



2025

ANNUAL REPORT

**SOUTHERN REGION
JOINT PROGRAMME**

A community member in front of solar panels installed for a water supply network with STFA support in Zabul Province. © STFA/Mohammad Omar Kamal

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Programme ¹ Title & Project Number		Country, Locality(s), Priority Area(s)/ Strategic Results ²	
Programme Title: STFA Joint Programme for the Southern Region of Afghanistan: Addressing Basic Human Needs through UNSFA ('JP-Southern') MPTF Office Project Reference Number ³ : <ul style="list-style-type: none"> • 129789 • 129790 • 129791 • 129792 		Country: Afghanistan Region: Southern Priority areas/Strategic Results: UNSFA Outcomes 1, 2, 3 Outcome 1: Sustained Essential Services Outcome 2: Economic opportunities and resilient livelihoods Outcome 3: Social Cohesion, Inclusion, Gender Equality, Human Rights, and Rule of Law	
Participating Organization(s)		Implementing Partners	
Organizations that have received direct funding from the MPTF Office under this programme: 10 PUNOs (four continued implementation in 2025) 1. United Nations Conference on Trade and Development (UNCTAD) 2. United Nations Development Programme (UNDP) 3. United Nations Population Fund (UNFPA) 4. International Organization for Migration (IOM)		Please refer to PUNO-specific reports	
Programme/Project Cost (US\$)		Programme Duration	
Total approved budget as per project document:	150,906,481	Overall Duration	48 months
MPTF /JP Contribution ⁴ :	49,763,763		
Agency Contribution	N/A	Start Date ⁵	1 Jan 2022
Government Contribution)	N/A	Original End Date ⁶	31 Dec 2023
Other Contributions (donors):	N/A	Current End Date ⁷	31 Dec 2025
Total Contributions:	49,763,763		
Programme Assessment/Review/Mid-Term Eval.		Report Submitted By	
Assessment/Review - if applicable please attach Yes No <input checked="" type="checkbox"/> Mid-Term Evaluation Report – if applicable please attach Yes No <input checked="" type="checkbox"/>		<ul style="list-style-type: none"> • Name: Peter Nordstrom • Title: Senior Trust Fund Manager • Participating Organization (Lead): N/A • Email address: peter.nordstrom@undp.org 	

[1] The term "programme" is used for programmes, joint programmes and projects.

[2] Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

[3] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page the [MPTF Office GATEWAY](#)

[4] The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

[5] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

[6] As per approval of the original project document by the relevant decision-making body/Steering Committee.

[7] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

Contents

- P.7 Executive Summary**
- P.9 Purpose**
- P.11 Results**
- P.23 Delays in Implementation, Challenges, Lessons Learned & Best Practices**
- P.26 Risk Analysis**
- P.26 Qualitative Assessment**
- P.28 Partnerships**
- P.29 Annexes**

List of Acronyms and Abbreviations

ASYREC	Automated System for Customs Data for Relief Consignments
ASYCUDA	Automated System for Customs Data
B2B	Business-to-business
CAP	Community action plan
FHH	Family health house
GBV	Gender-based violence
LIC	Local implementation committees
BHN	Basic Human Needs
MCHC	Mother and Child Health Centre
MHPSS	Mental health and psychosocial services
MSMEs	Micro-, small and medium-sized enterprises
PUNO	Participating United Nations organization
PV	Photovoltaic
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
STFA	Special Trust Fund for Afghanistan
UNSFA	United Nations Strategic Framework for Afghanistan



Executive Summary

A worker at Taj Watan Company in Kandahar Province, presents their product. © STFA/Mohammad Omar Kamal




In 2025, the Special Trust Fund for Afghanistan (STFA) Joint Programme for the Southern Region of Afghanistan: Addressing Basic Human Needs achieved strong results, contributing to relief, recovery and economic revitalization. It benefited:



502,504
people, including 364,752 women and girls.

The programme was completed in
 **December 2025**


Among other results, the programme helped to install and operationalize the Automated System for Customs Data for Relief Consignments (ASYREC) to expedite the clearance of relief consignments during emergencies. This was followed by the successful processing of:



17 humanitarian and basic human needs exemption consignments, demonstrating institutional capacity and ownership.

Six new family health houses (FHHs) in remote areas of Helmand Province began providing reliable, community-based healthcare. A total of 29 FHHs, including 21 in Helmand Province and eight in Kandahar Province, were equipped with solar photovoltaic (PV) systems to close critical gaps in energy supplies and improve healthcare reliability.

Meaningful economic recovery and revitalization stemmed from strengthening market links and income opportunities.



110 small and medium-sized enterprises (MSMEs) were supported, including 27 women-owned businesses, enabled active participation in three major trade exhibitions.

This resulted in immediate commercial gains, long-term business-to-business (B2B) partnerships and greater visibility in regional markets. Training improved business knowledge and skills.

Disaster preparedness and climate-resilient infrastructure advanced across Zabul and Helmand provinces through new infrastructure to control flooding, benefitting:



9,975 people in three communities.

Training and community-led disaster committees and early warning processes marked a major shift from reactive to preventive disaster management.

