United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS AFGHANISTAN RAPID RESPONSE CONFLICT-RELATED DISRUPTION OF BASIC SERVICES 2015

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Toby Lanzer**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review was conducted and who participated.

There was no After Action Review conducted due to time constraints and several conflicting priorities. However, the recipient agencies completed the relevant sections for CERF Added Value and Lessons Learnt to facilitate feedback for inclusion in this report.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or United Nations Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☐ NO ☒

There were several delays encountered for the completion of this report by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in Afghanistan, including the submission of inputs by the recipient agencies and to the priorities for the management of the Common Humanitarian Fund (CHF). This did not allow for sufficient time for wider sharing with the Humanitarian Country Team (HCT) members. However, the final version will be shared with HCT members for their reference.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 18,236,135		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	5,802,858
	COUNTRY-BASED POOL FUND (*2nd Standard and 2nd Reserve)*	13,255,898
	OTHER (bilateral/multilateral)	1,002,875
	TOTAL	**20,061,631**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 10-Nov-15			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	15-RR-FAO-033	Agriculture	608,650
UNFPA	15-RR-FPA-045	Sexual and/or Gender-Based Violence	349,539
UNFPA	15-RR-FPA-046	Health	266,730
WFP	15-RR-WFP-078	Agriculture	3,323,284
WHO	15-RR-WHO-051	Health	1,254,655
TOTAL			**5,802,858**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	5,033,337
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	748,849
Funds forwarded to government partners	20,672
TOTAL	**5,802,858**

HUMANITARIAN NEEDS

Armed clashes with Afghan Government forces and anti-government elements (AGE) between 28 September to 15 October 2015 and the temporary occupation of Kunduz City resulted in massive displacement, death and injuries. This crisis was abruptly followed by a devastating 7.5 magnitude earthquake in the North and Northeast of the country on 26 October 2015, resulting in more than 90,662 people in dire need of humanitarian assistance across all sectors, including emergency health care, food, shelter and livelihood support. With already limited and extremely stretched resources due to the ongoing conflict across the country, natural disasters and pressing needs for winterization, the Afghanistan humanitarian community appealed to the CERF to allow for the provision of speedy assistance through the Rapid Response (RR) Window to alleviate suffering, restore dignity and save lives amongst most vulnerable populations affected by both these crises.

For the Kunduz conflict, humanitarian actors struggled to provide humanitarian assistance during the aggressive campaign by non-state actors to capture major urban centres, which resulted in some of the most intense fighting since the US-led invasion in 2001. Following armed clashes with Afghan Government forces, the AGE managed to temporarily seize and occupy Kunduz City while also attempting to take control of several other provincial centres, from Ghazni in the South to Maimana in the North. The escalation in fighting in Kunduz City, particularly from 28 September to 2 October, and similarly brazen AGE attacks wreaked havoc and provoked the widespread displacement of at least 14,000 families within the Northeast (Balkh, Baghlan, Takhar, Badakhshan), with an estimated 2,800 families displaced to Central Region, to escape the armed conflict. The Kunduz regional airport, health facilities, and schools were closed and water, electrical and communication services disrupted during the conflict in Kunduz, which forced the evacuation of humanitarian actors, including UN agencies and international nongovernmental organizations (NGO). AGEs subsequently looted the abandoned facilities and took defensive positions in some NGO compounds. Responding to the health needs of those impacted by the conflict was made even more difficult following the US bombing on 3 October of the Médecins Sans Frontières (MSF) Trauma Centre in Kunduz City, which killed 30 staff and patients and injured 27 MSF staff members. Beyond the loss of lives, the destruction of the hospital detrimentally impacted access to surgical care for hundreds of thousands, as it was the only one of its kind in Northeastern Afghanistan.

In addition to the post-conflict Kunduz situation, humanitarian actors concurrently responded to a second emergency caused by the 26 October 7.5 magnitude earthquake that rocked Northeastern Afghanistan. The quake affected at least 15 of the country's provinces and left more than 136,967 people in need of some form of humanitarian assistance. Verified reports from joint assessments at the time indicated the quake killed 117 people and injured 544, damaged 12,794 homes and destroyed 7,384 houses. The number of fatalities and injuries was highest in Kunar and Nangarhar Provinces. Property damage was most extensive nearer to the epicentre of the quake in Badakhshan with 3,067 houses completely destroyed and more than 51,000 people affected. Carrying out assessments was complicated by difficulties in access related to insecurity and the rugged topography. Assessment teams had to hike two or three days or more to reach some affected villages. While the Afghan Government lead the overall humanitarian response to the earthquake, the International Organization for Migration (IOM) and the Afghan Red Crescent Society took the lead in assessing most hard-to-reach areas. With the early start being seen to the harsh winter season, the immediate priorities were providing emergency shelter, heating, food and protection of livestock / livelihoods for the affected communities, particularly in remote and hard-to-reach areas. Many affected families were residing with host families, in some cases in overcrowded conditions.

Food security interventions were considered the priority life-saving actions in this crisis. Since the breakout of violence in Kunduz on 28 September 2015, residents of Kunduz and the population that fled to other provinces and partially returned to Kunduz, reportedly were left with very limited access to food and water, in shock and at the verge of resorting to negative coping strategies such as cutting food rations and leaving out meals due to shortage of money, which was spent on the hasty move out of Kunduz. In addition, the earthquake on 26 October, left the population in desperate situations at the onset of winter, and urgent need of food support. The four provinces with the highest number of people in need were Badakhshan, Nangarhar, Baghlan and Kunar, which accounted for almost 80% of the people in need. Especially in Kunar and Nangarhar, the earthquake negatively affected the livelihood and economy of farming population in Nangarhar and Kunar Provinces, lead to food insecurity and negative coping strategies, which resulted from the destroyed harvested food grain and roughages storages and animal shelters, as well as the irrigation infrastructure vulnerable to earthquake shocks.

The major health needs after the Kunduz Crisis resulted from the lack of access to emergency health and trauma care, limited reproductive health services and lack of treatment facilities and capacity for rehabilitation and psychosocial support. People affected by the crisis suffered from fresh injuries (including severe cases such as spinal cord injuries, brain injuries, complex injuries and amputations), trauma and shock but after the bombing of MSF Kunduz Trauma Centre on 3 October 2015, all quality emergency rehabilitation care was stopped and injured victims had no access to quality care at all. The deteriorating security situation further limited access to reproductive health services and for women and girls, the most vulnerable and marginalized group in Afghanistan, particularly during night time. Lack of reproductive health supplies and unavailability of female health workers in Kunduz Regional Hospital and in secondary and primary care facilities of Kunduz Province increased the needs for reproductive health services, added to the urgent needs, arising from displacement, insecurity and unavailability of service providers, supplies and capacity, especially on emergency obstetric care services and on clinical management of rape survivors and victims of gender-based violence (GBV). Sexual violence is commonly prevalent, but remains unreported in emergencies, and sometimes sexual violence is used as weapon of war on given communities. Limited access to service points worsens the situation for women and girls further.

The Kunduz Crisis resulted in mass displacement, destruction and damage of houses and government facilities, and the withdrawal of all international and national aid organizations. Amidst this complex emergency, women and girls were widely affected and their human rights widely compromised, often violated in various forms of GBV. This situation was exacerbated for those women who do not have a male family member, and were often mistreated or left out of aid distributions and protective environments. Although most parts of Kunduz were reported as calm and safe for return, the returnees had no communal protection mechanism, particularly for women and girls as well as young boys, as a result of continued conflicts and operations. In such situations, the vulnerable groups of the community including women, girls, boys and persons with special needs were more vulnerable and unable to cope with the challenges of return, particularly in view of damages made to private shelter and public facilities. Moreover, functionality of health facilities was compromised

due to absence of health workers or having inadequate stock and supplies, which also limits availability of first responders for the GBV prevention and response services. Reportedly, these health facilities lacked proper medical staff particularly female doctors and female support staff, as well as medicines for the provision of emergency services, primary health and reproductive health care. Safe houses for GBV survivors were destroyed during the fighting and women's rights activities were targeted, for which a critical gap remained on availability of services for GBV survivors, including trauma counselling, referral to specialized services and access to medical care for GBV survivors.

II. FOCUS AREAS AND PRIORITIZATION

The projects funded by the 2015 CERF RR allocation responded to the humanitarian needs of two concurrent crises: first, the Kunduz Crisis which impacted on the Kunduz Province and neighboring provinces, including Samangan, Takhar, Balkh, Badakhshan and Baghlan and, second, the earthquake of 26 October, impacting on Badakhshan Province (the epicentre of the earthquake), Baghlan Province, Nangarhar Province, Kunar Province, the areas hardest hit by the earthquake. Sectoral assessments, reports from partners and IOM's Kunduz Assessment Findings highlighted the sectoral needs and critical gaps which informed the CERF RR Application. Operational presence of partners and complementarity with ongoing assistance were taken into consideration by the proposing entities, OCHA and the HCT. Further, the remoteness of the locations and the onset of the winter season fed into the decision making, with consultations with implementing partners on possibilities to scale up their response. The targeted number of beneficiaries for both components was an estimated 168,326 individuals, with 227,629 total number of people in need (136,967 earthquake affected and 90,662 Kunduz conflict affected populations according to IOM data).

