

**AFGHANISTAN
UNDERFUNDED EMERGENCIES
ROUND II
VIOLENCE/CLASHES
2020**

20-UF-AFG-45288

Ramiz Alakbarov
Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

N/A

AAR was not conducted due to time constraint. Nonetheless, inputs from agencies have been collected in an iterative fashion and as part of continuous process of consultation and progress monitoring. Partners conducted several ad-hoc meetings with stakeholders before the submission of this final report. For example, on 6 October 2021, UNICEF organized a face-to-face AAR for the Nutrition interventions with the Basic Package of Health Services (BPHS) partners who receive in-kind (RUTF) contributions procured through CERF funding. For WASH, UNICEF's WASH Zonal Officers along with Implementing Partners (IPs) (Provincial Rural & Rehabilitation Development Departments - PRRDs, INGOs)'s technical staff as well as Third Party Monitoring (TPM) partners inspected technical design and quality of WASH infrastructure work on the ground during implementation, upon completion and prior to handover of project to the local communities. In addition, the CERF project status and challenges were discussed during the annual review meeting with NGOs partners and in the mid-year review conducted with the Ministry of Rural Rehabilitation & Development (MRRD) in July 2021. End user monitoring was also conducted, and the results were discussed and fed back to communities while also serving to document lessons learned to inform future responses.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

The report was communicated via email with the recipient agencies and cluster coordinators.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

I am very pleased that with the support of Central Emergency Response Fund (CERF) funding, UN humanitarian partners successfully delivered critical lifesaving assistance to vulnerable people in Afghanistan during this application period. CERF granted US\$ 12,999,965 to the Food Security, Nutrition, WASH, Health and Protection partners (FAO, UNICEF, WFP, UNFPA, IOM and WHO) through its underfunded emergency response window in 2020. This allocation supported over 1.5 million people from October 2020 to December 2021 in the country.

Afghanistan's children, women, and men have faced decades of conflict and deprivation. Recent developments in the country have increased their vulnerability. The economy has been grinding to a halt with cash in short supply. Concern for the rights of women and girls has been rising. People urgently needed food, health services, nutrition, safe water, sanitation, and protection. The CERF recipient agencies and their partners were on ground and delivered assistances in a timely manner. This CERF flexible funding ensured reaching to the most vulnerable people in the targeted locations.

The CERF Recipients Agencies and their partner organizations reviewed the projects after completion and agreed that they had, overall, achieved the objectives of their projects.

CERF's Added Value:

The emergency contribution from the CERF allowed UN agencies to provide lifesaving assistance to vulnerable people in Afghanistan. For instance, IOM Migration Health Programme emergency health responses contributed to the improvement of access to primary health care services for the most vulnerable and underserved communities affected by the crisis. Through the CERF and other emergency health project interventions, IOM also contributing to the improvement of health and nutrition conditions of children, girls, and women, who are some of the most disadvantaged population groups in Afghanistan. WFP provided lifesaving treatment to 26,799 children under the age of 5 (6-59 months) and 10,838 pregnant and lactating women suffering from cases of moderate acute malnutrition (MAM). Without assistance, the nutritional status of these beneficiaries would have continued to deteriorate until cases of Severe Acute Malnutrition (SAM) were experienced, which hold a higher chance of complications and eventual death. Activities were delivered in 7 priority provinces, all of which were experiencing IPC 3 (crisis) and IPC 4 (emergency) levels of acute food insecurity throughout the implementation period. WHO ensured the provision of lifesaving health services for vulnerable groups in the areas affected by natural disasters, mass causality incidences and diseases outbreak particularly COVID-19 pandemic. The CERF have had the added benefit of continuing to deliver life-saving humanitarian services both directly, through improved capacity and process, and indirectly by identifying specific needs and health issues, such as COVID -19 associated with increase mortality and morbidity.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

This CERF contribution enabled the UN agencies to bridge the gap in funding for fast delivery of lifesaving interventions in food security, health, nutrition, WASH and protection sectors to people in need, including IDPs, returnees, host communities' children and their families.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funding was time-critical in enabling UNICEF to ensure procurement of Ready-to-Use Therapeutic Food (RUTF) ensuring fast delivery of life-saving treatment services for Severe Acute Malnutrition (SAM) for children aged 6-59 months – ensuring that no pipeline break was recorded in-country. Under WASH, the provision of supplies allowed for time critical needs of crises-affected communities to be addressed through immediate access to household water treatment supplies, soap and other WASH items that helped stabilize the health of the population. At the same time, more durable solutions to improve access to safe water in communities and access to safe

water, sanitation and handwashing facilities in schools and health care facilities could also be addressed. Following the collapse of the previous regime, there was a high influx of Afghanistan migrant returnees from Iran and Pakistan through border areas of Nimroz and Herat, where there were no other partners providing health care services. In these border areas, IOM had been providing basic primary health care services including referrals to long term agreement (LTA) secondary and tertiary hospitals where returnees could receive critical life-saving services. IOM also addressed the gaps in access to essential drugs and supplies for the provincial health facilities and MHTs. Considering the current Afghanistan primary health care system challenges, the MHT approach is proving to be the best approach to provide critical life-saving emergency health services to reach the most affected and underserved communities. WFP also utilized existing food stock for urgent programme requirements, while procuring additional stock facing delayed lead times.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The CERF recipient agencies had regular meetings at various levels with relevant stakeholders to ensure the response is well coordinated among the humanitarian community. UNICEF held meeting at provincial level to discuss progress of SAM treatment services at the Provincial Health Coordination Committee. These meetings, which were also made possible through the delivery of SAM treatment services supported by CERF, improved coordination between stakeholders, especially with Sehatmandi implementers and Provincial Health Directorates Pre-August. Under WASH, coordination was undertaken through the cluster both at national and sub-national levels to ensure CERF activities did not duplicate existing activities while also, in as far as possible, complementing the activities of other WASH cluster partners and MRRD/PRRD.

IOM had been engaging with the other humanitarian partners and UN agencies operating in the project implementation sites to improve the effectiveness, timeliness, and efficiency of the response to the affected communities. In this context, IOM had been engaging with the Health Cluster partners, OCHA, UNICEF, UNFPA, WHO and PPHDs. There had been regular monthly coordination and an ad hoc meeting to address urgent and important issues related to humanitarian assistance challenges, needs and priorities. For instance, some projects faced critical security challenges, so in consultation with donors, some project implementation areas changed as per the current needs and priorities of the affected communities. WFP implemented project activities in partnership with 7 Cooperating Partners, who in turn, benefitted from increased capacity and resources. This intervention aligns with the priorities of Afghanistan's National Nutrition Cluster, which WFP closely coordinates with. Geographical and activity prioritization was coordinated by the Nutrition Cluster Strategic Advisory Group (SAG) to ensure adequate response to nutrition needs on the ground. Furthermore, activities were implemented in close coordination with key community stakeholders and local authorities.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF recipient agencies were able to secure funding from other sources. For example, UNICEF was able to demonstrate progress and ensure continued advocacy for the supported programmes. CERF funding enabled UNICEF to increase its footprint on the ground and to demonstrate a timely and effective response, which led to other donors being encouraged to support similar activities in the field. UNICEF has since received support from other public partners for delivery of therapeutic food, and other critical WASH interventions. During the project implementation period, IOM was able to mobilize other funds to respond to the health priority needs of the communities in Afghanistan. However, considering the existing scale of chronic and emergency health needs, and the existing capacity of the partners, there remains both significant resources and funding shortages in Afghanistan. The funds provided by CERF highlighted within the donor community the need for continued life-saving primary health care supports for the migrant returnees, IDPs and the most vulnerable host communities affected by the crisis. To this end IOM received funds from WHO, the Government of Japan, SDC, BPRM, GFFO, FCDO, and the AHF.

Considerations of the ERC's Underfunded Priority Areas¹

a. Support for women and girls, including tackling gender-based violence, reproductive health and empowerment:

Women and girls are disproportionately affected by war, conflict, social issues, and health crises compared to men. This is especially true for Afghan women who are burdened by decades of conflict, loss of family members, food insecurity, poor access to services, limited movement outside the home and economic inequality. UNICEF under this CERF allocation ensured that the most vulnerable boys and girls aged under-five exposed to the risk of malnutrition would receive treatment. The project also advocated for increased female involvement in nutrition service provision as well as resources to support breastfeeding mothers, considering the nutritional needs of women, and that boys and girls both have equal access to nutrition services. For WASH intervention, the agency held community consultations with different affected groups, including women and girls as well as persons with disabilities were held to ensure their inclusion in the project activities. Moreover, the involvement of women in the identification of appropriate and safe water points has helped to mitigate GBV risks associated with water collection in the project areas. Mobilisation of both male and female hygiene promoters (in couples) helped to address gender specific supplies and hygiene issues.

FAO prioritized households headed by women in the selection criteria to receive assistance. The project assisted 768 female-headed households with wheat cultivation packages and livestock protection packages, and promoted protection messages related to PSEA, gender-based violence and complaints-grievance mechanisms.

IOM provided awareness raising session to the community on child protection, gender equality and promoted women empowerment. During the project implementation, psychosocial counsellors raised awareness of men, women, girls and boys on prevention of family conflict, strengthening positive coping mechanisms, positive parenting skills, psychosocial support, and others to empower women and girls.

UNFPA project was exclusively designed to provide GBV prevention and response services targeting vulnerable women, girls and persons with disabilities. Family Protection Centres and Women-Friendly Health Spaces were established in health facilities which facilitated the access of persons from different community groups including women, girls, PWD, minorities.

WFP prioritised the treatment of MAM for both girls and boys aged 6-59 months and malnourished PLWs, with the aim of rehabilitating the nutritional status of those most in need. Given the nature of assistance (to women and children), most beneficiaries that received assistance under this contribution were female. Furthermore, WFP and partners mainstreamed the prevention of Gender-Based Violence (GBV) across all areas of project implementation by ensuring that the safety, dignity, well-being, and equitable access to assistance for all crisis-affected persons, especially women and girls, was prioritised.

WHO involved all groups of community and in decision making, respecting their input fosters a stronger relationship that preserves their dignity. Specific consideration was given to privacy and confidentiality and respect particularly when dealing and handling GBV cases.

b. Programmes targeting disabled people

The CERF recipient agencies undertook adequate level consultation with the community members, including person with disability, during the design phase of the project to identify the service delivery points would be equal accessible for all affected people. They also raised community awareness on the prevention and referral of disability cases, especially women and girls. Special attention and provision were made to ensure unhindered access to assistance for disabled beneficiaries such as extension of service to third party

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

representative (beneficiary relatives) and person with disability were prioritized for receiving assistance. Disability as a consequence of trauma was also addressed by partners under this project. For example, physical rehabilitation, including prosthetic care, physiotherapy for victims of conflict related injuries were provided with planned services. Specialized services were provided to people with disabilities through Mobile Health Teams and hospitals.

c. Education in protracted crises

There was no special education component designed under this allocation. However, the recipient agencies provided educational or awareness raising sessions to community members to improve service delivery. IOM provided health education and awareness to over 176,000 migrant returnees, IDPs and the most vulnerable host community. These included, appropriate hygiene and sanitation practices, family planning, maternal and child nutrition, mental health well beingness and COVID-19 preventive measures and response. The partners also conducted trainings of trainers and other capacity building session for relevant staff and implementing partners on relevant topics. Men and boys were reached for sensitization on GBV-related issues via awareness raising session. At community-level, health and nutrition education was provided to small groups by trained community health workers. Health and nutrition education campaigns aimed to improve community knowledge and subsequently ensure optimum nutrition-related practices and behaviours amongst beneficiaries.

d. Other aspects of protection) were addressed through this allocation

Through this allocation, the recipient agencies also addressed other relevant aspect of protection. For instance, UNICEF disseminated information about the IMAM services through media so that communities would become aware of the available services and additionally to ensure its accountability to women, children, and the general population within the project area. To promote protection, especially for women, UNICEF worked with partners and directly to support the presence of female health workers to ensure privacy and confidentiality of the services provided. FAO organized all distributions of wheat cultivation and livestock protection packages, technical trainings as well as COVID-19 sensitization sessions at locations and timings convenient for both women and people with disabilities. In addition, FAO informed all direct beneficiaries about the FAO PSEA committees, AWAAZ, and complaints-grievances mechanisms through distribution of pamphlets, information, education and communication materials and cards with pertinent contacts' details apart from the details of wheat cultivation and livestock protection packages and COVID-19 safety measures. UNFPA under their project, demonstrated protection for the vulnerable groups through awareness, community outreach, and provision of lifesaving and essential GBV services. This was provided via Family Protection Centres, Women-Friendly Health Spaces. WPF applied "The Right Way" guidelines to ensure that adequate mitigation measures were implemented to safeguard against protection risks for beneficiaries and target communities. Guidelines are based on the "Do No Harm" principle. Furthermore, beneficiaries are encouraged to report protection-related cases or concerns to WFP via its toll-free hotline.

Funding Envelope for Gender-based Violence Programming:

The funding supported services focused on essential multi-sectoral interventions related to risk mitigation, prevention and response to gender-based violence through the provision of life-saving services and protection information. The establishment of safe and confidential GBV referral mechanisms ensures multi-sectoral coordination of relevant services essential to ensure minimum capacity to respond through survivor-centred services following the guiding principles of safety, confidentiality, respect, and non-discrimination, as well as ensuring the 'do no harm' principle. UNFPA implemented psycho-social support services (psychological first aid, referrals, and case management) and GBV risk mitigation activities. Men and boys were engaged through community mobilization and GBV awareness, in line with the GBV Sub Cluster and Protection Cluster HRP priorities.

This CERF contribution was time-critical to help establish much-needed GBV-related services, address GBV issues at the community level and ensure wide integration of relevant GBV services across the humanitarian response. The contribution was used to expand services to under-served areas, enable easily accessible GBV services for women and girls at the community level and engage communities on GBV awareness. The contribution demonstrated the willingness and commitment of the humanitarian community to

reduce GBV vulnerabilities for women and girls and open up more discussion on the inclusion of GBV and protection concerns in policy discussions.

The CERF funding was used to target women and children, especially in vulnerable socio-economic conditions, helping them to access appropriate nutrition treatment, preventive services and maternal nutrition during pregnancy and lactation. The primary health care including sexual reproductive health component of the project that specifically focussed on women and girls of all ages but with particular focus of women at reproductive age. The women and girls received awareness on protection issues and helped them understand on how and where to get medical care in case of need.

