

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
AFGHANISTAN
UNDERFUNDED EMERGENCY ROUND II 2015**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Mark Bowden

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) 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 UN 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 Humanitarian Financing Unit (HFU) of 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: 2015 HRP \$416,666,132		
Breakdown of total response funding received by source	Breakdown of total response funding received by source	Breakdown of total response funding received by source
	CERF	7,983,646
	COUNTRY-BASED POOL FUND	37,974,444
	OTHER (2015 humanitarian contributions, excluding CHF and CERF)	383,374,039
	TOTAL	429,332,129

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 24-Aug-15			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-UF-CEF-099	Health	113,142
UNFPA	15-UF-FPA-030	Health	175,272
UNHCR	15-UF-HCR-047	Multi-sector refugee assistance	1,700,048
UNHCR	15-UF-HCR-048	Non-Food Items	299,942
IOM	15-UF-IOM-027	Multi-sector refugee assistance	1,000,000
WFP	15-UF-WFP-057	Food Aid	4,000,006
WHO	15-UF-WHO-037	Health	695,236
TOTAL			7,983,646

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	7,575,201
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	408,445
Funds forwarded to government partners	
TOTAL	7,983,646

I. HUMANITARIAN NEEDS

Afghanistan continued through an arduous period of political, military and economic transition throughout 2015. Concurrently, the provision of humanitarian services and protection to all Afghans continued to be a challenge due in large part to ongoing conflict and natural disasters, resulting in increased morbidity, mortality and population displacement, and exacerbated by the subsequent economic burden.

The 2015 Humanitarian Needs Overview (HNO) for Afghanistan identified approximately 7.4 million people in need of some form of humanitarian assistance. In a context of continued conflict, propensity to natural disasters, underlying chronic poverty and insufficient basic services, humanitarian aid organizations targeted principled life-saving assistance in the sectors of food, health, nutrition, protection, water and sanitation for some 3.8 million most vulnerable; conflict and natural disaster impacted and displaced, acutely food insecure, malnourished children and pregnant/lactating women, refugees (Pakistani and Afghan returnee refugees), and Afghan returnees, including Persons with Specific Needs (PSN) and female and elderly-headed households.

The humanitarian response in the first half of 2015 was shaped by intensification of the conflict resulting in 4,921 civilian casualties and a sharp increase in conflict-induced displacement with 139,000 reported, demonstrating an increase of 43% compared to the same period in 2014. The rate of refugee returnees also increased significantly with 43,695 individuals, predominantly from Pakistan, having returned as compared to 9,323 for the same period in 2014. The overall return and deportee rates of undocumented Afghans from Iran and Pakistan stood at 319,818 people, with over 73,000 undocumented Afghans returning from Pakistan (a daily return rate which was six times higher than in 2014). The rapid increase in returns indicated an increased vulnerability of this population, as well as an additional strain on host communities, and raised concerns regarding the capacity of humanitarian actors to respond to the needs of increased caseloads. In addition, the Pakistani refugee caseload in Khost and Paktika in the Southeast Region became protracted, with the majority expected to remain for two to three years, thus shifting the response towards community-based assistance while addressing life-saving needs of the most vulnerable. At the same time, while no major large-scale natural disasters hit during the first half of the year, small to medium scale events occurred with 107,000 people impacted, predominantly in the North, Northeast and Eastern Regions.

Along with their immediate humanitarian needs during conflict and displacement, women faced additional concerns such as rising incidents of rape, poor access to services, lack of female service personnel, lack of housing, restricted freedom of movement, psychosocial stress due to increased levels of poverty, and no access to justice to seek recourse for gender-based violence. For other vulnerable groups such as children, the ongoing conflict and displacement often interrupted school attendance, leading from higher levels of child labour to declining family resources and exposure to other protection concerns. For the elderly, chronically ill and disabled, displacement resulted in reduced access to services and a breakdown in family structures. In addition, displaced populations were inordinately exposed to mines and explosive remnants of war whether as a result of debris from battlefields or from former firing ranges.

Capacity, security and access constraints had already created significant data deficits in Afghanistan's humanitarian response planning and severely limited the required gender analysis. Context specific analysis of gender concerns was further challenged by the understanding of the concept of gender with internalization of the concept among implementing partners (IPs) constricted by the lack of female staff at all levels, especially in rural and remote areas. The absence of gender indicators in the strategic priorities reflected the difficulty in monitoring results at a higher level. However, Cluster response plans prescribed consideration of gender equality in selection criteria and promoted the participation of disadvantaged people in the design and implementation of humanitarian activities, while the CHF ensured mainstreaming of gender and protection issues, as well as the mandatory application of the Gender Marker of the Inter-Agency Standing Committee (IASC) for all pooled fund requests from CHF partners.

With increased humanitarian needs and severe funding shortages in Afghanistan, the United Nations Central Emergency Response Fund (CERF) Underfunded Emergencies (UFE) Window covered several gaps in humanitarian assistance with the provision of critical life-saving assistance to conflict displaced and host communities of the Southern and Western Regions, to Pakistani refugees and Afghan returnee families, as well as documented and undocumented returning Afghan refugees within the border provinces and internally displaced persons (IDPs) congested areas in the North, Northeast and Eastern Regions.

II. FOCUS AREAS AND PRIORITIZATION

The 2015 Humanitarian Response Plan (HRP) for Afghanistan focused on addressing the most acute lifesaving needs, with the aim of preventing avoidable deaths and morbidity for communities impacted by conflict and natural disasters. While prioritizing humanitarian needs, the plan advocated for coordinated action to prioritise resources to conflict-affected and remote areas, for increasing access, and for development and resilience action by other stakeholders to reduce reliance on humanitarian assistance.

The Overall Need and Vulnerability Index (ONVI) provided an objective basis for assessing the severity of need at the sub-national level for prioritizing humanitarian intervention, though it is necessary to further interpret findings together with other available data, including

field-based Cluster reviews, situational analyses, and localised assessments in order to capture humanitarian needs at a sub-provincial level for greater transparency and strengthened cross-sector interpretation of the contributing factors to humanitarian need and vulnerability. Through the methodology the ONVI, the HNO identified approximately 7.4 million people to be in need of some form of humanitarian assistance, which included 6.9 million amongst the national population highly vulnerable to conflict, food insecurity and natural disasters plus Pakistani refugees and Afghan refugee returnees.

In order to prioritise assistance to the most vulnerable, the 2015 HRP was guided by three strategic objectives: 1. Excess morbidity and mortality reduced 2. Conflict related deaths and impairment reduced 3. Timely response to affected populations. These priorities helped to ensure resources were targeted to direct action to prevent loss of life and reduce preventable morbidity or human suffering caused by conflict or natural disasters. In round numbers, a strategic humanitarian response targeted 3.8 million in need of critical living-saving action, namely those suffering from acute malnutrition, pneumonia, measles, acute diarrhoea with dehydration, and those injured from the conflict and remnants of war. Amongst them were approximately 1,862,000 women and 722,000 children under 5 years old, with priority given to those identified as most vulnerable; conflict and natural disaster impacted and displaced, acutely food insecure, malnourished children and pregnant/lactating women, refugees (Pakistani and Afghan returnee refugees), and Afghan returnees.

Geographical areas of priority were identified in development of the HNO as ranked by the ONVI. Priority areas were those most affected by conflict, natural disasters, displacement, and malnutrition largely, though not exclusively, in the South, Southeast, North, Northeast, and Central Regions. While pockets of vulnerability in non-priority areas were also assisted, the focus was placed upon supporting IPs to establish and expand activities in conflict-affected areas where there was inadequate assistance.

