

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
AFGHANISTAN  
UNDERFUNDED EMERGENCIES  
ROUND 2 2017**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Toby Lanzer**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*Not conducted before submission to the CERF Secretariat due to time-constraints and competing activities (response to the drought emergency). However, recipient agencies did complete the relevant sections of the report (CERF Added Value and Lessons Learnt) and provided feedback.*

- 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

*The report was communicated to Heads of Agencies, HCT members and Cluster Coordinators before submission of the report to the CERF secretariat.*

- 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

*The report was shared with in-country stakeholders before submission to the CERF secretariat.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$58,728,579		
Breakdown of total response funding received by source	Source	Amount
	CERF	9,996,905
	COUNTRY-BASED POOL FUND <i>(if applicable)</i>	US\$19,853,985
	OTHER (bilateral/multilateral)	US\$12,724,679
	<b>TOTAL</b>	<b>US\$42,575,569</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 18/09/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-UF-FAO-028	Agriculture	3,000,000
IOM	17-UF-IOM-040	Non-Food Items	1,786,246
UNHCR	17-UF-HCR-028	Shelter	1,999,989
UNICEF	17-UF-CEF-104	Water, Sanitation and Hygiene	800,000
WFP	17-UF-WFP-058	Food Aid	1,600,042
WHO	17-UF-WHO-038	Health	810,628
<b>TOTAL</b>			<b>9,996,905</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,506,392
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,490,513
Funds forwarded to government partners	0
<b>TOTAL</b>	<b>9,996,905</b>

## **HUMANITARIAN NEEDS**

From February to August 2017, more than 225,000 undocumented returnees have arrived back in Afghanistan from Iran amidst an ongoing narrowing of the protection space. The overwhelming majority (84 per cent) have entered through Milak Border, yet donors have provided insufficient support to avert a humanitarian crisis from occurring at this entry point which is no longer able to cope with the current influx. There is a concern that the time it will take to mobilize bilateral donor funds is insufficient to meet the needs on the ground as they currently dictate, and that CERF funds could act as a bridging facility which have a speedy and life-changing impact on affected populations through a targeted and efficient use of resources. At the same time, CERF funds will also be used to support the needs of vulnerable IDPs, returnee and host communities in need of winterization support in addition to severely food insecure families in need of vital livelihoods assistance during the upcoming cropping season, both of which remain significantly underfunded.

### **1. Emergency support to Afghan returnees at the Milak border crossing and rehabilitation of flood affected infrastructure in Nimroz Province**

Since January 2017, over 190,000 undocumented Afghans have returned to Afghanistan from Iran through the Milak border crossing in Nimroz Province. As of August 2017, this rate of returns has increased to 1,500 crossings daily, and 40,000-60,000 per month, amidst the continuing closure of the Islam Qala border point in Herat Province and their re-routing by the Iranian Bureau for Aliens and Foreign Immigrants (BAFIA) to Milak border point in Nimroz Province. Reasons for return include arbitrary arrests and detention; attacks; looting; direct police harassment/intimidation; family reunification; and fear of deportation. Although generally perceived as economic migrants, there are several push factors for those migrating, and serious human rights/protection concerns for Afghans kept in detention before being deported are growing based on interviews with IOM beneficiaries, reports, secondary research reports and media reports. As of 12 August 2017, approximately 10,000 undocumented Afghans crossed at Milak every week.

The rerouting of Afghans through Nimroz Province has overstretched existing services at the Milak border and the IOM Transit Centre to near breaking point. Only 3 to 4 per cent of undocumented returnees arriving from Iran receive assistance in any given week, as Ministry of Repatriation and Refugee staff – who are responsible for registration and the subsequent secondary vulnerability assessment<sup>1</sup> – have struggled to cope with the inflow.

Resources for comprehensive screening and registration services, including staffing and hard infrastructure, remain extremely limited such that the true number of vulnerable persons is projected to be far higher than is currently being recorded and assisted. Current conditions at the Milak border point are derisory and only serve to compound the trauma already inflicted upon returnees making them reluctant to wait for long periods of time to be registered, assessed and then assisted. Very few humanitarian agencies are present in Nimroz Province, limited Directorate of Refugees and Repatriation (DoRR) staff are available for registration and comprehensive screening. Registration provisions are particularly worrying, as the border welcoming space available is wholly inadequate for the number of people it now needs to accommodate and unsuitable for protection-related interviews (which form part of the vulnerability assessment), as the private area in which sensitive questions can be asked and safely answered in a dignified manner is absent. Due to the inadequacy of the border facilities, many returning Afghans bypass the border registration process altogether and enter Afghanistan without ever receiving the emergency assistance they may require. This has had a potentially life-threatening impact on thousands of persons who have already arrived as only those registered and found to meet certain vulnerability criteria have received assistance.

Given the limited capacity of the MoRR to respond to the new arrivals, priority has been placed on assisting particularly vulnerable groups, such as Single Females (SFs), People with Specific Needs (PSNs), including urgent medical cases and Unaccompanied Migrant Children (UMC) who require specialized case management, reunification and repatriation. The largest group of UMCs are returning through this particular border crossing and have unique protection concerns including horrific stories of abuse and exploitation at the hands of Iranian police and detention personnel. Upon return, children are in need of psychosocial support, family tracing and reunification and highly vulnerable to protection concerns including trafficking, recruitment into state and non-state armed groups and forced labour. Despite this, approximately 20 to 30 per cent do not go through a formal return process and do not receive any support.

Specifically, for UMCs and Single Females (SFs), IOM identified numerous protection needs for deportees in these groups which inherently put them at risk. Needs identified include additional skills support/training on screening and vulnerability determination. In addition to the need for capacity building, there is a need to further strengthen the provision of protection services such as the establishment of a women's shelter and corresponding referral services, new resources for social workers and hiring of female support staff.

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<sup>1</sup> Undocumented returnees are determined as eligible to receive emergency assistance if they meet any one of 11 Persons with Specific Needs categories. These include: unaccompanied minors (under 18); unaccompanied elderly (over 60); single women; physically and mentally disabled people; elderly-and child-head households; the chronically ill and poor families (with the guidelines of large families with 6 or more children and no livelihoods) etc. Single headed households in order to be classified as vulnerable, returnee families only need to meet one criteria after which they receive an IOM assistance card.

While IOM's existing Cross Border Return and Reintegration programming in Nimroz already takes steps to cater for UMCs and SF deportees, such as providing segregated accommodation in Transit Centres, and ensuring that SFs are given escorts when traveling between the border crossing point and the Transit Centre, these groups are still extremely vulnerable to physical and sexual abuse, as well as trafficking, once they leave the Transit Centre.

**Health:** In addition to the protection concerns arising from insufficient or improper registration procedures, currently there are no health posts operating at the border and no female practitioners are employed meaning that women are unable to seek the medical and reproductive attention they may need. There are very limited medical/health screening services on the border where IOM has redeployed one doctor from its operations in Herat. Health services need to be scaled up dramatically to meet the needs on the ground including TB and nutritional screening and polio and measles vaccinations.

Additional health facilities provided at an IOM run health post are effectively operated by one medical doctor and provide very limited services and health screening. Up to 50 injuries a day are arriving through the border, some of which can be treated in situ while others must be referred. In both cases, the current resources are not sufficient to meet treatment and referral needs. Medical assistance at scale should be made available at the border with reliable ambulance service to allow prompt treatment and referral of all critical cases.

**WASH** facilities are inadequate (there are no female-specific latrines, for instance) while waiting areas are insufficient both in terms of size and facilities available. In addition to scaling up the delivery of humanitarian assistance at points of arrival there is also a need to ensure that adequate services are available within host communities in the surrounding areas. As it stands, however, Nimroz Province, which is already hosting a significant number of conflict-induced IDPs has also been the most affected by flooding in 2017 with water sources (most of which are open wells) in over 60 villages across Khashrood and Chakhansur districts either destroyed or contaminated. Available WASH resources are overstretched, exposing communities to the risk of waterborne diseases with the most urgent needs being clean water and basic hygiene items.

Meanwhile, WASH conditions in health facilities and schools of Nimroz Province are worrying. A health facility survey conducted by WHO in late 2016 in 60 health centers in the Southern Region found that one in every four facilities does not have safe water sources. In the absence of basic WASH services, these facilities are poorly equipped to provide health services to existing demands, let alone withstand the additional pressure caused by returnees and IDPs.

Thousands more need food and ES-NFI assistance as well as nutrition services in order to ensure survival in unfamiliar surroundings and meet their most basic needs. In addition, insecurity, morbidity and presence of conflict have resulted in high prevalence of malnutrition among children under five. A total of 86 per cent of the population is comprised of women and children, who have extremely poor hygiene conditions.

## **2. Life-saving winterization for vulnerable populations living in 21 high-altitude provinces**

During the 2016/2017 winter season, 33 out of 34 Provinces were affected by extreme weather conditions that included heavy snowfall, avalanches and rain related disasters. As of February 2017, 194 deaths were reported, and a number of people were injured as a result of the harsh weather conditions, in addition to homes, properties and livelihoods destroyed giving rise to numerous protection risks and negative coping mechanisms, among them forced displacement.

While climate forecasts indicate that the 2017/2018 winter will be relatively mild, similar to what was experienced in 2016/2017, the need to ensure cohesion and coordination of winterization efforts remains significant given the possibility of cold snaps and periods of severe weather. Afghanistan consists of 70 per cent mountainous areas at high altitude making populations located in these areas more vulnerable to winter conditions. Furthermore, 21 of the country's 34 provinces across the central, Central Highlands, North, North-Eastern and Westerns regions not only experience the most extreme and lasting winter temperatures but also host large IDP and recent returnee populations. Winterization assistance will be provided to target areas hosting large numbers of IDPs or recent returnees, particularly where other actors are not present or cannot sufficiently cover the existing needs. Targeting will focus on the following groups of persons of concern: returnees who arrived between January and July 2017; populations displaced in 2017 and host communities.

Winterisation assistance, particularly cash to purchase heating fuels is life-saving for the most vulnerable families that live in makeshift shelter conditions, damaged shelters, open spaces and those in seasonal winter locations with relatively higher altitudes, particularly new returnees and IDPs with very limited community networks, livelihoods and insufficient coping mechanisms.

### **3. Life-saving seasonal support to vulnerable natural disaster and conflict affected and severely food insecure small farming households and livestock farmers across the 10 most affected provinces**

Food Security and Agriculture Cluster (FSAC) assessments indicate significant gaps in food assistance and seasonal livelihoods protection activities for food insecure vulnerable target groups. Such people have lost crops, stocks and animal feed as a result of man-made and natural disasters and have limited or no savings to purchase adequate agricultural inputs for the upcoming planting season. Approximately 13 per cent of the population in the Eastern Region is severely food insecure and 49 per cent moderately food insecure. The Integrated Phase Classification (IPC) survey results of 2017, a benchmark that describes the severity of food emergencies, shows that in the Eastern region, 26 per cent of the population (or 762,742 people) live in IPC Phases 3 – i.e. Crisis (16 per cent) – and 4 – i.e. Emergency (10 per cent).

The situation is particularly bad in informal settlements of Nangarhar Province, where earlier this year an FSAC led REACH assessment found that 68 per cent of IDPs were severely food insecure. Over 2,200 households, in seven districts of Kunar and Nangarhar provinces have recently been affected by conflict and floods while in Balkh Province 900 families have been affected by river flooding which has destroyed all crops. Furthermore, due to the ongoing locust infestation in Ghor and Badghis provinces almost 10,000 farmers are impacted not only by a delay in rainfall but also a pest attack and poor pasture conditions. Agriculture and livestock production is seriously compromised. In 2016, approximately 50 per cent of Ghor and 60 per cent of Badghis were ranked in IPC 3 or 4 categories. Due to military operations, farmers could not manage to cultivate or harvest their crops. Partner reports from FAO, ACF and ACTED show that IDPs are either living very near to their places of origin or returned back but have lost their agriculture and livestock due to conflict. Overall, the agriculture prospect report, issued by MAIL, for 2017 shows a lower production compared to last year and a five-year average, registering a deficit of almost 1.4 MT.

## **II. FOCUS AREAS AND PRIORITIZATION**

The 2017 Afghanistan HRP aims to prevent loss of life, limit preventable morbidity and human suffering and enhance protection for displaced persons, civilians and returnees caught up in the conflict, through four objectives: a) Immediate humanitarian needs of shock affected populations are met; b) Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law; c) The impact of shock induced acute vulnerability is mitigated in the medium term; and d) Humanitarian conditions in hard-to-access areas of Afghanistan are improved. The focus of this CERF allocation is to provide a timely and life-saving humanitarian response to underserved populations whose needs have so far not been possible to adequately address as a result of critical funding gaps. Of primary concern are:

- i) undocumented Afghan returnees from Iran arriving through the Milak border crossing and flood-affected populations living in Khashrood and Chakhansur districts in Nimroz Province.
- ii) winterization assistance for vulnerable populations (IDPs, returnees and host communities) living in 21 high-altitude provinces across Afghanistan (Kabul, Kapisa, Logar, Panjsher, Parwan, Wardak, Bamyán, Daykundi, Kunar, Laghman, Nuristan, Badakhshan, Baghlan, Takhar, Faryab, Jawzjan, Samangan, Sar-e-Pul, Ghazni, Badghis and Ghor).
- iii) provision of life-saving seasonal support (agricultural and livestock inputs) to vulnerable natural disaster and conflict affected and severely food insecure small farming households and livestock farmers across the 10 most affected provinces (Hilmand, Nangarhar, Kunar, Ghor, Badghis, Balkh, Saripul, Uruzgan, Kunduz, and Zabul) of the country during the peak hunger and seasonal cropping season.