Likewise, through RCCE activities of the project, specific programmes implemented contracted by WHO to the BBC media action project to ensure the women and girls are given priority focus. The project focussed that women and girls are equally targeted by providing appropriate preventative and promotional messages to help them practice safe and healthy behaviour that helped in stopping or limiting COVID-19 and other infectious diseases.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	138,900,000
CERF	12,999,965
Country-Based Pooled Fund (if applicable) (AHF GMS Data as of 16 Feb 2022, 2021 Approved Projects only for the recipient UN agencies)	40,920,210
Other (bilateral/multilateral)	109,113,818
Total funding received for the humanitarian response (by source above)	163,033,993

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
FAO	20-UF-FAO-029	Food Security - Agriculture	5,000,000
IOM	20-UF-IOM-027	Health	500,000
UNFPA	20-UF-FPA-034	Protection - Gender-Based Violence	1,000,000
UNICEF	20-UF-CEF-054	Nutrition	1,638,750
UNICEF	20-UF-CEF-054	Water, Sanitation and Hygiene	1,236,250
WFP	20-UF-WFP-045	Nutrition	1,625,000
WHO	20-UF-WHO-034	Health	1,499,974
WHO	20-UF-WHO-034	Water, Sanitation and Hygiene	259,995
WHO	20-UF-WHO-034	Nutrition	239,996
Total			12,999,965

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	10,303,972
Funds sub-granted to government partners*	148,504
Funds sub-granted to international NGO partners*	1,019,924
Funds sub-granted to national NGO partners*	1,522,565
Funds sub-granted to Red Cross/Red Crescent partners*	5,000
Total funds transferred to implementing partners (IP)*	2,695,993
Total	12,999,965

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

After 40 years of war, annual natural disasters and persistent poverty, the people of Afghanistan have been dealt another deadly blow from COVID-19. The COVID-19 pandemic has thrown Afghanistan into an unprecedented health, social and economic crisis requiring urgent action and solidarity from the international community. With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan are facing extreme consequences from the pandemic. Limited access to water and sanitation, widespread food insecurity and high rates of malnutrition are all additional complicating factors for Afghanistan. The Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Team (ICCT) have revised the multi-year HRP with 14 million people now estimated to be in humanitarian need and a planned reach of 11.1 million people. For this work, the humanitarian community requires US\$1.1 billion. Projections of key population groups (e.g. returnees, people affected by natural disaster) have been adjusted to reflected new ground realities. Hunger and malnutrition remain at dangerously high levels despite the passing of the drought with 12.4 million people forecast to be in crisis or emergency food insecurity between June and November of 2020.

In Afghanistan, the nutrition situation amongst children under 5 years of age (U5s), as well as Pregnant and Lactating Women (PLWs) remains poor and of significant concern. According to recent estimates, the prevalence of acute malnutrition in U5s is unacceptable based on WHO public health guidelines (global acute malnutrition (GAM) ≥ 10 per cent with aggravating factors) in 27 out of 34 provinces across the country. Specifically, in the seven provinces prioritized for assistance using CERF funds, combined GAM rates range from 14%-27%, with 5 of the 7 provinces reporting GAM rates above 20% (GAM > 15% is considered very high as WHO benchmark).²

A combination of drought, prolonged conflict, economic collapse, and the prevalence of COVID-19 continues to fuel hunger and nutrition insecurity in Afghanistan. According to the most recent Integrated Food Security Phase Classification (IPC), published in September 2021, the food security situation in Afghanistan is dire, with more than half the population (22.8 million people) deemed food insecure. The National Nutrition Cluster estimates at least 3.9 million children (U5s) and PLWs are in need of acute malnutrition treatment services. Health and education sectors have been severely impacted by recent changes in national governance. The loss of primary health services could lead to a 33% increase in maternal and child mortality rates. Therefore, this contribution from CERF has helped WFP fill a critical gap in terms of the nutrition response.

Operational Use of the CERF Allocation and Results:

The Afghanistan HRP remains severely under-funded, despite a deterioration in humanitarian needs due to the added human, humanitarian and socio-economic burden of COVID-19. Only 26 per cent of requirements outlined in the revised HRP had been funded as of August 2020. In 2020, the humanitarian needs were on the increase but international donor funding to Afghanistan was low and key humanitarian programmes were underfunded. As a result, CERF allocated \$13 million to Afghanistan to sustain the implementation of key life-saving operations. The CERF funding will enable UN agencies and partners to provide life-saving assistance to 959,174 people, including 188,019 women, 187,322 men, 585,000 children, and 35,000 people with disabilities in the Food Security and Agriculture, Health, Nutrition, WASH, and Protection sectors with a focus on Gender-Based Violence (GBV).

² Based on provincial SMART surveys

People Directly Reached:

As shown in table 4 - 6 below, the CERF recipient agencies reached to a total of 1,593,370 people by various clusters, as reported by the UN agencies, which undertook measures to avoid double counting within their sectors.

Through this CERF grant, FAO and its partners directly supported 523,384 marginal and food-insecure people in 16 provinces of Afghanistan with wheat cultivation and livestock protection packages as well as technical trainings and COVID-19 awareness raising sessions. IOM has reached 176,443 host community, returnees and IDPs in Kandahar, Zaranj district of Nimroz, and Herat provinces through health education and awareness, outpatient medical consultations, maternal and reproductive health, neonatal, child and adolescent health, and mental health and psychosocial counselling and awareness services during the project period. UNICEF under the WASH and Nutrition clusters, reached to a total of 152,058 persons. A total of 124,616 persons were provided with improved water and sanitation services, contributing to preventing outbreaks of communicable diseases. CERF funds enabled WFP to procure 241.19 MT of Ready to Use Supplementary Food (RUSF) and 406.43MT of highly nutritious SuperCereal, which was distributed to beneficiaries in 7 priority provinces. With food procured, WFP treated 26,799 children and 10,838 PLWs suffering from moderate acute malnutrition (MAM). UNFPA and the implementing partner, HEWAD, have provided essential life-saving survivor-centred GBV emergency services to 50,130 people in communities affected by conflict and natural disasters in the provinces of Kandahar, Uruzgan, Helmand, Sar-e-Pul, and Takhar through the Family Protection Centers, Women-Friendly Health Spaces and GBV psychosocial counselling mobile outreach teams. And WHO reached to a total of 3,988 people with trauma care services, 1,876 people received blood bank services and 500 individuals benefited from trauma kits, 103 health workers trained on screening and management of severe acute malnutrition, and 5,589 children with SAM admitted in therapeutic feeding units. Three hospitals equipped with ETAT (emergency triage and treatment), where 76,000 people were reached through mobile health teams.

People Indirectly Reached:

The CERF recipient agencies (FAO, UNICEF, UNFPA, IOM, WFP and WHO) estimated that over 5.7 million people were reached indirectly under this allocation. FAO estimates that 2,616,920 people (i.e., the total number of agriculture-dependent people in the communities where the direct beneficiaries reside) indirectly benefited because the direct beneficiaries shared technical information which they received to other farmers (indirect beneficiaries). The information includes climate-smart agriculture, improved techniques of certified wheat seed cultivation, and integrated pest management as well as awareness building on COVID-19 safety measures to adopt at farm level and during agricultural markets' participation. In addition, the livestock owners received concentrated animal feed and deworming medicine along with technical trainings, which support the local market in terms of increased livestock production and help other communities/market stakeholders. The UNFPA project reached 420,000 people indirectly through community-based dissemination activities, facility-based PSS services, awareness raising, messaging and dissemination of information on GBV, and distribution of Dignity Kits. Based on the IOM estimation, a total of 352,886 children, girls, boys, women and men were benefited indirectly through its health education and awareness, and reproductive, maternal, neonatal, child and adolescent health services. UNICEF under the WASH and nutrition sectors, reached to 167,442 individuals. WFP estimates 150,000 people benefitted indirectly from the implementation of complementary IMAM programme activities, including health and nutrition education. And WHO reached to 2,069,600 individuals through health, nutrition and WASH components.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	52,210	51,950	78,771	77,469	260,400	112,341	114,473	147,171	149,399	523,384
Health	46,624	71,522	206,978	38,876	364,000	183,633	210,477	97,919	96,293	588,322
Nutrition	10,835	0	30,211	28,728	69,774	10,838	0	29,590	30,240	70,668
Protection - Gender-Based Violence	26,000	9,000	26,000	9,000	70,000	18,548	6,517	18,548	6,517	50,130
Water, Sanitation and Hygiene	52,350	54,850	42,551	45,249	195,000	112,716	89,187	76,015	82,948	360,866

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	3,040	4,119
Returnees	60,330	85,484
Internally displaced people	88,338	134,901
Host communities	544,566	845,482
Other affected people	262,900	523,384
Total	959,174	1,593,370

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned		Reached		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached	Planned	Reached
Women	188,019	438,076	8,806	16,392	8,806	16,392
Men	187,322	420,654	10,964	16,544	10,964	16,544
Girls	384,511	369,243	8,062	16,531	8,062	16,531
Boys	199,322	365,397	6,957	16,437	6,957	16,437
Total	959,174	1,593,370	34,789	65,904	34,789	65,904

3. LESSONS LEARNED:

OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The process for developing the prioritization strategy, including targeting and identifying locations, prior to the submission of the proposal, was very consultative and resulted in a well-coordinated response.	Clusters' lead to ensure ongoing improvement of the pre-proposal assessments and analysis to precisely identify the targeted locations and prevent duplication.
Timely support by OCHA/HFU during the proposal development phase helped shorten the overall process and effectively lessened the load on individual agencies.	WFP and other recipient agencies expect to continue providing the same level of support.

OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/ improvement	Responsible entity
Procurement of RUTF – lifesaving therapeutic supplies was essential, and no pipeline breaks were experienced in the target areas to cover the critical need of the children with SAM.	Ensure continued provision of integrated lifesaving services in the target areas.	Nutrition Cluster, UNICEF, donor community
The lack of nationwide WASH coverage data at district and village level can slow implementation as assessments need to be conducted and analysed to ensure appropriate targeting based on need and vulnerability. This is particularly challenging with security access constraints.	Nationwide survey to be undertaken with WASH Cluster Partners at community level to produce comprehensive mapping of WASH coverage and gaps.	UNICEF and WASH Cluster
Supply challenges due to a lack of capacity in the local market and COVID 19 restrictions create delays when responding to acute emergency situations such as displacement, Acute Watery Diarrhoea (AWD) outbreaks and floods.	There is a critical need to preposition stocks to respond quickly to emerging situations.	UNICEF and WASH Cluster
WFP access teams were useful in facilitating access to beneficiaries in hard to reach areas.	Agency access teams to continue providing support in the future.	WFP
Adopting GBV modality and implementation as well as involving community elders and influential people play crucial and effective role in the acceptability and continuity of GBV service. Find alternative model of transferring cash and money to project sites to cover the operation and expenditures and even the salaries of project staff in difficult condition.	Cluster and recipient agencies to continue to work with specialized working groups to improve new modalities for effective implementation.	Cluster and Specialized working Groups

PART II – PROJECT OVERVIEW

4. PROJECT REPORTS

4.1 Project Report 20-UF-FAO-029

1. Project Information			
Agency:	FAO	Country:	Afghanistan
Sector/cluster:	Food Security - Agriculture	CERF project code:	20-UF-FAO-029
Project title:	TEAM: Time-critical Emergency Agriculture inputs assistance to Marginal and food insecure farming households to mitigate impacts of COVID-19 and ongoing food crisis		
Start date:	15/10/2020	End date:	14/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 45,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 13,093,446
	Amount received from CERF:		US\$ 5,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 697,803
	Government Partners		US\$ 0
	International NGOs		US\$ 442,538
	National NGOs		US\$ 255,265
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF Emergency Response Project, FAO, through its implementing partners, directly supported 523,384 marginal and food-insecure people (47,660 households) in 16 provinces (53 districts) of Afghanistan with wheat cultivation and livestock protection packages as well as technical trainings and COVID-19 awareness raising sessions. The project overachieved the target by 28.1%.

Under the first output of the project, FAO, through its implementing partners, assisted 423,411 vulnerable rural people (37,300 households against the originally planned target of 37,200 households) with the provision of a wheat cultivation package consisting of certified wheat seed, diammonium phosphate (DAP) and urea fertilizers. Each household received 50 kg of certified wheat seed, 50 kg of DAP fertilizer and 50 kg of urea fertilizer. In addition to the inputs, 37,300 farmers received technical trainings on best practices of wheat cultivation, covering preparation of land, methods of cultivation, wheat varieties, crop rotation, irrigation methods, usage of fertilizers, controlling plant diseases and pests as well as storage, sorting and packaging of seeds.

The post-harvest monitoring (PHM) data indicates that on average the yield using the certified wheat seed was 765.57 kg per *jerib* (0.2 ha) from irrigated land and 284.85 kg per *jerib* (0.2 ha) from rain-fed land, which is higher than the average local seed variety yield of 602.72 kg per *jerib* on irrigated land.

Additionally, 99,973 vulnerable rural people (10,360 households) benefited from distribution of livestock protection packages consisting of concentrated animal feed and deworming medicine for animals. Each household received 100 kg of concentrated animal feed and deworming medicine. The deworming medicine was applied to 72,520 large and small ruminants in total. In addition, 10,360 livestock owners received technical trainings on animal husbandry and livestock management best practices.

The post-distribution monitoring (PDM) data indicates that more than half (53.9%) of the households reported increases in their animal's weight, and 37.5% of the households reported increases in dairy production from their livestock.

Additionally, under output 2 of the project, 523,384 people (47,660 households) received COVID-19 safety measures awareness raising sessions under both wheat cultivation package and livestock protection package.

3. Changes and Amendments

Thanks to economies of scale achieved in the procurement of inputs and contracting, as well as in light of the greater needs of assistance in the targeted provinces, the project was able to assist an additional 99,973 people (10,360 households) with livestock protection packages in four provinces, including Badakhshan (Teshkan and Yaftal Payeen Districts), Balkh (Charkent and Khulm Districts), Faryab (Dawlat Abad and Pashtoon Kot Districts) and Nangarhar (Lal Pora, Chaparhar, Khogyani, Kot and Shirzad Districts). The following inputs were provided:

- Each household received 100 kg concentrated animal feed.
- A total of 72,520 animals were dewormed by the implementing partners in the aforementioned provinces.
- All 10,360 livestock owners received technical livestock trainings and essential COVID-19 awareness trainings.

In addition to the livestock protection package, 1,135 people (100 households) in FaizAbad District of Jawzjan Province were assisted through the provision of wheat cultivation packages consisting of certified wheat seed, DAP and urea fertilizers. Each household received 50 kg certified wheat seed, 50 kg DAP and 50 kg urea fertilizers.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	52,210	51,950	78,771	77,469	260,400	112,341	114,473	147,171	149,399	523,384
Total	52,210	51,950	78,771	77,469	260,400	112,341	114,473	147,171	149,399	523,384
People with disabilities (PwD) out of the total										
	1,424	1,390	2,123	2,093	7,030	5,793	6,033	8,583	8,418	28,827

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

FAO estimates that 2,616,920 people (i.e., the total number of agriculture-dependent people in the communities where the direct beneficiaries reside) indirectly benefited because the direct beneficiaries shared technical information which they received to other farmers (indirect beneficiaries). The information includes climate-smart agriculture, improved techniques of certified wheat seed cultivation, and integrated pest management as well as awareness building on COVID-19 safety measures to adopt at farm level and during agricultural markets' participation. Furthermore, the increased availability of wheat straw (a by-product of the wheat harvest) in the project area helped the local livestock keepers/herders to access the same and thereby enhance their animal's body conditions. In addition, the livestock owners received concentrated animal feed and deworming medicine along with technical trainings, which support the local market in terms of increased livestock production and help other communities/market stakeholders.

6. CERF Results Framework

Project objective	Protect the agriculture livelihoods of vulnerable marginal farming households from the adverse impacts of COVID-19 shock and worsening of existing food crisis in Afghanistan by providing time-critical and season-sensitive assistance in the form of quality agriculture inputs, related technical training and awareness building on COVID-19 safety measures to adopt during farm level practices and market participation.			
Output 1	Agriculture livelihoods of 260 400 vulnerable and food insecure marginal farmers and their family members protected through provision of winter wheat production package.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of vulnerable marginal farmers and their family members provided with winter wheat production package	260 400	423,411	Profile survey report. Profile survey database. Implementing partner's final narrative reports. Distribution lists
Indicator 1.2	Number of vulnerable marginal farmers provided with technical training as part of winter wheat production package	37 200	37,300	Profile survey report. Profile survey database. Implementing partner's final narrative reports. Distribution lists
Indicator 1.3	Number of post-harvest assessment done	1 per province	1 per province	PHM report
Explanation of output and indicators variance:		Indicator 1.1. This total figure of 423,411 people is 38.5% more than the planned target of 260,400 people, which was calculated based on the average household size in Afghanistan. The actual number of people reached was greater than anticipated because the actual household size, which was determined through beneficiary profile surveys that were carried out by the implementing partners, was larger. In addition, the number of households reached (37,300) is higher than the initial target (37,200 households), as 100 extra households received wheat cultivation package. Indicator 1.2 has been slightly overachieved compared to the original target (37,200 people), as 100 additional people received technical trainings under wheat cultivation package.		

