

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
AFGHANISTAN
RAPID RESPONSE
DISPLACEMENT 2016**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Toby Lanzer

REPORTING PROCESS AND CONSULTATION SUMMARY

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

There was no After Action Review conducted due to time constraints and several conflicting priorities. However, the recipient agencies completed the relevant sections for CERF Added Value and Lessons Learnt to facilitate feedback to inform 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 was no opportunity for the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) to schedule a meeting to discuss this RC/HC Report with the Humanitarian Country Team (HCT) or the Inter Cluster Coordination Team (ICCT), due to time constraints and several conflicting priorities, including the Standard Allocation of the Common Humanitarian Fund (CHF), the 2017 CERF UFE, and annual leaves. The Final RC/HC Report will be shared for review via email.

- 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

This RC/HC Report was shared for review with in-country stakeholders via email.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$230,042,211		
Breakdown of total response funding received by source	Source	Amount
	CERF	9,782,398
	COUNTRY-BASED POOL FUND (if applicable)	4,994,351
	OTHER (bilateral/multilateral)	34,405,028
	TOTAL	\$49,181,777

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21/11/2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-RR-IOM-038	Non-Food Items	600,000
UNFPA	16-RR-FPA-048	Health	248,413
UNHCR	16-RR-HCR-046	Multi-sector refugee assistance	5,294,649
UNOPS	16-RR-OPS-003	Mine Action	232,232
WFP	16-RR-WFP-068	Food Aid	3,312,409
WHO	16-RR-WHO-046	Health	94,695
TOTAL			\$9,782,398

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,961,249
Funds forwarded to Non-Governmental Organizations (NGOs) and Red Cross / Red Crescent for implementation	821,149
Funds forwarded to government partners	0
TOTAL	\$9,782,398

HUMANITARIAN NEEDS

Triggered by the drastic deterioration of the protection/ political space in Pakistan, the significant surge in the return of registered refugees and undocumented Afghans from Pakistan from July 2016 represented a significant impact on an already fragile humanitarian context within Afghanistan. The estimated one million people “on the move” internally and across Afghanistan’s borders anticipated by the end of 2016 included these newly returning Afghans and newly conflict-affected internally displaced people (IDP) far surpassed the planning figures for the 2016 Humanitarian Response Plan (HRP). The causes of this mass movement were attributed to the unrelenting pressure by Pakistani authorities through new visa requirements, shorter extension of proof of registration cards, increased police raids, detentions and deportations, and restricted access to livelihoods, health care and education, as well as a lack of employment

opportunities. Many returning households had already experienced significant economic shocks as a result of their inability to work safely and without threat of intimidation or harassment in Pakistan, and as such were arriving in Afghanistan heavily debt-burdened and, in some cases, destitute. The sudden and unprecedented influx overstretched the existing services at Torkham Border – the official entry point through which 90 per cent of undocumented returnees had already crossed (an estimated 147,032 at that time)– and the Transit Centre to a breaking point, including services for registration, vulnerability screening and the provision of life-saving support such as general food distributions, non-food item (NFI) kits and emergency health services. As it stood, only 19 per cent of undocumented returnees that had arrived since July had received any form of assistance, as Ministry of Repatriation and Refugee (MoRR) staff and IOM implementing partners were struggling to cope with the influx.

According to the Initial Rapid Needs Assessment report (September 2016), many of the undocumented returnees lacked basic necessities and were arriving in highly vulnerable physical and mental states, with conditions of children, pregnant and lactating women (PLW) and the elderly of very high concern. The initial assessment data showed that 18 per cent of undocumented returnees were women, 32 per cent were girls < 18 years, 17 per cent were men and 33 per cent were boys. Many returnees had lived in Pakistan for three to four decades and had lost family linkages in Afghanistan. Given the nature of the harassment in Pakistan, many returnees were unable to properly plan their return, were forced to sell their assets hastily at reduced rates, and lacked coping strategies and support systems within Afghanistan. The initial findings from the Household Emergency Assessments (HEAT) in Nangarhar indicated further humanitarian consequences of this situation with as many as 92 per cent of assessed undocumented returnee families resorting to one or more negative coping mechanisms including reduced portion size or fewer meals in order to ensure the food security of their family. The prevalence of negative coping mechanisms indicated that food insecurity was a more widespread concern and that supplementary support for undocumented returnee families was essential.

The spike in the returnee population within the projected target population of approximately one million people on the move was not envisaged in the 2016 HRP. The HRP requirements for the Refugee & Returnee Chapter had even been reduced at the Mid-Year Review stage due to a lower number of arrivals up to that point than initially anticipated in the first half of the year. Consequently, the Afghanistan Flash Appeal was launched on 7 September to address the critical needs of approximately 620,000 (400,000 undocumented returnees and 220,000 registered refugees), representing \$144.2 million out of the overall total of \$152 million in the Appeal. The funding from the CERF Rapid Response enabled a crucial response for the new arrivals and coverage of the most critical gaps, with the added benefit of the continuation of life-saving humanitarian assistance (food, health and protection) both directly, through improved capacity and processes at the entry points (including Torkham Border, the IOM Transit Centre and UNHCR Encashment Centres), and the identification of specific needs (including shelter), which were more easily met in the geographic areas of high return.

II. FOCUS AREAS AND PRIORITIZATION

With as many as one million undocumented Afghans residing in Pakistan and the initial cut-off date 15 November 2016 by which undocumented returnees had to leave Pakistan looming large, the potential for further surges over the coming months was highly expected, heightening the urgency with which life-saving services had to be put in place at the border; a crisis situation further exacerbated by the onset of the winter season.

The qualitative findings of the initial rapid assessment indicated shelter as the primary need, with further significant concerns regarding Water Sanitation and Hygiene (WASH), food security and health, including the need for psychosocial support, provision of timely medical services to pregnant women and supporting referrals as well as vaccines to under 10 children. Due to the sudden and considerable influx, local resources and basic services in Nangarhar became dangerously overstretched, particularly in the capital of Jalalabad, with many returning communities living in open areas and multiple occupancy dwellings, heightening their exposure to the elements, disease and other protection concerns. Overall, the assessment reaffirmed the need for more robust displacement tracking mechanisms and border screenings for health and nutrition, as well as requirements to incorporate early recovery considerations from the outset to enable durable solutions.

Furthermore, the HEAT completed on 20 October 2016 across 21 districts in Nangarhar, Laghman and Kunar provinces assessed almost 6,000 families (37,250 individuals, with the clear majority residing in nine districts: Asadabad (Kunar); Mehtarlam and Qarghayi (Laghman) and Behsud, Jalalabad, Khogyani, Kuz Kunar, Rodat and Surkhrod (Nangarhar). The key findings from the HEAT included:

- 50 per cent of assessed undocumented returnees and registered refugees were living in rented accommodation, highlighting a need for cash for rent support, while 4 per cent (251 families) were living out in the open. On average, only 13 per cent of undocumented returnee families passing through the IOM Transit Centre had been assisted with NFIs, while data collected through the HEAT indicated an ongoing and pressing need to support up to 3,800 families with basic household items such as kitchen equipment, warm clothes and blankets over the coming weeks.
- 71.5 per cent of assessed families (4,250) were without any food stocks while only 23 per cent (1,394) had only one week's worth of food. At the same time, undocumented returnee households had accumulated significant debts as a result of their return, with 69

per cent of the assessed undocumented households reporting a debt burden of more than 8,000 Afghanis in comparison to 57 per cent of IDPs and 53 per cent of registered refugees. Almost half of all assessed families (2,597) also reported employing negative coping strategies, such as restricting food consumption.

