who would otherwise not have access to information through awareness events and media.

KEY RECOMMENDATIONS²

Component #1— Assistance to Victims of Conflict

² Additional recommendations are found in the main body of the report.

1. Future programming should establish and train rapid response teams comprised of project assessment/verification members and community representatives to effectively reach victims in unstable and insecure areas of the country, where many incidents occur.
2. Future programming should consider tailoring IA to individual family needs, taking note in particular to family size.
3. Future programming should evaluate the cost-effectiveness of procuring exclusively from local sources to improve service delivery times and quality of the IA items.
4. Future programming must find ways to better recruit, train and hire female physiotherapists (similar in numbers to the psychosocial counselors ACAP III hired) to work in the regional offices and travel where needed.
5. Future programming should provide life-saving medications, e.g., high quality imported antibiotics, as part of IA.
6. Future programming should include a fuller program of follow-up support to help families solve day-to-day problems to strengthen skills to manage assets, and enhance sustainability of the income.
7. Future M&E should be structured with more robust IG assistance baselines and sustainability/outcome indicators and post-assistance survey research.
8. Future programming should rethink selection criteria to determine if the criteria can be more consistent with international (UN) criteria used by other donors, and the criteria should be better articulated and explained via the hotline, the awareness campaign, coordination meetings, etc.

Component #2 – Capacity Building for Government Agencies

1. Future programming should early on carefully collaborate with GIRoA to define precisely the extent and nature of capacity building assistance and GIRoA commitment to any assistance.
2. Future programming should develop a realistic plan for capacity building assistance based on an in-depth organizational needs assessment specific to partnering agencies' responsibilities to provide services to victims of conflict.
3. Future programming should develop an M&E plan with GIRoA which includes specific baselines and outcome indicators for capacity development.
4. Future programming should restructure VA delivery so that GIRoA ministries (MoLSAMD/MoPH) are fully engaged at all levels of the process, have a say in all decisions, and are branded as the deliverer of the assistance.
5. Future programming using embedded advisors should have clear program objectives and targets specific to improving the government capacity to provide VA.

Component #3— Advocacy and Outreach

1. Future programming should devise a comprehensive strategy to institutionalize the already developed communication and outreach processes.
2. USAID should clearly document the success of ACAP III's community-based outreach campaign that increased awareness of VA programs using community resources (elders, teachers, nurses) in a cost-effective manner.
3. Future programming should focus on community awareness activities that include better explanations of program eligibility and assistance types.

4. Future programming should replicate outreach strategies that were useful in reaching women in their households.
5. Future civilian assistance programming should revise the advocacy and outreach indicators to measure the success of community-based advocacy and outreach efforts in spreading VA awareness.

Cross-Cutting Theme: Gender

- I. Women need to be made part of the decision-making processes to ensure that assistance is aligned to their needs. This can be achieved by including women in the design of the assistance packages and related services, and by finding creative ways to serve women victims of conflict within the serious constraint of lack of qualified female workers in the Afghanistan job market.

PROJECT BACKGROUND

The United States Agency for International Development (USAID) awarded the Afghan Civilian Assistance Program III (ACAP III) to the United Nations Mine Action Service (UNMAS) as a Public International Organization (PIO) grant in April 2015. The grant is effective through mid-February 2018. The total estimated life-of-project funding initially set at \$30.2 million was subsequently reduced to \$19.6 million.

USAID's Afghan Civilian Assistance Program III works in collaboration with the Ministry of Labor, Social Affairs, Martyrs, and Disabled (MoLSAMD) to provide assistance to eligible Afghan civilian families and individuals following traumatic events resulting from the ongoing conflict with anti-government elements (AGEs). ACAP provides assistance in all provinces of Afghanistan and operates out of six regional offices working closely with community representatives.

The overall goal of this project was to mitigate the immediate and longer-term impacts of conflict on civilians. ACAP III's three main objectives are:

1. To stabilize and enable civilian victims of conflict and their families to rebuild their lives through immediate and longer-term assistance including food and non-food packages, physical rehabilitation, psycho-social counseling and income generation assistance;
2. To strengthen Afghan Government capabilities to identify and respond to the needs of its citizens through the provision of capacity building activities designed to phase a transition of the program to the Government of the Islamic Republic of Afghanistan (GIROA).
3. To support and enhance advocacy for, and outreach to, civilian victims of conflict.

ACAP III screens, selects and provides immediate assistance (IA) packages and initial rehabilitation or counseling services via its own in-house capacity, and where appropriate, refers beneficiaries to, and coordinates their assistance with, third-party providers for continuing services or assistance in more severe cases. Support is provided in terms of income generation assets such as animals, sewing machines, motorized carts, etc. and training to ensure that civilians have access to resources to restore their livelihoods in the aftermath of an injury or loss of a family breadwinner and/or property. Particular attention and care is given to the needs of women, especially in circumstances in which the primary family breadwinner is killed or injured.

Project Timeline

A Program Contribution Agreement was signed between USAID and UNMAS in April 2015 for the implementation of ACAP III. Initially, UNMAS outsourced IA work to the Afghan Red Crescent Society and used its existing staff, standards and facilities to provide physical therapy and income generation, in terms of vocational training, to beneficiaries. By early 2016, UNMAS adopted USAID issued eligibility criteria and made changes to its victims' assessment methods, which redefined beneficiaries as 'civilian victims of the conflict,' and excluded assistance to uniformed military or police personnel or to individuals whose disabilities resulted from non-conflict related incidents. The project started providing direct delivery of services, and readjusted its capacity building component to only servicing MoLSAMD and the Ministry of Public Health (MoPH). The program description, revised through Modification number 4, June 2017, documented the changes in program description and program amount in light of changes already in effect based on meetings and USAID guidance (see Annex XI for more timeline details).

Evaluation Purpose and Evaluation Questions

This final evaluation of ACAP III assesses the overall results and critical implementation challenges of the ACAP III activity since its inception in April 2015 to the end of programmatic activities in December 2017. The primary purpose of this evaluation is to determine the extent to which the ACAP III project has met its stated objectives as modified in June 2017. The evaluation addresses three overarching Evaluation Questions (EQs), each associated with one of three ACAP III components:

1. Component 1: How effective was ACAP III's coordination and delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW?
 - Did the beneficiaries receive tailored assistance packages within two weeks of the incident taking place and was the assistance received adequate for their immediate needs? List of the beneficiaries will be provided by ACAP III implementing partner.
 - How effective is the long-term economic reintegration support provided to 1,243 beneficiaries and is it delivered within 60 days of the incident?
 - How effective is the selection criteria in terms of transparency to ensure affected victims receive appropriate assistance?
 - Was information gathering and verification mechanisms structured to reach the most remote areas in the provinces?
 - What were the beneficiaries' reactions and concerns (satisfaction or dissatisfaction) regarding the quality of food and nonfood items provided?
2. Component 2: Did the implementing partner structure implementation of ACAP III to strengthen and complement elements of the three main components of the program?
 - How effective have capacity building trainings been for MoLSAMD and MoPH staff to enable them to respond to the needs of victims of conflict on immediate assistance, physical rehabilitation, psycho-social counselling and economic reintegration?
 - Have embedded Advisors in the MoLSAMD and MoPH substituted for or improved the capacity of government staff?
 - Did vocational training and economic reintegration activities help restore or increase alternative livelihoods of the beneficiaries?
3. Component 3: Have ACAP III's activities and programs facilitated and improved skills and knowledge of the new and existing victim assistance services among communities?
 - Have quarterly coordination meetings been held regularly between MoLSAMD, MoPH and UNMAS and how much has it helped to improve coordination in achieving the expected results?
 - What outreach activities, including coordination meetings, were most effective and what activities were not effective during the period of performance and why?
 - What lessons from the current program design and implementation mechanism can inform future USAID Afghanistan's programming to support victims of conflict?

- Did ACAP III engage appropriate stakeholders to coordinate the delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW; to build the capacity of the public sector to respond to civilian victims of conflict and refer them to available local and international assistance; and to raise awareness of new and existing victim assistance services among communities as well as UN, NGO, and government networks?
- How effective has ACAP III been in raising awareness of new and existing victim assistance services among communities, as well as UN, NGO, and government networks?

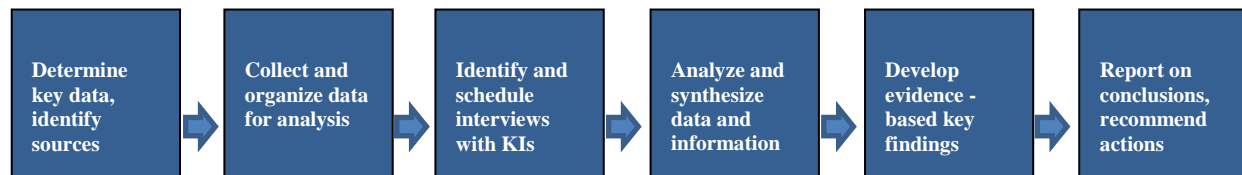
The evaluation provides evidence-based responses to these overarching evaluation questions and their respective sub-questions, as outlined here and in USAID’s evaluation statement of work (SOW) (see Annex I).

Evaluation Methodology

Findings in this evaluation are based on evidence drawn from a methodology that includes:

- A total of 67 structured interviews with Key Informants (KIs); (see Annex III)
- Eight focus group discussions (48 women; 58 men);
- A total of 753 beneficiary surveys conducted on-site and by phone across Afghanistan;
- A review of ACAP III documents and other information sources (see Annex V).

Figure 2: Evaluation Activities



Comments from KIs were included in the report to the extent that they were relevant based on the KI’s professional experience working with ACAP III. Generally, references that “KIs expressed the view...” or “KIs noted that...” derived from multiple similar comments made by KIs with direct knowledge of ACAP III processes and operations. As well, if the most important KI for a specific topic had very strong comments, they were included if it was believed that the KI had a unique experience with ACAP III and a clearly articulated and relevant point of view.

The results from the FGDs were used in two ways. All eight FGDs started by having a show of hands relating to the basic questions of whether ACAP III services were satisfactorily delivered, were of good quality, were adequate to meet needs, and resulted in improvement in the underlying condition being addressed. As the FGDs were well balanced between men (52%) and women (48%), the results also served as a check to the larger survey results which did not have an ideal gender balance. In terms of including in the report comments/references to issues raised and discussed, in FGDs the threshold for inclusion was again the team’s belief that a comment represented one or more attendees’ strong view or opinion of ACAP III activities. Where there was further evidence to reinforce such an opinion, i.e., from follow-up questions in the site/phone surveys (e.g., if you feel the service was inadequate, how was it inadequate?), the opinion was given more attention in the report.

Data Limitations

Women comprised 45% of the 106 focus group participants. However, women comprised less than 20% of beneficiaries surveyed. The likely explanation for this is that most women either do not carry, or do not have their phones on, during the day. However, as survey data was generally consistent with information gathered in the focus group discussions where men and women equally participated, the impact on the overall results of the survey was minimal.

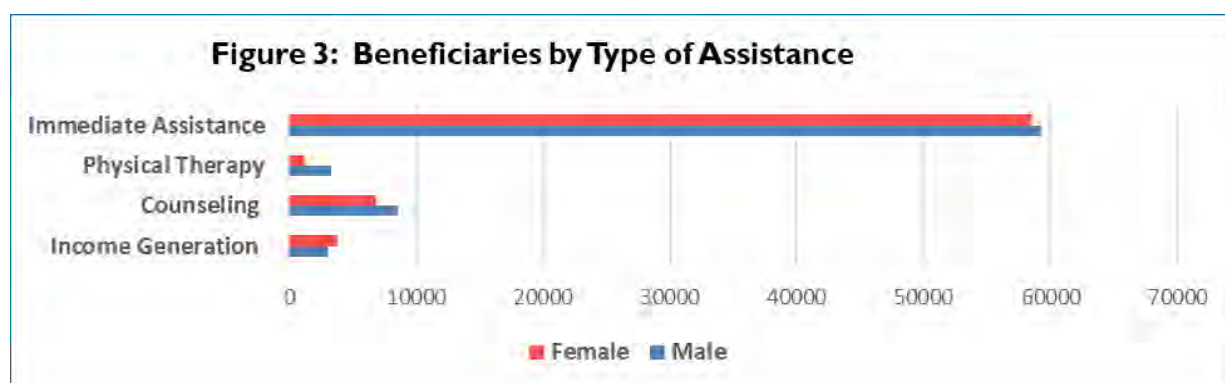
KEY FINDINGS

Component #1— Assistance to Victims of Conflict

The overall performance consideration addressed in this evaluation for Component I, as required in the statement of work, is: “How effective was ACAP III’s coordination and delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW?”

The following assessment includes the metrics against which the effectiveness of program activities is determined, based on evidence provided through beneficiary surveys, focus group discussions and key informant interviews.

ACAP III equitably provided food/non-food immediate assistance, physical therapy, psychosocial counseling and income generation assistance to help stabilize and support 144,718 men (51%) and women (49%), as shown in Figure 3.



The ACAP III process to identify, assess, and deliver Immediate Assistance (IA) and longer-term support to victims of conflict starts with a multi-layered assessment and verification protocol (see Annex VII). Reports of incidents are received at ACAP III national and regional offices, generally from the media, the United Nations Department of Safety & Security (UNDSS), and/or local community contacts such as Community Development Councils (CDC) members, hospitals and the police. ACAP III regional and national offices then work closely with on-the-ground local officials and community representatives to document and verify the nature of the incident. If the incident is deemed an “eligible event” (see Annex VI), the project quickly deploys surveyors to identify and assess the condition and needs of victims.

ACAP III's front line of IA is a 17-item food and non-food package meant to provide for two months of support for a typical family of nine members. The package is not tailored to individual family size or preference, but rather is a standard package meant to be quickly delivered and to provide for basic needs that will stabilize the families of the victims.

To have the IA packages at-the-ready, ACAP III early in the project decided that procurement and delivery of the packages should be by region, bidding seven contracts (for the six regional offices, and for Kabul) in an open competitive process. Of the six regional contracts, only one local provider was able to secure the contract through the formal process, in this case in Mazar-i-Sharif. This meant that the other providers had to develop an operations capacity to deliver IA to remote areas in their region despite logistical (bad weather, poor roads, etc.) and security challenges, and/or use local providers for the distributions.

For physical therapy and rehabilitation assistance, ACAP III hired eight physio-therapists (seven males and one female). Their role was to assess specific needs and either provide the therapy on-site for less severe cases, or refer victims to, and coordinate rehabilitation assistance with other local providers at facilities operated by the International Committee of the Red Cross (ICRC) and other non-profit organizations. All services were/are provided free of charge. Where appropriate, ACAP III provided transport to the place of care.

ACAP III, with assistance from the Ministry of Public Health (MoPH), hired and trained 35 psychosocial counselors to help victims deal with the psychological trauma of the death of loved ones, being injured, or losing sources of income. ACAP III counselors assessed need and provided individual or group counseling based on victims' preferences at home or at a place of convenience and privacy for the victim. In more severe cases, the counselors referred the victims to services provided by MoPH.

ACAP III provided income generation assistance (IG) for families who lost their breadwinner or other primary sources of income (for example, destroyed retail inventory). Initially the assistance focused on vocational training, but was expanded in the first year to include the provision of assets including replacement retail inventory, production animals (e.g., dairy cows), tools and equipment for vocational trades, and motorized carts for transport services. IG is determined largely based on beneficiary interests and a self-perceived view of their capacity to manage the assets to generate income for their families. The intention is to enable the family to recover and become self-reliant.

The levels of satisfaction for all types of assistance were very high, as shown in Figure 4. Overall, 97% of beneficiaries said they were very satisfied or satisfied with the assistance. This is very consistent with ACAP III project documents, which report that 98% of beneficiaries were satisfied with the assistance.

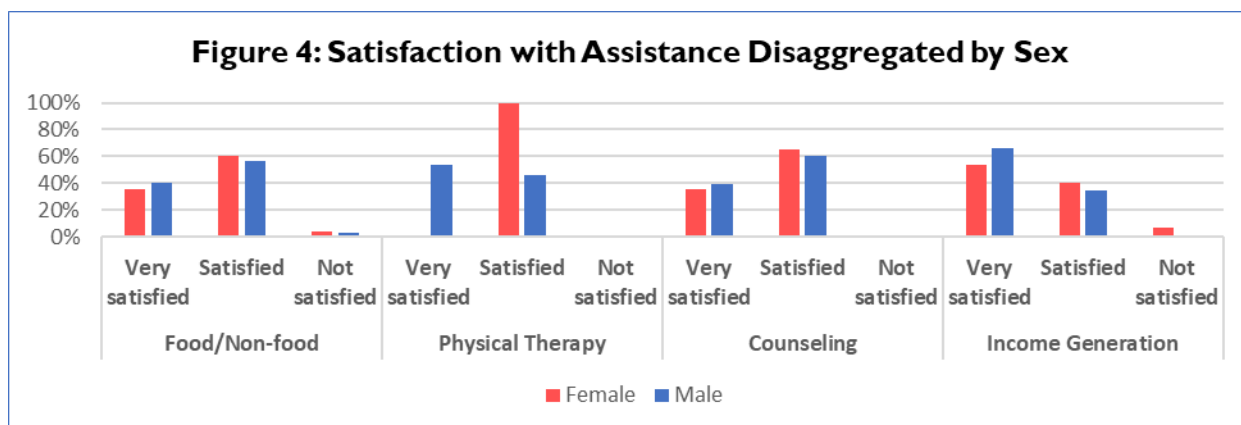
Results Highlights

13,717 food/non-food packages delivered helping 117,945 beneficiaries

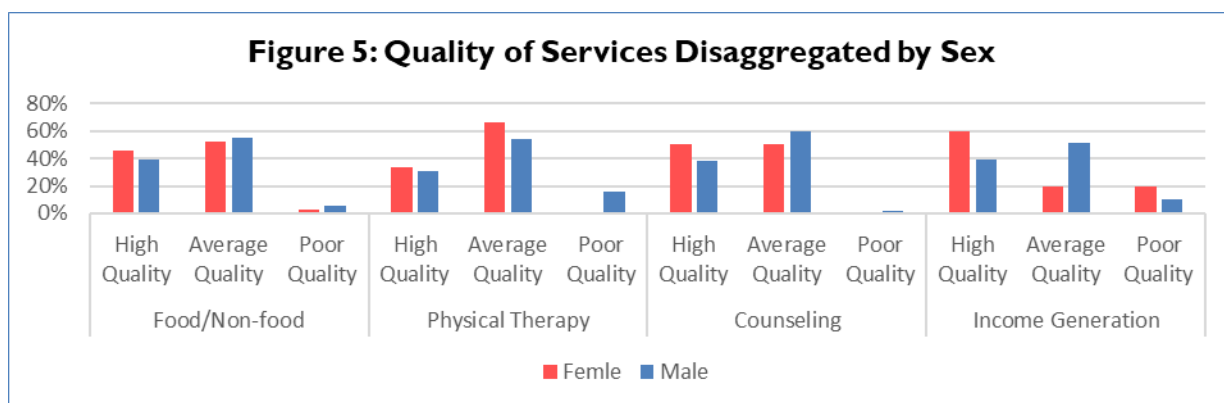
4,484 beneficiaries assisted through ACAP III physiotherapists

15,499 victims benefitted from counseling sessions

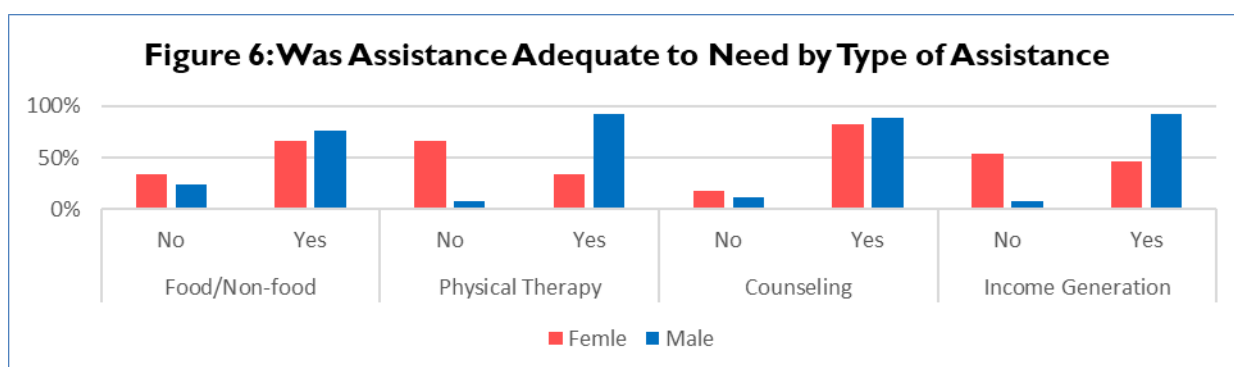
870 income generation packages delivered impacting 6,790 beneficiaries



Similarly, survey respondents gave highly favorable ratings for the quality of the assistance. See Figure 5. Only 43 of 753 respondents rated overall assistance of poor quality. The reasons given for the low rating generally related to wanting additional food assistance, preferring cash to income generation support, or having problems with income generation support (for example, if a dairy cow was not producing as much milk as expected).



When beneficiaries were asked if the assistance was adequate for their needs, almost 77% responded “yes.” The reasons for saying the assistance was not adequate related to wanting additional assistance – more food, more therapy and more income generation. A number of beneficiaries commented that the food assistance was not enough for their relatively large extended families.