Indicator 1.3. FAO, through its third-party monitoring contractor, conducted a post-harvest monitoring (PHM) analysis for wheat cultivation in all targeted provinces and districts, and developed a consolidated report for the project. Additionally, FAO has assisted 99,073 people (10,360 households) through the provision of livestock protection package comprising concentrated animal feed, deworming medicine, technical trainings, and COVID-19 awareness sessions. Each household received 100 kg concentrated animal feed, technical training, and COVID-19 awareness. Moreover, 72,520 small and large animals were dewormed.

Activities	Description	Implemented by
Activity 1.1	Procurement of (i) 1850 Metric Tonne of certified wheat seed, (ii) 1850 Metric Tonne of DAP fertilizer and (iii) 1850 Metric Tonne of Urea fertilizer and quality testing of the same as per FAO's global seed and fertilizer quality standards and technical clearance for transport and distribution of these inputs	FAO procured 1,865 metric tonnes of certified wheat seed, 1,865 metric tonnes of DAP fertilizer and 1,865 metric tonnes of urea fertilizer along with 1,036 metric tonnes of concentrated animal feed in collaboration with accredited national / international laboratories (for quality testing).
Activity 1.2	Provision of winter wheat production package comprising 50 Kg. of certified wheat seeds along with 50 Kg. each of Urea and DAP to vulnerable marginal farmers	FAO and implementing partners (Action Aid Afghanistan, Agha Khan Foundation [AKF], Afghanistan National Reconstruction Coordination [ANRCC], Coordination of Humanitarian Assistance [CHA], Future Generation Afghanistan [FGA], Norwegian Afghanistan Committee [NAC], Organization for Relief Development [ORD], Partners in Revitalization and Building [PRB], Rural Rehabilitation Association for Afghanistan [RRAA] and ZOA), distributed winter wheat cultivation package. The package was comprised of 50 kg of certified wheat seed along with 50 kg of urea and 50 kg of DAP fertilizers in all targeted districts.
Activity 1.3	Provision of technical training on appropriate cultivation techniques for certified seed / improved varieties, climate smart agriculture and integrated / natural pest management	FAO and implementing partners (Action Aid Afghanistan, AKF, ANRCC, CHA, FGA, NAC, ORD, PRB, RRAA and ZOA) provided relevant technical trainings in all targeted districts.
Activity 1.4	Post-harvest assessment and overall regular monitoring of all project activities	FAO through a third-party monitoring contractor conducted a PHM for the wheat cultivation package in all targeted provinces and districts and developed a consolidated report for the project. In addition to the PHM, FAO conducted a beneficiary verification/baseline survey in all targeted districts and developed the relevant report. Moreover, two separate PDM surveys were conducted for the livestock protection and wheat cultivation package interventions, and a report was prepared for each. Apart from the TPM activities, FAO regional and national staff conducted regular field monitoring to project sites and shared the findings with relevant implementing partners.

Output 2	260 400 vulnerable farmers and their family members sensitized and made aware on COVID-19 safety measures to adopt at farm level practices, during market participation and in general appropriate preventive practices for minimizing transmission.	
Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Agriculture	

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of persons receiving information and awareness materials on COVID-19 safety measures to adopt at farm level practices, during market participation and in general appropriate preventive practices for minimizing transmission	260 400	523,384	Profile survey report. Profile survey database. Implementing partners final narrative reports.
Explanation of output and indicators variance:		Indicator 2.1. This total figure (523,384 people) is 50.3 percent greater than the planned target (260,400 people, which was calculated based on the average household size in Afghanistan). The actual number of people reached was greater than anticipated because the actual household size, which was determined through beneficiary profile surveys that were carried out by the implementing partners, was larger. The initial target has been overachieved due to using the actual households' members and additional 99,973 people (10,360 households) supported through livestock protection package as well as 1,135 people (100 households) assisted with wheat cultivation package. Thus, all these households received COVID-19 safety measures through relevant awareness sessions.		
Activities	Description	Implemented by		
Activity 2.1	Training, information dissemination and awareness building at village level using appropriate IEC (Information, Education and Communication) materials and awareness messages on COVID-19 safety measures to adopt at farm level practices, during market participation and in general appropriate preventive practices for minimizing transmission	FAO and implementing partners (Action Aid Afghanistan, AKF, ANRCC, CHA, FGA, NAC, ORD, PRB, RRAA and ZOA).		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁴:

FAO together with a third-party monitoring contractor and the implementing partners regularly conducted monitoring of the intervention. FAO along with the third-party monitoring contractor and implementing partners worked towards reinforcing the quality of the project as well as the organizational accountability. Furthermore, various stakeholders – Directorate of Agriculture Irrigation and Livestock (P/DAIL), Community Shuras (Community Development Council and District Development Council) and Community members – were involved in

³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

mobilization, beneficiaries' selection, and distribution of wheat cultivation and livestock protection packages. Specific questions on AAP were included in the third-party monitoring data collection tools, and the findings were shared with FAO in the form of survey reports. In addition, FAO mobilized AWAAZ Afghanistan and FAO Complaints and Feedback Mechanisms through provision of outreach materials to all beneficiaries in order to register any feedback or complaint.

b. AAP Feedback and Complaint Mechanisms:

FAO and its implementing partner established the Complaint and Feedback Mechanisms for this project in the project areas, and regularly responded to the complaints received either through these mechanisms or through field visits. AWAAZ Afghanistan – a toll-free Complaint and Feedback System implemented by the United Nations Office for Project Services (UNOPS) in the country – was also widely communicated to all beneficiaries and partner staff throughout the implementation of the project, including during the market baseline assessment before and after the intervention, community mobilization, and beneficiary selection as well as during the distribution of inputs and the provision of trainings. Information to engage with the system were communicated to beneficiaries both orally and through pamphlets in national languages, ensuring that both literate and illiterate members of the community are reached. Moreover, FAO received the third-party monitoring specific reports on complaints and investigated the findings in the field together with relevant implementing partners. Accordingly, the complaints were closed.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

FAO has already established PSEA committees at Kabul and Regional Offices' levels. These committees acted as PSEA committees for this project and shared the information with all project staff. FAO project management team provided contact cards, including their mobile phone number to all direct beneficiaries in order to record and handle any sexual exploitation and abuse related complaints in a confidential way. Information, education and communication materials were also distributed. These materials also explained how to contact AWAAZ to report this kind of issue.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

FAO prioritized households headed by women in the selection criteria to receive assistance. The project assisted 768 female-headed households with wheat cultivation packages and livestock protection packages, and promoted protection messages related to PSEA, gender-based violence and complaints-grievance mechanisms. All these female-headed households received COVID-19 sensitization information and relevant technical trainings. Furthermore, all (wheat cultivation packages and livestock protection packages) distributions as well as technical training sessions and COVID-19 sensitization sessions were organized at locations and timings convenient for women beneficiaries.

e. People with disabilities (PwD):

The project did not focus specifically on persons with disability but considered disability as part of a larger vulnerability-based beneficiary selection criteria. Thus, 1,806 households headed by people with disability received wheat cultivation packages and 975 households received livestock protection packages and were provided with relevant technical trainings and COVID-19 sensitization information.

f. Protection:

The project prioritized households headed by women and people with disability through the vulnerability-based beneficiary selection process. Furthermore, FAO organized all distributions of wheat cultivation and livestock protection packages, technical trainings as well as COVID-19 sensitization sessions at locations and timings convenient for both women and people with disabilities. In addition, FAO informed all direct beneficiaries about the FAO PSEA committees, AWAAZ, and complaints-grievances mechanisms through distribution of pamphlets, information, education and communication materials and cards with pertinent contacts' details apart from the details of wheat cultivation and livestock protection packages and COVID-19 safety measures. All COVID-19 safety measures – to ensure maximum

protection to all stakeholders involved in the project while the armed conflict and violence in the country was at its peak – were strictly followed at all the inputs distribution sites. Lastly, FAO trained all project staff including those of the implementing partners on humanitarian principles, AAP, PSEA, rights of beneficiaries, and COVID-19 safety measures.

g. Education:

The intervention provided much-needed wheat cultivation packages and livestock protection packages to vulnerable food-insecure households, which enabled these households not to adopt negative coping actions like removing children from school or reducing consumption of nutritious food. Moreover, the sensitization on COVID-19 safety measures including those to be adopted at household, farm, livestock, and markets levels, as well as in general in public spaces contributed to maintaining an acceptable level of hygiene and thus avoiding illnesses within the households. In addition, FAO conducted trainings of trainers for relevant implementing partners and directorate of agriculture, irrigation and livestock staff.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Emergency wheat cultivation package	https://twitter.com/FAOAfghanistan/status/1363701561302523904?s=20
Emergency wheat cultivation package	https://twitter.com/FAOAfghanistan/status/1402591996078968837?s=20
COVID-19 awareness	https://twitter.com/FAOAfghanistan/status/1398904585671032837?s=20
COVID-19 awareness	https://twitter.com/FAOAfghanistan/status/1398904585671032837?s=20

4.2 Project Report 20-UF-IOM-027

1. Project Information			
Agency:	IOM	Country:	Afghanistan
Sector/cluster:	Health	CERF project code:	20-UF-IOM-027
Project title:	Providing emergency health services towards vulnerable returnees and displaced population in Afghanistan		
Start date:	03/11/2020	End date:	02/11/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 15,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 8,900,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM reached 176,443 (35,151 women, 103,120 men, 12,413 girls and 25,759 boys) host community, returnees and IDPs in Kandahar, Zaranj district of Nimroz, and Herat provinces through health education and awareness, outpatient medical consultations, maternal and reproductive health, neonatal, child and adolescent health, and mental health and psychosocial counselling and awareness services, between 03 November 2020 to 02 November 2021. Through its health education and awareness sessions, IOM created awareness on key themes such as breastfeeding, maternal and child nutrition, immunization, personal and environmental hygiene, birth preparedness and complications, family planning, safe drinking water, communicable disease prevention, detection and response (such as tuberculosis) as well as providing COVID-19 testing and vaccinations. Through this project, IOM also provided outpatient department (OPD) consultations to 56,728 (22,481 women, 14,043 men, 10,397 girls and 9,807 boys) people through Mobile Health Teams (MHTs) at the community and fixed health centre levels. The consultations provided were related to maternal and neonatal care, child health and immunization, public nutrition, communicable disease prevention, detection and treatment, mental health, disability and physical rehabilitation awareness, referral of complicated emergency cases and dispensing of free essential medicine.

Over the course of the project period, in total 1,947 complex emergency patients (188 women, 1,449 men, 102 girls and 208 boys) were managed and referred to secondary and tertiary level health facilities. Antenatal care was provided to 2,997 pregnant women at varying stages of pregnancy who were also provided with dignity kits such as sanitary pads, underwear, body soap, toothbrush and toothpaste, baby pants and blankets, and veils. To contribute to the national efforts of improving the primary health care system in primary health facilities, IOM procured and distributed 208 essential medicine and non-medical items for all provinces and IOM MHTs. The non-medical items included portable plastic tables and chairs, nylon carpets, tents, net bags, metallic boxes, and medical white coats. As a result of

the essential medicine support, migrant returnees, IDPs and host communities affected by the crisis have been provided with prescribed medicines free of charge, which enhances the primary healthcare service accessibility to most underserved communities. Fifty community-based health workers (25 women and 25 men) trained in incident-based surveillance to properly identify COVID-19 cases, manage, refer, and track it with contact. One hundred sixty-one health facility medical staff (70 women and 91 men) including doctors, nurses, and midwives were trained in infectious disease outbreak prevention, control and response including case management and prevention of the spread of COVID-19. Two thousand six hundred eighty-six patients (535 women, 1,570 men, 189 girls and 392 boys) with diverse types of disabilities (physical, visual, hearing, psychological, intellectual/development and learning disabilities) were supported with psychosocial counselling and mental health treatment.

As a result, IOM contributed to the efforts of continuing essential emergency and life-saving health care services for returnees, IDPs and host communities in the targeted provinces.

3. Changes and Amendments

No amendment to the project was requested, however it should be noted that after the collapse of the previous Government of Afghanistan, a significant influx of Afghanistan returnees arrived both voluntarily and involuntarily from Iran. During the transition period to the de facto authorities' take over, IOM Mobile Health Teams (MHTs) started the proposed interventions in Nimroz and Herat provinces ahead of the planned workplan, starting from the end of August 2021 in Kandahar and Herat, and the end of September in Nimroz. Due to the above-mentioned reasons, the number of people reached through the project exceeded the target initially set.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	8,606	6,760	6,515	5,119	27,000	7,137	20,938	2,520	5,230	35,825
Internally displaced people	8,606	6,760	6,515	5,119	27,000	18,200	53,392	6,427	13,337	91,356
Host communities	1,912	1,502	1,448	1,138	6,000	9,814	28,790	3,466	7,192	49,262
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	19,124	15,022	14,478	11,376	60,000	35,151	103,120	12,413	25,759	176,443
People with disabilities (PwD) out of the total										
	382	300	290	228	1,200	535	1,570	189	392	2,686

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project was able to reach a significant number of people indirectly due to the reproductive, maternal, neonatal, child and adolescent health services, health education, awareness, and outreach activities. Pregnant and lactating mothers and adolescent girls who participated in regular health education and awareness on sanitation and hygiene, and consultation on maternal and child health and nutrition, and reproductive health reached indirectly children under five years, sisters and relatives of adolescent girls, and women and men family members. In addition, the 50 community health workers trained in community disease surveillance reach other community members in their circle. In summary, if each direct beneficiary reaches two other people, IOM indirectly reached 352,886 children, girls, boys, women and men through its health education and awareness, and reproductive, maternal, neonatal, child and adolescent health services in the target project provinces.

6. CERF Results Framework

Project objective	The overall objective is to provide access to emergency and life-saving health care services - for returnees, IDPs and host communities.			
Output 1	Life-saving primary healthcare is available through Mobile Health Teams (MHTs) and fixed health posts			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of consultations provided	20,000	56,728	Weekly report
Indicator 1.2	Number of emergency patients managed at higher level centres	600	1,947	Weekly report
Indicator 1.3	Number of pregnant mothers receiving Anti-Natal Care (ANC)	2000	2,997	Weekly report
Explanation of output and indicators variance:		<p>Through this project, 56,728 patients received emergency life-saving health care services such as maternal and neonatal care, child health and immunization, public nutrition, communicable disease treatment, mental health, disability and physical rehabilitation awareness, referral of complex emergency cases and dispensing of free essential medicine. Of the total number of patients, 2,686 patients have disabilities (physical, visual, hearing, psychological, intellectual/development and learning disabilities). Antenatal care services, as well as dignity kits, were provided to 2,997 pregnant women in various stages of pregnancy.</p> <p>As basic health service provision was defunded in Afghanistan after the de facto authorities took control post-15 August the caseload for primary health care and IOM outreach health services demand dramatically increased. In addition, IOM had one additional medical doctor in each mobile health team. As a result, an over achievement was recorded under all the project indicators.</p>		
Activities	Description	Implemented by		
Activity 1.1	Deploy 3 MHTs to extend essential health services and health screening	IOM deployed three (3) MHTs to provide essential life-saving health care services and health screening for returnees, IDPs and most affected host communities.		