- 70 per cent of all assessed families (5,954) did not have a container for water storage and lack hygiene materials, highlighting the ongoing need for NFI (hygiene) kits to be distributed to returning populations.

The requested CERF Rapid Response funding enabled the recipient agencies to provide life-saving critical interventions in the areas of food, health, Emergency Shelter (ES) and NFIs, health and protection in a timely manner, at both the point of arrival and in areas of settlement to prevent further deterioration in humanitarian conditions. The CERF Rapid Response focused on new arrivals and the most critical gaps caused by the recent upsurge in undocumented returnees and registered refugees, along with the added benefit of continuing to deliver life-saving humanitarian assistance both directly, through improved capacity and processes, and indirectly by identifying specific needs (such as shelter), which were more easily met in the geographic areas of high return.

However, following the approval of the CERF Rapid Response application, two unexpected events affected both the intended beneficiary targets and the delivery of services:

1. The unexpected closure of UNHCR Encashment Centres in Kabul, Kandahar and Nangarhar provinces at the end of December 2016 following the announcement of a decision from the Pakistan Government to allow Afghan documented returnees to remain temporarily in Pakistan during the winter months.
2. The closure of the Pakistan-Afghanistan border between February 16 and 21 March 2017 prevented Afghan registered refugees and undocumented returnees from crossing the border to Afghanistan.

As a result, the recipient United Nations (UN) agencies identified and addressed specific needs of IDPs, registered returning refugees, undocumented returnees, and host communities in the geographic areas of high return, as further explained in the subsequent sections of this report.

At the same time as the CERF Rapid Response process and with the development of the Flash Appeal, the HC launched the CHF Reserve Allocation and directed \$5 million for NGO partners to cover critical gaps in the response, predominantly in Nangarhar Province, where the majority of undocumented returnees were settling. The CERF Rapid Response complemented the use of these funds by allocating resources to the UN agencies almost exclusively at the main reception points, where life-saving interventions were scaled up in order to respond efficiently and effectively to returning populations' humanitarian needs. The CERF Rapid Response process complemented the CHF Reserve Allocation process with regard to the formulation of the strategy / concept note with the active participation of the Cluster Coordinators in the identification of gaps and the prioritization of sector-specific needs and geographical areas. In Afghanistan, both funding mechanisms were utilized by the HC and the HCT to provide an optimal comprehensive, rapid humanitarian response, capitalizing on existing capacities and the access of NGOs and UN agencies alike.

III. CERF PROCESS

The prioritization for the CERF Rapid Response application was developed based upon the discussions during HCT Core, HCT extended, ICCT and ad hoc ICCT meetings, and reinforced by OCHA and agency reports which informed the Flash Appeal launched in September 2016. The Flash Appeal highlighted an expected funding gap of \$144.2 million specifically for this returning population. Even with the overwhelming majority of returnees entering through Torkham Border, donors had not provided sufficient support to avert a humanitarian crisis from occurring at this entry point which could no longer be able to cope with the significant influx. There was a concern that the time it will take to mobilize bilateral donor funds was insufficient to meet the needs on the ground. The CERF Rapid Response funds acted as a bridging facility for a life-changing impact on affected populations through a targeted and efficient use of resources prior to the onset of the winter season.

Following on the established strategic priorities within the 2016 HRP and the Flash Appeal, the prioritization process for the CERF Rapid Response was based upon the CERF life-saving criteria, taking the initial rapid assessment as the planning and resource mobilization tool, and was informed by the reporting from the key responding UN agencies at the entry points - UNHCR, IOM and WFP, and their implementing partners – as well as beneficiary participation and feedback during the household level assessment and following returns and refugee registration. As a result, life-saving critical interventions in the areas of food, health, ES-NFIs, health and protection were prioritized at both the point of arrival and in areas of settlement, in order to prevent a further deterioration in humanitarian conditions. Activities that did not meet the life-saving criteria or that are relatively better funded at the mid-year point were excluded from consideration.

Gender was taken into account in the design and implementation of the CERF Rapid Response projects. The activities applied a targeted approach for prioritized interventions that ensured basic human rights were upheld for women, children, the elderly and those with specific needs. As standard practice, the needs of women and young children were taken into account during assessments, service provision and distributions, especially female-headed households. The UN agencies incorporated gender responsiveness activities,

including: UNOPS employment of both male and female instructors for Mine Risk Education (MRE) to ensure that women and girls have access to this life-saving information; WFP's gender balance among its monitors and innovative measures through mobile phones for women not allowed to leave home to speak to monitors; UNHCR's Age, Gender and Diversity Mainstreaming (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; and, jointly developed by IOM, UNHCR and MoRR, the Persons with Specific Needs (PSNs) criteria helped to identify vulnerable women, the elderly, disabled, and children who are more susceptible from the effects of the crisis.

In addition, IOM staff working in the Torkham Zero Point and the IOM Torkham Transit Centre were trained on the Prevention of Sexual Exploitation and Abuse (PSEA), in order to integrate and mainstream gender and protection in line with IOM's own global policies in this regard (see Annexes 4 and 5). The male and female training participants were from a range of government and non-government actors, including IOM, Department of Refugees and Repatriation (DoRR) and implementing partners. In addition to introducing IOM's PSEA policy, the training raised awareness on vulnerabilities and consequences of sexual exploitation and abuse in the work place, clarifying conceptual understanding on terminologies, concepts and interconnection of sexual harassment, sexual violence and sexual exploitation. Other forms of gender based violence were also discussed and participants were provided with information on the procedure and guidelines for reporting of cases of sexual exploitation and abuse.

In consideration of the urgent needs and approaching winter season, the HC also released \$5 million from the CHF Reserve in September for NGO partners to fill critical gaps in the response, predominantly in Nangarhar Province, where the majority of undocumented returnees were settling. The CERF complemented the use of CHF funds by allocating resources to UN agencies almost exclusively for the main reception points, where life-saving interventions needed to be scaled up in order to respond efficiently and effectively to returning populations' humanitarian needs, capitalizing on existing capacities and access of NGOs and UN agencies.

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: 220,000 documented and 400,000 undocumented Afghan returnees									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	25,614	51,745	77,359	26,660	19,305	45,965	52,274	71,050	123,324
Health	16,549	27,290	43,839	23,071	19,810	42,881	39,620	47,100	86,720
Mine Action	40,941	21,788	62,729	49,797	22,335	72,132	90,738	44,123	134,861
Multi-sector refugee assistance	104,496	78,371	182,867	108,228	82,101	190,329	212,724	160,472	373,196
Non-Food Items	4,674	2,744	7,418	4,950	2,345	7,295	9,624	5,089	14,713

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

BENEFICIARY ESTIMATION

The CERF Rapid Response interventions enabled UN agencies and implementing partners to provide food, health, ES-NFIs and protection assistance, with a targeted 385,000 individuals to receive one or more type of service / assistance, including 290,000 registered refugees and 44,000 undocumented returnees from Pakistan, in addition to 44,000 children under 10, as well as 1,000 returnee families (7,000 individuals) in geographic areas of high return.

Table 4 above consists of the number of beneficiaries reached reported by the UN Agencies, which undertook measures to avoid double counting within their sector, with closely coordinated reporting from implementing partners, monitoring of beneficiary attendance, and verification and cross-referencing of identification/registration documents. To reduce the possibility of double counting of the total direct beneficiaries reached through the CERF Rapid Response, the WFP and UNHCR reached beneficiaries make up to the total number of

direct beneficiaries reached provided in table 5 below, due to the beneficiary categories and geographic locations of these CERF funded projects.

