

**AFGHANISTAN
RAPID RESPONSE
DROUGHT
2021**

21-RR-AFG-47407

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. However, the recipient agencies had review sessions for the project with their implementing partners. For instance, UNICEF collected relevant information and feedback from partners useful to feed into the AAR in an iterative fashion and as part of its continuous process of consultations with and monitoring of partners. 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 therapeutic supplies (both Ready to Use Therapeutic Food – RUTF, and therapeutic milks) procured also through CERF funding. For WASH, UNICEF’s WASH Zonal Officers along with Implementing Partners (IPs) (MRRD, MoE, MoPH and INGOs) and the sub-nation WASH clusters were consulted on the evolving security and rising Acute Watery Diarrhoea (AWD) outbreak situations to inform the reprogramming of activities. Technical staff from UNICEF and Implementing Partners (IPs) as well as Third Party Monitoring (TPM) partners also inspected technical designs and the quality of WASH infrastructure work on the ground during implementation, upon completion and prior to handover of projects to local communities. In addition, the CERF project status and challenges were discussed during the mid-year review conducted with the Ministry of Rural Rehabilitation & Development (MRRD) in July 2021 and during the annual review meeting in November 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:

This Central Emergency Response Fund (CERF) Rapid Response (RR) allocation aimed at kick-starting a multi-sector response to the humanitarian consequence of a La Niña-driven drought-like conditions, intensifying conflict, the continued impact of COVID-19 and imminent flooding - all of which were intensified during the application period. This CERF fund with a total value of US\$ 14,998,459 not only was used to kick-start early response, but also helped raise the alarm for urgent mobilisation of funds from other donors. The allocation supported 754,550 people from April 2021 to January 2022 in targeted locations.

I am very pleased that with the support of CERF funding, UN humanitarian recipient agencies and their partners successfully delivered critical lifesaving assistance to vulnerable people in Afghanistan during the application period. CERF's assistance came in timely ahead of the anticipated deterioration in food security and agricultural households. The assistance provided through this project has directly contributed to averting a famine-like situation for the food insecure households supported, whose access to nutritious food was increased.

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:

CERF allocation helped in provision timely response to the humanitarian urgent needs during the implementation period. This helped protect and safeguard food and nutrition security of vulnerable households from the adverse impact of drought and other recent shocks including, COVID-19 and worsening food crises in Afghanistan.

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

Yes

Partially

No

Yes, the funds did lead to a fast delivery to people in need. The CERF allocation contributed to bridge the gap in funding for lifesaving Nutrition and WASH services and provide fast delivery of assistance to people in need including Internally Displaced Persons (IDPs), returnees, host community children and their families. Importantly for an Acute Watery Diarrhoea (AWD) outbreak response and mitigation, UNICEF was able to deliver chlorine immediately to urban water utilities in Kabul and Kandahar where high number of AWD cases were reported, supporting more than 146,000 people to access safe water from these utilities (part of UNICEF's estimated 1.9 million indirect beneficiaries). WFP and their partners also delivered timely life-saving assistance to women and children suffering from moderate acute malnutrition.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funding was time-critical in enabling time-critical procurement of therapeutic supplies for timely response of life-saving services, i.e. treatment of Severe Acute Malnutrition (SAM) for children aged 6-59 months – ensuring that no pipeline break was recorded in-country. The CERF funds used for the provision of safe drinking water through rehabilitation of existing water supply systems and construction of new systems played an important part in building resilience against future shocks and hazards. Thanks to the timely provision of season-sensitive and time critical emergency livestock protection assistance and cash assistance coupled with awareness building on key protection messages on COVID-19 safety measures to adopt during farming level activities, market participation and daily life, as well as on important livestock diseases.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The CERF allocation created another opportunity for the recipient agencies and their partners to improve coordination. WFP implemented the project activities in partnership with cooperating partners, where the agency closely coordinated with the Cluster Strategic Advisory Group and other stakeholders. Meetings were held 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. The AWD outbreak and the flexibility of CERF funding to address the outbreak increased coordination between stakeholders, particularly WHO, MoPH, Médecins sans Frontières (MSF) and MRRD who have been collaborating through specific task forces to respond and be better prepared for any recurrence of the outbreak following the 2022 winter season.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Through the results achieved thanks to CERF funding, agencies were 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 supplies, and other critical WASH interventions.

Considerations of the ERC's Underfunded Priority Areas¹:

The four chronically underfunded humanitarian priority areas were addressed by the recipient agencies and their partners as crosscutting relevant issues as appropriate.

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

FAO under this grant, supported a total of 192,454 women and girls received direct assistance from this project as follows:

Component	Women and girls	Belonging to households headed by people with disabilities	Subtotal
Livestock protection	143,505	4,272	147,777
Cash-for-Work (CfW)	39,535	555	40,090
Unconditional Cash Transfers (UCT)	3,756	831	4,587
[CfW+UCT]	43,291	1,386	44,677
Total	186,796	5,658	192,454

The project assisted 1,485 female-headed households and promoted protection messages related to PSEA, GBV and complaints-grievance mechanisms. All these female-headed households were provided with COVID-19 sensitization information. Furthermore, all distribution of inputs and cash as well as technical training sessions and COVID-19 sensitization sessions were organized at locations and timings convenient for women beneficiaries.

UNICEF 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

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](#).

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.

b. Programmes targeting disabled people:

The recipient agencies and their partners undertook various consultation with community, including person with disabilities to ensure the delivery point of services are properly identified and accessible for all affected people. Partners also considered disability as a vulnerability-based beneficiary selection criterion.

c. Education in protracted crises:

Even there was no special component for education under this allocation. However, people benefited from training sessions, organized by the agencies/partners on relevant matters. More details on this can be found in the agencies' relevant report in part II of the report.

d. Other aspects of protection:

The main protection aspect addressed by the intervention was the prevention and mitigation activities against the spread of the COVID-19 disease. Moreover, the project prioritized households headed by women and/or people with disability through the vulnerability-based beneficiary selection process. It also worth mentioning that all distribution of assistance/inputs and cash, as well as technical training sessions and COVID-19 sensitization sessions were organized at locations and timings convenient for women and persons with disabilities beneficiaries. All project staff including those of the implementing partners were trained on humanitarian principles, AAP, PSEA, rights of beneficiaries, and COVID-19 safety measures.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	1,300,000,000
CERF	14,998,459
Country-Based Pooled Fund (if applicable) (AHF GMS Data as of 21 Feb 2022, 2021 Approved Projects only for the recipient UN agencies)	33,411,690
Other (bilateral/multilateral)	107,800,856
Total funding received for the humanitarian response (by source above)	156,211,005

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-007	Food Security - Agriculture	4,798,459
UNICEF	21-RR-CEF-011	Water, Sanitation and Hygiene	4,209,000
UNICEF	21-RR-CEF-011	Nutrition	1,891,000
WFP	21-RR-WFP-007	Nutrition	1,100,000
WHO	21-RR-WHO-009	Health	3,000,000
Total			14,998,459

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

Total funds implemented directly by UN agencies including procurement of relief goods	11,983,351
Funds sub-granted to government partners*	25,908
Funds sub-granted to international NGO partners*	2,531,096
Funds sub-granted to national NGO partners*	458,104
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	3,015,108
Total	14,998,459

* 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:

The people of Afghanistan are expected to face increased humanitarian needs this spring, caused by the overlapping impact of La Niña-driven climate changes, intensifying conflict, and ongoing COVID-19 challenges. The current analysis indicates that 25 provinces, which are home to 27.7 million people, will see 13.2 million facing urgent humanitarian need during the spring period. A drought has not yet been officially declared but monitoring of meteorological conditions over recent months shows severe shortfalls in precipitation that are likely to affect agriculture and access to water. Already 16.9m people are projected to be in IPC3+ food insecurity through March 2021. A water scarcity crisis is unfolding, impacting 2.46m people. Sufficient water for livestock/agriculture, as well as for drinking/hygiene has become a challenge. There are predictions the number of displaced people in the country to increase from 6.45m in 2020 to 6.92m. This is higher than the country team's projection of 250,000 newly displaced people this year.

Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 29 March 2021 allocated \$15 million from CERF's rapid response window for life-saving humanitarian action. The Humanitarian Country Team (HCT) proposes to focus on providing an integrated package of life-saving shelter and basic household items, water, sanitation and hygiene, health and protection assistance to 460,000 people in the most affected communities in the Northern, Sahel, Eastern and North Central regions. The HCT intends to focus on four priorities: (1) Provide shelter to 10,000 households; (2) Ensure safe access to sanitation services at new sites for displaced people and host communities; (3) Strengthen the prevention of, and response to, protection issues including child protection, gender-based violence and managing the risk of improvised explosive devices; and (4) Improve access to basic health care for displaced people and host communities, including sexual and reproductive health. This request is aimed at kick-starting a multi-sectoral response to the Spring Contingency Plan. The strategy is focused on 4 sectors: nutrition, health, WASH and agriculture. In particular agricultural and livelihoods assistance is expected to prevent some displacement due to water scarcity and drought-like conditions. CERF resources will be focused in the high and medium risk areas identified in the Spring Plan.

People Directly Reached:

Through this CERF Rapid Response allocation, the recipient agencies reached to 754,550 people (181,196 man, 164,266 women, 203,519 boys and 205,569 girls) with relevant assistances.

UNICEF reached a total of 143,675 persons (22,405 women, 26,674 men, 48,080 girls, 46,516 boys) with lifesaving Nutrition and WASH services as part of the drought and Acute Watery Diarrhoea (AWD) response. FAO and its implementing partners directly supported 370,719 marginal and food insecure people (39,224 households) in 11 provinces (33 districts) of Afghanistan with livestock protection packages and cash-based interventions (cash for work and unconditional cash transfers) as well as technical trainings and COVID-19 awareness raising sessions.

WFP supported to procure 135.19 MT of Lipid-Based Nutrient Supplements (LNS) for distribution to 15,021 children, and 280.48 MT of SuperCereal for distribution to 7,479 PLWs. A total 22,500 beneficiaries were treated for MAM under this contribution. And WHO delivered health services to a total 217,656 people directly.

People Indirectly Reached:

According to the recipient agencies report, a total of 5,914,577 people was reached indirectly by them and their implementing partners. UNICEF estimated that 36,982 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 10 target provinces. And under the WASH component, a total of 1,874,000 persons indirectly benefitted through relevant interventions as follows: (i) A total of 12 healthcare

facilities in Kabul, Kunar & Nangarhar were provided with chlorine powder for surface disinfection while two other healthcare facilities in Laghman & Kunduz provinces were provided with durable water supply, sanitaiton and handwashing facilities where each facility have a catchment population of up to 120,000 people, resulting in an indicative indirect reach of 1,680,000 persons through support provided to 14 health care facilities.

Additionally, CERF funding contributed to the procurement of chlorine powder for treatment of drinking water to urban water supply utilities in Kabul & Kandahar cities as part of the WASH AWD response, benefiting around 146,000 people in both cities. Furthermore, UNICEF has prepositioned 6,900 family hygiene kits with CERF support for immediate response upon onset of emergency which will benefit more than 48,000 people that could be considered as indirect beneficiaries for CERF. FAO estimates that 1,853,595 people have indirectly benefitted from the increased animal production and availability of animal products and by-products in local markets as a result of this project, as well as thanks to information sharing on livestock technical trainings amongst herders, and a mitigated COVID-19 impact through safety measures. Moreover, unconditional cash transfers and cash for work increase the beneficiaries' purchasing power, which, in turn, generates a direct and immediate positive impact on local economies. Moreover, the 100 small water infrastructures that were constructed/rehabilitated through cash for work activities, increased water availability for all farmers in the targeted areas.

WFP reported that 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. WHO estimation indicates that 2 million indirect beneficiaries were reached who were communities' people where the direct beneficiaries reside. COVID-19 awareness and people who were benefited from local media (radio and Television) were main indirect beneficiaries.

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	50,225	48,387	73,500	72,888	245,000	57,984	58,405	85,936	83,301	285,626
Health	105,000	210,000	42,000	63,000	420,000	59,126	78,716	38,014	41,800	217,656
Nutrition	7,394	0	25,356	22,417	55,167	7,479	0	28,277	23,726	59,482
Water, Sanitation and Hygiene	23,000	24,000	18,500	18,500	84,000	22,403	26,675	27,740	29,875	106,693

* 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	4,200	218
Returnees	8,400	10,883
Internally displaced people	50,022	26,583
Host communities	492,545	346,147
Other affected people	245,000	285,626
Total	800,167	669,457

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	184,319	145,741	5,277	6,057
Men	281,287	160,762	7,815	5,894
Girls	158,556	182,386	4,675	7,115
Boys	176,005	180,568	5,242	7,222
Total	800,167	669,457	23,009	26,288

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-FAO-007

1. Project Information			
Agency:	FAO	Country:	Afghanistan
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-007
Project title:	Anticipatory livelihood protection to minimise drought impacts and safeguard food security		
Start date:	15/04/2021	End date:	14/10/2021 (NCE – 14/11/2021)
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\$ 50,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 11,580,484
	Amount received from CERF:		US\$ 4,798,459
	Total CERF funds sub-granted to implementing partners:		US\$ 660,263
	Government Partners		US\$ 0
	International NGOs		US\$ 295,735
	National NGOs		US\$ 364,528
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF project, FAO and its implementing partners directly supported 370,719 marginal and food insecure people (39,224 households) in 11 provinces (33 districts) of Afghanistan with livestock protection packages and cash-based interventions (cash for work and unconditional cash transfers) as well as technical trainings and COVID-19 awareness raising sessions. The project overachieved the planned target by 12%. The project assisted 285,626 marginal and food insecure people (29,224 households) through the provision of livestock protection packages, consisting of concentrated animal feed and deworming medicine as well as technical trainings and COVID-19 awareness raising activities. Each household received 200 kg of concentrated animal feed and deworming medicine was administered to a total of 209,288 large and small ruminants. Additionally, 29,224 livestock keeping households received technical trainings on best practices for animal husbandry and livestock management. Among the 29,224 households, 25,000 received full livestock protection packages (concentrated animal feed, deworming medicine, technical trainings and COVID-19 awareness raising information) while the remaining 4,224 households received only concentrated animal feed, technical trainings and COVID-19 awareness raising information. The distributed quantities of animal feed are sufficient for a total of 350,700 small and large ruminants for three months. The post-distribution monitoring (PDM) data indicated that 98.0% of the beneficiary households reported an increase in their animals' weight; 19.3% reported that their animals became healthier; and 51.2% reported an increase in dairy products.

Moreover, 6,807 marginal and food insecure people (1,000 households) benefited from the provision of unconditional cash transfers. Each households received AFN 9,000 (equivalent to US\$ 100) in one transfer. Similarly, under the cash for work intervention, 78,286 people (9,000 households) participated in the rehabilitation/construction of 100 small scale water infrastructures. Each household received AFN 9,000 (equivalent to US\$ 100) for 20 working days. Additionally, all beneficiaries of cash-based interventions benefited from COVID-19 awareness raising sessions. According to the PDM, almost all beneficiaries expressed their satisfaction with cash-based interventions; and each rehabilitated/constructed irrigation infrastructure will provide access to water to 2,150 *jeribs* (approximately 430 ha) and the protection walls will provide protection from floods.

3. Changes and Amendments

Thanks to savings in the procurement and contracting processes and in light of the greater needs of assistance in the targeted provinces, the project procured an additional 845 metric tonnes of concentrated animal feed to support an additional 4,224 households in nine provinces. Each household received 200 kg of concentrated animal feed, technical trainings and COVID-19 awareness sessions. This additional assistance took place in the following provinces: Badghis (Jawand District), Balkh (Dawlatabad, Kaldar and Kishindeh Districts), Daikundi (Ishterly, Miramor and Sharistan Districts), Faryab (Ghormach, Gurziwan and Qaisar Districts), Ghor (Lal wa Sar Jangal, Saghar and Dulina Districts), Herat (Kuhsan, Kushk-e-Kuhna and Zendajan Districts), Kandahar (Daman, Dand and Spinboldak Districts), Khost (Bak, Jaji Maidan and Tirzay Districts), and Uruzgan (Terinkot, Dehrawood and Khas Uruzgan Districts). In general, the implementation of the project was on track until mid-August, when the sudden government collapse and Taliban takeover triggered a major and unforeseeable liquidity crisis which severely impacted the capacity of implementing partners and financial service providers to access the cash needed to continue implementing project activities and in particular all activities involving cash-based interventions. Considering the circumstances explained, FAO requested no-cost extension until 14 December 2021 for the project and received the approval.

