STFA
Special Trust Fund for Afghanistan

FINAL REPORT

DRUG USE PREVENTION, TREATMENT, AND REHABILITATION INITIATIVE



Patients in an STFA-supported women Drug Treatment Centre in Ghazni Province. © STFA/Mohammad Omar Kamal

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Evaluation Completed Yes ☑ No Date: 2 September 2026 Evaluation Report Attached[9] Yes ☑ No	• Name: Peter Nordstrom • Title: Senior Trust Fund Manager • Participating Organization (Convening Agent): UNODC • 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.
[8] Financial Closure requires the return of unspent balances and submission of the Certified Final Financial Statement and Report.
[9] The Evaluation Report can be accessed under Fund Level Reports on the MPTF website: https://mptf.undp.org/fund/afg00.

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List of Acronyms and Abbreviations

DaO	Delivering as One
DIC	Drop-in centre
DTC	Drug treatment centre
GBV	Gender-based violence
HIV	Human immunodeficiency virus
HIV	Human Immunodeficiency Virus
MHPSS	Mental Health and Psychosocial Support
MSMEs	Micro-, small and medium-sized enterprises
OPTC	Outpatient treatment centre
PFA	Psychological first aid
PSEAH	Prevention of sexual exploitation and abuse and harassment
STFA	Special Trust Fund for Afghanistan
TVET	Technical and Vocational Education and Training
UNSFA	United Nations Strategic Framework for Afghanistan
WASH	Water, Sanitation and Hygiene

Executive Summary



A patient at a Drug Treatment Centre supported by STFA in Paktia Province. © STFA/Mohammad Omar Kamal

Afghanistan continues to face one of the world's most severe drug use crises, with drug dependency affecting an estimated one in three households and increasingly intersecting with poverty, unemployment, displacement, mental health challenges and social instability. Since the political transition of August 2021, disruptions to health and social service systems, combined with funding shortages and reduced operational capacity, have significantly constrained access to evidence-based prevention, treatment and rehabilitation services. At the same time, economic pressures and limited livelihood opportunities have heightened vulnerabilities among individuals and communities affected by drug use disorders.

The Special Trust Fund for Afghanistan (STFA) Drug Use Prevention, Treatment and Rehabilitation Initiative was implemented through the Delivering as One (DaO) modality to address these interconnected challenges through an integrated and rights-based approach. The initiative combined drug use prevention, treatment, harm reduction, psychosocial support, infrastructure rehabilitation, renewable energy, livelihoods support and socio-economic reintegration interventions across the South-Eastern Region, particularly in Ghazni, Khost, Logar and Paktia provinces. Special attention was given to vulnerable populations, including women, youth, recovering people who use drugs, homeless individuals and communities in remote and underserved areas.

The initiative strengthened the continuum of care through support to Drug Treatment Centres (DTCs), Drop-In Centres (DICs), Outpatient Treatment Centres (OPTCs), outreach teams and referral mechanisms. The programme also expanded women's access to treatment and psychosocial services through establishment of the region's first female residential DTC and related women-focused services. Alongside treatment and rehabilitation support, the initiative promoted longer-term recovery and resilience through vocational training, entrepreneurship support, income-generating activities and community-based reintegration initiatives.

Through integrated prevention, treatment, harm reduction and livelihoods interventions, the initiative expanded access to evidence-based and gender-responsive services, strengthened continuity of care, reduced barriers to treatment for women and vulnerable populations, and supported the socio-economic reintegration of recovering people who use drugs. Investments in infrastructure, renewable energy, capacity development and community engagement further strengthened the quality, accessibility and sustainability of services across the recovery continuum.

By the end of the implementation period, the initiative had achieved the following key results:

43,573
people

were reached through prevention, psychosocial support and primary health-care services.

31,605
individuals, including 8,022 women

accessed comprehensive treatment and rehabilitation services through DTCs and OPTCs.

7,243
people who use drugs, including 1,612 women

accessed harm reduction and primary health care services through DICs.



81,395

vulnerable individuals, including 20,056 women

were reached through prevention and awareness-raising activities and distribution of information, education and communication materials.



1,686

families

participated in evidence-based family skills interventions aimed at strengthening protective factors and reducing vulnerability to drug use.



9,308

young people

participated in sports-based drug prevention and awareness activities.



411

people who use drugs, including 97 women and vulnerable individuals

were referred to specialized services including mental health, tuberculosis, HIV and hepatitis treatment services.



4

DTCs

DTCs were solarized and one DTC was rehabilitated, improving service continuity, infection prevention and control, operational sustainability and climate resilience.



400+

frontline staff and service providers

strengthened their capacities through training on evidence-based treatment, mental health and psychosocial support, harm reduction, Psychological First Aid (PFA), Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), and self-care approaches.



5,000

dignity kits

were distributed to vulnerable women and girls, including women and girls with disabilities, through integrated psychosocial support and protection services.



110

treated drug users, including 60 women

completed vocational skills training programmes linked to income-generating opportunities and reintegration support.



175

recovering people who use drugs, including 100 women

completed entrepreneurship training programmes, while 66 beneficiaries received Micro, Small and Medium Enterprise (MSME) grants to establish or expand small businesses.



625

recovering individuals, including 57 women

benefitted from livelihood support interventions including livestock, poultry farming, vegetable cultivation, solar dryers and small business assistance.

Independent evaluation findings broadly confirmed the relevance and accessibility of the initiative's differentiated prevention, treatment, harm reduction and livelihood services. Among 208 consent-valid respondents, 204 reported that support was accessible when needed, 196 reported feeling safe and respected while receiving services, and 194 said they would recommend the support to others. The evaluation found credible evidence of access, dignity, early recovery and short-term livelihood activity, while noting that treatment, follow-up and economic reintegration were not yet consistently tracked as a single end-to-end recovery pathway and that evidence of longer-term livelihood sustainability remained limited.