While each Cluster developed priority actions, targeted populations, and funding requirements within the HRP, the CERF UFE supported health, food aid, as well as shelter and non-food assistance under the Refugee and Returnee Chapter, whose priority Cluster objectives included:

Food Security and Agriculture Cluster (FSAC)

1. Reduce excess vulnerability and strengthen prevention of malnutrition for 2.2 million very severely food insecure people in Afghanistan
2. Save lives and livelihoods of an estimated 365,000 conflict displaced and people affected by natural disasters through the timely provision of food and emergency livelihoods

Health Cluster

1. Reduce incidence of maternal and child mortality and morbidity
2. Reduce mortality and disability due to conflict through provision of timely access to effective trauma care
3. Timely (within 48-72hrs) identification and response initiated to emergencies and public health risks

Refugee and Returnee Chapter

1. Provision of protection to Pakistani Refugees
2. Essential services to Pakistani Refugees, while pursuing durable solutions
3. Immediate humanitarian needs for Afghan refugee returnees, and undocumented vulnerable migrant Afghan returnees are met

Emergency Shelter and Non-Food Items Cluster (ESNFI)

1. Affected people living in damaged or destroyed houses are provided with appropriate short-term shelter solutions
2. Ensure natural disaster displaced persons have adequate protection from the weather and privacy for family life through the provision of emergency shelter and NFI's
3. Ensure conflict displaced persons have adequate protection from the weather and privacy for family life through the provision of emergency shelter and NFI's

Across all sectors, the HRP 2015 planning figures were exceeded by a significant increase in conflict-induced displacement and Afghan refugee returns, on top of the influx of Pakistani refugees, which had placed a strain upon local resources and capacities, depleted coping mechanisms in already under-served host communities, as well as raised concerns regarding the resources and capacity of the humanitarian system. Along with the lack of funding, the key constraints faced in the implementation of the humanitarian response strategy consisted of this intensification and dispersion of conflict and insecurity resulting in population displacement, inaccessibility in many conflict areas, as well as record high levels of civilian casualties. However, the CERF UFE enabled the response to the increasing caseload and cover the identified gaps in humanitarian assistance within the CERF allocation timeframe.

The projects proposed for the CERF UFE complemented ongoing activities by the United Nations High Commissioner for Refugees (UNHCR), World Food Programme (WFP), World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the International Organization for Migration (IOM) for IDPs, refugees and returnees through other funding sources, including bi-lateral funding from the European Commission's Humanitarian Aid and Civil Protection department (ECHO), the

Department for International Development (DfID), the United States (US) and Japan, and complemented funding already allocated through the CHF First Standard Allocation of 2015. Following a CHF Advisory Board meeting on 22 July 2015, the HC further decided that while the CERF UFE will support UN agencies in responding to the HRP prioritized needs, the US\$12 million available for the CHF Second Standard Allocation was prioritized towards the response by non-governmental organizations (NGOs), as emergency needs are thought to be better addressed directly by NGO partners in the field.

III. CERF PROCESS

The CERF UFE prioritization process followed on the established strategic priorities within the 2015 HNO and HRP, based upon the life-saving criteria of the CERF, and took as a planning tool the latest needs assessments following displacement, returns and refugee registration, which included beneficiary participation and feedback. As a result, the food and emergency shelter needs of IDPs, returnees and refugees, as well as critical gaps in access to health to populations in high risk districts, were prioritized. Activities that did not meet the life-saving criteria or that are relatively better funded at the mid-year point were excluded from consideration.

Following confirmation of the funding envelop by the Emergency Relief Coordinator through the CERF Secretariat, the HC consulted with the HCT on 16th July 2015 to set the parameters for the response strategy and seek feedback and advice as to the sectors to be prioritized, in coordination with the Government of the Islamic Republic of Afghanistan through the Clusters. All HCT members attended, representing NGOs, Clusters, UN agencies, and coordinating bodies.

The HC asked the Clusters to indicate their funding levels and gaps in requirements, to identify the caseloads to be prioritized, as well as geographic targeting. The relevant Clusters prioritized the activities and projects for the CERF UFE in the same manner as the projects for the CHF Allocation Strategy, utilizing the criteria and methodology for the establishment of the Cluster priorities outlined within the HRP and in accordance with the life-saving criteria of the CERF and the latest needs assessments with meaningful participation of beneficiary communities, following displacement, returns and refugee registration. Subsequently, the proposed CERF UFE package provided a comprehensive complementary humanitarian response to the most vulnerable conflict displaced populations, refugees and returnees. The emergency response covered Cluster-specific gaps in humanitarian assistance through inter-agency coordination under the guidance of the HC.

For example, the FSAC through WFP addressed the most critical needs in regards to food assistance for Pakistani refugees and 1,200 of IOM identified Afghan returnee families. At the same time under the Emergency Shelter and NFI Cluster and Refugee and Returnee Chapter, UNHCR and IOM provided emergency shelter and NFI assistance for IDPs and returnees, in coordination with other operational partners during the same implementation period to maximise the complementary impact of the CERF UFE grant. Through the support of the Health Cluster and its IPs, the joint WHO/UNICEF/UNFPA project for emergency health services (including maternal and new-born health care, and prevention and control of communicable diseases) for conflict-affected IDPs and host communities addressed the core underfunded humanitarian needs in those high risk provinces with no government control and little/no access to basic health services.

The recipient UN agencies and IOM also demonstrated a high degree of cost effectiveness with pass-through arrangements to fund their implementing partner organizations in conjunction with meaningful guidance, coordination, capacity building, technical advice, monitoring and evaluation and other functions of additional value for the project impact. To strengthen coordination, avoid duplication, and address timely response challenges, the Clusters maintained clear consensus around agreed standards minimising differences between assistance packages and programmes, and supported streamlined procurement to improve cost effectiveness without compromising the quality of goods provided. In addition, WFP's market assessment indicated the feasibility of and improved cost-effectiveness of moving from provision of in-kind rations to market-based assistance cash or vouchers.

Based upon the Cluster inputs, the HC and HCT members all agreed to the prioritization of the Health, FSAC, ESNFI Clusters and the Refugee and Returnee Chapter, the geographical areas and target populations for the CERF UFE, in line with the streamlined high priority and underserved areas identified within the HRP, taking into consideration Cluster-specific gaps in humanitarian assistance, the acceptance and the vulnerability of community, and the access, presence and capacity of agencies and IPs to provide services and assistance. The Cluster response plans and proposed activities for the CERF UFE took into account gender equality in selection criteria and promote the participation of women and disadvantaged people in the design and implementation of humanitarian activities, complemented by the CHF policy which ensures mainstreaming of environmental, gender and protection issues, as well as the mandatory application of the IASC Gender Marker for all pooled fund requests from CHF partners. To that end, the participation of all segments of a beneficiary community (community leaders and also a broad range of women, men, children of different ages, and PSN to best portray the situation, needs, intentions and challenges of all segments of the population) was fundamental for the design of Cluster activities and the CERF UFE projects.

As mentioned previously, the projects proposed for the CERF UFE complemented ongoing activities by the recipient agencies for IDPs, refugees and returnees through other funding sources, and complemented funding already allocated through the CHF First Standard

Allocation of 2015. The HC further decided that while the CERF UFE would support UN agencies in responding to the HRP prioritized needs, and the CHF Second Standard Allocation of 2015 would support the NGO response.

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: 3.8 million people as per the 2015 HRP and indicated in the proposal									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	29,375	50,018	79,393	30,574	52,059	82,633	59,949	102,077	162,026
Health	24,342	33,341	57,683	25,336	34,701	60,037	49,678	68,042	117,720
Multi-sector refugee assistance	6,963	5,126	12,089	7,442	6,515	13,957	14,405	11,641	26,046
Non-Food Items	4,074	3,074	7,148	3,915	2,953	6,868	7,989	6,027	14,016

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

BENEFICIARY ESTIMATION

The proposed CERF UFE interventions aimed to provide health, shelter, food and monetary assistance to approximately 336,000 refugees, returnees, IDPs and host communities in the high-risk provinces by enabling humanitarian agencies to deliver essential health care services to 122,647 individuals (70,903 female), including conflict displaced populations and host communities, to provide lifesaving emergency shelter and NFI assistance to 14,016 newly displaced populations (7,148 female), distribute vital food assistance to 213,849 Pakistani refugees and Afghan returnees (106,925 female), and bring post-arrival humanitarian and protection assistance to approximately 21,430 (10,865 female) documented and undocumented Afghan refugees, including PSN, vulnerable individuals, female and elderly-headed households.

UN Agencies have used different methodologies to estimate the beneficiaries of the CERF UFE. The estimated number of reached beneficiaries comes to 319,808 (156,313 female) representing a 95% overall achievement. The achievements by sector are FSAC 76%, Health 82%, ESNFI 100%, and Refugee/Returnee Chapter 122%. With the exception of the IOM identified and assisted 694 undocumented returnee families (4,861 individuals, approximately 2,376 females) also assisted by WFP's food aid, the context of Afghanistan and the implementation methodologies make it difficult to exclude completely the possibility of double counting or overlaps of beneficiaries between the sectors in Table 5 below.

Food Aid

To target displaced families as closely as possible, WFP's assistance was based on joint assessments carried out by key stakeholders in the response - in this case led by the UNHCR, with the support of the IOM, the Afghan Red Crescent Society (ARCS) and the International Rescue Committee, and other government counterparts. This process allowed for a better understanding of beneficiary needs and possible adaptation of response where appropriate in view of the scale of the influx.