Addressing the needs of those displaced from Kunduz was of utmost importance following the escalated armed conflict. Humanitarian actors focused on three main priorities: responding to the needs of those displaced; responding to the needs as identified inside Kunduz City; and, balancing support for voluntary returns as a preferred durable solution with the need to avoid a return scenario that would overstretch the capacity of services in Kunduz City. As of 26 October 2015, more than 17,000 families had been assisted with emergency shelter and/or non-food items (NFIs), nearly 9,000 had been reached through food security interventions and more than 6,000 people had been assisted with basic health services, including through the mobile clinics of Provincial Public Health Directorates.

By late October, 90% of those displaced by the conflict had spontaneously returned back to Kunduz, according to reports from the United Nations High Commissioner for Refugees (UNHCR). However, that was still an estimated figure because humanitarian access to the province was limited for several weeks following the conflict due to insecurity, which made accurate assessments of the extent and scale of the damage and planning an appropriate response impossible. However, considering the unexpected fast return, the focus of the humanitarian community was on Kunduz City, particularly to provide protection services for the most vulnerable and most affected population groups, to support trauma care and health services which had been abruptly interrupted due to the attack on the MSF Hospital, and to endow the population again with purchase power to access food and commodities on the market. While food was still available on the markets for very expensive prices, people had spent all their money on fleeing the conflict and then returning. Further, the structural damage in Kunduz City needed to be addressed and along with suitable accommodation before the winter.

Humanitarian partners responded to needs related to shelter, food, non-food items, hygiene and cash following the 26 October earthquake. Field reports and assessment results at the time indicated approximately 136,967 people were in need of some form of humanitarian assistance. The four provinces with the highest number of people in need were Badakhshan, Nangarhar, Baghlan and Kunar, which accounted for about 80% of the affected population. Access to quake-affected areas due to the rugged topography, lack of road infrastructure and insecurity was a significant challenge. One of the most urgent issues that emerged was ensuring that the families who had lost their homes would have access to safe accommodation through winter until the spring, when they could rebuild their homes. Aid agencies were in a race against time to provide adequate assistance and supplies before temperatures dropped further and snowfall blocked overland access to approximately half of the affected areas across 10 provinces.

The humanitarian community, already overstretched due to the urgency of the provision of assistance towards the needs of the affected population from the Kunduz Crisis, prioritized food / cash for food and support for the farming population, animal shelters and grain and roughages storages, since no other funding sources were available to ensure the life-saving services. The reported, prioritized and targeted locations were consistent for each of the two humanitarian crises, including Kunduz, Balkh, Samangan, Baghlan, Takhar, Badakhsan and Kabul City for the Kunduz Crisis response where Internally Displaced Persons (IDP) had sought shelter, had been hosted or had returned to, and Baghlan, Badakhshan, Nangarhar and Kunar for the earthquake response, the most affected provinces in Afghanistan. Population target numbers varied slightly considering the different assessment stages and sector specific assessments,

utilizing specific vulnerability criteria that identify the most vulnerable among the total affected population for each applying Cluster / Agency. Overall, the identified population affected by the earthquake was 136,967 individuals and 90,662 people by the Kunduz Crisis. [1]

The CERF RR was complimentary to the CHF. The CHF Second Standard Allocation was completed on 31 October and covered conflict-affected IDPs in the North, where all partners worked in close coordination and aimed at providing wide health and protection coverage in the affected areas, including basic health care services and mobile psychosocial counselling by Save the Children and Health Net International /Transcultural Psychosocial Organization coordinated with the World Health Organization's (WHO) Health action under the CERF RR. The CHF Second Reserve Allocation of US$2.7 million went to ensure that families who had lost their homes, or those at risk of exposure and related morbidity, received timely support to access appropriate accommodation solutions and necessary winterization inputs to ensure their security, safety, health and well-being during winter. CHF funding was limited to NGO partners and specific targeted activities under the Emergency Shelter / Non-Food Item (ES/NFI) cluster, and was closely coordinated with the CERF response to ensure comprehensive targeting and complementarity without overlapping. In terms of the shelter response, the CHF Reserve covered the needs identified under ES/NFI in Kunduz and the earthquake-affected areas. The initially proposed IOM intervention under the CERF was withdrawn to avoid duplication/overlapping, following close coordination between the Cluster Coordinator, OCHA and IOM.

III. CERF PROCESS

For the CERF RR, the HC and the HCT put together an optimal comprehensive and rapid humanitarian response, capitalizing on existing capacities and access of both NGOs and United Nations (UN) agencies. Initially the CERF RR application was to address critical needs of conflict-affected returnees in Kunduz in regards to food and health assistance. Both sectors had been jointly prioritized as most pressing by the HCT based on initial gap information and in consideration of the rapid and unexpected return of the displaced to Kunduz city and the high level of destruction. However with the earthquake taking place on 26 October, it was clear that the scope of the CERF had to be expanded to also include a response to those natural disaster affected populations. Based on the discussions of critical needs, the HCT invited agencies from the Food Security and Agriculture Cluster (FSAC), Protection, and Health Clusters to submit proposals to address the critical gaps for CERF RR. The HCT emphasized the need to capitalize on a quick impact, considering the fast approaching winter and the dire situation of the population, as well as to use existing structures and implementing partners on the ground to allow for a fast response.

For the Health Cluster, the critical needs were clear. The MSF Trauma Centre in Kunduz City, which had been absorbing the vast majority of trauma cases, had been attacked during the fighting in Kunduz and was no longer servicing the population. At the time, the regional hospital in Kunduz did not have the capacity to cover all the arising needs of the conflict victims. Psychosocial impact, rehabilitation and trauma care were major concerns and required urgent attention. Protection of women (including pregnant and lactating) and catering to their specific needs especially during crisis would contribute to restoring dignity and saving lives of the most vulnerable. WHO through Handicap International and the United Nations Population Fund (UNFPA) had access to the contested areas and worked closely with NGO partners and the Ministry of Public Health (MoPH) to immediately commence the activities under the CERF RR grant in Kunduz City and neighboring provinces capitals.

For FSAC, the United Nations World Food Programme (WFP) was identified to be best placed to address the immediate food needs of 120,750 people across the North and the Northeast through food rations and cash distributions, already having food programmes in place in the affected areas and the capacity to scale up the food and cash distributions with the CERF RR funding. For the equally urgent FSAC needs in Kunar and Nangarhar, two provinces that were hardest hit by the earthquake after Badakhshan, the Food and Agriculture Organization of the United Nations (FAO) and its implementing partners would provide livestock protection (shelter, food, vaccinations) and farming inputs (seeds, tools).

The key strategic objective of this CERF RR was to meet the immediate needs of conflict displaced returnees and safeguard the health and lives of earthquake affected populations before the onset of and during winter. Priority needs under this response were identified in protection (GBV subcluster), emergency trauma care and reproductive health, and food security. The particular needs in these sectors included the provision of protection and health care services for the most vulnerable groups, specifically women, the treatment and psychosocial care of injured and traumatized conflict victims, food and cash for food to reduce the prevalence of poor food consumption and to mitigate negative coping strategies, and the protection of livestock and livelihoods for earthquake affected populations.

The CERF RR provided a holistic humanitarian response to cover the needs across all priority clusters affected by the complex crisis in the North and Northeast of Afghanistan. At the same time, the CHF Reserve Allocation was activated to provide US$2.7 million for NGOs to respond specifically to the needs of earthquake affected populations in regards to accommodation / winterization needs. While the

[1] The approximate number of beneficiaries receiving one or more types of humanitarian service / assistance under the CERF RR grant application overlap since the earthquake occurred in the same provinces affected by the Kunduz Crisis.

CHF response capacity was limited to addressing this specific gap, the CERF was used to address the large remaining gaps of food, health care, protection and livelihood / livestock support. Coordination with all actors was already in place to ensure complementarity and to avoid duplication with the completion of the CHF Second Standard Allocation on 31 October covering conflict affected IDPs in the North.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]

Total number of individuals affected by the crisis: 136,967 earthquake affected, 90,662 Kunduz conflict affected TOTAL: 227,629[2]

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	40,931	68,283	109,214	42,630	71,111	113,741	83,561	139,394	222,955
Health	1,659	20,352	22,011	1,727	2,386	4,113	3,386	22,738	26,124
Sexual/Gender-Based Violence	1,639	3,868	5,507	800	2,328	3,128	2,439	6,196	8,635

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

UN Agencies used different methodologies to estimate the beneficiaries of the 2015 CERF RR. A combined total of 168,326 individuals were targeted for assistance by the three sectors. The approximate number of beneficiaries receiving one or more types of humanitarian service / assistance under the CERF RR grant application was an estimated 120,750, based on the population targeted with food assistance due to the overlap of the responses. Since the earthquake occurred in the same provinces affected by the Kunduz Crisis, the response overlap especially applies to the food assistance through WFP as well as the patients that were treated in the Kunduz Regional Hospital for trauma and rehabilitation services (WHO), as well as female beneficiaries who received reproductive health services through UNFPA (under Health and Protection). Thus, the complexities of the two crises make it difficult to exclude completely the possibility of double counting or overlaps of beneficiaries between the sectors, therefore only the beneficiaries from the Agriculture sector are provided in Table 5 below.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING FOR ONLY AGRICULTURE [2]

	Children (< 18)	Adults (≥ 18)	Total
Female	40,931	68,283	109,214
Male	42,630	71,111	113,741
Total individuals (Female and male)	83,561	139,394	222,955

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

The key strategic objective of the CERF RR was to meet the immediate needs of 80,826 conflict displaced returnees and safeguard the health and lives of 87,500 earthquake affected populations before the onset of / during winter. With already limited and extremely stretched resources due to the ongoing conflict across the country, natural disasters and pressing needs for winterization, the CERF RR allowed for the provision of speedy assistance to the most affected, vulnerable populations to alleviate suffering, restore dignity and save lives amongst most vulnerable populations affected by both these crises. The projects targeted the North and the Northeast of the

[2] The approximate number of beneficiaries receiving one or more types of humanitarian service / assistance under the CERF RR grant application overlap since the earthquake occurred in the same provinces affected by the Kunduz Crisis.

country and included emergency trauma care, psychosocial support and physical rehabilitation for conflict victims, food and cash for food as well as support to livestock and livelihoods for the earthquake affected households.