Activity 1.2	Procure medicines and medical supplies and equipment	IOM procured and supplied 208 medicines and essential medical and non-medical product items to its MHTs and public health facilities.
Activity 1.3	Provision of emergency life-saving health care through referral management	IOM referred 1,947 medical cases with complications to higher level health facilities for specialized services.

Output 2 Community-based surveillance, outreach and response systems are available to address life-threatening conditions related to communicable diseases

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people engaged with targeted health education and outreach	40,000	176,443	Weekly report
Indicator 2.2	Number of community-based workers trained on incident-based surveillance	150	50	Training report
Indicator 2.3	Number of staff trained on outbreak response including case management	200	161	Training report

Explanation of output and indicators variance:

IOM provided health education and awareness to the 176,443 (35,151 women, 103,120 men, 12,413 girls and 25,759 boys) host community, returnees and IDPs. Fifty community-based health workers were trained in incident-based surveillance to properly identify cases, manage, refer and track cases with contact. IOM trained 161 medical staff (doctors, nurses, and midwives) in infectious disease outbreak, prevention, control and response as well as case management and prevention of the spread of COVID-19.

At the time of the training, in July 2021, there was an access challenge in most districts of Kandahar province. Most medical staff and community health workers were displaced due to the conflict in these areas, and as such the number of trainees for targeted health workers were reduced accordingly. Trainings in the provinces of Nimroz and Herat continued apace for the duration of the project.

Activities	Description	Implemented by
Activity 2.1	Provide targeted health education and outreach on COVID-19 and other communicable diseases through public health sessions.	Through its health education and awareness and as well as Risk Communication and Community Engagement (RCCE) activities, IOM reached 176,443 people affected by the crisis.
Activity 2.2	Provide training on community -based surveillance system	To build the capacity of the Ministry of Public Health (MoPH) staff, IOM provided community-based infectious disease surveillance including COVID-19 surveillance training for 50 community health workers in the target provinces. The training was a full day-long training.
Activity 2.3	Provide training to medical staff on outbreak response	IOM also provided a day-long infectious disease outbreak prevention, control, and response training for 161 MoPH medical staff.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁶:

IOM, guided by the Accountability to Affected Populations (AAP) framework, mainstreams AAP activities into the project cycle management phases. IOM conducted a desk review and partner consultation to identify the priority needs of communities affected by the crisis. To minimize duplication of efforts, IOM has been working in coordination with other partners and UN Agencies. IOM shares information about the organization, services and its staff code of conduct to partners and communities affected by the crisis.

To improve community participation, IOM regularly conducted consultations with the local community leaders such as maliks (village representatives) and shuras (consultative gatherings) throughout the project implementation process. To build partners' capacity, IOM also hired a national third-party monitoring sub-contractor that conducted Post Patient Monitoring (PPM) surveys on a regular basis. Feedback and complaints from the target population was collected through the PPM survey, Ministry of Public Health (MoPH) and AWAAZ hotline and were addressed in a timely manner.

b. AAP Feedback and Complaint Mechanisms:

IOM has established an internal mechanism to collect feedback and complaints from affected communities. IOM uses AWAAZ-the interagency feedback and complaint mechanism, Ministry of Public Health hotline phone and Post Patient Monitoring (PPM) survey to receive feedback and complaints from the affected communities by the crisis. IOM regularly conducts PPM surveys to ensure the quality of project implementation and target population satisfaction with the services provided by IOM. According to the PPM survey conducted on December 2021, 98 per cent of the surveyed patients reported that either they or their household members were satisfied with the service received from IOM. On the other hand, patients raised their concerns about the waiting time to see a doctor. IOM is working with its partners on how the waiting time could be shortened to reduce the grievances.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Globally, IOM has clear policy and procedures for Preventing and Responding to Sexual Exploitation and Abuse (PSEA) by its employees while working with people it aims to assist. IOM Afghanistan uses AWAAZ and MoPH hotline in addition to its internal reporting mechanism- We Are All In hotline email, weareallin@iom.int. IOM has also a clear policy and procedure on how to investigate sensitive issues including SEA reports. To ensure all IOM staff are aware of the SEA policies and procedures, PSEA training is being provided on a mandatory basis to IOM employees before they join IOM and a refresher training after. IOM has been contributing to the efforts of the inter-agency IOM Afghanistan PSEA coordination mechanism to prevent and address SEA incidents. IOM Migration Health conducted training on PSEA reporting and referral mechanisms within IOM to the sub-working group within the protection team that handle and follow up reports.

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Through this CERF project, IOM raised awareness of the community on child protection, gender equality and promoted women empowerment. The services were provided to all people (women, men, girls and boys) with consideration of humanitarian main principles (impartiality, neutrality, do no harm and independence). During the implementation of the project activities, psychosocial counsellors raised awareness of men, women, girls and boys on prevention of family conflict, strengthening positive coping mechanisms, positive parenting skills, psychosocial support, and others to empower women and girls.

e. People with disabilities (PwD):

During the project, IOM reached 2,686 (535 women, 1,570 men, 189 girls and 392 boys) people with disabilities through essential health care and referral support. The primary and specialized services provided to people with disabilities were through MHTs and hospitals with Long Term Agreements (LTA), respectively. The MHTs raised community awareness on the prevention and referral of disability cases, especially women and girls.

f. Protection:

To ensure the do no harm principle is respected, IOM has been working closely with community leaders (in both *maliks* and *shuras*) to ensure services are appropriate to the communities' identified priority needs and in respect to cultural norms, and that vulnerable groups can access IOM services, inclusive of women, PwD, and the elderly, without causing additional harm. The MHT modality is designed to bring services to communities in need, limiting potential risks in travelling to health centres for care by improving accessibility to health care services. All of IOM's MHTs, social mobilization teams and Rapid Response Teams include at least one female staff member to ensure that access to health care for women and girls is equitable and protection sensitive. IOM conducted unique focus group sessions that are organized for women only to empower them and support them to make informed decisions about how to protect themselves and their families from risks.

g. Education:

Through this project, IOM was able to provide health education and awareness to over 176,000 migrant returnees, IDPs and the most vulnerable host community. The themes of the health education include the following if not all. These were appropriate hygiene and sanitation practices, family planning, maternal and child nutrition, mental health well beingness, and COVID-19 preventive measures, and response. Similarly, through the support of this project, capacity building training was provided for community-based health workers to improve incident-based surveillance and to properly identify cases, manage, refer and track cases with COVID-19. Fifty community health workers were trained in community based infectious disease surveillance for one day in the target provinces. IOM also trained 161 medical staff (doctors, nurses, and midwives) in infectious disease outbreak, prevention, control and response as well as case management and prevention of the spread of COVID-19.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

4.3 Project Report 20-UF-FPA-034

1. Project Information

Agency:	UNFPA	Country:	Afghanistan
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	20-UF-FPA-034
Project title:	Addressing the immediate needs of GBV survivors and women and girls at-risk in the conflict affected areas		
Start date:	03/11/2020	End date:	31/12/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 4,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 1,600,000
	Amount received from CERF:	US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:	US\$ 864,768
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 859,768	
Red Cross/Crescent Organisation	US\$ 5,000	

2. Project Results Summary/Overall Performance

Through this CERF grant for Under Funded Projects, UNFPA and the implementing partner, HEWAD, have provided essential life-saving survivor-centred GBV emergency services to 50,130 people in communities affected by conflict and natural disasters in the provinces of Kandahar, Uruzgan, Helmand, Sar-e-Pul, and Takhar through the Family Protection Centers, Women-Friendly Health Spaces and GBV psychosocial counselling mobile outreach teams.

Despite the changing political landscape in Afghanistan and the unprecedented COVID-19 pandemic, UNFPA successfully accomplished the following interventions that are in line with the agreed proposal:

- Established 10 Family Protection Centres
- Established 10 Women-Friendly Health Spaces;
- Activated 5 GBV psychosocial counselling mobile outreach teams in the targeted provinces;
- All required staff hired to provide essential and lifesaving services in 5 targeted provinces: In total 90 staff were recruited for this project in targeted locations including 60 female staff (FPCs staff, WFHSs and GBV PSSC mobile outreach team staff)
- All required medical and non-medical equipment were supplied to FPCs and WFHSs
- Initial orientation sessions and online trainings were conducted for newly-recruited staff
- Referral pathways and coordination network established with existing service providers' entities
- Raised awareness at community level on available GBV services

UNFPA established a safe and confidential GBV referral mechanism that ensured multi-sectoral coordination of relevant services which were essential for ensuring minimum capacity to respond through survivor-centered approach by following the guiding principles of safety, confidentiality, respect, and non-discrimination, as well as observing the 'do no harm' principle. Further, UNFPA delivered psycho-social support services that included psychological first aid, referrals, and case management, and GBV risk mitigation activities. Men and boys were engaged through community mobilization and GBV awareness activities, in line with the GBVSC and Protection Cluster HRP priorities.

3. Changes and Amendments

Following an initial rapid needs assessment by HEWAD, the implementing partner on the ground, a set of recommendations were presented to UNFPA based on security and accessibility changes in the locations (Districts) due to insecurity, blockage of roads, and checkpoints established by anti-government elements (AGEs) and due to ongoing armed clashes between government armed forces and AGEs. UNFPA conveyed the findings to OCHA and requested to change the project locations.

OCHA approved the request and the project was implemented in new locations. The initial locations as per the approved CERF proposal were Kandahar (Arghandab and Miyan Nasheen), Uruzgan (Deh Rawood and Khas Uruzgan), Zabul (Qalat & Mezana), Sar-e-Pul (Gosfandi and Sar-e-Pul), and Takhar (Rastaq and Taluqan). The new approved locations were in Kandahar (Miyan Nasheen-Spin Boldak), Uruzgan (Deh Rawood-Chinarto), Zabul (Mezana-Shah Joee), Sar-e-Pul (Godfandi-Sayat), and Takhar (Rastaq-Farkhar).

The security landscape in Afghanistan is quite volatile, and during the project inception phase, the provinces of Uruzgan (except the city center) and Zabul proved to be inaccessible to our implementing partner. Changes in locations were suggested by the implementing partner due to an increased presence of AGEs, which was discussed with OCHA and as per the OCHA recommendation the suggested options for locations were consulted and discussed with the GBV Sub Cluster, the Protection Cluster and the Humanitarian Action Group. The suggested changes as indicated below in one province and districts which are still within the geographical coverage of the underfunded CERF was agreed and shared through an official letter sent by UNFPA to OCHA. The approval for changing location was granted by OCHA in March 2021.

Zabul province (Qalat and Mezana districts) is replaced by Helmand province (Lashkargah and Grashk districts). The city centre of Uruzgan (Trinkot) substitutes one of the inaccessible districts (Khas Uruzgan) as initially planned, whereas Deh Rawood was replaced by Worsaj district in Takhar province.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	6,000	2,750	6,000	2,750	17,500	4,261	2,005	4,261	2,005	12,532
Internally displaced people	8,000	2,500	8,000	2,500	21,000	5,715	1,805	5,715	1,805	15,040
Host communities	12,000	3,750	12,000	3,750	31,500	8,572	2,707	8,572	2,707	22,558
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	26,000	9,000	26,000	9,000	70,000	18,548	6,517	18,548	6,517	50,130
People with disabilities (PwD) out of the total										
	3,000	700	1,500	400	5,600	2,166	490	1083	271	4,010

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

UNFPA and its implementing partner provided services via Family Protection Centers, Women Friendly Health Spaces (WFHS) and GBV-psycho-social support Mobile Outreach Teams (MOT) to different categories of vulnerable people. In addition, community dialogues were conducted prior to increased risk and insecurities. The WFHS and MOTs conducted awareness sessions where women, men, boys and girls were sensitised on different aspects of GBV, including how to prevent harmful practices in the community.

The project was able to indirectly reach 420,000 people through community-based dissemination activities, facility-based PSS services, awareness raising, messaging and dissemination of information on GBV, and distribution of Dignity Kits. Each Dignity Kit contains sanitary napkins and basic supplies to meet women's needs during menstruation period as well as key messages related to GBV.

After 15 August 2021 collapse of the previous government and the Taliban takeover of the country, the catchment area of WFHS and psychosocial MOTs were increased, and project staff conducted extensive numbers of awareness sessions. This led to an increase in the number of services provided on GBV-related issues for women, girls, men and boys.

6. CERF Results Framework

Project objective	. To address the immediate needs of GBV survivors and women and girls affected by the on-going conflict, displacement, and natural disasters in underserved areas of Kandahar, Uruzgan, Zabul, Sar-e-Pul, and Takhar provinces, Afghanistan through provision of life-saving multi-sectoral services for prevention and response to gender-based violence.				
Output 1	Increased access to and utilization of life-saving survivor-centered GBV emergency services for conflict affected and natural disaster affected communities in Kandahar, Uruzgan, Zabul, Sar-e-Pul, and Takhar provinces.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of mobile outreach teams established	05	5 Mobile outreach teams established and activated	IP reports and regular weekly/ monthly updates and quarterly work plan progress reports	
Indicator 1.2	Number of Family Protect Centres (FPCs) established, fully equipped and functional	10	10 Family Protection Centres established, equipped and functionalized in the targeted locations	IP reports and regular weekly/ monthly updates and quarterly work plan progress reports	
Indicator 1.3	Number of Women Friendly Health Spaces (WFHSs) established, fully equipped and functional	10	10 Women-Friendly Health Spaces established, equipped and functionalized in the targeted locations	IP reports and regular weekly/monthly updates and quarterly work plan progress reports	
Indicator 1.4	Number of at-risk women and girls received specialized GBV health, legal/police and PSS services and screened through the FPCs.	11,000	12,656	IP reports and regular weekly/ monthly updates and quarterly work plan progress reports	
Indicator 1.5	Number of at-risk women and girls received PSS and awareness information services through the Women Friendly Health Spaces	16,500	15,362	IP reports and regular weekly/monthly updates and quarterly work plan progress reports	

Indicator 1.6	Existence of functional GBV referral pathways and Referral map for GBV services in the targeted provinces	05	5 functional referral pathways established in the targeted provinces	IP reports about referrals from and to other service providers and GBV stakeholders
Indicator 1.7	Percentage of cases referred in to the FPCs and received specialized GBV health, legal and PSS services	50%	41%	IP reports and monitoring
Indicator 1.8	Number of women, men boys, and girls, including women with disabilities are engaged in community mobilization	42,500	20,962	IP reports and regular weekly/monthly updates and quarterly reports

Explanation of output and indicators variance: The overall achievement for the indicators is 72% from the initial targets. The COVID-19 pandemic, increased insecurities, armed clashes and roads closure caused delays in starting project activities. The project locations were also changed later after getting required clearance and approval (activities started in March 2021 in Helmand, Uruzgan and one district of Takhar), while some service delivery points and activities were closed in June, July. On 15 August, the Taliban took over the country and caused temporary closure of facilities and suspension of service provision.