To deepen social cohesion, local consultations validated community action plans (CAPs), followed by early steps to implement community development priorities, including the planned rehabilitation of a 1,000-metre community road.

The Milak Zero Point Mother and Child Health Centre (MCHC) in Nimroz Province provided life-saving health and protection services for the most vulnerable populations. Fully integrated into the system for gender-based violence (GBV) referrals, it contributed to improved psychosocial well-being and resilience.





Purpose

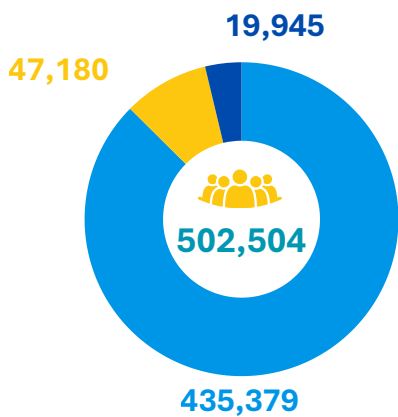
A midwife examines a patient at an STFA-supported Naseran Family Health House in Helmand Province. © STFA/Mohammad Omar Kamal



The STFA Joint Programme for the Southern Region of Afghanistan: Addressing Basic Human Needs covered five provinces: Kandahar, Helmand, Zabul, Uruzgan and Nimroz. Since its launch in 2022, the region has received a total funding allocation of \$49.76 million. This was based on the STFA Regional Allocation Strategy, which is guided by the population-adjusted Multidimensional Poverty Index.

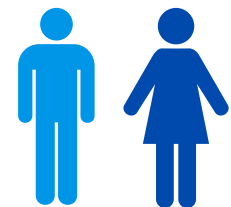
In 2025, the joint programme completed its fourth and final year with results achieved by four active PUNOs.

Below is the 2025 report card for the region.



- **Priority 1:** Sustained Essential Services
- **Priority 2:** Economic Opportunities and Resilient Livelihoods
- **Priority 3:** Social Cohesion, Inclusion, Gender Equality, Human Rights, and Rule of Law

Percentage



26% 74%



46,380

Agri-based livelihood



19,861

Awareness-raising



9,975

Cross-cutting



435,379

Health



211

MSMEs



84

Trainings





Results

A farmer in his grape vineyard irrigated by the Tanasa Check Dam in Zabul Province, constructed with STFA funds. © STFA/Mohammad Omar Kamal

Outcome

The Joint Programme for the Southern Region of Afghanistan: Addressing Basic Human Needs has contributed to relief, recovery and economic revitalization in five provinces: Kandahar, Helmand, Zabul, Uruzgan and Nimroz. Since its inception, approximately 2.59 million people (1.16 million women and girls, 44.9 percent) have benefited. In 2025, its final year, the programme benefited 502,504 people, including 364,752 women and girls.

By introducing the ASYREC module, the joint programme helped to transform the delivery and clearance of humanitarian relief consignments, significantly improving speed, transparency and accountability. The system enhances outcomes for crisis-affected populations through streamlined information-sharing and coordinated aid delivery across humanitarian organizations, government agencies, logistics providers and local communities.

Through 29 fully functioning FHHs, the joint programme extended healthcare to underserved communities, offering a durable and scalable model to increase service accessibility and quality. The FHHs offer improved infrastructure, including permanent buildings and solar power supplies, and have strengthened coordination among humanitarian, development and local health actors. Users expressed strong approval, with 96 percent reporting satisfaction with services, according to third-party monitoring. Women and girls in particular have seen health gains from the FHHs, which provide integrated access to reproductive, maternal, newborn, child, and adolescent healthcare (RMNCAH). A culturally sensitive, women-led care model has fostered community trust and generated higher service uptake than initially calculated. The model combines skilled midwifery care, strong referral systems, community-based outreach and tailored adjustments to facilities, such as men's waiting rooms.

Substantial results in strengthening community livelihoods and economic inclusion and resilience have emerged from shifting local enterprises from fragmented, informal market participation towards structured, high-value economic engagement in national and regional markets. MSMEs saw measurable gains in visibility, income generation and competitiveness by developing capacities to diversify products, refine branding and adopt market-driven adjustments. Those in sectors such as light manufacturing, food processing, footwear and garment production, carpet weaving and circular economy activities showed strong potential for sustained job creation and scalable market integration. These outcomes demonstrated the effectiveness of targeted, market-oriented livelihood interventions in strengthening community self-reliance and supporting long-term socioeconomic recovery.

Community early warning systems and infrastructure in flood-prone areas of Zabul and Helmand provinces strengthened protection, mobility and community preparedness.

In Zabul and Nimroz provinces, progress in strengthening local governance mechanisms reinforced community-driven priorities and deepened social cohesion. CAPs, local implementation committee (LIC) formation and capacity development have led to more inclusive, transparent and sustainable community-led recovery and development, laying a strong foundation for further STFA-aligned interventions beyond 2025.