WFP life-saving food assistance was provided to vulnerable undocumented returnees, who also received the CERF funded services provided by IOM, UNOPS, WHO and UNFPA, at the Torkham Zero Point, the IOM Torkham Transit Centre, the health facilities and most likely Nangarhar Provincial Hospital, as well. In addition, WFP also assisted IDPs including PLW in Nangarhar, Kunar and Laghman provinces with CERF-funded food assistance by borrowing available food stocks from WFP's Protracted Relief and Recovery Operation (PRRO) which includes emergency nutrition intervention, allowing WFP to meet the most urgent food needs.

UNHCR provided the cash assistance and other services to returning registered Afghan refugees at their Encashment Centres. From October to the end of 2016, UNHCR also provided unconditional cash assistance to registered refugee, recent undocumented returnee, and host community households in the geographic areas of high return to help them prepare for and survive the winter months. UNHCR targeted its interventions particularly where other actors were not present or could not sufficiently cover the existing needs and ensured that the needs of vulnerable host community members were also included.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	130,110	130,116	260,226
Male	134,888	101,406	236,294
Total individuals (Female and male)	264,998	231,522	496,520

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

CERF RESULTS

The funding from the CERF Rapid Response enabled a crucial response for the new arrivals and coverage of the most critical gaps, with the added benefit of the continuation of life-saving humanitarian assistance both directly, through improved capacity and processes at the entry points and the identification of specific needs, which were more easily met in the geographic areas of high return.

Food Aid

For the period of November 2016 to January 2017, WFP's life-saving food assistance was provided to 28,515 vulnerable undocumented returnees and 61,612 IDPs. Food assistance under this CERF grant was provided by borrowing available food stocks from WFP's PRRO, allowing WFP to meet the most urgent food needs. WFP assisted more IDPs and fewer returnees than planned due to the decline in returns during winter starting in December, and due to the unexpected closure of the UNHCR Encashment Centres at the end of December 2016 and the closure of the Pakistan-Afghanistan border between February 16 and 21 March 2017. In addition, the battlegrounds of the conflict moved closer to the large districts and city centres, resulting in a significant influx of IDPs, to which WFP responded. The treatment of malnutrition programs through targeted supplementary feeding (TSFP) in Nangarhar, Kunar and Laghman provinces were reinforced to respond to increased cases of malnutrition among the newly arrived returnees, as well as IDPs. In order to respond to the urgent needs for nutrition intervention, WFP assisted 33,197 PLW with a mix of basic fortified food funded by the CERF Rapid Response.

The key outcome for reduced prevalence of poor food consumption of targeted beneficiaries was not achieved. The results from post-distribution monitoring (PDM) showed that on average, 19 per cent of the households had poor food consumption, which was worse than that of the base value (16 per cent). The two main reasons for this result are: 1) the base value was measured through PDM under the PRRO before the influx of returnees; and, 2) although the CERF intervention period coincided with the second harvest season, many of the returnees and IDPs lacked basic necessities when they arrived at the new or temporary settlements.

Conversely, WFP was able to successfully introduce its corporate beneficiary registration and transfer management system, SCOPE. The training for WFP implementing partner, Coordination of Humanitarian Assistance (CHA), was conducted in October and then CHA started SCOPE registration for undocumented returnees in November 2016. Beyond registration, SCOPE is used to manage the transfer of entitlements (in-kind, cash or voucher) securely to beneficiaries.

Health

The key outcome of the joint CERF project was the establishment /support for two health facilities in Torkham Zero Point and the IOM Torkham Transit Centre health facilities were enabled to provide essential health services. UNFPA and WHO almost reached the planned targets and were able to provide health services to the target population as planned in the project proposal. In addition, 22,352 women of child bearing age received services in different health facilities supported by UNFPA interventions, including 5,200 deliveries were supported in Nangarhar Provincial Hospital. However, the targets for immunization of children under 10 and tuberculosis screening were not reached due to the decline in returns during winter, starting in December, and the unexpected closure of the UNHCR Encashment Centres at the end of December 2016, followed by the closure of the Pakistan-Afghanistan border between February 16 and 21 March 2017.

After the completion of the initial CERF Rapid Response funding, UNFPA continued to maintain both the facilities and other emergency health services in Nangarhar province with expansion to Lagham, Kunar and Kabul provinces by humanitarian funding from the Government of Australia.

Mine Action

A total of 134,861 registered refugees, undocumented returnees, IDPs and host communities received MRE during the reporting period to raise their awareness of the threats associated with mines and Explosive Remnant of War (ERW) and to promote safe-behavior, to avoid hazards, and therefore to prevent casualties. The deviation between the intended target of 150,000 registered and undocumented returnees and the actual number of beneficiaries reached was due to the decline in the number of returns in line with seasonal trends during winter, starting in December, and the unexpected closure of the UNHCR Encashment Centres at the end of December 2016 and the closure of the Pakistan-Afghanistan border between February 16 and 21 March 2017. To mitigate against lost progress during these periods, the implementing partner deployed MRE teams to travel to communities with high levels of returnees and IDPs in Kabul, Kandahar and Nangarhar provinces. The teams were able to train 23,426 IDPs, returnees and host communities who are also vulnerable to threats posed by mines and ERW. Once regular admissions for the Encashment Centres resumed on 21st March 2017, the MRE activities for the CERF Rapid Response continued and teams were able to train returnees at the same rate as planned.

Most participants did not have prior knowledge of mitigating measures to protect themselves against mine and ERW hazards prior to the sessions. The participants from all ages and gender groups showed great interest, could name good practices to protect themselves, and univocally demonstrated interest in sharing what they have learned with other community members. A 25-year-old woman, at Torkham Zero Point, remarked to a DDG staff member:

"If we come across a mine, we will not touch it as we learned. We will mark the area from a distance and I would inform my husband to contact a mine organization by calling the hotline number I received today so they can come to remove the mine."

Multi-sector refugee assistance

The UNHCR cash grant provided to all returnees was the main stream of assistance, which positively impacted the beneficiaries in providing the urgently needed means of initial reintegration in terms of food, shelters and logistics to the final destination. Under the CERF Rapid Response, the cash grant played an important role during the initial phases of return by helping returning refugees to address their immediate needs including transportation cost. In late October 2016, UNHCR also targeted 26,292 households with unconditional cash assistance to help families prepare for and survive the winter months. UNHCR adhered to a vulnerability-based approach in the provision of winterization assistance and the initiative targeted support in areas hosting large numbers of IDPs or recent returnees. UNHCR targeted its interventions particularly where other actors were not present or could not sufficiently cover the existing needs and ensured that the needs of vulnerable host community members were also included. The distribution of cash also supported local markets, as beneficiaries purchased items such as heating fuel, warm clothing, household goods, blankets and food. The winterization support initiative was designed to complement rather than replace UNHCR's responsibilities as cluster lead in the overall humanitarian response.

Non-Food Items

IOM coordinated all services at Torkham Zero Point and the IOM Torkham Transit Centres. The services provided included:

- Initial screening and referral of identified beneficiaries by the DoRR.
- First meal at the border reception facility.
- Issuance of registration cards (IOM Beneficiary Cards).
- Transportation from the border to a Transit Centre.
- Registration of beneficiaries in the IOM database.
- Provision of NFI kits to families in need.
- One-time distribution of WFP food packages to families in need by IOM staff.
- Overnight accommodation before departure from the Transit Centre with meals, sanitation facilities and basic medical services.
- Health screening for tuberculosis, polio and malaria and referral to nearby medical institutions.
- Transportation cash grant from the Transit Centre to their final destination.

- Special support to PSNs according to his/her needs until they are ready to travel as well as during travel to their final destination. This support includes referral for medical care, family tracing and referral to external shelters as long-term accommodation during the tracing period and if needed, escort to the final destination.

