



Humanity and Inclusion (HI) Management Response to the Final Evaluation of DEC funded:

‘Boosting resilience of vulnerable people, with a specific focus on marginalized and displacement-affected men and women of all ages with and without disabilities, ensuring inclusive sustainable livelihoods complementing emergency comprehensive rehabilitation services and explosive ordnance risk education and prevention across Herat Province’

Date: 29 February 2024

Overall comments:

- Evaluation findings shows that overall delivery of the project was good considering the way and extent the needs were met, resilience of vulnerable and marginalized including displacement affected people, persons with disabilities and older people through providing multi-sectorial response.
- Project design was found relevant to the needs of the target communities. Key needs and priorities of the target groups were identified to the extent possible and addressed on a timely manner.
- The integrated sectoral approach was found very relevant where combined effect of the project positively impacted the life of the target community. For example, cash support helped the target community to meet their immediate basic needs while other approaches like physical rehabilitation and MHPSS were found to have a positive impact on the specific needs of target communities.
- Affected communities especially women, girls and people with disabilities need more support especially in terms of MHPSS including psychological sessions, psychosocial support (PSS) activities and services like access to recreational and entertainment spaces. Women are always confined in house and there are no public spaces in the project locations where they can go out of their houses and gather communally.
- Existing infrastructure and systems (roads, service providers, cash distribution agents, etc.) that have an impact on the operation, on cash and input distribution projects need to be taken into account at inception and planning phase.
- Good relationship, coordination, and collaboration with the local authorities are essential.
- Strengthening community structures for smooth implementation is important. Community structures in communities are non-existent and HI depended on staff and community volunteers for identifying and registering beneficiaries. There is need to conduct an assessment community level structures and to invest in building their capacities in identifying and registering cash transfer beneficiaries.
- There is need for improvement with the goal to minimize both inclusion and exclusion errors. Building capacities for HI staff, community

leaders, community committees and volunteers should be one of the measures that can be put in place to minimize both inclusion and exclusion errors. Working closely with community leaders as well as including female and people with disabilities in the community committee are extremely important to reduce selection errors.

- Broader communication and collaboration with the project stakeholders (provincial government relevant professionals, sectors clusters, community leaders, female representative, OPDs) contributed to the achievements of the projects and is required for future similar projects.
- HI established a beneficiary feedback and complaint mechanism to capture potential shortcomings or mismanagement of the cash transfer/distribution and other relevant project aspects. This mechanism included a hotline that was communicated to the beneficiaries through different means.
- Synergy among sectors and sub-sectors of the project have been found very effective in achieving overall objectives of the project.
- Improved coordination with actors on the ground is key for successful referrals and comprehensive response to the target communities.
- Programs such as mainstreaming disability and inclusion needs long-term support and follow-up to make sure the expected change is made at required levels.

Recommendation	Management Response and Actions
<p>R1. Project guidelines, objectives and expected results/outcomes need to be explicitly and clearly written in appropriate languages to ensure effective and efficient implementation. Staff status reviews of progress also are needed on regular basis for smooth operations.</p>	<p>HI will engage different expertise including MEAL department to ensure SMART indicators are developed during proposal development. Measurable indicators will be developed for future proposal with at least one outcome indicator. Quarterly project review meetings will be conducted to track projects' progress and performance..</p>
<p>R2. Gender and disability mainstreaming strategy for measurable gender and inclusion results is needed for the operation. Gender and disability mainstreaming strategy in an operation is critical to promote gender equality and inclusion. Gender and disability mainstreaming strategy ensures that gender equality and inclusion is central to all activities with a deliberate system for monitoring and reporting on progress. Often in the absence of a clear gender and disability mainstreaming strategy a project or an intervention may have inadequate methodologies, tools and information materials developed to</p>	<p>Strategy or SOP for Gender and disability mainstreaming will be developed with clear methodology and tools to promote and mainstream gender equality and disability inclusion. Training will be provided for all program staff after strategy development.</p>