To avoid double-counting of food aid beneficiaries, WFP operates with *unique beneficiaries*, (who have received WFP assistance at least once), which is essential in the context of Khost and Paktika refugee caseloads, where beneficiaries consistently received food assistance each month.

Fluctuation of beneficiary figures was a foreseen challenge for the implementation of the project in Khost and Paktika. The planning figure for provision of life-saving assistance stood at 29,350 refugee families in both Khost and Paktika Provinces. In both provinces, host communities welcomed the displaced families and provided a significant level of support at first, which gradually decreased as the majority of families have limited economic resources.

The number of actual beneficiaries was counted based on WFP IP monthly distribution reports, which are certified at WFP field office level, and recorded in the WFP corporate monitoring and reporting and management database; the Country Office Monitoring and Evaluation Tool (COMET). WFP IPs maintain beneficiary lists for up to five years, and these are routinely examined to authenticate data-entry.

These are systematically counted based on the different coverage areas, right down to Final Distribution Points (FDP) at district level, and accumulated and data-cleaned to identify the unique beneficiary number.

Health

The target population estimated to receive life-saving health services was 143,447, and included 27,200 IDPs, 97,535 host community members and 18,712 other specific target population (girls and pregnant women). Although there were no exact figures of population available for the targeted locations, the beneficiaries estimates were based on the estimated catchment population and reported number of IDPs by the NGOs providing the Basic Package of Health Services (BPHS) working in the selected locations (districts/villages/IDP or refugee camps) from each selected province.

In addition, WHO estimated based the number of beneficiaries of each basic health service provision activity based on the estimation of one consultation per person per year. UNFPA, UNICEF and WHO rounded the number of beneficiaries (females of child bearing age and pregnant women) in accordance with the number of beneficiaries to be served by the proposed number of kits.

The estimated number of direct beneficiaries receiving support by the joint WHO-UNFPA-UNICEF project took into consideration the possible duplication of female beneficiaries who received antenatal care (ANC) and deliveries and therefore were not including in the reporting. Similarly, beneficiaries of trauma kits and kits for cases of acute respiratory infection (ARI) are different from other services where the kits were supplied through provincial health directorates (not through BPHS NGOs). Hence there were no duplication of beneficiary count amongst the health projects.

Multi-sector refugee assistance

Out of an overall aim to serve 89,000, UNHCR targeted the CERF UFE for 7,530 documented Afghan returning refugees, which included 1,879 women and 3,614 children under 18. UNHCR provided assistance at the five Encashment Centres (Kabul, Kandahar, Gardez, Herat and Jalalabad) and across Afghanistan as the majority of returnees continue on to Logar, Kabul, Nangarhar, Kunduz, Laghman, Paktya, and Baghlan Provinces. UNHCR targeted approximately 4,200 individuals in Logar, 566 in Kabul, 533 in Nangarhar, 433 in Kunduz, 400 in Laghman, 266 in Paktya, 233 in Baghlan and the remaining 899 around the country based on needs.

IOM has acted as the lead agency in providing post-arrival humanitarian assistance to undocumented Afghan returnees from Iran since 2009 and from Pakistan since 2012, and providing assessments and assistance to the displaced undocumented Afghan families from North Waziristan Agency since June 2014. For the CERF UFE project, IOM targeted 13,900 beneficiaries, based upon the observations and estimates of the border monitoring team of Directorate of Refugees and Repatriation (DoRR) in Herat, Nimroz and Nangarhar Province and IOM's border screeners. At the time of the formulation of the intended project, IOM estimated that out of the total deportees and spontaneous returnees, 10% from Iran would be assessed as vulnerable and in need of humanitarian assistance and 40% from Pakistan, as almost 90% of the returns are in family groups. Based on these projections, IOM estimated to assist 6,000 (family caseloads) in Khost and Paktika and 7,900 (individuals and family caseloads) at the Torkham border.

At the point of project closure, IOM was able to assist 5,504 undocumented families and individuals displaced in Khost and Paktika Province and 13,012 undocumented returnees from Pakistan through the Torkham border, representing a substantially higher result when compared to the original target beneficiary estimates.

Non Food Items for IDPs

UNHCR provided immediate emergency assistance to 14,016 conflict-affected IDPs (2,336 households) through the provision of core relief non-food items in the Northeast, North, and Eastern Regions of Afghanistan in a six month timeframe. Of the estimated 180,000 people to be displaced, however based on the population movement trends at the time, UNHCR increased the estimate to 324,000 individuals. Of these, UNHCR aimed the CERF UFE to provide 2,336 IDP families (approximately 14,016 individuals) with sanitary kits and basic relief items (excluding tents), particularly to reach the unanticipated caseloads in the Northeast Region, including Kunduz Province (Charadara, Dashte Archi, Qalay-i-zal, and Ali Abad Districts) and Takhar Province (Khuja Ghar, Baharak, Taloqan and Dashte-Qala Districts), Northern Region including Faryab Province (Qaisar, Almar and Pashtunkhot Districts) and the Eastern Region including Nangarhar Province (Jalalabad, Behsud, Rodat and Shurkot Districts).

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	63,770	90,167	153,937
Male	66,245	94,765	161,010
Total individuals (Female and male)	130,015	184,932	314,947

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

With increasing humanitarian needs and serious funding shortages in Afghanistan, the CERF UFE enabled humanitarian agencies to deliver essential health care services to conflict displaced and host communities, to provide lifesaving ESNFI assistance to newly displaced populations, to distribute vital food assistance to Pakistani refugees and Afghan returnee families, and to bring post-arrival humanitarian and protection assistance to documented and undocumented returning Afghan refugees, including PSN, vulnerable individuals, and female and elderly-headed households.

Food Aid

With the CERF UFE, WFP contributed to the achievement of the two prioritised FSAC objectives for the reduction of excess vulnerability and malnutrition for very severely food insecure populations, and for the timely provision of food and emergency livelihoods to save lives and livelihoods of conflict displaced people.

The procurement of 3,896.30mt of fortified wheat flour was sourced locally from the Government's Strategic Grain Reserve, at a competitive price, and with a relatively short procurement and delivery lead time compared to international purchases. It was distributed through General Food Distributions to 22,452 Pakistani refugee households (157,165 individuals), living in Khost and Paktika Provinces, including Gulan Camp during the project period. In addition, IOM identified 694 undocumented Afghan returnee families (4,861 individuals) also received the WFP food basket. Compared to the planned 213,849 beneficiaries, this represents 76% achievement. The CERF UFE wheat commodities supported 22,452 unique families in a given location for a longer period of time, including 13,604 refugee families living in Gulan Camp, who received food for 4 months, as opposed to the 29,350 refugee families (213,849 beneficiaries) and the Afghan returnees receiving two months food assistance.

The wheat flour supply was used to bake bread, a staple food in Pakistan and Afghanistan and considered essential by refugee families for their daily meals. The CERF wheat flour contribution formed the main component of the WFP food basket, which consists of 100kg wheat flour, 3.7kg vegetable oil, 3.5kg pulses and 0.38kg salt. In coordination with UNHCR and the IPs, food was released in a timely manner for its distribution to the Pakistani refugees based on the agreed distribution plan. Distributions were made in accordance with ration scales agreed by UNHCR and WFP through six FDPs. WFP delivered food to 3 main Extended Distribution Points (EDPs) one in Khost and 2 in Paktika. Further deliveries to FDPs in Khost (Lakn, Gurbuz, Gulan Camp, Mandozai, Tanai, and Nadirshakot) and two in Paktika (Burmali and Urgon) were arranged by the IPs for distribution to the intended refugee families. The coordination was maintained among WFP IPs, UNHCR, and WFP Programme Assistance Team (PAT) with a regular exchange of guidance and advice in order to further streamline the distribution and reporting process.

Health

Through national and international NGO partners, the Health Cluster continued to address the three prioritised objectives to reduce incidence of maternal and child mortality and morbidity, reduce mortality and disability due to conflict through provision of timely access to effective trauma care, and to identify and response initiated to emergencies and public health risks in a timely manner.

Access to emergency primary outpatient care was improved for 22,367 IDPs, 80,050 host community members, and 15,303 of a specifically targeted population (girls and pregnant women). The difference of 25,727 beneficiaries between the planned 143,447 and the reached 117,720 beneficiaries is due to the one year estimation of targeted beneficiaries for the eight month project activities. In addition, the ANC, deliveries and vaccination coverage were less than the expected targets due to accessibility constraints and unavailability of vaccines due to interrupted supply during winter.