In providing life-saving health and protection services for the most vulnerable populations in Nimroz Province, including GBV survivors, the Milak Zero Point MCHC improved resilience and upheld human rights. Mental health and psychosocial services (MHPSS) interventions led to measurable gains in coping mechanisms, social functioning and emotional well-being. Life-skills training and awareness-raising promoted positive health-seeking behaviours and improved access to community-based support networks for women and adolescent girls. GBV survivors regained a sense of safety, dignity and control over their lives.



A returnee received at the Mother and Child Health Centre at the Milak Zero Point in Nimroz Province. © UNFPA



Output-level Results

UNSCFA Priority Area 1: Sustained Essential Services

Output

1



Essential services and community infrastructure – including for health, agriculture, education, and energy supply - are functional, sustained and expanded to meet different needs of women and men.

Output 1 benefitted

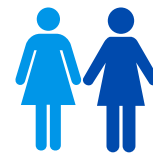
Number of Beneficiaries

435,379



Number of Women and Girls

333,014



To facilitate the provision of humanitarian relief and basic human needs supplies, the programme successfully developed and implemented the ASYREC system, a centralized, digital consignment management platform. By maintaining a comprehensive record of consignments and tracking their movement, the system promotes transparency and accurate reporting. Technical integration with the Automated System for Customs Data (ASYCUDA) single administrative document system enabled real-time data exchanges, reduced duplication and improved data accuracy.

An extensive capacity-building initiative supported various stakeholders^[8] in using the system, including 13 United Nations organizations. Sessions covered the technical use of the platform, operational procedures for exemption consignment management, best practices for compliance and coordination, and system installation and configuration.

A monitoring and feedback mechanism was introduced to improve system performance and enhance user satisfaction. It includes helpdesk support and user guidance materials. Continuous stakeholder feedback and a review framework capture lessons to inform system enhancements.

[8] Comprehensive training sessions provided to the Embassy of Qatar, the Embassy of Azerbaijan, the Embassy of China, the Embassy of Saudi Arabia and 13 UN organizations.



4,767

deliveries were attended by skilled birth attendants at FHHs, ensuring safer childbirth outcomes for women in remote settings. The FHHs played a critical role in identifying and responding to maternal and child health complications. They referred 266 complicated maternal cases to emergency obstetric and newborn care facilities and 23 obstetric fistula cases for specialized treatment.

28,080

beneficiaries received family planning counselling, resulting in 9,896 users adopting modern family planning methods. This supported informed reproductive choices and contributed to improved maternal and child health outcomes. Family planning services were scaled up as part of an integrated RMNCAH package.

48,867

outpatient consultations were provided to children under five years of age, reflecting high use of child health services at FHHs and the delivery of child health and nutrition services at scale.

14,082

women and children benefited from basic maternal, infant and young child nutrition services. They included 1,674 malnourished children who were identified and referred to therapeutic feeding units for specialized care, strengthening the continuum of nutrition services.



Patients wait to receive care at an STFA-funded Naseran Family Health House in Helmand Province. © STFA/Mohammad Omar Kamal

UNSAFE Priority Area 2: Economic Opportunities and Resilient Livelihoods

Outputs 2 and 3 contribute to overall achievements under this strategic priority. In 2025, 47,180 people (11,835 women and girls, 25.1%) benefited from livelihood support and climate change adaptation interventions.

Output

2  **Livelihoods, businesses and the local economy can recover, more sustainable and more resilient to instability.**

Output 2 benefitted

Number of Beneficiaries

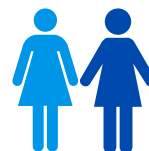
800



101

Percentage of Women

100%



MSMEs (56 women-owned) built business capacities through seven rounds of training on starting a business, export promotion, and business and trade management, among other issues. Based on pre- and post-training tests, participants gained business knowledge and skills. Average scores increased from 7.37 out of 20 marks before the training to 18.12 out of 20 afterwards. An evaluation found that training participants were very satisfied with the quality, methods, materials and interaction with trainers; 74 percent of participants rated the training as excellent.

MSMEs gained knowledge and capabilities to develop business plans, cash flow plans, market research and marketing plans, and financial plans. They learned about different methods of marketing as well as quality packaging and labelling. New abilities to manage balance sheets will support business growth and income.

3

major trade exhibitions expanded market access for 110 MSMEs, offering platforms for business visibility and commercial integration. Participating MSMEs secured direct consumer sales, formed B2B partnerships and improved competitiveness through exposure to market preferences and pricing structures. They generated over \$39,000 in on-the-spot sales and over \$490,000 in projected revenue through 554 B2B leads, demonstrating a substantial economic ripple effect.



Collectively, the MSMEs sustained 1,313 jobs, with women representing 34.7 percent of the workforce. MSME owners reported strengthened internal cohesion as employees from diverse backgrounds, including returnees, internally displaced people and host community members participated in the exhibitions, reinforcing social integration through shared economic purposes. Culturally appropriate mitigation measures, such as participation with *mahram* representation, helped sustain female entrepreneurs' engagement.

Testifying to business gains

Mrs. Sediqa Alizai, owner of the Shaiesta Tailoring Workshop, shared her experience as a participant in the training in Kandahar Province:

I have been running my business in an old-fashioned way, since I haven't been given the chance to learn and study business and trade properly and scientifically. Therefore, I didn't know much about concept and basics of business and business plan and its components.