Out of 9.3 million people in need, 5.7 million people were targeted in 2017, throughout Afghanistan. The main priority of humanitarian action, as expressed in the HRP, is the provision of emergency relief to those in immediate crisis, for whom humanitarian actors are often the only lifeline. Further, priority is given to activities that reduce loss of life, particularly in hard-to-reach areas, out of reach to governmental actors. Afghan returnees, constitute the third priority, from Pakistan and to “a lesser extent”, as it was deemed at the time of formulation, from Iran, for whom the absence of camps may hamper the recognition of their genuine humanitarian needs.

With only 32 per cent of the overall HRP requirements covered as of September 2017, no sector had received sufficient funding to meet their planned and/or increased needs for 2017.

IOM organizes Post Return Monitoring (PRM) through a follow-up survey conducted one month after returnees have arrived in their province of final destination. This post-distribution monitoring-type survey, gauges the usefulness of the immediate post-arrival assistance given to the returnees, and informs the design of future projects involving humanitarian assistance to undocumented returnees. PRM results have informed the design of this project to ensure the most effective assistance is provided to vulnerable beneficiaries. IOM has designed this project based on existing needs monitored through its Beneficiary Screening & Assessment Form (BSAF), which captures the immediate post-arrival profile of the returnees.

Ministry of Repatriation and Refugee (MoRR) is responsible for registration and the subsequent secondary vulnerability assessment and has struggled to cope with the inflow at the border, where only 3 to 4 per cent of undocumented returnees arriving from Iran receive assistance in any given week.

The significant shift in weekly population flows to Nimroz Province highlighted the need for regular displacement and mobility tracking of these mobile populations, particularly the 11 categories of Persons with Specific Needs (PSN) such as single females (SF), female headed households (FHH), and unaccompanied migrant children (UMC). To complement the provision of post-arrival humanitarian assistance for returnees from Iran, IOM Afghanistan also collects and disseminates, in line with IOM Data Protection Principles and Guidelines, accurate data on mobile and displaced populations, through IOM's Displacement Tracking Matrix (DTM) to inform and ensure better-targeted, evidence-based delivery of assistance by humanitarian, reintegration and development partners.

The anecdotal evidences as well as reports from the Initial Rapid Needs Assessment conducted by the health cluster partners with WHO to the displaced population highlighted health and protection related concerns for women and children, particularly girls, resulting from the recent displacement. WHO gathered information on work load on health facilities retrospective as well as prospective.

A preliminary assessment from local partners indicated 10–20 per cent of returnees are settling within Nimroz Province (mostly in two districts namely Chakhansur and Khashrod).

FAO and Ministry of Agriculture, Irrigation and Livestock (MAIL) conducted a field assessment during the month of July 2017, which revealed the locust and sunpest in combination with dry spell significantly affected the crops in Dawlatyar, Ferozkoh and Cheghcheran districts of Ghor Province, and Qadis and Balamurgab districts of Badghis Province.

With no other funding received for this response, CERF funding will enable agencies and partners to provide life-saving services to 20,000 undocumented returnees who have arrived in Afghanistan from Iran since July 2017 as well as 100,000 expected to arrive before year-end, including 1,000 UMCs, 500 SFs, 2,500 emergency medical cases and 500 children under ten and 500 children under five. Numbers have been adjusted based on the needs assessment and findings from IOM's DTM Flow Monitoring Surveys. The funding has been used to strengthen existing reception arrangements, including scaling up and expanding existing infrastructure (such as waiting areas, screening centres, health clinics) and human resources (trained personnel) to ensure the provision of immediate basic life-saving assistance to arrivals in terms of food, ES-NFIs, protection, health and nutrition screening at the border, as well as ease general border overcrowding. This includes the provision of tailored GFD rations for PSNs; Mid-Upper Arm Circumference (MUAC) screening for children under five; polio and measles vaccinations for all children under ten (regardless of vulnerability status), Tuberculosis (TB) screening and referrals for medical emergencies. This emergency package of support takes a comprehensive approach to addressing the immediate humanitarian requirements of undocumented returnees to ensure that their most basic needs are met. Meanwhile, the WASH Cluster aim to reduce the incidence of water borne diseases in Nimroz Province, especially among children under five (i.e. the main cause of child morbidity in Nimroz), through the provision of safe drinking water to water-stressed communities, and coordinated efforts to improve hygiene practices in communities, health facilities and schools. Furthermore, the winterization response will save lives, prevent and mitigate protection risks (especially for women, elderly and children) by targeting: a) returnees arriving between January to July 2017; b) new IDPs and c) vulnerable host communities in at least 21 provinces. Moreover, the Food Security Cluster will priorities livelihoods assistance to underserved populations through a) agriculture input support to 15,000 natural disaster and conflict affected households (i.e. 105,000 people) during the October/November 2017 cropping season; b) livestock support to 5,000 livestock farmers (i.e. 35,000 people) in Western and Northern provinces affected by conflict, locust, harsh winter and the long dry spell; and c) support to MAIL in locust and sun pest control.

Further, the CERF has complemented the funding decisions made during the 2017 CHF 2<sup>nd</sup> Standard Allocation Process to support humanitarian activities in 45 hard to reach districts by focusing its efforts on alternative geographic areas and population groups (returnees are not direct recipients of CHF funding under the 2017 CHF 2<sup>nd</sup> standard allocation nor are severely food insecure caseloads).

### III. CERF PROCESS

The CERF allocation comes immediately after the HCT and ICCT have prioritized needs and areas of intervention for the 2017 CHF 2<sup>nd</sup> Standard allocation. Given the ICCT's plan to improve humanitarian action and responsiveness in 45 hard-to-reach areas under the 2017 CHF 2<sup>nd</sup> Standard allocation a recommendation was made during consultation with the clusters and key partners to focus on Nimroz Province, where the increasing number of returnees from Iran has largely been overlooked in comparison to returnees from Pakistan. The 2017 Afghanistan HRP planned to tackle only 34,000 undocumented returnees from Iran, representing only 10 per cent of actual returnees from Iran expected until end 2017, (as of end August 2017 i.e. over 134,000 people had arrived). This surge of returnees from Iran overwhelmed the capacity to register and adequately assess vulnerability of returnees, built only for the initial tentative approximately 34,000 people expected. While the returnee situation from Pakistan has generally been well documented and is widely recognized as a humanitarian crisis, the plight of returnees from Iran is largely unknown and populations coming from this country increasingly run the risk of being overlooked despite exhibiting similar characteristics/vulnerabilities as returnees from Pakistan.

Further to Nimroz, populations living at high altitude in need of winterization; and severely food insecure people in need of urgent seasonal support will be targeted. In this regard, consideration was given to the time criticality of the interventions proposed, the underfunded status of certain clusters and the maximum impact that could be had with limited CERF resources. Indeed, the ICCT's recommendation to scale up and implement a multi-sectoral response to returnee populations from Iran at the Milak border point is in fact based on best practices from 2016 when CERF RR funds were used to improve service delivery at the main reception points in the Eastern region.

In proposing that CERF funds be used to support these activities, humanitarian partners are well aware of the risks involved during implementation and have standard safety and security protocols to manage their exposure, a do-no-harm attitude and focus to obtain the necessary acceptance of receiving communities. Implementing agencies are often cluster leads and have extensive knowledge of the operating context in Afghanistan.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup></b>									
<b>Total number of individuals affected by the crisis: 1,590,356</b>									
<b>Cluster/Sector</b>	<b>Female</b>			<b>Male</b>			<b>Total</b>		
	<b>Girls (&lt; 18)</b>	<b>Women (≥ 18)</b>	<b>Total</b>	<b>Boys (&lt; 18)</b>	<b>Men (≥ 18)</b>	<b>Total</b>	<b>Children (&lt; 18)</b>	<b>Adults (≥ 18)</b>	<b>Total</b>
Agriculture	26,064	34,550	<b>60,614</b>	27,127	35,960	<b>63,087</b>	53,193	70,508	<b>123,701</b>
Child Protection	6,767	5,825	<b>12,592</b>	11,215	9,110	<b>20,325</b>	17,982	14,935	<b>32,917</b>
Food Aid	6,840	4,953	<b>11,793</b>	7,119	5,155	<b>12,274</b>	13,959	10,108	<b>24,067</b>
Health	1,715	6,860	<b>8,575</b>	1,785	7,140	<b>8,925</b>	3,500	14,000	<b>17,500</b>
Livestock	7,375	9,775	<b>17,150</b>	7,676	10,174	<b>17,850</b>	15,050	19,950	<b>35,000</b>
Non-Food Items	2,651	2,628	<b>5,279</b>	6,600	6,282	<b>12,882</b>	9,251	8,910	<b>18,161</b>
Shelter	17,339	13,013	<b>30,352</b>	17,962	13,622	<b>31,584</b>	35,301	26,635	<b>61,936</b>
Water, Sanitation and Hygiene	4,944	3,819	<b>8,763</b>	5,132	3,934	<b>9,066</b>	10,076	7,753	<b>17,829</b>

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

#### **BENEFICIARY ESTIMATION**

UN Agencies have used different methodologies to estimate the beneficiaries of the CERF UFE funded projects. For table 4, all agencies calculated the beneficiary numbers based on their respective sectors and target population. This method of beneficiary counting involves



no risk of double counting when considering each agency's outputs. In instances where there was more than one project activity (primary health care, psychosocial support, referrals) in a sector like health, WHO used the data from Health Management Information System (HMIS) of Ministry of Public Health (MoPH) and Reporthub of health cluster to avoid double counting of the beneficiaries.

The achievements by sector are Food Aid 134%, Health 97%, WASH 72%, Child Protection 299%, Agriculture 90%, Shelter 100% and NFI100%.

For beneficiary figures in Table 5, as best possible we have tried using a method that excludes significant overlaps and double counting between the sectors. For example, the categories and calculation of beneficiaries for WFP Food Aid and IOM NFI, are the same and were based on IOM field registration records captured using the Beneficiary Screening and Assistance Form (BSAF) for new arrivals at the Milak border crossing point. The new arrivals at this border point received both Food Aid from WFP and non-food items from IOM, therefore the beneficiaries for NFIs are also part of the Food Aid beneficiaries. Nonetheless, 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. For example, new arrivals at border entry points received vaccination, protection services as well as food aid and NFIs. The screening of the new arrivals was done separately by each agency depending on the type of assistance they are providing and approaches used to determine admissibility to the project activities.

The estimated number of reached beneficiaries comes to 312,950 (149,839 female) representing a 108% overall achievement.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18)</b>	<b>Adults ( ≥ 18)</b>	<b>Total</b>
<b>Female</b>	71,044	78,795	<b>149,839</b>
<b>Male</b>	78,016	85,095	<b>163,111</b>
<b>Total individuals (Female and male)</b>	<b>149,060</b>	<b>163,890</b>	<b>312,950</b>

<sup>2</sup> 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 funds enabled humanitarian agencies to provide: Emergency support on Health, Protection, WASH and Food Aid to Afghan returnees at the Milak border crossing and rehabilitation of flood affected infrastructure in Nimroz Province; Life-saving winterization for vulnerable populations living in 21 high-altitude provinces; and Life-saving seasonal support to vulnerable natural disaster and conflict affected and severely food insecure small farming families and livestock farmers across the 10 most affected provinces.

### **Agriculture and Livestock support**

Overall, 15 000 households received agricultural inputs (50 kg of wheat seeds, 50 kg of DAP and 50 kg of urea) and 5 000 households received livestock inputs (100 kg of animal feed – an average of 2 doses of de-wormers).

With CERF funding, FAO provided cash for seeds amounting to USD 47 000 was transferred to 1 800 households, who also received fertilizer for the 2017 autumn planting season. A total of 660 tonnes of wheat seeds, 750 tonnes of DAP, 750 tonnes of urea and 500 tonnes of animal feed, as well as 55 419 doses of de-wormer were procured under CERF funds.

Complementary to CERF funds, FAO, through project OSRO/AFG/402/JPN, vaccinated 19 770 cattle against foot-and-mouth disease (FMD) and 118 905 sheep and goats against *peste des petits ruminants* (PPR) in Ghor, Badghis provinces belonging to 5 000 households. It is worth mentioning that all operation costs for project implementation were covered by CERF funds, regardless of the funding source of inputs.

Some 83 percent of the total targeted beneficiaries received training on various wheat cultivation topics such as land preparation, fertilizer application, irrigation and seed rate, preparation of bed for wheat seed cultivation, weed and disease control in wheat crop, insect control and harvest of wheat. In total, 6 000 ha of land was cultivated with wheat seeds in all 10 targeted provinces.

Plant Protection and Quarantine Department (PPQD) staff in Ghor and Badghis were provided with necessary locust and sun-pest control equipment. In addition, 50 PPQD staff were trained on community mobilization for locust and sun-pest control. As a result, 50–70 percent of the infested area was protected in Ghor and Badghis provinces as a result 2,643 farmers direct benefited from the sun-pest and locust campaign against a target of 4000 farmers. The actual implementation covered less farmers in those areas because the infested areas belonged to 2,643 farmers not 4000 farmers and FAO successfully controlled the infested areas in the mentioned provinces.

FAO carried out training of trainers (ToT) to 126 Provincial Agriculture, Irrigation and Livestock (PAIL) staff and implementing partners (MADERA, APA, ACF and ACTED) on wheat cultivation, beneficiary selection, wheat seed, fertilizer, animal feed, vaccines and deworming administration, post-distribution and post-harvest evaluations. The implementing partner further organized training and orientation workshops for District Agriculture, Irrigation and Livestock (DAIL) staff, districts DDA, district DAIL extension workers, Provincial Department of Rural Rehabilitation and Development (PDRRD) government authorities and villagers on project goals, objectives, expected results, contents of agriculture and livestock protection packages and, most importantly, beneficiary selection criteria.