Overall, 77% of respondents reported that the physical therapy received was adequate for their needs. A majority of women (who were 27% of physical therapy respondents) said the service was not adequate, commenting that it was difficult to access treatment. Although ACAP III provided

transportation to rehabilitation facilities, when asked, beneficiaries who felt the assistance was inadequate were not well aware of this service. In part, this reflects the closing of UNMAS rehabilitation centers due to eligibility issues. These centers were well located to serve remote provinces. Also, ACAP III was only able to hire one female therapist, due to a lack of female therapists present in Afghanistan, and while men were assigned to assess, assist, and refer female beneficiaries, this was not always an acceptable activity in the Afghan culture.

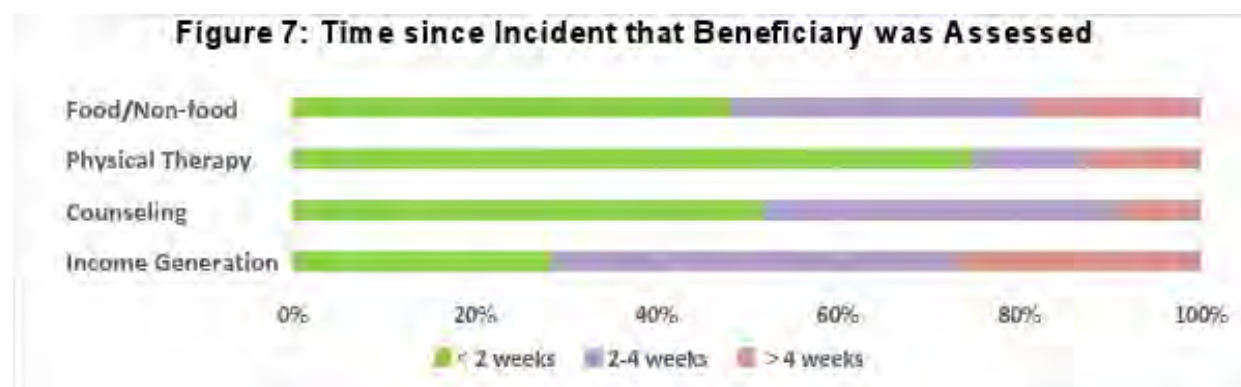
In summary, the overall high ratings for satisfaction with the quality and adequacy of assistance indicate that ACAP III's delivery and coordination of assistance was effective in helping to provide victims of conflict with needed support.

To further evaluate the effectiveness of Component I activities, progress as reported against the AMEP indicators was assessed as described below, followed by responses to the specific sub-questions under the overarching evaluation question for Component I.

Immediate Assistance Indicators³

I.1.1: Proportion of reported incidents with civilian casualties that are assessed within 15 days of the incident

ACAP III has generally met the targets, having exceeded the targets in Years 1 and 2 (77% achieved in year one compared with a 70% target and 78% achieved in year two compared with a 75% target) and coming close to the Year 3 target, 73% versus 80% as of September 30, 2017. Figure 7 shows that beneficiaries surveyed randomly across the duration of the project were generally assessed within four weeks of the incident, less so for IG, more so for physical therapy. The evaluation survey numbers are lower for assessments completed within two weeks of the incident which may relate to the fact that ACAP III data comes from dated distribution sheets whereas the evaluation survey relies on beneficiaries' memories going back several years.



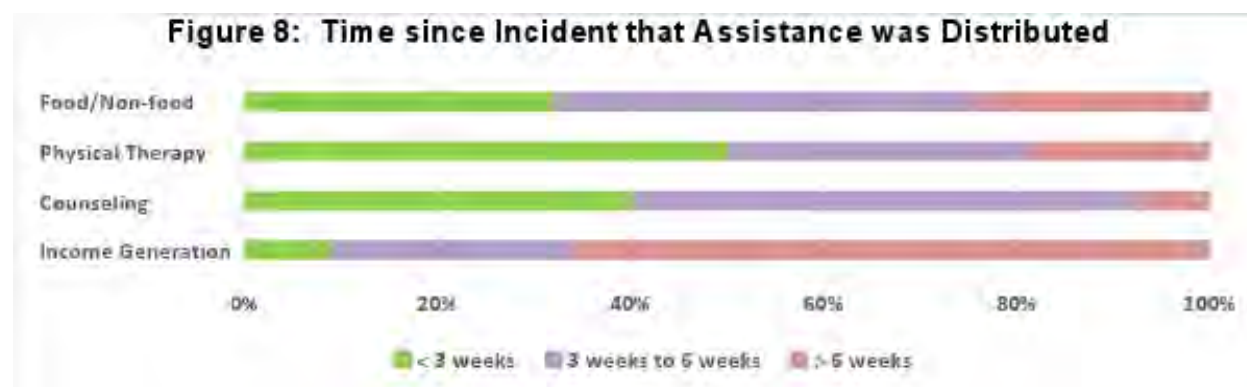
I.1.2: Proportion of eligible families who have received IA package within 21 days of the incident

Based on documented distributions that occurred within 21 days of an incident, ACAP III has come close to achieving the indicator targets. In year one, 58% was achieved compared to a target of 60%, in year two 55% was achieved compared to a target 65%, and in year three 53% was achieved (as of September 30) compared to a target of 70%. ACAP III explained the missed targets as a result of the

³ From data reported in ACAP III's 9th Quarterly Report for activities ending September 30, 2017

recent increase in large-scale incidents which strained the efforts of surveyors to reach the victims, and limited access to remote areas in winter months.

The evaluation survey findings in Figure 8 show results lower than reported by ACAP III for IA (food/non-food packages) to be delivered, though most packages (76%) were delivered within six weeks according to respondents.



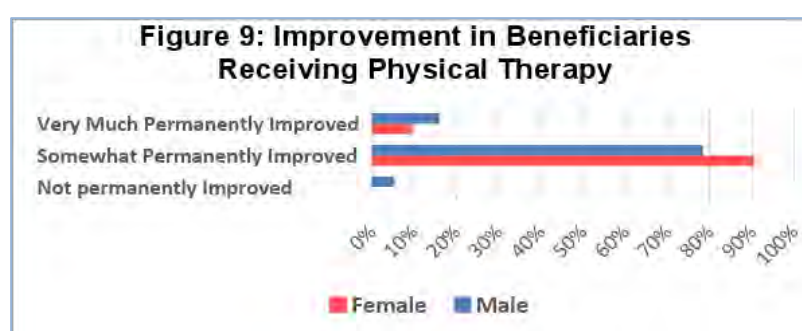
1.1.3: Beneficiary satisfaction of the package contents

Based on ACAP III reported survey data and consistent with survey data conducted for this evaluation, satisfaction with the IA is very high, 97%, and has far surpassed the target level of 70%.

Longer-term Support Indicators

1.2.1: Proportion of project beneficiaries receiving physical rehabilitation services based on recommendations from medical personnel

ACAP III's protocol for physical therapy is to have their physiotherapists assess needs according to standard guidelines of the MoPH, and base treatment and referrals on symptoms as identified in the assessment. Accordingly, almost all, 92%, of the services provided by the therapists are based on medical recommendations.

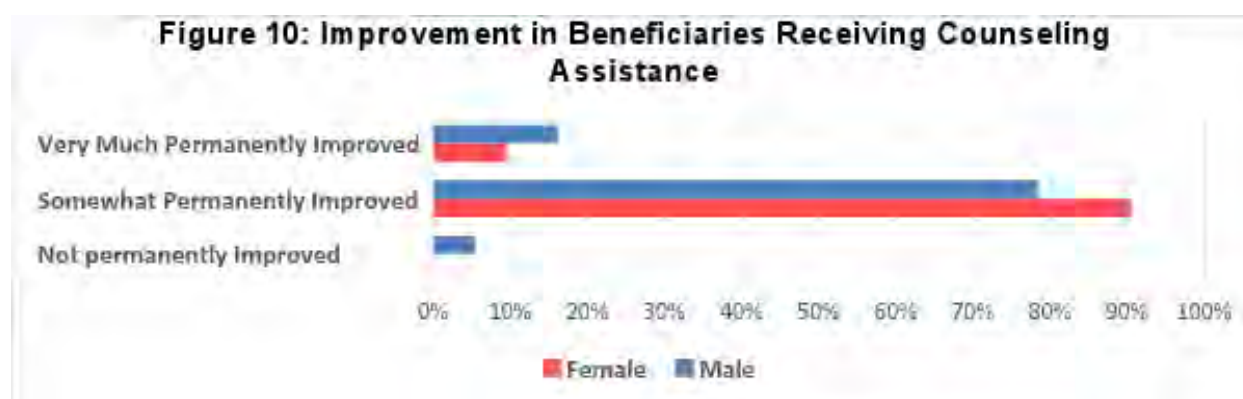


The average target rate was 70%. Beneficiaries who received physical therapy were asked if the assistance resulted in permanent improvements to their condition. Per Figure 9, overall, more than 90% said their condition was very much or somewhat permanently improved.

1.2.2: Proportion of project beneficiaries receiving psychosocial counseling services within six weeks of the incident

Beneficiary survey findings show more than 90% of respondents reported that counseling was provided within six weeks of the incident (see Figure 8 earlier). The target rate was 60%. ACAP III's own reporting shows a level of 69% for Year 3 as of September 30, 2017 which misses the Year 3 engagement with beneficiaries to identify appropriate and realistic support initiatives target of 80%.

Figure 10 below shows that many counseling beneficiaries report permanent improvement. Similarly, more than 90% of physical therapy beneficiaries surveyed said their condition was very much or somewhat permanently improved.



I.2.3: Proportion of project beneficiaries engaged in economic reintegration support initiatives within 60 days of the incident

ACAP III uses community representatives to work with their surveyors to identify victims requiring IG support, assess their needs and interests, and coordinate the delivery of assistance. Such collaboration takes time, but results in IG that is better matched to beneficiaries' needs and capacities to manage. ACAP III reported results show all targets were surpassed, achieving on average 75% versus an average target of 45%. Beneficiary surveys show that 74% of assistance started within four weeks from engagement with beneficiaries to identify appropriate and realistic support initiatives, whereas delivery of income generation support generally (66%) took longer than six weeks.

I.2.4: Proportion of project beneficiaries who are able to earn pre-incident levels of family income within 6 months of the incident

This is a problematic indicator which is discussed below in more detail under sub-question two, Economic Regeneration. The progress reported by ACAP III is well below expectations. The data is self-reported by the beneficiary who may have a self-interest in reporting high pre-incident income in order to receive a corresponding high IG package, and low post-assistance income thinking additional assets may be provided. As well, KIs suggest that when a breadwinner is killed it can take considerable time for the family to learn to manage ACAP III provided assets to achieve pre-incident levels of income as job/business skills and experience are hard to replicate.

The sub-questions for Component I are addressed below:

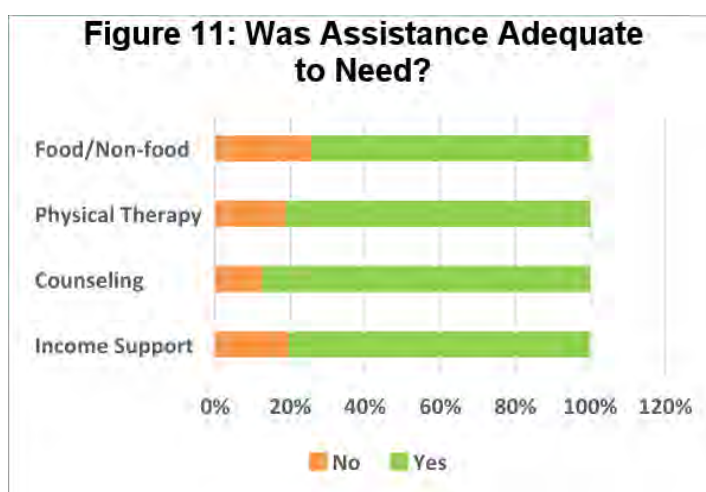
- I. Did the beneficiaries receive tailored assistance packages within two weeks⁴ of the incident taking place and was the assistance received adequate for their immediate needs?

A total of 13,717 IA food/non-food packages were delivered impacting 117,945 beneficiaries. The quantity of the items was meant to serve a "typical" (8-9 people) family for two months and was not tailored to the size of larger families. The packages were distributed across all 32 provinces in which

⁴ Note: the final approved AMEP target for IA packages to be delivered to the beneficiaries is under 21 days. It is on this basis that the response to this question has been determined.

eligible incidents occurred. Of beneficiaries surveyed, 97% indicated that they were very satisfied or satisfied with the IA and that the items were of high or average quality, 97% (see Figures 4 & 5 earlier).

Responses suggest that the IA packages were adequate for most families, 74%, as shown in Figure 11 to the right. There are two explanations for the 26% of beneficiaries who felt that the IA did not meet their needs. First, responses to open-ended survey questions confirm families did not understand that the IA was meant for only two months. Second, the packages were not sized to meet the needs of extended families living together as one household.



As noted under section 1.1.2 earlier, ACAP III's reported delivery rate of "within 21 days" (55%) was short of the average indicator target rate of 65%. ACAP III commented that there were two reasons for falling short of the targeted timeframe for delivering assistance. First, a number of incidents such as the May 2017 bombing were of a scale that taxed project resources. Second, harsh weather delayed delivery times. Given the high rate of satisfaction with the assistance expressed in the survey and in focus group discussions, the missed time frame target does not appear to be a significant issue with the beneficiaries.

Relative to ACAP III's longer term assistance, the project's physical therapy assistance achieved a 100% level of satisfaction with beneficiaries surveyed, and 82% responded that the assistance was adequate for their needs (see Figures 4 and 11 above). In comparison to IA where beneficiaries were almost evenly split between men and women, only 27% of 4,484 physical therapy beneficiaries were women. The lower number of female beneficiaries may be due to the fact that it is mostly men who are injured in the incidents. Incidents are mostly outdoors (e.g., roadside IEDs, mines, suicide attacks, etc.), hence it is mostly the men who are physically impacted. According to project staff, ACAP III has not declined any female victim for physical rehabilitation assistance even when a female physiotherapist was not available to provide the assessment or the therapy itself or the referral. However, a majority of women surveyed rated the assistance as inadequate, commenting that it was difficult to access continuing treatment. Although ACAP III provides transportation to rehabilitation facilities, when asked, beneficiaries who felt the assistance inadequate were not well aware of this service.

While ACAP III does not provide nor pay for medical care other than physical therapy, KIs commented on the need of providing high quality critical medications, a low-cost assistance, that could save lives. Examples were given of people dying due to lack of quality antibiotics.

Psychosocial counselors are trained to tailor assistance to the specific needs of the individual or family based on the counselor's knowledge and experience. Counselors follow a MoPH standard operating procedure for identifying needs.

ACAP III counselors provided 17,645 counseling sessions, 45% serving females. The initial sessions were almost always started within six weeks of the assessment, but often continued beyond that timeframe as many beneficiaries had several sessions. Counselors have a standard discharge protocol to ensure that the counseling helped to restore the individual and family to a pre-incident level of functioning (for instance, being able to do daily chores, feeling more confident about the future, no

longer experiencing nightmares, etc.). Victims generally received three to five counselling sessions. More severe cases were referred to MoPH for additional services.

In summary, though the delivery of IA and IG fell short of the AMEP targeted timeframes, 97% of beneficiaries overall said they were very satisfied or satisfied with ACAP III. IA and longer-term assistance was found by 77% of beneficiaries surveyed to be adequate to their needs. Survey results showed that 82% of beneficiaries rated physical therapy assistance as adequate, and 86% rated counseling as adequate (though problems were identified by women who found it difficult to access the services).

2. How effective is the long-term economic reintegration support provided to beneficiaries?

ACAP III has provided 870 asset packages impacting 6,790 beneficiaries (56% female and 44% male). Many KIs expressed the view that IG was the most needed and the most effective of ACAP III's assistance programs. ACAP III provides assets such as income producing livestock (60% of IG assistance packages), three-wheeled motorized carts (23%), inventory for retail shops (11%), and tools and equipment for small businesses such as sewing machines (6%), to families whose breadwinner was killed or disabled. While beneficiaries are largely satisfied with the assistance (94% of beneficiaries responded that they were very satisfied or satisfied), there are several issues related to how effective IG is in restoring a family to pre-incident levels of income.

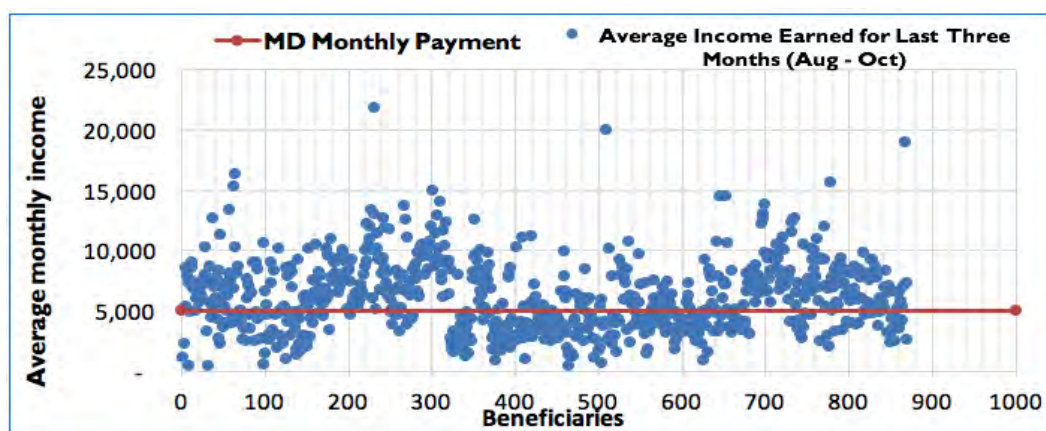


The type of IG provided to beneficiaries is determined in a process where ACAP surveyors and Community Development Council (CDC) members or village elders work with victims' families to assess interests, preferences, skills and capacities. KIs commented that surviving family members may overestimate their capacities to manage the assets provided. It can be challenging to replicate the job/business skills and experience of a breadwinner killed or disabled. Initially, ACAP III's primary goal for the IG was to restore a family to pre-incident income in order to help stabilize the family situation and prevent the family from becoming impoverished; it was not meant to be compensation for damages to property. Beneficiaries self-assess their pre-incident level of income and surveyors ask community representatives to verify as best they can the level of income, i.e., "did the family have two dairy cows as they say." Beneficiaries have self-interest in overstating their pre-incident income in order to get a higher level of IG. As shown in Figure 12, above, IG assistance for most families (90% overall) produced a positive impact.

Late in year one, ACAP III moved to a different metric for determining the effectiveness or "success" of IG. Rather than targeting a restoration to pre-incident income, the new measure is meant to ensure that the families develop an income relative to MOLSAMD's maximum benefits for martyrs. The idea is to use limited resources to help the most in need achieve a family income that meets basic needs. Using this metric, the results, as shown in the Figure 13, are that most beneficiaries have achieved a

level of post-assistance income over or near the maximum pension provided for the families of martyrs.

Figure 13: Post-Assistance Family Income



Source: ACAP III

KIs and ACAP III managers in the field noted that, typically, low reported post-incident income is a result of the beneficiaries' inability to properly or effectively use the assets provided to achieve the income expected. The assets provided by the project are not generally supplemented with market awareness or business skills training.

Local officials interviewed in Herat and Mazar raised concerns that qualified beneficiaries from incidents occurring over the past summer did not receive IG. ACAP III explained that the funding for IG ran out. Essentially, this concern relates to the gap between when ACAP III closed operations and when the new replacement project begins. ACAP III is keeping records of these applications to pass to the implementer of the new project with the expectation that IG could be provided in the next round of assistance.

3. How effective is the selection criteria in terms of transparency to ensure affected victims receive appropriate assistance?

ACAP III did not begin to implement the selection criteria until six months after the project commenced operations. At that time, and as described under sub-question 4 following, ACAP III instituted a process to verify that all incidents and beneficiaries met USAID required criteria. To collect and verify the information needed to determine eligibility, ACAP III surveyors worked closely with local officials and community representatives in a three-level process.

Much of the information required to determine eligibility is, by nature, local. For example, the GIRoA terrorists' database is not sufficient to determine if the candidate is an active member of an insurgent group. Determining eligibility requires that you prove the negative, for example, that the candidate is not an employee of the Afghan government. Local officials know the families in their districts and villages, thus asking a local official informally would get a quick and accurate response whereas, for confidentiality reasons, GIRoA would not respond to outside requests. KIs commented that ACAP III deployed knowledgeable surveyors in a well-coordinated approach to verify information as thoroughly as is possible, which is a critical step in ensuring transparency.

Whether the criteria were understood by beneficiaries, community residents, local officials and coordinating agencies is another matter. A number of KIs interviewed had mistaken notions about the

criteria and how they were applied and commented there was confusion on the ground that resulted in jealousies, complaints and accusations that the government provided assistance to their friends, notwithstanding the fact that the government had nothing to do with the criteria or with delivery of the assistance. At the heart of issue was that one family would receive assistance while their neighbor did not qualify because they were not impacted by an eligible event. This was a particular concern for IG.

This concern relates in part to the implementation of other programs to help distressed Afghan families. KIs noted that USAID eligibility criteria for victims is narrower compared with the UN victims assistance criteria which was used in the first six months of ACAP III implementation and which is more widely known and used. While ACAP III made efforts to brief local officials and community representatives about the criteria through its outreach programming, the message did not always meet the mark. As a result, the criteria were not fully effective in contributing to the transparency of decisions (who got what, and why), but rather they confused these issues as they were not consistent with GIRoA and other donor assistance policies.