FAO: The project originally sought to sustain the livelihoods of 2,500 vulnerable subsistence farming households affected by the earthquake through the provision of agricultural and livestock protection inputs, in order to restore food production for household consumption and to avoid malnutrition and other negative effects of lost livelihoods (health, asset selling and displacement). However, due to higher demand for agriculture and livestock protection inputs among earthquake-affected farming households in the eastern part of the country, the project was able to cover an additional 550 households in the Khas Kunar District of Kunar Province.

Beneficiaries were selected in five districts of Nangarhar Province (260 households in Chaparhar, 260 households in Behsud, 260 households Kama, 260 households in Khewa and 260 households in Rodat) and in five districts of Kunar Province (300 households in Shegal, 300 households in Asmar, 300 households in Naria, 300 households Sawkai and 550 households in Khas Kunar).

The assistance, which was provided to 3,050 households, consisted of 3,050 kits of certified vegetable seed, 3,050 kits of hand tools, 366 tonnes of animal feed and 7,625 kg of mineral blocks. In addition, a total of 22,215 doses of de-wormer were administered to large and small ruminants, while 7,647 cattle (99% of cattle present) were vaccinated against Foot and Mouth Disease (FMD) and 13,183 sheep and goats (98.3% of sheep and goats in the affected provinces) were vaccinated against Peste des Petits Ruminants (PPR). The animals belonged to the same 3,050 earthquake-affected families.

Each of the initially targeted 2,500 households received: certified vegetable seeds for eight crops (200 gr okra, 250 gr green bean, 50 gr cucumber, 50 gr squash, 20 gr tomato, 25gr eggplant, 50 gr onion and 20 gr capsicum); four types of hand tools (1 sickle, 1 shovel, 1 rake and 1 hoe); 120 kg of animal feed; 2.5 kg of mineral blocks; an average of over 8 doses of de-wormers; 3 doses of FMD vaccine for cattle; 2 doses of PPR vaccine for sheep; 3 doses of PPR vaccine for goats; and one emergency shelter kit. The 550 households that were in addition to the original target received: four types of hand tools (1 sickle, 1 shovel, 1 rake and 1 hoe); 120 kg of animal feed; 2.5 kg of mineral blocks; an average of 3 doses of de-wormers; and one emergency shelter kit.

With the CERF funding, FAO managed to procure: 66 tonnes of animal feed; 1,510 doses of de-wormer; 1,375 kg of mineral blocks; 2,500 kits of vegetable seeds (1 662.5 kg); 3,050 kits of hand tools (12,200 pieces); 1,510 doses of de-wormer; and 3,050 sets of emergency shelter. The remaining inputs were procured using non-CERF funds: 300 tonnes of animal feed; 6,250 kg of mineral blocks; 7,682 doses of FMD vaccine for cattle; 13,183 doses of PPR vaccines for sheep and goats and 20,705 doses of de-wormers. Operating costs for the entire project were covered by the CERF RR.

In total, 22,215 animals (cattle, sheep and goats) received de-wormers, 7,647 cattle received FMD vaccine and 13,183 sheep and goats received PRR vaccine. A total of 3,050 households benefited from this action.

In total, 200 hectares of land were planted with vegetable seeds, producing around 2,000 tonnes of vegetables thus far, with total production expected to increase as the season is ongoing. It should be noted that some of the vegetable seeds procured were not planted in Nangrahar Province, due to a sudden increase in temperature during the month of February. They will be planted during the upcoming season.

FAO provided training of trainers (ToT) to 22 field staff of the implementing partners, the Provincial Department of Agriculture, Irrigation and Livestock (DAIL) and Mission d'Aide au Développement des Economies Rurales – Afghanistan (MADERA) on beneficiary selection, vegetable production agronomy, animal feed and feeding, vaccines and deworming administration as well as post-distribution and post-harvest evaluations. The implementing partner MADERA organized further training sessions and orientation workshops for DAIL staff, District Development Authority (DDA) members, district-level DAIL extension workers, district representatives from the Provincial Department of Rural Rehabilitation and Development and district village officers on the project's objectives and goals, expected results, contents of agriculture and livestock protection packages and beneficiary selection criteria.

Following the ToT, the implementing partners organized trainings for targeted beneficiaries in all targeted districts on the importance of using certified vegetable seeds, land preparation, irrigation, seeding, fertilizer application timing and doses, good animal feed and feeding practices and management of animal shelters. Each training session was conducted for a group of around 25 farmers. In total, around 2,000 beneficiaries were trained, accounting for around 65% of total targeted beneficiaries.

In Nangarhar Province, only okra, green bean, cucumber and squash were cultivated during the spring 2016 planting season, while tomato, eggplant, onion and capsicum will be cultivated during the upcoming planting season. In Kunar, all vegetables were cultivated due to favourable planting conditions. The yield from FAO seed was 40% higher than local varieties in Nangrahar Province and 20% higher than local varieties in Kunar Province. There were no signs of pests and diseases observed in vegetable crops in Nangrahar, while reports from Kunar showed some symptoms of disease. Nonetheless, the resistance against pests and disease was 70% higher than local varieties.

Vegetables are an important part of healthy eating and provide a source of many nutrients, including potassium, fibre, folate (folic acid) and vitamins A, E and C. Consumption of nutrient-dense vegetables and pulses is one way that malnutrition can be significantly reduced – particularly for children. They are also a cash crop and a good income source for farmers. The Eastern Region of Afghanistan is famous for cultivation of different species of vegetables, meaning that farmers are familiar with and well-versed in vegetable crop production.

As most of the earthquake-affected population lost their livelihood assets, including their homes, hand tools, agricultural land and animal shelters, it was urgent that they were assisted in order to be able to cultivate their land, reconstruct their homes and shelters and rebuild their livelihoods. The project considered appropriate hand tools, which were commonly used and available on the local market. As a result, the provided hand tools were useful and appreciated by the targeted farming households.

Tents provided as emergency shelter reduced animal stress related to the elements, such as cold and hot temperatures, wind, direct sunlight and rain. As a result, production increased, as did animal health. It was observed during monitoring of some targeted villages that some of the beneficiaries kept their tents for the next winter, given that they preferred to keep their livestock under trees in the spring and summer seasons. In some cases, the emergency animal shelters were used by the beneficiaries themselves while they reconstructed their homes.

Administration of the FMD vaccine for large ruminants and PPR vaccine for small ruminants removed a potential risk to families already affected by the consequences of the earthquake. Vaccination against FMD and PPR diseases in large and small ruminants prevented possible negative consequences associated with loss of milk production and calf mortality caused by FMD and death of sheep and goats associated with PPR. Deworming against internal parasites improves the absorption rate of nutrients contained in feed and strengthens the immune response following vaccinations (for both FMD and PPR).

The administration of appropriate vaccines reduces the risk of disease by around 90% during the six months following injection. The benefits of the PPR vaccine is expected to last for at least three years, protecting vaccinated animals from the disease. Apart from the vaccinations, animal health benefits from the project include: reduced stress during the winter season on account of having proper shelter; more balanced and nutritious animal feed and; treatment and control of internal parasites through deworming, resulting in an improved capacity of utilizing feed nutrients and an increase in milk production and weight gain.

Difficulties encountered during this CERF RR project included:

- The road from the provincial capital of Kunar (Asadabad) to the Narai District was blocked for more than two months due to insecurity – from 1 April 2016 to 11 June 2016. Animal feed was temporarily stored in MADERA's office, while a solution was sought. FAO and MADERA, with the assistance of the local government, called on elders from targeted communities, who negotiated with the Taliban to let the animal feed through. Eventually, the animal feed was allowed to enter the targeted district for distribution, but delays were experienced.
- There was very high demand for agriculture and livestock livelihood support because of the devastating impact of the earthquake in targeted provinces, which made the beneficiary selection process difficult and longer-lasting.
- The project staff experienced higher demand for vaccines and de-wormer than was originally anticipated. FAO's flexibility allowed vaccinating twice as many animals and administering twice the amount of de-wormer than originally anticipated.
- Due to a sudden increase in temperature, the planting season for some of the vegetable seeds was missed. The beneficiaries were advised to keep the seed for the next planting season.