The initiative was implemented in a highly challenging operational environment characterized by administrative delays, infrastructure limitations, restrictions affecting women's mobility and participation, funding constraints and persistent stigma associated with drug use disorders. Implementation approaches were adapted through continuous engagement with local authorities, women-only modalities where feasible, peer outreach mechanisms, community engagement and flexible delivery arrangements to sustain services and safeguard access for vulnerable populations.

The initiative demonstrated the value of integrated approaches linking prevention, treatment, harm reduction, psychosocial support, livelihoods and community reintegration. By combining public health, protection and economic recovery interventions, it strengthened recovery pathways for people affected by drug use disorders and created opportunities for greater resilience and social inclusion. The initiative also established promising models for community-based treatment, gender-responsive service delivery and socio-economic reintegration that provide an important foundation for continued support to vulnerable populations affected by drug use in Afghanistan.

Purpose



Patients at a Women Outpatient Treatment Centre, supported by STFA, in Paktia Province. © STFA / Mohammad Omar Kamal

Afghanistan continues to face one of the world's most severe drug use crises, with drug dependency, mental health challenges, poverty, unemployment, displacement and social instability reinforcing one another in complex and mutually aggravating ways. Drug use affects an estimated one in three households, while limited availability of evidence-based prevention, treatment, rehabilitation and reintegration services has contributed to poor health, social and economic outcomes. Following the political transition of August 2021, disruptions to health and social services, funding shortages and reduced operational capacity further constrained access to care, including through the closure or reduced functionality of many Drug Treatment Centres (DTCs).

The STFA Drug Use Prevention, Treatment and Rehabilitation Initiative was established to address these interconnected challenges through an integrated, evidence-based and rights-based approach across Afghanistan's South-Eastern Region, particularly in Ghazni, Khost, Logar and Paktia provinces. Implemented through the DaO modality, the initiative sought to strengthen access to voluntary, equitable and gender-responsive services for people with drug use disorders and populations at heightened risk, including women, youth, children, homeless individuals and communities in remote and underserved areas.

The initiative contributed to United Nations Strategic Framework for Afghanistan (UNSFA) priorities relating to sustained essential services and resilient livelihoods. It adopted a continuum-of-care approach linking prevention, treatment, harm reduction, psychosocial support, rehabilitation and socio-economic reintegration. Core interventions included strengthening DTCs, Drop-In Centres (DICs) and referral mechanisms; expanding outreach and community-based services; rehabilitating health and water, sanitation and hygiene (WASH) infrastructure; strengthening the capacities of frontline service providers; and supporting recovery through vocational training, entrepreneurship development and livelihood opportunities.

Particular emphasis was placed on integrating mental health and psychosocial support (MHPSS), harm reduction, HIV and hepatitis prevention, gender-responsive programming, PSEAH and survivor-centred approaches to gender-based violence (GBV). Women and girls were supported through psychosocial services, dignity kits, self-care initiatives and strengthened referral pathways designed to improve protection, wellbeing and access to services.

By linking public health, psychosocial support, livelihoods and community reintegration, the initiative sought to strengthen both immediate service delivery and longer-term recovery pathways. Through coordinated implementation, shared referral mechanisms and complementary technical support, it aimed to establish a more coherent, inclusive and sustainable response to drug use challenges in South-Eastern Afghanistan.



A Women Drug Treatment Centre, supported by STFA, in Ghazni Province. © STFA / Mohammad Omar Kamal



Assessment of Programme Results

A beneficiary of an alternative livelihoods intervention tends to his STFA-supported orchard in Paktia Province. © STFA/Mohammad Omar Kamal

Outcome

The STFA Drug Use Prevention, Treatment and Rehabilitation Initiative strengthened the continuum of prevention, treatment, harm reduction, rehabilitation and socio-economic reintegration services for people with drug use disorders across the South-Eastern Region. Through integrated investments in treatment services, community-based prevention, psychosocial support, infrastructure, renewable energy and livelihoods, the initiative expanded access to essential services, reduced public health risks, strengthened recovery pathways and created opportunities for longer-term social and economic reintegration.

The initiative improved access to evidence-based, voluntary and gender-responsive treatment and rehabilitation services through a network of Drug Treatment Centres (DTCs), Drop-In Centres (DICs), Outpatient Treatment Centres (OPTCs), outreach teams and referral mechanisms. Operational support, capacity development and strengthened service-delivery systems contributed to more accessible, consistent and inclusive services. The establishment of the region's first female residential DTC, complemented by women-focused outpatient services, addressed a significant service gap and expanded access to treatment and psychosocial support for women.

Prevention interventions strengthened protective factors among families, adolescents, youth and communities through evidence-based family skills programmes, sports-based prevention activities, community awareness initiatives and information campaigns. These interventions increased awareness of drug-related risks, promoted healthier behaviours and strengthened community resilience, particularly among young people and families in high-risk settings.

Harm reduction services expanded access to basic health care, hygiene support, HIV testing and counselling, overdose prevention, referrals and targeted assistance for people who use drugs. These interventions reduced preventable health risks, improved access to care and strengthened links between outreach, treatment and recovery services for vulnerable populations, including women.