The key outcomes of the health projects supported by the 2015 CERF UFE and implemented by national and international IPs in coordination with the Ministry of Public Health (MoPH) include:

- The national partner Afghan Health and Development Services (AHDS) provided emergency obstetric and new-born care for the 17 districts of Kandahar Province through the Aino Birth Centre. Services provided include ANC (1,659 1st visit), deliveries (4,131), post-natal care (PNC) (4,381), neonatal care and vaccination (4,531), and health education (19,856). In addition, the Sub Health Centre and the First Aid Trauma Point (FATP) of Arghistan District treated 18,862 beneficiaries through provision of first aid, basic health care including outpatient care, ANC, PNC and referrals, along with vaccination for 1,510 children > 2 years.
- The national partner Afghanistan Centre for Training and Development (ACTD) established two mobile health teams (MHT) to cover over 26,390 population living in 28 villages in two districts of Ghor Province (Chaghcharan and Dawlatyar Districts). The MHTs provided out-patient consultations (17,008), vaccinations (550), ANC (381) and screening for malnutrition and mental health and disabilities for 17,008 beneficiaries. MHTs supported 38 non-complicated deliveries in the community during their visit and referred 18 complicated delivery cases to the nearest hospital, as well. ACTD did well in the out-patient consultations with a rate of 1.3 consultations/person/year, > 80% vaccination coverage, and >70% ANC coverage.

- The national partner Humanitarian Assistance and Development Association for Afghanistan (HADAAF) established one mobile health clinic to cover an approximate population of 10,636 from 38 villages of Attagar District in Zabul Province. The MHT treated 6,333 patients over a period of 6 months in the rate of 1.2 consultations/person/year. The team also provided ANC for 183 pregnant women (>80% coverage of the target number of pregnant women for 6 month), supported 37 deliveries (17% of the estimated total), provided PNC for 172 women (>80% coverage), completely vaccinated 124 children < 1year (58% coverage) and provided family planning services for 147 women of child bearing age.
- World Vision International (WVI) established 3 MHTs for IDPs and host communities in Ghor Province (9 villages that are not covered by ACTD in Chaghcharan District) and Badghis (Qala I Naw District) Province that are not covered by the BPHS program. The three MHTs provided basic health care services for 30,651 population. The MHTs treated 32,392 out-patient cases with rate of 1.58 consultations/person/year, provided ANC for 469 pregnant women (57% coverage of the target), conducted 17 deliveries, 325 PNC consultations and vaccinated 76 children <2 years. The latter is <10% of the targeted number of children, attributed to the unavailability of vaccines due to the interrupted supply during winter.
- UNICEF procured and distributed 10,000 new-born kits to support all new-borns from Gulan Camp of Khost Province and referrals from the host community, as well. The kits were procured and supplied to the Comprehensive Health Centres in Gulan camp and the provincial hospitals for the prevention of neonatal mortality due to infection and hypothermia among new-borns of the refugee population.
- WHO procured and distributed four trauma kits to enable 400 major surgeries in Nangarhar, Gazni, Nuristan and Logar provincial hospitals, affected by mass casualty incidents due to the escalated conflict and the earthquake occurring between October 2015 and April 2016. In addition, 20 ARI kits were supplied to Herat, Ghor, Badghis, Kunduz and Paktia Provinces through the provincial health directorates and the BPHS NGOs for the treatment of 7000 ARI cases.
- UNFPA supported Helmand, Kandahar, Nuristan, Badghis, Paktika/Khost, Kunduz and Nangarhar Provinces with emergency reproductive kits and clean delivery kits to assist the estimated 13,050 women of child bearing age and 6,500 pregnant women, respectively.

Multi-sector refugee assistance

The prioritised objectives of the Refugee and Returnee Chapter addressed by the projects of the CERF UFE included the provision of protection and essential services to meet the immediate humanitarian needs for Afghan refugee returnees, and undocumented vulnerable migrant Afghan returnees.

UNHCR provided immediate life-saving assistance to 7,530 returning documented Afghan refugees with the repatriation grant and special assistance for PSN, in particular single female headed households and other vulnerable women/children, in a three month timeframe. There were no significant discrepancies between planned and actual outcomes, outputs and activities.

The cash repatriation grant was provided to returnees arriving in Afghanistan with an average of US\$200 per person distributed at the Encashment Centres in Herat, Kandahar, Jalalabad, Gardez and Kabul, along with other basic services including vaccinations and health checks, mine risk awareness education, school enrolment and information and referral services. From UNHCR monitoring, it was found that these grants assisted of returnees in covering their immediate humanitarian needs in the first two months, with nearly 40% using the grant for food, 34% for transportation and nearly 18% for shelter. However the increase in vulnerability and in the size of the returnee population caused the main constraint to service delivery, leaving a funding gap of an estimated US\$8.2 million, and resulted in the prioritization of the cash grant for vulnerable returnees.

Included in the PSN group were 700 extremely vulnerable families (4,200 individuals) evicted from Azakhel camp in Peshawar in May 2015. Many families had to leave suddenly, as they were only given 15 days to vacate, while the camp was being bulldozed. As they had no alternatives, many returned to Afghanistan, however their village of origin, Dobandi is quite insecure and lacks basic services. As a result, families have settled in Qala-e-Wazir, Logar Province and were particularly vulnerable as they lacked shelter, livelihoods, and access to basic services.

With the CERF UFE, IOM assisted 5,504 undocumented returnees in family groups and individuals displaced in Khost and Paktika Provinces and 3,012 undocumented returnees from Pakistan through the Torkham border. This represents a substantially higher result when compared to the original beneficiary estimates. IOM undertook direct implementation through IOM's sub-contracted staff members in Khost and Paktika Provinces and in Nangarhar, IOM implemented the project through a national partner Coordination of Humanitarian Assistance (CHA).

The deported Afghans assisted under the CERF project represented approximately 16.5% of all deported Afghans from Pakistan over the project period. The number of assisted deportees includes PSN and these were the priority cases for the CERF intervention by IOM. The remaining 83.5% of deported Afghans were deported adult men not meeting project assistance criteria.

Similarly, out of the total spontaneous Afghan returns, IOM further prioritised assistance to the most vulnerable individuals and families based on the PSN criteria. Spontaneous returnees under this project represented approximately 58% of the total returns. During the reporting period, a total of 11,026 spontaneous returnees were assisted through Torkham border, or 67% of the overall spontaneous return during the project life.

Non Food Items for IDPs

UNHCR provided immediate emergency assistance to 14,016 conflict-affected IDPs (2,336 households) through the provision of core relief non-food items in the Northeast, North and Eastern Regions of Afghanistan in a six month timeframe. There were no significant discrepancies between planned and actual outcomes, outputs and activities, addressing the prioritized ESNFI Cluster objectives to provide with appropriate short-term shelter solutions to ensure displaced persons have adequate protection from the weather and privacy.

The project delivered critical Non-Food Items to people directly displaced due to conflict. From the joint assessments, it was found the conflict-affected households were especially vulnerable due to their sudden displacement and to the lack of established coping mechanisms in the first month or two of the displacement. At the same time, many services were not available in their area. UNHCR's NFI package consisted of (per family) 6 blankets, 1 plastic sheet, 2 jerry cans, 5-kg fuel, kitchen set (cooking pot, 2 steel bowl, 1 cooking pot, 6 plastic cups, 1 large pan), 6 bars of soap, 1 plastic bucket as well as sanitary materials for women. This met the CERF life-saving criteria as it delivered assistance within a short time-span – within the first two months of displacement – and helped prevent exposure to the elements, provide hygiene materials, contribute to safe WASH practices and help prevent a loss of dignity. In addition, this intervention helps ensure that women have a suitable basic materials and sanitary items. Given the conservative environment, with adequate sanitary kits, it will be easier to access and secure other basic needs.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The CERF UFE was effective in enabling prompt delivery of assistance by UN agencies and IPs.

Preparation for the CERF UFE project activities among health partners commenced in September 2015, whilst responding to the unexpectedly increasing population in need with existing resources, stocks and supplies. The release of the CERF UFE funding in November enabled WHO, UNFPA and UNICEF to quickly procure additional supplies to meet the growing needs and IPs to promptly deliver services to beneficiaries facing critical situations created by conflict and winter 2015/16.