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	50,225	48,387	73,500	72,888	245,000	57,984	58,405	85,936	83,301	285,626
Total	50,225	48,387	73,500	72,888	245,000	57,984	58,405	85,936	83,301	285,626
People with disabilities (PwD) out of the total										
	1,370	1,295	1,981	1,969	6,615	2,452	2,592	3,206	3,150	11,400

* 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

Despite the challenges in estimating the number of indirect beneficiaries, livestock protection packages and cash-based interventions trigger positive impacts across the supply chains in the local markets of the targeted communities. FAO estimates that 1,853,595 people have indirectly benefitted from the increased animal production and availability of animal products and by-products in local markets as a result of this project, as well as thanks to information sharing on livestock technical trainings amongst herders, and a mitigated COVID-19 impact through safety measures. Moreover, unconditional cash transfers and cash for work increase the beneficiaries' purchasing power, which, in turn, generates a direct and immediate positive impact on local economies. Additionally, the 100 small water infrastructures that were constructed/rehabilitated through cash for work activities, increased water availability for all farmers in the targeted areas. As per the PDM data, each infrastructure provide/enhance access to water to 2,150 jeribs (approximately 430 ha) of land and the protection walls protect the targeted communities from floods.

6. CERF Results Framework

Project objective	Protect livelihoods and safeguard food and nutrition security of vulnerable households from the adverse impacts of drought and other recent shocks including COVID-19 and worsening food crisis in Afghanistan by providing season-sensitive and time-critical emergency livestock protection assistance and cash assistance coupled with awareness building on key protection messages on COVID-19 and important livestock diseases safety measures to adopt during farm level activities, market participation and daily life.
Output 1	Livelihoods and food security of 175,000 at-risk and vulnerable people from 25,000 marginal herding, landless, women-headed, and persons with disability HHS protected through provision of emergency livestock protection package assistance.

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

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Percent of households no longer in Crisis or Emergency Phase of the Livelihood Coping Strategy Index (LCS).	At least 20,000 out of 25,000 or 80 percent of the households supported in this project.	According to the outcome monitoring report 1.9% of the households are no longer in Crisis or Emergency Phase of the Livelihood Coping Strategy Index. In addition, the percent of households in Emergency Phase reduced from 56.4% (project baseline) to 0% after the intervention.	Outcome Monitoring Report conducted by Third-Party Monitoring contractor.
Indicator 1.2	Percentage of households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities.	At least 18,750 out of 25,000 or 75 percent of the households supported in this project report meeting.	According to the outcome monitoring report, 22.7% of the households reported that the larger benefits included paying debts and preventing to borrow money or food, 24.2% of the	Outcome Monitoring Report conducted by Third-Party Monitoring contractor.

			households reported that they felt gaining positive changes in their economy, 25.3% of the households reported an increase in animal production and 3.8% of the households reported reduction in expenses related to purchase of animal feed.	
Indicator 1.3	Number of at-risk and vulnerable people from marginal herding, landless, women-headed, and persons with disability HHS provided with emergency livestock protection assistance	175,000 vulnerable people.	285,626 people (29,224 households)	Profile Survey Report, Profile Survey Database, implementing partners', final narrative. reports and distribution lists.

Explanation of output and indicators variance:

Indicator 1.1. The project did not achieve the target of 80% since the target was set out at project formulation stage before the political transition in August 2021, which combined with the continuous negative impacts of La Niña induced drought and COVID 19 resulted in the reduction of household's income-generating livelihood opportunities and the increment in sale of income-generating assets to meet immediate needs. Therefore the significant percentage (98.1%) of households are in Crisis Phase of livelihood coping strategy (LCS). However, the percent of HHS in Emergency Phase reduced from 56.4% (project baseline) to 0% after the intervention.

Indicator 1.2. 22.7% of the households reported that the assistance helped them in paying debts and preventing them to borrow money or food, 24.2% of the households reported that they felt gaining positive changes in their economy, 25.3% of the households reported an increase in animal production and 3.8% of the households reported reduction in expenses related to purchase of animal feed.

Indicator 1.3. This total figure 285,626 people is 63.2% over the planned target (175,000 people, which was calculated based on the average household size in Afghanistan) while for this report, the actual size of households was used as it was collected through the beneficiary profile survey by implementing partners. Additionally, the number of households reached (29,224) is higher than the initial target (25,000 households) because 4,224 additional households received livestock protection packages.

Activities	Description	Implemented by
Activity 1.1	Community mobilization and beneficiary's selection for emergency livestock protection assistance.	FAO implementing partners via letters of agreement (Action Aid Afghanistan [AAA], Afghan Aid [AA], Afghanistan National Reconstruction Coordination [ANRCC], Coordination of Humanitarian Assistance [CHA], Organization for Relief Development [ORD], Rural Rehabilitation Association for Afghanistan [RRAA], Skills Training and Rehabilitation Society [STARS], and Social Uplift Organization [SUO]) in consultation with FAO and local authorities.
Activity 1.2	Procurement, quality control and distribution of livestock assistance package (concentrate animal feed,	FAO (procurement and quality control) and implementing partners: AAA, AA, ANRCC, CHA, ORD, RRAA, STARS,

	deworming medicine and animal health and production inputs) to selected beneficiaries.	and SUO in consultation with FAO and local authorities (distribution and deworming).
Activity 1.3	Technical training on sustainable livestock management in emergency contexts, information dissemination and deworming of livestock, feed and feeding management, silage making at village level as well as linkage to local veterinary service provision.	FAO along with implementing partners: AAA, AA, ANRCC, CHA, RRAA, STARS, and SUO in consultation with FAO and local authorities.
Activity 1.4	Monitoring (beneficiaries verification, Post Distribution Monitoring), data collection, analysis, and reporting.	FAO and third-party monitoring contractor.

Output 2 Livelihoods and food security of 70,000 at-risk and vulnerable people from 10,000 marginal landless, women-headed, and persons with disability HHs protected through provision of emergency cash-based assistance.

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

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Percentage of households by Food Consumption Score (FCS) phase (Poor, Borderline, and Acceptable).	At least 7,500 out of 10,000 or 75 percent of the households supported in this project report accept	According to outcome monitoring report 34.5% of the households have acceptable FCS whereas, 29.6% and 35.9% have poor and borderline FCS respectively.	Outcome Monitoring Report conducted by Third-Party Monitoring contractor.
Indicator 2.2	Percentage of households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities.	At least 7,500 out of 10,000 or 75 percent of the households supported in this project report meeting	Most of the households (88 percent) reported that they have improved access to food due to the money received from cash for work. Additionally, 48.2% of households reported that they were able to reduce their debt burden and 47.2% achieving both edible and non-edible benefits.	Outcome Monitoring Report conducted by Third-Party Monitoring contractor.
Indicator 2.3	Number of at-risk and vulnerable people from marginal landless, women-headed, and persons with disability HHs, provided with cash assistance.	70,000 vulnerable people.	78,286 people (10,000 households)	Profile Survey Report, Profile Survey Database, implementing partners', final narrative. reports and distribution lists.
Indicator 2.4	Number of local irrigation / soil-water conservation / livestock watering / flood-protection	100 local structures.	100 local structures.	Profile Survey Report, Profile Survey Database, implementing partners', final narrative. reports,

