

Women's Peace and Humanitarian Fund ANNUAL PROGRESS REPORT 2021

<p>Country Afghanistan</p>	<p>Submitted by PUNO(s) UN Women or NUNO(s)¹ Name of Entity: UN Women Afghanistan Name of Representative: Alison Davidian</p>
<p>MPTF Project Number 00122551</p>	<p>Implementing Partners Two civil society organisations²</p>
<p>Reporting Period 1 January 2021 – 31 December 2021</p>	
<p>Funding Call <i>Select all that apply</i></p> <p><input type="checkbox"/> Regular Funding Cycle <i>Specify Call (Round 1, 2, 3, etc.)</i> _____</p> <p><input type="checkbox"/> Spotlight WPHF Partnership <i>Specify Call (Round 1, 2, 3, etc.)</i> _____</p> <p><input checked="" type="checkbox"/> COVID-19 Emergency Response Window</p>	
<p>WPHF Outcomes to which report contributes for reporting period <i>Select all that apply</i></p> <p><input type="checkbox"/> Outcome 1: Enabling environment for implementation of WPS commitments</p> <p><input type="checkbox"/> Outcome 2: Conflict prevention</p> <p><input checked="" type="checkbox"/> Outcome 3: Humanitarian response</p> <p><input type="checkbox"/> Outcome 4: Conflict resolution</p> <p><input type="checkbox"/> Outcome 5: Protection</p> <p><input type="checkbox"/> Outcome 6: Peacebuilding and recovery</p>	<p>Project Locations <i>List the provinces/regions where projects are being implemented</i></p> <ol style="list-style-type: none"> 1. Takhar 2. Herat, Badghis and Nimroz
<p>Programme Start Date</p> <p>CSO 2 – 22 December 2020 CSO 1 – 22 December 2020</p>	<p>Total Approved Budget (USD) <i>Approved budget for WPHF active country allocation as per the ME and Transmittal Forms</i> 296,032.00</p>
<p>Programme End Date</p> <p>CSO 2 – 12 March 2022 (17 months) CSO 1 – 12 March 2022 (17 months)</p>	<p>Amount Transferred (USD) <i>Tranche (amount) which was transferred to the CSOs</i> 214,605.94</p>

¹ Non-UN Organization. Applicable to Rapid Response Window for Peace Processes

² Organization names have been anonymized for protection

Executive Summary

During 2021, through support to two Civil Society Organisations³, Women's Peace and Humanitarian Fund (WPHF) resources have greatly contributed to an enhanced and inclusive gender-responsive approach to Coronavirus disease 2019 (COVID-19) planning and programming, including for women and girls with disabilities and survivors of gender-based violence (GBV). This has occurred in four target provinces of Afghanistan: Badghis, Herat, Nimroz and Takhar. This advance has been achieved despite the challenging context of this reporting period, which included the Taliban take-over in August 2021. A total 43,224 beneficiaries (4,492 girls, 15,830 women, 4,224 boys and 18,678 men) and 302,548 indirect beneficiaries (31,354 girls, 108,380 women, 31,048 boys and 131,766 men) were reached during this reporting period.

The main achievements during the reporting period include the provision of a comprehensive direct assistance to 600 socially vulnerable women and girls with disabilities (WWDs) and 3,000 members of their families (1,150 females and 1,850 males) in three provinces (Baghdis, Herat and Nimroz). This has built beneficiary knowledge on COVID-19 and helped to reduce the socioeconomic impact of the pandemic, based on individual needs assessment and development of individual plans (by CSO 2). This included distribution of package of food items (rice, cereals, sugar, oil) for one month, to enhance food security and nutrition among the most vulnerable populations. Fifty socially vulnerable women and girls with disabilities received mobility aids and assistive devices. Some 120 WWDs received cash support (US\$50.00) to compensate for job loss.

Forty women with disabilities received vocational support and seed investment to support small business creation. As a result, 34 women with disabilities resumed economic activities in tailoring, embroidery, and the beauty industry. In order to build knowledge and understanding on COVID-19, 20 women heads of community-based organizations (CBOs) and 30 women community volunteers were trained and engaged in community awareness-raising that reached the 600 targeted women and girls with disabilities and 3,000 family members (1150 women and 1850 men). A total of 600 hygiene and personal protection kits, 15,000 information leaflets and 2,000 posters on COVID-19 were also distributed. This action provided significant and timely support for women and girls with disabilities in Baghdis, Herat and Nimroz, helping to prevent and respond to COVID-19 as well as build their capacity to respond to the economic impact of the pandemic.

In Takhar province, through support to CSO 1, the gender-responsiveness of the COVID-19 response was strengthened and services providers were trained on COVID-19 and GBV, strengthening the referral pathways in these two regards. The socioeconomic impact of COVID-19 on vulnerable households was also thus mitigated, and members of the community supported to prevent and respond to COVID-19 and GBV. In addition, 100 front-line health workers (40 hospital staff/nurses and 60 Community Health Workers (CHWs)) were trained on COVID-19, gender-responsive COVID-19 approaches and GBV. As a result of active CHW participation, community elders were mobilized to prevent and respond to COVID 19 and GBV. Coordination and referral on GBV and COVID-19 were strengthened through regular district-level meetings, which supported effective response to GBV and COVID-19 in Takhar at the provincial and district levels.

A helpdesk was established in the provincial hospital and provided information and referral on COVID-19 and GBV, contributing to strengthening the referral pathway for COVID-19 and GBV cases at the provincial level. A total 2,448 women and young girls received information and referral through the helpdesk. In addition, 6 Community-Based Centres (CBCs) were established at the community level, supporting 9,145 people – including 7,916 women and young girls. Some 431 GBV survivors and their families were supported with cash to mitigate the impact of COVID-19 on household finances and harmful practices, including child marriage. As a result, 21 families reported being able to avoid the negative coping mechanisms of child and early marriage. The target communities' knowledge and understanding of COVID-19 and the specific impact on women and girls and GBV was increased through training of religious leaders, who included messages on COVID-19 and GBV prevention during their Friday sermons. As a result, there was greater adoption of COVID-19 preventive measures among the community members and greater support for GBV survivors, including through increased referral of survivors to appropriate services. CSO 2 estimated that 60% of the population of the six selected districts of Takhar were reached with information on COVID-19 and GBV.

³ Please note organization names have been anonymized for protection

1. Project Profile for Reporting Period

Use the following table for an overview by each project/organization. Please add a new row for each project. Refer to definitions in the footnotes.

Funding CFP	Lead Organization Name	Type of Organization ⁴	Coverage/Level of Organization ⁵	WPHF Outcome/ Impact Area ⁶	Project Location (State, Province or Region)	Name of Implementing Partner(s) and type of Organisation ⁷	Project Start and End Date ⁸	Total Approved Budget (USD)
COVID-19 Emergency Response	CSO 1	Women's Rights & Youth Organization	Sub-National	Outcome 3	Takhar	N/A	22 December 2020 – 12 March 2022	178,865
COVID-19 Emergency Response	CSO 2	Women's Rights and women-led Organization	Sub-National	Outcome 3	Herat, Badghis and Nirmroz	Implementing Partner 1	22 December 2020 – 12 March 2022	97,800

⁴ The types of organizations are: i) Women's Led; ii) Women's Rights; iii) Both Women-led and Women's Rights; iv) Women and Youth Rights; v) Youth-rights/led; or vi) Other, as identified by the CSO.

⁵ Please select from: i) International; ii) National; iii) Sub-National/Regional; or iv) Community-based (local) for each grant. International organizations operate in more than one country. National organizations have a nationwide coverage. Sub-National are organizations that work across multiple provinces/states/regions, but do not cover all provinces/states/regions in the country. Local organizations focus their work at the community level and do not have a sub-national/regional or national scope.