Likewise, the CERF UFE was critical in ensuring that UNHCR could respond to the growing numbers of returnees by providing a cash grant to cover basic humanitarian needs, to reduce procurement and delivery times, and to fill the gap of supplies among humanitarian actors. In coordination with UNHCR, WFP food was released in a timely manner for its distribution to Pakistani refugees based on the agreed distribution plan.

During the period of significantly increased numbers of returning undocumented Afghans from Pakistan in 2015, the CERF UFE has proven to be a key factor for assisting the most vulnerable undocumented Afghans families who were returning from Pakistan. Prior to receiving the CERF UFEs, IOM was able to provide assistance to only 9% of returnees; however, thanks to the CERF UFE, IOM was able to increase its assistance level to more than 67% and provided the most vulnerable undocumented Afghans families with the humanitarian post-arrival services.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

The CERF UFE enabled UN agencies and sectors to respond to the time critical needs, as the lack of financial resources hindered the capacity of the UN agencies and IPs to effectively respond to the deteriorating situation and growing needs. The cross border movements and conflict displacements had intensified by end of September 2015, resulting in the increase in the number of people requiring lifesaving humanitarian interventions, a situation worsened by the 2015/16 winter.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

¹ 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.).

Although there is no documented evidence of the CERF UFE helped to mobilize funding from other resources for UNCHR, UNICEF, UNFPA, IOM and WFP it did help to improve the visibility of the humanitarian emergency and the underfunded HRP among donors.

The CERF UFE supported the coverage of the immediate needs of conflict affected population from the high risk provinces, allowing the WHO time to advocate among the other donors for emergency response. For example, USAID provided support for two months for the IDPs in Ghor and Kandahar Provinces as well as Kabul Informal Settlements, and ECHO, CHF and USAID provided support for trauma care services, basic health and maternal and child health services for IDPs and populations within the white areas.

a) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF UFE process brought together the key agencies through the Cluster system and under the leadership of the HC to ensure a transparent coordination mechanism with shared needs assessment and analysis leading to the prioritization of the interventions, target populations and areas in need of support. The CERF UFE process improved coordination among WHO, UNFPA, UNICEF and their IPs under the Health Cluster with local health authorities at the provincial and central levels, and also helped to reinforce the coordination for the Refugee and Returnee Response partners, in particular among UNHCR, IOM and WFP, on the strategic planning, activities and support provided to documented and undocumented returnees.

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

In addition to the above, the CERF UFE was particularly valuable for enabling UN agencies to respond robustly to the underfunded humanitarian crisis in Afghanistan, in allowing for an informative learning experience (section V.) for recipient UN agencies and IPs which will inform planning for future humanitarian responses in Afghanistan.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
While the short time frame can be very helpful for quickly releasing funds to agencies, the prioritization and CERF UFE application process can be quite time and resource consuming, which can be difficult when responding to an evolving humanitarian context. Delays in the CERF application, approval and disbursement processes caused delays in the procurement of essential supplies.	Earlier initiation of the CERF UFE process to allow for advanced gap analysis and prioritization needs for proposal development with Cluster partners.	CERF Secretariat team
The processes for the CERF UFE proposal / funding approval, as well as for Agency procurement and supply chain, caused delays in assistance to beneficiaries.	Simplification of the CERF UFE application and approval processes.	CERF Secretariat team
While extensive analysis was taken into consideration when developing target figures, the significant fluctuations during the latter part of 2015 was unpredictable. Precise estimations of the target population are not possible due to the context and short timeframe of the CERF UFE process.	Flexibility for a % variance in the calculations of targeted populations in proposals. Provision of detailed guidance on the CERF's criteria for beneficiary calculation and reporting.	CERF Secretariat team

CERF revision requests of project funding amounts affect the proposed activities and targets, whilst elongating the application process.	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.	CERF Secretariat team
The administration of the CERF UFE processes requires considerable time and resources of the OCHA Humanitarian Financing Unit, which is entirely funding by the Country Based Pooled Fund in Afghanistan.	A % of the awarded CERF UFE grant is allocated to the CERF Focal Point to help ensure the efficient and timely administration of the CERF UFE processes.	CERF Secretariat team

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Lack of evidence for the justification, design and planning of strategies, interventions and target beneficiary estimations.	Routine needs assessments should be supported by the Clusters and conducted by the IPs in order to maintain accurate and relevant data for beneficiary estimations. In particular, biometric registration of households would improve calculations for targeting, as well as budgeting, and would allow for assistance to be better tailored to household size and individual protection concerns.	Cluster Leads, UN Agencies, IPs
Having an updated picture of the available humanitarian assistance enabled UNHCR to quickly identify gaps and propose an intervention, however this can be difficult to maintain during an ongoing emergency.	Maintaining updated agency stock reports and reporting by the IPs in order to maintain accurate and relevant information for donor proposals.	Cluster Leads, UN Agencies, IPs
Qualitative and quantitative reporting from IPs is challenging due to capacity and short duration of the project activities.	Provision of sufficient time for data collection, analysis and reporting, ideally from IPs 4 weeks after the project end date and from Clusters after 8 weeks.	OCHA-Afghanistan as CERF Focal Point
The overall quality, completeness and timeliness of reporting from CERF recipient agencies is poor.	Ongoing monitoring and reporting of IPs 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
There is a general lack of core funding to ensure the availability of necessary human resources, monitoring and evaluation capacity, logistical support,	IPs should ensure availability of other funding resources to compliment the CERF grant. Given the limited resources, interventions	UN Agencies, IPs WFP in consultation with the UNHCR plan to apply this approach during 2016.

and in particular procurements of food commodities.	should prioritize biometrically registration for the most vulnerable households.	
Disparate locations and insecurity continue to present challenges for service delivery.	The Access Advisory Group should be maintained and supported in facing the dynamic and ever-changing context and developing a range of measures to tackle critical access situations and further improve the risk analysis and risk management processes.	OCHA-Afghanistan, UN Agencies, IPs

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF UNFPA WHO	5. CERF grant period:	02/10/2015 – 30/06/2016			
2. CERF project code:	15-UF-CEF-099 15-UF-FPA-030 15-UF-WHO-037	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Improve access to emergency health services in high risk provinces					
7. Funding	a. Total funding requirements ² :	US\$ 38,800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 15,300,000	▪ NGO partners and Red Cross/Crescent:		US\$ 57,906	
	c. Amount received from CERF:	US\$ 983,650	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	30,212	30,441	60,653	24,342	25,336	49,678
Adults (≥ 18)	57,791	25,003	82,794	33,341	34,701	68,042
Total	88,003	55,444	143,447	57,683	60,037	117,720
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	27,200		22,367			
Host population	97,535		80,050			
Other affected people	18,712		15,303			
Total (same as in 8a)	143,447		117,720			

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There is a difference of 25,727 beneficiaries between the planned and reached beneficiaries. The major discrepancy is due to the calculation of beneficiaries for one year and the project was carried out only for eight months. In addition, ANC, deliveries and vaccination coverage were less than the expected targets due to accessibility constraints and unavailability of vaccines due to the interrupted supply during winter.
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CERF Result Framework			
9. Project objective	Improving the health of 143,447 people at risk, through establishment of health facilities in white areas, distribution of health kits, and provision of reproductive health services during 6-8 months' timeframe.		
10. Outcome statement	Displaced, host communities and conflict affected populations have access to emergency health care services		
11. Outputs			
Output 1	106,347 population have access to emergency primary outpatient care		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Penta 3 coverage among children <2 years in targeted areas	80% of children <2 years receives Penta 3 in targeted areas Total: 3,970 AHDS 1,449 HADAAF 398 ACTD 985 WVI 1,138	Total= 5,281 AHDS= 4,531 HADAAF= 124 ACTD = 550 WVI= 76 The target beneficiaries calculated for one year but the projects conducted only for 6-8 months.
Indicator 1.2	# and % of births attended by SBA in targeted areas	40% of pregnant women Total: 3,405 AHDS: 3,000 HADAAF 85 ACTD 40 WVI: 280	Total = 4,491 AHDS =4,381 HADAAF= 37 ACTD= 56 WVI= 17 The target beneficiaries calculated for one year but the projects conducted only for 6-8 months.
Indicator 1.3	# of people served by PHC / mobile health services	Total: 106,347	80,770 The target beneficiaries calculated for one year but the projects conducted only for 6-8 months.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Subcontract AHDS in Kandahar to support one Birth Centre in Aino , and one HSC Shego Godar, and one FATP in Barizai to provide services to around 26,221 female and 12,600 male population	WHO to subcontract AHDS, MoPH	AHDS, MoPH for 6 months