4. Was information gathering and verification mechanisms structured to reach the most remote areas in the provinces?

ACAP III expanded on UNMAS' existing country-wide data management system, which covers all provinces in Afghanistan and records the nature and extent of incidents of violence. ACAP III further adopted a three-step management approach to determine the eligibility of the event and the eligibility of the individual based on specific USAID requirements shared with ACAP III (see Annex VI).

The evaluation team reviewed a random sample of ACAP III incident logs. The initial description of an incident is either from the media, the UN Department of Safety & Security (UNDSS), and/or local community contacts such as CDC members and the police. ACAP uses various traditional sources (reports from village elders, hospitals, police stations and responsible officials) as well as media sources (social media, TV, radio, local newspapers) to verify the nature of the incident.

Regional offices then deploy project surveyors to visit the site and work closely with local officials and community representatives to document and verify beneficiary information which as noted under sub-question three above, is very local information. For each eligible beneficiary candidate, surveyors, physiotherapists, psychosocial counselors and community representatives (in the case of IG) work to assess the condition and needs of victims. KIs consistently noted that ACAP's collaboration with local community representatives and officials facilitated the activity's ability to quickly access and verify incident and beneficiary information in all provinces, even in the most remote areas.

Data, including incident and household information and map coordinates are provided to the Information Management System for Mine Action (IMSMA) for review to ensure consistency and completeness (see Annex VIII). IMSMA's database system has built in cross checking capacities. For instance, it can compare fingerprints of victims and family members authorized to represent the victim at IA distributions against the person who signs for the assistance. The mapping system has a capacity to check the distance of the beneficiary household from the incident and identify inconsistencies for further review. IMSMA also checks incidents and beneficiary casualty information against other UN data bases (UNMAS, UNDSS, etc.). IMSMA maps of the number of incidents by province and the distribution of assistance by province, (see Figure 14 below) show clear correspondence, an indication that wherever an incident occurred, ACAP was able to direct resources to screen for eligible beneficiaries, assess needs and deliver assistance.

[illegible]

5. What were the beneficiaries' reactions and concerns (satisfaction or dissatisfaction) regarding the quality of food and nonfood items provided?

Component #2 – Capacity Building for Government Agencies

In September 2016, ACAP III released its “Institutional Capacity Assessment and Action Plan” (ICAAP) for MoLSAMD’s Division of Martyrs and the Disabled (DMD). This is ACAP III’s primary GIRoA’s partner agency and planned recipient of capacity building assistance. A review of the actions identified to build overall DMD capacities, is summarized in Annex IX.

- MoLSAMD's DMD has a primary mission to serve those killed in service to their country, and disabled persons, primarily by registering and providing financial benefits. The ICAAP

recognizes the limitation in current DMD capacities: “The conflict in Afghanistan has dramatically increased demand for the services of the Division of Martyrs and the Disabled within the Ministry, which does not have sufficient resources and capacity to meet the demand. Consequently, conflict-affected disabled community members do not receive timely access to services provided by the Ministry. Building the capacity of the DMD is therefore essential to ensure that the GIRoA is able to meet its statutory mandate of serving civilian victims of conflict.”⁵

- The ICAAP was developed in close working collaboration with the DMD. However, it was not meant to define DMD’s mission in dealing with victims’ assistance relative to other GIRoA agencies, nor to develop a stronger organizational structure or staffing plan, nor to consider robust IT systems for performance management. DMD wanted to address immediate basic gaps in the then current capacities. Thus, the ICAAP is a modest plan that identifies a number of small-scale capacity building activities that can be done at relative low cost and which when implemented could result in modest improvements in carrying out their existing responsibilities.
- ICAAP was not meant to be implemented only by ACAP III, it was meant as a list of needed assistance which could be shopped to interested donors and to the GIRoA itself. Activities for ACAP III assistance were negotiated periodically with the project based on ACAP III’s budget, mission, and their own capacities to deliver the assistance. The priority capacity building activities that was agreed to for ACAP III assistance for the DMD were:
 1. **Develop and implement a National Disabilities Survey of 5,000 disabled persons across the country.** This was a \$4+ million activity that after a year in development was cancelled as by the time the design was negotiate there was not sufficient time left in the project to bid and conduct the survey.
 2. **Conduct Customer Service training for frontline DMD staff.** ACAP III could not find a suitable provider in time to undertake this assistance.
 3. **Conduct Supervisory training for DMD managers.** ACAP III could not find a suitable provider in time to undertake this assistance.
 4. **Conduct basic IT (Microsoft Office) training for junior DMD staff.** This is ongoing.
 5. **Conduct basic English training for junior DMD staff.** This is ongoing.
- DMD is in the process of being spun-off from MoLSAMD as the independent Directorate for Disabilities (DD) reporting to the Office of the President. Internal efforts are underway to rethink, restructure, and reorganize the DD. The Ministry advisor overseeing this initiative has stated the upcoming need for a more comprehensive needs assessment, and stronger capacity building assistance from future USAID programming.
- The MoLSAMD Deputy Ministry who oversaw DMD, stated that the “Ministry was not significantly engaged in day-to-day operations of ACAP III.” In his view, there was little capacity building assistance provided to the Ministry. ACAP worked “gently with us.” After having their top priority activity, the National Disabilities Survey, dropped, MoLSAMD negotiated for the

⁵ “Institutional Capacity Assessment and Action Plan”, ACAP III, September 2016, page 5.

resulting IT and English training. The Deputy Minister did not think that these trainings much improved the Ministry's capacity to deliver services to victims.

- As noted by one MoLSAMD official, DMD was not engaged in the beneficiaries' identification, assessment, or provision of the assistance, nor asked to review and approve any steps in the process of delivery assistance; it makes no decisions. The assistance was not branded as GIRoA sponsored (if not funded) activity responding to the needs of its citizens. "GIRoA did have to take the blame when there were failures in the program." A Provincial Council member interviewed commented "When they make a promise to deliver assistance, they must deliver or all (donor and GIRoA) look bad." As well, he noted that failure to deliver the IG "...breaks the trust between people and the government."

Capacity Building Assistance Indicators

To further assess ACAP III efforts to strengthen and complement elements of the three main components of the program, it is also necessary to review the component's performance indicators.

2.1.1: MoLSAMD's Department of Martyrs and Disabled Capacity Development Action Plan approved and activities implemented as per the work plan

Capacity building assistance to the MoLSAMD focused on the implementation of activities as agreed between ACAP III and MoLSAMD's Division of Martyrs and the Disabled (DMD). The activities were supported by the ACAP III-funded embedded Ministry Advisor, summarized as follows:

1. **Reviving of Inter-Ministerial Working Committee on Disability:** Provided meeting coordination support and advice on request
2. **Enhancing DMD coordination with International Donors and NGOs:** Assisted DMD in organizing National Disability Conference in 2016 and the International Day of Persons with Disabilities event in 2016.
3. **National Disability Law Revision:** Provided technical input.
4. **Disability stakeholders' coordination group support:** Provided coordination support to the group meetings on the request of the DMD.
5. **Disability Service Referral Guide:** With input from the Government and Disability stakeholder groups coordinated and developed a comprehensive referral guide on services available to the disabled communities throughout the country, and the provincial MoLSAMD staff were trained on use of the referral guide.

However, 2.1.1 is not an outcome indicator, thus progress in strengthening DMD capacity to carry out its responsibilities were not measured. Even as an output indicator it lacks definition. The indicator describes in an unspecified way what they did (i.e., "activities in progress") not what results were achieved. The indicator target "as per the work plan" is a general, open-ended term that does not provide either a qualitative or quantitative measure of output much less outcome. It does not have a sufficient level of detail to permit management decision-making towards achieving meaningful results. The progress does not take into account the basic fact that DMD's highest priority items for assistance (i.e., National Disabilities Survey noted earlier) have not been implemented.

2.1.2: Nationwide disability survey for the MoLSAMD's Department of Martyrs and Disabled is implemented as per the implementation plan

This indicator is no longer applicable to the project as the survey was cancelled per USAID instructions. Given the length of time it was taking ACAP III and MoLSAMD to develop the requirements for the bid to qualified research/survey organizations, there was not sufficient time left in the project to actually conduct the survey.

2.1.3: Capacity Development support for the victim assistance services of the MoPH is implemented as per the work plan

The capacity building assistance to the MoPH focused on the development of four critical activities, provided by the ACAP III embedded Ministry Advisor:

1. **Disability and Physical Rehabilitation Strategic Plan:** Provided technical support and helped to draft the final report which has been approved by MoPH.
2. **National Disability Certification Guidelines:** Guidelines were developed and approved by the Technical Advisory Group. The final guidelines have been submitted to MoPH for adoption and implementation.
3. **Disability and Physical Rehabilitation Training Manual:** Provided technical input to the manual, which has been submitted to MoPH and the Disability Working Group for review and finalization.
4. **National Disability Law Revision:** Provided technical input in the law revision process.

All of these activities were completed by the end of August 2017. KIs in MoPH noted that this work helped to enhance the capacities of the Ministry to serve the physically disabled, which in turn helps to support those victims of conflict who were injured in the violence.

2.1.4: National and sub-national entities receiving USG assistance that improve their performance (USAID Mission indicator)

This indicator is a simple count of the number of agencies whose Provincial MoLSAMD staff were provided training on the National Disability Referral Guide. Targets for this indicator have not been met. This is an output, not an outcome, indicator. There was no follow-up to determine if the training resulted in the agency being strengthened to better deliver victim assistance.

The sub-questions for Component 2 are addressed below:

1. How effective have capacity building trainings been for MoLSAMD and MoPH staff to enable them to respond to the needs of victims of conflict on immediate assistance, physical rehabilitation, psycho-social counselling and economic reintegration?

As noted above, the number of ACAP III's capacity building trainings were in the end limited to two five-month courses, one in basic IT (Microsoft Office software), and one in basic English, both for junior staff at the DMD. All of the trainees surveyed (ten of the fifteen class participants) strongly or somewhat agreed that the training was relevant to their needs, that it provided them with skills they were using in their jobs, and that the training was satisfactorily conducted. All but one of the ten agreed that the training improved the agency's capacity to help victims of conflict. For the English training, all but one of the twelve participants surveyed (of fifteen in the class) agreed with the quality and usefulness of the training in providing them with skills for their work; but most did not have an opinion as to whether the training strengthened their agency's capacity to improve service delivery.

There were no ACAP III trainings for MoPH staff. The signed agreement between ACAP III and MoPH for capacity building assistance focused exclusively on the work of the embedded advisor as discussed earlier.

KIs noted that the trainings did not effectively strengthen the DMD's capacities to deliver victim assistance.

2. Have embedded Advisors in the MoLSAMD and MoPH substitute or improve the capacity of government staff?

In the absence of a comprehensive strategy to use the advisors specifically to improve government staff capacity, the advisors helped perform day-to-day ministry work. As negotiated with the two ministries, the embedded Ministry Advisors in MoLSAMD and MoPH had varying levels of input to the tasks listed in the respective signed Letters of Agreement. The list of activities included developing and drafting policy/operational documents that did strengthen the capacities of the ministries to carry out their basic responsibilities. The documents include:

- National Disability and Rehabilitation Strategic Plan 2017-2020
- National Disability Referral Guide
- Disability and Physical Rehabilitation Strategic Plan
- National Disability Certification Guidelines
- Disability and Physical Rehabilitation Training Manual for Basic Package of Health Services

KIs commented that while this capacity building activity was useful in improving the ministries' overall capacities, it was not significantly effective in improving specific capacities to directly engage with and serve victims of conflict.

3. Did vocational training and economic reintegration activities help restore or increase alternative livelihoods of the beneficiaries?

UNMAS used established vocational training centers in Kunduz, Nangarhar, Kunar, Ghazni, Kandahar and Helmand provinces following standard UNMACA victim assistance program objectives to provide vocational training opportunities to all victims of conflict. The implementing partners of the vocational training centers were left to select the beneficiaries in consultation with the Victim Assistance Department of UNMACA.

In December 2016 USAID shared the beneficiary selection criteria with UNMAS, and at that point UNMAS screened all vocational training participants and found that only 34 of the 518 admitted trainees were eligible for ACAP III assistance. While UNMAS allowed the training to continue until the participants graduated, they did not want to invest any additional resources to follow-up/monitor the 484 ineligible participants. Upon graduation, the ineligible participants did not qualify for IG, nor did they receive equipment or tools needed to work in the trade for which they were trained. Of the 34 eligible graduates, 13 requested and received IG. The other 21 graduates did not request IG and found other work or went back to their studies. Of the 13 eligible vocational trainees who did get IG, seven generated income near or over their pre-incident level after the first year of working and six generated some income but at a lower level than they expected. KIs commented that the vocational training centers did not prepare trainees with adequate skills needed for the local job market.

As noted in the beginning of Key Findings in the discussion of indicator 1.2.4, “Proportion of project beneficiaries who are able to earn pre-incident levels of family income within 6 months of the incident,” ACAP III has fallen short of the targets for the reasons explained. However, in ACAP III’s October 2017 monthly update, 94% of IG beneficiaries surveyed reported that they are able to generate income due to the assistance, and 69% of women reported that they had greater economic independence after the IG.

Component #3— Advocacy and Outreach

The overall performance consideration addressed in this evaluation for Component 3 is: Have ACAP III’s activities and programs facilitated and improved skills and knowledge of the new and existing victim assistance services among communities?

ACAP III uses traditional and contemporary approaches to improve awareness of ACAP III and other VA services among communities and stakeholders. At the community level, local teams consisting of surveyors, counselors, and therapists work together to improve awareness about VA programs among elders, Shura members, teachers, nurses, etc., who in turn have larger networks and influence in communities. Local representatives from the CDC and Provincial Development Committees (PDC) are, in particular, apprised of ACAP III and other VA programs and, in the case of an eligible incident, requested to help with victim verification and advocacy.

Results to Date

30,533 green cards distributed to increase knowledge about VA services in communities

88,787 people received Mine Risk Education

200+ updates were provided to national and sub-national networks of providers

Especially at the time of an incident of violence, ACAP III has pursued a local, hands-on approach to advocacy and outreach. Physiotherapists, psychologists, and surveyors assure their presence at IA distribution events and interact with the victims. They provide communities with information about other services that the victims can receive from ACAP III or other national and international organizations. They also hold one-on-one sessions with victims to inform them about ACAP III counseling, physiotherapy, and income generation services.

To reach the maximum number of Afghan citizens, ACAP III has also adopted a media based approach. They have used print, electronic and social media to highlight the IA distribution events and related program achievements. Brochures, called green cards, are distributed in local communities and urban centers, containing details about ACAP III services and a hotline number. TV and radio have also been used to spread information about ACAP III, and have, in some cases, broadcast or telecast news reports on the distribution events. Recently, ACAP III has also focused on social media. They have uploaded stories on Facebook and Twitter that have been shared or retweeted by other UN agencies and NGOs.

Through a partner outreach initiative, ACAP III increased awareness about its program among NGOs, UN, and local, provincial and central Afghanistan governments. In particular, ACAP III has participated in UNHCR Protection Cluster meetings and shared monthly reports with other international organizations working in the area, such as the International Organization for Migration (IOM). ACAP III project staff have also been able to engage government officials from the Afghanistan National Disaster Management Authority (ANDMA) and MoLSAMD; alternatively, the project staff emailed monthly updates to relevant government officials in local languages to keep them informed about

project achievements and targets. ACAP III sends its monthly newsletter to its network of over 200 local NGOs.

To measure the effectiveness of Component 3 activities, it is necessary both to assess progress as reported against the performance indicators⁶, below, and to address the evaluation sub-questions in the SOW.

Advocacy and Outreach Indicators⁷

3.1.1: Coordination and technical support provided to the Department of Martyrs and Disabled of the MoLSAMD for the National Disability Conference

This indicator refers to a one-off provision of assistance and technical support to MoLSAMD to hold its National Disability Conference. With ACAP III support, the conference was held in the Presidential Palace in October 2016. High-level government officials, dignitaries and diplomats attended the conference. KIs reported that the conference was useful in advocating for the rights of the disabled and thus indirectly for victims of conflict.

3.1.2: Number of people reached through public information campaign on ACAP III and victim assistance using TV, radio, print media and other outreach products

Although ACAP III has used TV, radio and print media for public information on VA in the absence of electronic media monitoring services in the country, the M&E team took a conservative approach to report on measurable items only. In this case, that meant using a count only for people directly reached through the distribution of bags and the green card flyers.

3.1.3: Number of regular updates to key partners (national and sub-national) on ACAP III activities and progress realized

ACAP III has shared monthly updates with key project stakeholders. KIs report that regular updates have been provided in cluster meetings, coordination meetings and through one-on-one meetings with government officials and other stakeholders.

3.1.4: Number of individuals around landmine sites who received land mine risk education with USG assistance (USAID mission indicator added in Q3 2016)

USAID added this indicator in the third quarter of 2016 so there was not a target for Year 1. In Year 2, the project was behind targets (55,808 achieved compared to a target of 66,000) because it took time to identify an effective IP. However, in Year 3, the project provided Meals Ready to Eat (MRE) to individuals exceeding its targets (88,787 achieved by September 2017 compared with a target of 66,000).

The sub-questions for Component 3 are addressed below:

- 1. Have quarterly coordination meetings been held regularly between MoLSAMD, MoPH and UNMAS and did they help to improve coordination achieving the expected results?**

Quarterly meetings among MoLSAMD, USAID, and UNMAS have taken place intermittently. MoPH was not a partner to these meetings. More often, the meetings were either cancelled or postponed. The Deputy Minister of MoLSAMD, who was envisaged to take a prominent role in the meetings, was

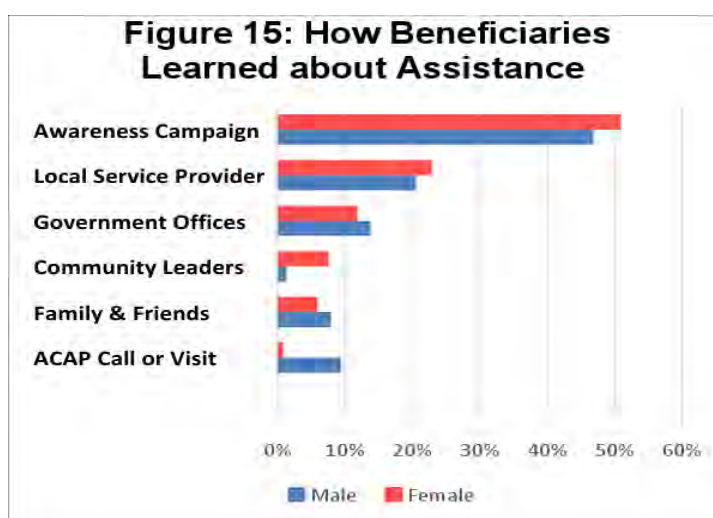
⁶ From ACAP III approved final "Activity Monitoring and Evaluation Plan", June 2016

⁷ From data reported in ACAP III's 9th Quarterly Report for activities ending September 30, 2017

often outside of Afghanistan for medical treatment and during these periods the authority was not delegated to junior officers. Even when the meetings were held, the evidence of tactical coordination, data sharing and mutual goal setting was limited. While minutes were circulated, ACAP III did not establish a process that documented the decisions taken, the action followed, or the results achieved to establish causality. KIs from a cross section of government officials, ACAP III staff and NGO workers noted that there was a lack of confidence in meeting efficacy. ACAP III staff focused on cluster meetings at local level to improve coordination at the service delivery level. ACAP III invited all stakeholders to its IA distribution events and updated Protection Cluster participants, including government officials, on the program highlights and achievements regularly. KIs commented that these efforts were useful for understanding ACAP III's activities.

2. What outreach activities, including coordination meetings were most effective and what activities were not effective during the period of performance and why?

KIs expressed the view that the presence of psychosocial counselors, physiotherapists, and government representatives at IA distribution events was a powerful outreach tool to access and make aware families of victims, especially women. They added that it helped ACAP III staff to build relationships with victims and give them awareness of other ACAP III services. Most KIs and many Focus Group participants mentioned a very positive relationship among community members (elders, teachers, nurses), elected officials (CDC, PDC), and ACAP III staff. This relationship was considered essential to spread awareness about VA in communities, and help utilize community resources for victim verification. However, KIs noted that the use of coordination meetings as an outreach activity was considered an especially effective component in an otherwise successful outreach campaign.



In terms of the outreach campaign's use of electronic media, ACAP III has been unable to measure the number of people reached due to the lack of national media survey capacities. In the absence of hard evidence, it cannot be determined with certainty if the electronic outreach campaign was effective. However, Figure 15 (above), suggests that the Awareness Campaign, which included use of electronic media, reached the highest percentage (nearly 50%) of beneficiaries who learned about the assistance.

3. What lessons from the current program design and implementation mechanism can inform future USAID Afghanistan's programming to support victims of conflict?

In terms of the advocacy and outreach activities of ACAP III, the approach of using multiple media resources and direct outreach to local community representatives has proven highly effective, see Figure 15 (above). As noted earlier, one issue raised by KIs concerned confusion on the ground as to the selection criteria. More and different efforts should be made to better explain the criteria to local officials, community representatives and to victims of incidents.

4. Did ACAP III engage appropriate stakeholders to coordinate the delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines, ERW; to build the capacity of the public sector to respond to civilian victims of conflict and refer them to available local and international assistance; and to raise awareness of new and existing victim assistance services among communities as well as UN, NGO, and government networks?