Activities	Description	Implemented by
Activity 1.1	Establishment of five (05) mobile PSS outreach teams to provide PSS counselling, awareness, sensitization and other services	Implementing partner HEWAD, with the technical support and guidance of UNFPA has established and functionalized 5 GBV psychosocial mobile outreach teams to provide psychosocial counselling, awareness and sensitization services.
Activity 1.2	Establishment of ten (10) FPCs by refurbishing and furnishing the 1-2 rooms in health facility/or installation of pre-fab rooms for the provision of quality GBV services package (health, PSS counselling, legal advice, case management and referral) services* to GBV survivors in the five (05) targeted provinces (02 FPCs per province)* Services also including provision of post-rape kits (purchase, prepositioning at FPC level, training-in use and monitoring)	Implementing partner HEWAD, with the technical support and guidance of UNFPA, established, equipped and functionalized 10 FPCs in the targeted locations. The FPCs are established in District level health facilities in close coordination with provincial public health authorities and hospital management.
Activity 1.3	Establishment of ten (10) WFHSs for the provision of quality GBV psychosocial, awareness raising, sensitization sessions and referral services for women and girls, including GBV survivors in the five (05) targeted provinces (02 WFHSs per province)	Implementing partner HEWAD, with technical support and guidance of UNFPA, established and functionalized 10 Women-Friendly Health Spaces in the targeted provinces. WFHS are established at easily accessible locations in the community and provide psychosocial counselling, awareness and referral services to women/girls in need.
Activity 1.4	Orient the newly recruited frontline health workers/GBV staff for the FPCs, WFHSs and Mobile Outreach PSS Teams on minimum standards and life-saving protocols to provide quality GBV services to survivors of GBV.	Implementing partner HEWAD initial orientation sessions have been conducted for newly recruited staff as well as some online trainings (as needed).
Activity 1.5	Conduct mapping of the existing services providers to strengthen the five (05) referral pathways in the five (05) targeted provinces	Referral pathways and coordination network established with existing service providers and relevant government entities in all the targeted provinces.
Activity 1.6	Distribution of 2500 Dignity Kits to at risk and vulnerable women and girls with specific needs including women and girls with disabilities	Despite COVID-19 pandemic and closure of borders that caused delays in the procurement and supply of dignity kits, UNFPA and implementing partner managed

	successfully to distribute a total of 2,500 Dignity Kits to women and girls in the targeted locations.
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Output 2 Increased awareness on women protection issues including access and provision of timely GBV services are promoted among key stakeholders, and community members including, men, women, persons with disabilities and adolescent girls and boys.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of participants in community dialogues on GBV issues, including access and provision of timely GBV services in the five targeted provinces.	5,500	1,150	IP report, weekly/monthly updates
Indicator 2.2	Number of at-risk women and girls of age, including women with disabilities who receive a communications package including COVID-19 risk mitigation and availability of GBV services along with COVID-adapted Dignity Kits	2,500	2,500	Dignity kits distribution lists and reports

Explanation of output and indicators variance: The number of participants reached under the community dialogues on GBV issues were only 1,150 [21%] from the initial targets, Due to Covid-19 pandemic (to comply with WHO and MOPH guidelines), increased insecurities, armed clashes and roads closure caused delays in starting project activities and later to change the target locations after getting required clearance and approval (activities started in March 2021 in Helmand, Uruzgan and one district of Takhar) only few community dialogues conducted, and after 15th August when previous government collapsed and Taliban took over the country and sensitivity increased, conducting community dialogues were not possible and IP could not organize the planned dialogues.

Activities	Description	Implemented by
Activity 2.1	Conduct community dialogues related to life savings protection and awareness information with key stakeholders and community members on awareness and information about GBV services and how to access them	Implementing partner (HEWAD) conducted community dialogues in the targeted provinces to increase awareness about the prevention of GBV and access to available services. However, due to Covid-19 in early 2021 and later on increased insecurity, armed clashes and GBV sensitivity, further community dialogues were halted.
Activity 2.2	Conduct community mobilization and outreach for GBV risk mitigation and awareness on available services	Implementing partner (HEWAD) conducted community mobilisation and outreach via mobile outreach teams to increase awareness about available GBV services and risk mitigation.
Activity 2.3	Messaging and dissemination of information on GBV related messaging	The Implementing partner disseminated information and messages about GBV prevention and information.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁸:

To ensure stakeholders' engagement and community participation, from the early stage of the project implementation, UNFPA coordinated and brought relevant partners around the table to understand the project goal, objectives and key activities. UNFPA created strong links and coordination with different partners including local and international NGOs, donor community, government, community leaders, and UN agencies. Through GBVSC's monthly meeting, UNFPA presented the project's objective, geographic focus, and primary interventions and received feedback from members of GBV SC.

UNFPA's implementing partner (HEWAD) conducted regular coordination meetings with all relevant government and non-government stakeholders in the targeted provinces to make sure services are effectively provided and accessed by the people in need. Furthermore, the implementing partner also engaged and involved community leaders and beneficiaries on the ground to ensure people, particularly vulnerable women and girls, had access to life saving GBV services.

b. AAP Feedback and Complaint Mechanisms:

Community participation for women, girls, and other vulnerable groups was ensured in the provinces where the project was implemented. They were given opportunities to provide feedback via established accountability frameworks/platforms such as AWAAZ Afghanistan and Youth Health Line (YHL). UNFPA also worked with the IP to establish field level complaint response mechanisms. Inter-Agency Accountability Call-Centre AWAAZ, Youth Health Line, and community dialogues encouraged female feedback to ensure beneficiaries' voices and concerns were heard and acted upon. This included transparently and effectively sharing information with targeted communities and providing the opportunity to conduct project review meetings with stakeholders and beneficiaries. UNFPA also engaged with the Department of Public Health at the provincial level to ensure their contribution to effectively provide services to people in need.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Concrete strategies and interventions were created to maintain safe and respectful environments for women and girls. UNFPA and its implementing partner worked to address and prevent violations and support partners to integrate Prevention of Sexual Exploitation and Abuse (PSEA) into national development and humanitarian programmes. Implementing partner used the existing PSEA policies, procedures, and other safeguarding measures to create safe and respectful environments for women and girls during the execution of the project. UNFPA completed the assessment of HEWAD and provided orientation and training to all staff on PSEA procedures including, reporting, confidentiality, and follow-up. Furthermore, HEWAD organization have incorporated the prevention of sexual exploitation and

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

abuse of power and sexual Harassment in the organization HR policy and trained all the project staff members to enhance their awareness on PSEA and how to report SEA cases.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

With the support of the CERF funding, the project helped provide GBV services to different categories of target beneficiaries including women, girls, people with disabilities, and conflict-induced displaced people, and has given them opportunities to access GBV services and information. Engagement with stakeholders and community members, especially community leaders, has added value in GBV knowledge and contributed to GBV risk mitigation and prevention.

The Family Protection Centres are established at health facilities to make sure all the people from different community groups can have access to the services they require, as health facilities are the places where every community member (women, girls, PWD, minorities) can have easy access. Women-Friendly Health Spaces are established at the community level by identifying suitable place to make sure the easy access of women and girls to the WFHSs and get the required services. GBV psychosocial mobile outreach teams targeted those who cannot visit static facilities and planned their visits to different locations in the targeted districts to reach those who need the services and conducted group counselling, individual psychosocial counselling and awareness sessions for women, girls, men and boys from all levels of the community.

e. People with disabilities (PwD):

UNFPA provided guidance and shared information with the implementing partner to focus more on the access of women and girls with disabilities to the services, especially at Women Friendly Health Spaces, and provide all required support to women and girls with disabilities at Family Protection Centres. Furthermore, UNFPA and its implementing partner reached women and girls with disabilities via GBV Mobile Outreach Teams, ensuring that despite their movement limitations, they receive the required essential services.

f. Protection:

The project targeted GBV survivors and at-risk and vulnerable women and girls, including those with disabilities. The project demonstrated protection for the vulnerable groups through awareness, community outreach, and provision of lifesaving and essential GBV services via Family Protection Centres, Women-Friendly Health Spaces, considering the GBV guiding principle including safety, respect, confidentiality and no discrimination and established a referral network in all targeted provinces to make sure that survivors could have access to required additional services by other GBV stakeholders in the provinces. Implementing partner with the technical support and guidance of UNFPA applied all those mitigation measures specially reframing the GBV services as psychosocial services to make sure service provision continue in the context where sensitivities towards GBV are increased and the service providers and those receiving services are not exposed to additional risks and harm.

Furthermore, the project also demonstrated linkages and contribution of GBV Sub Cluster to the overall objectives of the Protection Cluster.

g. Education:

The awareness intervention was considered as another way to educate communities on GBV issue. Men and boys were engaged and reached for sensitization on GBV-related issues via awareness raising sessions conducted by GBV Mobile Outreach Teams. This project intervention significantly contributed to gender equality and addressed gender inequalities in the long run. The immediate output of this intervention resulted in increased awareness of GBV that resulted in the reduction of GBV cases in the community.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned

Achieved

Total number of people receiving cash assistance:

No	No	N/A
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

4.4 Project Report 20-UF-CEF-054

1. Project Information			
Agency:	UNICEF	Country:	Afghanistan
Sector/cluster:	Nutrition Water, Sanitation and Hygiene	CERF project code:	20-UF-CEF-054
Project title:	Delivery of Nutrition and WASH services for reduction of mortality and morbidity in Afghanistan in COVID-19 context		
Start date:	28/10/2020	End date:	27/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 50,400,000	
		US\$ 90,890,000 (revised in Aug-2021)	
	Total funding received for agency's sector response to current emergency:	US\$ 27,674,194	
		US\$ 72,720,372 (as of 30 Nov 2021) ⁹	
	Amount received from CERF:	US\$ 2,875,000	
	Total CERF funds sub-granted to implementing partners:	US\$ 569,710	
		Government Partners	US\$ 148,504
	International NGOs	US\$ 406,095	
	National NGOs	US\$ 15,111	
	Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Summary: This Under Funded Emergencies (UFE) allocation from CERF enabled UNICEF to reach a total of **152,058 persons** (34,966 women, 32,615 men, 43,635 girls, 40,842 boys) with lifesaving Nutrition and WASH services. Specifically, a total of 27,442 children aged 6-59 months with Severe Acute Malnutrition (SAM) were treated during the project period, with CERF-funded supplies replenishing utilized stocks after their arrival in country. A total of 124,616 persons were provided with improved water and sanitation services, contributing to preventing outbreaks of communicable diseases.

In **Nutrition**, UNICEF was able to procure 24,881 cartons of Ready-to-Use Therapeutic Food (RUTF) for the treatment of Severe Acute Malnutrition (SAM) with funding from CERF. While waiting for the CERF-funded supplies to reach Afghanistan, UNICEF worked with the implementing partners (IPs) to distribute the lifesaving therapeutic food from the existing stocks. During the grant's validity, a total of **27,442** children (12,349 boys, 15,093 girls) aged 6-59 months with SAM were treated in the 26 target provinces, against a target of 26,600. When the CERF's consignments arrived in country, they were used to replenish the stock. This represents a minor increase against planned targets, resulting from fluctuations in market prices of the procured RUTF.

⁹ [UNICEF Afghanistan Situation Report, 30 November 2021.](#)

In **WASH**, UNICEF, in collaboration with the former government and national/international NGOs IPs reached a total of **124,616** persons (34,966 women, 32,615 men, 28,542 girls, 28,493 boys), with improved water and sanitation services (this figure avoids double counting as multiple services, mentioned below, were provided to the same beneficiaries) in 24 districts across 10 provinces. This result was achieved against a planned total of 70,000 persons – the increase was made possible within the available ceiling because of i) co-funding by complementary funding sources, and ii) savings which enabled an increase of hygiene promotion activities with a lower unit cost and iii) rehabilitation rather than new construction of water systems and school sanitation in some locations.

A total of 18 durable and sustainable water supply projects were installed reaching 10,930 people (7,515 of whom were conflict affected IDPs), while two solar water systems were repaired for 3,024 people. A total of 20 water user committees were set up with women and adolescents comprising 50 per cent of the committees, and four community technicians were trained in operation and maintenance (O&M) of the water systems. 2,826 conflict affected IDPs were supported with emergency water trucking. 124,616 people (17,802 families) were supported with hygiene promotion including 26,224 conflict affected IDPs and 72,398 people from host communities in humanitarian need and 25,994 children in schools. Furthermore, 12 health care facilities (HCFs) with an estimated catchment of 120,000 people, and 36 schools, were equipped with improved water facilities benefitting over 25,994 children and reaching a potential 120,000 people under the catchment of each HCF. All these results have contributed to preventing outbreaks of communicable diseases in these areas.

3. Changes and Amendments

In **Nutrition**, under Output 1, the initial estimation for procurement of RUTF was of 24,117 cartons. However, the temporary fluctuation in the price of RUTF during the project period led UNICEF to procure an additional 764 cartons of RUTF using the amount of funding allocated. In total UNICEF procured 24,881 cartons of RUTF (+3 per cent) within the available ceiling.

In **WASH**, approval was granted by CERF for the inclusion of four additional districts (Daman in Kandahar, Aqcha in Jawzjan, Dulaina in Ghor, Ab-Kamary in Bagdhis), following a request from UNICEF partners and concerned authorities for inclusion of these districts for WASH interventions. This was due mainly to a significant rise of WASH needs caused by escalating conflict and imminent drought. In addition, these districts are included as part of the 25 most critical provinces in the “Spring Disaster Contingency Plan” for urgent multi-cluster response. These districts were targeted with the exception of Ab-Kamary where, despite the identification of project activities through the Ministry of Rural Rehabilitation and Development (MRRD), activities were eventually completed through complementary (non-CERF) funding streams.

Funds were made available to UNICEF for WASH support to schools, however these funds were insufficient to fund comprehensive WASH in the schools UNICEF had prioritized. Complementary funding sources were used to co-fund CERF’s support to WASH in schools, with only the sanitation component in schools implemented with CERF funding – the other funding being used for handwashing and water facilities. Additional complementary funding sources were also utilized to support the distribution of hygiene supplies, with CERF funds being used to procure the supplies. The co-funding allowed significant savings under CERF to be made and these savings were channelled into additional WASH for schools and hygiene promotion which has a far lower unit cost than infrastructural WASH work. This contributed to the significantly higher number of people reached.

While a total of 12,550 “Internal Displaced Persons” were initially planned to be targeted with this funding, no IDPs were reached through this contribution. Sanitation activities targeting IDPs did not occur as the needs were met by other WASH cluster partners.

Finally, note that while the proposal included a target of 2,500 persons under “Other Affected Persons” for boys and girls benefitting from improved WASH in Schools, these are already included under “host communities” and so have not been included to avoid double counting.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	431	367	798	0	0	370	453	823
Host communities	0	0	13,933	11,869	25,802	0	0	11,979	14,640	26,619
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	14,364	12,236	26,600	0	0	12,349	15,093	27,442
People with disabilities (PwD) out of the total										
	0	0	584	480	1,064	0	0	462	541	1,003
Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	1,870	1,870	2,295	2,465	8,500	5,996	6,006	6,864	7,358	26,224
Internally displaced people	2,761	2,761	3,389	3,639	12,550	0	0	0	0	0
Host communities	10,219	10,219	12,542	13,470	46,450	22,497	22,536	25,751	27,608	98,392
Other affected people	0	0	1,225	1,275	2,500	0	0	0	0	0
Total	14,850	14,850	19,451	20,849	70,000	28,493	28,542	32,615	34,966	124,616
People with disabilities (PwD) out of the total										
	1,694	1,694	2,079	2,233	7,700	4,196	3,914	3,425	3,419	14,954

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

It is estimated that the project indirectly reached an estimated number of **167,442** individuals.