WFP: This project enhanced food security of conflict affected population earthquake affected population, and aided the prevention of those affected population from resorting to negative coping strategies. In total, under this CERF RR grant, WFP procured 3,681.286mt of fortified wheat flour sourced from local millers at a competitive price, and with a relatively short procurement and delivery lead time compared to international purchases. By the time the CERF RR grant contribution was received by WFP, it was used to replenish the stocks which were being utilized for the two emergencies, the escalation of armed conflict in Kunduz, and the earthquake. Compared to the planned amount of 861.8mt, this represents 428% achievement, impacted by the 100% utilization of food as opposed to combined food/cash-based food assistance.

WFP carried out General Food Distributions to 28,801 families (201,605 individuals) consisting of 18,798 IDP families affected by the Kunduz Crisis (131,589 individuals: 23,857 girls; 24,831 boys; 40,622 women and 42,280 men) in Balkh, Samangan, Baghlan, Takhar, Badakhshan and Kabul City, and 10,002 earthquake affected families (70,016 individuals: 12,694 girls; 13,212 boys; 21,614 women and 22,496 men) in Baghlan, Badakhshan, Nangarhar and Kunar Provinces. Compared to the planned 120,750 beneficiaries, this represents an achievement of 167%. By and large, this is due to implementing 100% of assistance through food distribution as opposed to using cash-based assistance due to delays in the establishment of the WFP SCOPE card system.

Bread is a staple food in Afghanistan, and is considered essential by natural disaster and conflict affected families for their daily meals. The wheat flour supply procured under this CERF RR grant formed the main component of the WFP food basket, which consisted of 75kg wheat flour, 3.7kg vegetable oil, 3.5kg pulses and 0.38kg salt per household per month. It should be noted that this is a reduced wheat flour ration, which was applied in the wake of these emergencies, in order to reach more disaster affected families with the limited resources at hand.

UNFPA: The project addressed the immediate needs of GBV survivors (targeted 3,000 women, 1,500 girls below 18 years old and 210 boys below 18 years) at risk in the conflict affected area of Kunduz and three neighboring provinces through provision of life saving multi-sectoral services for prevention and response to GBV.

The project output 1 was achieved for GBV survivors to have increased access to life-saving emergency services, and specialized services that meet their physical and psychosocial needs, as a total of 305 GBV cases received and registered by the Women Friendly Health Spaces, and 136 GBV cases referred to other services. In addition, four Women Friendly Health Spaces were established and provided psychosocial counselling and referral service as well as life skills trainings and awareness raising session on GBV prevention and response. All women needing reproductive health services were referred to health facilities where women friendly spaces were hosted.

A total of 2,798 individuals received group counselling and 305 individual registered and received psychosocial counselling sessions individually in four provinces, which is 69% achievement of the targeted beneficiaries. 1,070 women in IDP camps received life skill training (tailoring 650, quilt sewing 178, beauty parlor skills 115 and jam/sweet making 127). A total of 1,900 dignity kits purchased and distributed in four targeted provinces targeting women and girls of reproductive age with special focus on pregnant women from IDP communities.

UNFPA was also successful with the results for project output 2, for the promotion of women protection issues including access and provision of timely GBV services among key stakeholders (humanitarian organizations and line department) and at community level. Four training sessions for 70 participants were conducted in the four provinces. The participants were selected from the GBV key actors and services providers in the four provinces. A total of 56 community mobilization and outreach sessions for prevention and awareness on available services were conducted in the four provinces for a total of 2,318 individuals; Balkh: 18 sessions for 653 individuals; Baghlan: 9 sessions for 534 individuals; Kunduz:13 sessions for 504 individuals; and Takhar:16 sessions for 627 individuals)

WHO & UNFPA: Through international NGO partners and the Afghan Red Crescent Society, the CERF RR Health Project enabled access to trauma services and rehabilitation in Kunduz Regional Hospital and to reproductive health services for the conflict affected population in Kunduz, Baghlan, Takhar, and Badakhshan Provinces. The target of 25,366 (estimated annual target) was exceeded by providing treatment to a total of 26,124 cases for trauma care, rehabilitation and reproductive health. In the Kunduz Regional Hospital, WHO and their implementing partner Handicap International provided physio-therapy and psychosocial support to 4,680 patients and care givers, and Prosthetics & Orthotics (P&O) Services to 384 patients, along with treatment for 3,000 trauma cases in the trauma units made fully operational with the CERF RR.

In Kunduz, Takhar, Baghlan and Badakhshan, UNFPA conducted training on clinical management of rape survivors for 40 health workers through implementing partner International Medical Corps in partnership with MoPH., 8,800 clean delivery kits were provided to pregnant women at the community level, and enabled hospital deliveries assisted by skilled birth attendants for 9,220 new mothers.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

For FAO, the CERF RR allocation resulted in a fast delivery of assistance to vulnerable beneficiaries – timely procurement, quality control, delivery and distribution of agriculture and livestock protection inputs. As a result, Targeted beneficiaries could cultivate nearly all of the vegetable seed during the spring 2016 planting season, with provided hand tools. The action also resulted in an improved survival rate of livestock, on account of concentrated animal feed (?), FMD and PPR vaccines, de-wormers and emergency animal shelter.

UNFPA was able to establish four women friendly spaces with the CERF funding to provide psychosocial and referral services for GBV survivors as a first entry point, as well as life skill trainings as livelihood support to female IDPs.

For WHO, the preparation for the CERF RR project activities among health cluster partners started in September 2015. The release of CERF RR funding in November enabled the implementing partners to provide timely delivery of services to the beneficiaries and to respond to the critical situation created by the conflict and winter season. The CERF RR was essential and life-saving, as the funds allocated through the World Bank for MOPH/Reform of hospitals did not include trauma care, and the MSF hospital operations had also stopped after the hospital bombing.

Only WFP disagreed due to the delayed disbursement, and the reliance on WFP's own resources for the initial response to the emergency.

b) Did CERF funds help respond to time critical needs[3]?
YES ☐ PARTIALLY ☒ NO ☐

For FAO, the rapid mobilization of CERF RR funds, enabled earthquake-affected farmers to resume their livelihoods, otherwise the adoption of negative coping mechanisms would have resulted.

However, for UNFPA, some of the IDPs returned back to their areas of origin, and could have been supported through the project during the time period of the delay in approval of the project proposal.

For WHO, the CERF RR provided critical services for people requiring emergency health care, particularly at the times when the conflicts and displacements intensified from the end of August, causing an increased number of people affected by trauma, displacement and inaccessibility of the basic health facilities.

WFP disagreed due to the delayed disbursement, and the reliance on WFP's own resource for the initial response to the emergency.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

FAO received additional resources through the project OSRO/AFG/402/JPN funded by the Government of Japan for inputs/services as an additional contribution: (i) PPR vaccinations for small ruminants; (ii) FMD vaccinations for large ruminants; (iii) administration of a de-wormer at the time that animals were vaccinated; and (iv) concentrated animal feed.

For UNFPA, the interventions carried out under the CERF RR provided a basis to replicate the successful model of the Women Friendly Health Spaces in other emergency affected parts of the country.

WHO and the humanitarian community were able to advocate among the other donors for emergency response due to the CERF RR support to cover the immediate needs of the conflict affected population from the high risk provinces. For example, IDPs in Ghor, Kandahar and Kabul informal IDP settlements were supported for two months by new funding from USAID, while trauma care services and basic health services for IDPs and white area populations, as well as maternal and child health (MCH) services were further supported by the European Commission's Humanitarian Aid and Civil Protection department (ECHO), CHF and USAID. Hence, the CERF RR filled the funding gap while providing the time needed to advocate for funding to cover the second phase of emergency response or escalating emergencies in Afghanistan.

[3] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The CERF RR made the initial emergency response possible, also allowing WFP time to ask for additional funding from other donors, making sure that the intervention was implemented as planned.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

FAO designed and implemented the intervention in close collaboration with FSAC at national and regional level. Furthermore, FAO utilized partnerships with NGOs and DAIL while implementing the project in order to have better access at grass-roots level and secure access to insecure areas, as well as support additional checks and balances on the work of partners.

According to **UNFPA**, the GBV sub cluster was activated, capacity building for GBV actors provided, joint assessment conducted and coordinated multi sectoral response services started. This has significantly contributed to enhance the coordination for GBV interventions during both crises.

WFP explained that the relevant agencies set up the coordination forum where the participants dealt with a range of operational topics such as caseload and possible return. Through this coordination, the stakeholders could improve the efficiency of the operation.

WHO emphasized that the CERF funding availability is shared among the cluster partners and the priority criteria, interventions, target groups and areas are announced in advance to enable the partners to submit their proposals. The proposals are discussed within the cluster in groups and one to one and recommended by the cluster to the CERF. And the funding is allocated by the final decision of the humanitarian coordinator. This allocation process which includes needs assessment, strategic prioritization, allocation, implementation and monitoring and evaluation (M&E) helps to support a transparent coordination mechanism among the humanitarian community and key partners.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

UNFPA commented that the Department of Women Affairs (DoWA) in the targeted provinces was supported to lead GBV coordination and response services. The contingency planning for the Northern Region was developed based on the CERF RR interventions as this was first time in the recent past that UNFPA was involved in the Northern Region extensively.