During the training I not only understood the concept of business plan but also practiced filling the plan. I got a comprehensive understanding about the business plan, its components and methods of filling it out. Now, I understand how significant it is to know about business plan and have the skills to fill it out since it is a roadmap for a business.

Moreover, the workshop helped me learn in detail about marketing as well as its methods and strategies. Knowing about marketing is significantly important for growth of a business since it enables the businesses to properly and effectively showcase their products and sell more.

Now, I feel empowered and more capable of managing my business and initiating and applying effective marketing methods. I believe the knowledge and skills I gained will improve my business and increase my sales in the coming future.



A tailor sewing a cloth at the Moqadas Online Cloths Store supported by STFA in Kandahar Province. © STFA/Mohammad Omar Kamal

Output

3



Communities have improved infrastructure, access to water and preparedness mechanisms to protect farm-based livelihoods and cope with climate and environment shocks and natural disasters.

Output 3 benefitted

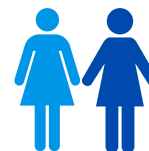
Number of Beneficiaries

46,380



Number of Women and Girls

11,035



9,975

people gained immediate protection and long-term stability through improved infrastructure in Zabul and Helmand provinces (2,275 direct and 7,700 indirect beneficiaries; 5,088 women, 51%). In Zabul Province, a strategic check dam in Gazak (Siori District) now reduces peak flood energy and regulates local water flow. Five culverts (three in Zargaran and two in Chambaran in the Shah Joy District) restored year-round access to services and markets.

The programme applied a direct implementation modality with in-house engineering design, site supervision and quality assurance, complemented by contracted local labour for construction. This ensured build quality in difficult terrain and enabled targeted cash-for-work for vulnerable households during implementation. Close engagement with community shuras and district authorities supported site access, safeguarded community participation (including women), and anchored operations and maintenance responsibilities locally to sustain results.

3

flood-prone locations in Sianak (Qalat District, Zabul Province), Chambaran (Shah Joy District, Zabul Province) and Koza Poza (Sangin District, Helmand Province) gained community-based early warning systems. Training equipped 183 residents (91 women, 49.7%) to form disaster committees to perform hazard monitoring, trigger-based alerts and coordinated first aid/search and rescue. Risk thresholds, messaging pathways and role rosters are now in place and community-owned.



UNSFA Priority Area 3: Social Cohesion, Inclusion, Gender Equality, Human Rights and Rule of Law

Output

4



Social cohesion, respect for human rights – including, in particular, the rights of women and girls and access to justice are progressively strengthened at the local level – contributing to greater community resilience.

Output 4 benefitted

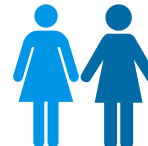
Number of Beneficiaries

19,945



Number of Women and Girls

19,903



24

community members (12 women, 50%) in Sinak, Zabul Province took part in community feedback and consultation sessions to validate and prioritize interventions identified through the CAP developed in late 2024. The sessions upheld transparency and reinforced community ownership, enabling residents to review planned support and advise on optimal interventions reaching the largest number of households. CAPs were presented to the South Durable Solutions Working Group, enabling coordinated advocacy with UN and international/non-governmental partners to address remaining community priorities. This created a platform for resource mobilization and avoided duplication across humanitarian and development actors.

One major effort is the planned rehabilitation of the 1,000-metre community road connecting the Hazari and Sinak communities. Once completed, it is projected to significantly improve access to markets, schools and health services for an estimated 2,500–3,000 households, reducing isolation and strengthening social and economic ties. Procurement is currently underway, supported by complementary funding.



60

members (30 women, 50%) of Local Implementation Committees in Zaranj District, Nimroz Province took part in capacity-building to strengthen community social cohesion and leadership. Training modules covered accountability to affected populations, inclusive decision-making, conflict-sensitive community needs identification, project proposal development and community-led implementation planning. The LICs identified priority needs and drafted community-led proposals, including for school-related infrastructure and renewable energy solutions for public facilities. Their proposals reflected growing community capacities to analyse challenges and propose feasible, locally relevant solutions, a key indicator of strengthened social cohesion and self-reliance.

Given the increasing number of returnees arriving in Zaranj, complementary funding extended support into 2026, enabling LICs to implement the initiatives they identified. This continuity reinforces programme gains by moving communities from consultation to direct implementation, generating visible, community-owned improvements that contribute to trust-building and social stability.

Meeting health and protection needs in Nimroz Province

The MCHC at Milak Zero Point serves as a culturally appropriate, secure and life-saving platform meeting the essential health and protection needs of women and girls. Designed in alignment with local norms and contextual realities, it offers uninterrupted access to reproductive health services and MHPSS in a dignified, safe environment. All services are delivered by qualified female healthcare providers, ensuring accessibility and confidentiality for women and adolescent girls.

Psychosocial counsellors offer individual case management in line with standard operating procedures, supported by ongoing training and technical supervision. A social mobilizer and a youth educator conduct awareness-raising activities and promoted healthy lifestyles. A dedicated child-friendly corner, managed by an early childhood educator, enables women to access services or participate in vocational and awareness activities while their children are cared for in a safe and nurturing environment.