	structures repaired / rehabilitated through cash-for-work activities.			distribution lists, and infrastructures handover documents
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Explanation of output and indicators variance:	<p>Indicator 2.1. The project did not achieve the target of 75% due to the negative impacts of the political transition in August 2021, La Niña induced drought and COVID 19. However, there is notable improvement in the households FCS (acceptable 34.5% poor 29.6% and borderline 35.9%) compared to project baseline (acceptable 5.4% poor 17.5% and borderline 77.1%).</p> <p>Indicator 2.2. Most of the households (88 percent) reported that they have improved access to food due to the money received from cash for work. Additionally, 48.2% of households reported that they were able to reduce their debt burden and 47.2% achieving both edible and non-edible benefits.</p> <p>Indicator 2.3. This total figure (78,286 people) is 11.8% more than the planned target (70,000 people), which was calculated based on the average household size in Afghanistan while for this report, the actual size of households was used as it was collected through the beneficiary profile survey by implementing partners.</p>
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Activities	Description	Implemented by
Activity 2.1	Community mobilization and beneficiary's selection for unconditional cash transfers and cash for work activities.	FAO implementing partners: AAA, AA, ANRCC, CHA, ORD, RRAA, STARS, and SUO in consultation with FAO and local authorities.
Activity 2.2	Identification of irrigation / soil-water conservation structures to be repaired/rehabilitated through cash-for-work activities and implementation of the same.	FAO implementing partners AAA, AA, ANRCC, CHA, ORD, RRAA, STARS, and SUO in consultation with FAO, local authorities, and village elders.
Activity 2.3	Disbursement of cash to targeted beneficiaries.	Financial service providers (Khayber and Salim Jawid) with support of implementing partners.
Activity 2.4	Monitoring (beneficiaries verification, Post Distribution Monitoring), data collection, analysis, and reporting.	FAO and third-party monitoring contractor.

Output 3	Awareness of 35,000 at-risk and vulnerable people belonging to marginal herding, landless, women-headed, and persons with disability households raised on key protection messages and on COVID-19 and important livestock diseases safety measures to adopt at livelihood practices, during market participation and in general appropriate preventive practices for minimizing transmission.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Food Security - Agriculture
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of persons receiving information and awareness materials on key protection messages and COVID-19 safety measures to adopt at livelihood practices, during market participation and in general appropriate preventive practices for minimizing transmission.	35,000	39,224 people	Profile Survey Report, Profile Survey Database, implementing partners', final narrative. reports and distribution lists.

Explanation of output and indicators variance:	Indicator 3.1. This total figure (39,224 people) is 12.06% more than the planned target (35,000 people), as an additional 4,224 people received
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		information and awareness materials on key protection messages and COVID-19 safety measures. Revised, since all the 35,000 targeted beneficiaries (10,000 under cash based assistance and 2,000 under livestock) + 4,224 additional beneficiaries under livestock received the awareness directly.
Activities	Description	Implemented by
Activity 3.1	Training, information dissemination and awareness building at village level using appropriate IEC (Information, Education and Communication) materials and awareness messages on key protection messages and COVID-19 and important livestock diseases safety measures to adopt at livelihood practices, during market participation and in general appropriate preventive practices for minimizing transmission.	FAO along with implementing partners: AAA, AA, ANRCC, CHA, RRAA, STARS, and SUO in coordination with Protection Cluster members, Cash and Voucher Working Group members, other UN Agencies / Development partners active in the area and local authorities.

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 areas² 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)³:

FAO together with the third-party monitoring contractor and the implementing partners, regularly monitored all project interventions. 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, different stakeholders – Directorate of Agriculture, Irrigation and Livestock, the *Kuchi* Directorate, Community *Shuras* (Community Development Council and District Development Council) and community members – were involved in community mobilization, the selection of beneficiaries and infrastructures and in the distribution of inputs and cash. Specific questions on AAP were included in the third-party monitoring data collection tools and FAO received the findings in the form of survey reports.

b. AAP Feedback and Complaint Mechanisms:

FAO and its implementing partners established a Complaint and Feedback Mechanism for this project in the project areas, and regularly responded to the complaints/inquires received through these mechanisms or during field visits. AWAAZ Afghanistan – a toll-free Complaint and Feedback System implemented by UNOPS in the country – was also widely communicated to all beneficiaries and partner staff throughout the implementation of the project, during community mobilization, beneficiary selection as well as during the distribution of inputs and the provision of trainings. Information on the purpose and how 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 were reached.

² 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](#).

³ 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):

FAO has already established PSEA committees at Kabul and Regional Offices' levels. These committees also acted as PSEA committees for this project, whose information was shared with all project staff. FAO project management team provided contact cards including their mobile phone number to all beneficiaries to be reached out directly to record and handle any Sexual Exploitation and Abuse related complaints in a confidential way. IEC materials were also distributed. These materials explained how to contact AWAAZ to report PSEA.

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

FAO prioritized households headed by women in the selection criteria for receiving assistance. The project assisted 1,485 female-headed households and promoted protection messages related to PSEA, GBV and complaints-grievance mechanisms. Furthermore, FAO through implementing partners organized all inputs and cash distributions as well as technical training sessions and COVID-19 sensitization sessions at locations and timings convenient for women beneficiaries.

e. People with disabilities (PwD):

The project considered disability as part of a larger vulnerability-based beneficiary selection criteria. Consequently, FAO selected 1,374 households (11,400 people) headed by people with disability for project interventions. Out of those 1,012 households, received livestock protection package, 227 households benefited from unconditional cash transfers, and 135 people with disability participated in the cash for work activities. Additionally, all 1,374 households received 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 inputs and cash, as well as technical training sessions and 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, IEC materials and cards with pertinent contacts' details along with the details of inputs and cash distribution (beneficiaries' entitlements) and COVID-19 safety measures. All COVID-19 safety measures were strictly followed at all the inputs and cash distribution sites. Lastly, all project staff including those of the implementing partners were trained on humanitarian principles, AAP, PSEA, rights of beneficiaries, and COVID-19 safety measures.

g. Education:

While this project was not designed to address education concerns, the intervention provided much-needed cash to vulnerable food insecure households, which reduced the risks of adopting negative coping actions such as 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, markets levels, and in general in public spaces; contributed to maintaining an acceptable level of hygiene and thus avoiding illnesses within the households. Additionally, FAO conducted a Training of Trainers workshop for 147 staff from implementing partners and the Directorate of Agriculture, Irrigation and Livestock on various relevant topics.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	85,093 people (10,000 households)

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.

FAO and implementing partners provided cash under the cash for work and unconditional cash transfers interventions to 10,000 landless and/or marginal farming households, which is equivalent to a full monthly food basket for a seven-member household as per the Food Security Agriculture Cluster (FSAC) in Afghanistan norms. Households headed by women and/or persons with disabilities were prioritized as direct beneficiaries in unconditional cash transfers. Each household received AFN 9,000 (equivalent to US\$100).

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
Provision of unconditional cash transfers, and cash for work to the landless and/or marginal farming households, at/near their areas of residence focusing on the rehabilitation/construction of small irrigation infrastructure and/or soil-water conservation measures coupled with training on maintenance of the local irrigation and/or soil-water conservation structures repaired/rehabilitated.	85,093 people (10,000 households)	US\$ 1,000,000	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
FAO treats animals with deworming medicines	https://twitter.com/FAOafghanistan/status/1446065941469663233?s=20
Animal feed distribution	https://twitter.com/FAOafghanistan/status/1431959859600281605?s=20
Cash assistance to vulnerable rural families	https://twitter.com/FAOafghanistan/status/1415529053197582342?s=20
Working opportunities for communities affected by drought	https://twitter.com/FAOafghanistan/status/1440595610793508875?s=20

3.2 Project Report 21-RR-CEF-011

1. Project Information			
Agency:	UNICEF	Country:	Afghanistan
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	CERF project code:	21-RR-CEF-011
Project title:	Provision of Life-Saving Nutrition and WASH Services to emergency-affected vulnerable populations		
Start date:	27/04/2021	End date:	26/10/2021 (NCE - 24/01/2022)
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 46,460,000
		US\$ 90,890,000 (revised in Aug-2021)
	Total funding received for agency's sector response to current emergency:	US\$ 9,400,000
		US\$ 72,720,372 (as of 30 Nov 2021) ⁴
	Amount received from CERF:	US\$ 6,100,000
	Total CERF funds sub-granted to implementing partners:	US\$ 2,029,285
		US\$ 25,908
Government Partners	US\$ 25,908	
International NGOs	US\$ 2,003,377	
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Summary: This Rapid Response (RR) allocation from CERF enabled UNICEF to directly reach a total of 143,675 persons (22,405 women, 26,674 men, 48,080 girls, 46,516 boys) with lifesaving Nutrition and WASH services as part of the drought and Acute Watery Diarrhoea (AWD) response. Specifically, a total of 36,982 children aged 6-59 months with Severe Acute Malnutrition (SAM) were treated during the project period, with CERF-funded supplies (therapeutic food and milks) replenishing utilized stocks after their arrival in country, and 106,693 persons were provided with improved water and sanitation services, contributing to preventing outbreaks of communicable diseases.