As part of its post-arrival humanitarian assistance, IOM through CERF Rapid Response grant assisted a total of 2,102 families (14,712 individuals), of which 1,432 were undocumented families (10,022 Individuals) provided with NFIs (see Annex 5 for items included within the packages) and 670 were undocumented families (4,690 individuals) in the geographic areas of high return such as Nangarhar, Laghman, Kunar and Kabul provinces, provided with shelter and winter support packages. IOM also trained staff at the border on the PSEA.

CERF's ADDED VALUE

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

YES PARTIALLY NO

When the numbers of returning Afghans from Pakistan significantly increased in the second half of 2016, the CERF Rapid Response enabled the UN agencies and implementing partners to deliver essential services and respond as early as possible to the critical needs of returnees. Unfortunately, the CERF Rapid Response process was markedly delayed both as a result of changing priorities on the part of involved UN agencies as well as a result of delayed finalization of the project development through to the disbursement of funds. The entire process took more than three months from August- the month with the largest returnee totals- until November when funding was finally disbursed and the returnee influx had significantly diminished.

UNHCR could respond to the unexpected increase in the numbers of refugee returnees by quickly procuring additional assistance to fulfil the immediate humanitarian needs of this population and filling the gaps left by other humanitarian actors regarding the provision of winterization assistance. With CERF funds, WFP managed to roll out SCOPE registration immediately, and used its existing stocks for ongoing activities to provide immediate food assistance and replenished once the CERF procured food arrived.

However, the CERF Rapid Response enabled UNFPA to avoid any disruption in the provision of reproductive health services to the returnees in the entry points, as UNFPA had been supporting the two health facilities with other financial resources prior to the availability of CERF funding. Supplying emergency reproductive health kits in a very short time to the health facilities at the entry points enabled the health facilities to provide reproductive health services to returning Afghans. Furthermore, UNOPS Peace and Security Cluster issued a grant on behalf of UNMAS Afghanistan under the timelines specified in the CERF Rapid Response proposal, which enabled the start of the MRE activities in January, coinciding with the end of the UNMAS funded MRE activities for the same vulnerable group, allowing for a seamless transition between the two projects.

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

YES PARTIALLY NO

Given the rapid onset of massive return flows into Afghanistan from Pakistan of thousands of vulnerable persons per day, emergency funding from the CERF Rapid Response for WHO and UNFPA supported critical health needs for returnees, particularly to women of child bearing age, process at the crossing the point located in Torkham border.

The CERF was essential in allowing UNHCR's responses to the time-critical needs of refugee returnees, as the funding was used to support the humanitarian and immediate reintegration needs of this population and to provide emergency supplies for their winterization needs. Through the CERF Rapid Response and other funding under the Flash Appeal, IOM was able to increase its assistance to almost 100 per cent providing NFIs, food and transportation cash grants in the Transit Centre, and shelter and winter packages during the winter season in the geographic areas of high return.

Furthermore, as the returnee population was highly vulnerable to landmine and ERW accidents and given they were less likely to understand the history of the conflict or the location of Mines/ERW and the behaviors adopted when in contaminated areas, this CERF project enabled UNOPS to provide MRE to the most vulnerable population, raising awareness to identify explosive hazards and enabling them to adopt appropriate behavior to protect themselves against those risks.

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

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.).

YES PARTIALLY NO

The CERF Rapid Response helped UNFPA to mobilize funds from other donors to continue provision of health including reproductive health services to returnees in Torkham Border Zero Point, IOM transit center and in areas where a large number of returnees are settled in eastern provinces of the country. After completion of this CERF project, UNFPA received funding from the Government of Australia to continue the provision of services to the returnees, with an expansion of services to Kunar, Laghman, Nangarhar and Kabul provinces.

At the same time period as planning for the CERF Rapid Response, the CERF Rapid Response funded ‘topped-up’ the existing funding for IOM, which was able to secure seed funding from the Governments of Japan, Germany, Norway, Sweden, Czech Republic and Switzerland for assisting the undocumented Afghans returning from Pakistan.

The success of the CERF Rapid Response project and the previous MRE project in Encashment Centres funded by UNMAS gave confidence in committed donors to earmark funding for the continuation of this activity. And with the CERF grant kicking off funding for Emergency Operation (EMOP), WFP was able to acquire additional funding from other donors, ensuring the efficient implementation of this emergency operation launched on 15 October 2016.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF Rapid Response proposal process allowed all involved agencies to coalesce on joint programming to ensure timely and effective service delivery across clusters. This enhanced level of coordination and information sharing led to a significant advantage in effective and efficient implementation of services on the border. The situation rapidly improved within a few short weeks with each agency gainfully carrying out their response activities to the immediate benefit of returning Afghans.

The CERF helped WHO, UNFPA and other humanitarian counterparts to improve coordination through assessments and information sharing at regional and central levels. The coordination between WHO and UNFPA was further strengthened through the joint CERF proposal, with emergency interventions successfully implemented by both agencies as an integrated package of emergency health services, demonstrating strengthened coordination between the cluster members.

As UNMAS and UNHCR have previously collaborated and complemented their response to registered refugees in the past through the provision of MRE. This CERF Rapid Response project enabled further collaboration with UN entities, namely IOM, enabling the mine action services to be provided to undocumented returnees as well, thus harmonizing the mine action response to the needs of all beneficiaries.

The CERF Rapid Response proposal process also helped to facilitate WFP’s SCOPE partnership and Letter of Agreement with the MoRR. Further, WFP and UNHCR have signed a Data Sharing Agreement to facilitate SCOPE roll out by speeding up the registration process, and WFP and IOM harmonize/streamlined targeting criteria (especially at the border).

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

CERF has always supported the critical needs for humanitarian response and contributed to the overall safety of beneficiaries and their ability to make the best use of available resources provided by humanitarian agencies.

Although the amount released under this CERF Rapid Response was comparatively small; the allocation during the most critical period, in particular for health care provision, filled a gap that is highly appreciated by the implementing partners. However, the CERF funding enabled the deployment of female health workers to the two health facilities, which helped to provide reproductive health services to women.

Besides the high number of families provided with food, NFIs and winter kits including blanket modules and emergency shelters, a considerable number of PSNs were also assisted both at the borders. OCHA’s involvement in this process highlighted to the wider humanitarian community that, in spite of legal status, both documented and undocumented persons with similar vulnerabilities should not be treated differently and, given the scope and scale of return, a vulnerability based approach was the most effective method for allocating limited resources.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The number of returnees fluctuated due to the	More flexibility may be helpful on the estimation of	CERF Secretariat