WHO appreciates that the CERF is always the fund to support the critical needs of the humanitarian community in Afghanistan. The CERF RR supports the kick starting of the emergency response in the initial stage, with subsequent support by the other donors. Although the amount released under CERF RR is comparatively smaller, the timeliness and the value during the most critical period of such emergencies is very important and highly appreciated by the implementing partners.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Livelihood interventions are not always among the highest priorities to be funded through the CERF window.	Support for agriculture and livestock-based livelihoods in Afghanistan is critical. Loss of livelihoods means lack of food security and subsequent suffering.	CERF Secretariat
The processes for the CERF RR proposal / funding approval, as well as for Agency procurement and supply chain, caused delays in assistance to beneficiaries.	Simplification of the CERF RR application and approval processes for speedier disbursement of funds.	CERF Secretariat
Financial allocation criteria should be clearly shared with the cluster partners to avoid deviations from CERF financial utilization regulations. CERF revision requests of project funding amounts affect the proposed activities and targets, whilst elongating the application process. At times, there is diverging understanding of CERF RR funding criteria. FAO was told that only 10-30% of each individual project could be funded by CERF, and the rest should be covered by the applicant organization. FAO was under the impression that CERF could fund just 10-30% of total sector requirement.	Clear definition of the amount of funding UN agencies may request based upon a% of the overall costs for the larger humanitarian programme which they seek to support. Training is required for all agencies eligible on CERF eligibility criteria and financial regulations.	CERF Secretariat OCHA-Afghanistan as CERF Focal Point Clusters
Usually the other funds will be released by end of July, hence requesting the Partners to identify the gaps and emerging emergencies from 1st August and come up with prioritized project activities verify them and select according to the emergency criteria would make proposal submission period to be shorter with standard proposals.	Advance scheduling of the funding process, advanced gap identification and proposal preparation through clusters.	CERF Secretariat OCHA-Afghanistan as CERF Focal Point Clusters
Target population calculations are always exceeding the real values. This should be taken into account during proposal preparation and the exact period of funding should be clearly defined.	Train the cluster partners on beneficiary calculation and reporting.	CERF Secretariat OCHA-Afghanistan as CERF Focal Point Clusters
The administration of the CERF RR processes requires considerable time and resources of the OCHA Humanitarian Financing Unit, which is entirely funded by the Country Based Pooled Fund in Afghanistan.	A % of the awarded CERF RR grant is allocated to the CERF Focal Point to help ensure the efficient and timely administration of the CERF RR processes.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Livelihood interventions are not always among the highest priorities to be funded through the CERF.	Support for agriculture and livestock-based livelihoods in Afghanistan is critical. Loss of livelihoods means lack of food security and subsequent suffering.	HCT
A permanent UNFPA representation in the Northern Region as in the Central Highland and the Western Regions is necessary.	Resource mobilization and review of the country office profiling.	UNFPA SMT
A roster of local partners on stand by for emergency response is required to maximize and speed up the response.	Regional/ Provincial level humanitarian partner mapping and stock taking.	UNFPA CO Humanitarian Team
Distribution of clean delivery kits to pregnant women, who don't have access to health facilities, is essential.	Funds to be mobilized to procure and distribute clean delivery kits to all pregnant women living in conflict affected areas.	UNFPA
Low level of awareness and knowledge of health workers on clinical management of rape survivors.	Training/Orientation sessions to be conducted to health workers to raise awareness of health workers on clinical management of rape survivors.	UNFPA and Health cluster members
Rapid Response Mechanism for Cash-Based Transfer is required.	Suitable Money Service Provider (MSP) with the capacity to set up, maintain and manage a safe, effective and efficient Hawala system that will allow WFP beneficiaries to receive their monthly cash entitlement within 72 hours after the impact of the emergency is to be identified.	WFP (plans to conduct a pilot direct cash distribution to emergency in September 2016)
Needs assessment should be regularly conducted by the implementing partners that could provide evidence for rationalizing the intervention strategies.	All implementing partners should attempt to keep accurate data and collect more relevant data that could help for accurate assessments and beneficiary estimations.	NGOs and UN Agencies
While designing a project activity; the implementing partner should make sure the availability of necessary human resources, logistics support, management and monitoring and evaluation facilities.	All implementing partners should ensure availability of other resources other than the fund.	NGOs and UN Agencies
The overall quality, completeness and timeliness of reporting from CERF recipient agencies is poor.	Ongoing monitoring and reporting of implementing partners should be ongoing in order to support implementation, mitigate delays and ensure timely final reporting to clusters and donors. Capacity of reporting officers and adherence to guidelines, timelines and official formatting should be ensured by heads of UN agencies	UN agencies, Cluster Leads UN agencies
Getting the quality data and the report from the partners within one month of the end date of the project is difficult due to the capacity in the field and short duration of the project activities.	Provision of sufficient time for data collection, analysis and reporting, ideally from implementing partners 4 weeks after the project end date and from Clusters after 8 weeks	OCHA-Afghanistan as CERF Focal Point

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	**5. CERF grant period:**	28/12/2015 – 27/06/2016
2. CERF project code:	15-RR-FAO-033	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project title:	Immediate emergency key input assistance to protect and restore agriculture and livestock based livelihoods of 2500 worst affected, and already vulnerable, low income and food insecure farmer households in the earthquake affected provinces of Nangarhar and Kunar of Afghanistan		

7.Funding

a. Total funding requirements[4]:	US$ 4,230,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[5]:	US$ 768,650	▪ *NGO partners and Red Cross/Crescent:*	US$ 65,966
c. Amount received from CERF:	US$ 608,650	▪ *Government Partners:*	US$ 6,560

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	3,590	3,760	7,350	4,380	4,587	8,967
Adults (≥ 18)	4,957	5,193	10,150	6,047	6,335	12,382
Total	**8,547**	**8,953**	**17,500**	**10,427**	**10,922**	**21,349**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	8,750	
Host population	8,750	21,350
Other affected people		

[4] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[5] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	**17,500**	**21,350**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	There was much higher demand for agriculture and livestock protection inputs among the earthquake-affected farming communities in the eastern part of the country. The project therefore extended coverage to earthquake-affected districts of Kunar Province, where an additional 550 households were assisted with animal feed, mineral blocks, de-wormer, hand tools and emergency animal shelters.	

CERF Result Framework			
9. Project objective	The project seeks to sustain the livelihoods of 2,500 vulnerable subsistence farming households affected by earthquake in Nangarhar and Kunar Provinces through the provision of agricultural inputs and increase their resilience through a higher protection of their assets and maintenance of milk and meat production. Thus protecting and restoring a minimum nutrition sensitive food production for household consumption and avoid malnutrition and other negative effects (health, asset selling, displacement, etc.)		
10. Outcome statement	Livelihoods of worst earthquake affected farming households will be protected		
11. Outputs			
Output 1	Livestock inputs (animal feed, vaccination, deworming and shelter/tent) distributed to 2,500 affected farming households		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	No of targeted households supported with agricultural / livestock inputs. (animal feed)	2,500	3,050
Indicator 1.2	Immediate protection of livestock based livelihood for 2,500 vulnerable farming households or some 17,500 individuals with protection of 10,000 livestock throughout winter season (vaccination, deworming and shelter/tent).	10,000	22,215
Indicator 1.3	(i) Level of protection of large ruminants against occurrence of clinical FMD (food and mouth disease); (ii) Level of protection of small ruminants against occurrence of clinical PPR; (iii) Animals overall monthly mortality (both large and small ruminants) (iv) Animals survived throughout winter with Livestock health restored/improved and animal production maintained through provision of animal shelter, feed, de-wormers and vaccinations, resulting in enhanced vital food security and reduced dependence on long term food aid	(i) Risk reduced to 1%/month (ii) Risk reduced to 1%/month (iii) 2.5% (iv) Body weight of sheep >20kg Milk one ltr/day	(i) 99% (7,647) of cattle vaccinated against FMD. FMD vaccinations immunize cattle for 6 months. Thus, the risk of contracting FMD is decreased by 99%/month for 6 months for the current population of cattle. (ii) 98% (13,183) of sheep and goats vaccinated against PPR. PPR vaccinations immunize sheep and goats for their entire life. Thus, the risk of contracting PPR is decreased by 98% per month for the current population of sheep and goats. (iii) No adult animal (cattle,