Sectoral details:

In **Nutrition**, UNICEF was able to procure 33,551 cartons of Ready-to-Use Therapeutic Food (RUTF) and 1,385 cartons of therapeutic milks (760 cartons type F75 and 625 cartons type F100) for the treatment of Severe Acute Malnutrition (SAM) with funding from CERF.

⁴ UNICEF Afghanistan Situation Report, 30 November 2021.

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 36,982 children (16,642 boys, 20,340 girls) aged 6-59 months with SAM were treated in the 10 target provinces, against a target of 32,449. 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.

In **WASH**, UNICEF, in collaboration with the former government and national/international NGOs IPs reached a total of 106,693 persons (22,405 women, 26,674 men, 27,740 girls, 29,874 boys), with WASH services (this figure avoids double counting as multiple services, mentioned below, were provided to the same beneficiaries) in 24 districts across 11 provinces. This result was achieved against a planned initial target of 84,000, later revised to 100,000 persons under Output 3. This was possible thanks to the approved reprogramming and extension, which shifted funds towards the AWD/cholera response to procure WASH supplies and support critical services.

Specifically, Under Output 2 a total of 57 durable and sustainable water supply projects (30 solar water systems - 28 solar water systems, rehabilitation of 2 solar water systems, 26 hand pump wells and 1 gravity fed water supply system) were installed reaching 36,619 people (5,187 of whom were conflict affected IDPs) against a revised target of 40,000, with at least two people per each solar system and one per each hand pump well trained for operation and maintenance (O&M) of the system. All the water interventions under this grant were durable solution enhancing the resilience of people in need and contributing to Strategic Objective 1 (SO1) and to Strategic Objective 3 (SO3) of HRP 2021. Under Output 3, a total of 106,693 people, against a revised target of 100,000, received essential supplies and key messages on AWD prevention measures. All these results have contributed to preventing outbreaks of communicable diseases.

3. Changes and Amendments

In **Nutrition**, under Output 1, UNICEF placed an international procurement order for 33,551 cartons of Ready to Use Therapeutic Food (RUTF) against an initial target of 29,420 cartons using the CERF allocation, and 625 cartons of F-100 and 760 cartons of F-75 therapeutic milk against the initial targets of 600 carton and 800 cartons respectively. Fluctuations in market prices allowed UNICEF's Supply Division to procure minimal additional quantities against targets, enabling UNICEF to reach 4,533 more children than initially planned (36,982 reached, against 32,499 planned).

In **WASH**,

1. Locations

In the original proposal the Provinces of Daykundi, Wardak, Paktika, Kunar, Nangarhar, Ghor, Badghis, Herat, Nimroz, Helmand, Kandahar, Samangan, Balkh, Jawzjan, Baghlan were selected, although UNICEF reserved the options to target "any other provinces in need of humanitarian WASH based on evolving needs". During the course of implementation, UNICEF additionally targeted Kabul, Parwan, Kunduz and Nuristan in addition to the originally targeted Provinces of Wardak, Kunar, Nangarhar, Balkh, Jawzjan, Kandahar, Ghor, Herat and Badghis. The provinces of Paktika, Nimroz, Helmand, Samangan, Baghlan were targeted under the drought response but with other funding streams, while CERF funding was utilised more towards the AWD response and mitigation, particularly in Kabul, Wardak, Parwan, Nangarhar and Kandahar provinces. The changes in location occurred after consultation with sub-national WASH clusters following reprioritization of areas that were formerly hard to reach and to avoid duplication with other partners' activities as well as to respond to the emerging AWD outbreak.

2. Extension and AWD response

In October 2021, UNICEF requested a no-cost extension due to the deteriorating security situation leading up to the fall of the government and replacement by a de-facto administration on 15 August. During this time, UNICEF and its IPs encountered severe challenges in terms of access and security with some IPs going into hibernation, while restrictions on banking and cash transfers to

IPs directly hampered/disrupted the timely resumption, implementation, and completion of emergency projects supported by CERF funding. By September 2021, a significant rise of cases of AWD in Kabul and surrounding districts was reported, resulting in several deaths and confirmed cases of cholera. As a result of these factors, UNICEF was granted a further three months to complete ongoing activities and reprogrammed some previously planned activities in order to respond to the rise in AWD cases.

Specifically, as a result of the reprogramming, targets were modified as follows:

- 2.1 Output 2: Reduction from 40,000 to 30,000 persons reached. As part of the reprogramming request, UNICEF covered the continuation of the remaining 21 projects through alternative funding sources, releasing US\$ 1.5 million of CERF funds initially under this Output 2 to scale up the cholera response under Output 3, through procurement of additional WASH supplies and critical services. UNICEF and partners were able to complete a total of 57 durable and sustainable water supply projects in communities for 36,619 people (5,187 of whom were conflict affected IDPs), through 30 solar water systems - 28 solar water systems, rehabilitation of 2 solar water systems -, 26 hand pump wells and 1 gravity fed water supply system.
- 2.2. Output 3: Increase from 84,000 to 100,000 persons reached. UNICEF revised the planned target under this output from initial 84,000 to 100,000 people to allow more people in AWD risk areas access essential supplies and key messages on AWD prevention measures. UNICEF distributed more than 15,000 family hygiene kits, distributed more than 365,000 soap bars, 200 drums of chlorine with 50 kg each to assist people affected by conflict and at risk of AWD in Cholera prone areas in target locations through the Urban Water Supply and Sewage State-owned Corporation (UWASS) and Ministry of Public Health. The results achieved under this output is 106,693 people (11,675 of whom were conflict affected IDPs).

3. Other changes

UNICEF initially planned to provide WASH services/facilities in four public institutions (two schools and two healthcare facilities) while during the implementation period, no school were targeted under CERF due to schools being closed for most of the time - first as result of COVID-19 and later due to collapse of the government in mid-August. UNICEF provided chlorine powder for surface disinfection to 12 healthcare facilities in Kabul, Kunar & Nangarhar provinces while two other District Hospitals (one in Laghman and other in Kunduz) were provided with durable water supply, sanitation, and handwashing facilities where each facility has a catchment population of up to 120,000 people. Refer to the indirect reach section for more details.

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	892	730	1,622	0	0	1,017	832	1,849
Host communities	0	0	16,955	13,872	30,827	0	0	19,323	15,810	35,133
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	17,847	14,602	32,449	0	0	20,340	16,642	36,982

People with disabilities (PwD) out of the total

0	0	535	438	973	581	417	998	581	2577
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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	0	0	0	0	0	0	0	0	0	0
Internally displaced people	7,500	7,500	6,000	6,000	27,000	2,450	2,920	3,035	3,270	11,675
Host communities	15,500	16,500	12,500	12,500	57,000	19,953	23,755	24,705	26,605	95,018
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	23,000	24,000	18,500	18,500	84,000	22,403	26,675	27,740	29,875	106,693

People with disabilities (PwD) out of the total

900	900	850	850	3,500	1,859	2,214	2,303	2,479	8,855
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* 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 1,910,982 individuals.

In **Nutrition**, an estimated 36,982 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 10 target provinces. In addition, the population under the catchment area of the services delivery points were also benefited from the awareness raising sessions.

In **WASH**, an estimated 1,874,000 persons indirectly benefitted through WASH interventions as follows: (i) A total of 12 healthcare facilities in Kabul, Kunar & Nangarhar were provided with chlorine powder for surface disinfection while two other healthcare facilities in Laghman & Kunduz provinces were provided with durable water supply, sanitation and handwashing facilities where each facility have a catchment population of up to 120,000 people, resulting in an indicative indirect reach of 1,680,000 persons through support provided to 14 health care facilities. Additionally, CERF funding contributed to the procurement of chlorine powder for treatment of drinking water to urban water supply utilities in Kabul & Kandahar cities as part of the WASH AWD response, benefiting around 146,000 people in both cities. Furthermore, UNICEF has prepositioned 6,900 family hygiene kits with CERF support for immediate response upon onset of emergency which will benefit more than 48,000 people that could be considered as indirect beneficiaries for CERF.