winter seasons and other contextual changes.	targets, as the project period coincided with the winter months and may contributed to an under-estimation of target beneficiaries.	
The CERF proposal took a total of four months from initial proposal development across multiple drafts until actual distribution of fund, causing significant delays in spite of the emergency nature of the returnees.	Urgent and timely follow up with UN agencies accompanied by effective distribution of CERF funds is necessary.	CERF Secretariat
The administration of the CERF Rapid Response processes requires considerable time and resources of OCHA's Humanitarian Financing Unit, which is entirely funded by the Country Based Pooled Fund in Afghanistan.	Financial support is allocated to the CERF Focal Point Agency to help ensure the efficient and timely administration of the CERF Rapid Response processes.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The provision of RH services without a female health worker is not effective.	Ensure female health workers are deployed in each mobile and static health facility.	HCT
Updated stock reports are essential to quickly identify gaps and propose an intervention.	Maintain an updated status of assistance delivery, however this can be difficult to maintain during an ongoing emergency.	UN agencies and NGOs/ clusters
Relying on short term CERF funds when dealing with an annual emergency population influx will not lead to sustainability of services.	Where CERF funding is limited, UN agencies do more to fundraise from other sources and regular inter-agency communication on needs is paramount to ensure donors are abreast of needs and CERF funds can be preserved for crises.	HCT/OCHA
As a result of the border closures in Torkham and Spin Boldak during the project, MRE teams were deployed to alternative host communities in consultation with DMAC regional offices. Unforeseen costs such as transportation costs for the alternative community-based MRE were not factored in.	Flexibility and contingencies should be allowed, and at times built in to proposals, especially during short-term emergency projects.	Recipient Agency, CERF and subsequent donors
Deteriorating security had implications on the transportation and logistics arrangements. More experienced staff required daily travel, as it was not easy to hire personnel from the border areas.	The short period of the projects and the repeated recruitment processes required under different cycles of funding does not allow a margin for addressing these challenges. The implementing partners to make contractual arrangements to assign the accommodation location in future projects.	Recipient Agency
The number of returnees was expected to increase after the holy month of Ramadan both at UNHCR Encashment Centres and IOM centres.	The centres should remain active seven days a week, with more teams in each location (higher than originally proposed) to better accommodate to the needs and flow of returnees in each centre.	Recipient Agency, CERF and subsequent donors
Underspends from implementing partners are sometimes encountered when the project timeframe is short and the conditions are volatile.	Enable reprogramming or other timely corrections in the last two months of the project, to ensure efficient spending and prevent any avoidable underspends with partners.	Recipient Agency

As of date, WFP has a data sharing agreement with UNHCR only.	Data sharing agreements for documented and undocumented returnees should be established with all relevant entities.	HCT, MoRR, Recipient Agency
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VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA WHO		5. CERF grant period:	22/11/2016 - 21/05/2017		
2. CERF project code:	16-RR-FPA-048 16-RR-WHO-046		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Response to immediate health needs of returnees at the point of arrival and transition centre					
7. Funding	a. Total funding requirements ² :	US\$ 2,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 1,143,108	▪ NGO partners and Red Cross/Crescent:		US\$ 343,108	
	c. Amount received from CERF:	US\$ 343,108	▪ Government Partners:		US\$ 0	
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
<i>Children (< 18)</i>	21,560	22,440	44,000	16,549	23,071	39,620
<i>Adults (≥ 18)</i>	23,467	18,360	41,827	27,290	19,810	47,100
Total	45,027	40,800	85,827	43,839	42,881	86,720
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Registered refugee and undocumented returnees</i>	85,827			86,729		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	85,827			86,720		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>						

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.

please describe reasons:

CERF Result Framework			
9. Project objective	To provide life-saving critical reproductive health interventions in a timely manner at Torkham Border Zero Point and IOM transit centre to 85,827 returnees including 26,768 vulnerable women for three months, to prevent a further deterioration in humanitarian conditions		
10. Outcome statement	To avoid excess mortality and morbidity among Afghan returnee women of reproductive health age.		
11. Outputs			
Output 1	85,827 returnees including 26,768 vulnerable women served with primary health care services including RH and maternity health care services by the two health clinics at Torkham Border Zero Point and IOM transit centre.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of health clinics supported	2	2
Indicator 1.2	# of OPDs consultations	18,000 women and girls in RH age	17,377
Indicator 1.3	# of ANC visits conducted	1,648 pregnant women	1,650
Indicator 1.4	# of Pregnant women received clean delivery kits	4,120 pregnant women	3,802
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish/support the two health clinics (One at Torkham Border Zero Point and the second one in IOM transit centre) to provide primary health services including RH services.	Agency for Assistance and Development of Afghanistan (AADA)	AADA
Activity 1.2	Provide Psychosocial counselling	AADA	AADA (3 psychosocial counsellors to provide education and referral)
Activity 1.3	Procure emergency reproductive health kits	UNFPA	UNFPA
Activity 1.4	Distribute clean delivery kits to visibly pregnant women	AADA	AADA
Activity 1.5	Procure medicine and supplies for the two health centres.	AADA	AADA
Output 2	Returnees have increased access to emergency obstetric and newborn care services at provincial hospital.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Returnees have increased access to emergency obstetric and newborn care services at provincial hospital.	3,000	5,200
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide Emergency Reproductive Health Kits Nangarhar Provincial Hospital	Afghan Red Crescent Society (ARCS)	ARCS

Output 3	44,000 returnee children receive immunization and 36,000 individuals screened for tuberculosis at Torkham Border Zero Point and IOM transit center.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of children under 10 years immunized	44,000	14,052
Indicator 3.2	# returnees screened for tuberculosis	36,000	301
Indicator 3.3	# of returnees received awareness on common diseases, immunization and mother child health issues.	53,000	73,249
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct screening for tuberculosis of returnees in Torkham border Zero Point and IOM transit center	AADA	AADA
Activity 3.2	Immunize all returnee children under 10 years in Zero Point	AADA	AADA
Activity 3.3	Conduct awareness/education session on common diseases, immunization and mother and child health for returnees in Torkham border Zero Point and IOM transit center	AADA	AADA

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 was reduction in the number of Afghan returnees from Pakistan in the month of Dec -2016 to Feb-2017. As this was the winter season in Afghanistan, there were minimum movements in the country during those months. In addition, Torkham border was closed for more than one month in the first quarter of 2017. Similarly, UNHCR assistance stopped in the months of December 2016 till the end of March 2017. Considering these circumstances, the number of returnees were reduced, and as such, some of the target were not achieved, in particular, children under 10 years immunized and returnees screened for tuberculosis.

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

The project was designed based on the health needs as assessed by partner (AADA). Monitoring visits have been taken by health cluster lead and partners.

The planned activities including recruitment of female staff in both health facilities that were carried out based on the initial assessment and planning. The beneficiaries were consulted after receiving services in the health facilities to identify any possible gap in provision as well as any sensitive issue on the counselling of GBV issues. In addition, IOM, WHO and staff of the Nangarhar Provincial Health Department staff regularly provided their feedback for improvement of health services provision.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

No information submitted for this report.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	10/10/2016 - 09/04/2017		
2. CERF project code:	16-RR-HCR-046		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving services at the Encashment Centres supporting winterization needs for returnees and refugees.					
7. Funding	a. Total funding requirements ⁴ :	US\$ 168,857,211	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 84,193,033	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 221,001	
	c. Amount received from CERF:	US\$ 5,294,649	▪ <i>Government Partners:</i>		US\$ 0	
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).						
<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>	104,496	108,228	212,724	104,496	108,228	212,724
<i>Adults (≥ 18)</i>	78,371	82,101	160,472	78,371	82,101	160,472
Total	182,867	190,329	373,196	182,867	190,329	373,196
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Registered refugee and undocumented returnees</i>	365,000			365,000		
<i>IDPs</i>						
<i>Host population</i>	8,196			8,196		
<i>Other affected people</i>						
Total (same as in 8a)	373,196			373,196		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>						

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.

please describe reasons:

CERF Result Framework			
9. Project objective	Direct cash assistance provided to 5,406 Afghan refugee returnees, as well as enhanced services provided to the expected 365,000 returnees at UNHCR Encashment Centres in Kabul, Kandahar and Nangarhar in three-month timeframe.		
10. Outcome statement	Afghan refugee returnees receive immediate humanitarian assistance		
11. Outputs			
Output 1	365,000 Afghan Refugee returnees, including men, women and children are received at the three Encashment Centres in Kabul, Jalalabad and Kandahar, whose basic services are processed on timely manner.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Coverage of the returning refugees reaching their final destination safely and with dignity	365,000 (100%)	365,000
Indicator 1.2	Coverage of persons in need of medical attention receiving medical services at accommodation at the Encashment Centres.	365,000 (100%)	365,000
Indicator 1.3	Coverage of persons in need of legal assistance receiving legal assistance or advice at accommodation at the Encashment Centres.	365,000 (100%)	365,000
Indicator 1.4	Coverage of eligible returnees benefiting from overnight accommodation at the Encashment Centres.	365,000 (100%)	365,000
Indicator 1.5	Number of returnees receiving cash grant	5,406 (100%)	5,406
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Protection monitoring of returnees, conducted at the Encashment Centres in Kabul, Jalalabad and Kandahar.	UNHCR Partners (Coordination of Humanitarian Assistance in Kabul, Reconstruction and Social Services for Afghanistan Organization in Jalalabad and Organization of Human Welfare in Kandahar)	UNHCR Partners (Coordination of Humanitarian Assistance in Kabul, Reconstruction and Social Services for Afghanistan Organization in Jalalabad and Organization of Human Welfare in Kandahar)
Activity 1.2	Provision of basic health care to returnees - at the Encashment Centres in Kabul, Jalalabad and Kandahar.	UNHCR Partners (Coordination of Humanitarian Assistance in Kabul, Reconstruction and Social Services for Afghanistan Organization in Jalalabad and	UNHCR Partners (Coordination of Humanitarian Assistance in Kabul, Reconstruction and Social Services for Afghanistan Organization in Jalalabad and

		Organization of Human Welfare in Kandahar)	Organization of Human Welfare in Kandahar)
Activity 1.3	Provision of legal assistance/advice to returnees at the Encashment Centres in Kabul, Jalalabad and Kandahar	UNHCR Partners (Coordination of Humanitarian Assistance in Kabul, Reconstruction and Social Services for Afghanistan Organization in Jalalabad and Organization of Human Welfare in Kandahar)	UNHCR Partners (Coordination of Humanitarian Assistance in Kabul, Reconstruction and Social Services for Afghanistan Organization in Jalalabad and Organization of Human Welfare in Kandahar)
Activity 1.4	Three Encashment Centres operational and upgrading of the Encashment Centre facilities, infrastructure, facilities and equipment in Kabul, Jalalabad and Kandahar.	UNHCR Partners (Coordination of Humanitarian Assistance in Kabul, Reconstruction and Social Services for Afghanistan Organization in Jalalabad and Organization of Human Welfare in Kandahar)	UNHCR Partners (Coordination of Humanitarian Assistance in Kabul, Reconstruction and Social Services for Afghanistan Organization in Jalalabad and Organization of Human Welfare in Kandahar)
Activity 1.5	Distribution of the cash grant to returnees, upon arrival at the Encashment Centres in Kabul, Jalalabad and Kandahar.	UNHCR through Money Service Provider	UNHCR through Money Service Provider
Output 2	11,013 Households (approximately 66,078 individuals) of Afghan registered refugee and undocumented returnees, and host communities, including men, women and children are assisted with winterization needs in Kabul, Mazar-i-Sharif (North and Northeast), Herat, Bamyan and Kandahar, starting from end October 2016 to end year.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of vulnerable returning refugees, and host community households receiving cash grant	66,078 individuals/11,013 HH (100%)	66,078 individuals/11,013 HH
Indicator 2.2	Number of vulnerable returning refugees, and host community individuals receiving in-kind items (blankets)	66,078 individuals/11,013 HH (100%)	66,078 individuals/11,013 HH
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of unconditional cash assistance at USD200 per household, covering winterization needs for approximately three months	UNHCR and Partners/Money Service Provider	UNHCR and Partners (/Money Service Provider
Activity 2.2	Procurement and distribution of 33,045 double layer blankets	UNHCR and Partners	UNHCR, DoRRs, NPO-RRAA, WSTA, ARAA, CRDSA, RSSAO, 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 between the project's planned and actual outcomes. It ran 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>UNHCR incorporated AGDM in its operational activities, to ensure that all people of concern from different age groups and diverse backgrounds are assessed and consulted so that all vulnerable families, are included in the programme. Particular attention was paid to the female households. For the winterization assistance, steps to ensure transparency and oversight were incorporated in all phases of the intervention, from community-based planning, beneficiary selection, assistance distribution and joint monitoring.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>Return monitoring surveys were conducted and enabled the gathering of relevant protection information, the pressing returnees' needs and the identification of return trends. Monitoring also allowed the assessment of the level of information returnees received to make an informed choice to return. In this regard, a total of 4,285 interviews (72 per cent male and 38 per cent female) were conducted with returning refugees. Over 1,300 phone interviews were carried out during the second phase of the return monitoring exercise, with returnees after a period of at least three months.</p> <p>Regarding the winterization assistance, monitoring was initiated at the Kabul level with male and female teams who conducted phone interviews using standard monitoring forms and a random selection in each province based on the number of families assisted. 2,801 household level monitoring interviews were conducted by phone in 31 provinces.</p> <p>The UNHCR Afghanistan Voluntary Repatriation Monthly Update is attached as Annex 7 with this CERF report.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	16/11/2016 - 15/05/2017		
2. CERF project code:	16-RR-IOM-038		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Assistance to Undocumented Afghan Returnees in Nangarhar province, Afghanistan					
7. Funding	a. Total funding requirements ⁶ :	US\$ 20,985, 900.00	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 9,626,352	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 600,000	▪ <i>Government Partners:</i>		US\$ 0	
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).						
<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>	236	499	735	4,673	4,950	9,624
<i>Adults (≥ 18)</i>	246	479	725	2,744	2,345	5,088
Total	482	978	1,460	7,417	7,295	14,712⁸
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees/</i>				0		
<i>IDPs</i>				0		
<i>Host population</i>				0		
<i>Other affected people - undocumented Afghan returnees</i>	1,460			14,712		
Total (same as in 8a)	1,460			14,712		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	Although CERF funding was programmed to assist 1,460 families (10,220 individuals) with NFIs, basic post-arrival assistance in the Transit Centres and emergency shelter and winter support packages in areas of high return in Kabul, Nangarhar, Kunar and Laghman, IOM was able to reach 2,102 families (14,712 individuals), 144 per cent over					

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.

⁸ The number of beneficiaries in the planned section are families when they should be individuals. This was IOM's error during project development. Therefore, the significant discrepancy is due to the planned beneficiary families versus the reached beneficiary individuals.

<i>please describe reasons:</i>	target.
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CERF Result Framework

9. Project objective Respond in three months to the life-saving emergency shelter needs of vulnerable women, men, girls and boys; including those with special needs, from the border crossing points and transit centres in areas of high return rates in Nangarhar province.

10. Outcome statement Reduced harm and protected dignity of undocumented and homeless Afghan returning women, men, girls and boys upon arrival in the border or transit centres.

11. Outputs

Output 1 1,460 undocumented Afghan returnees provided with emergency shelter and winter kits.

Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Vulnerable population and PSN have access to ES-NFIs in border crossing point or transit centre	1,460 families	2,102 families
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Simple return flows tracking to profile/prioritize vulnerable population and PSNs	IOM	IOM
Activity 1.2	Orientation on IASC Guidelines on PSEA-CBM	IOM and local leaders	IOM Counter Trafficking Unit
Activity 1.3	Procurement, Warehousing, Transportation and Distribution of ES-NFIs	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 and 760 Shelter and Winter Support Packages, However, IOM distributed 1,432 NFIs (family module kitchen sets and blanket modules) and 670 Shelter and Winter Support Packages (family tent, tarps, blankets and a gas heater) to returnees settled in Nangarhar, Kabul, Kunar and Laghman provinces. At project inception, IOM budgeted for a lower cost shelter package, however upon delivery of samples ahead of procurement, the quality of these samples was determined not to be suitable for weather conditions in Afghanistan. Hence after bid analysis and review of three suitable quality tents from three different vendors, the final selection made by IOM was higher than the original budgeted amount. The end result was that fewer shelter packs were delivered to vulnerable families than initially intended.