⁶ WPHF Outcomes are Outcome 1: Enabling environment for the implementation of WPS commitments; Outcome 2: Conflict prevention; Outcome 3: Humanitarian response; Outcome 4: Conflict resolution; Outcome 5: Protection; Outcome 6: Peacebuilding and recovery. As per WPHF results framework nested model, WPHF outcome areas are equivalent to the impact level for grantees

⁷ For each implementing partner (those on cover page and who received a transfer), state if they are i) Women's Led; ii) Women's Rights; iii) Both Women-led and Women's Rights; iv) Youth-led/focused; or v) Other.

⁸ Use the official PCA for start and end dates. If the project received an extension, please note this.

2. Beneficiaries and Reach (Consolidated)

- a) Complete the Excel spreadsheet called “WPHF Beneficiary Template” for each project and attach to this report during submission. Instructions for this working sheet are found in the template.
- b) In the table below, provide the consolidated number of direct beneficiaries reached for all projects during the reporting period for each sex/age group in your country. Also select the different intersectionalities (e.g. refugees/IDPs, PWDs or another variable important in your country). Refer to definitions in the footnotes.

	CURRENT REPORTING YEAR			CUMULATIVE		
	Direct Beneficiaries for Year	Indirect Beneficiaries	Number of CSOs, CBOs, women's groups supported	Direct Beneficiaries	Indirect Beneficiaries	Number of CSOs, CBOs, women's groups supported
Girls (0-17)	4,492	31,354		4,492	31,354	
Women (18+)	15,830	108,380		15,830	108,380	
Boys (0-17)	4,224	31,048		4,224	31,048	
Men (18+)	18,678	131,766		18,678	131,766	
Total	43,224	302,548	20	43,224	302,548	20

Select all that apply

Refugees/IDPs
 People/Women living with disabilities
 Survivors of SGBV
 Child/Single Mothers
 Widows
 Youth/Adolescents
 Others, please specify: Family members of women living with disabilities

3. Context/New Developments

Describe any relevant updates in the peace/security/humanitarian/political/human rights context experienced by the country during the reporting period. Specifically describe how it impacts women and operations at the country level.

The Taliban takeover of Kabul on 15 August 2021 and full international troop withdrawal from Afghanistan have produced seismic impact in all areas of Afghan life, including on the gender equality and women's empowerment agenda and UN Women's programming..

Economic Challenges: There are more than 2.6 million Afghan refugees worldwide and over 5.5 million Afghans are currently internally displaced. Between 1 January 2021 and 18 October 2021, over 600,000 individuals fled their home due to conflict. Nearly one-third of the country's population now face emergency levels of food insecurity, which has been compounded by the worst drought for 27 years. Food insecurity is projected to worsen in the upcoming winter months. Recent analysis⁹ conducted by the United Nations Development Programme (UNDP) has indicated that the combined effects of the shift in power, COVID-19, rampant poverty, extreme levels of food insecurity, climate disruption, and a frail economy could drive the Afghans into near-universal poverty, estimating that up to 97 per cent of the population could fall below the poverty line by mid-2022. According to another recent UNDP report, Afghanistan's GDP is likely to contract by 20 percent within a year. Moreover, it is estimated that restricting women from working could result in immediate economic losses of up to US\$1 billion – or up to 5 per cent of national GDP.¹⁰

Legal Challenges: The Taliban has abolished a vital part of the country's gender equality architecture: the Ministry of Women's Affairs (MoWA) – established in 2001 under the auspices of the Bonn Agreement. Each of the MoWA directorates (Directorates of Women's Affairs (DoWAs)), across all provinces, have also been

⁹ <https://www.undp.org/publications/economic-instability-and-uncertainty-afghanistan-after-august-15>

¹⁰ UN Women. 2021. *Gender Alert on Womens Rights in Afghanistan: Where Are We Now?* Gender Alert No. 1, December 2021. Available at: <https://www.unwomen.org/sites/default/files/2021-12/Gender-alert-Womens-rights-in-Afghanistan-en.pdf>.

rendered defunct. The Taliban has reinstated the Ministry for the Propagation of Virtue and the Prevention of Vice, tasked with enforcing the Taliban's understanding of Islamic law.¹¹ The abolition of the MoWA implies that under the Taliban gender equality and women's rights does not warrant political primacy and a dedicated ministry. The impact of the removal of this institution also poses practical barriers to advancing gender equality: there is now no oversight mechanism in place to advance gender equality. The future of a number of other key elements of the women's rights architecture in the country is unknown, including the Women's High Council created in 2020¹²; and the National Action Plan for Women, Peace and Security.¹³ While the Taliban has made no public announcement on the status of these national plans, the absence of women in the leadership structure and removal of the MoWA indicates a trajectory where such plans for the advancement of gender equality are, in practice, now obsolete. Many women have reported job loss since 15 August 2021, due to new restrictions on women's mobility and conditions on participation in the public sphere.¹⁴

Impact on CSO's work and women's organisations: In addition to restrictions on women's right to work, shrinking space for women CSOs to operate directly has impacted life-saving service delivery for women and girls. **The low number of women working and women's CSOs in operation is severely impacting women's access to humanitarian assistance.** With international donors freezing, stopping or slowing the flow of funding to Afghanistan – or focusing funding on humanitarian efforts, women's rights organizations, already affected by the COVID-19 crisis, need support and funding now more than ever if their operations are to continue. When civil society faces challenges in operating, it will negatively impact the realization of women's rights across Afghanistan, as evidence shows that women's civil society is the driver and engine of advances in women's rights.

Female staff face increasing risks, direct threats, and harassment due to their work. New rules on women's right to work, sex-segregation in office spaces, clothing regulations, mahram requirements, and direct threats of reprisals sent to female staff have resulted in **the majority of female workers being obligated or preferring to work from home.** Some women have seen their employment contracts suspended, further limiting women's engagement in the humanitarian response. Recent findings from the inter-agency Protection Cluster on the situation of female Afghan humanitarian staff showed that 44% reported feeling very unsafe and 41% reported feeling unsafe going to work. Some 71% of the female respondents stated that specific groups of women were particularly unsafe and at higher risk. These include minorities (Hazara, Shi'a), unmarried women, and younger women. **Women staff working on GBV, protection or women's empowerment are at greater risk, whereas women staff working on health or education tends to be more acceptable.** The mobility restrictions on women will likely in turn impact the ability of women to go to work, seek life-saving services, and participate in public and political life. Mobility restrictions could also impact girls' access to education.

Humanitarian Catastrophe: The complex humanitarian catastrophe unfolding in Afghanistan is marked by gender-specific restrictions that directly impact the ability of women and girls to realize their rights. Afghan women and girls face unique vulnerabilities and risks as gender inequality is interwoven with conflict dynamics and humanitarian needs. Recognizing how gender inequality is shaping the ongoing humanitarian crisis is essential; without employing a gender lens to developments in Afghanistan, the international community risks

¹¹ Barr, H. 2021. "For Afghan Women, the Frightening Return of 'Vice and Virtue'". Foreign Policy in Focus. Available at: <https://fpif.org/for-afghan-women-the-frightening-return-of-vice-and-virtue>.

¹² Office of the Chief of Staff to the President of the Islamic Republic of Afghanistan. 2020. "The philosophy of creating the Women's High Council". There remains an ongoing debate about the role of the Council and its ability to meaningfully engage change towards women's empowerment. See Nikzad, K. 2020. "Afghan Activists Call Newly Announced Women's Council 'Symbolic'." TOLONews, 15 August 2020. Available at: <https://tolonews.com/afghanistan/afghan-activists-call-newly-announced-womens-council-symbolic>.