6. CERF Results Framework

Project objective	To provide essential Nutrition and WASH services to children, women and communities affected by conflict, drought and the impact of COVID-19			
Output 1	A total of 32,449 children aged 6-59 months with Severe Acute Malnutrition (SAM) are provided with lifesaving therapeutic supplies (RUTF and milks)			
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	FN.1b Quantity of food assistance distributed in MT ((RUTF) (29,420 cartons)	408.6	466 (33,551 cartons)	Procurement report
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT (therapeutic milk F-100) (600 cartons)	8	8.3 (625 cartons)	Procurement report
Indicator 1.3	FN.1b Quantity of food assistance distributed in MT (therapeutic milk F-75) (800 cartons)	11	10.4 (760 cartons)	Procurement report
Indicator 1.4	# of health facilities (fixed and mobile) supplied with therapeutic food.	380	386	Nutrition Information System (NIS)
Indicator 1.5	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme (children)	32,449	36,982	Nutrition Information System (NIS)
Explanation of output and indicators variance:	UNICEF procured additional 4,131 cartons of RUTF as result of temporary fluctuation in the price of RUTF using same celling of funding. This resulted in reaching an additional 4,533 children aged 6-59 months with SAM in the target			

		areas. Slight variations in the number of F-100 and F-75 milks procured are also explained due to the fluctuation in the cost of the items.
Activities	Description	Implemented by
Activity 1.1	Timely distribute SAM therapeutic supplies (RUTF and therapeutic milks) to implementing partners in 10 priority provinces using UNICEF existing stocks	UNICEF distributed a total of 33,551 cartons of Ready to Use Therapeutic Food (RUTF), 625 cartons of F-100 and 760 cartons of F-75 therapeutic milk in the project areas based on the request from implementing partners as received on a quarterly basis
Activity 1.2	Procure and replenish stock with SAM therapeutic supplies supported under this grant in a timely manner	To meet the needs of children with Severe Acute Malnutrition (SAM) in the target areas in a timely manner, UNICEF worked with the Implementing Partners (IPs) to distribute the lifesaving SAM therapeutic supplies (RUTF and milk) from the existing stocks. UNICEF has already replenished the stocks of SAM lifesaving therapeutic supplies (RUTF) and therapeutic milk using the supplies procured through this CERF grant in August 2021.
Activity 1.3	Monitor SAM services in target provinces	To ensure delivery of quality SAM treatment services and rational use of RUTF and milks, UNICEF's core staff and its technical nutrition extenders conducted regular monitoring visits from the service delivery points in all 10 targeted provinces. The outcomes of the monitoring visits and overall Integrated Management of Acute Malnutrition (IMAM) performance was discussed with concerned partners.

Output 2	An estimated 40,000 vulnerable people affected by conflict and natural disaster (drought/flood/landslide) and conflict access safe drinking water through trucking, rehabilitation of existing systems, or installation of new water supply systems			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (at least 15liters per capita per day (lpcd))	40,000 (revised to 30,000 as part of the reprogramming request)	36,619	Project Progress Matrix, Humanitarian Performance Monitoring (HPM) reports from IPs, Third Party Monitoring (TPM) report
Indicator 2.2	Number of public institutions (such as temporary learning centers, mobile health teams, healthcare facilities, nutrition centers, schools or child friendly spaces) with access to WASH facilities/services	4	14	Project Progress Matrix, Humanitarian Performance Monitoring (HPM) reports from IPs, Third Party Monitoring (TPM) report
Explanation of output and indicators variance:		The target for indicator 2.1 was reduced from 40,000 to 30,000. Higher results than the planned 30,000 targets were achieved due to lower cost boreholes with handpumps being completed in Balkh Province and due to savings for some of the activities during implementation, and co-funding of three community water supply projects through complementary funding sources.		

		Under indicators 2.1, no water trucking was conducted. UNICEF did provide water trucking for drought affected areas through other funding streams. Under output 2.2, 12 out of 14 HCFs were only provided with supplies for disinfection part of COVID-19 and AWD response while only two HCFs were provided with full WASH package through durable solutions – however these health care facilities were District Hospitals.
Activities	Description	Implemented by
Activity 2.1	Conduct needs assessment and technical survey including community consultations for provision of WASH services	ACTED, DACAAR, IMC, WVI, MRRD, MoPH, MoE
Activity 2.2	Provide water through trucking (last resort), and/or repair or rehabilitation of existing non-functional water sources and/or installation of new water supply systems	No water trucking was provided with CERF funding (see Explanation above)
Activity 2.3	Provide WASH facilities/services at public institutions (such as temporary learning centers, mobile health teams, healthcare facilities, nutrition centers, schools or child friendly spaces)	ACTED, DACAAR, IMC, WVI, MRRD, MoPH, MoE
Activity 2.4	Conduct timely supervision and monitoring of the project	ACTED, DACAAR, IMC, WVI, MRRD, MoPH, MoE Third Party Monitoring (TPM) agency; UNICEF staff; UNICEF WASH technical extenders

Output 3 An estimated 84,000 people affected by natural disaster (drought/flood/landslide) and conflict including most vulnerable people in host communities have improved knowledge and perform healthy hygienic behaviors and practices (this includes provision of sanitation facilities including bathing spaces and handwashing stations for an estimated 8,000 displaced people affected by natural disasters and conflict)

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 who receive hygiene supplies and orientation on key hygiene messages as per WASH cluster standard	84,000 (revised to 100,000 as part of the reprogramming request)	106,693	Project Progress Matrix, Humanitarian Performance Monitoring (HPM) reports from IPs, Third Party Monitoring (TPM) report
Indicator 3.2	Number of displaced people with access to sanitation facilities/services (latrines, bathing spaces and handwashing stations)	8,000	0	Project Progress Matrix, Humanitarian Performance Monitoring (HPM) reports from IPs, Third Party Monitoring (TPM) report

Explanation of output and indicators variance: The results under indicator 3.1 against the revised target of 100,000 was due to saving in the actual implementation cost reported by UNICEF's IPs, which allowed to reach more people within the approved fund. Higher results were also achieved through the distribution of chlorine for municipal public supplies which for a low cost can reach a large population. Under indicator 3.2, UNICEF did not target displaced populations with sanitation improvements as the cluster had reached its sanitation targets for

2021 and in consultation with sub-national WASH cluster coordinators, determined that funds would be better utilized for the AWD/Cholera response.

Activities	Description	Implemented by
Activity 3.1	Distribute and preposition of essential hygiene supplies (family hygiene kits, hygiene consumable kits, jerry cans, buckets, soap) to conflict and/or natural disaster (drought/flood/landslide) affected families, particularly women and girls	ACTED, DACAAR, IMC, WVI, MRRD, MoPH, MoE
Activity 3.2	Conduct gender responsive hygiene promotion sessions and distribute Information, Education and Communications (IEC) materials, including household visits in light of COVID-19 precautionary measures.	ACTED, DACAAR, IMC, WVI, MRRD, MoPH, MoE
Activity 3.3	Install emergency sanitation facilities (latrines/bathing facilities) in IDP settings	ACTED, DACAAR, IMC, WVI, MRRD, MoPH, MoE
Activity 3.4	Conduct timely supervision and monitoring of the project	ACTED, DACAAR, IMC, WVI, MRRD, MoPH, MoE

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:

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

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](#).

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. Also, UNICEF developed End User Monitoring Checklist which is being used as tool for AAP. Through this checklist, affected people are enabled to express their view and feedback on the service delivered to them and appropriateness of supplies distributed to them. In addition, U-report is another platform of UNICEF where people do feedback on their needs, and impact of program in their areas.