<p>enhance and measure gender equality and inclusion.</p>	
<p>R3. Working with community leadership in the planning and implementation of cash transfer projects is likely to enhance ownership, transparency, and sustainability. Community leaders need to be sensitized on who the project is targeting and should be involved in the validation of the beneficiary list.</p>	<p>Market analysis or cash feasibility assessment will be conducted to understand context and need of beneficiaries. Community consultation will be done with community representatives and community structure to make it more participatory. Community will be also consulted during need assessment to inform proposal design in future.</p>
<p>R4. Survey findings show that 47% respondents reflected lack of specific measures for people with specific needs such as elderly and people with disability. Project team is recommended to consider specific measures for elderly and people with disability to ensure the assistance is inclusive.</p>	<p>This recommendation mainly related to MPCA. Cash distribution was conducted only in one centre and this centre was outside of the community due to tight timeline. In future for more accessibility, the program team will make distribution within the community to avoid risks and associated risks.</p>
<p>R5. 31% of MPCA beneficiaries reported that they were not consulted for the modality of the assistance. Project management is recommended to make sure that beneficiaries are consulted during needs assessments and their preference is considered.</p>	<p>Consultation was done with community representatives and distribution modality was as per Cash Working Group (CWG). It was difficult to have other modalities due to complexity of the Afghanistan context. HI will continue to implement cash feasibility assessment and will engage wider communities before distribution in future similar interventions.</p> <p>Certainly, in any case, we value their input and preferences, and we understand the importance of involving them in the decision-making processes. To address this, we will conduct a thorough review of our current practices. Based on this assessment, we will modify our procedures to ensure that beneficiaries are consulted during needs assessments and that their preferences are considered. We will also provide training to our staff to enhance their understanding of the importance of beneficiary consultation. Our goal is to foster open communication with beneficiaries and continuously improve our processes to better serve their needs in the future.</p>
<p>R6. Cash was distributed only in one centre, beneficiaries travelled long distance to collect their cash and there were challenges to cover their transportation costs. Therefore, there is need to have different cash distribution</p>	<p>Cash distribution will be planned in advance to avoid delays and HI will consider multiple distribution centres/points to</p>

<p>centres within communities in order to minimize risks and related costs for similar future programming.</p>	<p>minimize related risks and costs.</p>
<p>R7. 23% REHAB beneficiaries reported difficulty while accessing rehabilitation services. Project team is recommended to establish mobile/static centres in easily accessible points and avoid obstacles particularly for people with disability.</p>	<p>Restrictions on mobile activities in Afghanistan is one of the major obstacles that limit access to rehabilitation services. HI team has started engagement with the Ministry of Public Health to allow the mobile team approach as well as static health center approach, that will form the Hybrid Approach mechanism, through this mechanism beneficiaries will benefit from the Rehab services at their home as well as in the static health centres.</p>
<p>R8. 11% of the respondents are still in more that one hour distance by walking to mobile/static centres. Project management is recommended to select service delivery points in coordination with communities and target groups.</p>	<p>Currently, HI only operate in static centres and stopped mobile teams activities since restriction on mobile activities and this resulted in more difficulties for people to access services.</p> <p>As mentioned under R3 actions, as soon as the HI team gets the approval of the mobile team approach from the Ministry of Public Health, the beneficiaries will be covered directly in the community and at their home step. The approval of working in the community will further provide an opportunity for the team that reaches the community to conduct awareness sessions and other coordination in the field.</p>
<p>R9. Despite the results in the DEC intervention under this project we have satisfactory achievements, but still there is need for improvement in the health status of households or individuals. Continuous support specially during follow up, recovery phase and referral process are needed to ensure sustainability and improvement in health situations at the household and community level.</p>	<p>HI is currently hiring more technical specialists to improve quality of services. Functional referral mechanisms will be developed by HI in consultation with relevant health actors. Appropriate follow up will be made during implementation process.</p>
<p>R10. Findings shows that referrals were not followed-up, referral staff is recommended to develop referral tracker and do at least three follow-ups to</p>	<p>The external referrals were receiving follow-up sessions through the designated physiotherapist and Psychosocial workers; in</p>