Following the ToT, implementing partners organized a training for beneficiaries in all targeted districts on the importance of certified wheat seeds, land preparation, irrigation, seeding, fertilizer application timing and doses, animal feed, vaccination and de-worming. Each training session was conducted for a group of around 129 farmers. In total, around 16 867 beneficiaries were trained, which makes around 84 percent of the total targeted beneficiaries.

Beneficiaries who received agricultural inputs reported higher yields than non-beneficiaries. CERF fund enabled FAO to treat animals and protect beneficiaries' critical livestock assets against the worst impacts of natural disaster and conflict, enabling them to maintain their livelihoods, preventing migration and further assets depletion

#### **SHELTER: Winterization**

CERF funding allowed UNHCR and partners to provide life-saving winterization cash-assistance for 8,848 vulnerable IDP, returnee and host community families (or 61,936 individuals) and enabled a rapid response in insulation to cope with the harsh winter. Selected beneficiaries received cash assistance of USD 200 covering three months to purchase gas – and wherever gas is not available, to buy firewood, kindling and fuel gas. The provision of winterization assistance to vulnerable populations, particularly women and girls, prevented and mitigated protection risks in addition to ensuring that vulnerable communities living at high altitudes are not left unduly exposed to the elements and health risks without support.

#### **WASH**

For WASH component implemented by UNICEF, a total of 17,879 people were reached with safe drinking water through the installation of 135 dug well in Chakhansur and Khashrod districts across 79 villages. The beneficiaries were disaggregated into 3,280 families, 3,819 women, 3,934 men, 4,944 girls and 5,132 boys. At least two representatives from each family have received hygiene orientation with a focus on handwashing with soap and as many as 2,667 households also received training on the use of water purification tablets (Aqua tab) together with supplies for one month's use. The actual number of people reached is less by 6,847 people (27%) compared to the original planned target of 24,676 people. This was because, there was no immediate need for expanding WASH services at the Zero Point and Transit Centre. Thus, the project focused on providing services to communities affected by flood that needed urgent rehabilitation of water points to bring the services back to operation and hence protect the target population from diarrhoeal diseases and alleviate them from the drudgery of fetching water from long distances.

#### **Child Protection**

UNICEF was also able to implement Child protection interventions which resulted into the following achievements:

- 13,061 returnee/deportee children (8,499 boys and 4,562 girls) accessed Child friendly Spaces (CFSs) and Psychosocial support and recreational services, which was delivered by 12 trained CFS animators. The recreational activities included social play and traditional games, free art, numeracy and literacy, story and fiction and life's Skills.
- A total of 12,646 returnees and deportee family members and children (7,664 men, 4,174 women, 381 boys and 427 girls) received sessions on psychosocial care, health and hygiene practices, child rights and on general child protection.

- 2,395 children (1,568 boys and 827 girls) were referred to other services, which included vaccination, Nutrition support and advanced health care.
- A total of 2,103 Unaccompanied Minors had their families traced and reunified with their families.
- 19,906 persons (9110 men, 5825 women, 2766 boys and 2205 girls) received training on child protection concerns such as enhancing protection of children from violence, child recruitment and unsafe migration.
- Development of materials bearing messages on child protection issues, child rights, prevention of unsafe migration and existing services at zero point.
- 6 billboards reflecting the above message have been installed in Sarangi city.
- 149,000 pieces of awareness materials such as leaflets, pen, colour pencil, drawing note books and plain notebooks have been designed, produced and distributed.
- The above messages have also been disseminated to deportees/returnees, UAMs and general population.

Further, UNICEF held three coordination meetings that resulted in bringing the child protection actors together to harmonise their interventions. This has helped in avoiding duplication and ensuring complementarity, sharing of best practices and identifying effective referral mechanisms for children. Through these meetings, the child protection actors brought up advocacy issues which were directly related to the implementation but being undertaken by other actors. For example, the site improvement for the reception centre.

21 project staff were trained on several topics that included; conducting culturally and age appropriate CFS activities, positive discipline techniques, provision of psychosocial support, hygiene education, Psychological First Aid, peace building, life skills, registration and interviewing skills, case management, re-unification and family tracing, reporting, Integration of disability into CPIE programming, Referral pathways and Gender equality programming.

Senior staff were trained externally on report Hub training to strengthen coordination and avoiding duplication, integration of disability into CPIE programming, psychosocial supports for affected children, case Management and referral pathways, integration of Deported children and family tracing and gender equality programming.

#### **Food Aid:**

The CERF funding allowed WFP to provide critical life-saving food assistance in a timely manner to highly vulnerable newly arriving undocumented returnees with special needs as well as those who were eligible received a token to rede

em WFP cash for three months' assistance in the area they settled. The funding enabled IOM and WFP to reach 24,067 (6067) more beneficiaries than planned at the border points. This was especially necessary since more returnees arrived at Islam Qala border point than expected. And follow up assistance was not implemented.

#### **Health and Nutrition:**

WHO used the CERF funds to procure the following items:

- Three (3) Trauma Kits(A+B) were procured internationally and distributed to the target provinces. Each Kit when fully utilized by the facilities will benefit 250 minor surgeries, hence the total trauma victims that will benefit from these Kits will be 750.
- Two Inter-Agency Emergency Health Kits(IEHK) were procured internationally and distributed to target population.
- One Cholera Kit was procured internationally and distributed to target population.

WHO also implemented the following activities in collaboration with the national and international partners

- 5,550 individuals (500 Children under 10 years and 5,000 all ages) received vaccination and were screened for communicable disease, particularly for TB
- Vaccinated all returnee children (0-10 years for polio and 6 months to 10 years for measles).
- Expanded vaccination activities at entry points according to the influx rate and needs.
- Conducted awareness campaigns among the returnees for maximum number of returnees through the enhancement of capacities at the existing health facilities at the entry point with focus to common diseases, immunization, and mother and child health.
- Strengthened trauma care services in point zero and transit centre and Nimroz provincial hospital for trauma care including proper ambulance and patient transport services.
- Conducted nutritional screening of PSNs and children under 10 and under 5 including MUAC, GAM and SAM. Training for the latest protocol on SAM management was provided for health care providers in Nimroz health centres.
- Additional milk preparation kits for SAM Management was provided for Zaranj and Herat Provincial hospitals, the referral points for complicated SAM cases.

## Non-Food Items:

Regarding assistance provided from Cross-Border Return and Reintegration (CBRR), while about 715,403 undocumented Afghans have returned from Iran through Milak border of Nimroz province, IOM was able to assist around 18,161 targeted undocumented Afghans with the post-arrival humanitarian assistances which included psychosocial support and protection assessment, Sanitation, temporary accommodation at the transit centre, health and TB screening and referral to medical institutions as well as psychosocial and recreation support for social workers, Cash for non-food items (NFI), cash for transportation, distribution of WFP food packages, Family tracing, transportation and reunification with their families and relatives.

## 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.

CERF funding enabled FAO to provide supplies and services to the target population in a prompt and timely fashion. The funds enabled FAO to rapidly provide conflict- and natural disaster-affected farming households with cash for seeds, critical agricultural inputs in time for the 2017 autumn cultivation and livestock protection inputs. In addition, timely provision of agriculture and livestock inputs and animal treatments helped protect the livelihoods of affected farmers against the worst impacts of conflict and natural disaster. CERF funding was crucial in restoring their food production capacity and protecting their livestock, enabling them to maintain their livelihoods and preventing conflict-induced migration.

Likewise, the CERF funds allowed the fast delivery of winterization assistance by UNHCR prior to the onset of the critical winter months. Funds were timely to meet the needs facilitated through an effective process.

Equally, CERF contribution to UNICEF was vital in providing fast and life-saving assistance to affected communities through timely rehabilitation of flood damaged WASH facilities. The grant was released in November and within six months 135 wells with hand pumps were completed providing clean water to 17,879 people. The nature of CERF funding that necessitates quick utilization of resources helped complete the work in shortest period of time. The unaccompanied minors were able to receive the most required services, including psychosocial support, referral for specialised services and reunification with their families.

The rapid release of funds helped WFP to procure commodities from international and regional thus allowing WFP to provide timely assistance.

CERF funding allowed IOM and partners to expand its facilities and response capacity and put in place new services for returning Afghans from Iran. During the project period there were significantly increased numbers of returning undocumented Afghans from Iran. Given the obvious access and operational constraints in Nimroz and the general absence of donor funding on the western border, CERF funding was central to the timely delivery of assistance.

The flow monitoring points set up by DTM, funded by CERF, allowed IOM to survey 196,766 migrants to attain greater understanding of the mobility dynamics, origins and destinations of migrants, reasons and duration of travel, and basic a, including 5,913 cases of unaccompanied minors, 61 women with specific gender-related concerns, and 100 physically and mentally disabled persons, who were all offered referral for protection services or assistance, both immediately and in their district of destination in Afghanistan.

### b) Did CERF funds help respond to time critical needs??

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.

Humanitarian needs in affected areas increased to high levels in 2017. CERF funds came at a critical time where needs were at its highest. The funds enabled FAO to respond faster and deliver services at this critical time and avoid gaps. With severe food insecurity rising in early 2017, particularly among rural households, CERF funding enabled beneficiaries to maintain their livelihoods and avoid migration. CERF funding enabled FAO to provide inputs to conflict- and natural disaster-affected farming households in time for the 2017 autumn

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<sup>2</sup> 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.).

cultivation and livestock protection inputs during the winter season. The agricultural inputs helped families plant their lands and thus restore food production and provision of animal treatment built livestock immunity, thus protecting vital assets.

Timely winterization assistance was life-saving for the most vulnerable families (especially women, the elderly and children) that live in makeshift shelter conditions, damaged shelters, open spaces and those in winter locations with relatively higher altitudes, as it assisted to address extreme weather related poor health consequences, overcrowded conditions, negative coping mechanisms and secondary displacements.

The CERF funds were received at a time when there was a very much needed fund to rehabilitate /renovate the facilities flood affected /damaged wells and hygiene promotion activities. By July 2017, the communities were once again suffering from severe shortage of safe drinking water and diarrhoeal cases were on the rise as the consumables provided for water treatment during the initial response had ran out. This support also proved to be vital when the drought engulfed the target communities due to limited rainfall during the wet season of 2017-2018. The vulnerable children who were deported received the most needed child protection in emergency services.

The People with Special Needs (PSN) cases within the Afghan caseload returning from Iran have significant protection profiles- Single Females, Female Headed Households, Unaccompanied Migrant Children, Emergency Medical Cases and facing challenges related to trafficking, time spent in detention, addiction to drugs, injuries and trauma suffered during work performed under adverse conditions or within detention centers, and other forms of abuse and harassment. They are in need of urgent and immediate assistance to address their needs upon arrival and facilitate referrals to services in destination areas.

DTM enumerators highlighted the chaotic nature of the two assessed border crossing points with Iran. As front-line responders, they reported that they were astounded by the amount of injured and deceased Afghans crossing the border. One enumerator told us that she witnessed one person die from his injuries at the border. These most vulnerable returnees directly benefitted from the CERF-funded services and referrals provided to them at border points during the time of critical needs.

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

YES  PARTIALLY  NO

CERF was the first funding released for responding to the urgent need of the affected people which helped to improve the visibility of the humanitarian emergency and the underfunded HRP among donors. This facilitated UNHCR to receive funding from other donors for the remaining USD 8 million needed for the winterization humanitarian response. CERF funding brought Nimroz province in the limelight, thus grasped the attention of other donors to implement and support the Nimroz. Some additional funding required to complete the flood rehabilitation work in Chakhansur was provided by UNICEF through OFDA contribution (54,000 USD) and RI also mobilized internal resource (USD 30,000) to complete the work in two districts of Nimroz.

CERF funding, in follow up to seed funding from Korea, has kick-started and strengthened flow monitoring activities, drawing attention to fragile, mobile populations travelling to and from Iran and beyond, in need of protection support. As a result, push and pull factors have been identified, as well as target districts of origin and destination in both Iran and Afghanistan to inform better-targeted and tailored protection programming at the districts of origin and focused, targeted advocacy in destination districts in Iran. Consequently, European donors (Italy and Norway) have contributed to ongoing flow monitoring activities in recognition of the important, game-changing results, shifting focus from only districts of return to now also include districts of origin.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

Priorities for CERF funding were agreed upon through discussions among the Humanitarian Country Team, facilitating smooth interaction between all agencies. Information from these was used to guide the development of response plans and prioritize needs and actions in Afghanistan.

Among the UN agencies, CERF funds enabled WFP and IOM to coordinate closely in the response. IOM distributed WFP food assistance using mutually agreed criteria.

At the local level, CERF funds facilitated strong collaboration with local government bodies and Non-Governmental Organizations (NGOs), as well as with the communities themselves. CERF funds enabled a coordinated response towards the needs of affected populations. There were no duplication efforts, all agencies focused on a specific area.

Specifically, the CERF-funded emergency livelihood project contributed to improving FAO engagement and coordination with the humanitarian community working in Afghanistan. During the reporting period, FAO has been regularly participating in Humanitarian Country Team and Regional Coordination Team platforms at the national, regional and local levels to update the progress of the project and exchange information on the overall response.

CERF was implemented through a coordination mechanism including through Clusters, (e.g. ES/NFI Cluster lead for winterization assistance), The health, protection and WASH partners have met a number of times at the national and sub-national level to discuss the project progress; Coordination meeting for child protection under the fund improved coordination of the children on the move programming, there were joint trainings and sharing of information. SOPs were developed to harmonise and guide the intervention among the different actors.

Before, during and after the project duration, IOM coordinated actively with OCHA, the HC/RC and the cluster system in order to ensure a multi-sectoral response to returns from Iran. as well as

With CERF funds, IOM's DTM team also worked in coordination with WHO/UNICEF in order to identify polio cases at FMP points. This information was then shared with WHO/UNICEF, who utilized the results for better-targeted programming purposes, shifting focus toward districts of origin and destination with the highest number of migrants and mobile populations, especially those mobility patterns linked with districts with higher prevalence of polio and other endemic diseases. IOM's flow monitoring teams, as frontline responders, identified vulnerable cases and persons with specific needs and referred them immediately to relevant humanitarian partners, including international NGOs, local NGOs, and government partners – a process that strengthened coordination between IOM and relevant partner humanitarian actors.