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 as determined through community consultations. 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.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

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 and therapeutic milks) 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 Mention of CERF as a donor to the programme	https://www.unicef.org/afghanistan/stories/life-after-severe-acute-malnutrition
Parwana's journey to recovery from severe acute malnutrition, 20 Dec 2021 Mention of CERF as a donor to the programme	https://www.unicef.org/afghanistan/stories/parwanas-journey-recovery-severe-acute-malnutrition

3.3 Project Report 21-RR-WFP-007

1. Project Information			
Agency:	WFP	Country:	Afghanistan
Sector/cluster:	Nutrition	CERF project code:	21-RR-WFP-007
Project title:	Procurement and distribution of critical MAM supplies for treatment of MAM children under-five and malnourished PLW		
Start date:	29/04/2021	End date:	28/10/2021 (NCE- 31/01/2022)
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 48,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 16,000,000
	Amount received from CERF:		US\$ 1,100,000
	Total CERF funds sub-granted to implementing partners:		US\$ 124,560
	Government Partners		US\$ 0
	International NGOs		US\$ 30,984
National NGOs		US\$ 93,576	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Under this multi-agency contribution from CERF's Rapid Response window, WFP Afghanistan received US\$ 1,100,000 to enhance nutrition response against increased needs. Specifically, funds were used for the treatment of Moderate Acute Malnutrition (MAM) among children aged 6-59 months, as well as Pregnant and Lactating Women (PLW), in the three priority provinces of Ghor, Wardak, and Badghis. Support from CERF enabled WFP to procure 135.19 MT of Lipid-Based Nutrient Supplements (LNS) for distribution to 15,021 children, and 280.48 MT of SuperCereal for distribution to 7,479 PLWs. Between May 2021 and January 2022, a total 22,500 beneficiaries were treated for MAM under 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.

Treatment services were provided as part of WFP's comprehensive Integrated Management of Acute Malnutrition (IMAM) package, which is a continuum of treatment for acute malnutrition that includes various components, including community outreach/mobilization, Outpatient Department of Moderate Acute Malnutrition (OPD-MAM) for moderate acute malnourished children and PLW, Outpatient Department of Severe Acute Malnutrition (OPD-SAM) for uncomplicated cases of severe acute malnourished children, and Inpatient Department for Severe Acute Malnutrition (IPD-SAM) for SAM cases with complication. IMAM activities, including the treatment of MAM, contribute to the prioritises of the National Nutrition Cluster.

Despite experiencing several challenges and delays due to localised conflict, project implementation was successful, as outcome indicators sufficiently met SPHERE standards. Overall, the project realised a cure rate of 88%, a default rate of 11%, and a non-response/death rate of 1%.

Project activities were implemented at local community health clinics in partnership with 3 Cooperating Partners (CPs), including Coordination of Humanitarian Assistance (CHA), Swedish Committee for Afghanistan (SCA), and Medical Management and Research Courses for Afghanistan (MMRCA).

3. Changes and Amendments

The acceleration of conflict experienced across Afghanistan in 2021 resulted in the delayed implementation of project activities. More specifically, conflict between armed groups caused territorial contestations, shifts in local government control, and consequently posed access-related challenges in affected areas. As a result, WFP operations were hindered by delayed delivery of internationally procured commodities due to border closures, interruptions in moving specialised nutritious food commodities across the country, as well as the temporary closure of health clinics, and low beneficiary turnout. These implementation challenges resulted in a slower than anticipated delivery of programme activities; therefore, a three month no-cost extension (NCE) was granted to allow for project completion.

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	0	0	0	0	0	0	0	0
Host communities	7,394	0	7,509	7,815	22,718	7,479	0	7,937	7,084	22,500
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,394	0	7,509	7,815	22,718	7,479	0	7,937	7,084	22,500
People with disabilities (PwD) out of the total										
	222	0	225	234	681	222	0	225	234	681

* 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 22,500 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 Ensure provision of lifesaving nutrition services through MAM treatment for children age 6-59 months and acute malnutrition treatment for pregnant and lactating women in targeted areas.

Output 1 15,324 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	FN.1b Quantity of food assistance distributed in MT (RUSF provided to moderate acute malnourished children)	137.9	135.19	WFP procurement reports
Indicator 1.2	FN.1a Number of people receiving food (children receiving specialized nutritious food)	15,324	15,021	Cooperating Partner (CP) monthly reports to WFP

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 (CHA, SCA, MMRCA)
Activity 1.3	Provision of required OPD-MAM services and distribution of RUSF to moderate acute malnourished children.	Cooperating partners (CHA, SCA, MMRCA)

Output 2 7,394 acute malnourished pregnant and 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
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Indicator 2.1	FN.1b Quantity of food assistance distributed in MT (SuperCereal provided to pregnant and lactating women)	277.3	280.48	WFP procurement reports
Indicator 2.2	FN.1a Number of people receiving (PLW receiving specialized nutritious food)	7,394	7,479	Cooperating Partner (CP) monthly reports to WFP
Explanation of output and indicators variance:		No significant variance.		
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 and lactating women in OPD-MAM (TSFP) for treatment.	Cooperating partners (CHA, SCA, MMRCA)		
Activity 2.3	Provision of required services and distribution of SuperCereal to acute malnourished PLW.	Cooperating partners (CHA, SCA, MMRCA)		

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:

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.

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](#).

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 associate 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 and nutrition education were key components of complementary IMAM services, delivered through health workers to ensure effective treatment and prevention of acute malnutrition. Health and nutrition education were provided at community health clinics via individual counselling or group sensitisation sessions with the aid of Information Education Communication (IEC) materials. 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.

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

3.4 Project Report 21-RR-WHO-009

1. Project Information						
Agency:	WHO	Country:	Afghanistan			
Sector/cluster:	Health	CERF project code:	21-RR-WHO-009			
Project title:	Health Emergency Response to ensure life-saving trauma care and primary healthcare services					
Start date:	25/04/2021	End date:	24/10/2021			
Project revisions:	No-cost extension	<input type="checkbox"/>	Redeployment of funds	<input checked="" type="checkbox"/>	Reprogramming	<input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 30,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 7,500,000
	Amount received from CERF:	US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:	US\$ 201,000
	Government Partners	US\$ 0
	International NGOs	US\$ 201,000
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

CERF allocated US\$ 3,000,000 to WHO Afghanistan from its window for underfunded emergencies to sustain the provision of life-saving trauma emergency assistance as well as COVID-19 response. The funding covered the activities under Health from 25/04/2021 to 25/10/2021.

The main objective of the project was "Provision of effective trauma care and primary healthcare in conflict, undeserved, and natural disaster affected provinces" with a specific focus on trauma care services, support emergency public health and public nutrition services. Through the project WHO was able to support nine hospitals with trauma care equipment and supplies that was able to provide quality trauma services to conflict affected victims in their catchment. Likewise, 8 blood banks were upgraded in different targeted locations to ensure adequate blood banking services are available for mass casualties management. This specially included equipment's and supplies with consumables that more than a thousand people requiring blood transfusion services. At top up that, WHO through this funding covered more than 2 million people with RCCE activities.

As summary a total of 6,519 people received trauma care services, 1,037 people received blood bank services and 4,300 individuals benefited from trauma kits. 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

Due to escalated conflict and extensive needs in trauma care supplementary medical supplies, the MHTs and trainings were reprogrammed to procurement trauma emergency surgical kits (TESK-kits). Thus, it resulted to decrease the number of planned beneficiaries as the beneficiaries for Mobile Health Teams (MHTs) were planned higher while after reprogramming the activity to Trauma

kits. The Trauma kits is high cost activity with a lesser beneficiary. The planned beneficiaries for MHTs were 150,600 while it was reduced to 4,300 after reprogrammed to TESK kits procurement.

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	1,050	2,100	420	630	4,200	87	109	10	12	218
Returnees	2,100	4,200	840	1,260	8,400	5,441	4,353	326	763	10,883
Internally displaced people	6,300	12,600	2,520	3,780	25,200	5,224	6,530	914	391	13,059
Host communities	95,550	191,100	38,220	57,330	382,200	48,374	67,724	36,764	[40,634	193,496
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	105,000	210,000	42,000	63,000	420,000	59,126	78,716	38,014	41,800	217,656
People with disabilities (PwD) out of the total										
	2,835	5,670	1,134	1,701	11,340	1,524	1,088	800	942	4,354

* 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 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.