ACAP III participated in cluster meetings, coordinator meetings and local events to engage with various stakeholders. Several KIs mentioned that ACAP III engaged CDC and PDC members for victim verification and outreach effectively. It was also said that many relevant government officers also ensured their presence for the IA distribution events as a goodwill gesture. Psychosocial counselors and physiotherapists have developed a referral protocol based on which serious cases are referred to government facilities and NGO-supported rehabilitation centers.

Many beneficiaries noted that ACAP III engaged local communities effectively through its awareness campaigns. Elders and elected representatives were involved in outreach and victim assessment. Schools and local clinics were used to distribute green cards that contained ACAP III information and hotline number. Overall, most beneficiaries (95%) learned about ACAP III services through the awareness campaigns and outreach efforts. To cultivate relationships with UN and other NGOs, on the other hand, ACAP III participated in Afghanistan Protection Cluster meetings and workshops at the regional-office level, led by UNHCR. ACAP III staff also attended regional-level Child Protection in Emergencies sub-cluster meetings when required. UNMAS also invited other NGOs to its Mine Action Coordination meetings to improve awareness about their respective programs.

5. How effective has ACAP III been in raising awareness of new and existing victim assistance services among communities, as well as UN, NGO, and government networks?

According to KIs and beneficiary survey respondents, there is general agreement that the project raised awareness on victim assistance services in communities. It has been mentioned that many victims learned about ACAP III services from village elders or CDCs. As a proxy indicator to measure the efficacy of the awareness campaign, surveyed beneficiaries were asked if they would recommend the ACAP III assistance program to other victims of conflict. Almost all respondents, 99%, said yes, showing that they chose to become part of the campaign based on ACAP III's service quality and awareness campaign.

Gender Considerations

Within the constraints of the traditional social culture of Afghanistan, the project's IA programs provided services to almost an equal number of women and men—49% women compared to 51% men. This is a remarkable achievement considering that there is a dearth of qualified female staff, particularly at the local level. According to the survey results, compared to men, women found the IA package less adequate to their needs though, overall, they were satisfied. This difference of opinions can be a consequence of women's exclusion from the decision-making process on, for example, what items go into the package, and in what quantity. As well, the concerns about adequacy related to a misunderstanding that the assistance was meant to provide for basic family needs for two months.

Based on the survey results, more than 60% of women did not consider physical therapy adequate to their needs, commenting that they needed more of it. Similarly, women have found IG less adequate compared to men. Key Informants have shared that although women received IG, they sometimes needed family support, particularly of men, to get maximum benefit from it. For advocacy and outreach, ACAP III used community-based approaches to spread information about VA to community

women. The choice of venues such as schools and local clinics was helpful in distribution of green cards to women. The ACAP III awareness events, media campaign and green cards reached women who would not have access to information otherwise. This strategy led to better victim awareness and access of services for women.

CONCLUSIONS

Component #1— Assistance to Victims of Conflict

1. Based on high beneficiary-reported levels of satisfaction, quality and adequacy, IA was relevant and effective. IA packages have largely met immediate basic family needs thus providing quality, if short-term, humanitarian assistance.
2. Overall, ACAP III was effective in the identification of need, and the procurement and distribution of food/non-food packages across the country, including in remote areas.
3. Given that beneficiaries who received delayed assistance (more than six weeks after the incident) said they were very satisfied or satisfied (98%), the project's targeted distribution timeframe was not necessarily a significant factor in achieving a successful immediate assistance service.
4. IA packages were put together to support a "typical" family need for two months of food. The packages were not tailored to individual family sizes or preferences. However, the overall high level of beneficiary satisfaction and rated quality of IA is testament that for most families, the assistance was effective in providing for their immediate needs.
5. Issues identified by almost 25% of beneficiaries surveyed as to the inadequacy of food/non-food packages were a result of two considerations that could have been avoided with better communication with, and more customized support for, beneficiaries. The primary consideration was that many families did not understand that the packages were designed only to provide for a two-month period to stabilize the family in the immediate aftermath of the incident. Beneficiaries commented that assistance should have been provided for an unspecified longer-term period. The second consideration was that the packages did not account for larger extended families. ACAP III noted that this decision was in part driven by the requirement to deliver one standard package per household, and to deliver the assistance within 21 days.
6. ACAP III's initiatives to assess and provide or refer beneficiaries for physical therapy and rehabilitation were effective overall.
7. ACAP III's physical therapy assistance was effective in improving beneficiaries' conditions.
8. ACAP referrals for longer-term physical therapy/rehabilitation were not effective, as a majority of women found the service to be less than adequate for their needs, commenting that more therapy was needed than provided. Their concerns may have related to the service provider to whom they were referred.
9. ACAP III was able to effectively deploy psychosocial counselors where needed to reach beneficiaries in need even in remote areas and their services resulted in significantly improvement in the lives of beneficiaries.
10. ACAP III's IG assistance was effective in stabilizing family income.

11. Capacity of the beneficiary is critical to using IG assets provided to sustain income. The lack of follow-up assistance to strengthen the ability of the relatively few (5%) IG beneficiaries that were not capable of managing the asset to generate income was a lost opportunity.
12. Given the fact that income pre-incident and post-assistance has to be self-reported, the expectation of restoring a family to measured pre-incident/post-assistance level of sustainable income from modest interventions may be unrealistic. ACAP III's recent movement to develop a more realistic metric for this assistance (e.g., "families generate an income at or near MoLSAMD's level of financial benefits for martyrs"), may be a better target for such assistance.
13. ACAP III significantly improved program management following the initial misunderstanding by UNMAS of the nature and requirements of USAID programming. Once a project dedicated management team was established, and selection criteria introduced, ACAP III developed an effective performance management capacity.
14. Effective relationships were developed with CDC, village elders, Shura members and other community representatives to work with ACAP III to identify victims and assess their needs in the field. ACAP III's hired surveyors and use of local community resources essentially represented a complex but effective information network to record and process claims to support victims.
15. Effective management structures ensured that the delivery of IA packages was done in a generally timely manner thus meeting immediate family food/non-food needs.
16. ACAP III procured efficient vendors for IA delivery.
17. ACAP III's AMEP did not develop effective outcome indicators or baselines against which sustainability can be measured; thus, performance was largely output focused.
18. ACAP III's selection criteria were somewhat counter-productive in achieving desired program transparency. While from a donor perspective the selection criteria helped focus assistance on civilians presumably not otherwise assisted, it has caused confusion on the ground resulting in a lack of transparency ascribed to GIRoA, which was not, in fact, responsible for the criteria. The problem may have resulted from a lack of partnering with GIRoA in the program implementation.

In summary, ACAP III has effectively implemented Component I, which represents about 90% of the cost and effort of the overall ACAP III project (as restructured under Modification #4). ACAP III has largely met all project targets, and exceeded projected levels of beneficiary satisfaction, quality of service, improvements in beneficiaries' incident-caused physical and psychosocial conditions, and the impact on families who lost income due to the incident. For these reasons, it can be concluded that ACAP III's implementation of Component I has been a significant success.

Component #2 – Capacity Building for Government Agencies

1. ACAP III did not effectively design or implement capacity building assistance towards achieving its Theory of Change outputs 2.1- "Improving the government's capacities to support victims' assistance initiatives", and 2.2 "Strengthening linkages between government and the communities to better provide assistance to victims of conflict." Activities were, in the end, reduced to the modest support of embedded advisors in MoLSAMD and MoPH who did useful work, but not necessarily specific to victims' assistance, and small-scale trainings in basic IT

and English for junior MoLSAMD staff, which were of questionable value in achieving the outputs noted.

2. ACAP III did not meet broad governance goals. The project did not seek to informally build GIRoA capacities by partnering with the government to learn-by-doing. GIRoA was not an engaged partner in assistance design, selection, or delivery. In particular, the assistance was not branded as GIRoA thus missing an opportunity to connect victims to their legitimate government.
3. ACAP III's capacity building activities were programmatically weak and lacked a strategic focus. Activities did not grow out of a well thought out results framework and set of indicators that directly linked activities to any defined level of accomplishment.
4. ACAP III's use of advisors embedded in MoLSAMD and MoPH were not measurably effective in strengthening the ministries capacities to support victim assistance initiatives. The embedded advisors did provide useful assistance in advising and in developing guidelines, strategies, and action plans to guide GIRoA capacity development. There was, however, no clear or comprehensive plan to improve government capacity using the advisors; rather, they worked in the ministry as needed. This activity, though much appreciated by the ministries, consequently did not result in documented or appreciable improvements in ministries' capacities to assist victims of conflict.
5. ACAP III's AMEP was not effective in developing the data and information needed for sound performance management for capacity building assistance. All but one of the indicators were output indicators and these were neither precise (i.e., generally defined statements such as "work performed according to plan"), nor valid (a count of the number of coordination meetings held without any discussion as to what was accomplished, i.e., actions taken, decisions made). An outcome indicator such as 2.1.4: "National and sub-national entities receiving USG assistance that improve their performance" was not measurable as ACAP III did not conduct a baseline, nor set metrics, nor collect and document results as to how performance was improved.
6. Cancellation of priority capacity building activities for MoLSAMD (the National Disabilities Survey and the Customer Service and Basic Management trainings) reduced the level of trust the Ministry had with ACAP III. UNMAS's late establishment of a dedicated project management team resulted in delays of these capacity building activities that in the end resulted in their cancellation for lack of time remaining to implement the activity,
7. Lack of a dedicated capacity building program manager with knowledge and experience in institutional development was a major challenge in developing a robust plan for capacity building assistance.

Component #3 – Advocacy and Outreach

1. ACAP III's approach to building awareness of the project's victims' assistance programs in the field was highly effective. Using appropriate stakeholders at the local level, the awareness campaign and the various on-the-ground orientations helped to build a strong network of community representatives to help in identifying eligible victims, verifying incidents, assessing victims' needs, and distributing assistance. Since these outreach activities were project driven there is, however, a concern that these will be sustainable after the project close-out.

2. ACAP III effectively raised awareness about victim assistance services among communities by running a community and media-based awareness campaigns to reach victims in all parts of the country.
3. ACAP III's outreach program to local officials did not effectively address an issue of major concern to them: the perceived lack of transparency in the field related to the selection and support of beneficiaries (as reported by KIs). Local officials (MoLSAMD offices, Provincial Council members, etc.) received blame for decisions they did not make.
4. ACAP III effectively established links with local communities, district officials and elected representative to offset less than ideal coordination at the central level on how best to enhance awareness of ACAP III's presence and available victims' assistance programs in the communities.
5. ACAP III successfully engaged and coordinated UN agencies, international NGOs, local officials and other stakeholders in the regional "Protection Cluster" network to share program updates and improve VA awareness within the humanitarian assistance community working in Afghanistan.
6. ACAP III advocacy and outreach indicators were not designed to effectively capture project performance. The indicators were not measurable based on estimated high cost and effort required. Rather, the project used proxy output indicators, i.e., for 3.1.2: "Number of people reached through public information campaign," and the project reported on the number of branded school bags and green awareness placards distributed. Other indicators captured incomplete information. For example, indicator 3.1.3 only required reporting on the "number of project updates shared" with key partners. Although ACAP III always achieved targets on this indicator, the indicator itself failed to measure how effective these regular updates were in improving coordination or in coherent and concerted response to humanitarian assistance.

RECOMMENDATIONS

Component #1— Assistance to Victims of Conflict

1. **Future programming should establish and train rapid response teams comprised of project assessment/verification members and community representatives to effectively reach victims in unstable and insecure areas of the country, where many incidents occur.** Training must be provided on the eligibility criteria, assessment tools and reporting, as well as the multi-level verification process in order to ensure quick delivery of immediate assistance to eligible victims. Future programs should build a network of relationships with community members who can help to verify incident and beneficiary information and assess family needs.
2. **Future programming should consider tailoring immediate assistance to individual family needs.** As an example, allowing for the provision of larger or multiple IA packages based on family size. Tailoring packages would have to be done without jeopardizing the costs advantages and the hastened delivery capacity of standardization.
3. **Future programming should evaluate the cost-effectiveness of procuring exclusively from local sources to improve service delivery times and quality of the IA items.** Efforts should be made to encourage/induce more qualified local providers to bid in order to provide more locally procured food.

4. **Future programming must find ways to better recruit, train and hire female physiotherapists (similar in numbers to the psychosocial counselors ACAP III hired) to work in the regional offices and travel where needed.**
5. **Future programming should provide life-saving medications, e.g., high quality imported antibiotics, as part of immediate assistance.**
6. **Future programming should include a fuller program of follow-up support to help families solve day-to-day problems to strengthen skills to manage assets and enhance sustainability of the income.**
7. **Future M&E should be structured with more robust IG assistance baselines and sustainability/outcome indicators and post-assistance survey research.**
8. **Future programming should rethink selection criteria to determine if the criteria can be more consistent with international (UN) criteria used by other donors, and the criteria should be better articulated and explained via hotline, the awareness campaign, coordination meetings, etc. This recommendation aims to reduce confusion in the field related to USAID selection criteria, thus resulting in a perceived lack of transparency,**

Component #2 – Capacity Building for Government Agencies

1. **Future programming should early on carefully collaborate with GIRoA to define precisely the extent and nature of capacity building assistance and GIRoA commitment to any assistance.**
2. **Future programming should develop a realistic plan for capacity building assistance based on an in-depth organizational needs assessment specific to partnering agencies' responsibilities to provide services to victims of conflict. A robust needs assessment is the required first step in negotiating a GIRoA commitment to improve their victim assistance capacities. Baseline scorecards should be developed on existing capacities.**
3. **Future programming should develop an M&E plan with GIRoA which includes specific baselines and outcome indicators for capacity development. A jointly developed M&E plan ensures that GIRoA understands its responsibilities in improving capacities.**
4. **Future programming should restructure victim assistance delivery so that GIRoA ministries (MoLSAMD/MoPH) are fully engaged at all levels of the process, have a say in all decisions, and are branded as the deliverer of the assistance. Planning for how to transition service delivery to GIRoA should be an early step in future programming. This would require specific GIRoA resource commitments.**
5. **Future programming using embedded advisors should have clear program objectives and targets specific to improving the government capacity to provide victim assistance. Care is needed to work within GIRoA to develop future roles specific to victim assistance for the new Directorate of Disabilities.**

Component #3— Advocacy and Outreach

1. **Future programming should devise a comprehensive strategy to institutionalize the already developed communication and outreach processes.**
2. **USAID should clearly document the success of ACAP III's community-based outreach campaign that increased awareness on victim assistance programs using community resources (elders, teachers, nurses) in a cost-effective manner.**
3. **Future programming should focus on community awareness activities that include better explanations of program eligibility and assistance types.**
4. **Future programming should replicate the outreach strategies that were useful in reaching women in their households.**
5. **Future civilian assistance project programming should revise the advocacy and outreach indicators used to measure the success of community based advocacy and outreach efforts in spreading victim assistance awareness.** This would help to remove indicators that are difficult to measure and report against within the constraints of human and financial resources.

Gender Considerations

1. **Women need to be made part of the decision-making processes to ensure that assistance is aligned to their needs.** This can be achieved by including women in the design of the assistance packages and related services, and by finding creative ways to serve women victims of conflict within the serious constraint of lack of qualified female workers in the Afghanistan job market.

ANNEX I: ACAP III FINAL EVALUATION STATEMENT OF WORK

Office of Democracy and Governance (ODG)
&
OFFICE OF PROGRAM AND PROJECT DEVELOPMENT (OPPD)

STATEMENT OF WORK

[Final Performance Evaluation]
OF
[Afghan Civilian Assistance Program III (ACAP III)]

I. PROGRAM INFORMATION

Program/Project Name:	<i>Afghan Civilian Assistance Program III</i>
Contractor:	<i>United Nation Mine Action Service (UNMAS)</i>
Contract #:	<i>AID-306-IO-15-00002</i>
Total Estimated Cost:	<i>\$30,223,597</i>
Life of Program/Project:	<i>April 2015-Feb 2018</i>
Active Provinces:	<i>Nationwide (34 provinces)</i>
Mission Development Objective (DO):	<i>Do 3: Performance and Legitimacy of GIRoA Improved 2.1.4: National and sub-national entities receiving USG assistance that improve their performance (USAID mission indicator)</i>
Linkage to Standard Program Structure (SPS):	<i>Program Element 1.3.5:</i>
Required?	<i>Required - one evaluation per project</i>

II. INTRODUCTION

In collaboration with the Ministry of Labor, Social Affairs, Martyrs, and Disabled (MoLSAMD), the Afghan Civilian Assistance Program III (ACAP-III) provides assistance to eligible Afghan families after traumatic events, including kinetic activities, ERWs, landmines, and firing ranges against anti-government elements (AGEs). ACAP-III also increases awareness of the risks from unexploded ordinances to civilians and stakeholders at the national and sub-national levels.

III. BACKGROUND

In the final years of international military operations in Afghanistan, there was a dramatic shift in the cause of civilian casualties of war. In the past, operations by U.S./NATO and Afghan forces against anti-government elements were the main cause of civilian injury, loss of life, and property and livelihoods. As part of the military transition, international military forces reduced combat actions and transitioned to an advice and assist role, while the Afghan National Security Forces (ANSF) take the lead in combat operations. A recent U.N. report

notes only one percent of civilian victims of war in Afghanistan between January 1 and June 30, 2014, were killed or injured as a result of international force military operations.

However, the number of civilian victims affected by anti-government elements (AGE) remains high. The U.N. attributes 74 percent of all 2014 civilian casualties to AGE operations, primarily through AGE ground engagement, AGE indirect fire and AGE IEDs. Eight percent of all civilian casualties are attributed to ANSF, and twelve percent to civilians caught in the crossfire between AGE and ANSF. One percent of the civilian victims are affected by cross-border shelling from Pakistan. The remaining four percent are affected by ERW. From 1 January to 30 June 2014, UNAMA documented 4,853 civilian casualties, an increase of 24 percent over the same period in 2013. UNAMA reports observed the stark rise in civilian deaths and injuries in crossfire and ground engagements in the first six months of 2014 was attributed to the changing dynamics of the conflict. Women and children casualties rose significantly as ground fighting between AGE and ANSF concentrated in urban areas.

USAID addresses these changing dynamics by expanding its assistance from civilians affected by international coalition forces' operations against insurgents, which was provided by ACAP I (2007-2011) and ACAP II (2011-2014), to civilians affected by ANSF kinetic operations. The program and providing tailored assistance, capacity building, and outreach within existing GIRoA structures under ACAP-III (2015-2018).

The program provides immediate assistance to eligible beneficiaries and follow-on assistance to those who have suffered more significant losses. The program also refers beneficiaries to third-party providers for services, including physical rehabilitation and ongoing medical care, vocational trainings and economic reintegration, and psychological counseling, to ensure that civilians have access to sufficient resources to restore livelihoods in the aftermath of an injury or loss of a family member and/or property. Particular attention and care is given to the needs of women, especially in circumstances in which the primary family breadwinner is killed or injured. ACAP III worked closely with relevant Afghan Government entities, including the MoLSAMD, as well as with local and international non-governmental organizations (NGOs).

IV. PROGRAM GOALS AND OBJECTIVES

The overall goal of this project is to mitigate the short-term and long-term impact of conflict on civilians, including victims of mines and ERW, by providing targeted, immediate assistance, strengthening existing services, and building the capacity of the Afghan government line ministries to meet the needs of civilian victims of conflict in Afghanistan.

Objective 1: Coordinate the delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW.

Objective 2: Build the capacity of the MoLSAMD, Ministry of Education (MoE), Ministry of Public Health (MoPH), Ministry of Rural Rehabilitation and Development (MRRD) and Ministry of Women's Affairs (MoWA) to respond to the needs of civilian victims of conflict and link potential beneficiaries with local and international assistance programs.

Objective 3: Improve the knowledge of new and existing victim assistance services among communities as well as UN, NGO, and government networks.

V. PURPOSE OF THE EVALUATION

The purpose of this evaluation is to study and document the successes and weaknesses of ACAP III implementation, and to examine the extent to which the program is achieving its objectives. This evaluation will inform future USAID programming for victims' assistance in

Afghanistan. The evaluation will cover the day actual implementation started, July 2015 till May 2017.

VI. EVALUATION QUESTIONS

Performance evaluation questions may include the following:

Component 1: How effective is ACAP III's coordination and delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW?

- Did the beneficiaries receive tailored assistance packages within two weeks of the incident taking place and was the assistance received adequate for their immediate needs? List of the beneficiaries will be provided by ACAP III implementing partner.
- How effective is the long-term economic reintegration support provided to 1,243 beneficiaries and is it delivered within 60 days of the incident?
- How effective is the selection criteria in terms of transparency to ensure affected victims receive appropriate assistance?
- Was information gathering and verification mechanisms structured to reach the most remote areas in the provinces?
- What were the beneficiaries' reactions and concerns (satisfaction or dissatisfaction) regarding the quality of food and nonfood items provided?

Component 2: Did the implementing partner structure implementation of ACAP III to strengthen and complement elements of the three main components of the program?

- How effective have capacity building trainings been for MoLSAMD and MoPH staff to enable them to respond to the needs of victims of conflict on immediate assistance, physical rehabilitation, psycho-social counselling and economic reintegration?
- Have embedded Advisors in the MoLSAMD and MoPH substitute or improve the capacity of government staff?
- Did vocational training and economic reintegration activities help restore or increase alternative livelihoods of the beneficiaries?

Component 3: Have ACAP III's activities and programs facilitated and improved skills and knowledge of the new and existing victim assistance services among communities?