The centre is fully integrated into GBV subcluster referral pathways, enabling timely, confidential and coordinated referrals for women and girls requiring advanced medical care or specialized mental health services.

During the reporting period, the MCHC reached 41,210^[9] women and girls with integrated health and psychosocial support services. Of these, 1,046 received individual psychosocial support, 5,343 participated in group MHPSS sessions and 19,861 attended awareness sessions conducted by social mobilizers. Additionally, 3,814 women and girls took part in reproductive health sessions; 1,932 with reproductive health complications were safely referred to nearby health facilities; 171 received dignity kits; and 2,079 participated in menstrual hygiene management awareness sessions.

[9] Reflecting the cumulative total under outputs 1 and 4.

Technical quality assurance and standards

To provide technical quality and standardization, PUNOs developed guidelines for MCHC implementation. These covered objectives, operational principles and minimum standards. They include:

1

Specific guidance for child-friendly corners covers their structure and set-up, age-appropriate activities, the roles and responsibilities of early childhood educators, required materials, monitoring mechanisms, and hygiene and safety standards.

2

A group activity manual to support MHPSS counsellors offers 14 structured sessions on methodologies and facilitation techniques.

3

An MHPSS case management manual addresses the needs of vulnerable women, adolescent girls and children, including internally displaced people, returnees, host communities and conflict-affected populations. It emphasizes a client-centred, survivor-focused approach, and outlines guiding principles, case management steps, documentation standards, referral mechanisms, staff responsibilities, staff care and supervision methods.



Community member in a session with PUNOs and STFA in Helmand Province. © STFA/Mohammad Omar Kamal





Delays in Implementation, Challenges, Lessons Learned & Best Practices

An employee of Kandahar Food Centre supported by STFA shows their produced jam in Kandahar Province. © STFA/Mohammad Omar Kamal



Challenges

1

Implementation faced several delays resulting from structural design gaps, external funding shifts and difficult site conditions. Site preparation needs were more extensive than anticipated. Revisions strengthened the final infrastructure but expanded the implementation timeline. Amid sudden changes in funding, PUNOs mobilized rapidly to reconfigure roles and secure alternative sources.

2

It was difficult to identify MSMEs with adequate production capacity. This issue was mitigated through improved outreach and screening, and stronger coordination with chambers of commerce, improving the accuracy of selection for training and participation in exhibitions.

3

The continued ban on women and girls' education, training and gathering in hotels or other public venues limited capacity development for women entrepreneurs. PUNOs discussed these issues with provincial women's activists, businesswomen and female trainers, finding that an alternative was for women to gather in their own homes. This allowed capacity development sessions for female entrepreneurs in Kandahar and Nimroz provinces to proceed in line with rules and regulations set by the *de facto* authorities.



A 1,158-meter retaining wall constructed with STFA support in Kandahar Province. © STFA/Mohammad Omar Kamal



Lessons Learned



1

Delivery in the Southern Region requires continuous access negotiations. Constraints such as varying district conditions for participation were addressed through adaptive site selection and intensified coordination with local authorities. This flexibility preserved the programme's intent while aligning with operational realities. Inclusive dialogue, local engagement and patient technical diplomacy helped to transform resistance into institutional ownership.



2

Participatory decision-making strengthens trust. Community ownership significantly enhanced programme acceptance, even when resources were limited. Empowering communities to choose between competing priorities, including through the CAP methodology, reduced tensions and reinforced equitable planning processes. Collaborative models resulted in both more holistic assistance and higher levels of community satisfaction.



3

A phased and demand-driven approach was valuable in working with MSMEs. This adaptive strategy prioritized enterprises with strong market absorption capacity and employment potential. It supported enterprises with strong sales performance to benefit from repeat exhibition exposure, which enabled them to scale up production, adopt new branding strategies and develop more sustainable commercial partnerships.



4

The deployment of skilled female midwives and health workers in culturally sensitive ways significantly increased service use and timely care-seeking, particularly among women and adolescents. Delivering RMNCAH, nutrition and family planning services in a single location reduced barriers to care and strengthened early identification and referral of high-risk cases. Continuous engagement through community health workers and family health action groups enhanced awareness, promoted preventive care and strengthened linkages between communities and health facilities.



Risk Analysis

During 2025, the Joint Programme for the Southern Region of Afghanistan: Addressing Basic Human Needs continued to face the risk of deteriorating human rights conditions, particularly affecting women. Additional restrictions limited the physical presence of national female UN staff and NGO personnel at UN compounds and NGO offices.

Despite these challenges, PUNOs maintained a principled approach to programme delivery. Mitigation measures included sustaining “by women for women” modalities, adapting implementation strategies to preserve access, inclusion and accountability, and enabling national female staff to contribute effectively through remote work arrangements.

Lessons from these measures underscore the importance of continued attention to women’s participation and inclusion in future programming.