			sheep, and goats) died in the period after the intervention. Thus the overall monthly mortality could be considered = 0% (iv) Body weight increased by about 0,9 kg (+/- 0,4kg) in sheep and goats. By considering that the average weight of an adult female of sheep and goats is around 19-20kg (depending on the breed), we can assume that body weight is > 20kg for the average sheep or goat kept by interested farmers.
Indicator 1.4	Diet diversification and increased income generated by the resumption of animal husbandry, an activity typically benefitting women.	50%	Dairy production and consumption by households and supply of surplus to market have improved; 79.4% of dairy production consumed by household for securing food security and 20.6% of dairy production sold in market for covering other basic needs.
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Technical specification to be developed Fast track procurement, quality control of inputs and delivery to distribution points Distribution of inputs to selected beneficiaries Post distribution evaluation of distributed inputs	FAO, Ministry of Agriculture, Irrigation and Livestock (MAIL), SPs	FAO, MAIL, SPs
Activity 1.2	ToT Technical instruction to be provided to Provincial DAIL (Department of Agriculture and Irrigation and Livestock) and SP extension workers Technical training to be conducted by SP for beneficiaries.	FAO, MAIL, SPs	FAO, MAIL, SPs
Activity 1.3	Impact evaluation of distributed inputs	FAO, MAIL, SPs	FAO, MAIL, SPs
Output 2	Key agriculture emergency inputs (winter vegetable seed of eight crops: 5gr Tomatoes, 25 Eggplant, 10gr Capsicum, 200gr Onion, 200gr Okra, 250Green bean, 250gr Cucumber and 80gr Squash and 4 types of hand tools (1 Shovel, 1 Spade, 1 Hoe/Rake and 1 Trowel/sickle) distributed to 2,500 affected farming families, protecting nutrition sensitive food security avoiding malnutrition.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Immediate resumption of vegetable planting by 2,500 vulnerable farming families or some 17,500 individuals with 200 hectares irrigated cultivated.	200 ha	200 ha
Indicator 2.2	Enhanced nutrition sensitive food security and livelihood	3,500 Mt	2,000 Mt

	protection through 40% increased vegetable production		
Indicator 2.3	Vital diet diversification, increased household consumption and income generated by the resumption of homestead gardening, an activity typically carried out by women.	50%	Vegetable production and consumption by household and supply to market has improved: 65.5% of vegetable production consumed by household for securing food security and 34.45% sold on the market for covering other basic needs.
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Development of Technical specification Selection of Service Providers Section of beneficiaries Procurement, quality control, delivery and distribution of inputs Post-distribution evaluation	FAO, MAIL, SP's	FAO, MAIL, SP's
Activity 2.2	ToT Technical instruction by FAO for DAIL and SP extension workers Technical guidance by SP for beneficiaries Impact evaluation of distributed inputs.	FAO, MAIL, SP's	FAO, MAIL, SP's
Activity 2.3	Impact evaluation of distributed inputs	FAO, MAIL, SP's	FAO, MAIL, SP's

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Due to higher demand for agriculture and livestock protection inputs among earthquake-affected farming households in the eastern part of the country, the project extended coverage to an additional 550 households in the Khas Kunar District of the Kunar Province. These households were assisted with animal feed, mineral blocks, de-wormer, hand tools and emergency animal shelter.

As indicated in the Kunar DAIL report, apart from the earthquake, a hail storm affected wheat and other crops in the Khas Kunar district of Kunar Province. The issue was raised in the Humanitarian Response Team and FSAC meeting. In order to check on the situation, the FAO Regional Coordinator and FAO veterinarian in Jalalabad went to Kunar to discuss the issue with DAIL and the Afghanistan National Disaster Management Authority (ANDMA) of Kunar Province. They also visited the field in the Khas Kunar District along with the DAIL District Officer, determining that crops had been severely damaged by the hail storm. The field visit report was submitted to FAO Kabul in order to consider assisting the affected farming households, who subsequently agreed to assist 550 households affected by the natural disaster in Khas Kunar District.

Following confirmation on the additional beneficiaries by CERF, the FAO Regional office visited the Kunar Province for a second time. A meeting was held with the Provincial Governor (HE Waheedullah Kalimzai), the DAIL Director a.i (Mr. Najibullah) and the Khas Kunar District Governor. A thorough discussion was held regarding the distribution of additional inputs to 550 earthquake-affected households of the Khas Kunar District. Kunar Government officials were briefed on the project aims and implementation strategy. The DAIL Director expressed his appreciation to the UN for its support to earthquake-affected farming families and briefed the HE Governor on the progress of the project – which was already ongoing in four districts of the Kunar Province in partnership with MADERA and DAIL. A committee with representation from DAIL, ANDMA, the District Governor, the DDA and the District Extension Officer was formed in order to identify eligible beneficiaries as per defined criteria. The project was implemented by FAO and DAIL.

A total of 66 tonnes of animal feed, 550 emergency animal shelters, 1,375 kg of mineral blocks, 550 hand tool kits (550 shovels, 550 rakes, 550 hoes and 550 sickles) and 1,510 de-wormers for around 1 510 animals were distributed to the 550 most vulnerable households in the earthquake-affected district of Khas Kunar of the Kunar Province. Each beneficiary received 120 kg of animal feed, 2.5 kg of mineral blocks, four types of hand tools, an emergency animal shelter and on average three doses of de-wormer for

three small and large ruminants.

In total, 2,500 kits of certified vegetable seeds, 3,050 hand tool kits, 366 tonnes of animal feed, 7,625 kg of mineral blocks, 22,215 doses of de-wormers, 7,647 doses of FMD vaccine and 13,183 doses of PPR vaccine reached 3,050 earthquake-affected households in 10 districts of Nangrahar and Kunar Provinces.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Earthquake-affected people were consulted at all stages of the project. Women were consulted regarding livestock shelters and animal feeding during the winter, given that it is mostly women who take care of animals while at home. Men were concerned about animal diseases and loss of livestock, which in many cases are their only livelihood assets. Men had to travel longer distances in order to have their animals vaccinated. Malnutrition in children was another concern. Because of all of these reasons, diversified emergency agriculture and livestock protections kits were proposed by the affected population. The package included vegetable seeds, hand tools, animal feed, vaccinations for FMD and PPR, de-wormer and emergency animal shelters. MAIL staff were part of these consultation at central, provincial and district level.

MAIL district level staff and local NGO partners assisted FAO in context analysis and project rational, as well as in defining the technical specifications of inputs.

The inputs were procured from local markets as per FAO standard procurement procedures. The government and independent agencies were involved in quality control of inputs.

Beneficiary selection by FAO, NGO partners and DAIL staff was carried out using agreed selection criteria. The distribution plan was developed in close collaboration with government staff. Provincial and district-level Governments assisted FAO and its SPs in delivery of inputs, mostly to remote and insecure project sites.

The provincial and district level staff of both DAIL and the SPs were provided with technical training for further delivery to targeted beneficiaries.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
The main findings of the impact evaluation are as follows: • Agriculture and livestock based livelihoods of 3 050 households have been protected; • Crop and dairy production has increased, resulting in enhanced food security and reduced dependence on food aid; • Vegetable seeds procured during the project have resulted in improved production compared to local seed varieties; • Access to improved vegetable seeds has been established for the project beneficiaries for the next 2-3 planting seasons, in targeted communities; • Milk production has increased compared to the period prior to intervention; • Livestock weight has increased compared to the period prior to intervention; • Livestock health conditions have improved compared to the period prior to intervention; • For vegetables, consumption by households and supply to market have improved: 65.5% of vegetable production has been consumed by households and 34.45% has been sold on the market in order to cover other basic needs; • For dairy, consumption by households and supply to market have improved: 79.4% of dairy production has been consumed by households and 20.6% of has been sold on the market in order to cover other basic needs.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	28/12/2015 – 27/06/2016
2. CERF project code:	15-RR-FPA-045	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		☒ Concluded
4. Project title:	Addressing the immediate needs of GBV survivors and women and girls at risk in the conflict affected area of Kunduz through provision of life saving multi-sectoral services for gender based violence.		

7.Funding

a. Total funding requirements[6]:	US$ 650,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[7]:	US$ 349,539	▪ *NGO partners and Red Cross/Crescent:*	US$ 243,320
c. Amount received from CERF:	US$ 349,539	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	3,000			1,639	800	2,439
Adults (≥ 18)	1,500	210		3,868	2,328	6,186
Total	**4,500**	**210**	**4,710**	**5,507**	**3,128**	**8,635**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	4,710	6,500
Host population		2,135
Other affected people		
Total (same as in 8a)	**4,710**	**8,635**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Most of the IDPs were spread out among their relatives, so during the project implementation mostly the host families were mixed with IDPs. This resulted in providing services to both the IDPs and host communities alike.