- Have quarterly coordination meetings held regularly between MoLSAMD, MoPH and UNMAS and how much it helped to improve coordination achieving the expected results?
- What outreach activities, including coordination meetings were most effective and what activities were not effective during the period of performance and why?
- What lessons from the current program design and implementation mechanism can inform future USAID Afghanistan's programming to support victims of conflict?
- Did ACAP III engage appropriate stakeholders to coordinate the delivery of

immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW; to build the capacity of the public sector to respond to civilian victims of conflict and refer them to available local and international assistance; and to raise awareness of new and existing victim assistance services among communities as well as UN, NGO, and government networks?

- How effective has ACAP III been in raising awareness of new and existing victim assistance services among communities, as well as UN, NGO, and government networks?

VII. EVALUATION DESIGN & METHODOLOGY

Thus, the evaluation team will be responsible for developing an evaluation strategy and methodologies that include a mix of qualitative and quantitative data collection and analysis approaches. Methodology for the strengths and weaknesses should be identified as well as measures taken to address those weaknesses.

Evaluation should examine outcomes for both women and men to ensure that the project is achieving the best results for all targeted beneficiaries. All data collected and presented in the evaluation report must be disaggregated by sex and geography where possible. Lessons learned, quality of impact, and level of sustainability must be addressed by these variables. Analysis of successes or failures must be compared and contrasted as successful interventions in one province may not be successful in others.

- The methodology should generate the highest quality and most credible evidence that corresponds to the evaluation purpose and questions;
- Each data collection method should be linked to the specific evaluation question(s) that it will be used to answer;
- Where relevant, propose a mix of both qualitative and quantitative methods;
- Articulate expectations regarding how the evaluation data will be analyzed; and
- Identify where analysis of gender, age, or other relevant aspects of beneficiaries are needed.]

The suggested methodology should include, but is not limited to:

a) Key informant interviews with the following individuals and organizations:

1. Implementing partners' and sub-partners' (United Nation Mine Action Service (UNMAS) and sub-contractor and their field staffs;
2. Representatives from the Ministry of Labors, Social affairs, Martyrs and Disabled MOLSAMD and the Ministry of Public Health (MoPH) regarding the institutional capacity building and immediate assistance activities.
3. Interviews and/or focus groups with the following groups:
 - a. Beneficiaries received immediate assistance
 - b. Beneficiaries received economic reintegration supports
4. Field work should include interviews in the areas with the highest concentration of activities, security permitting. Examples of illustrative questions are provided below with suggested methodologies.

The following table can be included as a summary of evaluation design and methodology and to supplement the narrative section above, but should not replace the narrative.]

Questions	Suggested Data Sources	Suggested Data Collection Methods	Data Analysis Methods
1. How did ACAP III coordinate the delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW?	[Project documents (incl. PMP, previous evaluations, etc.), IP staff, stakeholders, expert knowledge, beneficiary and Information Management System for Mine Action IMSMA]	<ul style="list-style-type: none"> • Beneficiaries interview • Interview technical staff • Desk review • IMSMA 	<p>Compare results of the same questions (disaggregate by sex)</p> <p>Compare results from interviews</p>
2. Did the implementing partner structure implementation of ACAP III to strengthen and complement elements of the three main components of the program?	[Project documents (Institutional Capacity Building Assessment Action Plan. Project Implementation Plan, UNMAS internal evaluations, IP technical staff, stakeholders, beneficiaries	<ul style="list-style-type: none"> • Interview technical staff • Interview Government line ministries • Project documents/ reports • Beneficiaries 	<i>Compare operations past and present and assess contribution of ACAP III's interventions to this change based on interview and project data</i>
3. How does ACAP III improve knowledge of new and existing victim assistance services among communities as well as UN, NGO, and government networks?	<p>Project documents</p> <p>IP technical staff, beneficiaries</p> <p>Government line ministries</p>	<ul style="list-style-type: none"> • Interview technical staff • Interview Government line ministries • Project documents/ reports • Interview the Beneficiaries 	<i>Compare results from interviews</i>

VIII. EXISTING PERFORMANCE INFORMATION SOURCES

The consultants will review the following documents:

- Project Agreement(s) and modification(s)
- Annual Project Implementation Plans
- Activity M&E Plan (AMEP)
- Information Management System for Mine Action (IMSMA) database

- Government coordination documents
- ACAP III Quarterly reports
- Routine performance and/or verification reports
- Ad Hoc Internal or 3rd Party Performance, Verification reports, and/or Evaluation reports
- Documents of UNMAS internal med-term evaluation (ongoing)

IX. EVALUATION TEAM COMPOSITION

A typical team should consist of one team leader who will serve as the primary coordinator with USAID, at least one technical consultant and at least one research assistant. The recruitment of local consultants is highly encouraged; if the technical office has a suitable candidate in mind, they are encouraged to recommend s/he to OPPD. In addition to having significant evaluation expertise, requested qualifications and/or skills may relate to: (a) specific technical subject matter expertise (for example, if one or more of your evaluation questions relate to specific fields such as gender, governance, capacity building, etc., it may be useful to request that at least one team member be an expert in each of these areas); (b) regional or country experience; (c) language skills; (d) management skills; (e) experience working with USAID; (f) writing skills, etc. All team members should be familiar with the USAID Evaluation Policy.

Evaluation Team Leader (Expat): The Team Leader (TL) shall possess strong leadership, and report writing skills and be an evaluation expert with at least seven years of program evaluation experience. Preferably the TL will have experience with USAID funded political process strengthening programs. The TL shall possess at least a Master's degree, PhD preferred, in public administration reform, humanitarian, government capacity building, international development, or a related discipline. The TL should be able to write a standard, accurate, and concise reports in English. Afghanistan or regional country experience is preferred.

Evaluation Specialist (Expat):

Evaluation Specialist/Translator (Afghan): The Evaluation Specialist shall possess at least a Bachelor's degree, and have at least 5 years of applied evaluation experience including data collection and analysis. Experience in working with international organizations, and knowledge of participatory appraisal methodologies (sampling and survey methods – e.g. interpersonal interviews and focus group discussions) is required. Afghanistan or regional country experience and proficiency in English and Dari/Pashto are required.

NOTE: Where appropriate, GIRoA staff should be encouraged to participate on the evaluation team but should not be considered as the team lead. They can participate in determining evaluation questions, drafting the scope of work, and being a point of contact on the evaluation team for the government. They will not be paid as per USAID policy, but if the evaluation SOW requires travel, they can be reimbursed for travel costs.

X. EVALUATION SCHEDULE

This activity is expected to begin in mid-late September and a six-day work week is authorized. An illustrative level of effort (LOE) in days by position is provided below:

Position	Prep-Initial Document Review	Travel To/From Kabul	In-Country	Remote	Total
Expat Team Leader	1	4	48	5	58
Expat Specialist - I	1	4	48	5	58
Afghan Specialist/Translator - I			46		46
Afghan Specialist/Translator -2			46		46
Afghan Field Surveyors (10)			240		240
SUPPORT-II Staff					
Totals	2	8	428	10	448

XI. DELIVERABLES AND REPORTING REQUIREMENTS

- 1. In-briefing:** Within **48 hours** of arrival in Kabul, the Evaluation Team will have an in-briefing with the OPPD M&E unit and the Governance, Election and Political Process (GEPP) Team for introductions and to discuss the team's understanding of the assignment, initial assumptions, evaluation questions, methodology, and work plan, and/or to adjust the SOW, if necessary.
- 2. Evaluation Work Plan:** Within **3 calendar days** following the in-brief, the Evaluation Team Leader shall provide a detailed initial work plan to OPPD's M&E unit and Governance, Election and Political Process (GEPP) Team. The initial work plan will include: (a) the overall evaluation design, including the proposed methodology, data collection and analysis plan, and data collection instruments; (b) a list of the team members and their primary contact details while in-country, including the e-mail address and mobile phone number for the team leader; and (c) the team's proposed schedule for the evaluation. USAID offices and relevant stakeholders are asked to take up to **2 days** to review and consolidate comments through the SUPPORT II COR. Once the evaluation team receives the consolidated comments on the initial work plan, they are expected to return with a revised work plan within **2 days**. The revised work plan shall include the list of potential interviewees and sites to be visited.
- 3. Mid-term Briefing and Interim Meetings:** The evaluation team is expected to hold a mid-term briefing with USAID on the status of the assessment including potential challenges and emerging opportunities. The team will also provide United Nation Mine Action Service (UNMAS) with periodic briefings and feedback on the team's findings, as agreed upon during the in-briefing. If desired or necessary, weekly briefings by phone can be arranged.
- 4. PowerPoint and Final Exit Presentation:** The evaluation team is expected to hold a final exit presentation to discuss the summary of findings and recommendations to USAID. This presentation will be scheduled as agreed upon during the in-briefing. Presentation slides should not exceed 18 in total.
- 5. Draft Evaluation Report:** The draft evaluation report should be consistent with the guidance provided in Section XIII: "Final Report Format." The report will address each of the issues and questions identified in the SOW and any other factors the team considers

to have a bearing on the objectives of the evaluation. Any such factors can be included in the report only after consultation with USAID. **The submission date** for the draft evaluation report will be decided upon during the mid-term or exit briefing and submitted to OPPD's M&E unit by Checchi. Once the initial draft evaluation report is submitted, the following deadlines should be followed:

- a. Governance, Election and Political Process (GEPP) Team will have **8 working days** in which to review and comment on the initial draft, after which point USAID/OPPD's M&E unit will have **2 working days** to review and consolidate all USAID comments (total of **10 working days**). OPPD will submit the consolidated comments to Checchi.
 - b. The evaluation team will then have **5 working days** to make appropriate edits and revisions to the draft and re-submit the revised final draft report to USAID.
 - c. GEPP Team and the M&E unit will have **10 working days** after the submission of the second revised draft to again review and send any final comments.
- 6. Final Evaluation Report:** The evaluation team will be asked to take no more than **3 days** to respond/incorporate the final comments from the GEPP team and OPPD. The Evaluation Team Leader will then submit the final report to OPPD. Evaluation Final report should include all elements described in **ADS 201mah, USAID Evaluation Report Requirement** which listed below. All project data and records (dataset, supporting documents such as code books, data dictionaries, scope and methodology used to collect and analyze the data) will be submitted in full and should be in electronic form in easily readable format; organized and documented to be submitted to the USAID Development Data Library and for use by those not fully familiar with the project or evaluation; and owned by USAID. Evaluation report should represent a thoughtful, well-researched, and well-organized effort to objectively evaluate the strategy, project, or activity.

The evaluation report must:

1. Identify the evaluation as either an impact or performance evaluation per ADS 201.
2. Include an Executive Summary 2–5 pages in length that summarizes key points (purpose and background, evaluation questions, methods, findings, and conclusions).
3. State the purpose of, audience for, and anticipated use(s) of the evaluation.
4. Describe the specific strategy, project, activity, or intervention to be evaluated including (if available) award numbers, award dates, funding levels, and implementing partners.
5. Provide brief background information. This should include country and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis, theory of change, or simply how the intervention addresses the problem.
6. State the evaluation questions.
7. In an impact evaluation, state evaluations questions about measuring the change in specific outcomes attributable to a specific USAID intervention.
8. Describe the evaluation method(s) for data collection and analysis.
9. Describe limitations of the evaluation methodology.

10. In an impact evaluation, use specific experimental or quasi-experimental methods to answer impact evaluation questions.
11. Include evaluation findings and conclusions.
12. If recommendations are included, separate them from findings and conclusions.
13. Address all evaluation questions in the Statement of Work (SOW) or document approval by USAID for not addressing an evaluation question.
14. Include the annexes listed under the evaluation report format section.

XII. MANAGEMENT

Checchi/SUPPORT-II will identify and hire the evaluation team, pending the COR's concurrence and CO approval, to assist in facilitating the work plan, and arrange meetings with key stakeholders identified prior to the initiation of the fieldwork. The evaluation team will organize other meetings as identified during the course of the evaluation, in consultation with Checchi/SUPPORT-II and USAID/Afghanistan. Checchi/SUPPORT-II is responsible for all logistical support required for the evaluation team, including arranging accommodation, security, office space, computers, Internet access, printing, communication, and transportation.

The evaluation team will officially report to Checchi's SUPPORT-II management. Checchi/SUPPORT-II is responsible for all direct coordination with USAID/Afghanistan/OPPD, through the SUPPORT II COR, XXXX. From a technical management perspective, the evaluation team will work closely with [insert names and contact information provided]. In order to maintain objectivity, OPPD's Evaluation Unit will make all final decisions about the evaluation.

XIII. FINAL REPORT FORMAT

1. Cover Page

- Include enough information on the cover of the evaluation report so that a reader can immediately understand that it is an evaluation and what was evaluated. The evaluation cover must:
- Include a title block in USAID light blue background color.
- Include the word "Evaluation" at the top of the title block and center the report title underneath that. The title should also include the word "evaluation."
- Include the following statement across the bottom of the cover page: "This publication was produced at the request of the United States Agency for International Development. It was prepared independently by [list authors and organizations involved in the preparation of the report]." For an internal evaluation team, use the following statement: "This publication was produced at the request of [USAID/Mission or OU] and prepared by an internal evaluation team comprised of [list authors and affiliation]."
- Feature one high-quality photograph representative of the project being evaluated and include a brief caption on the inside front cover describing the image with photographer credit.
- State the month and year of report publication (e.g. when final and approved by USAID Operating Unit).

2. Title Page

3. Table of Contents

4. List of any acronyms, tables and/or figures

5. Acknowledgements or Preface (optional)

6. Executive Summary (2-5 pages): This section should represent a concise and accurate statement of the most critical elements of the report.

7. Introduction

- a. Description of the project evaluated, including goal and expected results
- b. Brief statement on purpose of the evaluation, plus a list of the evaluation questions
- c. Description of the methods used in the evaluation (such as desk/document review, interviews, site visits, surveys, etc.), the rationale and location for field visits (if any), and a description of the numbers and types of respondents
- d. Limitations to the evaluation, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.)

8. Findings

Findings should be specific, concise, and supported by strong quantitative or qualitative evidence.

- a. Findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people's opinions.
- b. Describe findings, focusing on each of the evaluation questions and providing gender disaggregation where appropriate
- c. If evaluation findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- d. Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or the compilation of people's opinions

9. Conclusions

Conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.

- a. Conclusions are value statements drawn from the data gathered during the evaluation process

10. Recommendations

- a. Recommendations should be actionable, practical and specific statements for existing programming and for the design and performance of future programming
- b. Each recommendation should be supported by a specific set of findings
- c. Include recommended future objectives and types of activities based on **lessons learned**

11. Annexes

- b. Evaluation Statement of Work: If the SOW was revised over the course of the evaluation, the evaluation report should include the updated SOW as an Annex rather than the original SOW. The Contracting Officer's Representative of the evaluation must agree upon, in writing, all modifications to the SOW, whether in technical requirements, evaluation questions, evaluation team composition, methodology, or timeline.
- c. Methodology description (include any pertinent details not captured in the report)
- d. Copies of all data collection and analysis tools used, such as questionnaires, checklists, survey instruments, and discussion guides.
- e. List of critical and key documents reviewed

- f. Schedule of Meetings and sources of information (If confidentiality is a concern, the team should discuss and agree upon an approach with USAID)
 - g. Notes from key interviews, focus group discussions and other meetings
 - h. Documentation of any changes to the SOW or evaluation process
 - i. Statement of differences (if applicable), any “statements of difference” regarding significant unresolved differences of opinion by funders, implementers, and/or members of the evaluation team.
 - j. All sources of information—properly identified and listed.
 - k. Signed disclosures of conflicts of interest from evaluation team members.
 - l. Summary information about evaluation team members, including qualifications, experience, and role on the team.
 - m. evaluation reports must also conform to USAID branding requirement
- 12. One or two-page briefer of findings, recommendations and lessons learned (optional)**

XIV. OVERALL REPORTING GUIDELINES

The evaluation report should represent a thoughtful, well-researched, and well-organized effort to objectively evaluate the validity of the project’s hypothesis and the effectiveness of the project. Evaluation reports shall address all evaluation questions included in the statement of work and be written in highly professional English, free of grammatical and typographical error, and with professional formatting. Annexes should be free of personally-identifiable information (PII), and any/all information which may compromise the privacy and protection of evaluation participants will be reviewed by USAID for potential redaction/removal.

Any modifications to the statement of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology, or timeline need to be agreed upon in writing by the SUPPORT II COR.

XV. DISSEMINATION REQUIREMENTS

As per ADS 201, this section should have a plan for dissemination of the evaluation final report. This section should cover information about the audiences who the report will be shared with (Including IP, stake holders, government agencies and internal to the USAID Afghanistan Mission). Also, it should cover how the final report is to be disseminated (methods, sending copy through email, having presentation to audience, uploading on DEC)

The final approved report would be disseminated to the stakeholders and publicly available by uploading the document to DEC. The report will also be shared with IP and other concerned stakeholders for ACAP III including MoLSAMD and Ministry of Public Health (MoPH), UNMAS and other concerned.

ANNEX II: FINDINGS-CONCLUSIONS-RECOMMENDATIONS MATRIX

Key Questions Findings-Conclusions-Recommendations Matrix				
Component I: How effective is ACAP III's coordination and delivery of immediate assistance and referrals for long-term support to civilian victims of conflict?				
Key Question	Evidence	Findings	Conclusions	Recommendations
	FG=Focus Groups KI=Key Informants A/C BS=ACAP, Checchi Beneficiary Surveys MTR=Mid-term review	IA=Immediate Assistance packages PT=Physical Therapy PSC=Psychosocial Counseling IG=Income Generation	IA=Immediate Assistance packages PT=Physical Therapy PSC=Psychosocial Counseling IG=Income Generation	IA=Immediate Assistance packages PT=Physical Therapy PSC=Psychosocial Counseling IG=Income Generation
<ul style="list-style-type: none"> Did the beneficiaries receive tailored assistance packages within two weeks* of the incident taking place and was the assistance received adequate for their immediate needs? <p>Final AMEP shows indicators: I.I.1 civilians ASSESSED within 15 days; I.I.2 eligible civilians ASSISTED within 21 days.</p>	UNMAS proposal, AMEP, work plans FGs/KIs 2weeks=A/C BS MTR p9 FGs/KIs Adequate= A/C BSs= "satisfaction level" & "needs" KIs/FGs	<p>IA packages are standard, not tailored. The initial IA food/non-food package was redesigned based on beneficiary feedback in the last quarter of 2016. Following which, beneficiary survey showed high satisfaction with the items in the package.</p> <p>PT/PSC/IG are tailored by qualified trained ACAP PT/PTC staff.</p> <p>ACAP trained PT and PSC therapists/counselors identify individual cases for support and provide/refer tailored services based on symptoms.</p> <p>Psychosocial counselors are trained to tailor assistance to the specific needs of the individual or family, based on their knowledge and experience. As a profession, psychosocial counseling is in its infancy in Afghanistan, but KIs report a growing understanding of, and</p>	<p>Effective relationships were developed with CDC and other community members to assess cases. Similarly, effective information collection systems were in use for incident reporting. Also, efficient vendors were used for IA delivery.</p> <p>Surveyors' coordination with appropriate stakeholders for verification purposes ensured the support is useful and manageable for family members.</p> <p>IA packages were put together to support a "typical" family need for two months of food. The packages were not tailored to individual family sizes or preferences. However, the high level of beneficiary satisfaction overall is testament that for most</p>	<p>Going forward, better tailor IA to individual family needs. Consider changes to the quantity of the IA package based on family size.</p> <p>Continue and strengthen the existing relationships with community members.</p> <p>Consider support, pro-rated, for rehab centers.</p> <p>Consider provision of quality critical medications like anti-biotics.</p> <p>There is a discharge process for PT/PSC assistance that closes a file for a defined level of "restoration/stability" of patient PT or PSC symptoms. In terms of long term sustainable care, if USAID</p>