Further, DTM's CERF-funded implementation of flow monitoring sites at borders, prompted the establishment of flow monitoring points within Herat in September 2018 as part of the response to drought-affected IDPs from neighbouring provinces, in coordination with OCHA, WFP, ANDMA, DoRR, and other humanitarian actors.

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

As an indirect outcome of the CERF funded project in Nimroz, ICCT and HCT pursued discussions with WFP-UNHAS to facilitate greater access through flights to Nimroz, once a week, to facilitate INGOs and UN for field visits. This is an immense relief for humanitarian partners, especially for the UN who cannot use the commercial flight to Nimroz due to UN regulations on flight safety.

Having both nutrition and health components in the same project improved the efficiency of mobile health teams and response to the humanitarian health needs of the target population. The collaboration that CERF facilitated between WFP and IOM led to a more efficient response that provided CERF with greater value for money.

Through the implementation of flow monitoring points at border crossing points with Iran, IOM and partners were able to gain a better understanding of migration flows and various vulnerabilities among migrants and mobile populations. After which, IOM zshared this knowledge among other actors within the humanitarian, recovery and development communities, leading to greater focus on this prevailing migration issue, more appropriate provisions of resources, and an increased quality of resource mobilization. From a long-term, sustainable perspective, flow monitoring information will be invaluable to inform future humanitarian response at border points targeting returnees and deportees, identifying push-pull factors for outgoing migrants, which can support humanitarian response to addressing the root causes of migration and the vulnerabilities of Afghan migrants.

**V. LESSONS LEARNED**

<b>TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT</b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
There were differences in the figure of LFA and Budget section for example, in LFA 700 MT wheat seed was mentioned while in budget section it was 750 MT.	LFA and budget sections should be carefully reviewed before signing the agreement.	FAO, CERF
There was a difference between the project start date and the date the funds were disbursed	CERF secretariat and OCHA country office should ensure that agencies are notified about the actual project start dates for agencies to start charging the expenses.	CERF Secretariat and OCHA country office

<p>The proposal was cleared at country level by OCHA on 20 Sept and grant approved from CERF secretariat on 30 Oct 2017. It took more than one month for secretariat's final approval</p>	<p>CERF is a lifesaving window for underfunded emergencies hence the proposal approval from secretariat needs to be much faster once country clearance is provided from OCHA.</p>	<p>CERF secretariat.</p>
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<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
<p>The assessment process should be conducted entirely through digital survey tools for accuracy and efficiency.</p>	<p>Shifting to digital survey tools (e.g. information collected on tablets or smartphones) will help field teams complete the assessment faster and with higher accuracy. Although all teams were expected to use tablets for the assessment, due to some unforeseen challenges, some teams collected information on paper. Implementing this recommendation would require additional equipment, training and support for field teams.</p>	<p>UN agencies and NGOs/Clusters</p>
<p>The decision to implement the cash for seeds intervention in Ghor was delayed</p>	<p>Decision to be made on timely manner, to enable agencies implement activities according to the plan of action</p>	<p>OCHA Country office</p>
<p>There was delay in reviewing and finalizing the proposal. Initial doc was submitted by agency on 12 August which was only cleared on 20 Sept by OCHA at the country level</p>	<p>CERF is a lifesaving window for underfunded emergencies hence the proposal clearance process from country and secretariat levels should not take more than 30 days from the initial decision of HC at the country level to apply for the CERF.</p>	<p>UNOCHA at the country level</p>
<p>Program was delayed due to late signing of partnership agreements (LoA and Data-Sharing) between WFP and IOM.</p>	<p>All required agreement needs to be signed on time.</p>	<p>WFP and IOM</p>
<p>Results, while positive, are not as persuasive as they would be if a project-specific baseline study had been conducted.</p>	<p>Consider conducting CERF project-specific baseline study in future, possibly using mVAM.</p>	<p>WFP</p>
<p>Challenge in coordination with various department were faced by the health sector. To overcome it, more and more coordination meetings (larger group or smaller groups) were organized and the coordination was improved.</p>	<p>Early planning and regular follow up.</p>	<p>Agency, Ministry of Public Health</p>
<p>Procurement of emergency supplies is delayed since the lead time for the international procurement is long (minimum 6 months to 9 months). To avoid stockout, WHO stock pile of</p>	<p>Agency procurement procedure take into consideration the nature of needs and emergency requirements of projects.</p>	<p>Respective Agencies</p>

emergency supplied is used to fill the gap.		
Inter-agency partnership resulted in reduced spending and improved value for money	Encourage inter-agency partnership in future.	OCHA
Lack of government coordination at the start of the project delays their support in their implementation of project activities. One main lesson learned was to get the government in loop of the planned activities at proposal stage.	Engage government authorities from the beginning. Involve them from the planning stage to expedite implementation of project activities.	All relevant agencies
CERF funding was instrumental in facilitating a rapid inter-agency scale up in Nimroz however no additional donors came to the table to make the response sustainable. Since project close many partners have already left Nimroz and humanitarian access is once again limited.	OCHA and other partners to carry out joint donor liaison and fundraising to ensure longer sustainability of humanitarian actions when necessary around cross border returns and keep focus on issue	HCT



## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	10/10/2017 - 30/06/2018			
<b>2. CERF project code:</b>	17-UF-CEF-104		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing			
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded			
<b>4. Project title:</b>	Integrated intervention to ensure the survival and protection of children and their families of returnees and host communities in Nimroz Province						
<b>7. Funding</b>	a. Total funding requirements <sup>3</sup> :	US\$ 9,500,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>4</sup> :	US\$ 3,722,933	▪ NGO partners and Red Cross/Crescent:		US\$612,833		
	c. Amount received from CERF:	US\$ 800,000	▪ Government Partners:		US\$ 0		
<b>Beneficiaries</b>							
<b>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).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Children (< 18)		8,200	8,386	16,586	11,761	15,034	26,795
Adults (≥ 18)		6,500	12,590	19,090	10,957	13,044	24,001
<b>Total</b>		<b>14,700</b>	<b>20,976</b>	<b>35,676</b>	<b>22,718</b>	<b>28,078</b>	<b>50,796</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
Refugees							
IDPs							
Host population		16,786			17,879		
Other affected people		18,890			32,917		
<b>Total (same as in 8a)</b>		<b>35,676</b>			<b>50,796</b>		
<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>		WASH planned for 24,676 beneficiaries but reached only 17,829. There was no immediate need for expanding WASH services at the Zero Point and Transit Centre as had been envisioned. Thus, the project focused on providing services to communities affected by					

<sup>3</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>4</sup> This should include both funding received from CERF and from other donors.

	flood that needed urgent rehabilitation of water points to bring the services back to operation.
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CERF Result Framework			
<b>9. Project objective</b>	The vulnerable returnees and flood affected families of Nimroz Province have access to safe and protected WASH services.		
<b>10. Outcome statement</b>			
<b>11. Outputs</b>			
<b>Output 1</b>	By July 2017, flood damaged water system of Chakhansur and Khashrod are fully rehabilitated and operational ensuring access and use of safe water by estimated 24,676 people.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of people in affected area with access to at least 15lpcd of drinking water	24,676	17,879
Indicator 1.2	# of people <sup>5</sup> (families) in affected area that have access to water and soap for handwashing	2,676	3,280
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Community consultation and establishment of water users' committees	Relief International /DACAAR	Relief International
Activity 1.2	Rebuilding (new) 75 dug wells equipped with hand pump	Relief International /DACAAR	Relief International
Activity 1.3	Rehab 50 due wells with well lining, cover and hand pump	Relief International /DACAAR	Relief International
Activity 1.4	Training of local technicians to repair and maintain the dug well and hand pumps	Relief International /DACAAR	Relief International
Activity 1.5	Conduct hygiene promotion in communities (at least 75 sessions involving average 40 people in each session)	Relief International /DACAAR	Relief International
Activity 1.6	Conduct timely supervision and monitoring of the project	Relief International/DACAAR, UNICEF and PRRD Nimroz	Relief International
<b>Output 2</b>	The returnees arriving at ZP and Transit Center in Milak Boarder in Nimroz have access to appropriate WASH facilities		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Adequate WASH facilities are installed and functioning at the ZP	1	This activity was not implemented because there was no imminent need, please see section 12 for details
Indicator 2.2	Adequate WASH facilities are installed and functioning at the TC ZP	x1	This activity was not implemented because

<sup>5</sup> This is number of families (its an error in the proposal)

			there was no imminent need, please see section 12 for details
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	In consultation of IOM and local PRRD prepare the design of the WASH facilities in ZP and TC	Relief International/DACAAR, UNICEF, IOM and PRRD Nimroz	This activity was not implemented because there was no imminent need, please see section 12 for details
Activity 2.2	At ZP, install WASH facilities in clouding water supply, latrine (3 cabins for male and 1 cabin for women), handwashing facilities (2 for male and 1 for female) two cabin shower (1 each for male and female)	Relief International /DACAAR	This activity was not implemented because there was no imminent need, please see section 12 for details
Activity 2.3	At TC, install WASH facilities in clouding water supply, latrine (2 cabins for male and 1 cabin for female), handwashing facilities (1 each for male and for female) two cabin shower (1 each for male and female)	Relief International /DACAAR	This activity was not implemented because there was no imminent need, please see section 12 for details
Activity 2.4	Deploy a cleaner and a hygiene promoter to maintain the WASH facilities	Relief International /DACAAR	This activity was not implemented because there was no imminent need, please see section 12 for details
Activity 2.5	Provide sufficient consumables for 6 months' use (soap, floor cleaning liquid, broom, etc.) in both locations	Relief International /DACAAR	This activity was not implemented because there was no imminent need, please see section 12 for details
<b>Output 3</b>	Returnee and unaccompanied children in Nimroz are provided with psychosocial and case management services with enhanced coordination with key actors.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of returnee children including those unaccompanied who had access to child friendly spaces and psychosocial services	6,000 (boys: 4,800 and girls: 1,200)	13,061 children (8,499 boys and 4,562 girls)
Indicator 3.2	Number of returnee family members and children who received a session on psychosocial care, health and hygiene practices, child rights and child protection.	11,000 (male: 2,500, female: 2,500, boys: 4,800 and girls: 1,200)	19,906 persons (9,110 male, 5,825 female, 2,766 boys and 2,205 girls)
Indicator 3.3	Number of children who received referral to appropriate services.	600 (480 boys and 120 girls)	2,395 children (1,568 boys and 827 girls)
Indicator 3.4	Monthly update and coordination meeting among CPIE cluster members.	At least 1 coordination meeting per month and monthly update sent to IOM and other relevant organizations.	3 coordination meetings held and regularly updates sent to IOM.
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 3.1	Provision of psychosocial and case management services for returnee children including those unaccompanied in Nimroz.	UNICEF, HRDA	Human Resources Development Agency (HRDA) and War Child UK
Activity 3.2	Improved coordination and response with key partners for Nimroz operation.	UNICEF	UNICEF

**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:**

For WASH component, a total of 17,879 people were reached with safe drinking water in the host communities. A total of 135 dug well equipped with hand pumps were rehabilitated or newly installed in Chakhansur and Khashrod districts across 79 villages. Provision of training to village water caretakers in the community is helping in sustaining the improved water sources and the knowledge gained through hygiene promotion with a focus on handwashing with soap and safe water handling (including the use of water chemicals) will help families protect their children from communicable diseases. A total of families benefitted from WASH provision include 3,819 women, 3,934 men, 4,944 girls and 5,132 boys. As explained above in section 2, Focus Area and Prioritization, there was no immediate need for expanding WASH services at the Zero Point and Transit Centre and hence project focus on providing services to communities affected by flood that needed urgent rehabilitation of water points to bring the services back to operation. The Project fully completed the first activity but did not find a verified need to implement the output 2 activities due to the following two reasons:

-The technical assessment conducted by UNICEF in October 2017 indicated that the available facilities were adequate to cater for the needs of the existing caseloads of weekly 3,000 – 3,500 arriving in Zharanj during Q4 in 2017. Expansion of services would be only warranted if there were a substantial increase in caseloads.

- Upgrading /expansion of WASH facilities was linked to overall expansion of IOM facilities at the board to receive increased number of returnees. Despite Ministry of Returnees and Refugee's (MoRR) agreement with IOM to expand the facilities, government could not agree with different ministries (the land owners in expansion area) to formally allow IOM to expand the facilities. This resulted in momentarily abandoning of expansion project by IOM.

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

With support from UNICEF, IP has paid adequate attention in participation of communities throughout the project implementation process. Establishment of water users group and their orientation on management of water supply system has helped bridge the gap between communities and the provincial rural rehabilitation and development (PRRD) department. Identification of village water caretakers (one person for five points) and training on repair and maintenance has strengthened the accountability of water user's group and PRRD to the affected population. Involvement of women in water point selection has addressed the gender specific needs of affected populations. Male and female hygiene promoters (couples) were deployed for disseminating hygiene messages.