¹³ Afghanistan Ministry of Foreign Affairs. 2015. Afghanistan's National Action Plan on UNSCR 1325 Women, Peace and Security.

¹⁴ Pal, A. 2021. "Afghan women should not work alongside men, senior Taliban figure says." Reuters, Asia Pacific. 13 September 2021. Available at: <https://www.reuters.com/world/asia-pacific/exclusive-afghan-women-should-not-work-alongside-men-senior-taliban-figure-says-2021-09-13>.

exacerbating pre-existing forms of inequality rather than creating pathways to ensuring that no one is left behind. When the Taliban seized complete power in August 2021, its initial statements included assurances that women would be allowed to exercise their rights within the scope of Islamic law, including their right to study and work. However, despite these verbal commitments, women and girls are seeing a rapid reversal of their rights. Women across the country are reporting instances – every day – of increased levels of restrictive gender norms and practices, impacting freedom of movement and expression, access to life-saving services, information, protection, education, employment and livelihood opportunities.¹⁵

The new dynamics of Afghan society have negatively impacted implementation of international development projects and all areas of life in Afghanistan. Each of the emergencies and development programmes and services have been affected, delayed, or stopped, causing all NGOs and social service providers to stop running their projects and programmes. The security situation has become more challenging, with many Afghans coming under increased pressure and threats. Women and girls are particularly at risk in this context, exposed to greater levels of difficulty and violence. Women are not allowed to go outside without the accompaniment of a Mahram (male family member); they have no right to work. These factors have contributed to an increase in GBV.

In short, a high level of insecurity, the continuing COVID-19 pandemic, and greater prevalence of disease, death, and violence in Afghanistan have created many challenges, heightening the need for educational and financial support programmes for GBV survivors and people in need. These cases show no upgrade or update in terms of peace, security, or humanitarian action in Afghanistan.

4a. Overall Results (Impact and Outcomes) Achieved

WPHF Impact Area 3: Enhanced inclusive and gender-responsive humanitarian/crisis planning, frameworks and programming

WPHF funding significantly contributed to an enhanced and inclusive gender-responsive approach to COVID-19 planning and programming, with a focus on women and girls with disabilities and survivors of gender-based violence, in four provinces in Afghanistan: Badghis, Herat, Nimroz and Takhar. A total of 43,224 beneficiaries (4,492 girls, 15,830 women, 4,224 boys and 18,678 men) and of 302,548 indirect beneficiaries (31,354 girls, 108,380 women, 31,048 boys and 131,766 men) were reached during this reporting period.

Implemented under the WPHF-COVID-19 Window, the project **“Protection and support to Afghan Women with disabilities and vulnerable during COVID-19 crisis in Afghanistan”** saw 600 women and girls with disabilities and 3,000 members of their families receive economic and employment support through vocational training, job placement and business support in the Herat, Nimroz and Badghis provinces of Afghanistan. In addition, 80,000 community members benefitted from the guidance provided in four television and four radio programmes on COVID-19, produced and broadcast in the three aforementioned provinces. This action significantly increased access to new COVID-19 knowledge and information that was both practical and timely, boosting the well-being and resilience of communities, women and girls with disabilities in these provinces while helping to mitigate the economic impact of the pandemic on women with disabilities.

Some 42,624 people (22,902 men and 19,722 women) directly benefitted from activities implemented under the **“Emergency Response to GBV Prevention in COVID-19”** project, with 298,857 indirect beneficiaries (164,371 men and 134,486 women). The capacity and knowledge of 40 nurses and 60 CHWs was strengthened on COVID-19 and GBV response in 6 targeted districts. As a result of the project, 39,507 people have increased knowledge on COVID-19 and GBV services. Finally, 431 GBV survivors received emergency cash support (ECS) which

¹⁵ UN Women. 2021. *Gender Alert on Women's Rights in Afghanistan: Where Are We Now?* Gender Alert No. 1, December 2021. Available at: <https://www.unwomen.org/sites/default/files/2021-12/Gender-alert-Womens-rights-in-Afghanistan-en.pdf>.

4a. Overall Results (Impact and Outcomes) Achieved

contributed to mitigate the economic impact of the COVID-19 crisis on GBV survivors and their families, including reducing risks of GBV and child marriage. This significantly contributed to building a knowledge base on COVID-19 and supporting GBV survivors' access to services, including through enhanced coordination and a strengthened referral pathway.

Outcomes

CSO 2

Outcome 1: COVID-19 spreading is prevented among disabled women and girls in 3 provinces

Strengthened knowledge on prevention and response to COVID-19

As a result of the project, the vulnerability of women and girls living with disabilities to contract and spread COVID-19 was reduced, with reduced spread of the virus among women and girls with disabilities in Herat, Baghdis and Nimroz. In assessing the awareness sessions on COVID-19 prevention, 70% of participants indicated that they were satisfied with the service and found it helpful. In addition, 600 hygiene and personal protection kits were distributed to beneficiaries and their families; 15,000 informational leaflets and 2,000 posters on COVID-19 were also printed and distributed to help prevent the spread of COVID-19. This endeavor strengthened the ability of women and girls with disabilities to prevent and respond to the COVID-19 pandemic, boosting the physical and mental well-being of this vulnerable group.

Outcome 2: 3-months media campaign through radio and TV on COVID-19 and prevention conducted

Enhanced access to information on COVID-19

As a result of the project efforts, four television and four radio spots on COVID-19 were produced and broadcast on satellite and local television and radio – four times per day, for three months, in Herat, Badghis, and Nimroz. In addition, the four television broadcasts provided sign language interpretation to allow people with disabilities to also benefit from the practical and timely content delivered. The broadcasts reached an estimated 80,000 community members, supporting access by people with disabilities to critical COVID-19 information. This significantly contributed to increasing women's and girl's knowledge on COVID-19 and hence reducing their vulnerability to contracting and spreading the virus in their area, boosting the resilience of this group and the target communities at large.

Outcome-3: Women receive supports for economic empowerment initiatives

Strengthened socioeconomic status

A total of 600 women and girls with disabilities received food items (rice, cooking oil, sugar, beans), meeting their basic sustenance needs for a period of one month. In addition, 50 women with disabilities received assistive devices and mobility aids, which helped these women to manage their disability more easily and increase their quality of life during COVID-19 in heightened crisis context. Timely cash payments of \$50.00 were administered to 120 women workers each with disabilities whose job were affected by COVID-19, aimed at offsetting the impact of loss of livelihood and help prevent these women from falling into a spiral of worsening socioeconomic conditions. Among the 120 women targeted, 40 women with disabilities received vocational materials and kits, including tailoring and embroidery tools and could resume business activities. These economic empowerment initiatives thus provided 600 women with disabilities with essential food items at a time of rapidly increasing food insecurity, while economically empowering another group of women with disabilities to navigate the turbulent employment landscape. These actions significantly mitigated the economic impact of COVID-19 on some of the most vulnerable women and girls, women and girls with disabilities, in three provinces of Afghanistan.

4a. Overall Results (Impact and Outcomes) Achieved

CSO 1

Outcome - 1: Strengthened COVID-19 response through capacity building and referral linkages with women and girls at the higher risks

Improved capacity of health workers in gender-responsive COVID-19 response

A total 100 front-line health workers (40 men and 60 women) learned new skills and knowledge on methods of coordination, case management, referral and reporting on GBV cases emerging in the COVID-19 context. In addition, enhancing CHW capacities has led to building referral linkages at the community level with community-bases centers (CBCs) Khatibs, community elders, young women, local CSOs, and health facilities. The major challenge identified at the targeted provincial health facilities, 'lacking adequate knowledge and connection with GBV service providers,' was addressed by equipping key front-line health workers in line with COVID-19 and GBV standard procedures and guidelines. Through these initiatives, the capacity of health workers to provide gender-responsive COVID-19 response that aligns with the needs of GBV survivors was greatly strengthened, including through referral to other services.