		<p>demand for, these services. PSCs follow a structured standard operating procedure for identifying needs.</p> <p>Initial assessment almost always (%) completed within 2 weeks, exceptions explained in Q9, and confirmed by C/BS and KIs.</p> <p>KIs=deployment of surveyors in all provinces hastened by community reps resulting in almost immediate screens. Incident reporting, victims' verification confirmed by review of files. 3 levels.</p> <p>IA packages almost always (%) delivered within 21 days.</p> <p>PT almost always (%) based on medical recommendations.</p> <p>PSC almost always (%) started within 6 weeks, but sessions usually continued passed 3 weeks.</p> <p>IA PT/PSC – referrals to MoPH, health care is free but system is overwhelmed, long term service not guaranteed.</p> <p>Limited human resource (physiotherapists): ACAP III hired seven male and one female physiotherapist to reach, identify need, and provide or refer PT services to beneficiaries across Afghanistan. There were times when this small number of therapists was stretched to accommodate the need.</p> <p>IA generally adequate to need confirmed in A/C BSs with exceptions of not being tailored for family</p>	<p>families, the assistance was “adequate” to the month standard.</p> <p>Assessment tools, logistics and food distribution were not designed to tailor IA based on the family need. For large families, the assistance may not have been adequate to the standard of providing food for two months.</p> <p>IA packages are meeting family needs and providing quality humanitarian assistance.</p> <p>Further, effective management structures existed to deliver IA packages in time to ensure they meet immediate family food/non-food needs after the incident.</p> <p>Availability of qualified physiotherapists is a challenge in Afghanistan. ACAP was able to train and deploy PSCs effectively using where needed community resources and transportation assistance to reach beneficiaries in need even in remote areas.</p> <p>IA delivery met goals.</p> <p>M&E (AMEP) did not develop outcome indicators or baselines against which sustainability can be measured. PT/PSC follow-up not clear as to LT needs/services provided by GIRoA.</p>	<p>believes assistance should go beyond these levels, M&E should be structured early in the follow-up project to develop baselines and assess mid/long-term sustainability of assistance.</p>
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		<p>size/composition, occasional quality issues, and delays in IG.</p> <p>13,717 IA packages have been delivered impacting 117,966 beneficiaries, equally men and women. Beneficiary feedback suggests the IA packages were adequate for most families – which had an average size of 8.6 persons. However, issues were reported by families with multiple units – several wives each with their own children. IA packages are distributed one per basic household.</p> <p>PT adequate. 4484 beneficiaries assisted. 27% women.</p> <p>PSC adequate. 17, 645 PSC sessions provided. 45% women.</p> <p>Medications issue: KIs commented on the need of providing high quality critical medications, a low-cost assistance, that could save lives. Examples were given of people dying due to lack of quality antibiotics.</p>		
<p>● How effective is the long-term economic reintegration support provided to beneficiaries?</p>	<p>KIs-effective/success defined</p> <p>Cost per beneficiary comparisons w/other assistance.</p> <p>MTR</p> <p>KIs/FGs</p> <p>A/C BSs “restored to pre-incident level”</p>	<p>Issues of cost/verification/need towards answering effectiveness. IG per beneficiary is expensive and uneven. Criteria for selection not well understood, much jealousy.</p> <p>For income generation assistance, ACAP surveyors coordinated with CDCs, Elders and victims’ families to assess family skills and determine appropriate in-kind income support. Assistance is based on beneficiary interests and capacities.</p>	<p>SI assistance is effective in stabilizing family income for impoverished families. Sustainability not assured (market).</p> <p>The discrepancy of monetary value between the packages may give beneficiaries an incentive to misrepresent their expertise or skills to gain a package of maximum value. In turn, there is also a chance of them selling their assistance package for longer term investment (child’s</p>	<p>Income support is intended to provide sustainable source of income for families rather than a one off in-kind assistance. To enhance sustainability, and strengthen skills to manage assets, initial assistance should include a fuller program of follow-up training on how to manage the income activity and hands-on support with a clear understanding of market trends. As well, future</p>

		<p>To a large degree, (#s TBD) IG assistance has achieved goal of restoring income to pre-incident level. Exceptions explained are not unreasonable. Follow-up monitoring is weak. Many (%) IG beneficiaries received assistance with 30 days. Issue of run out of \$ for August incidents.</p> <p>\$500K – restoration needed? Assistance is not compensation. Meant to stabilize impoverished families.</p> <p>870 assistance asset packages, 6,790 beneficiaries, slightly more female (56%) than male (44%).</p> <p>ACAP going to a different metric, get families above the poverty line. Issue with size/composition of household.</p> <p>IG adequate – earned pre-incident \$ after 6 months. Poverty levels issue. Jealousies...</p> <p>Assets not supplemented with market awareness or activity training.</p>	<p>education) or immediate needs (food, rent).</p> <p>Commitment of beneficiary is critical to using assets provided to sustain income. Follow-up assistance neither expected nor provided.</p> <p>As M&E (AMEP) did not develop outcome indicators or baselines against which sustainability can be measured, thus it is not clear if assistance is sustainable.</p> <p>Many issues with implementing this assistance (see MTR). Most resolved=effective performance management. The discrepancy of monetary value between the packages (e.g. sewing machine versus tractor) raises questions of equal access (are women more modest in their requests? Are beneficiaries given the same range of options?), and possible envy/ conflict amongst beneficiaries.</p>	<p>assistance should incentivize commitment (more support if effort is shown). Contract that if equipment/animals are sold in first year for short term profit, project is reimbursed.</p> <p>Conduct more robust beneficiary surveys six months and thereafter to determine if the level has income been restored, and if targets have not been met, why not.</p> <p>Future M&E should be structured with baselines and sustainability/outcome indicators with post assistance surveys after 1 and 2 years</p>
<p>● How effective is the selection criteria in terms of transparency to ensure affected victims receive appropriate assistance?</p>	<p>KIs=issues of criteria</p> <p>MTR p8</p> <p>QRs</p> <p>FGs</p>	<p>Starting late in year I, criteria were effectively administered and did result in eligible beneficiaries receiving appropriate assistance. A well-coordinated system implements the selection criteria according to USAID requirements.</p> <p>USAID did not provide eligibility criteria until well into the first year. By the time already in-place UNMAS programs reflected eligibility, assistance had to be</p>	<p>While from a donor perspective the criteria helped focus assistance on civilians presumably not otherwise assisted (via Code 99, etc.) it caused confusion and slowed support early in the project. Was not properly explained to GIRoA or the public.</p> <p>Misunderstanding by UNMAS of criteria for PT/PSC/IS...OK with IA as that was short term and not already provided in UNMAS programs.</p>	<p>To avoid confusion which has resulted in a perceived lack of transparency, rethink selection criteria and better articulate/explain via hotline, coordination meetings, etc.</p> <p>Brand assistance as GIRoA and use initial screening to refer victims not eligible to relevant other GIRoA assistance.</p>

		<p>redesigned resulting in closure of PT/Vocational centers.</p> <p>USAID eligibility criteria for victims stand in contrast to the UNMAS VA policy. Thus, criteria were not fully effective in contributing to the transparency of decisions (who got what, why), rather they confused the issue on the ground.</p>	<p>If assistance were GIROA provided/branded/partnered there may have been greater transparency.</p>	
<p>● Was information gathering and verification mechanisms structured to reach the most remote areas in the provinces?</p>	<p>KIs/FGs A/C BSs QRs ACAP distribution (reach) data and maps</p>	<p>ACAP III expanded on the already in-place UNMAS' system of recording the incidents of violence by adopting a 3-step management approach to determine A) does the incident qualify; B) do the individuals qualify; C) regional office background checks and supply coordination. The system uses all traditional sources (reports from village elders, hospitals, police stations and responsible officials) as well as media (social media, TV, radio, local newspapers) sources to gather information about the incidents. Match of incident location and beneficiary coverage is consistent.</p>	<p>Incident reporting uses various means to report all eligible incidents across Afghanistan including traditional sources such as community members. ACAP III hired surveyors and use local community resources to build a complex but effective information network to record and process IA.</p> <p>Given the road conditions, weather situation and security environment, the project has made effective efforts to reach victims in remote areas, though there were delays in verification due to these factors.</p>	<p>Consider documenting and highlighting the achievements in information gathering under intense security constraints to reach remote areas in the provinces as part of lessons learned for future programming implementation.</p>
<p>● What were the beneficiaries' reactions and concerns (satisfaction or dissatisfaction) regarding the quality of food and nonfood items provided?</p>	<p>A/C BSs – comparison KIs/FGs MTR</p>	<p>High satisfaction, a few complaints, occasionally quality was poor (flour was dated), most resolved.</p> <p>Packages not tailored to size of what usually is an extended family living together with same head-of-household.</p> <p>Procurement issues, no one bid locally except for Mazar.</p>	<p>IA was effective in the identification of need, procurement and distribution of food/non-food packages which reached victims quickly, sometimes a quality issue which may have been caused by central procurement/distribution from Kabul. Cost of transport versus local procurement an issue to GIROA.</p>	<p>Procurement tests to encourage/induce more qualified local providers to bid and provide more locally procured food in a timelier and more cost-effective way.</p> <p>Tailor packages to more specific family needs and desires without jeopardizing</p>

			Packages could have been tailored to size. Replacement policy in contracts.	costs advantages of standardization.
Component 2: Did the implementing partner structure implementation of ACAP III to strengthen and complement elements of the three main components of the program?				
<ul style="list-style-type: none"> How effective have capacity building trainings been for MoLSAMD and MoPH staff to enable them to respond to the needs of victims of conflict on immediate assistance, PT/PSC/IS? 	<p>Trainee surveys KIs=use skills learned</p> <p>KIs on implementing broad CB assistance</p>	<p>ACAP's Institutional Capacity Assessment and Action Plan represented a valid and useful needs assessment but has not been implemented in a meaningful way for various reasons. (see chart). The training program was reduced to small scale IT/English classes for 30 junior MOLSAMD staff.</p> <p>No significant formal or informal CB assistance to directly improve GIRoA capacities to coordinate/deliver assistance to victims.</p> <p>IA coordinated and/or distributed assistance does not meet broad governance goals. GIRoA is not a partner – it makes no decisions, the assistance is not branded as GIRoA responding to citizens, but GIRoA takes blame when there is a failure of assistance.</p>	<p>Due to various start-up issues (no CB position, IA greater priority, little experience/understanding of CB by IP, less than useful approved AMEP indicators, etc.), CB was not managed or given the priority of a significant activity component. Program goals of improving GIRoA victim assistance delivery not met.</p> <p>CB component not effective. There has not been any strong coordination for data sharing and delivery of assistance. MOLSAMD not given a meaningful role nor prepared to provide VA.</p> <p>Planning for capacity improvements was inadequate, there were no useful outcome indicators to drive performance, no baselines, no scorecard/metrics, no implementation.</p>	<p>Develop in conjunction with GIRoA a budget, staffing, commitments, management, M&E plan, materials, etc., for robust CB assistance on full range of needs – structure, systems, skills.</p> <p>Needs assessment for new DD agency required, as are proper outcome indicators and baselines.</p> <p>Restructure delivery so that GIRoA (MoLSAMD/MoPH are fully engaged at all levels of the process, have a say in all decisions, and are branded as the deliverer of the assistance. MRRD/SIKA model needed.</p> <p>Planning for how to transition service delivery to GIRoA should be an early step in future programming.</p>
<ul style="list-style-type: none"> Have embedded Advisors in the MoLSAMD and MoPH substitute or improve the capacity of government staff? 	KIs	<p>Both. In the absence of a comprehensive strategy to improve government staff capacity, the advisors helped perform day-to-day ministry work. In so doing, they developed products that were critical for building capacities.</p>	<p>Embedded advisors provided useful assistance in advising and in developing guidelines, strategies, action plans to guide GIRoA capacity development.</p> <p>A clear plan to improve government capacity using the advisors was not designed or implemented. Overall, not a useful CB activity.</p>	<p>More care is needed to define their roles specific to GIRoA needs and project goals. Devise a comprehensive capacity building strategy, keeping in mind the realities of the under resourced DMD, to ensure that the embedded staff works under a clear mandate to achieve capacity building objectives. The strategy should have clear program objectives and targets</p>

				specific to improving the government capacity to provide VA.
<ul style="list-style-type: none"> Did vocational training and economic reintegration activities help restore or increase alternative livelihoods of the beneficiaries? 	A/C BSs KIs FGs	<p>ACAP did not develop outcome indicators or baselines against which sustainability can be measured.</p> <p>Evidence about IG assistance not robustly collected/reported though mentioned by KIs.</p> <p>Yes, IG assistance helped, did not solve all problems resulting from most severe incidents. IG is costly, long term reintegration and sustainability still an open question.</p> <p>The vocational training centers did not prepare trainees with adequate skills needed for the local job market.</p>	<p>All KIs agree that IG is critical. Given the many issues within Afghan economy, the expectation of sustainable income from modest (\$) interventions may be unrealistic. Question as to whether income levels were restored to pre-incident level for breadwinner's extended family open, more/better data needed.</p> <p>Management structure for post-delivery monitoring is weak. Data unavailable.</p>	<p>More robust baseline and follow-up data required to measure pre-incident family income affected and post-assistance family income.</p> <p>Transition assistance to broader GIRoA programming/\$ and/or target a longer-term assistance package if the \$ is available.</p>
Component 3: Have ACAP III's activities and programs facilitated and improved skills and knowledge of the new and existing victim assistance services among communities?				
<ul style="list-style-type: none"> Have quarterly coordination meetings held regularly between MoLSAMD, MoPH and UNMAS and how much it helped to improve coordination achieving the expected results? 	QRs KIs "expected" =AMEP/QRs	<p>Quarterly meetings have been held.</p> <p>Theory of Change suggesting indicators where if a minister shows up at a meeting the assistance is considered a success does not measure any real outcome. No tactical coordination, no beneficiary data shared, no direct assistance coordinated, some awareness assistance coordinated at the local/community level.</p> <p>Quarterly meetings have helped different stakeholders to meet and inform each other about their activities, especially at local level.</p>	<p>Hard to establish the causality between regular meetings and improved coordination. There is however, a good coordination between MoLSAMD and ACAP III leading to IA distribution events at the provincial level.</p> <p>Weak indicators, too late to modify, resulted in no performance management against broader goals of the project.</p> <p>Coordination good at local level, not so good at higher levels, not sustainable past the project unless GIRoA takes lead specific to VA.</p>	<p>Implement a process to document the decisions taken, the action followed, and the results achieved to establish the causality.</p> <p>Develop indicators that better measure performance.</p>

<ul style="list-style-type: none"> What outreach activities, including coordination meetings were most effective and what activities were not effective during the period of performance and why? 	<p>KIs QRs ACAP data on reach vs awareness activities</p>	<p>Community awareness activities most effective. Coordination activities less so, KIs said they were of limited effectiveness.</p> <p>PT/PSCs attend distribution events. They pass on information about ACAP services during the event and establish relationships with communities.</p>	<p>Awareness campaign at the local level using appropriate stakeholders is effective to report and verify incidents.</p> <p>All outreach activities appear to be successful. However, as they have been project driven and project specific, VA awareness is not sustainable.</p>	<p>Focus on community awareness activities that include better explanations of program eligibility and assistance types. Build local capacities and transition knowledge/skills to GIRoA by devising a comprehensive communication and outreach strategy to institutionalize the already developed processes.</p>
<ul style="list-style-type: none"> What lessons from the current program design and implementation mechanism can inform future USAID Afghanistan's programming to support victims of conflict? 	<p>KIs FGs Indicator/QRs comparisons.</p>	<p>Design was a non-competitively bid proposal, initially understood by the IP and GIRoA to be more \$ to continue ongoing UNMAS work. AMEP and Workplan were not geared to USAID needs. Implementation suffered.</p>	<p>Insufficient USAID project management at the beginning, misunderstandings took time to be identified and solved, initial program governing docs (AMEP, workplan) were weak and not focused on performance management.</p> <p>Lessons: Logical Performance management system that considers Afghanistan's volatile security situation as well as government capacity.</p>	<p>More clarity in the solicitation and USAID's initial management and approval of start-up including AMEP and workplan.</p>
<ul style="list-style-type: none"> Did ACAP III engage appropriate stakeholders to coordinate the delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW; to build the capacity of the public sector to respond to civilian victims of conflict and refer them to available local and international assistance; 	<p>KIs QRs KIs QRs KIs QRs</p>	<p>Stakeholders at local level were well engaged, less so at national (Ministry) level.</p> <p>Need engagement with Ministry on CB activities which were weak except for embedded advisors. CB activities cancelled or scaled back without consultations with MoLSAMD/MoPH.</p> <p>Awareness was raised with engagement of local community leaders, i.e., Shuras, elders, CDCs,</p>	<p>On the whole, local community stakeholders were well engaged and helped achieved IA and awareness assistance goals.</p> <p>However, the government was not an active partner in implementing the assistance in terms of approvals, branding and support.</p> <p>Capacity building much less so. Capacity building was not prioritized and effective</p>	<p>Continue IA and awareness engagement with local communities.</p> <p>Build new and stronger relationships with GIRoA on CB assistance. Develop a detail model to engage Division of Disabilities in capacity building component. Phase out activities over time to judge response. Phase out support and hand over responsibility. Document all</p>

and to raise awareness of new and existing victim assistance services among communities as well as UN, NGO, and government networks?		etc. National engagement with NGOs/media was good.	partnerships with other stakeholders were not made. Despite the lack of a comprehensive communications strategy, ACAP involved appropriate stakeholders over time, especially at community level, to raise awareness about victims' services.	improvements and success stories.
<ul style="list-style-type: none"> How effective has ACAP III been in raising awareness of new and existing victim assistance services among communities/networks? 	KIs QRs KIs QRs	Awareness was raised with significant engagement of local community leaders as noted above. National engagement with networks good.	ACAP uses social media, electronic media, and newspapers. Also prints posters and brochures to display and distribute at local sites and during important events. ACAP III also raises awareness by direct contact with the victims and community by visiting local events and religious festivals and using a hotline. UN agencies were in sync with ACAP III and knew about the assistance offered under the program.	Document the success of the awareness campaign and replicate it in future projects, but transition to GIRoA when possible.

ANNEX III: LIST OF CONTACTS AND KEY INFORMANTS

Note: Personal Identifiable Information (PII) has been deleted from the public version of this report due to privacy concerns.

ANNEX IV: EVALUATION TOOLS

The evaluation tools to elicit information about the performance of ACAP III will include, but not be limited to, the following:

- Qualitative Interview Guidelines (QIG) – a structured interview guideline for policy makers, managers, and service providers (aligned with Evaluation questions)
- Qualitative Questionnaires (QQ) – a rating scale questionnaire as a companion to the structured interview process
- Beneficiary Interviews – an evaluator’s guidelines for identifying and conducting interviews with target beneficiaries on their perceptions of services quality and how services have impacted their quality of life. These will be conducted individually and in focus groups as appropriate.

Qualitative Interview Guidelines for Key Informants

Performance and Implementation

1. Please describe the activities in your programs that help to address the needs of Victims of Conflict (VoC)? How has the ACAP project supported those activities?
2. What is your opinion about their usefulness and effectiveness of ACAP assistance to VoCs?
3. How effective is ACAP in vetting of VoCs and assessing their needs? Are the eligibility criteria clear and useful?
4. Do you believe that ACAP assistance is provided in a timely manner?
5. Was ACAP able to provide assistance to the victims of the most remote areas in the provinces?
6. Do you believe that ACAP’s immediate assistance package (food and non-food items) is sufficient in quantity and quality?
7. Do you believe that ACAP’s physical therapy activities are effective?
8. Do you believe that ACAP’s counseling activities are effective?
9. Do you believe that ACAP’s income generation activities are effective in providing sustainable long-term income?
10. Do you think gender issues have been appropriately addressed in ACAP?

Capacity Building

1. To what extent and in what ways is the GOA ownership and commitment to the delivery of VoC services evolving?
2. How has ACAP II assisted its GOA partners in generating and using relevant data and information to improve the delivery of services to VoCs?
3. Is there sufficient interagency policy development and coordination to effectively guide the long-term provision of services to VoC?
4. Is ACAP providing the range and quality of capacity building assistance to improve the GOA technical capacities needed to ensure quality service delivery for VoCs?
5. Have the embedded advisors focused on capacity building or more simply done the work of government staff?
6. What other kinds of technical assistance could ACAP provide to help GOA to achieve its long-term goals to help VOCs?
7. Which ACAP program components are replicable? How can they be further institutionalized?
8. Can you provide some examples where the ACAP project has been directly involved with increasing the technical skills or capacity of local providers or managers?

Management and Coordination

1. How are the ACAP services managed to meet the needs of VoCs?
2. What activities have ACAP undertaken to improve the coordination of services at the local level?
3. Have quarterly coordination meetings improved coordination of service delivery?
4. Has ACAP worked with all of the relevant stakeholders to improve coordination?
5. Do all implementing partners have access to key data? What are the data sources?
6. What have been the primary challenges in coordinating service delivery?
7. What can ACAP do better to ensure a high level of service coordination?
8. What ACAP outreach activities have been most effective?
9. How effective are ACAP activities to raise awareness of assistance services?

Qualitative Questionnaire (QQ) for Capacity Building Trainees

General information:

-
- I. **Age:**
 - a. under 20;
 - b. 21-40;
 - c. 41-60;
 - d. over 60
 - II. **Sex:**
 - a. M
 - b. F
 - III. **Education:**
 - a. high school graduate
 - b. college graduate
 - IV. **Employment:**
 - a. Full-time Ministry employee
 - b. Part-time Ministry employee
 - c. Consultant to the Ministry
 - d. Other
 - V. **Type of Training Received:**
 - a. IT
 - b. English
 - c. Management
 - d. Customer Service
 - e. Communications and Outreach

NOTE: If an individual received multiple trainings, conduct one survey for each type.

1. ACAP training was relevant to your needs:

Don't Know	Strongly Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Strongly Agree
	1	2	3	4	5

2. ACAP provided you with skills you currently used in your work:

Don't Know	Strongly Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Strongly Agree
	1	2	3	4	5

3. ACAP training materials were of high quality:

Don't Know	Strongly Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Strongly Agree
	1	2	3	4	5

4. ACAP training was satisfactorily conducted:

Don't Know	Strongly Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Strongly Agree
	1	2	3	4	5

5. ACAP training directly improved GOA capacities to deliver services to victims of conflict:

Don't Know	Strongly Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Strongly Agree
	1	2	3	4	5

6. ACAP training directly improved GOA capacities to raise awareness of services for victims of conflict:

Don't Know	Strongly Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Strongly Agree
	1	2	3	4	5

Beneficiaries Survey

General information:

I. Age:

- a. under 20;
- b. 21-40;
- c. 41-60;
- d. over 60

II. Sex:

- a. M
- b. F

III. Educational:

- a. not a high school graduate;
- b. high school graduate;
- c. college graduate

IV. Employment:

- a. employed full time;
- b. employed part time;
- c. retired;
- d. business owner;
- e. unemployed

V. Marital status:

- a. married;
- b. not married

VI. Type of Assistance:

- a. food;
- b. non-food,
- c. physical therapy,
- d. counseling; income generation

VII. Time since incident that beneficiary was assessed:

- a. < 2 weeks,
- b. 2-4 weeks,
- c. > 4 weeks

VIII. Time since incident that assistance was provided:

- a. < 3 weeks,
- b. 3 weeks to 6 weeks,
- c. > 6 weeks

NOTE: If a beneficiary received multiple services, conduct one survey for each type of service.