Qualitative Assessment

Across the reporting period, the joint programme delivered strong and measurable progress in improving essential services, strengthening livelihoods, enhancing disaster resilience and deepening community participation. Cross-cutting issues such as women’s participation, community accountability, conflict-sensitive planning and do no harm principles were fully integrated, bolstering social cohesion and improving trust between communities and implementing partners. Results reflected adaptive implementation, effective collaboration among PUNOs, and sustained engagement with local communities and authorities.

Several assessments guided the operationalization of the ASYREC system, and multiple rounds of testing checked reliability, accuracy and usability. Continuous feedback from end users led to a more user-friendly interface. While no external independent evaluation was conducted during this reporting period, internal reviews confirmed that the system was meeting objectives in facilitating the flow of humanitarian supplies.

The programme overcame complex access, design and funding conditions in improving the capacities and reach of the FHHs. Close collaboration among PUNOs and with national and provincial *de facto* health authorities helped to navigate mid-implementation design shifts and regulatory requirements without compromising quality. When resources for solar systems fell short, PUNOs mobilized alternative funds for installation to continue, resulting in higher-quality and more resilient healthcare.

The programme achieved substantial progress in delivering life-saving, gender-responsive, and culturally appropriate health services, ensuring continuity of care amid increasing operational constraints. In Helmand Province, beneficiaries reported feeling safer and more confident seeking antenatal, delivery and postnatal care from skilled female midwives. Community feedback highlighted the importance of integrated RMNCAH and nutrition services, reducing the need for travel and enabling timely care.



Third-party monitoring suggested that the FHH model overall delivers consistent access to services, with a manageable variability in patient load that offers a basis for workload planning, resource distribution and quality assurance. The model has proven relatively affordable in delivering primary healthcare. It has been effective in reaching geographically isolated populations that otherwise have no formal health infrastructure. This has enhanced the reach and equity of the health system while also reducing burdens on higher-level health facilities.

Sustaining the model, however, remains a concern. It will require overcoming a reliance on donor funds and securing stable financing as well as reinforcing institutional engagement and community participation. Another concern for women's health is a shrinking pipeline of qualified midwives due to restrictions on education for women and girls. TPM assessments further confirmed that service delivery improvements translated into tangible benefits at community level, particularly in terms of improved access, reduced travel burdens, and enhanced service continuity. However, findings also highlighted variability in operational performance across locations, often linked to supply chain constraints, staffing gaps, and the need for strengthened maintenance and refresher training systems.

Capacity development programmes for MSMEs benefitted from timely and effective communication and coordination with provincial chambers of commerce in Kandahar, Nimroz and Helmand provinces. This enhanced the credibility of support and steered the transparent, market-driven selection of MSMEs.

Assessments and evaluations showed that training sessions helped MSMEs improve their businesses and incomes and generate jobs through expanded market access and new commercial links. Group work, role playing and games were among the methodologies that participants found most educational and informative.

Gender inclusion remained central, with culturally adapted mechanisms, such as mahram accompaniment, supporting women's participation in trade exhibitions, sales opportunities, and B2B networks. While the programme prioritized disability inclusion, no eligible enterprises were identified; nevertheless, the design remains ready to absorb persons with disabilities in future cycles.

Strong community resilience gains resulted from developing disaster risk management infrastructure and early warning mechanisms, increasing preparedness in at-risk communities and enhancing the protection of infrastructure, farmland and households. These achievements reinforced contributions to climate adaptation, a priority across multiple STFA-funded interventions.

Strengthened participatory governance, community feedback sessions, CAP reviews and localized decision-making empowered community members to shape local priorities and maximize community benefits. In Nimruz Province, the establishment and training of LICs with equal male and female participation expanded community leadership capacity and social cohesion, and improved needs assessment and project development.

Communities have shifted from passive recipients to active planners and decision makers, with LICs and CAPs serving as platforms for inclusive participation, particularly for women, who were engaged in equal numbers despite restrictions. These gains aligned with broader STFA objectives to strengthen governance through community-based planning and promote social cohesion as a foundation for durable solutions.



Strengthening the basic health component of the MCHC model contributed to a significant increase in service utilization, reflecting growing community trust and acceptance. Female-only staffing and alignment with cultural norms were critical in programme acceptance. Targeted engagement of adolescent girls promoted early prevention of GBV and reproductive health risks, ensuring intergenerational impact. Strong inter-agency coordination and adherence to agreed referral pathways backed the continuity of care and reinforced the MCHC as a reliable, safe, and gender-sensitive service delivery platform for vulnerable populations, particularly returnees and conflict-affected women and girls.

Partnerships

1

Strategic positioning and coordination: STFA's strategic positioning within the UN coordination framework has been a cornerstone of its effectiveness in Afghanistan. STFA has ensured seamless engagement in key coordination bodies and clusters, enabling optimal programmatic impact through the identification of synergies and complementarities across funding streams and organizations. Under the strategic leadership of the UN Resident Coordinator, STFA is positioned to be responsive to the evolving context in Afghanistan. It is actively involved in the United Nations Country Team, Humanitarian Country Team, the Risk Management Team, the National Durable Solutions Working Group, the Programme Management Team and the Resident Coordinator's Office-led Monitoring and Evaluation Working Group. This collaboration allowed STFA to align with broader UN strategies and foster coordinated actions with humanitarian and development partners to deliver durable solutions for vulnerable communities. STFA's engagement with these coordination mechanisms ensures that its interventions are prompt, effective, and aligned with UN-wide risk management measures. They strengthened the ability to adapt to dynamic needs, supporting long-term stability and resilience through integrated, complementary programming.