In **Nutrition**, an estimated **27,442** caregivers of the children with SAM who were accompanying their children and visiting the treatment services indirectly benefited and were provided with nutrition counselling services in the 26 target provinces. In-addition, the population under the catchment area of the services delivery points were also benefited from the awareness raising sessions.

The construction of new **WASH** facilities as well as upgrades to WASH facilities in 12 HCFs indirectly reaches a catchment population estimated to be **120,000** people (10,000 people per HCF) through direct, improved WASH services and hygiene promotion within HCFs. In addition as estimated **10,000** people are estimated to have been reached indirectly through association with communities who participated in hygiene campaigns and exposure to media based hygiene promotion and Information, Education and Communications (IEC materials.)

6. CERF Results Framework

Project objective	To provide lifesaving Nutrition and WASH services to contribute to the reduction of morbidity and mortality in the current COVID-19 context				
Output 1	A total of 26,600 children aged 6-59 months with Severe Acute Malnutrition (SAM) are provided with lifesaving therapeutic supplies (Ready to Use Therapeutic Food - RUTF)				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Nutrition				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of children aged 6-59 months with Severe Acute Malnutrition (SAM) who are admitted for treatment	26,600	27,442	National Nutrition Database	
Indicator 1.2	Number of Ready to Use Therapeutic Food (RUTF) cartons procured and distributed in 26 target provinces	24,117	24,881	Procurement Report	
Indicator 1.3	Number of monitoring visits conducted in the project areas	12	12	Monitoring Report	
Explanation of output and indicators variance:		No considerable variation of targets due to the mentioned fluctuation in market prices enabling higher than planned procurement.			
Activities	Description	Implemented by			
Activity 1.1	Procure and pre-position SAM therapeutic supplies (RUTF) in a timely manner. [To meet the needs of the children with SAM in the targeted areas promptly, UNICEF will work with the MoPH, PND and IPs to distribute the RUTF from existing stocks. UNICEF will replenish the stocks of RUTF with this CERF grant once the consignment arrived in country.]	UNICEF procured and distributed a total of 24,881 cartons of RUTF during the project lifetime.			
Activity 1.2	Provide technical support to IPs to deliver quality SAM lifesaving services in the target areas	UNICEF provided technical support for IPs at the national level through the nutrition cluster and IMAM technical working group meetings. In-addition, UNICEF provided technical support to the IPs through provincial nutrition sub-committee in target provinces.			

Activity 1.3	Conduct regular field visit monitoring through UNICEF's core staff and nutrition extenders in the target areas	UNICEF undertook a total of twelve field visit monitoring to ensure quality of services delivery in the target provinces.
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Output 2 An estimated 10,000 vulnerable people are provided with access to and use of safe water through water trucking, the rehabilitation of existing systems, or installation and operationalization of water supply systems, in conflict-affected, natural disaster prone and underserved hard to reach areas

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people in affected areas with access to at least 15 liters per capita per day (lpcd) of drinking water	10,000	41,779	Third Party Monitoring, partner reports
Indicator 2.2	Number of schools and healthcare centers with access to WASH facilities	10	48	Third Party Monitoring, partner reports

Explanation of output and indicators variance:
 Under Activity 2.3, UNICEF was able to rehabilitate a number of water systems rather than construct new water systems, and conducted more water trucking than initially planned, leading to higher achievements than planned.
 Under Activity 2.7, WASH in schools were supported by co-funding through complementary sources, which allowed higher than planned targets to be reached. Additionally, the sanitation needs in schools, which CERF covered, was often for rehabilitation rather than new construction and this also allowed for a higher number of schools to be reached.

Activities	Description	Implemented by
Activity 2.1	Assess and identify water systems/sources and prepare Bill of Quantities (BoQ) and cost estimates	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 2.2	Conduct community consultations and establish water user committees (with 50% women and adolescents)	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 2.3	Provide water through water trucking (last resort), and repair and/or rehabilitate existing, and/or install new water supply systems (boreholes, hand pumps and dug wells) along with installation of solar power for pumping purposes	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 2.4	Train local technicians to repair and maintain the boreholes, dug wells and hand pumps	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 2.5	Conduct hygiene promotion in communities targeting women, men and adolescents	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 2.6	Conduct timely supervision and monitoring of the project	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 2.7	Installation of WASH facilities including handwashing station and disinfection of surfaces in public institutions (school and healthcare centre)	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)

Output 3 An estimated 60,000 IDPs living in formal/informal sites, informal settlements on the fringes of urban areas, returnees and vulnerable people living in host communities in targeted high Covid-19 pandemic risk districts have improved knowledge and perform healthy hygienic behaviours and practices (this includes 2,000 displaced people to be provided with sanitation facilities and services)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of affected people receiving hygiene supplies and hygiene awareness as per cluster standard	60,000	124,616	Partner reports, PDM
Indicator 3.2	Number of displaced people with access to sanitation facilities/services	2,000	25,994	Partner reports, TPM

Explanation of output and indicators variance:

The increase in achievements for indicators 3.1 and 3.2 were due to savings as results of co-funding that UNICEF used primarily to provide additional funds for supplies and hygiene promotion. Also, the actual cost of activities in some areas resulted to some saving that enable UNICEF to reach more people in need.

The target achieved for indicator 3.2 does not relate to the IDP caseload. As the sanitation targets for IDPs were achieved through the cluster, UNICEF, directed funding allocated for this activity to WASH in Schools for host communities in humanitarian needs.

Activities	Description	Implemented by
Activity 3.1	Distribute hygiene kits and consumable items (soap bars/sanitary pads) and promote handwashing with soap bar through hygiene awareness program to affected families, particularly women and girls	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 3.2	Conduct gender responsive hygiene awareness campaigns and distribute Information, Education and Communications (IEC) materials	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 3.3	Construct/rehabilitation of emergency latrines/bathing facilities in IDP settings	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 3.4	Desludging of existing latrine facilities in formal IDP settlement in Herat	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)
Activity 3.5	Conduct timely supervision and monitoring of the project	Government (MRRD/PRRD/PED) and I/NGOs partners (DACAAR, World Vision, ACTED, CHA, ORD and IMC)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) ¹¹:

In **Nutrition**, UNICEF and partners consulted with various stakeholders, including government authorities and affected communities during design, implementation, and monitoring phases. IPs consulted affected communities and received feedback and relevant information on service delivery. IPs significantly consulted shuras and affected communities at the village level for identifying the services delivery points to ensure accessibility of services for affected communities. UNICEF also conducted a series of monitoring visits to the field level to ensure the quality of services delivered in the target areas and the reach to affected communities.

In **WASH**, UNICEF in partnership with former government line ministries (MRRD/PRRDs) and humanitarian partners (I/NGOs) mobilized the participation of the targeted population throughout the project implementation process. Specific community consultations with different affected groups, including women and girls as well as persons with disabilities were held to ensure their inclusion in the project activities. Implementation through Community Development Councils (CDCs), establishment of water user groups, village water caretakes (one person for every five water points) which include women, youth, PWD and older people, and their orientation on the management of water supply systems has helped to ensure community ownership and the sustainability of the installed water supply projects and the support of respective line departments at provincial levels. Moreover, the involvement of women in the identification of appropriate and safe water points has helped to mitigate GBV risks associated with water collection in the project areas. Mobilisation of both male and female hygiene promoters (in couples) helped to address gender specific supply and hygiene related issues.

b. AAP Feedback and Complaint Mechanisms:

UNICEF used a number of mechanisms to engage and receive feedback from communities: (i) the AWAAZ nation-wide networks and complaint mechanism were used to address specific needs and gaps of IDPs, returnees and most vulnerable people in hard to reach areas; (ii) provincial line departments were engaged especially in WASH activities to seek feedback and suggestions; (iii) Community Health Workers (CHWs) were also an important mechanism: for example, CHWs conducted screening and case finding at the community level and referred cases with SAM from household level to the health facilities. Finally (iv) implementing partners represented communities, using local mechanisms for engaging target communities in the response, such as in the delivery of SAM services. Additionally, UNICEF utilised (v) male and female hygiene promoters/community mobilizers in gender segregated fora to capture the specific needs of women, youth, persons with disabilities and older people and ensured their participation and training in water user committees and water technician training.

Furthermore, Nutrition BPHS implementing partners took into account the nutrition cluster Accountability to Affected Population (AAP) strategy during the project implementation period which require all partners to sensitize beneficiary communities about the hotline services (either their own or third party e.g. AWAAZ), and to put in place easily accessible complaint boxes at nutrition facilities.

As far as addressing complaints goes, specific procedures were followed for investigation and follow-up of complaints received for the Nutrition intervention. The investigation took place at national and sub-national levels. At national level, UNICEF coordinated the complaint with the government and the NGO IP and identified corrective actions. Similarly, at the sub-national level, UNICEF through zonal offices directed the complaints to the provincial level and investigated the issue through Nutrition Provincial Committee where the local government, NGO IP and nutrition extenders regularly attend and ensured that identified corrective measure is implemented.

In WASH hygiene promoters and community mobilizers were also engaged to disseminate information within each community about UNICEF, the partners and the assistance that was being provided. UNICEF used End Users Monitoring (EUM) tools regarding the suitability and sufficiency of the WASH services provided and WASH-Gender Based Violence (GBV) related issues. The results were reviewed and fed back to communities helping to improve the quality and effectiveness of the services. Target populations are also informed of UNICEF's U Report platform where any SEA incidents can be reported.

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF developed a Guidance Note for handling of complaints for cases of Sexual Exploitation and Abuse (SEA), which specifies steps to be taken when SEA of a UNICEF program beneficiary, UNICEF staff or other person of concern is allegedly perpetrated by UNICEF personnel or by a UNICEF partner. The note provides guidance to ensure that appropriate actions are taken and that all personnel and partners are made aware of their responsibilities to mitigate, prevent, and respond to SEA.

In WASH specifically, target populations are also informed of UNICEF's U Report platform where any SEA incidents can be reported. Selection of water points, sanitation facilities and the content of hygiene supplies was made in consultation with women and girls, to address their specific needs. Hygiene promotion was conducted through both male and female promoters to avoid provoking cultural sensitivity and to reduce potential exposure to GBV risks and to increase the effectiveness of the hygiene promotion through more open and natural dialogue. UNICEF built the capacity of WASH IPs to implement GBV risk mitigation measures in all responses through training on and adherence to the WASH cluster GBV checklist.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

In Nutrition, the intervention ensured that the most vulnerable boys and girls aged under-five exposed to the risk of malnutrition would receive treatment. The project also advocated for increased female involvement in nutrition service provision as well as resources to support breastfeeding mothers, considering the nutritional needs of women, and that boys and girls both have equal access to nutrition services. The project also advocated and ensured that all men and women received nutrition information; for example, during community mobilization activities men were involved in breastfeeding promotion and counselling activities with a special emphasis on male participation focussed on supporting women to make the right nutrition choices.

In WASH, UNICEF in partnership with former government line ministries (MRRD/PRRDs) and humanitarian partners (I/NGOs) mobilized the participation of the targeted population throughout the project implementation process. Specific community consultations with different affected groups, including women and girls as well as persons with disabilities were held to ensure their inclusion in the project activities. Implementation through Community Development Councils (CDCs), establishment of water user groups, village water caretakes (one person for every five water points) which include women, has contributed to women's empowerment at the community level by providing a platform through which women can participate and contribute to decision making in the community. Moreover, the involvement of women in the identification of appropriate and safe water points has helped to mitigate GBV risks associated with water collection in the project areas according to feedback from community discussions. Mobilisation of both male and female hygiene promoters (in couples) helped to address gender specific supplies and hygiene issues.

e. People with disabilities (PwD):

In Nutrition, UNICEF and implementing partners undertook adequate level consultations with the community members, including persons with disabilities, during the design phase of the project, to identify the service delivery points would be equally accessible for all affected people. UNICEF provided treatment services to all children aged 6-59 months with SAM, including children with disabilities. UNICEF ensured that any risk associated with persons with disabilities would be adequately addressed and/or referred for the required services.

In WASH, specific community consultations with different affected groups, including women and girls as well as persons with disabilities, to better understand their specific needs and requirements. Access to WASH infrastructure was a key consideration and safety and WASH in schools' infrastructure was adapted to provide access for people with mobility difficulties, with adapted toilets and handwashing facilities. Accessibility and safety audits were conducted to understand potential barriers to access and safety risks for females so that these issues could be resolved during the planning and construction phases.

f. Protection:

In Nutrition, UNICEF disseminated information about the IMAM services through media so that communities would become aware of the available services and additionally to ensure its accountability to women, children, and the general population within the project area. The project considered the presence of both men and women in the areas covered by community mobilization activities and ensured that women were represented in higher ratios. To promote protection, especially for women, UNICEF worked with partners and directly to support the presence of female health workers as a means to ensure privacy and confidentiality of the services provided.

In WASH, selection of water points, sanitation facilities and the content of hygiene supplies was made in consultation with women and girls and PwD, to address their specific needs. Hygiene promotion was conducted through both male and female promoters to avoid provoking cultural sensitivity and to reduce potential exposure to GBV risks and to increase the effectiveness of the hygiene promotion through more open and natural dialogue. UNICEF built the capacity of WASH IPs to implement GBV risk mitigation measures in all responses through training on and adherence to the WASH cluster GBV checklist jointly improved early 2021 with the GBV Sub-Cluster.

g. Education:

In Nutrition, the population under the catchment area of the services delivery points also benefited from nutrition education / awareness raising sessions.

In WASH, education has been considered by ensuring that boys and girls have safe and reliable access to WASH facilities that facilitate and improve their attendance. In this respect, access to safe water in 36 schools was achieved.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

In Nutrition, the activity under this proposal specifically focuses on the procurement and distribution of therapeutic supply (RUTF) required for treatment of Severe Acute Malnutrition (SAM) for the BPHS NGOs under the SEHATMANDI project, i.e. the national on-budget health support project administered – at the time of implementation of this CERF-funded project, by the World Bank under the Afghanistan Reconstruction Trust Fund, the System Enhancement for Health Action in Transition Project. CVA is not included under their contract.

In WASH, the provision of hygiene supplies through CVA was not considered for this action as WASH supplies were not yet reliably available in the local markets at affordable prices and with reasonable quality.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
NA	NA	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Life after severe acute malnutrition, 13 December 2021 <i>Mention of CERF as a donor to the programme</i>	https://www.unicef.org/afghanistan/stories/life-after-severe-acute-malnutrition
Parwana's journey to recovery from severe acute malnutrition, 20 Dec 2021 <i>Mention of CERF as a donor to the programme</i>	https://www.unicef.org/afghanistan/stories/parwanas-journey-recovery-severe-acute-malnutrition

4.5 Project Report 20-UF-WFP-045

1. Project Information

Agency:	WFP	Country:	Afghanistan
Sector/cluster:	Nutrition	CERF project code:	20-UF-WFP-045
Project title:	Treatment of Moderate Acute Malnourished (MAM) children & pregnant & lactating women.		
Start date:	05/11/2020	End date:	04/11/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 3,500,000
	Total funding received for agency's sector response to current emergency:	US\$ 1,800,000
	Amount received from CERF:	US\$ 1,625,000
	Total CERF funds sub-granted to implementing partners:	US\$ 197,038
	Government Partners	US\$ 0
	International NGOs	US\$ 50,691
National NGOs	US\$ 146,347	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Under this multi-agency CERF contribution for under-funded emergencies, WFP Afghanistan received US\$ 1,625,000 to support the provision of life-saving food assistance to children, as well as Pregnant and Lactating Women (PLWs), suffering from moderate acute malnutrition (ie. MAM treatment). CERF funds enabled WFP to procure 241.19 MT of Ready to Use Supplementary Food (RUSF) and 406.43MT of highly nutritious SuperCereal, which was distributed to beneficiaries across 7 priority provinces, including Badakhshan, Kunar, Nangarhar, Daikundi, Paktika, Kandahar, and Urozgan. With food procured using CERF funds, WFP treated 26,799 children and 10,838 PLWs suffering from moderate acute malnutrition (MAM). Between November 2020 and November 2021, a total 37,637 beneficiaries were reached using this contribution. Under the MAM treatment programme children received a 3kg monthly ration of RUSF, while PLWs received a 7.5kg monthly ration of SuperCereal until their nutritional status was rehabilitated.