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

IOM uses the 11 categories of PSN criteria developed in 2012 by UNHCR, IOM and MoRR for the selection and targeting of assistance to vulnerable returnees. Moreover, all assistance delivery in the Torkham and Kandahar Transit Centres take place in the presence of DoRR and other partners’ representatives. Lastly, IOM carries out extensive Post Return Monitoring of project beneficiaries, with 1,638 families interviewed under Post Return Monitoring during the period covered by this project. Three rounds of PRM took place for beneficiaries per each donor under the Cross-Border Return and Reintegration programme at the one month, two months and three-month phase.

In Torkham and Kandahar Transit Centres all the distributions of food and NFIs took place in the IOM transit centre, and each beneficiary was recorded under the Beneficiary Screening & Assistance Database. To ensure financial transparency all the beneficiaries were recorded on the control sheets and issued IOM Beneficiary Cards. All processes were observed by IOM’s field staff, DoRR, and other UN and NGO partners that co-locate at the IOM Torkham Transit Centre.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No information submitted for this report.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNOPS		5. CERF grant period:	01/12/2016 - 31/05/2017		
2. CERF project code:	16-RR-OPS-003		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Mine Action			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Saving Lives of Returnees through the Provision of Mine and Explosive Remnant of War (ERW) Risk Awareness Messaging (MRE)					
7. Funding	a. Total funding requirements ⁹ :	US\$ 1,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁰ :	US\$ 317,248	▪ NGO partners and Red Cross/Crescent:		US\$ \$144,390	
	c. Amount received from CERF:	US\$ 232,232	▪ Government Partners:		US\$ 0	
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)	33,000	33,000	66,000	40,941	49,797	90,738
Adults (≥ 18)	42,000	42,000	84,000	21,788	22,335	44,123
Total	75,000	75,000	150,000	62,729	72,132	134,861
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	75,000			30,666		
IDPs				22,926		
Host population				500		
Other affected people	75,000			80,769		
Total (same as in 8a)	150,000			134,861		
<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>			<p>The unexpected closure of UNHCR Encashment Centres in Kabul, Kandahar and Nangarhar at the end of December 2016 following the announcement of a decision from the Pakistan Government to allow Afghan documented returnees to remain temporarily in Pakistan during the winter months, resulted in a smaller influx of documented returnees.</p> <p>The closure of the Pakistan-Afghanistan border between February 16 and 21 March 2017 prevented Afghan documented and undocumented returnees to cross to Afghanistan, consequently affecting significantly the number of beneficiaries during this</p>			

⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁰ This should include both funding received from CERF and from other donors.

	period.
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CERF Result Framework			
9. Project objective	Improving the awareness and behavior of registered refugees and undocumented returnees towards explosive hazards (landmines, ERW, PPIED) threats to life and limbs through MRE.		
10. Outcome statement	150,000 vulnerable registered refugees and undocumented returnees protected from explosive hazards threats.		
11. Outputs			
Output 1	Providing MRE messaging to approximately 150,000 registered refugees and undocumented returnees transiting through the Pakistan-Afghanistan border Zero Point UNHCR Encashment Centres (Kabul, Kandahar, Nangarhar) and IOM Transit Centre (Torkham)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries participating to MRE sessions	150,000 refugees (66,000 adults: 33,000 males, 33,000 females, 42,000 girls, 42,000 boys)	134,861 returnees/IDPs/host population/other affected people (22,335 men, 21,788 women, 49,797 boys and 40,941 girls)
Indicator 1.2	Number of MRE material distributed	150,000 MRE kits	132,742 MRE materials/items
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of MRE material	UNOPS for UNMAS	UNOPS for UNMAS
Activity 1.2	Providing MRE sessions to registered refugees and undocumented returnees	UNMAS Implementing Partner	DDG
Activity 1.3	Distribution of MRE material (hotline cards, notebooks, leaflets and pens to family groups)	UNMAS Implementing Partner	DDG
Activity 1.4	Coordination of MRE team deployment (including data management)	UNMAS Afghanistan	UNMAS Afghanistan
Activity 1.5	Monitoring and Quality Assurance of MRE teams deployed	UNMAS Afghanistan	UNMAS Afghanistan

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>As a result of the project, 134,861 beneficiaries attended life-saving MRE sessions at the border, in transit and Encashment Centres and IDP/returnees camps learning how to:</p> <ul style="list-style-type: none"> - Identify mines and ERW using models while explaining the dangers and threats of mines and ERW. - Identify and understand the local and official marking system to avoid contaminated area that they may come across. - Mitigation strategies to protect themselves against threats of mines and ERW in various scenarios (collection of metal scrap and firewood, grazing animals, playing etc.).

- Reporting of an explosive hazard or suspicious object to the mine action hotline for removal.
- Informing other community members of the presence of an explosive hazard.

The implementing partner also distributed 69,464 brochures, 1,318 posters, 9,747 MRE notebooks, 7,695 pens and 44,518 hotline cards were distributed to beneficiaries. The material in both Pashto and Dari included information on safe behavior towards mine and ERW threat and a hotline card with details on how to report any known or suspected hazard for subsequent marking and removal by UNMAS and OCHA (CHF allocation) funded demining teams. All sessions were conducted and material printed in both Dari and Pashto.

Discrepancies in number of beneficiaries is due to the unexpected closure of UNHCR Encashment Centres in Kabul, Kandahar and Nangarhar at the end of December 2016 following the announcement of a decision from the Pakistan Government to allow Afghan documented returnees to remain temporarily in Pakistan during the winter months. As the project relied partly on the transit of documented returnees through the Encashment Centres, the unexpected operational closure due to the very small influx of returnees affected the number of beneficiaries at those locations. Once the activities resumed in Encashment Centres in March 2017, the MRE teams were able to train returnees at the same rate as planned. Furthermore, the closure of the Pakistan-Afghanistan border between February 16 and 21 March 2017 prevented Afghan documented and undocumented returnees to cross to Afghanistan, consequently affecting significantly the number of beneficiaries during this period.

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

Although the project has not been designed in collaboration with the actual beneficiaries of this project, project was built on best practices and lessons learned from the previous CERF funded MRE project for a similar population group (returnees from Pakistan) in Kabul, Kandahar and Nangarhar encashment centers.

During the implementation phase, beneficiaries had the opportunity to share their views directly to MRE trainers, DDG's monitoring personnel and anonymously through the hotline number.

DDG is a rights-based organization and has 15 Operational Principles. Among those principles, "Do No Harm", "Handling Complaints" "Gender Diversity", "Information Sharing" and "Participation" hold prime importance. An internal Code of Conduct and an organizational complaints mechanism handled by a specialized unit under the oversight of the Senior Management Team ensures compliance with these principles.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

UNMAS's input has largely focused on quality assurance and monitoring throughout the duration of implementation, to ensure strict adherence to international and national standards, and enforce timely corrective and preventative measures when necessary. A separate post-project evaluation is not planned.

EVALUATION PENDING

In addition to the physical monitoring of the project, UNMAS also use the Balanced Scorecard approach for all projects and the report for this project is attached as Annex 2.