<p>ensure the reception of the services by referred individual.</p>	<p>addition, the social workers were visiting the referred beneficiaries to assist whether the patients have access to the services, this updated information about the beneficiaries' feedback was recorded in the beneficiary packs by the PT and PSS team accordingly. However, for the referrals that were followed up by the social workers, HI will develop a follow up tracker per each beneficiary</p>
<p>R11. Coordinate with health actors to ensure a functioning referral system for people with disabilities and other vulnerable groups with emergency and chronic health issues. A stream-lined referral system would provide them with specialized services and enable them to maximize their health status through access to quality and referral health services. It also would better inform them of appropriate services and health providers and reduce transportation wastage costs of repeat visits or searches for appropriate health providers or health facilities.</p>	<p>HI will further strengthen coordination with health actors to establish functional referral pathways. Future proposal design will include referral related costs including transportation costs, etc where feasible.</p>
<p>R12. Overall relevance analysis shows that 17% of the beneficiaries didn't find the assistance relevant to their needs. Project management is recommended to ensure the response/intervention is delivered to those who are really in need of it. Right beneficiary selection could be key tip to consider.</p>	<p>HI team has drawn the selection criteria per each beneficiary for MHPSS, Physical Rehabilitation including MHPCA. In addition, the HI team of social workers conducted the awareness sessions and presented the overall information about the MHPSS, and Physical Rehabilitation services, including additional informative sessions about the signs and symptoms linked to mental health disorders and psychological distress. At the end of the awareness sessions, after knowing about the MHPSS and PT information, the beneficiaries themselves registered their name with the social workers to get further support and services from the HI Psychosocial Workers or Physiotherapists. However, we will modify the awareness materials, so that the beneficiaries can broadly understand the selection criteria and consult the HI team when in need of the</p>

	services.
<p>R13. 16% of the HH survey participants reflected that staff paid no attention to cultural sensitivities and diversity during counselling and other MHPSS services. Project staff, particularly MHPSS staff is recommended to pay special attention to cultural sensitivities and diversity to make sure DO-Not Harm is dully taken into account and the assistance is diversified and culture is respected.</p>	<p>This was due to limited spaces in the static centres after restriction of mobile activities. HI team of psychosocial workers provided a separate space for the services provision to beneficiaries to respect the confidentiality and privacy of the PSS sessions. In addition, female Psychosocial Workers were deployed to visit the female beneficiaries. Furthermore, the recreational Kits have been revised a few times based on the different feedback received from the beneficiaries, for example in the past the playing cards were part of the “PSS recreational Kit”, which was removed after knowing that it is culturally sensitive. Nevertheless, we will sensitize our team of psychosocial workers to be cautious of the cultural sensitivities aspect, while providing the MHPSS services in particular.</p>
<p>R14. Coordinate with relevant actors to expand the impact of MPCA and ensure its sustainability by providing psychosocial support for women and girls not only with awareness and counselling sessions but also with access to PSS activities and public spaces where they practice their rights to social interaction and recreation.</p>	<p>HI has already started exploring funding opportunities in coordination with livelihood/MPCA and WASH actors to provide integrated humanitarian assistances in future. In case of limited funding opportunities, HI will do referral for highly vulnerable people with communities.</p>
<p>R15. Training participants reported training duration as short (24%), training not being context oriented (3%) and lack of manual/outline (3%) as key gaps under this intervention. Project management is recommended to extend the duration, tailor the training considering the context and develop guidelines for training participants.</p>	<p>HI will conduct training need analysis to identify training areas, understand context and decide training duration based on content of the training materials during planning stage. Consultation will be made with humanitarian actors during planning stage meet expectations.</p>