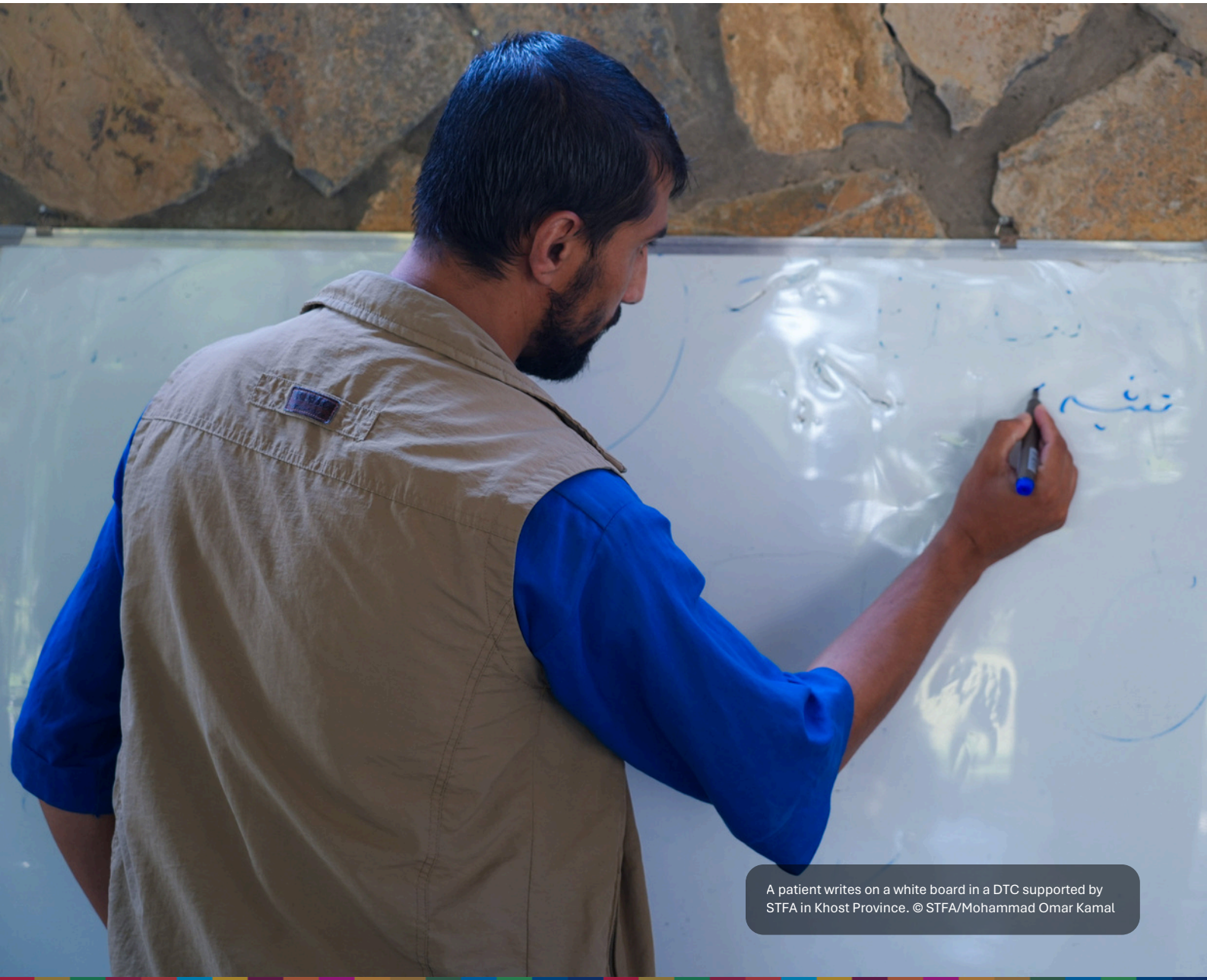
The initiative also strengthened the quality, reliability and sustainability of treatment services through rehabilitation of treatment facilities, improvements to WASH infrastructure, and solarization of four DTCs. These investments improved service-delivery conditions, strengthened infection prevention and control measures, enhanced patient safety and reduced operational vulnerabilities associated with unreliable energy supplies.

Recovery and rehabilitation outcomes were further strengthened through vocational training, entrepreneurship development, livelihoods support and community-based reintegration initiatives. Treated and recovering people with drug use disorders gained skills, productive assets and income-generating opportunities that supported economic participation, household resilience and reintegration within families and communities. Complementary awareness-raising activities also contributed to addressing stigma and fostering more supportive environments for recovery. Cross-cutting priorities were integrated throughout implementation. Gender-responsive and survivor-centred approaches strengthened women's access to treatment, psychosocial support, livelihood opportunities and protection services.

Capacity-building initiatives enhanced the ability of frontline workers and service providers to deliver safe, ethical and inclusive services, including through strengthened competencies in MHPSS, GBV, PSEAH, self-care and harm reduction.

Independent evaluation findings broadly confirmed the relevance and accessibility of the initiative's differentiated service model. Among 208 consent-valid respondents, 204 reported that support was accessible when needed, 196 reported feeling safe and respected while receiving services, and 194 said they would recommend the support to others. The evaluation found the strongest evidence for access, dignity and early recovery, while noting that follow-up, referral completion and longer-term livelihood outcomes were less consistently documented across the recovery pathway.

Taken together, these interventions demonstrated the value of integrated approaches linking prevention, treatment, rehabilitation, livelihoods and social reintegration. By addressing both the health and socio-economic dimensions of drug use disorders, the initiative strengthened recovery pathways, improved service accessibility and supported more inclusive outcomes for vulnerable individuals and communities across the South-Eastern Region.



A patient writes on a white board in a DTC supported by STFA in Khost Province. © STFA/Mohammad Omar Kamal

Outputs

UNSFA 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

48,888

Women

14,713 (30%)

The initiative strengthened access to prevention, treatment, harm reduction, psychosocial support and rehabilitation services across the South-Eastern Region. The beneficiaries benefited from drug treatment, rehabilitation and related essential services. Through investments in service delivery, infrastructure, capacity development and community outreach, the initiative improved the accessibility, quality, continuity and inclusiveness of services for people with drug use disorders, their families and vulnerable communities.