NO EVALUATION PLANNED

This project was implemented through UNMAS, however all internal procedures were executed according to strict UNOPS financial and procurement rules.

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	15/10/2016 - 14/04/2017		
2. CERF project code:	16-RR-WFP-068		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Operation Afghanistan (EMOP 201024)					
7. Funding	a. Total funding requirements ¹¹ :	US\$ 35,200,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹² :	US\$ 5,072,409	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 112,650	
	c. Amount received from CERF:	US\$ 3,312,409	▪ <i>Government Partners:</i>		US\$ 0	
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).						
<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>	7,977	8,303	16,280	25,614	26,660	52,274
<i>Adults (≥ 18)</i>	13,583	14,137	27,720	51,745	19,305	71,050
Total	21,560	22,440	44,000	77,359	45,965	123,324
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees (Undocumented Returnees)</i>				28,515		
<i>IDPs</i>				61,612		
<i>Host population</i>						
<i>Other affected people</i>	44,000			33,197		
Total (same as in 8a)	44,000			123,324		
<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>	The discrepancy between planned and reached beneficiaries is due to the utilization of this funding for a one-month ration in the initial month of the activity (see 12.)					

¹¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹² This should include both funding received from CERF and from other donors.

CERF Result Framework						
9. Project objective	Saving lives and protecting livelihoods in emergencies through the provision of life-saving food assistance to 44,000 vulnerable undocumented returnees at the IOM Torkham centre over the assistance period of 3 months					
10. Outcome statement	Stabilized or improved food consumption over the assistance period of 3 months for targeted households and/or individuals.					
11. Outputs						
Output 1	3 months' food basket distributed in sufficient quantity and quality and in a timely manner to 6,258 targeted beneficiary families at the IOM Torkham centre.					
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	3% increase (Baseline: 16%)			
Indicator 1.2	Number of women, men, boys and girls receiving food assistance, as per cent of planned.	100%	280%			
				Female	Male	Total
	< 18 years			7,977	8,303	16,280
	≥ 18 years			13,583	14,137	27,720
	Total	21,560	22,440	44,000		
Indicator 1.3	Quantity of food assistance distributed, as per cent of planned.	100%	101%			
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)			
Activity 1.1	Coordination of humanitarian assistance with National/local government, IOM, UN agencies, FSAC partners, donors, CHA and NGOs.	WFP & PARTNERS	WFP & PARTNERS			
Activity 1.2	Procurement of food (locally procured to the extent possible).	WFP	WFP			
Activity 1.3	Transportation of food items to Distribution Points. WFP will use its existing stocks for ongoing activities to provide food assistance to the affected beneficiaries and then replenish once the newly procured food arrives in 2-3 months.	WFP	WFP			
Activity 1.4	Identification of beneficiaries based on IOM eligibility criteria and conducting biometric registration using SCOPE	IOM, WFP, & CHA	IOM, WFP & CHA			
Activity 1.5	Conducting food distributions to identified beneficiaries.	IOM	IOM			
Activity 1.6	Establishment of mVAM call-centre and conducting pilot monitoring exercise with post-distribution monitoring and gender & protection checklists	WFP	WFP			
Activity 1.7	Conducting output and process monitoring (delivery, distribution, activity implementation) through PDM household interviews and direct observation and Food Consumption Score outcome monitoring through household interviews.	Accessible areas: WFP Restricted Access: PATs	Accessible areas: WFP Restricted Access: PATs			
Activity 1.8	Conducting periodic joint monitoring and PDM.	WFP & CHA	WFP & CHA			
Activity 1.9	Preparing CERF final report including baseline and follow-up result on output and outcome indicators with quantitative and qualitative analysis.	WFP	WFP			

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 planned project activities had been changed due to changes of trends and needs.

Less returnees assisted: The return of undocumented returnees reduced substantially during the period December 2016 to March 2017, from a peak of average 6,000 families per month in the period August to October 2016 to few hundred households in the period December 2016 to March 2017 in line with seasonal trends during winter and with the Torkham border closure in February-March 2017. Hence, WFP assisted only 28,515 vulnerable undocumented returnees during the project period.

One-month ration at the border: 2- 3 months' ration distribution at the Torkham border was not feasible since people moved with all of their personal effects in their trucks, leaving no place for food. Also, WFP had to avoid sale of food aid at the markets. Therefore, vulnerable returnees received only one-month ration at the Torkham border. Since returnees needed some time to decide their settlements, 2nd ration distribution started in March 2017 with WFP's own resources.

More IDPs assisted: The returning of Afghans from Pakistan has been occurring in the context of increasing internal displacement due to conflict. During the end of 2016 – early 2017, majority of the provinces had recorded high levels of forced displacement. The conflict battlegrounds moved closer to the large districts and city centres, resulting in a huge influx of IDPs, to which WFP responded urgently using CERF funds.

PLW support was included: The conflict is having a disproportionate impact on the food security of women, girls, boys and men of all ages differently. In Nangarhar, 80 per cent of female headed households were found to be severely food insecure; whereas, only 69 per cent of male-headed households were severely food insecure. WFP has increased the engagement with the affected population, women in particular. During the crisis, PLW admission to TSFP programme has been increased, especially in the Eastern region. In order to respond to the urgent needs of nutrition intervention, PLW support was included in the project.

Increased number of beneficiaries: All activities mentioned above was supported by the CERF fund with one-month ration in the initial month of the activity. This is the reason why WFP assisted more beneficiaries than planned.

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

No information submitted for this report.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

No information submitted for this report.

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-FPA-048	Health	UNFPA	NNGO	\$77,023
16-RR-FPA-048	Health	UNFPA	RedC	\$14,277
16-RR-WHO-046	Health	WHO	NNGO	\$251,808
16-RR-HCR-046	Multi-sector refugee assistance	UNHCR	NNGO	\$88,401
16-RR-HCR-046	Multi-sector refugee assistance	UNHCR	NNGO	\$66,300
16-RR-HCR-046	Multi-sector refugee assistance	UNHCR	NNGO	\$66,300
16-RR-OPS-003	Protection	UNOPS	INGO	\$144,390
16-RR-WFP-068	Food Assistance	WFP	NNGO	\$112,650

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AADA	Agency for Assistance and Development of Afghanistan
AGDM	Age, Gender and Diversity Mainstreaming
ARAA	Ansari Rehabilitation Association for Afghanistan
ARCS	Afghan Red Crescent Society
CERF	Central Emergency Response Fund
CHA	Coordination of Humanitarian Assistance
CHF	Common Humanitarian Fund
DDG	Danish Demining Group
DoRR	Department of Refugees and Repatriation
EMOP	Emergency Operation
ERW	Explosive Remnants of War
ES	Emergency Shelter
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HEAT	Household Emergency Assessment Tool
HRP	Humanitarian Response Plan
ICCT	Inter Cluster Coordination Team
IDP	Internally Displaced People
IOM	International Organization of Migration
MoRR	Ministry of Refugee and Repatriation
MRE	Mine Risk Education
NFIs	Non-food Items
NGO	Non-Governmental Organization
NPO-RRAA	Norwegian Project Office-Rural Rehabilitation Association for Afghanistan
OCHA	Organization for the Coordination of Humanitarian Affairs
PDM	Post Distribution Report
PLW	Pregnant and Lactating Women
PRRO	Protracted Relief and Recovery Operation
PSN	Persons with Specific Needs
PSEA	Prevention of Sexual Exploitation and Abuse
RC	Resident Coordinator
TSFP	Targeted Supplementary Feeding Programme
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
WFP	World Food Programme
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WSTA	Watan Social and Technical Services Association
CRDSA	Coordination of Rehabilitation & Development Service for Afghanistan