Despite the increased level of conflict experienced in Afghanistan throughout 2021, this project was fully implemented without any major challenges. Implementation was a success, as outcome indicators fell within SPHERE standards, with a cure rate of 89%, a default rate of 10%, and 1% non-response/death rate.

Project activities were implemented in partnership with 7 partners, including Aga Khan Health Services (AKHS), Health Net TPO (HNTPO), Agency for Assistance and Development of Afghanistan (AADA), MOVE Welfare Organisation (MOVE), Organisation for Health Promotion and Management (OHPM), Bu Ali Rehabilitation and Aid Network (BARAN), and the Social Health and Development Program (SHDP).

3. Changes and Amendments

No changes or amendments were made to this contribution.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	10,835	0	13,633	14,189	38,657	10,838	0	14,626	12,173	37,637
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	10,835	0	13,633	14,189	38,657	10,838	0	14,626	12,173	37,637
People with disabilities (PwD) out of the total										
	426	0	325	409	1,160	426	0	325	409	1,160

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

In addition to the 37,637 direct beneficiaries that received MAM treatment under this grant, WFP estimates that an additional 150,000 people indirectly benefitted from the implementation of complementary IMAM programme activities, including health and nutrition education. Indirect beneficiaries include caregivers, family and household members of those treated for malnutrition. Nutrition messaging is expected to benefit entire beneficiary households, and to some extent the wider community in target areas. Additionally, through the implementation of this project, the capacity of local NGO partners was enhanced.

6. CERF Results Framework

Project objective To ensure provision of lifesaving services for treatment of moderate acute malnutrition among children age 6-59 months and pregnant & breast-feeding women in targeted areas.

Output 1 27,822 moderate acute malnourished children age 6-59 months received the required treatment through OPD-MAM (TSFP).

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of moderate acute malnourished children admitted for treatment in OPD-MAM (TSFP).	27,822	26,799	Cooperating Partner (CP) monthly reports to WFP
Indicator 1.2	Quantity of RUSF (MT) distributed to moderate acute malnourished children.	250.4	241.19	WFP procurement reports

Explanation of output and indicators variance: Due to a slight increase in the price of RUSF, WFP procured a lesser quantity than what was originally planned, and thus reached a slightly lower number of beneficiaries.

Activities	Description	Implemented by
Activity 1.1	Procurement of RUSF, and dispatch to relevant implementing partners.	WFP
Activity 1.2	Identification and admission of moderate acute malnourished children in OPD-MAM (TSFP) for treatment.	Cooperating Partners (AKHS, HNTPO, AADA, MOVE, OHPM, BARAN, SHDP)
Activity 1.3	Provision of required OPD-MAM services and distribution of RUSF to moderate acute malnourished children.	Cooperating Partners (AKHS, HNTPO, AADA, MOVE, OHPM, BARAN, SHDP)

Output 2 10,835 acute malnourished pregnant & lactating women received the required treatment through OPD-MAM (TSFP).

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of malnourished pregnant & lactating women admitted for treatment in OPD-MAM (TSFP).	10,835	10,838	Cooperating Partner (CP) monthly reports to WFP

Indicator 2.2	Quantity of Supercereal (MT) distributed acute malnourished pregnant & lactating women.	406.4	406.43	WFP procurement reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procurement of Supercereal, and dispatch to relevant implementing partners.	WFP		
Activity 2.2	Identification and enrolment of acute malnourished pregnant & lactating women in OPD-MAM (TSFP) for treatment.	Cooperating Partners (AKHS, HNTPO, AADA, MOVE, OHPM, BARAN, SHDP)		
Activity 2.3	Provision of required services and distribution of Supercereal to acute malnourished PLW.	Cooperating Partners (AKHS, HNTPO, AADA, MOVE, OHPM, BARAN, SHDP)		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹³:

WFP and partners conduct robust vulnerability assessments at community-level to ensure the proper identification, targeting, and prioritisation of beneficiaries. During all stages of delivery, WFP and partners ensure that beneficiaries are aware of their entitlements and that they can access assistance in a safe and dignified manner. WFP utilises effective Complaint and Feedback Mechanisms (CFMs) to ensure accountability to affected populations. Such channels include WFP's toll-free hotline, which is displayed at all programme sites, and Awaaz, Afghanistan's inter-agency CFM platform. Complaints and feedback received from both beneficiaries and members of the broader community are addressed in a systematic and timely manner.

WFP operates in strict adherence to the Humanitarian Principles, including Humanity, Impartiality, Neutrality, and Independence. The safety and security of beneficiaries, community stakeholders, and field staff is WFP's top priority. Therefore, strict measures have been implemented to ensure that food distributions are safe and conducted within an appropriate travel distance and timeframe for recipients. As part of this commitment, WFP ensures that appropriate crowd control measures are implemented, and hygiene practices undertaken including required COVID-19 prevention measures.

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

b. AAP Feedback and Complaint Mechanisms:

In Afghanistan, WFP relies on its toll-free hotline as the primary mechanism for receiving complaints and feedback from beneficiary communities. The toll-free hotline is operated by male and female staff who speak both national languages, in line with Afghan cultural protocols. Both beneficiaries and non-beneficiaries from target communities are encouraged to use the hotline to provide feedback on WFP operations, or to raise concerns, specifically regarding potential cases of gender-based violence, diversion/interference, or the misuse of assistance. Affected populations can also provide feedback to field staff during distribution monitoring.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

To ensure the adequate Prevention of Sexual Exploitation and Abuse (PSEA) and Gender-Based Violence (GBV) before, during, and after the implementation of programme activities, WFP developed “The Right Way Guidelines”; a set of instructions and checklists specific to each category of WFP operations to help Cooperating Partners mitigate potential protection risks. The Right Way Guidelines are based on the “Do No Harm” principle, and adequately ensure the prioritisation of beneficiary safety and dignity, proper access to services with special attention to vulnerable individuals, and the implementation of proper feedback mechanisms that enable beneficiaries to share their concerns and complaints with WFP in a timely manner. WFP has a Zero Tolerance policy for any act of Sexual Exploitation and Abuse, including those committed by WFP employees, partner staff, or any other personnel associated with the implementation of WFP activities. WFP ensures that its partners are also committed to this policy by including a clause and annex on PSEA in all contractual agreements.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This intervention prioritised the treatment of MAM for both girls and boys aged 6-59 months and malnourished PLWs, with the aim of rehabilitating the nutritional status of those most in need. Given the nature of assistance (to women and children), most beneficiaries that received assistance under this contribution were female. Furthermore, WFP and partners mainstreamed the prevention of Gender-Based Violence (GBV) across all areas of project implementation by ensuring that the safety, dignity, well-being, and equitable access to assistance for all crisis-affected persons, especially women and girls, was prioritised.

e. People with disabilities (PwD):

WFP is committed to the equitable provision of assistance to all persons, including those living with disabilities. Special attention and provisions were made to ensure unhindered access to assistance for disabled beneficiaries, including the extension of services to third party representatives, such as beneficiary relatives. During the provision of treatment services, persons with disabilities were prioritised for assistance.

f. Protection:

WFP utilised “The Right Way” guidelines to ensure that adequate mitigation measures were implemented to safeguard against protection risks for beneficiaries and target communities. Guidelines are based on the “Do No Harm” principle. To ensure adequate accountability to affected populations in this regard, beneficiaries are encouraged to report protection-related cases or concerns to WFP via its toll-free hotline. Through inter-agency coordination, WFP refers protection cases to UN sister agencies that are mandated to handle such issues for timely follow-up.

g. Education:

Health/nutrition education was a key component of complementary IMAM services, delivered through health workers to ensure effective treatment and prevention of acute malnutrition. Sessions were provided at community health clinics via individual counselling or group

sensitisation with the aid of Information Education Communication (IEC) materials. Health and nutrition education campaigns aimed to improve community knowledge and subsequently ensure optimum nutrition-related practices and behaviours amongst beneficiaries.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash and voucher assistance (CVA) is used by WFP to provide General Food Assistance (GFA) to vulnerable populations that are struggling to meet their basic food needs in areas where markets are functioning well. However, due to the specialised nature of commodities needed for MAM treatment, CVA was not chosen as an appropriate delivery mechanism for nutrition activities funded by this contribution.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

4.6 Project Report 20-UF-WHO-034

1. Project Information			
Agency:	WHO	Country:	Afghanistan
Sector/cluster:	Health	CERF project code:	20-UF-WHO-034
	Water, Sanitation and Hygiene		
	Nutrition		
Project title:	To ensure provision of health services in areas affected by natural disasters, mass causality incidences and diseases outbreaks		
Start date:	05/11/2020	End date:	04/11/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 21,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 11,000,000
	Amount received from CERF:		US\$ 1,999,965
	Total CERF funds sub-granted to implementing partners:		US\$ 366,674
	Government Partners		US\$ 0
	International NGOs		US\$120,600
	National NGOs		US\$246,074
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

CERF allocated US\$ 1,999,965 to WHO Afghanistan from its window for underfunded emergencies to sustain the provision of life-saving assistance. The funding covered the activities under Health, Nutrition and WASH from 05/11/2020 to 04/11/2021.

A total of 3,988 people received trauma care services, 1,876 people received blood bank services and 500 individuals benefited from trauma kits, 103 health workers trained on screening and management of severe acute malnutrition, and 5,589 children with SAM admitted in therapeutic feeding units. Three hospitals equipped with ETAT (emergency triage and treatment), where 76,000 people were reached through mobile health teams.

In addition, 328,935 people were screened for COVID-19 and around 2 million people were indirectly reached through risk communication and community engagement intervention mostly through media campaigns and health education through the target health facilities.

3. Changes and Amendments

The project was implemented as per the original plan with only amendment was done in a few trainings that were not conducted due to COVID-19, so the amount was used for procuring medical and trauma kits which were distributed to targeted hospitals.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	275	565	1,925	275	3,040	2,059	1,648	247	165	4,119
Returnees	550	1,130	3,850	550	6,080	2,780	2,224	618	556	6,178
Internally displaced people	1,650	3,390	11,550	1,650	18,240	10,297	8,238	824	1,235	20,594
Host communities	25,025	51,415	175,175	25,025	276,640	133,346	95,247	83,817	68,578	380,988
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	27,500	56,500	192,500	27,500	304,000	148,482	107,357	85,506	70,534	411,879
People with disabilities (PwD) out of the total										
	1,130	6,080	550	550	8,310	2,095	2,883	1,483	1,813	8,238
Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	2,214	2,303	4,517	0	0	2,615	2,974	5,589
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	2,214	2,303	4,517	0	0	2,615	2,974	5,589
People with disabilities (PwD) out of the total										
	0	0	111	114	225	0	0	130	134	264

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	400	1,250	225	375	2,250	2,126	1,701	473	425	4,725
Internally displaced people	2,800	8,750	1,575	2,625	15,750	3,544	2,835	284	425	7,088
Host communities	36,800	115,000	20,700	34,500	207,000	78,553	56,109	42,643	47,132	224,437
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	40,000	125,000	22,500	37,500	225,000	84,223	60,645	43,400	47,982	236,250
People with disabilities (PwD) out of the total										
	750	800	500	450	2,500	1,181	1,654	851	1,040	4,726

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The total indirect beneficiaries for the project were estimated around 2,069,600 individuals with the following proportion in each technical area:

- Health: The indirect beneficiaries were the communities' people where the direct beneficiaries reside. While for COVID-19 awareness, the indirect beneficiaries were all who had access to local media (Radio and Television), the estimated indirect beneficiaries for health were 2 million.
- Nutrition: The indirect beneficiaries of the nutrition project were the families of targeted malnourished children, which were estimated to be around 22,358 individuals.
- WASH: The indirect beneficiaries for the WASH project were the attendees of the clients which were estimated around 20% of the direct beneficiaries which makes it around 47,250.

6. CERF Results Framework

Project objective	Health Emergency Response to ensure life-saving trauma care, primary healthcare, nutrition and WASH services are provided effectively in hard to reach and underserved areas as well as to people affected by conflict, natural disasters and disease outbreaks.				
Output 1	Support of public health emergencies due to major outbreaks				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of COVID-19 suspected cases detected and reported to the surveillance system	[48000]	328,935	DHIS2 During the reporting period, 328,935 suspected cases of COVID-19 have been detected with partial contribution of CERF	
Indicator 1.2	Proportion of health facilities reporting suspected cases including zero case of COVID-19 in the country	[100]	90	NDSR Weekly report	
Indicator 1.3	Number of multidisciplinary RRTs trained on COVID-19 case investigation and response	[20]	25	Training Report	
Indicator 1.4	Number of multidisciplinary RRTs deployed for COVID-19 outbreak investigation	[20]	21	MoPH DEWS	
Indicator 1.5	Number of lab staff trained on specimen collection, transport, biosafety, biosecurity and COVID-19 PCR diagnostic testing	[24]	24	Training reports	
Explanation of output and indicators variance:		There is no major variance between the output and indicators, all the targets were achieved.			
Activities	Description	Implemented by			

Activity 1.1	Training of 650 HCWs on early detection and reporting of COVID-19 by public and private health facilities, and community to disease surveillance system	WHO-MoPH
Activity 1.2	Training of contact tracing team on tracing contacts of confirmed COVID-19 cases, health education and isolation of cases	WHO- MoPH - 215 multidisciplinary Regional response teams (RRT)s and contact tracing team members were trained on tracing contacts of confirmed COVID-19 cases, health education, isolation of cases, COVID-19 case investigation and response, and received national RRTs ToT.
Activity 1.3	Developing standard training curriculum for RRTs in a national workshop	WHO-MoPH
Activity 1.4	Conduct ToT of RRTs at the national level	MoPH
Activity 1.5	Refresher training of RRTs on COVID-19 outbreaks detection, reporting, investigation and response at national and provincial levels	WHO-MoPH
Activity 1.6	Provision of PPE kits, hand & respiratory hygiene materials, and other needed supplies to RRTs	WHO- 921 RRT members (307 RRTs) were supported with Personal Protective Equipment (PPE) kits, hand & respiratory hygiene materials, and other needed supplies. With CERF contribution.
Activity 1.7	Undertake a public awareness campaign (two communication in IDP camps in 3 high risk provinces in northern region in partnership with MoPH on home-based care of patients during outbreaks and applying self-protection measures	WHO-MoPH Through implementing partner Afghan Education Production Organisation (AEPO), a project commencing 1 st August 2021 included the production of an educational feature program entitled "Preventing Spread of Corona Virus", which was played with 12 sessions of Listening Circles involving IDPs, returnees and host communities in three provinces: Balkh, Samangan, and Sar-e-Pul. This educational radio program was played for project beneficiaries in 4 groups (2 male groups / 2 female groups)—each group containing 18-25 participants in target locations, with a total of 580 participants (300 male and 280 female) from IDP camps, host communities, and cities of the target provinces. Among the participants, there were families who have settled in these areas from other provinces for 4 or 5 years or have come to camps or other cities from districts facing serious insecurity and instability. In the listening circle sessions, after listening to a program written and produced for this purpose, the participants reflected on the program content, sharing their views, debating opinions, answering questions, and reflecting on their own experiences of the COVID-19 pandemic, including managing homecare for those infected as well as access and use of basic healthcare services.
Activity 1.8	Conduct public awareness campaign on local radio in high risk areas to encourage public use of essential services including for other health services, such as maternal and child health, vaccinations, non-communicable and chronic diseases.	MoPH-WHO AEPO promoted health recommendations and official medical guidelines set by the Ministry of Public Health in 134 scenes (67 Dari, 67 Pashto) of their "New Home, New Life (NHNL)" radio drama as well as through two (one Dari, one Pashto) educational feature programs on targeted health topics. These radio programs explored COVID-19 prevention behaviours and measures, through the lives of relatable characters in a popular radio drama, why people need to wash hands frequently using