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

EVALUATION CARRIED OUT

There was no plan for evaluating the project as this was not included at the outset in the CERF agreement and therefore, no resources were allocated for it.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	10/10/2017 - 30/06/2018		
<b>2. CERF project code:</b>	17-UF-FAO-028		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Agriculture			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Support to conflict and natural disaster affected farming households with emergency agricultural livelihoods assistance					
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 19,200,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>7</sup> :	US\$ 3,800,000	▪ NGO partners and Red Cross/Crescent:		US\$ 661,761.82	
	c. Amount received from CERF:	US\$ 3,000,000	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	35,650	37,338	72,988	33,439	34,803	68,242
Adults (≥ 18)	49,230	51,562	100,792	44,325	46,134	90,459
<b>Total</b>	<b>84,880</b>	<b>88,900</b>	<b>173,780</b>	<b>77,764</b>	<b>80,937</b>	<b>158,701</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				0		
IDPs	45,750			16,261		
Host population				0		
Other affected people	128,030			142,440		
<b>Total (same as in 8a)</b>	<b>173,780</b>			<b>158,701</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age,</i>	Of the 750 tonnes of certified wheat seeds procured under this project, 90 tonnes intended for in-kind distribution to 1 800 households in Feroz Koh and Dawlatyar districts, in Ghor province, were seized by Anti-Government Elements (AGEs)/Taliban in Sharak district. The incident was reported by the suppliers, confirmed by the Herat and Ghor Provincial Governors and officially communicated through the Chief Executive's Office (CEO) to FAO and the Ministry of Agriculture, Irrigation and Livestock					

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

<sup>7</sup> This should include both funding received from CERF and from other donors.

<i>sex or category distribution, please describe reasons:</i>	<p>(MAIL). After extensive and intense negotiations to release the consignment, it was reported that the talks failed and that the seeds were sold to Sharak district farmers at a below-market price by AGEs. As a result, though the funds were used to purchase seed for in-kind distribution in Feroz Koh and Dawlatyar districts, the targeted communities never received any benefit. In order to respond to the urgent needs of these vulnerable farmers and minimize both security risks and planting window, FAO proposes that “cash for seeds” is implemented in lieu of in-kind seed distribution, with the provision of the correspondent amount of cash for the planned 50 Kgs of wheat seed i.e. AFG 1 800 (approximately USD 26.29, fixed price for the commodity) to 1 800 beneficiaries</p> <p>Due to the high needs and budget availability, the de-wormer quantity provided increased from 12 000 doses to 55 419 doses.</p> <p>4000 farmers were targeted to benefit from locust and sun-pest campaign in targeted districts of Ghor and Badghis provinces, the actual implementation covered fewer farmers in those areas because the infested areas belonged to 2,643 farmers, not 4000 farmers and FAO successfully controlled the infested areas in the mentioned provinces that why the overall achievement is less than the original target.</p>
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CERF Result Framework			
<b>9. Project objective</b>	The project seeks to sustain the livelihoods of 20,000 vulnerable subsistence farming households affected by natural disaster and conflict in 13 provinces of Hilmand, Nangarhar, Kunar, Ghor, Badghis, Balkh, Saripul, Uruzgan, Kunduz and through the provision of agricultural and livestock protection inputs for 2017 autumn planting season and winter feeding seasons.		
<b>10. Outcome statement</b>	Livelihoods of worst natural disaster and conflict affected farming households will be protected		
<b>11. Outputs</b>			
<b>Output 1</b>	Output 1 Resumed autumn wheat plantation by 15,000 natural disaster and conflict affected farming households through provision of Certified wheat seed and quality fertilizers (DAP and Urea).		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	No. and % of targeted households supported with agricultural inputs. (certified wheat and fertilizer)	15,000 households	15,000 households
Indicator 1.2	Quantity of certified wheat seed procured and distributed	700 tons	660
Indicator 1.3	Quantity of DAP fertilizer procured and distributed	700 tons	750
Indicator 1.4	Quantity of Urea fertilizer procured and distributed	700 tons	750
Indicator 1.5	No of MAIL's and service providers' staff received ToT	100 persons	126
Indicator 1.6	No. and/or % of beneficiaries trained	70%	83%
Indicator 1.7	% of yield increased than local wheat seed	30%	34%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Develop inputs' technical specifications	FAO, MAIL	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL), Action Contre La Faim (ACF), Mission D'aide Au Développement Des Economies

			Rurales En Afghanistan (MADERA), Afghan Planning Agency (APA) and Agency For Technical Cooperation And Development (ACTED)
Activity 1.2	Identification and selection of service providers	FAO and FSAC	FAO and FSAC
Activity 1.3	Procurement, quality control and delivery of inputs (certified wheat seed, DAP and Urea fertilizer) to distribution points	FAO, MAIL, Service Providers (SPs)	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL), Action Contre La Faim (ACF), Mission D'aide Au Développement Des Economies Rurales En Afghanistan (MADERA), Afghan Planning Agency (APA) and Agency For Technical Cooperation And Development (ACTED)
Activity 1.4	Selection of beneficiaries	FAO, MAIL, SPs, distribution committee	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL), Action Contre La Faim (ACF), Mission D'aide Au Développement Des Economies Rurales En Afghanistan (MADERA), Afghan Planning Agency (APA) and Agency For Technical Cooperation And Development (ACTED), distribution committee
Activity 1.5	Distribution of inputs certified (wheat seed, DAP and Urea fertilizer) to selected beneficiaries	FAO, MAIL, SPs, distribution committee	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL), Action Contre La Faim (ACF), Mission D'aide Au Développement Des Economies Rurales En Afghanistan (MADERA), Afghan Planning Agency (APA) and Agency For Technical Cooperation And Development (ACTED), distribution committee
Activity 1.6	Post distribution monitoring of distributed inputs	FAO, MAIL, SPs, community	Ministry of Agriculture, Irrigation And Livestock (MAIL), Action Contre La Faim (ACF), Mission D'aide Au Développement Des Economies Rurales En Afghanistan (MADERA), Afghan Planning Agency (APA) and Agency For Technical Cooperation And Development (ACTED), community
Activity 1.7	Provide technical ToT to MAIL's and service providers' staff	FAO, MAIL, SPs	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL), Action Contre La Faim (ACF), Mission D'aide Au Développement Des Economies Rurales En Afghanistan (MADERA), Afghan Planning Agency (APA) and Agency For Technical Cooperation And Development (ACTED)
Activity 1.8	Provide technical advices to beneficiaries	FAO, MAIL, SPs	Ministry of Agriculture, Irrigation And Livestock (MAIL), Action Contre La Faim (ACF), Mission D'aide Au Développement Des Economies Rurales En Afghanistan (MADERA),

			Afghan Planning Agency (APA) and Agency For Technical Cooperation And Development (ACTED)
Activity 1.9	Impact monitoring of distributed inputs	FAO, MAIL, SPs, community	Ministry of Agriculture, Irrigation And Livestock (MAIL), Action Contre La Faim (ACF), Mission D'aide Au Développement Des Economies Rurales En Afghanistan (MADERA), Afghan Planning Agency (APA) and Agency For Technical Cooperation And Development (ACTED), community
<b>Output 2</b>	Protected livestock based livelihood and improved access of 5 000 natural disaster affected farming households to dairy products during winter lean season through provision of livestock protection inputs (animal feed and deworming)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	No. and % of targeted households supported with agricultural / livestock inputs. (animal feed and dewormer)	5,000 households	5000 households
Indicator 2.2	Quantity of concentrated animal feed procured and distributed	500 tones	500 tons
Indicator 2.3	Quantity of dewormer procured and distributed	20 000 doses	55,419 doses
Indicator 2.4	No of MAIL's and service providers received ToT	30	30
Indicator 2.5	No of livestock received de-wormers	20 000	55,419 doses
Indicator 2.6	No. and/or % of beneficiaries trained	70%	87%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Develop inputs' technical specifications	FAO and MAIL	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL) and Afghan Planning Agency (APA) and Action Contre La Faim (ACF)
Activity 2.2	Identification and selection of service providers	FAO and FSAC	FAO and FSAC
Activity 2.3	Procurement, quality control and delivery of inputs (Concentrated animal feed and dewormer) to distribution points	FAO, MAIL and superintendent agency	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL) and Afghan Planning Agency (APA) and Action Contre La Faim (ACF)
Activity 2.4	Selection of beneficiaries	FAO, MAIL, SPs, distribution committee	FAO, Afghan Planning Agency (APA) and Action Contre La Faim (ACF), Ministry of Agriculture, Irrigation And Livestock (MAIL), distribution committee
Activity 2.5	Distribution of inputs (Concentrated animal feed and dewormer) to selected beneficiaries	FAO, MAIL, SPs, distribution committee	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL), Afghan Planning Agency (APA) and Action Contre La Faim (ACF), distribution committee



Activity 2.6	Post distribution monitoring of distributed inputs	FAO, MAIL, SPs, community	Afghan Planning Agency (APA) and Action Contre La Faim (ACF)
Activity 2.7	Provide technical ToT to MAIL's and service providers' staff	FAO, MAIL, SPs	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL)
Activity 2.8	Provide technical advices to beneficiaries	FAO, MAIL, SPs	FAO, Ministry of Agriculture, Irrigation And Livestock (MAIL) and Afghan Planning Agency (APA) and Action Contre La Faim (ACF)
Activity 2.9	Impact monitoring of distributed inputs	FAO, MAIL, SPs, community	Afghan Planning Agency (APA) and Action Contre La Faim (ACF)
<b>Output 3</b>	MAIL's locust and sunpest control capacity enhanced in Ghor and Badghis provinces		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	PPQD staff in Ghor and Badghis equipped with necessary locust and sunpest control equipment	50%	100%
Indicator 3.2	20 PPQD staff trained on community mobilization for locust and sunpest control	20 persons	50 persons
Indicator 3.3	50%-70% of infested area protected in Ghor and Badghis provinces	50-75%	80%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Develop technical specifications of required equipment and material	FAO and MAIL	FAO and Ministry of Agriculture, Irrigation And Livestock (MAIL)
Activity 3.2	Procurement, quality control and delivery of inputs (equipment and material) to PAIL offices at targeted district level.	FAO and MAIL	FAO and Ministry of Agriculture, Irrigation And Livestock (MAIL)
Activity 3.3	Training on community mobilization and planning for locust and sunpest control	FAO and MAIL	FAO and Ministry of Agriculture, Irrigation And Livestock (MAIL)
Activity 3.4	Technical guidance by Plant Protection and Quarantine Department (PPQD) staff for farmers	FAO and MAIL	FAO and Ministry of Agriculture, Irrigation And Livestock (MAIL)
Activity 3.5	Implementation of control locust and sunpest control program	FAO and MAIL	FAO and Ministry of Agriculture, Irrigation And Livestock (MAIL)
Activity 3.6	Impact monitoring of implemented control program	FAO and MAIL	FAO and Ministry of Agriculture, Irrigation And Livestock (MAIL)

**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:**

FAO reported that 90 tonnes of certified wheat seeds were seized by AGEs in Ghor Province, which was supposed to be distributed to 1 800 beneficiaries, along with the matching quantity of fertilizers. After unsuccessful attempts by the suppliers and community elders to recover the looted seeds from AGEs, FAO was formally notified by the provincial governor of Ghor and the CEO about the incident. After rounds of consultation with beneficiaries and local authorities, and a market research, FAO submitted a reprogramming request on 1 March 2018 to the RC/HC to distribute the fixed amount of the price of a wheat seed

bag in cash to beneficiaries. This request was accepted and submitted by the RC/HC to the Emergency Relief Coordinator on 26 March 2018 who granted the clearance for FAO's reprogramming request on 17 April 2018.

FAO procured 660 tonnes of certified wheat seeds, 750 tonnes of DAP and 750 tonnes of urea managed by implementing partners, to be distributed to 15 000 households (105 000 people) with the support of MAIL in 10 targeted provinces.

CERF funds also supported the procurement of animal concentrated feed (500 tonnes) for the promotion of better feeding and animal husbandry during the winter season to achieve better fertility and milk production managed by implementing partners. This intervention benefited some 5 000 households in most severely food insecure provinces of Badghis and Ghor.

CERF funds was used to procure 55 419 doses of de-wormers administrated to large and small ruminants. Due to the high needs and budget availability, the quantity of de-wormers provided increased from 12 000 doses to 42 436 doses in Ghor province and from 8 000 doses to 12 983 doses in Badghis provinces.

CERF funds were used to equip PPQD staff in Ghor and Badghis provinces with necessary locust and sun-pest control equipment and trained 20 PPQD staff on community mobilization for locust and sun-pest control in the result 50–70 percent infested areas in Ghor and Badghis protected.

A small change has been brought due to the request of Kunar PAIL. The project expanded its activities in one extra district. It is worth mentioning that no changes were made in the total amount of agriculture inputs distributed, just the number of beneficiaries reduced to 240 households per districts in order to cover one more district.

Two bags of seeds were missed to distribute in Chapadara district (Kunar) that were not received from the company. Therefore, two bags were distributed among four beneficiaries. The cost of two bags deducted from the supplier.

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

#### **A) Project design and planning phase:**

Accountability to affected population ensured the project design by including specific selection criteria of beneficiaries. Conflict and natural disaster-affected people are involved in decision-making processes through consultation with village elders and council members who help implementing partners identify the most vulnerable members of the community and affected villages. This is supported by physical verification (where possible by partners). The views of the affected population are taken into consideration by partners.

At the start of the project, implementing partners organized at district level meetings with stakeholders in the livestock and agriculture sectors as well as village level meetings, where the project implementation modalities were discussed.

#### **B) Project implementation phase**

Steering committees were established comprised of implementing partners, PAIL, CDCs, District Governors' Office, and FAO. This Steering Committee carried out beneficiary selection based on the established criteria, and facilitated the coordination and execution of the proposed intervention in remote areas. This committee was responsible for quality control, accountability, and addressing concerns of beneficiaries.

The provincial and district level MAIL staff and local NGO partners assisted FAO in context analysis and project rationale and definition technical specification of inputs.

The inputs were procured as per FAO standard procurement procedure from local markets. The government and independent superintend agencies were involved in quality control of inputs. The distribution plan was developed in close collaboration with government staff. The provincial and district level government assisted FAO and its service providers in the delivery of inputs mostly to remote and insecure project sites. The provincial and district level staff of ministry of agriculture and service providers were provided with technical training for further delivery to targeted beneficiaries.