Satisfaction with Assistance (Services)

1. How satisfied are you with the services you receive?
 - a. Very satisfied
 - b. Satisfied
 - c. Not satisfied
2. Have you experienced any problems in accessing and using the services?
 - a. Yes (if so, please explain)
 - b. No
3. Did you have to pay for the services?
 - a. Yes (if so, please explain)
 - b. No
4. What do you think about the quality of services?
 - a. High quality
 - b. Average quality
 - c. Poor quality
5. Do you find any difficulty in continuing the services if needed?
 - a. Yes (if so, please explain)
 - b. No
6. Did you and your family receive adequate assistance based on your need?
 - a. Yes
 - b. No (if no, please explain)
7. Did you receive any other assistance from?
 - a. family
 - b. friends
 - c. local government
 - d. national government
 - e. international organizations
8. Tell us 3 things you like most about the services provided?
 - a. 1...
 - b. 2...
 - c. 3...
9. Tell us 3 things you are dissatisfied with about services provided?
 - a. 1...
 - b. 2...
 - c. 3...
10. Do you have any suggestions in improving the services provided?

Quality of Life Impact of Assistance

- 11. For those receiving physical therapy, how has your physical health improved?
 - a. much improved;
 - b. somewhat improved;
 - c. no change
- 12. For those receiving counseling, how has your social well-being improved?
 - a. much improved;
 - b. somewhat improved;
 - c. no change
- 13. For those receiving income generation, how has your income level improved?
 - a. much improved;
 - b. somewhat improved;
 - c. no change
- 14. How has the program (services) impacted your family?
 - a. Family is more confident about the future;
 - b. Family is less secure about the future;
 - c. no change

Long-term Success and Sustainability of Assistance

- 15. How did you learn about these services?
 - a. Friend
 - b. CAP awareness campaign
 - c. Government offices
 - d. Local service provider outreach
 - e. Other (please explain)
- 16. Do you recommend these services to other victims of violence?
 - a. Yes
 - b. No (if no, please explain)
- 17. For those that received physical therapy, has the assistance restored you to pre-incident situation?
 - a. Very much restored to pre-incident situation
 - b. Somewhat pre-incident situation
 - c. Not at all pre-incident situation
- 18. For those that received counseling, has the assistance restored you to pre-incident situation?
 - a. Very much restored to pre-incident situation
 - b. Somewhat pre-incident situation
 - c. Not at all pre-incident situation
- 19. For those who received income generation, do you think you can stand on your own because of the assistance?
 - a. Very much
 - b. Somewhat
 - c. Not at all

ANNEX V: LIST OF DOCUMENTS REVIEWED

A Survey of the Afghan People, The Asia Foundation, 2015

ACAP II Final Performance Evaluation, USAID-MSI, February 2015

ACAP III Assistance in Response to the 31 May 2017 VBIED explosion victims in Kabul (Lessons Learned Log), September 2017

ACAP III Beneficiary Satisfaction Survey, UNMAS, November 2016

ACAP III Beneficiary Sheet, UNMAS, November 2017

ACAP III Eligibility Criteria for Beneficiaries, USAID, November 2016

ACAP III Midterm Evaluation Report, May 2017

ACAP III Monitoring and Evaluation Plan, Year 2, UNMAS, June 2016

ACAP III Monthly, Quarterly, and Annual Reports, 2015-2017

ACAP III Performance Management Plans

ACAP III Project Proposal, UNMAS, January 2015

Approval of the Law of Rights and Privileges of the Disabled Persons, GIRoA

Disability and Physical Rehabilitation Training Manual for BPHS and EPHS (MoPH)

Gender Sensitivity in ACAP III for DMD of MoLSAMD, USAID-UNMAS, September 2015

Institutional Capacity Assessment and Action Plan for DMD, ACAP III, September 2016

Letter of Agreement for the Implementation of ACAP III, MoLSAMD, 7 March 2017

Letter of Agreement for the Implementation of ACAP III, MoPH, 7 March 2017

Modification of Assistance # 1, USAID-UNMAS, 21 February 2016

Modification of Assistance # 2, USAID-UNMAS, 24 May 2016

Modification of Assistance # 3, USAID-UNMAS, 31 July 2016

Modification of Assistance # 4, USAID-UNMAS, 12 June 2017

National Disability and Rehabilitation Strategic Plan (2017-2020), MoPH, August 2017

Program Contribution Agreement USAID-UNMAS, 16 April 2015

Project Implementation Plan, Year One, UNMAS, January 2016

Project Implementation Plan, Year Three, UNMAS, September 2017

Project Implementation Plan, Year Two, UNMAS, January 2017

The Policy of the Victim Assistance in Mine Action (2016 Update, UNMAS

The Strategy of the UNMAS (2013-2018), UNMAS, March 2015

ANNEX VI: VICTIM ASSISTANCE ELIGIBILITY CRITERIA

I. Eligible-Ineligible Events*

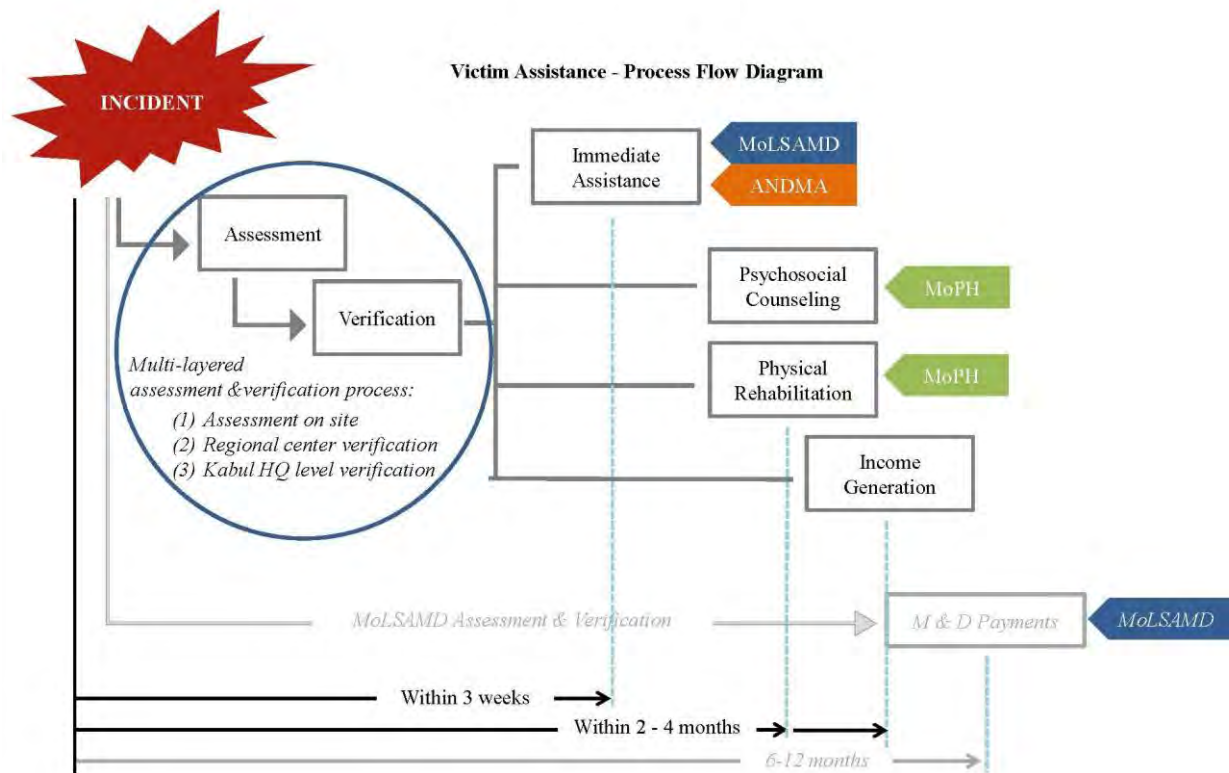
Eligible Event	Ineligible Event
<p>1.1 Death, physical injury, or loss of economic livelihood of an Afghan civilian as a result of military operation that involves U.S., Coalition, or Afghan National Security Forces against insurgents, criminals, terrorists, or illegal armed groups.</p> <p>1.2 Death, physical injury, or loss of economic livelihood of an Afghan civilian resulting from landmines, improvised explosive devices, unexploded ordinances, suicide attacks, public mass shootings, or other insurgent or terrorist actions.</p> <p>1.3 Death, physical injury, or loss of economic livelihood of an Afghan civilian resulting from cross-border shelling or cross-border fighting.</p>	<p>1.4 Death, physical injury, or loss of economic livelihood of an Afghan civilian that is not the result of armed conflict, insurgent activity, or terrorism. For example, injuries resulting from criminal activity, personal disputes, traffic accidents, or birth defects are not eligible events.</p>

2. Eligible and Ineligible Individual

Eligible Individual	Ineligible Individual
<p>2.1 An Afghan civilian who suffers loss of life, physical injury or loss to his or her economic livelihood as a result of an Eligible Event, and who is not otherwise ineligible under 2.4 through 2.7.</p> <p>2.2 A dependent family member of an Eligible Individual as defined in 2.1.</p> <p>2.3 An ACAP I recap II beneficiary receiving long-term assistance may continue to receive assistance under ACAP III if deemed necessary, provided that such assistance does not imperil the availability of resources during the period of performance of ACAP III.</p>	<p>2.4 An employee of the U.S. government.</p> <p>2.5 An employee of the Afghan National Police, Afghan National Security Forces, or other military or law enforcement entity.</p> <p>2.6 An individual entitled to assistance or benefits under a separate assistance program or insurance, including an employee of the Afghan Government, a UN agency, a Public International Organization, or a foreign government.</p> <p>2.7 An individual who is an active member or supporter of an insurgent group, illegal armed group, or terrorist group, or who is a criminal or terrorist.</p>

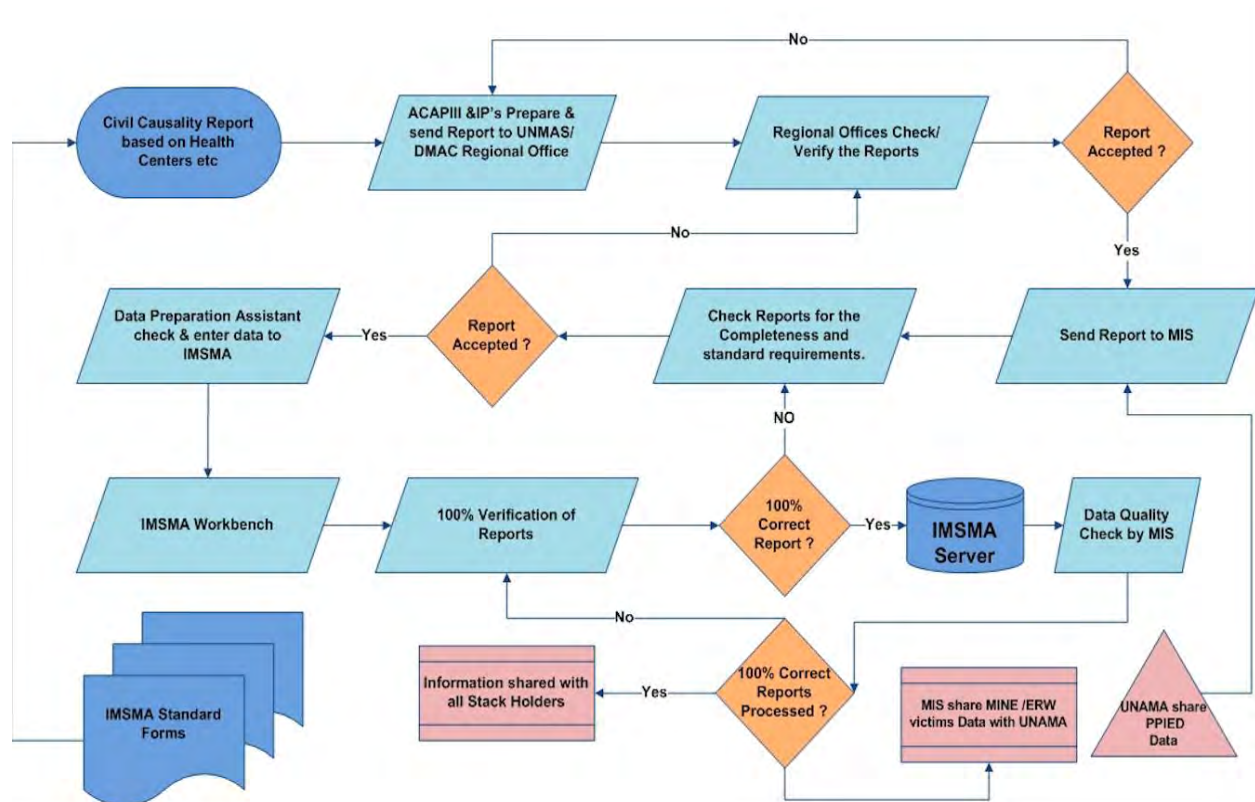
Source: USAID: Eligibility Criteria for Beneficiaries - November 2016

ANNEX VII: VICTIM ASSISTANCE PROCESS FLOW MAP



Source: ACAP III

ANNEX VIII: IMSMA PROCESS MAP



Source: ACAP III

ANNEX IX: CAPACITY BUILDING ACTION PLAN

Performance Areas	Activity	Status as of December 2017
1. Governance	Reviving/advising the Inter-Ministerial Committee on Disability	ACAP reconvened this committee and then handed over the responsibility of organizing ongoing meetings to DMD, ACAP periodically advised on VA issues.
	Update and facilitate the endorsement of the disability policy and Action plan.	Withdrawn at Ministry's request.
	Enhancing DMD coordination with International Donors and NGOs	Assisted DMD in organizing <i>National Disability Conference</i> in Oct 2016 and the <i>International Day of Persons with Disabilities</i> event in Dec 2016
2. Organizational Structure and Human Resources	Capacity Building Management Training Program	ACAP III has not assisted this.
	Improve DMD Provincial HR Offices Staffing Plans	No actions taken.
3. Management Capacity	Provincial DMD Manager Supervisory Training Program (ranks 3 and 4)	ACAP III was supposed to do this, however failed due to inability to secure a quality training provider.
	Basic Computer Skills and	Continuing for the DMD staff in Kabul. However, not done for provincial staff.
	English Language Training Program	Continuing for the DMD staff in Kabul. However, not done for provincial staff.
	Peer-to-Peer Networking Program and best practices through visit exchanges.	One peer-to-peer knowledge sharing session was facilitated by ACAP III through a meeting of all 34 DMD Managers in Kabul.
4. Service Delivery	Customer Service Fundamentals for Frontline Employees.	Failed to secure a suitable training provider.
	Managing Customer Service Training Program	Failed to secure a suitable training provider.
	Improve the DMD customer service provincial offices	Not possible under ACAP III since office renovations not within ACAP III scope.
	Renovating and equipping DMD offices in Makroyan – Kabul,	Not possible under ACAP III since office renovations not within ACAP III scope.
	Electronic Archiving Management	Not planned under ACAP III.
5. Communications and Public Outreach	Designing and developing DMD outreach Compendium	Not done.
6. Gender Awareness	Improving the Gender awareness within DMD	ACAP III Gender adviser work with DMD on gender awareness issues.
7. Research and Advocacy	Establish Research and Advocacy Department at the NDI	Not planned under ACAP III.
	International Day of Persons with Disabilities Symposium	Completed. ACAP III assisted in the organization of the event in Kabul.
8. Performance Management	Performance Improvement Training Program	Not planned under ACAP III.

ANNEX X: TRAINING SURVEY RESULTS

English Training

Trainee	ACAP training was relevant to your needs	ACAP provided you with skills you currently used in your work:	ACAP training materials were of high quality	ACAP training was satisfactorily conducted	ACAP training directly improved GOA capacities to deliver services to victims of conflict	ACAP training directly improved GOA capacities to raise awareness of services for victims of conflict
#1	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Don't Know	Don't Know
#2	Agree Somewhat	Agree Somewhat	Agree Somewhat	Agree Somewhat	Agree Somewhat	Don't Know
#3	Strongly Agree	Strongly Agree	Disagree Somewhat	Strongly Agree	Strongly Agree	Strongly Agree
#4	Strongly Agree	Agree Somewhat	Agree Somewhat	Strongly Agree	Neutral	Strongly Agree
#5	Strongly Agree	Agree Somewhat	Agree Somewhat	Strongly Agree	Neutral	Strongly Agree
#6	Strongly Agree	Strongly Agree	Agree Somewhat	Strongly Agree	Neutral	Neutral
#7	Strongly Agree	Agree Somewhat	Agree Somewhat	Agree Somewhat	Neutral	Neutral
#8	Agree Somewhat	Agree Somewhat	Neutral	Agree Somewhat	Agree Somewhat	Agree Somewhat
#9	Strongly Agree	Agree Somewhat	Agree Somewhat	Agree Somewhat	Strongly Agree	Strongly Agree
#10	Strongly Agree	Neutral	Neutral	Agree Somewhat	Agree Somewhat	Strongly Agree
#11	Strongly Agree	Strongly Agree	Agree Somewhat	Agree Somewhat	Don't Know	Agree Somewhat
#12	Strongly Agree	Strongly Agree	Agree Somewhat	Strongly Agree	Agree Somewhat	Agree Somewhat

IT Training

Trainee	ACAP training was relevant to your needs	ACAP provided you with skills you currently used in your work:	ACAP training materials were of high quality	ACAP training was satisfactorily conducted	ACAP training directly improved GOA capacities to deliver services to victims of conflict	ACAP training directly improved GOA capacities to raise awareness of services for victims of conflict
#1	Agree Somewhat	Agree Somewhat	Strongly Disagree	Agree Somewhat	Strongly Agree	Don't Know
#2	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
#3	Strongly Agree	Strongly Agree	Agree Somewhat	Strongly Agree	Neutral	Strongly Agree
#4	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
#5	Strongly Agree	Agree Somewhat	Agree Somewhat	Strongly Agree	Strongly Agree	Agree Somewhat
#6	Strongly Agree	Agree Somewhat	Agree Somewhat	Strongly Agree	Strongly Agree	Agree Somewhat
#7	Strongly Agree	Strongly Agree	Strongly Agree	Agree Somewhat	Strongly Agree	Strongly Agree
#8	Strongly Agree	Strongly Agree	Agree Somewhat	Strongly Agree	Strongly Agree	Strongly Agree
#9	Agree Somewhat	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
#10	Agree Somewhat	Strongly Agree	Agree Somewhat	Agree Somewhat	Strongly Agree	Strongly Agree

ANNEX XI: PROJECT TIMELINE

A Program Contribution Agreement was signed between USAID and the United Nations Mine Action Service (UNMAS) in April 2015 for the implementation of ACAP III. The first installments of funds were transferred to the Voluntary Trust Fund for Assistance in Mine Action in June 2015, and the project started its operations in July 2015. However, early on, the implementing agency – United Nations Office for Project Services (UNOPS) – delayed the recruitment of the international posts. The Project Manager did not come on board until late September 2015. Other positions were initially covered by existing staff in the United Nations Mine Action Center for Afghanistan (UNMACA), who had to perform dual duties.

Project Timeline

Date Grant Agreement Signed	April 15, 2015
Total Funding	\$30,223,597 reduced to \$19,644,000 under Modification #4, signed in July 2017
Implementing Agency	UNMAS
Project Start	July 2015 following receipt of funds from USAID in June, 2015
Project Manager Hired	September 2015
USAID Eligibility Criteria shared with ACAP III	January 3, 2016.
Year 1 Project Implementation Plan (PIP)	January 2016 (submission to USAID)
ACAP III's separation from UNMACA	May 2016
Year 2 PIP	July 2016 (submission to USAID)
Program amount reduced (Modification #4)	July 9, 2017
Program description amended (Modification #4)	July 9, 2017
Year 3 PIP	Sep 2017 (submission to USAID)
Project Ends	February 14, 2018

Initially, the project did not provide direct delivery of immediate assistance, rather, a grant was signed with the Afghan Red Crescent Society (ARCS) to outsource immediate assistance (IA). In addition, UNMAS, the grantee, used its existing rehabilitation and vocational centers to provide physical therapy and income generation, in terms of vocational training, to beneficiaries.

The ARCS grant was terminated on the basis of underperformance in December 2015. Subsequently, ACAP III shifted to direct implementation and delivery of IA. The project hired Surveyors and contracted service providers for the IA package provision and distribution. The new approach required a relatively large number of project personnel.

All grants for rehabilitation centers were terminated towards the end of 2015, and the vocational training centers were also closed after the last trainees graduated from their courses. Both actions

were due to the fact that UNMAS had not screened beneficiaries against the USAID selection criteria, which are much more restricted than those for UNMAS's own assistance.

To address the misunderstanding about the eligibility criteria, USAID provided comprehensive incident as well as victim criteria in December 2015. A Project Implementation Plan (PIP) with a results matrix and work plan for the first year (July 2015 to June 2016) was developed and accepted by January 2016.

In late 2015, it became apparent that the existing project management structure utilizing UNMACA resources was not able to deliver ACAP III, and a dedicated project team was required. An independent UNMAS/ACAP III project team was established and the stand-alone project was programmatically separated from UNMACA by April 2016. At this point, the project shifted to direct victims' assistance services and referral support.