Activity 1.2	Subcontract HADAAF to provide services to 10,636 in Zabul (Ataghar) through MHT out of which 5,500 are females	WHO to subcontract HADAAF MoPH	HADAAF MoPH for 6 months
Activity 1.3	Subcontract ACTD to provide support to through 1 MHT to provide health services to 12,937 female and 13,453 males in Ghor	WHO to subcontract ACTD MoPH	ACTD MoPH for 6 months
Activity 1.4	Subcontract WVI to provide health services to 14,945 female and 15,555 males in Ghor (Chaqhcharan) through 2 MHT	WHO to subcontract WV MoPH	WV MoPH for 8 months
Output 2	23,600 of the target population has access to emergency supplies and kits		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	UNFPA kits procured and distributed	100%	100%
Indicator 2.2	UNICEF kits procured and distributed	100%	100%
Indicator 2.3	WHO kits procured and distributed	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of 15 Block 1, 5 Block 2 and 3 Block 3 RH kits and distribution through ARCs (6,300 deliveries will be assisted through provision of Emergency Reproductive Health kits. We expecting that 70% of deliveries be referred and attend health facilities and hospitals supplied by ERH kits)	UNFPA	UNFPA
Activity 2.2	Procurement and distribution of 10,000 new born kits to IPs	UNICEF	UNICEF
Activity 2.3	Procurement and distribution of 4 Trauma kits and 69 Pneumonia kits (catering for 400 surgeries and 6900 ARI cases treated)	WHO	WHO
Output 3	13,500 women in child bearing age will receive reproductive health services		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of Midwives recruited and provide RH services through MHTs	7	7
Indicator 3.2	% of women of child bearing age received reproductive health services	70%	55.5%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Recruitment and RH service provision of seven midwives to the seven MHTs.	UNFPA	UNFPA
Activity 3.2	Provide Reproductive health services to the women of child bearing age among the crisis affected population	UNFPA	UNFPA

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:	
<p>There is a difference of 25,727 beneficiaries between the planned and reached. The major discrepancy is due to the target number of beneficiaries was calculated for one year, whilst the project was carried out only for six to eight months. In addition, ANC, deliveries and vaccination coverage were less than the expected targets by the MHTs due to limited time of service and accessibility constraints particularly in western provinces, while the Aino Birth Centre covered more than the estimated deliveries and vaccination in Kandahar Province. UNFPA recruited seven midwives in seven provinces, while the recruitment of one midwife for the MHT in Nuristan Province was not possible, one midwife was recruited for the MHT in the neighbouring province of Kunar in Dangam District areas.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The IPs 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.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Routine monitoring and evaluation procedures were followed by the IPs and the WHO regional offices and the country office. While the WHO regional office directly and through the polio officers monitored the activities. Beside this the WHO country office from Kabul received monthly update from the IPs and verified the data with MoPH and other relevant sources. There were no formal evaluations conducted and the special evaluation reports are not available.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	24/09/2015 – 30/06/2016		
2. CERF project code:	15-UF-HCR-047		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Humanitarian Support for Vulnerable Returning Afghan Refugees					
7. Funding	a. Total funding requirements ⁴ :	US\$ 13,324,217	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 2,100,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 1,700,048	▪ <i>Government Partners:</i>			
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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	1,879	1,735	3,614	1,879	1,735	3,614
<i>Adults (≥ 18)</i>	2,036	1,880	3,916	2,036	1,880	3,916
Total	3,915	3,615	7,530	3,915	3,615	7,530
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	7,530			7,530		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	7,530			7,530		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There were no major discrepancies in the project.					

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.

CERF Result Framework			
9. Project objective	Provide immediate life-saving assistance to 7,530 returning refugees through the provision of the assisted voluntary repatriation programme in a three month timeframe		
10. Outcome statement	Afghan returning refugees assisted with their initial reintegration needs.		
11. Outputs			
Output 1	7,530 Afghan returning refugees provided with repatriation grant and PSN, in particular single female headed households and other vulnerable women/children assisted with special assistance.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Afghan returnees assisted with smooth, dignified informed, voluntary, and sustainable return (Standard UNHCR indicator for voluntary repatriation from UNHCR Country Operation Plan)	3,330 individuals	3,330
Indicator 1.2	Number of individuals with specific needs who have access to meet the most basic and critical needs and are enabled to develop coping mechanisms and improve their chances of sustainable durable solutions (Part of UNHCR PSN Guidelines)	4,200 individuals	4,200
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Interviews and returnee verification	UNHCR and CHA and APA	UNHCR and CHA and APA
Activity 1.2	Management of transit centres and encashment centres	UNHCR and CHA and APA	UNHCR and CHA and APA
Activity 1.3	Distribution of Cash Grant to returnees	UNHCR	UNHCR
Activity 1.4	PSN Network established and persons with specific need provided with special assistance	UNHCR and CHA and APA	UNHCR and CHA and APA

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:	
There were no major discrepancies in the project, it ran very smoothly and complemented other UNHCR activities.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The intervention provided a cash grant to every individual of the family, which helps provide equitable assistance not specific to gender. In addition, the PSN assistance can help vulnerable women and children who are more susceptible from the effects of malnutrition, a lack of shelter, and reduced access to basic services. Female beneficiaries were selected for returnee monitoring, which gave UNHCR an opportunity to collect data to inform future programming, but also allowed women direct access to UNHCR.</p> <p>UNHCR incorporated AGDM (Age, Gender and Diversity Mainstreaming) in its operational activities, to ensure that people of concern from different age groups and diverse backgrounds are assessed and consulted in order that all vulnerable families, with particular attention to the female households, are included in the programme.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>

<p>UNHCR Returnee Monitoring at Encashment Centres as well as in the place of origin/intended destination is a continuous activity. Newly arrived returnees in the Encashment Centres are selected either randomly or based on protection concern which helps UNHCR to ascertain return trends, push/pull factors and check on the level of information returnees had to make an informed decision for return. Returnee monitoring in the place of origin/destination is conducted by phone, home visits interviews as well as community-based focus group discussions. Key findings have indicated that most use their cash grant within the first two to three months on basic humanitarian items like food, transportation and rent. Almost 50% of those visited live in a rented house which signifies that they could become more vulnerable when their grant and savings are depleted.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR	5. CERF grant period:	21/09/2015 – 30/06/2016			
2. CERF project code:	15-UF-HCR-048	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Non-Food Items		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Humanitarian Support for Newly Displaced Conflict-IDPs					
7. Funding	a. Total funding requirements ⁶ :	US\$ 2,727,527	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 1,700,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 299,942	▪ <i>Government Partners:</i>			
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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	4,074	3,915	7,989	4,074	3,915	7,989
<i>Adults (≥ 18)</i>	3,074	2,953	6,027	3,074	2,953	6,027
Total	7,148	6,868	14,016	7,148	6,868	14,016
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	14,016			14,016		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	14,016			14,016		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	N/A					

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	Provide immediate emergency assistance to at least 14,016 IDPs / 2,336 households' through the provision of core relief items in the Northeast, North, and Eastern Regions of Afghanistan in a six month timeframe.		
10. Outcome statement	2,336 displaced and conflict-affected families (14,016 IDP), vulnerable children and mothers provided with life-saving assistance.		
11. Outputs			
Output 1	14,016 people, displaced due to conflict receive basic assistance.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of IDP families assessed, verified and monitored	2,336	2,336
Indicator 1.2	Procurement of core relief items conducted in line with Global Procurement Standards	2,336	2,336
Indicator 1.3	Number of households receiving core relief items	2,336	2,336
Indicator 1.4	Post Distribution Survey conducted	1	1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Assessment and verification of IDPs and selection of beneficiaries based on agreed vulnerability criteria	UNHCR, DoRR and UNHCR IPs	UNHCR, DoRR and UNHCR IPs
Activity 1.2	Procurement of core relief items in line with Global Procurement Standards	UNHCR	UNHCR
Activity 1.3	Distribution of core relief items to displaced families	UNHCR IPs and UNHCR	UNHCR, APA
Activity 1.4	Post Distribution Survey	UNHCR and IPs	UNHCR