2

Collaborative initiatives: Under the strategic leadership of the Resident Coordinator, STFA continued to apply the delivering as one modality as central to its operations, fostering synergies across organizations and enhancing programme quality, cost-effectiveness and socioeconomic impact. The four collaborative thematic initiatives approved by the STFA Steering Committee exemplify how the delivering as one approach uses the comparative advantages of each organization to maximize impact and deliver sustainable, coordinated solutions for vulnerable communities.

3

Private sector engagement: STFA has expanded MSME financing and market access by partnering with Ghazanfar Bank, Afghanistan International Bank, Kam Group, ASEEL, Hesab Pay and more. These collaborations led to new loan products for women-led MSMEs. They helped onboard more than 140 MSMEs onto ASEEL's e-commerce platform, enabling wider market reach. Private sector engagement was further strengthened through targeted outreach and high-level meetings in Dubai. These efforts secured commitments from financial institutions and business partners to enhance MSME access to finance, lower operational costs and open new international market channels.





Annexes

A student enjoys a glass of safe drinking water in Helmand Province after an STFA-supported borewell brought reliable water access to the community. © STFA/Mohammad Omar Kamal



Annex I. Indicator-based Performance Tracker

(The figures in brackets are female figures.)

Annex I - Indicator-based Performance Review	Unit	Baseline	Target	Progress	Reasons for Variance with Planned Target	Source of Verification
Output 1. Essential services and community infrastructure - including for health, agriculture and energy supply - are functional, sustained and expanded to meet different needs of women and men.						
1a. Number of people that have benefited from UN-supported essential services and/or new/rehabilitated infrastructure, disaggregated by type of service and sex.	People	0	0 (0)	435,379 (333,014)		PUNO reports
1d. Number of functional, UN-supported, facilities providing basic health assistance (including basic health assistance services for women and girls)	Facilities/ Infrastructu re	0	8 (0)	40 (0)		PUNO reports
1e. Number of COVID-kits distributed to health centres/clinics	Kits	0	0 (0)	17 ()		PUNO reports
Output 2. Livelihoods, businesses and local economy are able to recover and are more resilient to instability						
2a. Number of people who benefited from unconditional cash transfers (at least 80 percent women)	Households	0	0 (0)	1,000 (777)		PUNO reports
2b. Number of people who have benefited from newly-created income-generation opportunities, disaggregated by sex, age and province	Households	0	0 (0)	3,177 (3,173)		PUNO reports
	Other	0	0 (0)	165 ()		PUNO reports
	People	0	169 (80)	800 (800)		PUNO reports
2b.1. Number of people who have benefited from productive employment through cash-for-work schemes (at least 30 percent women; 50 percent youth)	Households	0	0 (0)	10,000 (67)		PUNO reports
2f. Number of MSMEs that benefit through financial capital support, training and/or other forms of asset support, disaggregated by women-led and men-led MSMEs	MSMEs	0	100 (60)	211 (83)		PUNO reports

Annex I - Indicator-based Performance Review	Unit	Baseline	Target	Progress	Reasons for Variance with Planned Target	Source of Verification
Output 3. Communities have improved infrastructure, access to water and preparedness mechanisms to protect farm-based livelihoods and cope with climate shocks and natural disasters						
3a. Number of districts with functional early warning systems and other preparedness mechanisms for climate shocks and natural disasters	Districts	0	2 (0)	3 ()		PUNO reports
3c. Number of farmers who benefited from training and assets for improved, climate-smart, agriculture (at least 30 percent women)	People	0	0 (0)	36,405 (5,947)		PUNO reports
3d. Number of people that benefit from rehabilitated and/or newly constructed disaster-resilient community infrastructure and nature-based solutions	Hectares	0	0 (0)	22,842 ()		PUNO reports
	People	0	800 (240)	9,975 (5,088)		PUNO reports
Output 4. Social cohesion, human rights, access to justice are strengthened at local level.						
4a. Number of community-based/civil society organizations with improved capacity for participatory and inclusive community planning (at least 20 percent women-led)	CSOs	0	2 (0)	2 ()		PUNO reports
4b. Number of people with better awareness about human rights, social cohesion and conflict prevention (at least 50 percent women)	People	0	40 (12)	19,945 (19,903)		PUNO reports

Annex II. Stories from the Field

Life After Poppy: Bakht Mohammad's New Vineyard

An STFA beneficiary of a trellis system in his grape vineyard in Helmand Province. © STFA/Mohammad Omar Kamal



For decades, Helmand Province was a centre for poppy cultivation. When a ban on poppy farming was imposed, many farmers lost their primary source of income. To survive, they had to transition to alternative crops.

Bakht Mohammad, a 31-year-old farmer and father of three, was one of them. He replaced his poppy fields with a 2,000-square-metre grape vineyard. Yet growing grapes in Helmand presents specific challenges.