#### **C) Project monitoring and evaluation**

Quality control measures that included beneficiary participation were put in place to ensure beneficiaries received good quality inputs. After laboratory tests on seeds and animal feed were carried out by an independent service provider, the quality was also verified and approved through physical checks and a physical quality certificate signed by village elders and beneficiary representatives.

Through its partners, FAO engaged authorities from the districts and village elders to monitor the input distribution process. A post-distribution and impact assessment and crop yield assessment were conducted during the project, which sought to establish a clear measure of the results of input distribution in 10 targeted provinces, where FAO distributed agricultural inputs and animal feed. The findings of the post-distribution assessment confirmed that beneficiary households had received agricultural input packages on time and at the quantity and quality anticipated.

The crop yield assessment conducted by FAO's implementing partners found that, generally both beneficiaries and non-beneficiaries reported having good yields during 2017, although more non-beneficiaries than beneficiaries had poor yield which

can be attributed to the inputs provided by FAO and training on good agricultural practices, as well as the livestock inputs impact assessment conducted by FAO's implementing partners show the following result.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>The main finding of impact evaluation is as follows:</p> <ul style="list-style-type: none"> <li>▪ Protected agriculture- and livestock-based livelihoods of 20 000 households.</li> <li>▪ Increased crop and dairy production, resulting in enhanced food security and reduced dependence on food aid.</li> <li>▪ Improved and compared wheat productions to local seeds.</li> <li>▪ Secured access to improved wheat seeds at least for another 2-3 next consecutive seasons in targeted communities.</li> <li>▪ Increased milk production compared with pre-intervention period.</li> <li>▪ Increased livestock weight compared with pre-intervention period.</li> <li>▪ Improved livestock health condition compared with the pre-intervention period.</li> <li>▪ Improved dairy production consumption by households and supply of surplus to market.</li> <li>▪ Increased yields by 34 percent.</li> </ul> <p>Link to download the impact monitoring:  <a href="https://owncloud.unog.ch/index.php/s/6sUmUkJulDmPRGQ">https://owncloud.unog.ch/index.php/s/6sUmUkJulDmPRGQ</a></p>	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	10/10/2017 - 30/06/2018		
2. CERF project code:	17-UF-HCR-028		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving emergency winterization assistance to vulnerable populations (returnees, IDPs and local hosting communities) in Afghanistan					
7. Funding	a. Total funding requirements <sup>8</sup> :	US\$ 10,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>9</sup> :	US\$ 8,000,000	▪ NGO partners and Red Cross/Crescent:		US\$ 50,000	
	c. Amount received from CERF:	US\$ 1,999,989	▪ 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)	17,339	17,962	35,301	17,339	17,962	35,301
Adults (≥ 18)	13,013	13,622	26,635	13,013	13,622	26,635
<b>Total</b>	<b>30,352</b>	<b>31,584</b>	<b>61,936</b>	<b>30,352</b>	<b>31,584</b>	<b>61,936</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	21,672		21,672			
IDPs	18,578		18,578			
Host population	7,441		7,441			
Other affected people	14,245		14,245			
<b>Total (same as in 8a)</b>	<b>61,936</b>		<b>61,936</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or		There is no discrepancy between planned and reached beneficiaries.				

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

<sup>9</sup> This should include both funding received from CERF and from other donors.

the age, sex or category distribution, please describe reasons:

CERF Result Framework			
<b>9. Project objective</b>	To provide essential life-saving assistance through direct cash assistance to vulnerable families (IDPs, refugee/undocumented returnees and host communities) during the critical winter months		
<b>10. Outcome statement</b>			
<b>11. Outputs</b>			
<b>Output 1</b>	Unconditional cash assistance is provided to vulnerable households to cover urgent winterization needs		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	% of assistance provided on the basis of an inter-agency household level assessment of need and vulnerability	8% of total needs, or 8,848 households representing 61,936 individuals	8% of total needs or 8,848 households representing 61,936 individuals
Indicator 1.2	Proportion (number) of vulnerable households/individuals affected receiving standard NFI packages	8,848 households representing 61,936 individuals (100%)	8,848 households representing 61,936 individuals (100%)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Number of families to be assisted by UNHCR through CERF grant, out of the total estimated new IDPs, returnees and NDAP in urgent need of winterization assistance.	UNHCR and Partners	UNHCR and Partners Afghan Planning Agency (APA), Ansari Rehabilitation Association for Afghanistan (ARAA), Central Afghanistan Welfare Committee (CAWC), Norwegian Project Office (NPO), Watan Social and Technical Service Association (WSTA)
Activity 1.2	Provision of unconditional cash assistance at US\$200 per household, and covering winterization needs for approximately 3 months.	UNHCR and Partner/Money Service Provider	UNHCR and Partners Afghan Planning Agency (APA), Ansari Rehabilitation Association for Afghanistan (ARAA), Central Afghanistan Welfare Committee (CAWC), Norwegian Project Office (NPO), Watan Social and Technical Service Association (WSTA), Alishang (Money Service Provider)
<b>Output 2</b>	Post Distribution Monitoring (PDM) is conducted to ensure the delivery of assistance and measure impact		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of responses followed up with post distribution monitoring	10% of beneficiaries (8,848 households)	1,049 beneficiaries, representing 1,049 households (12%)

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Post Distribution Monitoring conducted with beneficiaries to ensure the delivery of assistance and to measure impact.	UNHCR and Partners (including third party monitoring)	UNHCR, and third party monitoring partner (Orange Door Research in coordination with Voto Mobile)

**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:**

Through UNHCR's additional funding for the winterization programme, UNHCR reached 54,315 families (339,293 individuals) with unconditional direct cash assistance – out of which 8,848 households, representing some 61,936 individuals were assisted through CERF funding.

The Post Distribution Monitoring surveyed 1,049 beneficiaries, representing 1,049 households, of the Winterization programme (882 males and 167 females) in 33 of Afghanistan's 34 provinces and 667 respondents (representing 667 households) who did not receive assistance (624 males and 43 females) in 31 of Afghanistan's provinces for a "comparison" group for quantitative measures of program impact. 1,716 surveys (1,506 males and 210 females) were conducted over the phone by a team of trained enumerators based in Kabul. The surveys reached respondents in all 34 of Afghanistan's provinces.

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

UNHCR incorporated Age, Gender and Diversity Mainstreaming during project design, implementation and monitoring to ensure that persons of concern from different age groups and diverse backgrounds were consulted, particularly during the Needs Assessment, in order that all vulnerable families were included in the programme. Awareness and information campaigns about the winterization programme process and entitlements were conducted through field teams and community elders/leaders to ensure that beneficiaries were informed about the process; furthermore, information was regularly shared with beneficiaries throughout the implementation phase. Complaints and feedback mechanisms were also established to report on any issues that occurred during consultation with communities, distribution process etc.

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

EVALUATION CARRIED OUT

Post Distribution Monitoring (and evaluation of the programme impact) was carried out to ensure the delivery of assistance and measure the impact of the winterization assistance; the final draft report is currently being reviewed prior to publication and will be finalized by early October 2018.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	24/10/2017 - 30/06/2018		
<b>2. CERF project code:</b>	17-UF-IOM-040		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>	Non-Food Items					
<b>4. Project title:</b>	Providing life-saving humanitarian assistance including protection, emergency shelter, and winter support for undocumented Afghan returnees from Iran					
<b>7. Funding</b>	a. Total funding requirements <sup>10</sup> :	US\$ 14,728,059	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>11</sup> :	US\$ 4,787,981	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 1,786,246	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,700	5,760	8,460	2,651	6,600	9,251
Adults (≥ 18)	3,060	6,480	9,540	2,628	6,282	8,910
<b>Total</b>	<b>5,760</b>	<b>12,240</b>	<b>18,000</b>	<b>5,279</b>	<b>12,882</b>	<b>18,161</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						

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

<sup>11</sup> This should include both funding received from CERF and from other donors.

Host population		
Other affected people	18,000	18,161
<b>Total (same as in 8a)</b>	<b>18,000</b>	<b>18,161</b>
<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>	IOM assisted 161 more beneficiaries than originally targeted. This was because the targeted number of beneficiaries was calculated based on estimated costs; fluctuation in exchange rates resulted in IOM being able to assist an additional 161 individuals.	

CERF Result Framework			
<b>9. Project objective</b>	To contribute to reducing the vulnerability of undocumented Afghan returnees to Nimroz Province by addressing the most urgent humanitarian needs of beneficiaries, placing the protection of most vulnerable Afghan undocumented returnees at the centre of its response, and strengthening understanding of the mobility patterns and population movement and support effective and targeted aid delivery.		
<b>10. Outcome statement</b>			
<b>11. Outputs</b>			
<b>Output 1</b>	Through Flow Monitoring, information on population movements and migration flows of IDPs, undocumented returnees, and migrants in Afghanistan is available to IOM and the humanitarian community.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of partners receiving reports on population movement in the targeted provinces	All humanitarian partners and stakeholders in Afghanistan	404 humanitarian partners and stakeholders in Afghanistan
Indicator 1.2	Migrants enumerated at the Milak border crossing point per month (assuming 10,000 travellers per day with a response rate of 80%)	4,915 (64% of total migrant population)	FME: 189,661 FMR: 28,109 <sup>12</sup> (15% of total migrant population)
Indicator 1.3	Undocumented Afghan returnees monitored through return data management at Milak border crossing point per month (estimated 1,500 per day – 15%)	737 (15% of sampled migrant population)	FMS: 475 2% of total migrant population <sup>13</sup>
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Train and deploy enumerators to Milak BCP	IOM	IOM
Activity 1.2	Track the movements, demographics and migration profiles of migrants and undocumented Afghan returnees at Milak BCP.	IOM	IOM

<sup>12</sup> Reason for underachieving target: borders were far more crowded than we anticipated, leading to a difficulty in stopping people to participate in the survey. Understaffing at the border also meant that it was not possible to reach target of 64%.

<sup>13</sup> See section 12 for explanation of under-achievement.



Activity 1.3	Capture needs of PSN cases, including SF, UMCs, and FHH.	IOM	IOM
Activity 1.4	Share information on mobility and needs with humanitarian partners, including OCHA to ensure dissemination at national and regional level.	IOM	IOM
<b>Output 2</b>	The most vulnerable undocumented Afghan returnees from Iran are provided with refreshments, post-arrival assistance, transportation grants, and unconditional cash for NFIs.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of beneficiaries receiving humanitarian post-arrival assistance (including psychosocial support and protection assessment, Sanitation facilities temporary accommodation (48 hours in most cases, up to two weeks), Health assessments and TB screening & referral to medical institutions; Counselling, psychosocial and recreation support from social workers, Provision of cash for non-food items (NFI), One-time distribution of WFP food packages to families in need of Family Tracing, Transportation and Reunification (IOM and partners) and Cash for transportation from the Transit Center to final destination in Afghanistan	18,000	18,161
Indicator 2.2	Number of beneficiaries receiving refreshments in the Screening Center	11,446	46,150 (all returnees received refreshments) <sup>14</sup>
Indicator 2.3	Number of beneficiaries receiving transportation cash grants	18,000	18,161
Indicator 2.4	Number of families receiving unconditional cash to replace NFIs	500	1,016 <sup>15</sup>
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Initial screening and referral of identified beneficiaries by Department of Refugees and Repatriation (DoRR) with IOM Implementing Partners;	IOM	IOM in coordination with Department of Refugees and Repatriation (DoRR)
Activity 2.2	One-time distribution of WFP food packages to families in need;	IOM	IOM
Activity 2.3	Provide beneficiaries with refreshments at the Screening Center (pack including water and snack)	IOM	IOM

<sup>14</sup> The unit cost for each refreshment pack (a piece of cake and a bottle of water) provided to beneficiaries was 0.3 USD while in the project proposal the unit cost for refreshment was budgeted 1 USD; therefore, IOM assisted many more beneficiaries than the targeted numbers.

<sup>15</sup> The unit cost for each family was estimated 100 USD in the project proposal while in the actual implementation, IOM provided less than 100 USD as per below:

- Family with 2 members received 2,750 AFN (36 USD)
- Family with 3 members received 4,150 (55 USD)
- Family with 4 members received 5,500 (73 USD and;
- Family with 5 and above received 6,850 (91 USD)

Therefore the assisted number of families are more than targeted.