Treatment and rehabilitation services

The initiative strengthened an integrated network of treatment, rehabilitation and outpatient services across the South-Eastern Region through DTCs, DICs and OPTCs. Operational support, staffing assistance and capacity development contributed to more accessible, consistent and inclusive services.

Across supported DTCs and OPTCs, 31,605 individuals, including 8,022 women (25 percent), accessed comprehensive treatment and rehabilitation services. Services included inpatient and outpatient treatment, psychosocial support, individual and family counselling, group interventions, primary health care, aftercare and referrals. Programme reporting recorded 1,599 clients, including 380 women (24 percent), as receiving structured drug treatment services through residential, outpatient and home-based treatment modalities.

The initiative also expanded access to treatment services for women through establishment of the South-Eastern Region's first female residential DTC, complemented by female-focused outpatient services. This addressed a significant service gap and increased access to safe and gender-responsive treatment and rehabilitation services. Additional support to the Khost DTC enabled continued provision of 24-hour treatment and rehabilitation services, with 288 patients completing treatment and being discharged during the reporting period.

Taken together, these interventions expanded access to evidence-based and gender-responsive treatment services, strengthened continuity of care and improved recovery pathways for people with drug use disorders.

Independent evaluation findings broadly confirmed the accessibility and positive experience of treatment and related services. Among 208 consent-valid respondents across treatment, harm reduction, outpatient and outreach modalities, 204 reported that support was accessible when needed, 196 reported feeling safe and respected while receiving services, and 194 said they would recommend the support to others. The evaluation concluded that the initiative plausibly contributed to improved treatment access, dignified service experience and early-stage recovery among those reached, while noting that treatment completion, relapse and longer-term recovery were not consistently measured.



Harm reduction and referral services

Harm reduction services expanded access to basic health care, hygiene support, social services, overdose prevention, HIV testing and counselling, and referral pathways for people who use drugs. A total of 7,243 people who use drugs, including 1,612 women (22 percent), accessed harm reduction and primary health-care services through DICs operating in Ghazni and Logar provinces. These interventions reduced preventable health risks and improved equitable access to essential services among vulnerable populations.

To strengthen continuity of care, 411 people who use drugs, including 97 women (24 percent), were referred to specialized services, including mental health care, tuberculosis treatment, and HIV and hepatitis services. In addition, 61 people living with HIV, including 13 women (21 percent), received targeted support to strengthen treatment adherence and address immediate needs. Taken together, these interventions reduced health risks, strengthened referral pathways and improved access to specialized care and support services.



Capacity development and quality of care

Capacity-development interventions strengthened the quality, safety and sustainability of treatment, harm reduction and psychosocial services. More than 400 frontline workers and service providers strengthened their capacities through training on evidence-based treatment, harm reduction, MHPSS, Problem Management Plus (PM+), the Mental Health Gap Action Programme (mhGAP), PSEAH, PFA, GBV and self-care approaches.

These interventions strengthened clinical, psychosocial and operational competencies among doctors, nurses, counsellors, outreach workers and other frontline personnel, contributing to safer, more ethical and more inclusive service delivery. Taken together, capacity-development initiatives strengthened the quality, effectiveness and sustainability of treatment and support services across the region.



Protection, dignity and gender-responsive support

Gender-responsive and protection-focused interventions strengthened access to psychosocial support, protection services and essential supplies for vulnerable women and girls.

A total of 5,000 dignity kits were distributed to 5,000 women and girls, including 245 women and girls with disabilities, in Ghazni, Khost, Logar and Paktia provinces.[10] Priority was given to women and girls with disabilities, female-headed households, and pregnant and lactating women. The dignity kits were integrated within broader psychosocial support and protection services and were accompanied by awareness sessions on personal hygiene and menstrual health management. Distribution also created opportunities for referral to psychosocial, health and protection services.

Taken together, these interventions strengthened dignity, protection, wellbeing and access to support services for vulnerable women and girls.



Prevention and community awareness

Prevention interventions strengthened protective factors among families, adolescents, youth and communities through awareness-raising activities, evidence-based family skills programmes, sports-based prevention initiatives and community outreach. A total of 81,395 vulnerable individuals, including 20,056 women (25 percent), were reached through awareness-raising activities and distribution of 19,889 information, education and communication materials on drug prevention.[11]

Sustainable prevention capacity was strengthened through training of 24 facilitators, enabling implementation of evidence-based family skills interventions. A total of 1,686 families participated in the programme. This included 1,686 caregivers, of whom 812 were women, and 1,686 children, of whom 676 were girls. Participating families reported improved parenting practices, stronger family relationships and enhanced capacity to address challenges associated with mental health, substance use and family violence.

Youth-focused prevention activities reached 9,308 young people through six sports-based prevention events in Ghazni and Logar provinces. These activities promoted awareness of drug-related risks, encouraged healthier lifestyles and helped reduce vulnerability among young people in high-risk settings. Community outreach activities further strengthened prevention and follow-up services.

[10] The dignity kits included essential hygiene items, including sanitary pads, underwear, soap, shampoo, reusable cloth and other culturally appropriate materials. Where possible, items such as headscarves, flashlights and whistles were included to enhance safety and mobility.

[11] 81,395 individuals reached through awareness-raising, IEC material distribution and prevention messaging are excluded from the programme's core beneficiary count and Annex I.