[6] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[7] This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	To address the immediate needs of GBV survivors and 3000 women and 1500 girls at risk in the conflict affected area of Kunduz and three neighboring provinces through provision of life saving multi-sectoral services for prevention and response to gender based violence.		
10. Outcome statement	Conflict affected 3000 women and 1500 girls protected against various forms of Gender Based Violence		
11. Outputs			
Output 1	GBV survivors have increased access to life-saving emergency services, and specialized services that meet their physical and psychosocial needs		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	% of identified GBV survivors who are referred to service providers	70%	44.5% The percentage of referral is slightly low because referral should be done based on the survivor's consent. Out of 305 GBV cases received by the Women Friendly Health Spaces only 136 cases were referred to other service providers and the other objected to the referral.
Indicator 1.2	# of Women Friendly Health Spaces established, fully equipped and functional	4	4
Indicator 1.3	% of women and girls identified in need of psychosocial support received assistance (including survivors of GBV)	70%	69%
Indicator 1.4	% of identified GBV survivors received reproductive health services or referred to nearest basic health unit / reproductive health clinic	80%	305 GBV survivors received assistance (percentage is not possible since there are no figures for the overall number of GBV survivors) No baseline
Indicator 1.5	# of participants (including GBV survivors) with access to activities conducted in WFHS (100 women for each of the four WFHS for 5 months)	2000 (100% women and girls)	1,070 (54% of target)
Indicator 1.6	# Dignity kits distributed (with items catering to the different needs of women)	1,000	1,900
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Establishment of four Women Friendly Health Spaces in Kunduz, Mazar-el-Sharif, Taloqan and Puli-Khumri	International Medical Corps	International Medical Corps

			Four women friendly spaces established
Activity 1.2	Provision of psychosocial support to women survivors of GBV	International Medical Corps	International Medical Corps In total 2,798 group counselling and 305 individual counselling sessions were conducted
Activity 1.3	Provision of referral and facilitation in referral to specialized services	International Medical Corps	International Medical Corps 136 GBV cases were referred to other services including health
Activity 1.4	Establishment of four mobile teams to provide Psychosocial Support and other services	International Medical Corps	International Medical Corps Four mobile team established
Activity 1.5	Arrangement of basic life skills activities to women and girls as group therapy and entry point for GBV prevention awareness	International Medical Corps	International Medical Corps A total of 1,070 IDP women received life skill training (tailoring 650, quilt sewing 178, beauty parlor 115 and jam/sweet making 127)
Activity 1.6	Procurement of Dignity Kits	UNFPA	UNFPA 1,900 Dignity Kits purchased
Activity 1.7	Distribution of Dignity Kits to women of reproductive age and pregnant women	International Medical Corps	International Medical Corps 1900 Dignity Kits distributed
Output 2	Women protection issues including access and provision of timely GBV services are promoted among key stakeholders (humanitarian organizations and line department) and at community level (including 210 men).		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of participants in sessions held on women protection issues, including access and provision of timely GBV services for key stakeholders in Kunduz, Mazar-el-Sharif, Taloqan and Puli-Khumri	70 (35 men, 35 women)	68 GBV key actors (41 men and 27 women) trained in GBV response
Indicator 2.2	# of participants in sessions held on women protection issues including access and provision of GBV services for community members in Kunduz, Mazar-el-Sharif, Taoqan and Puli-Khumri	350 (50% men, 50% women)	2,318 community members (927 women, and 1,391 men) received awareness sessions on GBV services available for GBV survivors

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct sessions with key stakeholders	International Medical Corps	Four training sessions for GBV key actors conducted by IMC
Activity 2.2	Community mobilization and outreach for GBV prevention and awareness on available services	International Medical Corps	56 community mobilization sessions conducted by IMC

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
GBV cases are under reported in Afghanistan and baseline data was not available on the number of GBV survivors in emergency situation upon which to estimate percentage targets. In addition, the conflict adversely affected access and utilization of services in the targeted provinces, so the total number of participants was lower than expected.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
The implementing partners selected the service delivery points in consultation with the affected population and in some instances the service delivery points were organized by the community itself. The community also voluntarily supported the social mobilization and health education.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA WHO	**5. CERF grant period:**	23/12/2015 – 23/06/2016 (UNFPA) 23/12/2015 – 23/09/2016 (WHO)
2. CERF project code:	15-RR-FPA-046 15-RR-WHO-051	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	Respond to urgent health needs arising from the Kunduz Crisis		

7.Funding

a. Total funding requirements[8]:	US$ 38,80,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[9]:	US$ 15,300,000	▪ *NGO partners and Red Cross/Crescent:*	US $373,049
c. Amount received from CERF:	US$ 1,521,385	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	1,478	1,495	2,973	1,659	1,727	3,386
Adults (≥ 18)	20,457	1,936	22,393	20,352	2,386	22,738
Total	**21,935**	**3,431**	**25,366**	**22,011**	**4,113**	**26,124**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	25,366	26,124
Total (same as in 8a)	**25,366**	**26,124**
In case of significant discrepancy between	No significant discrepancy	

[8] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[9] This should include both funding received from CERF and from other donors.

planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	

CERF Result Framework			
9. Project objective	Ensure access of 27,120 cases to trauma care services, rehabilitation and reproductive health services in Kunduz and three neighboring provinces.		
10.Outcome statement	Conflict affected population in Kunduz, Baghlan, Takhar, and Badakhshan will have access to trauma services and rehabilitation in Kunduz Regional Hospital and to reproductive health services.		
11. Outputs			
Output 1	3,000 men/women and children in Northeastern region will have access to specialised trauma services		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	The four wards in the Trauma unit fully operational in Kunduz Regional Hospital	100%	100%
Indicator 1.2	# of trauma cases treated	3,000	3,000
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provision and installation of medical equipment in the trauma unit	WHO	WHO
Activity 1.2	Establish an MOU with MoPH hospital to recruit hospital staff and oversee day to day operationality of the trauma unit	WHO/MoPH	WHO
Activity 1.3	Provision and shipment of medical and non-medical supplies, medicines to Kunduz Regional Hospital	WHO	WHO
Activity 1.4	Establish a monitoring system to oversee the implementation of activities in the field	WHO	WHO
Output 2	Improved access to Emergency obstetric new born care services targeting 18,520 women		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# pregnant women receiving clean delivery kits (at community level)	9,520 pregnant women	8,800
Indicator 2.2	# of deliveries assisted with Skilled birth attendant at hospital level	9,000	9,220
Indicator 2.3	# of Health workers trained on management of rape survivors	40 health workers	40
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Distribute clean delivery kits to pregnant women for 6 months in Kunduz, Chardara, Aliabad, Khan Abad, Hazrat imam sahib, Dashti e Archi, Qala-e Zal, (community level) in different districts of Kunduz Province, depending on level of insecurity and ease of access by the IP.	UNFPA	UNFPA
Activity 2.2	Provide 3 sets of Block III, II and I of Emergency	UNFPA	UNFPA

	Reproductive Health Kits to Kunduz Regional Hospital, one set each of ERH Kits for Takhar, Baghlan and Badakhshan provincial hospitals, by Afghan Red CRescent Society		
Activity 2.3	Conduct training in clinical management of rape survivors for 40 health workers by International Medical Corps in partnership with MoPH.	UNFPA	UNFPA
Output 3	5,600 traumatized patients from NER will receive rehabilitative and psychosocial services in Kunduz Regional Hospital		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of patients rehabilitated / physiotherapy	1,725	1,030
Indicator 3.2	# of patients receiving psychosocial support	2,300 patients + 1,380 caregivers	4,680
Indicator 3.3	# of patients receiving (P&O) artificial limbs	575	384
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Ensure access of 5,405 patients and care givers to physio-therapy and psychosocial support at Kunduz Regional Hospital	Handicap international	Handicap international
Activity 3.2	Ensure access of 575 patients to P&O (artificial limbs) services	Handicap international	Handicap international

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

No significant discrepancy in many of the activities except only 60% of the targeted beneficiaries received rehabilitation services and 67% received artificial limbs. This was due to disturbance of establishing the unit and deploying the international staff at the initial stage of the project activities due to security threats. However later on the activities were carried out as planned and the facilities established continue to benefit the patients.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The implementing partners selected the service delivery points in consultation with the affected population and in some instances the service delivery points were organized by the community itself. The community also voluntarily supported the social mobilization and health education.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Routine monitoring and evaluation procedures were followed by the implementing partners and the WHO regional offices and the country office. M&E officers of the implementing partners made field visits to do M&E. While the WHO regional office directly and through the polio officers monitored the activities. Beside this the WHO country EHA focal point and the NHC from Kabul received monthly update from the implementing partners and verified the data with MoPH and other relevant sources. There were no formal evaluation plan and the special evaluation reports are not available.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	17/11/2015 – 16/05/2016
2. CERF project code:	15-RR-WFP-078	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project title:	Protracted Relief and Recovery Operation (PRRO 200447)		

7.Funding

a. Total funding requirements[10]:	US$ 10,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[11]:		▪ *NGO partners and Red Cross/Crescent:*	US$ 66,514
c. Amount received from CERF:	US$ 3,323,284	▪ *Government Partners:*	US$ 14,112

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	43,094	43,881	86,975	36,551	38,043	74,594
Adults (≥ 18)	16,606	17,169	33,775	62,236	64,776	127,011
Total	**59,700**	**61,050**	**120,750**	**98,787**	**102,819**	**201,605**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	10,750	201,605
Host population	70,000	
Other affected people	40,000	
Total (same as in 8a)	**120,750** (Kunduz response – 50,750 and Earthquake response – 70,000)	**201,605** (Kunduz response – 131,589 and Earthquake response – 70,016)
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Due to increased caseload of IDPs in Kunduz WFP decided to reduce the ration size to cover more beneficiaries with available resources. Thus WFP reached more beneficiaries than planned.	