Outcome 2: Ensured the protection of GBV survivors (Women and Girls) through Emergency Cash Support/ECS:

Enhanced financial stability of GBV survivors

The administering of emergency cash support (ECS) enhanced the financial stability of women and girl survivors of GBV, hence supporting their basic needs and protection needs – mitigating the economic impact of COVID-19 on the household level, including via protection from negative coping mechanisms such as increased rates of GBV and child marriage. Those families who received cash packages thus avoided having to resort to arranging child marriages or selling their daughters, as their essential needs were fulfilled. The cash assistance focused on protecting the well-being of women, especially those who were the breadwinner of their family and women with disabilities, while fostering wider resilience within the community. During the reporting period, 431 GBV survivors were reached in this way, bringing the total number of people who have been reached through this form of support (cash assistance) to 3,017 people at the household level (including 822 men, 1,293 women and 902 children).

Outcome 3: Increased awareness and Improved service delivery to COVID-19 and GBV survivors:

Increased awareness and women's access to GBV and COVID-19 services

Through enacting community awareness initiatives and engaging religious leaders in Takhar province, the project significantly contributed to increased awareness on COVID-19 and improvement in women's level of access to GBV and COVID-19 services, hence supporting the prevention of and response to both COVID-19 and GBV at the community level. Khatibs and religious scholars were trained to deliver the messages on COVID-19 and GBV prevention during their Friday sermons. As a result, the majority of people within the community adopted and adhered to COVID-19 measures and the measures were treated with a heightened level of attention and respect.

Similarly, GBV cases were identified, addressed and referred to GBV services by the community elders, and the awareness-raising sessions brought behavioural changes in the people of six districts of Takhar province by building understanding of the impact of GBV, and how to identify, address and refer GBV cases. The targeted Khatibs were trained to refer GBV cases to the CBCs established. In addition, the referral pathways were strengthened by setting up a helpdesk at health facilities and other GBV services providers at the provincial level. The awareness-raising sessions on COVID-19 and GBV prevention enhanced the knowledge and practice of 60% of the districts' population. In total, 39,507 people (22,065 men and 18,344 women) benefitted from increased access to information on COVID-19 and GBV services.

4b. Outputs and Activities Completed

CSO 2

Outcome 1: COVID-19 spreading is prevented among disabled women and girls in 3 provinces

Output 1.1: Women and girls with disability educated on COVID-19 prevention

Through a baseline survey and assessment, 600 women and girls living with disabilities were identified, and their needs assessed in three provinces: 400 in Herat, 100 in Badghis, 100 in Nimroz. Those 600 women and girls received awareness sessions on COVID-19 and benefited from the COVID-19 media campaign.

Output 1.2: Awareness-raising tools distributed

15,000 leaflets and 2,000 posters on COVID-19 prevention were distributed by CSO 2 across three provinces.

Output 1.3: Local women's organizations (CSOs) supported/provided capacity building to effectively respond to the crisis

20 women leaders from 20 community-based organizations and 30 community volunteers received a 1-day training on response and prevention of COVID-19 through volunteerism. After the training, the target groups engaged in awareness campaign as resources to reach targeted 600 women and girls in 3 provinces and to raise awareness on COVID-19, hand hygiene and social distancing through leaflets, posters, and individual education in their home. An addition 3,000 family members of the targeted beneficiaries also benefited from COVID-19 awareness sessions.

Output 1.4: Women and girls with disability received hygiene and personal protection kits and materials (face masks, gloves, disinfectant liquids, etc...)

The same 600 women and girls with disabilities received hygiene and personal protection kits and materials by CSO 2 - 400 in Herat, 100 in Badghis, 100 in Nimroz.

Outcome 2: 3-months media campaign through radio and TV on COVID-19 and prevention conducted

Output 2.1. Media awareness programs broadcasted

A three-month-long media campaign on COVID-19 and the needs of women with disabilities was successfully conducted in three Afghan provinces in Spring 2021. Four television and four radio spots related to COVID-19 and its prevention were produced with considering needs of disabled people including those with hearing problems. In all four television spots, sign language interpretation was added to facilitate access to the messages by women and girls with hearing impairments. The segments were then broadcast on satellite and local television and radio, four times per day, in the three provinces of Herat, Badghis and Nimroz. One of the radio spots took the form of a radio drama related to social distancing and staying at home for prevention of COVID-19. Four advocacy television/radio programmes with durations of 15 minutes to 45 minutes were also produced and broadcast, through which key challenges for women and girls with disabilities during the pandemic were addressed.

Output 2.2: Community members benefited from media broadcast

Radio/television spots and advocacy television programmes were broadcast in three provinces – Herat, Badghis and Nimroz – for a one-month period, via four radio/television channels. Based on the respective coverage areas of the partner outlets, an estimated 80,000 community members (40 percent of them women), including the 600 targeted women and girls with disabilities (and their families), benefited from actionable messages concerning COVID-19 prevention and relevant health information.

4b. Outputs and Activities Completed

Outcome 3: Women receive supports for economic empowerment initiatives

Output 3.1: Food and/or nutritional products distributed in sufficient quantity and quality

The same 600 women and girls with disabilities received food items for 1 month (rice, cooking oil, sugar, beans).

Output 3.2: Mobility aids and assistive devices are distributed among women with disabilities

Based on the results of the needs assessment conducted at the beginning of the project, 50 women with disabilities received assistive devices and mobility aids, which was critical to support their access to information on COVID-19.

Output 3.3: Women with disability received employment and livelihood support

120 women with disabilities in the provinces of Herat, Nimroz and Badghis received employment support and a cash payment to compensate for job loss during the quarantine period. In addition, 40 of the targeted women with disabilities received vocational kits, with the majority of this group (34 women) also receiving employment follow-up and access to income.

Output 3.4: women with disability received vocational support kits

40 women with disabilities received vocational kits and materials to start (or continue) their business activities. The majority of these women (34 women) also received employment follow-up and were given access to income.

CSO 1

Outcome 1: Strengthened COVID-19 response through capacity building and referral linkages with women and girls at the higher risks

Output 1.1: Nurses and Paramedics trained on COVID-19 response to GBV and protection issues and referral mechanism:

During the period 24 April 2021 – 11 May 2021, 40 nurses and 60 CHWs were trained on COVID-19 measures and GBV response, in six different groups. The beneficiaries were trained on the basics of GBV, GBV in humanitarian settings, GBV coordination, reporting, service provision and GBV prevention. Upon graduation from this training programme, attendees acquired enhanced knowledge of COVID-19 and GBV response and were better placed to systematically respond to GBV cases at district and provincial facilities. After the training, participants were guided to use the specialized training manual and materials in their work, and to identify and safely refer GBV cases. The training produced enhanced participant knowledge concerning GBV, referral mechanisms, advocacy, follow-up procedures and specific COVID-19 considerations in the six target districts of Takhar province. They were also provided with personal protective equipment (PPE) materials to ensure their protection and mobilize others for their protection against COVID-19.

Through dedicated coordination meetings, follow-up on the knowledge development of the nurses and paramedics was undertaken, with these practitioners receiving bespoke, timely instruction on any remaining knowledge gaps. The front-line workers were also encouraged to interact with their colleagues on such knowledge gaps and find ways to foster greater understanding and interaction, boosting the overall level of awareness and practical know-how on COVID-19.