Outreach teams conducted more than 1,100 prevention and awareness sessions across target communities, reaching thousands of community members while supporting follow-up of discharged clients and strengthening links between communities and treatment services.

Taken together, these interventions strengthened community awareness, promoted healthier behaviours and increased protective factors among families and young people vulnerable to drug use.



WASH, infrastructure and renewable energy support

Infrastructure, WASH and renewable-energy investments strengthened the quality, safety and sustainability of treatment services.

WASH improvements were completed across treatment facilities in Ghazni, Jaghuri, Logar and Khost, including water-supply upgrades, rehabilitation of sanitation systems and installation of handwashing facilities to strengthen infection prevention and control.

Rehabilitation of the Khost DTC addressed long-standing infrastructure and sanitation gaps, improving functionality, safety, hygiene standards and service-delivery conditions. The rehabilitation generated 872 labour days for 41 skilled and unskilled workers while strengthening local ownership through community participation and handover arrangements.

To improve service continuity, four DTCs in Ghazni, Khost and Logar provinces were equipped with solar-power systems. The intervention improved energy reliability, reduced dependence on diesel generators, lowered operating costs and strengthened the sustainability and climate resilience of essential treatment infrastructure.

Taken together, these interventions improved service-delivery conditions, strengthened institutional resilience and enhanced the operational resilience and potential sustainability of treatment services.

Across Output 1, the initiative demonstrated the importance of combining prevention, treatment, harm reduction, infrastructure improvements, capacity development and protection services within a continuum-of-care approach. By strengthening both service delivery systems and community-level support mechanisms, the programme improved access to essential services, enhanced recovery pathways and supported more inclusive and sustainable service and recovery pathways for people with drug use disorders and vulnerable communities across the South-Eastern Region.

UNSFA Priority Area 2: Economic Opportunities and Resilient Livelihoods

Output 2

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

Output 2 benefitted

Number of Beneficiaries	Women	Number of MSMEs	Women-led MSMEs
837	147 (18%)	66	30 (45%)

The initiative strengthened livelihoods, business development and local economic resilience for treated and recovering people with drug use disorders across Ghazni, Khost, Logar and Paktia provinces. By linking recovery with vocational skills, entrepreneurship, productive assets and livelihood opportunities, the initiative expanded opportunities for economic self-reliance and social reintegration and helped address livelihood-related vulnerabilities associated with recovery.

Vocational skills and employability

A labour market and skills assessment identified viable economic opportunities and informed demand-driven vocational training aligned with local market conditions. Based on the assessment, 110 treated drug users, including 60 women and 50 men, completed vocational training across seven trades, exceeding the planned target and achieving full completion.

Training strengthened technical competencies and employability while increasing readiness for self-employment and wage-based work. To support transition from training to income generation, beneficiaries also received business skills training, vocational toolkits and follow-up support.

A total of 105 beneficiaries received market-relevant technical equipment across trades including tailoring, embroidery, mobile phone repair, electrical installation, motorcycle repair and solar installation, while all vocational graduates received toolkits enabling them to apply newly acquired skills in productive economic activities.

Taken together, these interventions strengthened employability, increased opportunities for income generation and supported the transition from recovery to economic participation.

Entrepreneurship and MSME development

Entrepreneurship interventions strengthened business knowledge, confidence and enterprise-management skills among treated and recovering people with drug use disorders. A total of 175 beneficiaries, including 100 women and 75 men, completed entrepreneurship training programmes covering business planning, enterprise management and financial literacy.

Following training, 66 beneficiaries received MSME grants to establish or expand small businesses across Ghazni, Khost and Logar provinces. Complementary business coaching, mentoring and follow-up support strengthened business performance and helped beneficiaries translate entrepreneurial skills into viable economic opportunities. The interventions contributed to increased income-generation opportunities, strengthened women's economic participation and supported pathways towards longer-term economic reintegration of recovering individuals within their communities. Taken together, entrepreneurship and MSME support strengthened self-reliance, promoted small-business development and expanded pathways to more sustainable livelihoods.

Independent evaluation findings confirmed that livelihood support translated into training, productive inputs and short-term economic activity for defined groups of beneficiaries. Among 61 evaluation respondents with confirmed livelihood exposure, 46 reported receiving training, while administrative follow-up records for a 50-person Ghazni subset recorded 27 beneficiaries as employed or operating a business at the time of follow-up. The evaluation nevertheless found that longer-term income change, employment continuity and enterprise survival were not sufficiently tracked to demonstrate durable economic reintegration.

Livelihoods and agricultural reintegration support

Livelihood interventions supported 625 individuals, including 57 women (9 percent), through a range of productive and climate-appropriate livelihood activities. Support included backyard poultry production, animal husbandry, vegetable cultivation, solar dryer technologies and small-business development.

Beneficiaries received productive assets, agricultural inputs, livestock, technical training and business support tailored to local economic conditions. These interventions strengthened household food security, diversified income sources and increased opportunities for productive economic participation. Support to poultry production, livestock management and vegetable cultivation contributed to improved household livelihoods and nutrition,

while solar dryer and small-business interventions helped beneficiaries develop value-added products and expand local income-generating opportunities.

Taken together, these interventions strengthened household resilience, economic stability and reintegration for recovering individuals and their families.

Community acceptance and social reintegration

Community awareness activities supported social acceptance and reintegration of recovering people with drug use disorders. Six awareness sessions reached 142 community members, including community leaders, Community Development Council (CDC) members, women and youth representatives.

The sessions promoted understanding of recovery processes, challenged stigma associated with drug use disorders and encouraged community support for livelihoods and reintegration initiatives. Beneficiary testimonials and recovery narratives helped foster more positive attitudes towards recovering individuals and strengthened community acceptance.