		<p>soap/antiseptic gel, wear face masks in public places, avoid meeting people and gatherings, and observe physical distance. In addition to a focus on COVID-19, the radio programs addressed broader health themes that concern Afghans, including mother and child health and vaccinations, and other diseases including measles.</p> <p>The complementary feature programs that were produced support and reinforce messages addressed in NHNL drama, offering technical and practical advice that cannot be addressed in a drama. Weekly field visits by the producers ensure that the feature programs address relevant and poignant issues for the target audience. All programs are 12 to 15 minutes long and are produced in Pashto and Dari. Each program broadcast on the BBC Afghan Stream and rebroadcast via 35 local FMs station with which AEPO has a direct rebroadcasting agreement.</p>
Activity 1.9	<p>Conduct TV/Radio talk shows through local channels at 3 high risk provinces to address rumours and misinformation regarding the infectious disease and enable the public to raise and discuss their concerns with health care workers</p>	<p>MoPH-WHO</p> <p>Through implementing partner Afghan Education Production Organisation (AEPO), a project commencing 1st August 2021, included the production and broadcast of six radio talk shows on project themes through three partner FM stations in the provinces of Sare Pul, Balkh and Samangan (two talk shows per each FM station).</p> <p>The duration of each Talk Show was around 30 minutes. Synopses of the Talk Shows were developed and shared by the FM for AEPO feedback after review AEPO provided feedback. Subsequently FM stations selected panel and invited them to record the programs. Efforts were made to invite representatives from the Taliban government into the panel and find out about their stance on Covid – 19.</p> <p>Radio station Sadia Sare Pul in Sare Pul two talk shows included a range of guests, including a director of Covid-19 Hospital, a representative from Amr Bil Maruf directorate, a member of the public who had not been vaccinated yet, and a director of cultural activist and media rights organization in Sare Pul.</p> <p>The talk shows hosted by Rabia Balkhi in Balkh representative of Hajj and Awqaf department, civil society activist, a doctor in Balkh provincial hospital, a member of the public, a female university professor and women rights activist and a doctor in Covid – 19 hospitals.</p> <p>The talk shows hosted by radio Shahrwand in Samangan included a range of speakers on their panels, including a doctor in Samangan provincial hospital, a religious scholar, a civil society activist and reporter.</p> <p>Rumours were a central element discussed in the talk shows and these were successfully tackled and addressed.</p>
Activity 1.10	<p>RCCE contract out to BBC MA NGO for implementing Risk communication and community engagement activities</p>	<p>Through implementing partner BBC Media Action, a project commencing 1st August included a range of activities focused on addressing the 'infodemic' related to COVID-19, as well as other health risks. The project had four components:</p> <p>Community Voice' monthly research</p> <p>This is a monthly research activity, where over 300 Afghans are interviewed in 10 provinces, discussing their top health concerns, their trusted sources of information, perspectives on COVID-19 and vaccines, and rumours about health that they are hearing or worried about. The research findings are used to</p>

		<p>produce a monthly bulletin, as well as presented with AAP, RCCE and Health Cluster partners for their insight and to inform programming and approach.</p> <p>Darman health magazine radio programme This is a radio programme that uses the findings of the above monthly research to inform Afghans about health concerns, in a radio programme broadcast on BBC Pashto and Dari radio stations, as well as on an additional 30 partner FM radio stations around Afghanistan. The programmes include a 'When there is no doctor' segment, mental health Q&A and a COVID-19 update.</p> <p>Lifeline training for journalists and health workers This activity targets local journalists to work alongside aid workers both acquiring knowledge on how to create programmes to support the public through the COVID-19 health emergency and cope with other health, social and economic issues they are facing. The training was delivered to 60 journalists and 40 aid workers in 4 locations (Kandahar, Herat, Kabul and Mazar), including journalists from adjacent provinces. Topics included: How communication can help people affected by crises, using discussion and interactive exercises in which participants explore how communication with disaster-affected populations can help them survive, cope, and recover; Rumours: How to deal with rumours in emergencies; Humanitarian and editorial principles for Lifeline communication: review of core humanitarian principles and 'do no harm'; Creating Lifeline communication products: communication for people, not about people.</p> <p>Risk Communication and Community Engagement (RCCE) training The learning objectives of this training were to understand the purpose of RCCE and the relationship between risk communication and community engagement; to have the skills and knowledge to practice RCCE effectively in a public health emergency like COVID-19 or other emergencies; understand how RCCE translates information into health behaviour change, including for vulnerable populations and fellow health workers in communities. The RCCE training was delivered to 60 MoPH staff and 40 aid workers, 20 of the aid workers as a Training of Trainers, with a commitment to cascade the training within their organisations. The training also includes support via a WhatsApp group to provide continued support to trainees and gather feedback.</p>
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Output 2	Life-saving primary and secondary integrated trauma care services up-graded in 5 health facilities and hospitals which will provide service to the people affected by conflicts			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	Number of people received trauma care services	[4000]	3,988	- (Wazir Akbar Khan national hospital was supported as per the plan however, due to higher priorities and escalated needs, the previously identified health facilities were changed to Pashton Zarghon CHC+, Jowand CHC, and Qaisar DH.
Indicator 2.2	Number of people received blood bank services	[2000]	1,876	- Musa Qala DH/Helmand, - Ghani Khel DH/Nangarhar,
Indicator 2.3	Number of people benefited from trauma kits	[500]	500	- Hospital records - TCS reporting Of the following health facilities. Keshy CHC- Uruzgan, - Maiwand CHC Kandahar - Baghran CHC- Helmand - Balkh RH

Explanation of output and indicators variance: There was no significant variance. All the targets were achieved. However, the target for Trauma care support was directed to Pashton Zarghon CHC+, Jowand CHC, and Qaisar DH instead of initial plan due to the escalated fighting between Taliban and previous government during 2021.

Activities	Description	Implemented by
Activity 2.1	Trauma care service support including service provision and equipment	WHO
Activity 2.2	Support of four blood banks (Service provision and equipment)	WHO
Activity 2.3	Training of 65 health professional in blood bank services and monitoring	WHO
Activity 2.4	Monitoring and evaluation pertaining to trauma care	WHO

Output 3 Improved access to emergency primary healthcare services in conflict affected and underserved areas

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of hospitals equipped with Emergency Triage Assessment and Treatment (ETAT)	3 hospitals	Three Hospital equipped	Received delivery note
Indicator 3.2	Number of people benefited mobile health services	48000	76,000	NGO monthly report (AYSO NGO)

Explanation of output and indicators variance: The initial target for the NGO was 48,000 based on the existing catchment areas. However, the conflict during June, July and August caused much more displacement, thus resulting in more beneficiaries benefited from the PHC services.

Activities	Description	Implemented by
Activity 3.1	Equipping of six hospitals for ETAT	WHO
Activity 3.2	ETAT training for 30 health professionals	Not conducted (due to COVID-19 and political changes), the budget was used for procurement of trauma/medical supplies and were distributed to the targeted hospitals
Activity 3.3	Support primary healthcare services through three MHT/Fixed centres in high risk areas through mobile and static clinics	WHO supported through 4 MHTs in Helmand province. The services were contracted out to AYSO NGO.
Activity 3.4	Monitoring and evaluation of primary healthcare activities	WHO
Activity 3.5	Visibility	WHO provision of promotional and visibility materials

Output 4 Ensure availability of Inpatient treatment of SAM services in targeted areas

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	No of TFU's supported with milk preparation kits and medical equipment	30	30	Delivery notes
Indicator 4.2	No of Health workers trained on Inpatient management of SAM	120	73	Training attendance sheet
Indicator 4.3	No of children 0-59 months admitted for IPD SAM	4517 children (2303 boy and 2214 girls)	5,589 children (2,974 boy and 2,615 girls)	National nutrition database
Explanation of output and indicators variance:		Due to Covid-19 and political change (withdrawing of money from bank) we could not conduct two batches training. The budget was used for procurement of trauma/medical supplies and were distributed to the targeted hospitals.		
Activities	Description	Implemented by		
Activity 4.1	Purchase Milk preparation kits and cold chain and warming system for TFUs	WHO		
Activity 4.2	Train Health workers on Inpatient management of SAM	WHO		
Activity 4.3	Supply medical equipment for TFUs	WHO		

Output 5 125 hospitals with improved WASH facilities to help in preventing infection associated with WASH

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of health facilities having handwashing facilities at each care point in remote and hard to each areas	[125 health facilities around Afghanistan]	127	Project hand over letters and completion report

Indicator 5.2	Number of health facilities at DH, CHC, BHC and SHC level have proper handwashing station in maternity ward	21 health facilities around Afghanistan	21	Project hand over letters and completion report
Indicator 5.3	Number of health facilities at DH, CHC, BHC and SHC level do not proper handwashing station in operation theatre	29 health facilities around Afghanistan	29	Project hand over letters and completion report
Explanation of output and indicators variance:		Demand for installation of more no. of hand washbasins at the same health facility.		
Activities	Description	Implemented by		
Activity 5.1	[Installation of handwashing station at each care taking point in 125 health facilities.]	WHO		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁵:

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 are achieved through active and meaningful involvement of community elders in assessing the needs, prioritizing and planning activities, and monitoring the interventions. Contact with Community health workers through the various health interventions including surveillance, capacity and awareness trainings ensured that they provide information to the community and religious leaders to sensitize them on the availability of these services. Awareness campaigns, education sessions and consultation contact time at health facilities utilized to communicate the necessary awareness creation among the beneficiaries. Feedback from clients were collected through the implementation partners as well as during monitoring visits by the team.

b. AAP Feedback and Complaint Mechanisms:

Inception meetings were planned before commencement of the interventions so that implementing partners understood the roles of partners, WHO and the affected communities in the project. Contact with Community Health Workers through the various health interventions including surveillance, capacity and awareness trainings ensured that they provide information to the community and religious leaders to sensitize them on the availability of these services. Complaints from beneficiaries were handled with full transparency

¹⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

through local community, regional WHO focal point, national WHO focal point, Health Cluster and OCHA. Awazz hotline was used for reporting and feedback to consumers.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Considering the gender-based disparity in access to health services by women and girls, the project ensured that all services were available to all strata of population living in the targeted communities. In order to improve access, utilization, acceptance of services, and availability of suitable space in a gender-sensitive way, the project focussed on to follows the protocol as recommended by the PSEA Task Force.

WHO is an active member of the PSEA Task Force and has conducted capacity building sessions for WHO staff and healthcare workers and all WHO's implementing partners of this project is to have clear PSEA policy within their organization. Furthermore, the health care system records PSEA cases and provide medical services to the affected population, by 7,000 health care staff in GBV particularly in response to rape cases using WHO's standard treatment protocols, thus resulting in cases recorded in confidential manner.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project involved all groups of community and in decision making, respecting their input fosters a stronger relationship that preserves their dignity. Specific consideration was given to privacy and confidentiality and respect particularly when dealing and handling GBV cases. The project intended to provide services to all, but specific focus was given to women, girls and other minority groups.

e. People with disabilities (PwD):

Disability as a consequence of trauma was addressed under this project. Physical rehabilitation including prosthetic care, physiotherapy for victims of conflict related injuries were provided with planned services. In addition, mental health and psychosocial support were provided through the trained staff and volunteers.

f. Protection:

Medical treatment of victim of GBV has been linked as the victim of GBV for conflicted and underserved areas were treated physical and mentally at a referral facility. The referral pathway for GBV survivors to access protection or psychosocial support is well established and well-integrated into this project, as with all others. The national referral centre for GBV in Kabul was in linked to peripheral health facilities providing support and guidance and collecting data from the field on GBV and serving as the national information platform for GBV response management.

g. Education:

Health education and hygiene promotion has been one of the key components of the projects, through which the health care personnel educate patients regarding their health seeking behaviours. Areas include antenatal advice for breast feeding women, vaccination and family planning. As we are facing the COVID-19 pandemic, specific awareness sessions are organized to enhance knowledge and skills of targeted communities in combating this pandemic.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-UF-FAO-029	Agriculture	FAO	INGO	\$121,564
20-UF-FAO-029	Agriculture	FAO	INGO	\$69,430
20-UF-FAO-029	Agriculture	FAO	NNGO	\$48,632
20-UF-FAO-029	Agriculture	FAO	NNGO	\$67,952
20-UF-FAO-029	Agriculture	FAO	INGO	\$102,219
20-UF-FAO-029	Agriculture	FAO	INGO	\$81,935
20-UF-FAO-029	Agriculture	FAO	NNGO	\$42,006
20-UF-FAO-029	Agriculture	FAO	NNGO	\$46,290
20-UF-FAO-029	Agriculture	FAO	NNGO	\$50,385
20-UF-FAO-029	Agriculture	FAO	INGO	\$67,390
20-UF-FPA-034	Gender-Based Violence	UNFPA	NNGO	\$859,768
20-UF-FPA-034	Gender-Based Violence	UNFPA	RedC	\$5,000
20-UF-CEF-054	Water, Sanitation and Hygiene	UNICEF	INGO	\$160,613
20-UF-CEF-054	Water, Sanitation and Hygiene	UNICEF	INGO	\$60,471
20-UF-CEF-054	Water, Sanitation and Hygiene	UNICEF	INGO	\$100,367
20-UF-CEF-054	Water, Sanitation and Hygiene	UNICEF	GOV	\$136,871
20-UF-CEF-054	Water, Sanitation and Hygiene	UNICEF	INGO	\$84,645
20-UF-CEF-054	Water, Sanitation and Hygiene	UNICEF	GOV	\$11,632
20-UF-CEF-054	Water, Sanitation and Hygiene	UNICEF	NNGO	\$14,605
20-UF-CEF-054	Water, Sanitation and Hygiene	UNICEF	NNGO	\$505
20-UF-WFP-045	Nutrition	WFP	INGO	\$36,660
20-UF-WFP-045	Nutrition	WFP	INGO	\$14,031
20-UF-WFP-045	Nutrition	WFP	NNGO	\$28,785
20-UF-WFP-045	Nutrition	WFP	NNGO	\$11,851

20-UF-WFP-045	Nutrition	WFP	NNGO	\$21,696
20-UF-WFP-045	Nutrition	WFP	NNGO	\$21,696
20-UF-WHO-034	Health	WHO	NNGO	\$163,693
20-UF-WHO-034	Health	WHO	NNGO	\$72,360
20-UF-WHO-034	Health	WHO	NNGO	\$10,021
20-UF-WHO-034	Health	WHO	INGO	\$120,600