Output 1.2: Community Health Workers (CHWs) trained on COVID-19 response to GBV and protection issues and referral mechanism:

4b. Outputs and Activities Completed

As a result of coordination with the Takhar Directorate of Public Health (prior to the fall of Kabul in August 2021), 60 CHWs active in coordination and part of the regular health response were identified and selected. They received two days' training during the period 24 April – 11 May 2021, in six different groups (together with nurses) on COVID-19 measures and GBV response. The targeted beneficiaries were also trained on the basics of GBV, GBV in humanitarian settings, GBV coordination, reporting, service provision and GBV prevention. After the training, the participants were given guidance on how to use the training manual and materials and to identify and safely refer GBV cases. This supported the building of collaboration among the nurses, paramedics and CHWs for better response to GBV issues.

During the CBC meetings, CHW knowledge was also assessed, and this group have been provided with regular support for their capacity building on COVID-19 and GBV response. They have also been observed in a very interactive manner, including during follow-up on the trainings, to strengthen GBV response at the district level.

Output 1.3: GBV cases are effectively supported and referred for response and prevention

In order to better coordinate on GBV cases, CSO 1 guided all participating CHWs to identify relevant stakeholders and enlist them for monthly coordination meetings. There are two coordination mechanisms set up, one is at the provincial level – where the CBCs led the organization of the meetings, and another, the Coordination Cluster (CC), has been set up by potential urban services providers – who led the GBV referral and coordination at the provincial level. Prior to the fall of Kabul in August 2021, five CC meetings were organized at the provincial level, alongside three district-level meetings organized in six districts of Takhar.

Regular coordination meetings were also organized at the provincial and community level and supported coordination and safe referral of GBV cases. Prior to the Taliban seizure of state power, this endeavour also supported the engagement of the Directorate of Women Affairs, Religious Affairs and the Directorate of Public Health of Takhar in enacting gender-responsive COVID-19 and GBV case response. It created new coordination mechanisms with other civil society actors and authorities at the provincial level (1) and at the district levels (6), for a total of 7 new coordination mechanism on GBV.

Outcome 2: Ensured the protection of GBV survivors (Women and Girls) through Emergency Cash Support/ECS:

Output 2.1 - GBV survivors received cash assistance to cope with current situation of higher risk

A total of 431 GBV survivors were reached with ECS, bringing the total number of people who have been reached by this initiative to 3,017 at the household level (including 822 men, 1,293 women and 902 children).

In the COVID-19 context, CSO 1 developed selection criteria with the assistance of the Department of Public Health (DoPH) and the GBV sub cluster for identification of the most vulnerable women and girl survivors of GBV. These criteria helped the CSO 1 Team to conduct assessments and identify families who have experienced violence during the pandemic, in six target districts. Caseworkers were oriented on the criteria, assessment methodology and how to reach women households in the target villages/districts. The criteria were coordinated with relevant government authorities, CDCs, CHWs, community stakeholders, and local active CSOs, allowing the safe provision of support. A feedback mechanism has also been put in place, which collected the target groups' thoughts and feedback for improving the services.

After the cash distribution, the CHWs and CBCs conducted a post-distribution monitoring. A total 24 interviews were undertaken with GBV survivor recipients, who indicated that cash support had given them an opportunity to ensure their full safety and address their essential food and health needs. Some interviewees mentioned that

4b. Outputs and Activities Completed

negative coping strategies were thus avoided by many of the women survivors, and that they hoped for positivity in their lives. Overall, the distribution of ECS has played a positive role in ensuring that the target groups' social, economic and health issues are addressed, and that they have enough resources to continue their lives, jobs and businesses.

Outcome 3: Increased awareness and Improved service delivery to COVID-19 and GBV survivors:

Output 3.1: Awareness raising events organized at community level to 65-80% population of the districts

8,000 persons were reached with information on COVID-19 and GBV, which built their understanding on how to prevent and respond to these threats. In total, 6,140 of those reached were women aged 14-55 years. Of the total number of people reached, 4,800 were provided with posters and brochures that raise awareness on COVID-19 and GBV response. They were also given a one-time short message on COVID-19 and strategies to control its transmission and protect themselves. The posters, brochures and leaflets were disseminated and distributed to the beneficiaries during coordination cluster meeting, training sessions, meeting with CDCs and Shuras, radio roundtables and television programmes, as well as being distributed to daily visitors to CBCs operating at the provincial and district levels. Of these CBCs, 15 religious centres were oriented on the COVID-19 issue and how to prevent and respond to GBV in their communities, DoPH-verified materials were also provided, and the religious leaders delivered sermons on the target issues in their respective villages. This outreach also included 20 guest spots on radio programmes aimed at increasing and disseminating knowledge on COVID-19 and GBV prevention. These radio programmes reached an estimated 3,200 people.

Friday sermons were used to increase understanding on women's rights, the negative impact of violence within the family and to prevent COVID-19 spread, reaching 2,000 people directly. This proved to be a particularly effective way of reaching people living in remote areas, who may have less knowledge on these issues, especially as the religious leaders are viewed as trusted sources of information. In order to ensure that the right message was conveyed, CSO 1 oriented the CBC case workers and CHWs to attend the sermons and provide feedback. They attended a number of the sermons and reported that the messages were delivered according to the MoPH and GBV prevention at household level.

Two radio roundtables were organized for 14 May and 5 July 2021, the CSO 1 Team conducted its second radio roundtable with the participation of five guests (four males and one female), among them representatives from the Directorate of Justice, the DoWA, the Directorate of Haj, CSOs and the project manager of Radio Rayhan Station in Takhar Province. The 45-minute radio roundtable recorded was aired twice at provincial level and is estimated to have reached approximately 15,000 people across Takhar province. The purpose of the radio roundtable was to introduce the project goals, objectives, target areas and beneficiaries, the establishment of six CBCs across six target districts, and a helpdesk, covering GBV topics along with COVID-19 issues among the local people. The representative of each of the respective government departments spoke about the level of GBV cases, women and youth girls' challenges and problems, poverty, unemployment and consequences of COVID-19 at the provincial and district level of Takhar. Representatives of the Takhar DoWA pointed out the trials and tribulations of Takhar women and girls, which indicates the level of family problems, restrictions, cultural barriers and harassment in the community. At the end of the transmission, the guests placed an emphasis on conducting such awareness-raising programmes and activities in order to increase the level of understanding among the community for positive change, and to help those targeted to live peacefully with family members and the wider community.

Output 3.2: Help Desk established in the provincial health facility for the provision of one window service to COVID-19 infected and GBV survivors:

4b. Outputs and Activities Completed

A helpdesk was established at the provincial Hospital in Takhar province with close coordination from the head of hospitals in Takhar province. A helpdesk officer provided information and guidance on the COVID-19 and GBV services to survivors of GBV. He recorded cases and guided the target beneficiaries in line with the GBV guidelines and referral mechanisms at provincial level. According to the register, 2,351 persons, 98% of them women and young girls (2,308), benefited from the services. The fact that the helpdesk officer was based in a hospital and operating within the health setting was critical in supporting the continuation of activities, including GBV, and women's access to services, considering the limitations on their movements.

Output 3.3: Established Six Community Based Centers (CBCs) for extending service delivery to COVID-19 infected and GBV survivors at the community level:

The CSO 1 Team, with the close coordination of related government sectors, established six CBCs in the Farkhar, Worsaj, Kalafgan, Rustaq, Taloqan and Khutayan districts of Takhar province. One male and one female caseworker provide case management services to the GBV survivors, refer cases to other related sectors, and coordinate with stakeholders for effective GBV response at district level, including the provincial hospital authority, district governors, front-line responders, nurses, CHWs, religious leaders, Shuras. Across the six CBCs, 9,145 persons benefited, including 7,916 women and young girls, from the COVID-19 awareness-raising, coordination, GBV case management, referral and consultation learning provided.