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:	
There were no major discrepancies in the project, it ran very smoothly and complemented other UNHCR activities.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
UNHCR incorporated AGDM in its operational activities, to ensure that people of concern from different age groups and diverse backgrounds are assessed and consulted in order that all vulnerable families, with particular attention to the female households, are included in the programme. In addition, the project provided items that are not necessarily easy for women to procure, particularly during displacement and in sometimes conservative environments.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UNHCR and IPs carried out Post Distribution Surveys as part of their normal operations to	EVALUATION PENDING <input type="checkbox"/>

establish usage patterns and beneficiaries' opinions of the assistance. No information provided at this time.	NO EVALUATION PLANNED <input checked="" type="checkbox"/>
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TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	24/09/2015 – 30/06/2016		
2. CERF project code:	15-UF-IOM-027		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input type="checkbox"/> Concluded		
4. Project title:	Post-arrival Humanitarian Assistance for Vulnerable Undocumented Afghan Returnees from Pakistan					
7. Funding	a. Total funding requirements ⁸ :	US\$ 21,891,950	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 3,633,865	▪ NGO partners and Red Cross/Crescent:		US\$ 175,479	
	c. Amount received from CERF:	US\$ 1,000,000	▪ 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)	4,448	4,448	8,896	5,084	5,707	10,791
Adults (≥ 18)	2,502	2,502	5,004	3,090	4,635	7,725
Total	6,950	6,950	13,900	8,174	10,342	18,516
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	13,900			18,516		
Total (same as in 8a)	13,900			18,516		

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.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Although it was estimated to assess 6,000 in Khost, we were able to only achieve 86% (5,149). Through Torkham, we were able to achieve 165% (13,012) because of the huge flow of the undocumented Afghans from Pakistan. This increase from Torkham border has affected the overall total number of the planned target by 33% increase.
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CERF Result Framework			
9. Project objective	To contribute to the provision of immediate Post-arrival Humanitarian Assistance for 13.900 vulnerable Afghan Returnees from Pakistan in a nine month timeframe		
10. Outcome statement	Life-saving Humanitarian Assistance is provided for vulnerable Afghan returnees from Pakistan		
11. Outputs			
Output 1	To ensure urgent humanitarian assistance is provided to 7,900 vulnerable returnees from the Torkham border crossing in Nangarhar.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of families in need receiving non-food items	1,000	1,455
Indicator 1.2	% of beneficiary households satisfied with the provision of post-arrival services and non-food items they receive(d)	75%	75%
Indicator 1.3	Number of returnees assessed who are identified as PSN	900	1,977
Indicator 1.4	% of beneficiaries that participant in beneficiary needs and satisfaction exits surveys	100%	5%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Initial screening and referral of identified beneficiaries by the DoRR at Torkham border.	DoRR/IOM/CHA	DoRR/IOM/CHA
Activity 1.2	Transportation from the border to a transit centre (TC).	CHA/IOM	CHA/IOM
Activity 1.3	Registration of beneficiaries in the IOM database	CHA/IOM	CHA/IOM
Activity 1.4	Referral of document claimants to UNHCR and minors to Afghanistan Independent Human Rights Commission (AIHRC) that records human rights violation claims, abuses and exploitations.	CHA/IOM	CHA/IOM
Activity 1.5	Procurement of NFIs for families returning through Torkham border.	IOM	IOM
Activity 1.6	Distribution of NFIs to families returning through Torkham border.	CHA/IOM	CHA/IOM
Activity 1.7	Provision of over-night accommodation before departure at the transit centre with meals, sanitation facilities and basic medical service.	CHA/IOM	CHA/IOM
Activity 1.8	Health screening: especially to find suspicious cases of Tuberculosis (TB) for quick sputum sample check and/or referral to the medical institutions.	CHA/IOM	CHA/IOM
Activity 1.9	Conduct beneficiary needs and satisfaction exits surveys	CHA/IOM	CHA/IOM

Activity 1.10	Transportation support from the transit centre to their final destination.	CHA/IOM	CHA/IOM
Output 2	To ensure urgent humanitarian assistance is provided to 6,000 vulnerable returnees in Khost and Paktika provinces		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of returnee families assessed	1,750	894
Indicator 2.2	Number of households receiving non-food items	700	1,460
Indicator 2.3	Number of PSN and their families provided with in-kind assistance (including provision of medical assistance, other required non-food items, a month food to the most vulnerable families and if possible provision of tailoring tool kits for the female households if required)	300	335
Indicator 2.4	Number of families having received shelter assistance	250	290
Indicator 2.5	Number of persons / households / communities provided with training related to shelter assistance	250	290
Indicator 2.6	Number of families provided winterization kits	700	500
Indicator 2.7	% of assessed beneficiaries that participate in Post-Distribution Monitoring (PDM)	15%	29%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Assessment of the undocumented Afghan families in both Khost and Paktika Provinces	IOM/DoRR/UNHCR	IOM/DoRR
Activity 2.2	Procurement of NFIs	IOM	IOM
Activity 2.3	Procurement of family tents and distribution	IOM	IOM
Activity 2.4	Procurement of winterization kits and distribution	IOM	IOM
Activity 2.5	Distribution of NFIs	IOM	IOM/DoRR
Activity 2.6	Distribution of family tents and distribution	IOM	IOM/DoRR
Activity 2.7	Distribution of winterization kits and distribution	IOM	IOM/DoRR
Activity 2.8	Conducting Focus Group Discussion in order to identify the gaps in provision of short and long term assistance	IOM	IOM
Activity 2.9	Provision of PSN In-kind assistance to both individuals and PSN members within families (that would include provision of medical assistance, other required non-food items, a month food to the most vulnerable families and if possible provision of tailoring tool kits for the female households if required and other as comes out as result of the FGD)	IOM	IOM
Activity 2.10	Conducting Post-Distribution and Beneficiary Satisfaction Monitoring after a few distribution of the relief items	IOM	IOM

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:	
The initial plan was to distribute 700 NFIs, 250 emergency shelters, and 700 Winter kits and provide 300 cases with the PSN in-kind assistance in Khost and Paktika Provinces. However, IOM distributed 1,460 NFIs, 290 emergency shelters, and 500 winter kits and provided 335 PSN with PSN in-kind Assistance in Khost and Paktika provinces.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>IOM uses the PSN criteria for the selection and provision of assistance, according to their need, and implements the projects on cases by cases management, therefore accountability is a main part of the assistance process, moreover all the distributions in Khost and Paktika were taking place in the presence of the DoRR and WFP representatives, and IOM collected the finger prints of the beneficiaries on the list of the beneficiaries, and recorded all the beneficiaries in the IOM's Beneficiary Screening and Assistance (BSAF) Database, and issued all the beneficiaries IOM Beneficiary Cards who received the assistance.</p> <p>In Torkham all the distributions of food and non-food items have taken place in the IOM transit centre, and each of the beneficiaries were recorded under the Beneficiary Screening and Assistance (BSAF) Database. For the transparent financial issues all the beneficiaries were recorded on the control sheets and issued IOM Beneficiary Cards. The entire processes is being implemented by CHA and were being observed by the IOM's field contracted staff members and observes of the DoRR in Torkham Transit centre.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The overall project evaluation was not planned due to the nature of assistance at the border crossing point where IOM has no means of tracking assisted returnees in their final destinations. In Khost and Paktika Provinces, focus group discussions and beneficiary satisfaction monitoring were conducted as a basis of project monitoring and evaluation.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	07/10/2015 – 30/06/2016		
2. CERF project code:	15-UF-WFP-057		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protracted Relief and Recovery Operation (PRRO 200447)					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 92,114,950	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 36,156,545	▪ NGO partners and Red Cross/Crescent:		US\$ \$175,060	
	c. Amount received from CERF:	US\$ 4,000,006	▪ 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)	71,284	71,283	142,567	29,375	30,574	59,949
Adults (≥ 18)	35,641	35,641	71,282	50,018	52059	102,077
Total	106,925	106,924	213,849	79,393	82,633	162,026
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	205,449			157,165		
IDPs						
Host population						
Other affected people	8,400			4,861		
Total (same as in 8a)	213,849			162,026		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancy observed.					