Taken together, these interventions supported social cohesion, helped address stigma and reinforced the sustainability of recovery and livelihood outcomes.

Across Output 2, the initiative demonstrated the importance of linking treatment and recovery services with livelihoods, entrepreneurship and community reintegration. By combining vocational training, enterprise development, productive assets and community engagement, the programme strengthened economic resilience, expanded opportunities for self-reliance, and supported recovery and socio-economic reintegration pathways for treated and recovering people with drug use disorders across the South-Eastern Region.



A former drug addict attending a vocational training workshop, supported by STFA in Logar Province, after his treatment phase. © STFA/Mohammad Omar Kamal

Qualitative Assessment

The STFA Drug Use Prevention, Treatment and Rehabilitation Initiative demonstrated strong relevance and adaptability, together with substantial effectiveness, in addressing complex and interconnected drug use challenges in Afghanistan's South-Eastern Region. Through the DaO modality, the initiative combined prevention, treatment, harm reduction, psychosocial support, infrastructure rehabilitation, renewable energy, livelihoods assistance and community engagement to support recovery, resilience and socio-economic reintegration for vulnerable populations affected by drug use. The integrated and multi-sectoral design enabled the programme to address both immediate service-delivery gaps and longer-term recovery needs in a coordinated and complementary manner.

A key qualitative achievement was the strengthening of the continuum of care through integrated and community-oriented service models. Expansion of outpatient treatment and community-based services improved accessibility and flexibility for beneficiaries who did not require inpatient care, while the regional OPTC network established more accessible, scalable and community-based treatment pathways. The operationalization of women-only treatment services, including the region's first female residential DTC and four female OPTCs, represented a major advancement in equitable access to treatment and rehabilitation services for women in a highly restrictive operating environment.

The initiative also strengthened the quality and reliability of treatment and psychosocial support services. Technical monitoring and supervision indicated improvements in service quality, staffing stability, psychosocial support, patient food provision and WASH conditions, alongside efforts to maintain availability of medicines and non-medical supplies. Feedback mechanisms, action planning and follow-up with implementing partners supported continuous improvement, while patients participating in focus group discussions reported improvements in psychosocial support and overall service quality.

Capacity-building interventions strengthened both technical competencies and staff resilience. Training for frontline staff, counsellors, outreach workers, health professionals and service providers covered evidence-based treatment, MHPSS, PFA, PSEAH, self-care and harm reduction approaches. These interventions improved clinical, psychosocial and operational performance while addressing staff stress, burnout and secondary trauma in demanding operational settings.

The livelihoods and reintegration components demonstrated the importance of linking recovery with economic opportunity and social reintegration. The initiative supported post-treatment recovery through vocational training, entrepreneurship support, business coaching, Technical and Vocational Education and Training (TVET) equipment, seed capital and MSME support. Programme and evaluation evidence confirmed substantial participation, completion of training and some short-term economic activity among supported beneficiaries. However, the independent evaluation found that longer-term income change, employment continuity and enterprise survival were not sufficiently tracked to demonstrate durable economic reintegration, highlighting the importance of sustained mentoring, market linkages and follow-up.The initiative also contributed to addressing stigma and strengthening social inclusion. Community awareness activities, engagement with local leaders and use of beneficiary narratives improved understanding of drug use recovery and reinforced acceptance of recovering people within their communities.

By supporting treated and recovering people with drug use disorders to become economically active and self-reliant, the initiative strengthened dignity, confidence and social participation.

Cross-cutting priorities were integrated throughout implementation. Gender-responsive outreach, women-only services and female facilitators helped mitigate barriers affecting women's participation. Gender-responsive approaches expanded access to treatment, psychosocial support and livelihood opportunities for women through women-only residential and outpatient services, female outreach and counselling personnel, and dedicated support for vulnerable women and girls. Training on GBV, PFA, survivor-centred approaches and PSEAH strengthened the capacity of frontline workers to provide safe, ethical and inclusive services. Independent evaluation findings broadly confirmed these gender-responsive and protection features, particularly the availability of female providers, private interaction and dignity support, although longer-term linked outcomes were not consistently measurable.

Survivor-centred and trauma-informed approaches strengthened the quality of psychosocial and protection support. Inclusion and protection were further strengthened through distribution of dignity kits to vulnerable women and girls, including women and girls with disabilities, ensuring access to essential hygiene and protection items and referral pathways to psychosocial and GBV services. In addition, disability-inclusive targeting approaches were designed to improve access to services and support. Prevention activities targeting families, adolescents and youth promoted awareness, strengthened protective factors and supported community resilience.

Climate resilience and sustainability were also strengthened through renewable-energy and infrastructure investments. Solarization of DTCs improved continuity of services, reduced dependence on diesel generators and strengthened the operational resilience of critical treatment infrastructure. Community engagement and local ownership mechanisms further supported sustainability by strengthening accountability and reinforcing local support for programme activities.

Partnerships and coordination were consistently important enabling factors. The DaO framework supported complementary implementation, joint planning, referral mechanisms and more efficient use of resources across prevention, treatment, psychosocial support, livelihoods and reintegration services. Collaboration with provincial authorities, community structures, local partners and implementing organizations strengthened field-level implementation and alignment with local priorities. The evaluation nevertheless found that referral ownership, completion and downstream outcomes were not consistently traceable, indicating the need for clearer pathway ownership and common referral-stage monitoring.

Overall, the initiative demonstrated that integrated and coordinated approaches linking prevention, treatment, psychosocial support, livelihoods, renewable energy, community engagement and gender-responsive programming can strengthen recovery, resilience and reintegration outcomes in fragile and resource-constrained settings. The initiative established promising models for community-based treatment, socio-economic reintegration and coordinated service delivery that provide an important foundation for continued support to vulnerable populations affected by drug use in South-Eastern Afghanistan.