Activity 2.4	Provision of over-night accommodation as needed before departure at the transit centre with meals, sanitation facilities and basic medical services;	IOM	IOM
Activity 2.5	Health screening for Tuberculosis (TB), polio, and malaria and/or referral to the medical institutions;	IOM	IOM
Activity 2.6	Transportation support from the transit centre to their final destination for PSNs;	IOM	IOM
Activity 2.7	Conduct Post Return Monitoring for all returnees provided with post return assistance	IOM	IOM
Activity 2.8	Conduct cash distribution and ensure assistance delivery includes fingerprinting upon reception.	IOM	IOM
<b>Output 3</b>	Screening, reception, service delivery for vulnerable PSNs is enhanced through upgrading of the ZP, Reception Center and Transit Center		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of facilities maintained, constructed and upgraded	1 (Milak BCP Registration Center)	1 (Milak BCP Registration Center)
Indicator 3.2	Number of walkways designed and constructed across the zero-point bridge	1 walkway from ZP over the bridge to the Registration Center	1 walkway from ZP over the border to the Registration Center
Indicator 3.3	% of beneficiaries reporting satisfaction with the conditions at the Zero Pont, Screening Center and Transit Centers	60%; 10,800 individuals	85%, 15,436 individuals
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Upgrade and expand the facilities at the Milak Border Crossing Point (BCP) Registration Center in Nimroz Province, including the creation of a help desk for women, and a women's shelter.	IOM & Construction Company	IOM & Hayatullah Hamidi Construction Company
Activity 3.2	Walkway improved on the Milak bridge from the ZP to the Registration Center to marshal returnee population and facilitate screening and registration of returnees	IOM & Construction Company	IOM & hayatullah Hamidi Construction Company
Activity 3.3	Improve facilities to ensure an accurate screening process of vulnerable returnees and increase the standards of assistance.	IOM	IOM
<b>Output 4</b>	Specialized protection assistance is provided to vulnerable Persons with Specific Needs (PSN) returning from Iran at the border crossing points and in the Transit Centers		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number of vulnerable families receiving Protection Assistance cash for NFIs	500	1,017 <sup>16</sup>

<sup>16</sup> The unit cost for each family was estimated 110 USD in the project proposal (100 USD for each family and 10 USD as service fee) while in the actual implementation, IOM provided less than 100 USD as per below and it was direct payment to beneficiaries:

Indicator 4.2	Number of Protection/Emergency Referrals to partners (medical, psychosocial assistance)	1,000	350
Indicator 4.3	Number of women who receive dignity kits	500	396
Indicator 4.4	Number of UMCs who receive specialized humanitarian assistance in TCs tailored for UMCs with trained protection staff.	4,000	3,089
Indicator 4.5	Number of Women Friendly / Child Friendly/UMC spaces established in the Transit Center	1	1
Indicator 4.6	Percentage of returnees who receive psychosocial support services and recreation activities in the Transit Center	70%	40% <sup>17</sup>
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Provide receiving Protection Assistance (Cash for NFIs) to families	IOM	IOM
Activity 4.2	Provide Referrals of PSNs to partners (medical, psychosocial, livelihoods)	IOM	IOM
Activity 4.3	Distribute dignity kits to vulnerable females	IOM	IOM
Activity 4.4	Provide specialized humanitarian assistance to all UMCs and including food, transportation to the TCs and food, health screening, medication, psychosocial support and seasonal clothes in a tailored TC for UMCs managed by trained female protection staff.	IOM	IOM
Activity 4.5	A Women Friendly / Child Friendly Space has been established in the Transit Center that is comfortable (with bedding) in the Transit Center	IOM	IOM
Activity 4.6	Psychosocial support services and recreation activities are provided in a dedicated space including activities books and ping pong tables in the transit Center	IOM	IOM
Indicator 5.4	Provide receiving Protection Assistance (Cash for NFIs) to families	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:**

Regarding Indicator 1.3: Undocumented Afghan returnees monitored through return data management at Milak border crossing point per month (estimated 1,500 per day – 15%) with a target of 737 (15% of sampled migrant population), DTM enumerators were only able to achieve an estimated 475 Flow Monitoring Surveys per month. This is due to several factors. Most importantly there was no

- Family with 2 members received 2,750 AFN (36 USD)
- Family with 3 members received 4,150 (55 USD)
- Family with 4 members received 5,500 (73 USD and;
- Family with 5 and above received 6,850 (91 USD)

Therefore the assisted number of families are more than targeted.

<sup>17</sup> Target was underachieved because the Psychosocial counsellor was only hired on April 2018; therefore, IOM succeeded in providing psychosocial support to 40% of the beneficiaries.

reliable data on the actual number of migrants flowing through Zaranj–Milak and Islam Qala–Taybad. FMP Data shows that the average daily flow through Zaranj–Milak is 1,700 and Islam Qala–Taybad is 4,000, thereby substantially reducing our daily sample frame and sample population. For this reason, IOM had to modify to a longitudinal study approach with a target of 587-597 per month to maintain statistical significance. Also, there was a 50% refusal rate to participate in the survey, because many migrants were rushing through the border or advised by transport providers and migration facilitators to not participate in the survey. Thus, IOM was able to complete on average 475 flow monitoring surveys per month in addition to ongoing flow monitoring enumeration and registry activities. Reason for underachieving target: borders were far more crowded than we anticipated, leading to a difficulty in stopping people to participate in the survey. Understaffing at the border also meant that it was not possible to reach target of 64%.

The unit cost for each refreshment pack (a piece of cake and a bottle of water) provided to beneficiaries was 0.3 USD while in the project proposal the unit cost for refreshment was budgeted 1 USD; therefore, IOM assisted many more beneficiaries than the targeted numbers.

The unit cost for each family was estimated 100 USD in the project proposal while in the actual implementation, IOM provided less than 100 USD as per below:

- Family with 2 members received 2,750 AFN (36 USD)
- Family with 3 members received 4,150 (55 USD)
- Family with 4 members received 5,500 (73 USD and;
- Family with 5 and above received 6,850 (91 USD)

Therefore the assisted number of families are more than targeted.

The unit cost for each family was estimated 110 USD in the project proposal (100 USD for each family and 10 USD as service fee) while in the actual implementation, IOM provided less than 100 USD as per below and it was direct payment to beneficiaries:

- Family with 2 members received 2,750 AFN (36 USD)
- Family with 3 members received 4,150 (55 USD)
- Family with 4 members received 5,500 (73 USD and;
- Family with 5 and above received 6,850 (91 USD)

Therefore the assisted number of families are more than targeted.

Target was underachieved because the Psychosocial counsellor was only hired on April 2018; therefore, IOM succeeded in providing psychosocial support to 40% of the beneficiaries.

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

The accountability to affected populations are considered in three phases, namely 1, project design and planning phase. 2. Project Implementation phase and 3. Project monitoring and evaluation phase.

In the first phase, IOM used a database system called Beneficiary Screening and Assistance Form (BSAF) which captures the immediate post-arrival profile of the returnees. IOM had also conducted Post Return Monitoring through a follow-up survey conducted one month after returnees had arrived in their province of final destination which gauged the usefulness of the immediate post-arrival assistance given to the returnees.

In the implementation phase, IOM considered beneficiaries' will while providing the services. The IOM teams were consulting with beneficiaries and were gathering inputs from beneficiaries in regard to assistance provided to them. The beneficiaries chose whether to be considered for protection related assistance or to receive only post-arrival assistance. For example, Persons with Specific Needs such as Unaccompanied Migrant Children) UAMs and Single Female SFs were not obliged to receive any assistance or family tracing. For reunification, the beneficiaries' will was taken into consideration with regards to whether he or she wanted to join his / her family or relative or to choose another alternative. The data was captured and fed into the IOM's Community Response Map (CRM).

Beneficiaries' feedback was central to the evaluation of the project. The effectiveness of the project was measured through the Community Response Map, an online platform, to ensure beneficiary feedback was captured and the assistance provided was timely and responsive to persons in need. Community Response Map (CRM) targeted IOM beneficiaries for the purpose of monitoring the usefulness of immediate post-arrival assistance given, including the effectiveness of cash grants, as well as measuring their level and effectiveness of reintegration over time.

All information collected from ongoing programs was collated in an online platform which was publicly available on <https://afghanistan.communityresponsemap.org/>. The platform was translated into Dari and Pashto; data fields were created from

programme forms for CBRR (user names were created, credentials for users shared, and the Post Return Monitoring data, taken from the Beneficiary Selection Assessment Form (BSAF), used by IOM to register all of its beneficiaries at Transit Centers) and imported weekly into the platform.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was conducted for this project – none was planned for during project development, However, based on IOM's BSAF tool, a post-return monitoring survey was conducted to record beneficiaries' conditions after their return to final destinations and to monitor the progress of their reintegration, and their on-going needs as they attempt to reintegrate into their communities, to better inform reintegration and development programming.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	10/10/2017 - 30/06/2018		
<b>2. CERF project code:</b>	17-UF-WFP-058		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Life-saving food/cash assistance to 18,000 undocumented Afghan returnees from Iran					
<b>7. Funding</b>	a. Total funding requirements <sup>18</sup> :	US\$ 6,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>19</sup> :	US\$ 1,600,042	▪ NGO partners and Red Cross/Crescent:		US\$ 47,500	
	c. Amount received from CERF:	US\$ 1,600,042	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,700	5,760	8,460	6,840	7,119	13,959
Adults (≥ 18)	3,060	6,480	9,540	4,953	5,155	10,108
<b>Total</b>	<b>5,760</b>	<b>12,240</b>	<b>18,000</b>	<b>11,793</b>	<b>12,274</b>	<b>24,067</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	18,000			24,067		
<b>Total (same as in 8a)</b>	<b>18,000</b>			<b>24,067</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			<p>There are large discrepancies between planned and actual beneficiary figures with respect to both sex- and age- disaggregation and the overall numbers of beneficiaries reached, which are 134% of the plan.</p> <p>1. Discrepancy between sex and age disaggregated planned and actual figures</p>			

<sup>18</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>19</sup> This should include both funding received from CERF and from other donors.

	<ul style="list-style-type: none"> <li>- The low number of women in the planning figures was due to the assumption that the majority of returnees were single males. UN agencies agreed to apply the ration of one female to two males for the purpose of planning for this grant.</li> <li>- However, these planning figures are misleading as food assistance was targeted at households. Therefore, the actual figures represent the average household size (7 members) and the average ratio of male to female (51% male, 49% female).</li> </ul> <p>2. WFP reached more beneficiaries than planned (134 percent)</p> <ul style="list-style-type: none"> <li>- WFP had resources to reach more beneficiaries than planned because, unfortunately, not all beneficiaries received full entitlement. Beneficiaries were registered at the border point, provided with a month of WFP food by IOM and those who were eligible received a token to redeem WFP cash for three months' assistance in the area they settled. However, it was hard to track some of these beneficiaries while other settled in insecure areas. For these reasons, some beneficiaries were not able to access WFP's follow up assistance. Resources planned for follow up assistance were then diverted to continue providing distributions through IOM at the border points.</li> </ul> <p>Meanwhile, WFP planned expenditure for the procurement SCOPE equipment however this was not necessary as other SCOPE equipment became available. Therefore, so WFP was able to reallocate these resources to provide assistance to more beneficiaries.</p>
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CERF Result Framework				
<b>9. Project objective</b>	Saving lives and protecting livelihoods in emergencies through the provision of life-saving food/cash assistance to 18,000 male and female vulnerable undocumented returnees over the assistance period of 9 months			
<b>10. Outcome statement</b>				
<b>11. Outputs</b>				
<b>Output 1</b>	Food basket and cash distributed in sufficient quantity and quality and in a timely manner to 18,000 targeted beneficiaries			
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>	
Indicator 1.1	Reduced prevalence of poor food consumption of targeted HHs, according to Food Consumption Score (FCS), disaggregated by sex of household.	80% reduction (figures to be derived from PDM)	100%	
Indicator 1.2	Number of women, men, boys and girls receiving food/cash assistance, as % of planned.			
		Female	Male	Total
	< 18 years	2,700	5,760	8,460
	≥ 18 years	3,060	6,480	9,540
	Total	5,760	12,240	18,000
Indicator 1.3	Quantity of food/cash assistance distributed, as % of planned.	100%	134%	

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	IOM
Activity 1.2	Procurement of SCOPE equipment required for registration and transfer management.	WFP	n/a
Activity 1.3	Registration and transfer management through SCOPE of all identified returnees	WFP and Partner	WFP
Activity 1.4	Procurement and transportation of food items to Distribution Points. WFP will use its existing stocks for ongoing activities to provide food assistance to the arriving returnees and then replenish once the newly procured food arrives in 2-3 months.	WFP	WFP
Activity 1.5	Identify beneficiaries based on WFP eligibility criteria and conduct registration into WFP SCOPE system	IOM, WFP, & DoRR	IOM and WFP
Activity 1.6	Conduct food or Cash distributions to identified beneficiaries.	IOM and CP	IOM
Activity 1.7	Establish mVAM call-centre and conduct pilot monitoring exercise with post-distribution monitoring and gender & protection checklists	WFP	WFP and IOM
Activity 1.8	Conduct output and process monitoring (delivery, distribution, activity implementation) through Post Distribution Monitoring (PDM), household interviews and direct observation and outcome monitoring (FCS) through household interviews.	Accessible areas: WFP Restricted Access: PATs	WFP
Activity 1.9	Conduct periodic joint monitoring and PDM.	WFP & CP	WFP and IOM
Activity 1.10	Prepare 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:**

Post-distribution monitoring suggests that WFP assistance was helpful as households that had received WFP assistance no-longer had poor food consumption. However, a number of challenges and unexpected outputs demand further discussion. The project was delayed and reached 6,000 beneficiaries more than expected while only providing others with partial entitlements. These issues are explained below:

1. Delayed start
  - The start of the project was delayed as it took time for IOM and WFP to agree on partnership agreements including a letter of agreement (LoA) and Data Sharing agreement.
2. Tracking beneficiaries
  - Following initial WFP assistance that was provided to beneficiaries by IOM at the border points, eligible beneficiaries received a token from IOM to redeem three months of follow-up cash assistance provided by WFP once they had reached their final destination point.
  - However, some beneficiaries were difficult to track while others settled in insecure areas. Both groups were impossible to assist and therefore freed up resources that were used for food assistance at the border.
3. WFP reached more beneficiaries than planned (134 percent)
  - WFP had resources to reach more beneficiaries than planned because, unfortunately, not all beneficiaries received full entitlement. Beneficiaries were registered at the border point, provided with a month of WFP food by IOM and those who were eligible received a token to redeem WFP cash for three months' assistance in the area they settled. However, it was hard to track some of these beneficiaries while others settled in insecure areas. For these reasons, some beneficiaries were not able



to access WFP's follow up assistance. Resources planned for follow up assistance were then diverted to continue providing distributions through IOM at the border points.

- In addition, more returnees passed through Islam Qala border point than had been anticipated.
- Meanwhile, WFP planned expenditure for the procurement SCOPE equipment however this was not necessary as other SCOPE equipment became available. Therefore, WFP was able to reallocate these resources to provide assistance to more beneficiaries.