[10] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[11] This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	To enhance food security of 50,750 conflict affected population and 70,000 earthquake affected population, and to prevent those affected population resorting to negative coping strategies.		
10. Outcome statement	Stabilized or improved food consumption over the assistance period for targeted households and/or individuals.		
11. Outputs			
Output 1	Conflict & disaster affected population cover their basic food needs through cash transfer and food distribution (food will be utilized only for earthquake response).		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Reduced prevalence of poor food consumption of targeted household, according to Food Consumption Score (FSC), disaggregated by sex of household.	80% reduction	No improvement. Poor Food Consumption in households: 23% (Baseline: 27%).
Indicator 1.2	Number of women, men, boys and girls assisted on time with appropriate food/cash transfers disaggregated by gender and assistance provided, as% planned	120,750	201,605 (167%)
Indicator 1.3	Quantity of food/cash distributed	Cash US$ 906,250 Food – 861.8 MT	Cash: Zero Food (Wheat Flour): 3681.765mt (428%)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Coordination of IDPs humanitarian assistance with National/local government, UN agencies, FSAC partners, donors, cooperating partners and NGOs. Field Level Agreements (FLAs) signed with cooperating partners for the earthquake response while cash proposals from DRC/NRC are under discussion.	OCHA & WFP	OCHA & WFP Achieved. Regular Task force meetings, chaired by UNHCR, attended by WFP and cooperating partners and on a periodic basis.
Activity 1.2	Transportation of food/cash to Distribution Points. WFP will use its existing stocks for ongoing activities to provide food assistance to the earthquake affected	WFP	WFP Achieved. Existing wheat flour stocks utilised for immediate response, and replenished by CERF RR grant.

	beneficiaries and then replenish once the newly procured food arrives in 2-3 months.		
Activity 1.3	Identify beneficiaries based on registered/verified figures provided by the joint-registration/verification teams, including WFP cooperating partners, local government and UN agencies.	UNHCR/ IOM/ WFP/ Programme Assistance Teams (PAT)/ cooperating partners	Achieved. This activity is accomplished jointly between WFP/IOM & UNHCR a joint assessment team conducted the assessment The targeted beneficiaries were identified and recommended for assistance by the joint assessment/verification team deployed to the affected sites. The verification team was ~~is~~ headed and established by local authorities (Provincial Disaster Management Committee, PDMC) in the respective provinces. The verification team consisted of WFP monitors/CP, relevant UN agencies, NGOs, Local authorities and other humanitarian organization active in the area.
Activity 1.4	Conduct one-month food distribution and one-month cash transfer to identified beneficiaries	Cooperating partners	Achieved. Two months food assistance provided to 70,016 earthquake affected individuals and 131,589 conflict affected. By Afghan Planning Agency, a local NGO. No Cash transfers were conducted. The WFP SCOPE card system was not yet in place therefore food was provided given the urgency for the assistance. These activities were implemented by different cooperating partners in different provinces as shortly described below: Eastern Region: Afghan Planning Agency (APA) implemented these earthquake response activities. Northern Region: The activities were implemented by 3 different CPs including the UNHCR, Afghanistan National Disaster Management Committee and Afghanistan Social Improvement Organization (ASIO). North-Easter Region: The activities were implemented by 5 cooperating partners including the Afghanistan Natural Disaster Management Authority (ANDMA), Afghanaid, Focus Humanitarian Assistance, Norwegian Afghanistan Committee and Rupani Foundation (RF). Central Region: The activities were implemented by 2 cooperating partners: the International Rescue Committee (IRC) and the Watan's Social and Technical Services Association (WSTA).

Activity 1.5	Conduct output and process monitoring (delivery, distribution, activity implementation) through Beneficiary Contact Monitoring (BCM), Post Distribution Monitoring (PDM), household interviews and direct observation and outcome monitoring (FCS) through household interviews.	Accessible areas: WFP & cooperating partners Restricted Access: PATs	Achieved. 100% Distribution Monitoring Coverage; FCS interviews conducted (PDM) WFP monitors and WFP program Assistant Team (PAT) conducted the output and process monitoring on regular basis.
Activity 1.6	Conduct periodic joint monitoring and PDM.	WFP & Cooperating partners	Achieved. 368 PDMs conduced The monitoring activities carried out by WFP through its third party monitoring. And coopering partner Afghan Planning Agency. reported directly to WFP on monitoring issues
Activity 1.7	Prepare CERF final report including baseline and follow-up result on output and outcome indicators with quantitative and qualitative analysis.	WFP	WFP Achieved.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Monitoring of WFP assistance is carried out by WFP in areas where access is possible while contracted Programme Assistance Teams (PAT) are used in restricted areas particularly challenging in terms of access, thus monitored by PAT. WFP monitors conducted monitoring in Kabul, Kunduz, Mazar, Faizabad and Nangarhar Takhar provincial centres and accessible districts while the remote areas, of Baghlan, Nanagarhar, Badakhshan, Takhar and Samangan's Districts were covered by PAT monitors.

In line with the WFP's minimum monitoring requirements, Distribution Monitoring (DM) was conducted at 100% of the all active food distribution sites and included direct observation and beneficiary contact monitoring during the distribution process. A total of 368 Post-Distribution Monitoring (PDM) visits were conducted in the wake of the two disasters; by WFP and PAT monitors.

PDM provides information on outcome indicators such as Food Consumption Score (FCS), beneficiary perception, quality of food, targeting, and beneficiary satisfaction. Beneficiaries were randomly selected and interviewed. Their perspectives guide WFP and Cooperating Partners in refining the project implementation.

The results from PDM visits in Kunduz and other affected areas by natural and man-made disaster, showed that 93%% of the targeted population showed satisfaction about beneficiary selection process while 7% were not satisfied. To further refine the targeting for future emergencies, improved coordination and assessment tools have been developed, called HEAT (Household Emergency Assessment Tool) (refer to the Lessons Learnt section). In relation to the beneficiary selection eligibility criteria, formal assessments are undertaken by WFP and PAT monitors, based on the status of the affected household. 99% of beneficiaries feel safe at distribution sites.

Beneficiaries expressed a strong satisfaction with WFPs emergency food assistance with 22% extremely satisfied, 67% very satisfied, 7% moderately satisfied and 4% slightly satisfied. 56% of the targeted population benefited from this project by increased access and consumption of quality food and 44% benefited by improved health of family members.

29% of affected population stated that their food assistance lasts four weeks, 26% indicated three weeks, 32% two weeks, and 13% indicated food assistance lasts for one week.

The baseline FCS, based on WFP's annual Standard Project Report 2015 outcome indicator compendium, establishes that amongst internally displaced families, 15% of are considered to have poor food consumption, 48% borderline and 37%

acceptable food consumption.

Findings from 368 PDM household interviews conducted after the earthquake and Kunduz Crisis areas during September 2015 – May 2016 indicated that 23% of surveyed families could be considered to have poor food consumption.

Although not statistically representative nor randomly sampled, a deterioration was observed by an increase in the proportion of families with poor food consumption. The conflict and security situation were contributing factors to this worsening food security situation, as it resulted in major disruptions in the infrastructure and movement, and with that, access to markets. For both the earthquake and the Kunduz Crisis, the displacement was temporary, with the majority of families returning to their dwellings within a few months, to restore their homes and livelihoods. The reduction in the ration scale from 100kg to 75kg fortified wheat flour per household during the implementation period may also be considered a contributing factor.

Regarding indicator 1.3:

The WFP SCOPE card system was not yet in place therefore the cash component was not implemented and food was provided given the urgency for assistance.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Nothing to report.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-RR-FPA-046	Health	UNFPA	INGO	$12,412
15-RR-FPA-046	Health	UNFPA	RedC	$9,584
15-RR-FPA-045	Protection	UNFPA	INGO	$243,320
15-RR-WHO-051	Health	WHO	INGO	$351,053
15-RR-FAO-033	Agriculture	FAO	INGO	$65,966
15-RR-FAO-033	Agriculture	FAO	GOV	$6,560
15-RR-WFP-078	Food Assistance	WFP	NNGO	$22,647
15-RR-WFP-078	Food Assistance	WFP	NNGO	$40,891
15-RR-WFP-078	Food Assistance	WFP	NNGO	$2,975
15-RR-WFP-078	Food Assistance	WFP	GOV	$14,112

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AGE	Anti-Government Elements
ANDMA	Afghanistan National Disaster Management Authority
APA	Afghan Planning Agency
ASIO	Afghanistan Social Improvement Organization
BCM	Beneficiary Contact Monitoring
BHC	Basic Health Center
CDC	Community Development Council
CERF	Central Emergency Response Plan
CHC	Comprehensive Health Centre
CHF	Common Humanitarian Fund
DAIL	Provincial Department of Agriculture, Irrigation and Livestock
DDA	District Development Authority
FMD	Foot and Mouth Disease (Animal)
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FSAC	Food Security and Agriculture Cluster
GAM	Global Acute Malnutrition
HCT	Humanitarian Country Team
HEAT	Household Emergency Assessment Tool
IPC	Integrated Food Security Phase Classification
IOM	International Organization for Migration
IRC	International Rescue Committee
MAIL	Ministry of Agriculture, Irrigation and Livestock
MADERA	Mission d'Aide au Développement des Economies Rurales – Afghanistan
MoPH	Ministry of Public Health
NGO	Non-governmental Organization
PAT	WFP Program Assistant Team
PDM	Post Distribution Monitoring
PSS	Psychosocial counselling
RRD	Provincial Department of Rural Rehabilitation and Development
PPR	Peste de Petits Ruminants
RF	Rupani Foundation
SFSA	Seasonal Food Security Assessment
SP	Service Provider
ToT	Training of Trainer
UNOCHA	United Nations Office for the Coordination for Humanitarian Affairs
WFHS	Women Friendly Health Space
WSTA	Watan's Social and Technical Services Association