5. Unintended Results

Implementing activities to support women's empowerment under the COVID-19 framework provided an acceptable and effective entry point for discussing issues related to women's rights, disabilities and GBV, and for women and girls with disabilities to access information on COVID-19.

A further positive result has been the impact of the provision of cash in Takhar, supporting households at a time of crisis and effectively preventing recipients from resorting to negative coping mechanisms such as child marriage. During the post-cash distribution survey, 21 recipients reported being able to avoid having to resort to such negative coping mechanism as child and early marriage in order to meet their basic needs.

6. A Specific Story (1/2 page maximum)

The continued success of Shabnam¹⁶, seamstress

By assessing the needs and supporting women with disabilities with economic opportunities, this project significantly contributed to mitigate the impact of COVID-19 on most marginalized and impacted women.

"I am Shabnam, and I have a physical disability. I met Ms. Osman, the CSO 2 representative, a few months ago. During the need assessment of women and girls with disabilities, CSO 2 asked me about my needs. After a while, I was contacted to receive food for women with disabilities. CSO 2 also supported me with sewing fabric in different models and colours, which made me happy to make different types of clothes. I prepared the dresses and displayed them in my shop, to show samples of my work to attract more customers.

"This support increased my number of customers, because I did not have enough fabric to make such items in the past months. As a result, my income increased, and I attracted new customers. The increase in my income can help me and my family out of a bad financial situation. I now have an active sewing shop, and my work is going well. I request the CSO 2 office to have similar programmes for future women and girls with disabilities."

¹⁶ Name has been changed for safety

Mrs. Zahra's¹⁷ story of overcoming a violent domestic situation to achieve economic success

Mrs. Zahra is a woman whose life has been full of problems, difficulties and suffering from poverty. She visited a CSO 1 representative in Takhar Provincial Hospital with flows of tears streaming from her eyes and signs of beatings on her body, she described her life as follows:

"I have five children, seven years ago my husband died, and it was the beginning of my miserable life. I am living with my father-in-law and brother-in-law, who are beating me regularly, and I have no choice but to die. If I did not have children, I would have killed myself and ended my life and saved myself from this terrible and violent situation. I have lost patience and strength because in the past they have beaten only me, but currently my children are being beaten and punished as well."

"My children are six and eight years old, one of them sells plastic bags, and another is cleaning and brushing people's shoes on the street and public road every day and returns home with forty or fifty afghanis. If one day they come back to home without any things, they will be cruelly beaten. I am a young woman and I go to people's houses to work and bring some money for the expenditure of our life, but many times come back empty-handed, my father-in-law does not provide food for us and I and my children sleep with a hungry stomach."

Mrs. Zahra came to the CSO 1 office several more times, and each time was provided with clinical assistance and psychological counseling and promised cash assistance. CSO 1 representatives tried to visit her father-in-law and brother-in-law to discuss with them and save this woman and her children from this miserable life.

In consultation with the CSO 1 Legal Team, the telephone numbers of Mrs. Zahra's father- and brother- in-law were obtained, and they were called several times and asked them to visit the CSO 1 office. The Legal Team and CSO 1 staff interacted with them to help Mrs. Zahra without being physically present in their home. Several meetings were held with Mrs. Zahra's father-in-law and brother-in-law to discuss her life situation with them.

CSO 1 explained to them the Islamic point of view and the laws of the country and informed them about the legal issues, as a result Mrs. Zahra's father-in-law prepared a written document and promised to do not beat Mrs. Zahra or her children in the future, but her brother-in-law insisted that Mrs. Zahra is evil and that she caused his brother's death.

A week later, Mrs. Zahra came and said that her brother-in-law had beaten her again. CSO 1 shared the issue with the Takhar DoWA and in coordination and cooperation with this agency summoned her brother-in-law to the DoWA and obtained a written commitment to not beat her in future and in case of committing such action face arrest and imprisonment.

During all these efforts, CSO 1 supported Mrs. Zahra financially, and encouraged some generous people in the community to help her and her children. One of the generous persons promised to pay for the education of her children, and with the financial support received from CSO 1, she opened a bakery near her house and now has a stable income and pays the expenses of her children and herself.

A CSO 1 representative met Mrs. Zahra in her bakery; she reported being very happy and said:

"Thank God that I have passed all my miserable times and hope they do not repeat again in my future life period. Thank you sincerely for your hard work and assisting me to gain a happy life with my children. I am supporting my life consumption through this bakery and live happily with my children. I will move forward and help my father-in-law as well. Thank God, there is no more violence against me and my children."

¹⁷ Name has been changed for safety

The story of Najiba from Kalafgan, Takhar province

“I was 17 years old and one of our neighbours proposed marriage and got my father’s consent in exchange for some money and livestock. Although I was not indolent and mature enough to be married, my father engaged me by force to a person named Mohammad Reza. Although I was not satisfied with the arrangement, my father pushed me; I got married to and started my life normally with Mohammad. Two months after my wedding ceremony, due to economic problems and poverty, my husband emigrated to Iran.”

“I was living with my husband’s family. After one or two months, my mother-in-law-imposed restrictions on me. They forbid me from going to my parents’ house and devested me of my right to a living, my brother-in-law started to beat me as well. I was disappointed in my life, and I thought that my whole life had turned into a darkness. I wanted to kill myself and end my life. My husband’s parents did not provide me with sufficient food and beat me from time to time for no reason. In such a condition, one of my friends came to our house and mentioned the name of the CSO 1 organization. She said that this organization works especially with women who have been oppressed or subjected to domestic violence and tries to solve such issues according to the rule of law.”

“After hearing such promising news, I asked her to show me the address of CSO 1’s office. Finally, I went there and stated all the problems, challenges, and hardships I have faced, to the employees of CSO 1 in their Kalafgan district office. The staff of CSO 1 recorded all the issues of my life precisely and concisely. After that, I had several meetings with them; they helped me a lot in term of psychotherapy and gave me the hope, expectations and trust to live. On the other hand, they also started to support me financially. The CSO 1 staff raised the issue with my husband’s family through a religious scholar. They gave my husband’s family religious and Islamic advice so that they learned that they should not do such violent behaviour to me and produced a letter that committed them to not do such unlawful actions in the future. Fortunately, my problem has been solved.”

“I am satisfied with my life and my husband’s family treats me well. I can go to see my mother and father, and they come to my house. With the financial assistance from CSO 1, I obtained some necessities and bought 15 hens. Every day, I sell eggs and provide the necessities of my life and it is a good income resource. I thank CSO 1 and its respected colleague in Kalafgan district for giving me hope and solving my family problem, and I have a very happy life now.”

7. Knowledge Products and Communications/Visibility

Prior the Taliban take-over, materials on COVID-19 and GBV were produced and disseminated. After the fall of Kabul, activities related to GBV became more sensitive, and the COVID-19 angle was used to communicate more discretely about women’s needs and GBV.

CSO 2 During the reporting period, 15,000 educational leaflets and 2,000 posters on COVID-19 prevention were designed, printed and distributed among women with disabilities and their families. The visibility of the WPHF support has been included in all materials and banners used in educational programmes and television and radio spots.

CSO 1 During the reporting period, CSO 1 designed, printed, and distributed 3,000 brochures and leaflets focused on beneficiaries at six CBCs (in the Farkhar, Kalafgan, Worsaj, Rustaq, Khutayan and Taloqan districts of Takhar) to increase their knowledge on GBV and COVID-19 topics. Posters and banners used in the six CBCs and help centres prominently displayed the WPHF logo.

7. Knowledge Products and Communications/Visibility

The primary purpose of disseminating the leaflets, brochures, and posters was to increase people's awareness level concerning GBV and COVID-19, as people at the community level displayed lower levels of awareness on GBV and COVID-19 prevention.