Traditionally, local farmers let their grapevines grow directly on the ground. When it rained, the grapes sat in the wet soil and rotted. Summer heat radiating from the earth damaged the fruit, and pests easily reached the crops, reducing the harvest.

To help farmers succeed in their transition, the joint programme introduced the trellis system. Instead of letting vines spread on the ground, Bakht learned to install concrete pillars and wire supports. This system trains the stems to grow upright, keeping the grapes suspended in the air.

As a result, harvest damage dropped, allowing Bakht to collect 58 tons of grapes. Before using the trellis method, Bakht earned AFN 100,000 a year (approximately \$1,600). Now, his income has increased to AFN 170,000 (approximately \$2,700).

“The new system protects my grapes from the heat and the pests,” Bakht shared. “Because the quality of the fruit is better, I can earn more to support my family.”

After seeing the results of his first harvest, Bakht decided to replicate the system for his next planting season. To expand the trellises, he used a cost-sharing model. He paid 25 percent of the set-up cost (about \$500) while the *de facto* authorities provided the remaining 75 percent.

For Bakht and his three children, the vineyard now provides a stable, legal and growing income.



Scaling Up Kandahar's Local Enterprises Through Market Access

For MSMEs in Afghanistan, producing goods is only the first step. Across the country, local businesses frequently find their growth stifled by restricted market access, weak branding and limited networking opportunities. To address these barriers, the joint programme supported local businesses in Kandahar Province to demonstrate that structured market interventions can build economic resilience.

Kifayat Hakimi Dairy Process Ltd., based in Kandahar, is an example. Despite producing spices and food products, the enterprise initially faced operational hurdles. Its marketing capacity was low, and brand visibility was limited. These constraints confined sales to three provinces: Kandahar, Helmand and Kabul. Furthermore, lacking direct access to larger markets and networks, the business relied on expensive, second-hand raw material suppliers. This reliance undercut profit margins and stifled growth, leaving the company stagnant.

To break through these barriers, Kifayat Hakimi was supported to participate in the Anar National Exhibition and the Imam Abu Hanifa National and International Expo.

These exhibitions provided more than a venue for retail sales; they served as a bridge to the nationwide market.

The events allowed the Kandahar-based factory to showcase its products directly to traders, non-governmental organizations and primary suppliers. It established direct linkages with primary suppliers, cutting out middlepersons and increasing brand visibility.

The company's monthly sales soon tripled from \$5,000 to \$15,000. This financial growth had an immediate ripple effect on the local community. The business created five new jobs, including three positions specifically designated for women, providing vital livelihoods in a highly constrained environment for employment. Geographically, the business expanded its distribution footprint into six new provinces. Today, it supplies approximately 60–70 percent of the spice market in Kabul.

“We are grateful for the opportunity to showcase our products in this competitive market,” said Karimullah Hakimi, the owner of the enterprise. “It allowed our company to be known at the national level.”



Workers at Kifayat Hakimi Dairy Process Ltd. in Kandahar Province. © IOM



Care and Dignity at the Border: Safe Deliveries for Returning Mothers

Women in border and displacement settings often face increased risks during childbirth. Delayed access to care, the physical exhaustion of travel and high levels of stress can severely impact both maternal and newborn health.

When 33-year-old Nasrin (name changed) arrived at the Milak Zero Point MCHC, on the border with Iran in Nimroz Province, she was already in active labour. Having just been deported from Iran, her long, difficult journey left her exhausted and anxious at the exact moment she needed to deliver her baby.

The MCHC staff immediately recognized her distress. Before beginning any medical procedures, they offered Nasrin psychological first aid in a private, quiet space. In high-stress displacement contexts, this initial support is critical for helping women manage fear and calm anxiety.

Once Nasrin was settled, the midwife transferred her to the clinic's delivery ward. There, she received respectful, timely obstetric care. Within a few hours, Nasrin safely delivered her baby in an environment designed to support both her physical and emotional health.

Following the delivery, Nasrin received postnatal care and essential supplements to aid her recovery. The combination of clear medical attention and compassionate support provided the security she needed during a vulnerable time. Both mother and newborn remained stable and healthy.

Before leaving the clinic, Nasrin thanked the health workers, sharing how she felt respected and cared for. To further support her recovery, she was provided with a dignity kit to meet immediate personal hygiene needs. The kits include essential items such as soap and sanitary materials, which are critical for women's privacy and personal care yet often hard to find in displacement settings.

Nasrin's experience highlights the vital importance of accessible maternal health services at border crossings and returnee transit points. The scale of the need is massive: in December 2025 alone, the Milak Zero Point MCHC provided integrated reproductive, maternal, newborn and child health services, along with psychosocial support, to 1,700 people.



A mother receives a dignity kit from a midwife at the Milak Zero Point MCHC in Nimroz Province. © UNFPA



DELIVERING AS

 **ONE**

The word 'ONE' is rendered in a large, bold, white sans-serif font. To its left is a circular icon representing the Sustainable Development Goals (SDGs), consisting of 17 colored segments arranged in a ring.

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