6. CERF Results Framework

Project objective Provision of effective trauma care and primary healthcare in conflict, undeserved, and natural disaster affected provinces

Output 1 Trauma Care Services provided in 10 trauma care facilities in conflict affected 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 1.1	H.2 Number of people benefiting from surgical procedures for trauma	3250	6,519	Health Facilities Records Qadis CHC/ Badghis, Dawlatabad Hospital/ Balkh, Bamyán Provincial Hospital/ Bamyán, Dykundi Provincial Hospital/ Dykundi, Shindand District Hospital/ Hirat, Indra Gandhi Child Health Hospital/ Kabul, Surobi District Hospital/ Kabul, Dehi District Hospital/ Samangan, Malek Mohammad Khan District Hospital/ Wardak.
Indicator 1.2	Number of people received blood bank services	5000	1,037	Health Facilities Records Baharak District Hospital/ Badakhshan, Nahreen District Hospital/ Baghlan, Dawlat Abad Hospital/ Balkh, Taywara District Hospital/ Ghor, Gozara District Hospital/ Herat, Baraki Barak District Hospital/ Logar, Tookzar District Hospital/ Sar-e-Pul, Sina District Hospital/ Takhar.
Indicator 1.3	H.1b Number of people covered by emergency health kits (TESK-Basic)	1000	4,300	86 TESK kits were distributed to Sharestaan DH, Tagab DH, Wayan CHC, Arghistan CHC, Nesh CHC, Mirwis RH, Spin Boldak DH, Dehi DH, Shindand DH,

				Guzara DH, Gulran DH, Jowand CHC, Charbolak DH, Kodobar DH, Doab CHC, Dehi DH, Maqsood CHC, Hairatan CHC+, Khulm DH, Lawlash CHC, Gorizwan CHC, Maymana PH, Almar CHC, Nejrab DH, Alasai DH, Nijrab CHC, Mahmood Raqi PH, Rukha DH, Anaba DH, Sorubi DH, Bamyan PH, and Wazir Akbar Khan National Hospital, Emergency Hospital, Dasht-e-Barchi hospital, Char Asyab Hospital, Miakhil clinic, Central Blood Bank, Khair Khana Hospital, Ali Jennah Hospital, and JAmhoryat Hospital.
Indicator 1.4	H.3 Number of people benefitting from cholera kits (and loose medicines)	1500	1,500	15 Cholera kits were delivered to most needy health facilities located in Herat, Nangarhar, Khost, Paktya, Helmand, Kandahar, Zabul.
Indicator 1.5	H.1a Number of emergency health kits delivered to healthcare facilities (TESK Kits)	10	86	Delivery notes Hospital records The MHT activity was also reprogrammed to procurement of TESK which explains the overachievement of the target.
Explanation of output and indicators variance:		Initially we planned to procure 10 TESK kits, however due to the escalated conflicts during June-July and August, a reprogramming of the project was done so the PHC activities were replaced with procurement of TESK kits, thus the number to TESK increased from 10 to 86.		
Activities	Description	Implemented by		
Activity 1.1	Trauma care service support including service provision and equipment	WHO		
Activity 1.2	Support of the blood banks Service provision and equipment	WHO		
Activity 1.3	Training of health professional in blood bank services and monitoring	WHO		
Activity 1.4	Procurement of TESK, Cholera Kit, and Loose Medicines	WHO		
Activity 1.5	To support disability of war victims	This activity was not funded, though included but not budgeted		

Activity 1.6	Training of health professionals on emergency counselling and psychosocial first aid	The activity was reprogrammed with procurement of TESK Kits implemented by WHO
Activity 1.7	Monitoring and evaluation pertaining to trauma care	WHO- national and field offices

Output 2	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.1b Number of people covered by emergency health kits (Inter Agency Emergency Health KIT)	200000	200,000	200 IEHK different modules kits were distributed to Sharestaan DH, Tagab DH, Wayan CHC, Arghistan CHC, Nesh CHC, Mirwis RH, Spin Boldak DH, Dehi DH, Shindand DH, Guzara DH, Gulran DH, Jowand CHC, Charbolak DH, Kodobar DH, Doab CHC, Dehi DH, Maqsood CHC, Hairatan CHC+, Khulm DH, Lawlash CHC, Gorizwan CHC, Maymana PH, Almar CHC, Nejrab DH, Alasai DH, Nijrab CHC, Mahmood Raqi PH, Rukha DH, Anaba DH, Sorubi DH, Bamyan PH, and Wazir Akbar Khan National Hospital, Emergency Hospital, Dasht-e-Barchi hospital, Char Asyab Hospital, Miakhil clinic, Central Blood Bank, Khair Khana Hospital, Ali Jennah Hospital, and JAmhoryat Hospital.
Indicator 2.2	Number of people benefited mobile health services	150600	0	The activity was reprogrammed with procurement of Trauma kits- (TESK-19), resulting in to reach 4300 trauma cases.
Indicator 2.3	Number of consultations from mobile health teams	36000	0	The activity was reprogrammed with procurement of Trauma kits (TESK-19), beneficiaries reflected above
Indicator 2.4	Number of cholera kits distributed	10	15	15 Cholera kits were delivered to most needy health facilities located in Herat, Nangarhar, Khost, Paktya, Helmand, Kandahar, Zabul,

Indicator 2.5	Number of community engagement session conducted to address violation of International Humanitarian Law	10	10	BBC media action NGO reports
Explanation of output and indicators variance:		Due to escalated conflict and extensive needs in trauma care supplementary medical supplies, the MHTs and trainings were reprogrammed to procurement trauma emergency surgical kits (TESK-kits).		
Activities	Description	Implemented by		
Activity 2.1	Procurement of medical supply to support Primary Health Care services	WHO		
Activity 2.2	Emergency Triage Assessment and Treatment (ETAT) training for health professionals	Not implemented (due to COVID-19 and political changes)- the fund were reprogrammed for procurement of Trauma kits (TESK-19),		
Activity 2.3	Training on reproductive, maternal, newborn and child health for health professionals	Not implemented (due to COVID-19 and political changes)- the fund were reprogrammed for procurement of Trauma kits (TESK-19),		
Activity 2.4	Support primary healthcare services in high-risk areas through mobile and static clinics	The activity was reprogrammed to the procurement of Trauma kits (TESK-19),		
Activity 2.5	Monitoring and evaluation of primary healthcare activities	WHO		
Activity 2.6	Producing Visibility materials e.g. stickers, posters, banners, social media posts, and documentaries	WHO, visibility and promotional materials		
Activity 2.7	RCCE contract out to BBC MA NGO for implementing Risk communication and community engagement activities	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: <ul style="list-style-type: none"> - Community Voice' monthly research - Darman health magazine radio programme - Lifeline training for journalists and health workers - Risk Communication and Community Engagement (RCCE) training. 		

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 areas⁹ 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.**

⁹ 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](#).

a. Accountability to Affected People (AAP) ¹⁰:

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 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:

¹⁰ 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](#).

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 center 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 in regard to 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	Choose an item.	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: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
21-RR-FAO-007	Agriculture	FAO	INGO	\$199,373
21-RR-FAO-007	Agriculture	FAO	INGO	\$96,362
21-RR-FAO-007	Agriculture	FAO	NNGO	\$102,143
21-RR-FAO-007	Agriculture	FAO	NNGO	\$60,070
21-RR-FAO-007	Agriculture	FAO	NNGO	\$45,770
21-RR-FAO-007	Agriculture	FAO	NNGO	\$59,481
21-RR-FAO-007	Agriculture	FAO	NNGO	\$47,178
21-RR-FAO-007	Agriculture	FAO	NNGO	\$49,886
21-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	INGO	\$71,739
21-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	INGO	\$1,103,116
21-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	INGO	\$107,803
21-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,137
21-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	INGO	\$720,719
21-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	GOV	\$3,362
21-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	GOV	\$21,409
21-RR-WFP-007	Nutrition	WFP	NNGO	\$51,792
21-RR-WFP-007	Nutrition	WFP	INGO	\$30,984
21-RR-WFP-007	Nutrition	WFP	NNGO	\$41,784
21-RR-WHO-009	Health	WHO	INGO	\$201,000