8. Capacity Building of CSOs by UNW Country Office/Management Entity

UN Women Afghanistan provided ongoing technical support to the two grantees to advise on the effective and safe implementation of the projects in the prevailing complex and volatile environment and to support the reprogramming of the activities after the Taliban take-over in August 2021. This support included two missions to monitor the implementation of the project by CSO 2 in Herat province during the first six months of 2021, prior to the Taliban takeover. Due to security concerns, monitoring of the implementation in the other provinces was not possible.

9. Risks and Mitigation

Risk Area	Risk Level 4=Very High 3=High 2=Medium 1=Low	Likelihood 5=Very High 4=Likely 3=Possible 2=Unlikely 1=Rare	Impact 5=Extreme 4=Major 3=Moderate 2=Minor 1=Insignificant	Mitigation Measures
Security threats: Abduction IEDs Complex attacks Suicide attacks	4	4	4	Both CSO 1 and CSO 2 have security plans in place, which are regularly updated, with appropriate mitigation measures like remote monitoring procedure, regular staff training, keeping a low profile while travelling, coordination with the United Nations Department of Safety and Security (UNDSS)/the International NGO Safety Organisation (INSO) and community leaders, and ensuring proper staff training. Security challenges are being regularly assessed.
Limited participation of beneficiaries and target groups in activities	2	3	4	CSO 1 and CSO 2 work with CBOs, including women groups, families and key local stakeholders to ensure engagement in project activities. If too dangerous or sensitive, activities will stop. Projects will leverage less sensitive topics like COVID-19 to address more sensitive issues, for instance GBV, with the aim to protect staff and beneficiaries.
Spread of COVID-19	2	3	4	All project activities implemented pay strict adherence to COVID-19 prevention and mitigation measures. The spread of COVID-19 is closely monitored within the respective communities, through local health stakeholders.
Programmatic: GBV survivors are at risk	4	4	4	Following the Taliban take-over, CSO 1 had to conduct their activities under the health staff name in the local hospitals/clinics. As a result, many young women and girls reached out and enhanced their awareness of legal issues, psychological counselling, GBV and

9. Risks and Mitigation				
				the dangers of COVID-19. However, there were no government-related sectors to report or refer the cases due to the ongoing political instability in the country.

10. Delays and Adaptations/Revisions
<p>Country level</p> <p>Due to the heavy burden of COVID-19, exacerbated political tensions and territorial powershifts seen in Afghanistan since May 2021, domestic and international actors alike have been operating in a complex emergency scenario. While this change has drastically impacted all population groups across the country, the consequences for women and girls have been most significant due to the marginalization they already face in Afghanistan. Moreover, since the Taliban comprehensive takeover of power on 15 August 2021 and the full withdrawal of international troops from the country, the situation in Afghanistan has been marked by escalating violence, threats to women human rights defenders, gender inequalities and the mounting need for humanitarian intervention more broadly.</p> <p>Restrictions across the country are also preventing the implementation of women's projects. A large number of women-led CSOs and women workers are reporting that they can no longer provide life-saving protection support. This is because of recent announcements by the de facto authorities, self-censoring by women out of fear and insecurity, and increasing family-imposed restrictions on women and girls due to fear of peer policing. The country's financial institutions and banking system have been greatly impacted by the financial sanctions targeting the Taliban.</p> <p>Project level</p> <p>The Taliban take-over affected some of the activities of the CSO partners, but they remained operational and able to continue implementation in the changed context by adapting some activities and pausing others. However, the various political and financial factors in play have contributed to delays in project activity implementation; hence a no-cost extension (NCE) was requested and granted until 12 March 2022, to both partners.</p> <p>A decree was issued in late 2020 by the former First Vice President of the Islamic Republic of Afghanistan, asking all NGOs to sign a Memorandum of Understanding (MoU) with government institutions in order to implement their project. The decree affected many organizations' ability to deliver project activities in a timely manner; for instance, it delayed the conducting of the training for nurses, paramedics and CHWs from February 2021 to the first week of April 2021.</p> <p>CSO 1 had to coordinate the project closely with all stakeholders in February and March 2021. All of the respective health facilities have been visited, and relevant nurses, paramedics, and CHWs from target communities have been selected. The DoPH supported the CSO 1 Team in these activities, to continue mobilization, coordination, and mapping of all GBV actors in the districts across the province. At the beginning of April 2021, CSO 1 received the official letter introducing the project to the Department of Economics in Takhar and further relevant departments, including health, local governance and district offices, and formally kicked off the project.</p> <p>With the Taliban take-over on 15 August 2021, all CSOs stopped their interventions, because of the uncertainty, security risks, banking issues and restrictions on women and women's programmes. The Taliban has no clear mandate on humanitarian work, and it discourages organizations from delivering any service, especially those</p>

10. Delays and Adaptations/Revisions

aimed towards protection and ERAW in the country. In addition, because of the restriction on women's participation, CSO 1 could not implement the following activities as planned:

- One television roundtable
- One radio roundtable
- 50 Friday sermons
- Five coordination cluster meetings
- Seven district case management meetings

In late August 2021, CSO 1 started initial communication with the de facto government at the provincial level. The project has been introduced to them. After conducting regular meetings with the de facto officials, they agreed on implementing some activities. However, they did not allow the activities mentioned above. Based on the needs on the ground, the final consultation and advice from UN Women, the budget of all the above unexecuted activities have been allocated to the 'provision of cash support to additional 31 women GBV survivors'.

In August, September, and October 2021, some women with disabilities faced difficulties in starting their business, due to the Taliban restrictions imposed on them. However, in November 2021, with support from CSO 2, the beneficiaries started their businesses. CSO 2 had meetings with family members, community leaders and encouraged beneficiaries to resume their business regardless of challenges. Until the end of the project in March 2022, CSO 2 will continue to follow up with the beneficiaries of the project, and more particularly on safety issues.

11. Lessons Learned

Identify Challenge/Describe <i>Challenges can be programmatic or operational affecting the country program and/or of projects.</i>	What are the factors/reasons contributing to this challenge?	How was the challenge addressed? What was done differently, or what will be done to address the challenge?	Key Lesson Learned <i>As a result of the challenge what did you (and partners) learn from the situation that has helped to inform the project, or improve how the project is implemented or for future interventions?</i>
Limited access to information on COVID-19 response and prevention for women who have hearing or visual problems	Special needs of disabled people: people with hearing problem cannot understand audio messages and people with visual problems cannot understand visual messages.	All the COVID-19 information was provided in way that was accessible to women with disabilities, through sign language interpretation (for hearing impaired people) and audio support/verbal communication (for people with visual disabilities)	Considering special needs of people with disabilities during the COVID-19 crisis helps to ensure equal access to services and information.
Security constraints and attacks in the targeted districts of Herat, Badghis and Nimroz	The shifting political situation and ongoing conflict in the country.	The security situation was closely monitored during weekly meetings with provincial teams. Participation in coordination meetings with the Taliban department of economy and district	Engagement of community volunteers and developing good network with community leaders is conducive to proper project management in case of a worsening security situation.