Year 2 PIP was approved in July 2016 and reduced the scope of Institutional Capacity Building Component. The original ACAP III proposal contains capacity building references to five ministries – MoLSAMD, Ministry of Public Health (MoPH), Ministry of Education (MoE), Ministry of Women's Affairs (MoWA), Ministry of Rural Rehabilitation and Development (MRRD); however, this component was limited to the victim assistance, disabled & rehabilitation service related departments of MoLSAMD and MoPH. ACAP III did not engage in terms of capacity building of the three remaining ministries.

As of December 1, 2017, the project has stopped its field activities. The last IA package was distributed in November 2017. Other services such as Psychosocial Counseling, Physical Rehabilitation and the distribution of Income Generation packages have also closed. English and Information technology (IT) classes for MoLSAMD employees close the end of December 2017.

Start-up Issues

UNMAS approach: Early ACAP III implementation issues can be traced back to different and mutually contradictory interpretations of the Program Contribution Agreement of April 2015 between USAID and UNMAS. To acquire UNMAS services, USAID used the Public International Organizational grant mechanism based on a pre-award determination that the support for UNMAS's program was an effective and efficient way to achieve USAID's development assistance or disaster relief objective.

On its part, UNMAS understood USAID grant as a funding opportunity to maintain and expand its Victims Assistance services and to build a national capacity to serve victims of war efficiently. For UNMAS, USAID grant came at a time when the funding level had steadily dropped from \$113.3 million in 2011 to \$19.06 million in 2017, resulting in a gradual decline of its operations.

UNMAS took three major steps which ran contrary to ACAP III's objectives. First, UNMAS embedded ACAP III management in the Victim Assistance (VA) Department UNMACA using an implementation structure that largely consisted of its own internal organization. This decision was based on the assumption that ACAP III could be implemented by continuing and expanding the existing UNMAS-VA program. Accordingly, UNMAS designed and implemented project activities through a project team with dual responsibilities. It slowly brought in dedicated staff for ACAP III—the Project Manager for ACAP III did not come on board until late September 2015, and when he did, his position and responsibilities were not clear.

Second, UNMAS stayed consistent with its own beneficiary criteria. In its Project Proposal, UNMAS had referred to its general victim assistance program, which supports all victims without excluding any group or individuals. Based on the Convention of Rights of Persons with Disabilities (CRPD), UNMAS

is not discriminatory or exclusive and serves all victims who have been injured by conflict related incidents. UNMAS's beneficiary criteria, thus, stood in sharp contrast to USAID's, resulting in provision of services to people or families that would not be eligible under USAID criteria. It was UNMAS' understanding that IA was restricted to victims of conflict, since this was intended to be short-term assistance in the immediate aftermath of an incident, but that the collective services (vocational training and physical rehabilitation) would be open to the community at large.

The ACAP III, consequently, funded rehabilitation centers, in accordance with UNMAS eligibility criteria until December 2015, providing services to the general public and reaching only a small number of ACAP III eligible beneficiaries. Although most of the rehabilitation centers were solely funded by ACAP III, they were not able to effectively apply the eligibility criteria once they were issued. As a consequence, the beneficiary selections during the first six months of project implementation did not adhere to the eligibility criteria issued in December 2015.

Third, UNMAS used its ongoing mechanisms for the direct delivery of service. The Immediate Assistance was sub-contracted to an implementing partner (IP), the Afghan Red Crescent Society. Long-term assistance was integrated into existing interventions (rehabilitation and vocational centers) of the VA Department. Three existing Ministry Advisors continued their work as usual to cover the capacity building component.

USAID Feedback: For USAID, program objectives were clear and self-explanatory. The Program Contribution Agreement had defined ACAP III beneficiaries as 'civilian victims of the conflict,' and had excluded assistance to uniformed military or police personnel or to individuals whose disabilities resulted from non-conflict related incidents. As well, it was USAID's view that ACAP III was too large and complex in both funding and scope of work to be embedded in the existing set-up of the UNMAS VA Department: ACAP III was to implement the program in all provinces of Afghanistan, without having the knowledge of where services were required and in what volume due to the unpredictable nature of attacks and casualties. With different project goals, objectives, and outcomes, there was a strong need for a dedicated team for ACAP III that could provide assistance to the victims of violence.

UNMAS Response: Despite these earlier misunderstandings on the direction and scope of ACAP III, UNMAS took several corrective measures to align the project activities with the intended USAID objectives. In order to ensure compliance, UNMAS adopted USAID issued eligibility criteria and trained its staff in the application of the criteria for beneficiary selections. ACAP III also made changes to its victims' assessment methods and project implementation approach to serve eligible victims by directly providing the immediate assistance. The project shifted to direct counseling and physiotherapy services and referral support starting mid-2016.

The project also readjusted its Institutional Capacity Building component. ACAP III had originally envisaged the appointment of advisors to be embedded in the Ministry of Rural Rehabilitation and Development (MRRD), the Ministry of Women's Affairs (MoWA), Ministry of Labor, Social Affairs, Martyrs and Disabled and Ministry of Public Health. However, advisory support to MRRD and MoWA was cut to streamline capacity building efforts.

Resolution of Issues

Program Description: The program description was revised through Modification of Assistance (number 4), June 2017. The purpose of the modification was to reduce the Total Program Amount from \$30,223,597 to \$19,644,000 as well as to amend the Program Description for ACAP III with

UNMAS in light of changes already in effect in the field based. The overall goal of the project remained the same: to mitigate the impact of conflict on civilians based on a set of eligibility criteria. There was, however, considerable change to the scope of the program.

Immediate Assistance was described as the relief packages with food and non-food items. The other aspect of Victim Assistance was described as 'short-term support' through psychosocial counseling, physical rehabilitation and tailored income generation packages to assist families. The Income generation (IG) packages were to supplement the family's future economic stability and help to improve, sustain or prevent a decline in income in the short-term (within six months of the incident). These packages were not supposed to lead to economic reintegration opportunities or to restore lost livelihoods. To address the earlier confusion, MOD and the subsequent PIP clearly stated that assistance to Afghan citizens who are not civilians are ineligible for ACAP III assistance per the beneficiary eligibility criteria. No compensation for losses or damages was allowed.

Likewise, the support for capacity building activities that would enable Afghans to identify and respond to the needs of fellow citizens as part of a wider plan to transition the program to Government of the Islamic Republic of Afghanistan continued in the form of signed Letters of Agreement with MoLSAMD and MoPH outlining tasks for ACAP III assistance. These tasks were modest in nature, and largely focused on the work of the embedded advisors, one in each of the two client ministries. The cancellation of the \$4+ million Nationwide Disability Survey for the MoLSAMD's Department of Martyrs and Disabled was also cut due to lack of time and resources.

In the modification, the Advocacy and Outreach component was envisaged to continue its efforts to improve the knowledge of new and existing victim assistance services among communities as well as UN, NGO, and both national and provincial level government networks. The enhanced knowledge of the victim assistance services among a wider audience would enable the victims to gain maximum benefits from such programs, including ACAP III.

ANNEX XII: EVALUATION METHODOLOGY

Following is the evaluation methodology as approved in the November 6, 2017 approved evaluation workplan.

Evaluation Purpose and Evaluation Questions

The purpose of this evaluation is to study and document the successes and weaknesses of ACAP III implementation, and to examine the extent to which the program is achieving its objectives since its inception in April 2015 to the ending of programmatic activities in December 2017.

To assess ACAP III's achievements and challenges against its three main objectives, this evaluation was structured to review project activities as to performance and implementation, sustainability of assistance, and the effectiveness and efficiency of management and coordination, as follows:

Performance and Implementation:

- To what extent are the project's activities, techniques, and processes contributing to the intended outputs as specified in its AMEP?
- To what extent are the project's activities, techniques, and processes contributing to the long-term outcomes and/or impacts to civilian victims of conflict?
- Do the project objectives and annual workplan contain the correct and appropriate approach, innovations, technical interventions and on-the-ground strategies to achieve the intended project results (including planned outputs, outcomes)?

Sustainability:

- To what extent have activities designed for long term sustainability been institutionalized?
- How sustainable are the programs/program components?
- How can local and national ownership and future commitment to continued implementation of good practices/lessons learned be enhanced?

Management and Coordination:

- How can the management, and implementation become more efficient, effective and relevant toward achieving project objectives in connection with the changing contextual dynamics?
- How effective has the collaboration/coordination within project components and with other stakeholders been in maximizing efforts and achieving greater results?
- How do the programs integrate gender equality and female empowerment in strategic planning, programming, project design and implementation; and monitoring and evaluation?

More specifically, the evaluation addresses the following Evaluation Questions as provided in USAID's evaluation scope of work (see Annex I):

Component I: How effective is ACAP III's coordination and delivery of immediate assistance and referrals for long-term support to civilian victims of conflict, mines and ERW?

- Did the beneficiaries receive tailored assistance packages within two weeks of the incident taking place and was the assistance received adequate for their immediate needs?

- How effective is the long-term economic reintegration support provided to 1,243 beneficiaries and is it delivered within 60 days of the incident?
- How effective is the selection criteria in terms of transparency to ensure affected victims receive appropriate assistance?
- Was information gathering and verification mechanisms structured to reach the most remote areas in the provinces?
- What were the beneficiaries' reactions and concerns (satisfaction or dissatisfaction) regarding the quality of food and nonfood items provided?

Component 2: Did the implementing partner structure implementation of ACAP III to strengthen and complement elements of the three main components of the program?

- How effective have capacity building trainings been for MoLSAMD and MoPH staff to enable them to respond to the needs of victims of conflict on immediate assistance, physical rehabilitation, psycho-social counselling and economic reintegration?
- Have embedded Advisors in the MoLSAMD and MoPH substitute or improve the capacity of government staff?
- Did vocational training and economic reintegration activities help restore or increase alternative livelihoods of the beneficiaries?

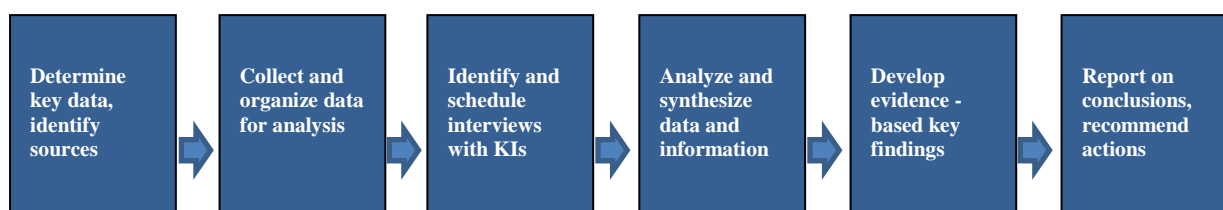
Component 3: Have ACAP III's activities and programs facilitated and improved skills and knowledge of the new and existing victim assistance services among communities?

- Have quarterly coordination meetings held regularly between MoLSAMD, MoPH and UNMAS and how much it helped to improve coordination achieving the expected results?
- What outreach activities, including coordination meetings were most effective and what activities were not effective during the period of performance and why?
- What lessons from the current program design and implementation mechanism can inform future USAID Afghanistan's programming to support victims of conflict?
- Did ACAP III engage appropriate stakeholders to coordinate the delivery of immediate assistance and referrals for long-term support to civilian victims of conflict; to build the capacity of the public sector to respond to civilian victims of conflict and refer them to available local and international assistance; and to raise awareness of victim assistance services among communities as well as UN, NGO, and government networks?
- How effective has ACAP III been in raising awareness of new and existing victim assistance services among communities, as well as UN, NGO, and government networks?

Evaluation Methodology

The purpose of this evaluation is to produce coherent answers to questions based on evidence. The evaluation design matrix describes how the evaluation will be accomplished, that is, what activities and processes will be implemented to develop evidence-based findings, conclusions and recommendations. The sequence of evaluation activities is shown below.

Evaluation Activities



Data Collection Methods

The first step for the evaluation team is to determine specific qualitative and quantitative data and information required to answer the evaluation questions. As shown in the Evaluation Design Matrix, each evaluation question has been analyzed and broken down into its component parts to pin-point the kind of data/information needed to answer the questions. Limitations in available data were discussed with the implementer. For instance, there is a lack of needs assessments or baseline data against which progress in capacity building interventions can be measured. Lack of such data affects findings on the effectiveness of the approach.

The evaluation team worked closely with ACAP III management to identify and access all relevant sources of existing data. As well, the evaluation developed new data and information through Key Informant Interviews (KIs) and beneficiary and trainee surveys.

Sources of Data and Information

Data assessment began with a desktop review of key project documents and reports provided by USAID and ACAP III including:

- UNMAS proposal and subsequent modifications, particularly Modification #4.
- ACAP III Project Implementation Plans
- The final Activity M&E Plan (AMEP) as modified in June 2016
- Midterm Evaluation of the Afghan Civilian Assistance Program (internal ACAP III report)
- Information Management System for Mine Action (IMSMA) database
- ACAP III Quarterly Reports to USAID
- Routine performance data provided by ACAP III

In addition, the evaluation team periodically requested and received responses from ACAP III on:

- Ad Hoc internal or 3rd party performance briefs and verification data spreadsheets
- Relevant technical papers, articles, documents and reports provided by other agencies
- Questions raised in briefing sessions with USAID, ACAP III and GIRoA stakeholders
- Structured qualitative interviews with selected key informants at the national, provincial, service and community levels
- Focus Group interviews with beneficiaries in the field
- A rating scale survey of beneficiaries

- A rating scale survey of capacity building trainees

Key Informants Interviews

The evaluation team conducted structured interviews with a comprehensive list of organizations and individuals engaged with ACCAP III using the evaluation guidelines. The categories of contacts are presented below. The complete list of key informants interviewed (from lists generated by ACAP III and GIRoA).

Categories of Key Informants

- USAID
- ACAP III Management
- Other UN Partners
- Other International Organizations
- MoLSAMD and its regional DoLSAMD offices
- Ministry of Public Health (MoPH)
- Local Service Organizations
- Community Representatives

KIs were interviewed in four of the project's regional centers, Kabul, Herat, Kandahar and Mazar-i-Sharif. KIs were selected based on their direct engagement with ACAP III activities.

Data Collection Instruments

Structured qualitative evaluation instruments were used to collect data from two types of key informants: (1) program policy makers, managers and service providers, and (2) target beneficiaries including capacity building trainees. The instruments have included:

- Qualitative Interviews based on a set of guideline questions aligned with the evaluation questions.
- Beneficiary Surveys – post-assistance interviews, on-site and by phone, of beneficiaries on their perceptions of services quality and how services have impacted their quality of life.
- Beneficiary Focus Group discussions – were conducted in Herat, Kabul, Kandahar and Mazar-i-Sharif to capture in more depth critical issues and beneficiaries' concerns.
- Qualitative Trainee Survey – a rating scale questionnaire on the satisfaction with, and the use of, the skills learned in the IT and English trainings for MoLSAMD staff.

Questions found in the data collection instruments were constructed to probe various cause-and-effect issues. The results of the surveys and KI interviews form the primary basis for the evidence-based findings.

While a single standard qualitative interview was generally used for the KIs, questions were customized by evaluators as necessary to capture the differing perspectives and interests of the various categories of key informants. Notes for the KIs will be permanently retained for future reference in the evaluation project file.

A total of 753 beneficiary questionnaires was administered, by phone, or in-person on-site in Kabul, Herat, Kandahar and Mazar-i-Sharif. Beneficiaries were selected at random from the list of 130,000

beneficiaries provided by the project. The surveys were conducted in all 32 provinces of Afghanistan where eligible incidents occurred (there were no reported eligible incidents in Bamyán or Daykundi during ACAP III's timeframe). The evaluators who conducted the interviews were responsible for summarizing open-ended Interview comments under the oversight of the team's local evaluation specialists. Focus groups were conducted for men and women in the same four cities to more fully capture perceptions and opinions of target beneficiaries.

Data Analysis and Synthesis

Several approaches were used to maximize the evaluation team's understanding and use of the collected data and information. Data and information drawn from ACAP III project files and (any other relevant technical documents) were reviewed by evaluators and discussed extensively for relevance for answering the evaluation questions. Data from interviews and surveys were summarized and shared among team members.

A thematic analysis was run against evaluation questions at the end of the survey period resulting in a Findings-Conclusions-Recommendations (FCR) matrix. Analysts looked for emergent themes, contextual factors, and trends in the responses. Results of the thematic analysis assisted evaluators in developing this report's findings and conclusions. The tables and charts generated from the beneficiaries' survey, disaggregated by type of intervention and by sex, provided the essential quantitative data for the key findings of this evaluation, and were compared with ACAP III's own performance survey data for consistency.

Geographic Locations

The evaluation team split into three groups to travel respectively to Herat, Kandahar and Mazar-i-Sharif spending 3 days in each location to supplement survey and interview work in Kabul. Each group comprised a lead evaluation specialist and three surveyors (including at least one woman). The Team Lead and expat Evaluation Specialist headed the team that visited Herat. The groups conducted focus groups of beneficiaries randomly selected from a list of beneficiaries provided by the project who lived within 30 minutes of the regional offices to ensure sufficient attendance. Key Informants interviewed in the field were selected from a list of contacts provided by ACAP III that included ACAP III regional staff, local officials/managers with whom ACAP works, local service organizations with whom ACAP partners, and community representatives.

Data Quality and Limitations

The distinguishing features of quantitative and qualitative research have driven the evaluator discussions of the usefulness, completeness and relevance of IP and other available data and the potential new data developed through surveys. Qualitative data can help to provide an understanding of program's theory of change, that is, the assumptions underlying the type and sequence of assistance activities meant to assist victims of conflict. Qualitative information can also provide insights into the context of a problem, generating ideas to test with available quantitative data.

It should also be noted that it was not possible to assess progress against baselines for the performance of components 1 and 3 as baseline data is not appropriate for the AMEP indicators which were designed to measure aspects of assistance delivery, not improvements in an existing condition. Performance instead was assessed on beneficiary reported levels of satisfaction, or not, and other aspects of performance which can be compared against AMEP indicator targets.

The evaluation conducted 753 beneficiary surveys. The number of ACAP III reported beneficiaries as of the date of this evaluation totaled 144,718, almost equally males (51%) and females (49%). There is a wide discrepancy between the number of beneficiaries by type of assistance. IA beneficiaries account for 81% of the 144,718 beneficiaries, whereas beneficiaries of physical therapy accounted for only 3%. Evaluators were able to reach beneficiaries in all 32 provinces where eligible incidents occurred, and in numbers roughly proportional to the numbers of beneficiaries by type of assistance.

The desired balance of male and female respondents was not achieved. For beneficiaries surveyed in the field, 25% were women, whereas only 11% of phone respondents were women. The primary explanation relates to the culture where most women either do not carry, or do not have their phones on, during the day. Surveyors report that for every woman contacted, ten numbers were called, nine of which were not working numbers. In the end, a review of data results suggested that the limited number of women surveyed did not significantly affect the results. For example, almost all (97%) women said they were satisfied with the immediate assistance, which is entirely consistent with ACAP III survey results where the level was 98%. Women did comprise 48% of the 106 focus group participants and their comments in the discussions were generally consistent in their ratings of satisfaction, quality, impact and adequacy with the survey results for women.

Gender Considerations

Gender is an integrated cross-cutting theme addressed throughout the evaluation. The evaluation addresses gender issues in the structured KI interviews and in the beneficiaries' survey. Data from the survey is disaggregated by sex, and in the analyses, documented metrics were used to parse a full range of considerations that may affect women's participation in ACAP III assistance.

ANNEX XIII: DISCLOSURES OF REAL OR POTENTIAL CONFLICT OF INTEREST

Evaluations of USAID projects will be undertaken so that they are not subject to the perception or reality of biased measurement or reporting due to conflict of interest.⁸ For external evaluations, all evaluation team members will provide a signed statement attesting to a lack of conflict of interest or describing an existing conflict of interest relative to the project being evaluated.⁹

Evaluators of USAID projects have a responsibility to maintain independence so that opinions, conclusions, judgments, and recommendations will be impartial and will be viewed as impartial by third parties. Evaluators and evaluation team members are to disclose all relevant facts regarding real or potential conflicts of interest that could lead reasonable third parties with knowledge of the relevant facts and circumstances to conclude that the evaluator or evaluation team member is not able to maintain independence and, thus, is not capable of exercising objective and impartial judgment on all issues associated with conducting and reporting the work. Operating Unit leadership, in close consultation with the Contracting Officer, will determine whether the real or potential conflict of interest is one that should disqualify an individual from the evaluation team or require recusal by that individual from evaluating certain aspects of the project(s).

In addition, if evaluation team members gain access to proprietary information of other companies in the process of conducting the evaluation, then they must agree with the other companies to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.¹⁰

Real or potential conflicts of interest may include, but are not limited to:

1. Immediate family or close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.
2. Financial interest that is direct, or is significant/material though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.
3. Current or previous direct or significant/material though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.
4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.
5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.

Note: Personal Identifiable Information (PII) has been deleted from the public version of this report due to privacy concerns.

⁸ USAID Evaluation Policy (p. 8); USAID Contract Information Bulletin 99-17; and Federal Acquisition Regulations (FAR) Part 9.5, Organizational Conflicts of Interest, and Subpart 3.10, Contractor Code of Business Ethics and Conduct.

⁹ USAID Evaluation Policy (p. 11)

¹⁰ FAR 9.505-4(b)

ANNEX XIV: EVALUATION TEAM MEMBER SUMMARY INFORMATION

Note: Personal Identifiable Information (PII) has been deleted from the public version of this report due to privacy concerns.