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 and nutrition among vulnerable people by responding to the food-security and nutritional needs of refugees and returnees affected by conflict in Khost and Paktika provinces, which includes 205,449 refugee beneficiaries and 8,400 undocumented Afghan returnee beneficiaries.		
10. Outcome statement	Stabilized or improved food consumption over the assistance period for targeted households and/or individuals.		
11. Outputs			
Output 1	Food and/or nutritional products distributed in sufficient quantity and quality and in a timely manner to the targeted 205,449 beneficiaries and the 1,200 undocumented returned families in Khost and Paktika Provinces.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Reduced prevalence of poor food consumption of targeted HHs, according to Food Consumption Score (FSC), disaggregated by sex of household.	80% reduction	Limited impact. HH Poor Food Consumption: 25% (Baseline: 27%)
Indicator 1.2	Number of women, men, boys and girls assisted on time with appropriate food transfers disaggregated by gender and food assistance provided, as % planned	Target GFD (100% planned, 213,849 beneficiaries)	76%
Indicator 1.3	Quantity of food assistance distributed, as % planned	Target 100% (4,141 ton wheat, 15.62 ton salt)	94%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Coordination of refugee humanitarian assistance with Ministry of Refugees and Repatriation (MoRR), IOM, donors, sister-agencies, IPs and NGOs.	UNHCR/WFP	Achieved. Regular Khost and Paktika Refugee Taskforce meetings, chaired by UNHCR, attended by WFP and IPs and on a periodical basis.
Activity 1.2	Procurement of food (locally procured to the extent possible).	WFP	Achieved. All food is local procured from millers.
Activity 1.3	Transport of food items to Extended Delivery Points (EDPs) storage and management of 3 EDPs in Khost and 2 in Paktika.	WFP	Achieved.
Activity 1.4	Transportation of food items to FDPs and storage at 8 FDPs (6 in Khost, 2 in Paktika).	UNHCR	Achieved.
Activity 1.5	Identify beneficiaries based on verified figures provided by the joint-verifications teams, including MoRR, IOM, UNHCR, WFP, PAT, APA and ORCD.	UNHCR/WFP/PAT/ IPs	Achieved. Joint verification assessment by IOM, WFP-PAT MoRR and APA.
Activity 1.6	Conduct monthly General Food Distribution to identified beneficiaries at FDPs in Khost (APA)	Khost: APA ORCD	Achieved.

	and Paktika (ORCD). Receive and handle food commodities and maintain detailed accounts. Prepare monthly distribution and progress reports as well as final end-of-project report.		
Activity 1.7	Conduct output and process monitoring (delivery, distribution, activity implementation) through Beneficiary Contact Monitoring, PDM, household interviews and direct observation and outcome monitoring (FCS) through household interviews.	Accessible areas: WFP Restricted Access: PATs	9 FDPs: 100% DM Coverage; 349 PDMs.
Activity 1.8	Conduct periodic joint monitoring food basket monitoring and PDM.	Accessible areas: WFP/UNHCR	Achieved.
Activity 1.9	Prepare CERF final report including baseline and follow-up result on output and outcome indicators with quantitative and qualitative analysis.	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:	
No significant discrepancies reported.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The CERF Grant supported a total of 162,026 individuals: 22,452 Pakistani refugee families (157,165 individuals) living in Khost and Paktika and 694 undocumented Afghan returnee families (4,861 individuals) with food assistance.</p> <p>An encouraging development has been observed in the female participation in recent emergency food distributions. Traditionally, the vast majority of food recipients in conflict affected populations, has been male. However, WFP and its partners has persistently challenged this paradigm through rigorous community-level engagement, to identify ways to involve women in the monthly recurring food distributions. Female food recipients in Pakistani refugee families, which usually accounted for around 2% has steadily improved during 2016, to reaching 19% in June 2016. While the gender-disparity in registration of heads of household is only one indicator, which does not elaborate on the complexity of society, clear improvement has been observed. WFP will continue to integrate gender equality and the empowerment of women into its activities, and work to ensure that women and girls have increased power in household decision-making regarding food security and nutrition.</p> <p>This validates the impact of WFP and its IPs' focus on gender equity, both in the operational implementation, including rigorous community dialogue in refugee settlements, and focus on safe distributions from the female perspective. More importantly, it proves, that communities are embracing these principles, and the most vulnerable members of society – which are often women – can be engaged to a larger extent, and ultimately empowered - even in the Afghan context. To facilitate food distributions to the female recipients, particularly those with small children and female headed household and in conformity with the cultural practices the food distribution points were gender-segregated.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Monitoring of WFP assistance is carried out by WFP in areas where access is possible while contracted PAT are used in restricted areas. Paktika is particularly challenging in terms of access, thus monitored by PAT. WFP monitors conducted monitoring in Gulan camp in Gorbuz District and Matun District in Khost Province while the remote areas of Urgun and Bermal Districts were covered by PAT monitors.</p> <p>In line with the WFP's minimum monitoring requirements, Distribution Monitoring (DM) was conducted at 100% of the 9 active food distribution sites and included direct observation and beneficiary contact monitoring during the distribution process. 349 PDM visits were conducted</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

by WFP and PAT monitors.

PDM provides information on outcome indicators such as the FCS), beneficiary perception, quality of food, targeting, and beneficiary satisfaction. Beneficiaries were randomly selected and interviewed. Their perspectives guide WFP and IPs in refining the project implementation. The results from PDM visits showed that 92% of the targeted population showed satisfaction about beneficiary selection process while 8% were not satisfied. In relation to the refugee eligibility criteria, formal assessments are undertaken by UNHCR, IOM, WFP and PAT monitors, based on the status of the refugee household. 99% of beneficiaries feel safe at distribution sites.

Beneficiaries expressed a strong satisfaction with WFPs emergency food assistance with 14% extremely satisfied, 84% very satisfied, 1% moderately satisfied and 1% slightly satisfied. 50% of the targeted population benefited from this project by increased access and consumption of quality food and 49% benefited by improved health of family members. 47% of refugees stated that their food assistance lasts four weeks, 17% indicated three weeks, 26% two weeks, and 10% indicated food assistance lasts for one week. WFP provided a reduced family wheat ration during the period, thus it is anticipated that larger families have struggled to stretch the ration for more than two-three weeks, which in turn adversely impacted the FCS. Without employment opportunities or access to basic social services, families were pushed to resort to negative coping strategies.

The baseline FCS, based on 30 households interviews conducted in Gulan Camp and 20 in Paktika host communities, April 2015, indicates that 27% could be considered to have poor food consumption, with the remainder classified as having a borderline food consumption. Findings from 349 household interviews conducted after the project implementation, indicated that 25% of surveyed families could be considered to have a poor food consumption. Although not statistically representative nor randomly sampled, this suggests limited, if any improvement in the proportion of families with poor food consumption. Host communities' food security is likewise affected by the protracted refugee crisis and security situation, thus their support to refugees has gradually reduced after hosting refugee families in some areas for years. The reduction in the ration scale from 114.91kg mixed food commodities per household compared to 56.5kg mixed food commodities during the implementation period, along with reduced host community support to the extended stay of the conflict affected population, may have been contributing factors.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-UF-WHO-037	Health	WHO	NNGO	\$14,477
15-UF-WHO-037	Health	WHO	NNGO	\$14,477
15-UF-WHO-037	Health	WHO	NNGO	\$14,477
15-UF-WHO-037	Health	WHO	NNGO	\$14,477
15-UF-WFP-057	Food Assistance	WFP	NNGO	\$73,143
15-UF-WFP-057	Food Assistance	WFP	NNGO	\$101,917
15-UF-IOM-027	Multi-sector refugee assistance	IOM	NNGO	\$175,479

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACTD	Afghanistan Centre for Training and Development
AGDM	Age, Gender and Diversity Mainstreaming
AHDS	Afghan Health and Development Services
ANC	Antenatal Care
APA	Afghan Planning Agency
ARCS	Afghan Red Crescent Society
ARI	Acute Respiratory Infection
BPHS	Basic Package of Health Services
CERF	United Nations Central Emergency Response Fund
CHA	Coordination of Humanitarian Assistance
CHF	Common Humanitarian Fund
COMET	Country Office Monitoring and Evaluation Tool
DfID	Department for International Development
DM	Distribution Monitoring
DoRR	Directorate of Refugees and Repatriation
ECHO	European Commission's Humanitarian Aid and Civil Protection department
EDP	Extended Distribution Points
ESNFI	Emergency Shelter and Non-Food Items Cluster
FATP	First Aid Trauma Point
FCS	Food Consumption Score
FDP	Final Distribution Points
FSAC	Food Security and Agriculture Cluster
HADAAF	Humanitarian Assistance and Development Association for Afghanistan
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IOM	International Organization for Migration
IP	Implementing Partner
MHT	Mobile Health Team
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ONVI	Overall Need and Vulnerability Index
ORCD	Organization for Research and Community Development (ORCD)
PAT	Programme Assistance Team
PDM	Post-Distribution Monitoring
PNC	Post-natal care
PSN	Persons with Specific Needs
RC	Resident Coordinator
UFE	Underfunded Emergencies Window
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
US	United States
WFP	United Nations World Food Programme
WHO	World Health Organization
WVI	World Vision International