In spite of the delays caused by the slow negotiation of a partnership agreement between WFP and IOM, the partnership from effective and provided **value for money** as IOM was able to provide WFP food assistance at the border points for no added costs, reducing WFP's implementation costs significantly.

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

To ensure programmatic responses do not exacerbate protection issues arising from the conflict, WFP incorporates protection principles and ensures conflict sensitive programming throughout the programme cycle in order to address potential protection issues arising within WFP's responses or the operational context. All programme interventions are designed, implemented and periodically assessed to ensure harm is not caused to the affected population due to the way assistance is provided. Special care is also taken to assess how needs assessments, planning and implementation of programmes highlight and address emerging protection concerns in relation to nutrition responses. Given the operational context and the protection concerns across the country, WFP Afghanistan have a Protection and Accountability to Affected Population (AAP) Advisor and a Protection and AAP Officer to support the response by providing contextual analysis and recommendations on the emerging concerns.

AAP also hinges on establishing effective feedback channels as well as complaints and response mechanisms. This enables WFP and its partners to know what impact programmes have on participants and to incorporate feedback or address problems rapidly, including prevention of sexual abuse and exploitation. To achieve this more effectively in a context of increasing insecurity and lack of access, WFP Afghanistan operates an 8 hours per day/5 days per week Hotline for affected populations.

WFP trains cooperating partner and programme assistance teams in protection and AAP. Furthermore, WFP includes AAP and protection questions in its PDM questionnaires.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
WFP does not usually evaluate specific projects but whole operations. WFP follows a timeline for evaluations that is set by headquarters. WFP does not normally evaluate components of the larger operation.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	27/10/2017 - 30/06/2018		
<b>2. CERF project code:</b>	17-UF-WHO-038		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Response to Immediate Health Needs of Returnees in Nimroz					
<b>7. Funding</b>	a. Total funding requirements <sup>20</sup> :	US\$ 2,400,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>21</sup> :	US\$ 810,628	▪ NGO partners and Red Cross/Crescent:		US\$ 118,419	
	c. Amount received from CERF:	US\$ 810,628	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,700	5,760	8,460	1,715	1,785	<b>3,500</b>
Adults (≥ 18)	3,060	6,480	9,540	6,860	7,140	<b>1,400</b>
<b>Total</b>	<b>5,760</b>	<b>12,240</b>	<b>18,000</b>	<b>8,575</b>	<b>8,925</b>	<b>17,500</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				0		
IDPs	6,500			6,250		
Host population				0		
Other affected people	11,500			11,250		
<b>Total (same as in 8a)</b>	<b>18,000</b>			<b>17,500</b>		
<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 services were delivered based on need on the ground and the planned target was an estimate.					

<sup>20</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>21</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	To provide life-saving critical health and nutrition intervention in a timely manner at Zaranj Border (ZP) and IOM transit centre in order to prevent further deterioration in humanitarian conditions.		
<b>10. Outcome statement</b>			
<b>11. Outputs</b>			
<b>Output 1</b>	Returnees served with primary health care services by two health facilities		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of health facility support	2	2
Indicator 1.2	Number of outpatient consultations	15,000	14,685
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Establish/support two health facility to provide primary health services (One prefab and one within the IOM structure)	MRCA	Medical Refresher Courses for Afghans (MRCA)
Activity 1.2	Provide psychosocial counselling include GBV support	MRCA	Medical Refresher Courses for Afghans (MRCA)
Activity 1.3	Procure medicine and supplies for the two health facilities	WHO/MRCA	WHO/Medical Refresher Courses for Afghans (MRCA)
<b>Output 2</b>	Returnees have increased access to trauma care at provincial hospital		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of trauma cases treated	2,000	1,893
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Improve and support trauma care and emergency services at provincial hospital provided	WHO/MRCA	WHO/Medical Refresher Courses for Afghans (MRCA)
Activity 2.2	Training and capacity building at provincial hospital level	WHO	WHO
Activity 2.3	Support Provincial Blood Bank with supplies	WHO	WHO
Activity 2.4	Conduct Mass Casualty Management Training	WHO	WHO
<b>Output 3</b>	Returnee children received immunization. Individuals screened for TB at Zaranj Border and IOM transit center		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of children under 10 immunized	500	587
Indicator 3.2	Number of returnees screened for TB	5,000	6,963
Indicator 3.3	Number of returnees received awareness on common diseases, immunization and mother-child health	10,000	16,756

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct screening for TB of returnees in Zaranj border and IOM transit centre	MRCA	Medical Refresher Courses for Afghans (MRCA)
Activity 3.2	Immunize all under 10 years returnees' children in ZP.	MRCA	Medical Refresher Courses for Afghans (MRCA)
Activity 3.3	Conduct awareness/education session on common diseases, immunization and mother-child health for returnees in Zaranj Border and IOM transit centre	MRCA	Medical Refresher Courses for Afghans (MRCA)
<b>Output 4</b>	Returnee children receive screening and treatment for Malnutrition		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Conduct screening and referrals for children under 5 returnees on Malnutrition	WHO/MRCA	WHO/Medical Refresher Courses for Afghans (MRCA)
Indicator 4.2	Provide SAM management to inpatient children with SAM	MRCA	Medical Refresher Courses for Afghans (MRCA)
Indicator 4.3	Conduct training for Health care workers trained on SAM management	WHO	WHO
Output 4 Activities	Description	Target	Implemented by (Actual)
Activity 4.1	Provide SAM management to inpatient children with SAM	MRCA	Medical Refresher Courses for Afghans (MRCA)
Activity 4.2	Conduct training for Health care workers trained on SAM management	WHO	WHO
Activity 4.3	Conduct screening and referrals for children under 5 returnees on Malnutrition	WHO/MRCA	WHO/Medical Refresher Courses for Afghans (MRCA)

**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:**

It was initially anticipated that 40 health workers would receive training on inpatient management of Severe Acute Malnutrition (SAM), However A total of 22 health workers, 14 from Zaranj and 8 from Herat Paediatric hospital were trained, mainly based on health workers who were available. The initial assumption was that a total of 40 health workers would be trained. More training focus was shifted to Community Health Workers (CHWs) who were providing malnutrition screening and referral services around the crossing area. In this regard therefore, a total of 100 CHWs from the zero crossing point and health posts around Zaranj in Nimroz were trained on screening for acute malnutrition. The total number of cases receiving inpatient management of SAM reported represent the caseloads, which is the total admissions from January to September 2018. Zaranj recorded a total of 350 admissions during the reporting period, with an average of 30 admissions per month, whilst Herat had a total of 810 admissions with a range of 60 to 140 new admissions per month. In 2018, the country is suffering from severe drought specially in west region. Some of the primary health Kits purchased under CERF project were disturbed to Herat Regional hospital to address the severe and high needs of the IDPs there. The peak admissions for Herat reached 140 in August as the province was one of the worst drought affected. Milk

preparation kits for SAM Management were provided for Zaranj and Herat Provincial hospitals, the referral points for complicated SAM cases.

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

A) Project design and planning phase:

WHO among other UN agencies conducted an initial assessment in Nimroz on October 9. In this assessment, discussion with affected people guided the start of the programme and CERF proposal's activity.

WHO focused on a systematic approach for identification of the prioritized needs of community; thus making the best efforts to reflect such intention while planning our activities in line with community's needs. The implementation parts of this objective was achieved through active and meaningful involvement of community elders in assessing the needs, prioritizing and planning activities, and monitoring and evaluation of interventions

B) Project implementation phase:

Contact with Community health workers through the various health, nutrition, WASH and protection interventions including surveillance, capacity and awareness trainings ensured that they provided information to the community and religious leaders to sensitize them on the availability of these services such as primary healthcare services including vaccination and trauma care services. Awareness campaigns, education sessions and consultation contact time at health facilities were utilized to communicate the necessary awareness creation among the beneficiaries. The clients were collected through the implementation partners as well as during monitoring visits by the team.

Representatives from the community shuras, district governor's office and the provincial governor's office were involved during the planning, implementation and monitoring stages.

Collaboration at provincial levels amongst Provincial Nutrition Officers (PNOs) and Community Based Health Care (CBHC) officers from NGOs was achieved through joint planning. Capacity building activities for the staff such as initial and refresher trainings of Standard Operating Procedures (SOP) for nutrition, Nutrition Surveillance, screening and referrals for malnourished Children including post training follow up were also done in coordination with the partners.

C) Project monitoring and evaluation:

WHO increased accountability of the project to the community levels by arranging quarterly meeting with concerned communities; project activities were reviewed and feedback from the communities will be received; their recommendation will be strictly followed up. Feedback of the affected communities and the beneficiaries was collected through the implementing partners as training and health education or awareness feedback reports and lesson learned and challenges reporting through the quarterly narrative reports. In some areas, the coordination with existing projects and other NGOs facilitate the work for vulnerable groups. As an example, the presence of Community Health Workers could be a bridge with the vulnerable people of a community, especially for disabled children and elders. The involvement of beneficiaries in the decision process for prioritization of the targets and transportation of the equipment in unsecure areas give a sense of ownership and facilitate the implementation of the process.

Awareness campaigns, health education sessions and simulation exercises and consultation contact time was utilized to communicate the necessary awareness creation among the beneficiaries

All the activities were implemented through the professional teams that are aware of "Do No Harm" principle and even in emergency situations; standard protocols will be followed through proper capacity building, supervision and evaluation.

Provincial Nutrition Officers (PNO) and CBHC officer of the NGOs conducted regular tracking and follow up to the screening reports submitted by the CHWs on monthly with timely feedback on their reports. Conducting monthly health meetings with Shura enhanced coordination at community level. Rehabilitation and renovation of the TFU's was done in coordination Provincial Public Health Departments (PPHD) and the relevant BPHS partners.

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

EVALUATION CARRIED OUT

The project was monitored by WHO trauma, PHC and blood bank monitoring tools. The results will be shared later.

EVALUATION PENDING

NO EVALUATION PLANNED

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-WOM-005	Common Humanitarian Air Service	UN Women	INGO	\$99,125
18-RR-FPA-025	Health	UNFPA	NNGO	\$144,228
18-RR-CEF-068	Education	UNICEF	INGO	\$163,703
18-RR-CEF-068	Education	UNICEF	NNGO	\$107,072
18-RR-CEF-068	Education	UNICEF	INGO	\$53,262
18-RR-CEF-068	Education	UNICEF	NNGO	\$123,047
18-RR-CEF-068	Education	UNICEF	INGO	\$118,978
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$43,291
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$35,445
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$53,080
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$30,207
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$45,687
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$128,062
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$50,359
18-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	INGO	\$187,648
18-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	INGO	\$161,857
18-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	INGO	\$166,655
18-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	NNGO	\$122,965
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$42,023
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$209,530
18-RR-WFP-041	Food Assistance	WFP	INGO	\$198,379
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$19,404
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$21,904
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$243,768
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$63,132
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$12,193
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$7,713
18-RR-CEF-071	Nutrition	UNICEF	GOV	\$122,479
18-RR-CEF-071	Nutrition	UNICEF	NNGO	\$34,000
18-RR-FAO-017	Livelihoods	FAO	INGO	\$168,802
18-RR-WHO-026	Health	WHO	NNGO	\$176,492
18-RR-WHO-026	Health	WHO	NNGO	\$50,269
18-RR-IOM-022	Shelter & NFI	IOM	INGO	\$210,393

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Population
AAR	After Action Review
ACF	Action Contre La Faim
ACTED	Agency for Technical Cooperation and Development
ANDMA	Afghanistan National Disaster Management Authority
APA	Afghan Planning Agency
BAFIA	Iranian Bureau for Aliens and Foreign Immigrants
BCP	Border Crossing Point
BSAF	Beneficiary Selection Assessment Form
CBRR	Cross-Border Return and Reintegration
CDC	Community Development Council
CERF RR	Central Emergency Response Fund Rapid Response
CERF UFE	Central Emergency Response Fund Underfunded Emergencies
CPIE	Child Protection in Emergencies
DDA	District Development Authority
DoPH	Department of Public Health
DoRR	Directorate of Refugees and Repatriation
DTM	Displacement Tracking Matrix
ES-NFI	Emergency Shelter – Non Food Items
FAO	Food and Agriculture Organization of the United Nations
FHH	Female Headed Household
FMD	Food and Mouth Disease (Animal)
FMP	Flow Monitoring Points
FMR	Flow Monitoring Registry
FMS	Flow Monitoring Survey
GBV	Gender Based Violence
GoIRA	Government of the Islamic Republic of Afghanistan
HCT	Humanitarian Country Team
HH	Household
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
MADERA	Mission d'Aide au Développement des Economies Rurales – Afghanistan
MAIL	Ministry of Agriculture, Irrigation and Livestock
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs, and Disabled
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MT	Meric Tonne
NFI	Non food item
NGO	Non-governmental Organization
PAIL	Provincial Agriculture, Irrigation and Livestock
PHC	Primary Health Care

PPR	Peste de Petits Ruminants
PRM	Post-Return Monitoring
PSN	Persons with Specific Needs
RC/HC	Resident Coordinator/Humanitarian Coordinator
REACH	joint initiative of IMPACT, its sister-organization ACTED, and the United Nations Operational Satellite Applications Programme (UNOSAT).
RMNCH	Reproductive Maternal Neonatal Child Health
RRD	Provincial Department of Rural Rehabilitation and Development
SFs	Single Females
SP	Service Provider
TB	Tuberculosis
TC	Transit Centre
TiP	Trafficking in Persons
ToT	Traning of Trainers
UMC	Unaccompanied Migrant Children
UNAMA	United nations Assistance Mission to Afghanistan
UNCT	United Nations Country Team
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination for Humanitarian Affairs
VoT	Victim of Trafficking
WFP	World Food Programme
WHO	World Health Organization
WR	Western Region
ZP	Zaranj Zero Point