Evaluation, Best Practices and Lessons Learned

Evaluation

The independent evaluation broadly validated this integrated design and found the initiative strongest in its relevance, accessibility and immediate service experience. Evidence from respondents, facilities and stakeholders supported a credible contribution to treatment access, dignity and early recovery, while coherence, effectiveness and efficiency were assessed more cautiously because follow-up, referral completion and longer-term livelihood outcomes were not consistently traceable across the full recovery pathway. Sustainability evidence was more limited, particularly in relation to recurrent financing, durable recovery and enterprise survival.

Challenges

Implementation of the STFA Drug Use Prevention, Treatment and Rehabilitation Initiative took place in a complex operating environment characterized by administrative delays, resource constraints, infrastructure limitations, socio-cultural barriers, and persistent stigma associated with drug use disorders. Despite these challenges, adaptive implementation approaches, strong coordination, and flexible service-delivery models enabled the initiative to sustain prevention, treatment, rehabilitation, and socio-economic reintegration services across the South-Eastern Region.

1 Administrative and approval processes affected implementation timelines, particularly during the early stages of the initiative. Delays in formal approvals, partnership arrangements, and implementation clearances postponed the rollout of some activities and compressed implementation timeframes. These challenges were addressed through sustained engagement with relevant authorities, strengthened coordination mechanisms, and continuous adaptation of implementation plans to evolving operational requirements.

2 Infrastructure and operational constraints also affected service delivery. Some treatment facilities faced overcrowding, limited space, and inadequate infrastructure, placing pressure on service quality and continuity of care. Rehabilitation works, WASH improvements, solarization, and other facility upgrades helped address critical gaps and strengthened the functionality, safety, and sustainability of treatment services.

3 Restrictions affecting women's mobility and participation remained a significant challenge throughout implementation. Socio-cultural barriers, security concerns, and shortages of qualified female service providers constrained outreach and participation in some locations. To address these challenges, the initiative adopted women-only service modalities, female facilitators, peer outreach approaches, and culturally sensitive delivery mechanisms, while maintaining close engagement with communities and local authorities to preserve access for women and girls.

4 Resource constraints and funding uncertainty also influenced implementation. Prioritization and adaptive planning approaches were used to focus available resources on the most vulnerable populations and sustain the delivery of core services. This included targeted support for vulnerable women and girls and continued operation of essential treatment, rehabilitation, and psychosocial-support services. Despite these measures, resource limitations affected the scale and duration of some interventions, including community-based harm reduction services and follow-up support for livelihoods and enterprise development activities. The experience highlighted the importance of predictable and sustained funding to maintain continuity of care and enable adequate follow-up for recovery and socio-economic reintegration outcomes.

5 Implementation in remote and underserved areas created additional logistical and operational challenges. Difficult access, varying levels of literacy and business experience among beneficiaries, and differing levels of psychosocial readiness required flexible delivery approaches, adapted training methodologies, and additional coaching and mentoring support.

6 Persistent stigma associated with drug use disorders also continued to affect service uptake, treatment-seeking behaviour, and social reintegration. Fear of discrimination, limited family support, and social exclusion created barriers for some beneficiaries, particularly women. Community awareness, family engagement, and peer-support approaches, therefore, remained essential components of implementation.

Lessons Learned

1 Implementation experience highlighted the importance of integrated recovery pathways linking prevention, treatment, psychosocial support, livelihoods, and social reintegration. The independent evaluation confirmed that these complementary components were present, but found that referral receipt, completion and downstream outcomes were not consistently traceable. This underscored the importance of managing transitions between treatment, follow-up and livelihood support as deliberately as the individual interventions themselves, with clear pathway ownership, privacy-safe referral tracking and sustained follow-up.The initiative also demonstrated the value of early and continuous engagement with authorities, communities, and local stakeholders. Strong coordination helped address administrative challenges, facilitate implementation, and strengthen alignment with local priorities and operational realities. Community participation and local ownership were particularly important in supporting service uptake, reducing stigma, and strengthening sustainability.

2 Experience further underscored the importance of context-specific and demand-driven approaches. Labour market assessments helped align livelihoods support with viable economic opportunities, while adaptive and gender-responsive delivery models enabled continued participation of women despite significant restrictions. Capacity-building initiatives also highlighted the importance of supporting the well-being of frontline personnel through self-care, resilience-building, and psychosocial support approaches.

Best Practices

Several implementation approaches emerged as particularly effective. Community engagement and peer-based outreach models, including engagement of people with lived experience of recovery, proved valuable in reaching vulnerable and hard-to-reach populations, strengthening trust in services, and reducing stigma associated with drug use disorders. Engagement of families, community leaders, and local stakeholders further strengthened acceptance of treatment, rehabilitation, and reintegration interventions.

Integrated referral pathways and continuum-of-care approaches also represented a significant feature of the initiative. Coordination between prevention, treatment, psychosocial support, harm reduction, and livelihoods interventions enabled more comprehensive support for beneficiaries, although the evaluation found that referral completion and downstream outcomes were not consistently traceable across organizations. Strengthening these handoffs would further improve continuity of care throughout the recovery process.

Adaptive and gender-responsive approaches emerged as important practices for maintaining access under restrictive operating conditions. Women-only services, female outreach personnel, peer-support mechanisms, and culturally appropriate delivery modalities enabled women and girls to access treatment, psychosocial support, livelihood opportunities, and protection services that would otherwise have remained inaccessible.