11. Lessons Learned			
		authorities.	
Programmatic challenges that affected project activities implementation	Governmental decision	Through continuous personal or telephone contact with government departments at central level, CSO 1 could sign the MoU with the Ministry of Women Affairs, then the Takhar Directorate of Economy registered and introduced the project to stakeholders at district and provincial level.	As the result of the challenges the CSO 1 Team has learned that if such challenges are faced in the future, the Team should increase the level of coordination with donor and related government departments to cope with the issue, handling it as early as possible.
High-risk security situation, including restrictions on women's rights	Political decision	The security situation in Takhar worsened prior to the fall of Kabul in August. The insecurity situation affected Takhar citizens living and forced them to face physical and psychological problems which resulted in immigration from villages and districts to the town and vice-versa. The conflicts and war have produced huge number of IDPs and the cost of living has increased – most IDPs do not have access to basic needs like food, water, clothing and shelter. De-facto authorities announced an amnesty and also permitted the non-military government departments and NGOs staff to continue their work peacefully, but restrictions on women staff remain.	The CSO 1 Team has moved the CBCs to an area that is within reach of the district hospital and the project nurses are working with hospital staff and recording the cases very carefully, while providing guidelines to the GBV survivors regarding the GBV and COVID-19 topics. Staff are instructed to dress in line with local attire and to be very active and careful regarding their working conditions and personal security in the districts. The CSO 1 Team are in constant contact with each of these personnel and receive regular updates on the situation, while providing security updates to related staff – as CSO 1 is registered in the INSO network programme to receive updates on the security situation in the north-eastern provinces of Afghanistan. The projects had to adapt quickly to respond to the changed political and operational context, including restrictions on women's employment and freedom of movement. Building on the COVID-19 experience, working from home was facilitated for women staff, in order to permit them to continue to work, while protecting their safety. Advocacy with de-facto authorities on the importance of women's work to meet the

11. Lessons Learned			
			needs of women was critical to continue women to implement some of the activities of the project.
Programmatic and operational challenges that affected the project activities implementation	Governmental changes	Work restrictions for female staff and civil activists	With the Taliban take-over in Afghanistan most governmental and non-governmental employs lost their job and are facing a multitude of problems. Due to changes, CSO 1 could adapt to the prevailing environment and convince the de-facto authorities of the importance of the project, which is currently being implementing in the six districts of Takhar province. As of the time of writing, the Taliban is allowing CSO 1 staff and administration to continue their activities without any safety concerns.
Change of political and operational context	Following the Taliban take-over, the operational and political context changed drastically and required adaptations to the projects to ensure relevance to the changed context and do-no harm, to project and implementation modalities and operations considering the banking crisis.	UN Women supported grantees with technical support and advise to adapt project implementation to the changed context, in order to ensure relevance and do-no harm.	Creative approaches and entry points (for instance health or COVID-19) to implement projects related to women's rights are seen as critical to enable safe and effective implementation in this context.

12. Innovations and Best Practices ¹⁸
<p>a) Innovations</p> <p>The dissemination of accessible information on COVID-19 prevention and response, especially for women and girls with hearing problems, was among the innovations of the project. Using sign language as the medium of communication, information about the virus and prevention was provided to 250 women and girls with hearing and speech-related disabilities – for the first time during the COVID-19 pandemic.</p> <p>b) Best practices</p>

¹⁸ A best practice is strategy, approach, technique, or process that has proven to work well and deemed to be effective or appropriate for addressing a problem based on experience, evaluation or in comparison to other practices, and is therefore recommended as a model. It is also a practice that has been tested and validated and has potential to be replicated and there is value in sharing with others working in similar contexts, sectors, or with similar target groups.

12. Innovations and Best Practices¹⁸

Community governance, health workers, local CSOs and dispute resolution bodies have been brought under a single GBV Response Mechanism. This stands as unique practice in responding to GBV issues at the community level, which the local elders and decision-makers did not value and resolve before. This structure now stands as a complementary system of referral for GBV response at the district level in Takhar province. Through the helpdesk at the provincial hospital, the CBCs and capacity building of key community actors, including religious leaders, a network of people able to identify, refer and respond to GBV cases was built.

13. Auditing and Financial Management

During the reporting period, no financial audit of the partners was conducted.

14. Next Steps and Priority Actions

The project activities have been completed. However, the follow-up on the project activities remains in progress at the end date of the present report, in line with the NCE applied to the original agreement. As of the end of this reporting period, the project structures are active, carrying the available capacity and strength to monitor those GBV issues that arise, and enact timely response.

ANNEX A: Results Framework

Expected Results	Indicators	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator)	Reason for Variance against planned target (if any)
CSO 2					
WPHF Impact Area 3: Enhanced Inclusive and gender responsive humanitarian/ crisis, planning, framework and programming	Number of people directly benefiting from response (disaggregated by sex, age group, and by ability)	0	600 women and girls with disabilities 50 women leaders and volunteers	600 women and girls with disabilities and 50 women leaders and volunteers benefited or are benefiting from project activities	N/A
Outcome 1: COVID-19 spreading is prevented among disabled women and girls in 3-province	Percentage of women and girls with disability satisfied with new knowledge of COVID-19 prevention (disaggregated by sex and age)	0	At least 70% of women and girls with disabilities are satisfied with education on COVID-19 prevention and they found the information useful	70% of 600 women and girls with disabilities satisfied with education on COVID-19 prevention and found the information useful	N/A
Outcome 2: 3-month media campaign through radio and TV on COVID-19 and prevention conducted	Number/Type of women-led advocacy campaigns, community dialogues, or awareness campaigns organized to raise awareness on COVID-19 prevention, response, or recovery	0	4 radio spots, 4 television spots and 4 advocacy television programmes	Media campaign on COVID-19 and the needs of women with disabilities successfully launched in 3 provinces	N/A
Outcome 3: Women receive supports for economic empowerment initiatives	Number of women provided with support for economic empowerment initiatives	0	120 women with disabilities received employment and economic empowerment support	120 women with disabilities received cash support 40 women with disabilities received vocational materials and tools	N/A
CSO 1					
WPHF Impact Area 3:	Indicator 1: Number of people directly benefiting from the	0	Planned: 10,981	Achieved: 42,624	31,643 beneficiaries are additionally covered

Expected Results	Indicators	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator)	Reason for Variance against planned target (if any)
Enhanced Inclusive and gender responsive humanitarian/ crisis, planning, framework and programming	response (disaggregated by sex, age, group or other variables)		Male: 4,840 Female: 4,935 Children:1,206	Male: 22,902 Female: 19,722	with substantial coverage provided to target groups via Outcome 3.
	Indicator 2: Number of people indirectly benefiting from the response (disaggregated by sex, age, group or other variables)	0	Planned: 60,031 Male: 27,013 Female: 33,017	Achieved: 298,857 Male: 164,371 Female: 134,486	N/A
	Indicator 3: Number of local women's organizations (CSOs) supported/provided capacity	0	0	0	N/A
Outcome 1: Strengthened COVID -19 response through capacity building and referral linkages with women and girls at the higher risks.	Indicator 1: Number of frontline health care workers supported through training, equipment provision and other initiatives (disaggregated by sex)	0	100	40 Nurses and 60 CHWs are listed to receive the GBV training: Nurses: 40 women CHWs: 45 female, 15 male	N/A
Outcome 2: Ensured the protection of GBV survivors (Women and Girls) through ECS	Indicator 1: Number of people (disaggregated by sex and age) who have increased financial stability through distribution of cash assistance to GBV survivors	0	3,017	Cash support distributed to 431 households, as per the selected criteria developed, in the targeted areas. A total of 3,017 people were reached at the household level. Male: 822, Female: 1,293, Children: 902	N/A
Outcome 3: Increased awareness and Improved service delivery to COVID-19 and GBV survivors.	Indicator 1: No. of people especially women and girls with increased access to information about COVID19, and GBV services (disaggregated by age group)	0	Target: 8,075 Male: 4,000 Female: 4,075	Achieved: 39,507 Male: 22,065 Female: 18,344	31,432 are additionally covered. The maximum services are delivered under Output 3.1 focusing on COVID-19 awareness via community outreach, radio broadcasts and brochure dissemination.