The initiative further demonstrated the value of linking recovery with economic reintegration. Combining vocational training, entrepreneurship development, financial literacy, productive assets, and business support helped recovering people with drug use disorders build sustainable livelihood opportunities, strengthen economic participation, and support social reintegration.

Finally, investments in renewable energy and infrastructure improvements strengthened the resilience and sustainability of treatment services. Solarization and rehabilitation of treatment facilities improved service continuity, reduced operational costs, and enhanced the reliability of essential services in fragile and resource-constrained settings.

Overall, implementation experience demonstrated the value of integrated, adaptive and people-centred approaches that address both the health and socio-economic dimensions of drug use disorders. Lessons learned highlighted the importance of sustained coordination, community engagement, gender-responsive programming and recovery-oriented livelihood support in strengthening recovery, resilience and social reintegration pathways.

Annexes

A laboratory worker examines a patient's blood sample at an STFA-supported DTC in Ghazni Province. © 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	5,030 (5,000)	5,030 (5,030)		PUNO report
1c. Number of people that have benefited from drug-treatment, drug rehabilitation services (health)	People	400	1,865 (220)	43,573 (9,523)		PUNO report
1d. Number of functional, UN-supported, facilities providing basic health assistance (including basic health assistance services for women and girls)	Facilities/Infrastructure	0	5	5	One DTC was rehabilitated and four DTCs were solarized.	PUNO report
1f. Number of children, adolescents and adults (including adolescent girls and women) who benefit from primary and secondary education, basic general literacy and vocational education programmes (at least 50% female)	People	0	200 (60)	285 (160)	Additional entrepreneurship trainees were reached, with high female participation.	PUNO report
Output 2. Livelihoods, businesses and local economy are able to recover and are more resilient to instability						
2b. Number of people who have benefited from newly-created income-generation opportunities, disaggregated by sex, age and province	People	0	837 (350)	837 (147)	Overall target met; female participation was lower than planned.	PUNO report
	Work days			872		PUNO report

Annex II. Stories from the Field

Empowered through skills and enterprise: Najma's story

Najma *(pseudonym)* is a 26-year-old woman from Logar Province who has always been interested in traditional embroidery, a craft with deep cultural significance in Afghan communities. However, like many women in her village, she had limited opportunities to develop her skills or generate income independently.

Following a period of economic hardship and social isolation, Najma struggled with limited livelihood opportunities and low confidence about her future. Her financial situation remained fragile, leaving her dependent on others for support.

Her situation began to change when she enrolled in a women's embroidery vocational training programme supported through the STFA Joint Programme. The training provided structured instruction on embroidery techniques, design patterns, quality control and basic business skills.

Upon successfully completing the course, Najma received TVET equipment, including embroidery tools and materials, enabling her to begin production immediately. With continued support and mentoring, she established a small home-based embroidery business producing traditional garments and decorative textiles for local markets.

Najma also became part of a peer learning group where women exchanged ideas, discussed production and marketing challenges, and supported one another in balancing household responsibilities with income-generating work.

Today, Najma earns a regular income from her embroidery work and contributes to household expenses, improving her family's financial stability.



Najma sewing a cloth after receiving STFA support in Logar Province. © UNDP

Encouraged by her progress, she has also started training two other women in her village, helping expand livelihood opportunities within her community.

Reflecting on her experience, Najma says the combination of skills training, equipment support, and mentoring helped restore both her confidence and independence.

Her story demonstrates how integrated vocational training, peer support, and livelihood assistance can strengthen women's economic participation and social reintegration in fragile settings.

From recovery to self-reliance: Nasreen rebuilds her future



Nasreen and the equipment she received with STFA support in Ghazni Province. © UNDP

Nasreen *(pseudonym)* is a 28-year-old woman from Ghazni Province who faced significant challenges after completing treatment for a drug use disorder. Stigma and limited acceptance within her community affected her confidence and social connections, while the absence of vocational skills and stable employment opportunities left her economically vulnerable.

To improve her situation, Nasreen enrolled in a women's embroidery vocational training programme supported by the STFA Joint Programme. After successfully completing the training, she received TVET equipment, enabling her to establish a small home-based embroidery workshop.

In addition to technical support, Nasreen participated in peer learning groups and community awareness activities, which strengthened her confidence and expanded her support network.

With new skills, equipment, and continued mentoring, Nasreen gradually began earning an income, contributing to household expenses and rebuilding a sense of stability and dignity.

Her experience demonstrates the value of combining vocational training, equipment provision, and community support to strengthen socio-economic reintegration for recovering people who use drugs. Her progress has also encouraged other women in her community to participate in vocational programmes and explore small business opportunities.

A new beginning: Sharifa rebuilds her life and livelihood



Sharifa with her dairy cow in Logar Province. © UNDP

Sharifa *(pseudonym)* from Logar Province faced severe personal and economic challenges associated with drug use. Her health, confidence, and ability to manage daily life deteriorated significantly, while stigma and unemployment left her socially and economically isolated.

Following treatment and rehabilitation support provided through the STFA Joint Programme, Sharifa began rebuilding her life. To support her recovery and reintegration, she was provided with a dairy cow and related livestock support, enabling her to establish a small home-based dairy business.

Through determination and continued support, Sharifa learned to manage milk production effectively. The dairy products now provide nutrition for her household while also generating income through local sales.

“Before receiving support, I did not know how to manage my life or imagine a positive future,” she says. “Today, I am proud to have started my own small business and live a more stable and independent life.”

Sharifa’s experience highlights the importance of combining treatment, recovery support, and livelihood opportunities to help people in recovery rebuild their lives with dignity and economic independence.

She also shares a message for others currently struggling with substance use: “My message to those who are addicted to drugs is to seek treatment and support. A healthy and hopeful life is possible.”

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