CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

AFGHANISTAN
RAPID RESPONSE
EARTHQUAKE
2022

22-RR-AFG-54169

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	NA

A joint AAR was not conducted due to time constraint. Nonetheless, inputs from agencies have been collected in an iterative fashion and as part of a continuous process of consultation and progress monitoring. Partners conducted several ad-hoc meetings with stakeholders, including their implementing partners before the submission of this final report.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT). The report was communicated via email with the recipient agencies and cluster coordinators.	Yes ☒	No ☐
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 quick Rapid Response allocation from the Central Emergency Response Fund (CERF) enabled United Nations humanitarian agencies to rapidly provide urgent and life-saving services to the people affected by the earthquake in Afghanistan. On 22 June, a 5.9 magnitude earthquake struck south-eastern Afghanistan, leading to wide-scale destruction across already vulnerable districts in Paktika and Khost provinces. In addition to loss of life and a devastating injury, the earthquake has resulted in the destruction of critical infrastructure -- including homes, health facilities, schools, and water networks -- leaving thousands vulnerable to further harm. This multi-sectoral emergency contribution improved access and humanitarian response in the affected areas which were largely remote and underserved areas during the height of the pre-August 2021 conflict. The allocation has reinforced a collaborative approach with both local and national authorities and serve as a basis for a two-way confidence building mechanism between humanitarian actions and de facto authorities by showcasing the humanitarian community's priority commitment to deliver rapid response, address needs and alleviate suffering. The CERF recipient agencies successfully initiated their responses to the earthquake within the first 72 hours, establishing storage units, and commencing the distribution to affected populations.

CERF's Added Value:

Through this CERF RR allocation of US$10 million, UNICEF, WFP and WHO and their implementing partners have provided critical and life-saving services to the people affected by the earthquake. WFP initiated its response to the earthquake within the first 72 hours, establishing mobile storage units, and commencing the distribution of High Energy Biscuits (HEB) to affected populations. WFP's response speed and capacity were strengthened by flexible contributions from donors like CERF, which allowed funds to be used for the replenishment of WFP's pipeline following the use of available commodities in-country for the emergency response. This allowed WFP to meet the immediate food needs of earthquake-affected populations. Overall, this contribution from CERF enabled WFP to provide immediate humanitarian food support to the communities and extend logistical and air support to facilitate inter-agency response in the provinces. In addition to these, WFP further strengthened its inter-agency coordination in humanitarian hub which led to increase of coordination in the field level with various stakeholders. UNICEF through its WASH and Education program, reached earthquake affected people with relevant WASH and educational supplies and services. The CERF funding has enabled a breakthrough in the five earthquake-affected districts of Paktika and Khost provinces. Prior to the earthquake, these areas were extremely underserved and inaccessible. The educational and WASH interventions, mainly community-based, launched with CERF funds for the very first time in the earthquake-affected areas, have continued beyond December 2022 with other funding sources, ensuring continued access to quality education for children affected by the emergency. WHO provided efficient and effective emergency trauma care, primary health care and water and sanitation services to this affected group. Overall, WHO's efforts through the CERF grant made a significant impact on the lives of those affected by the earthquake, providing critical health care services, outbreak prevention measures, and essential WASH facilities.

Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?

Yes ☒ Partially ☐ No ☐

The response speed and capacity of the partners were strengthened by the CERF contribution. The project proposals were rapidly approved, and implementation started quickly on the ground. This also allowed WFP to use the funds for the replenishment of the pipeline following the use of available commodities in-country for the emergency response.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

In response to the urgent humanitarian needs following the 2022 Afghanistan earthquake, the CERF funds helped in enabling time-critical actions by humanitarian partners in the affected locations. CERF's support to the partners played an important role in ensuring timely and effective assistance to those affected by the disaster.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The recipient agencies had regular meetings at various levels with relevant stakeholders to ensure the response was well coordinated among the humanitarian community. WFP initiated its emergency response in close coordination with other humanitarian partners through joint vulnerability assessments and logistics planning. The allocation also created an opportunity for UNICEF and WHO in the South-Eastern Region to bring a wide range of actors together to address the urgent needs of the affected population.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

Based on the first rapid assessment and the fast release of funding from CERF to support initial relief efforts, agencies were able to mobilize additional funding from other donors, including the Afghanistan Humanitarian Fund (AHF) in bridging the gap to a comprehensive and timely response to the effects of the earthquake. UNICEF has indicated in their Earthquake Response Lesson Learnt Report that the Afghanistan Humanitarian Fund (AHF) and CERF were immediately activated to support the response scale-up. The partners noted that funding decisions were rapid and instrumental in supporting the scale-up of the response.

Considerations of the ERC's Underfunded Priority Areas[1]:

The recipient agencies (UNICEF, WHO and WFP) emphasized inclusion of community members, including women and persons with disabilities throughout the project life cycle. The recipient agencies have applied their own mechanisms – ensuring community consultations with different groups and using a community feedback system.

WFP has used this contribution to respond and sustain emergency food assistance to crisis-affected populations in Khost and Paktika provinces following the deadly earthquake that struck the areas on 22 June 2022. This intervention, while largely encompassing the overall social protection of households that lost their homes, livelihoods, and those who lost their primary breadwinners as a result of the earthquake, also encompassed aspects of (1) support for women and girls, and (2) programmes targeting disabled people. Using the agency comprehensive targeting tool, emergency food assistance was prioritized for households with exceptional vulnerability criteria, including those headed by women and/or persons with disabilities. Among other criteria, households hosting pregnant and lactating women, and those hosting persons with disabilities were also prioritized to ensure that the most vulnerable received adequate support.

[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.

UNICEF educated affected populations about recommended personal and environmental hygiene practices, using information, and communication materials. Under the education component, awareness raising sessions and back to school campaign events presented opportunities to sensitize community members about the value of education, particularly girls' education. The enrolment of more than 3,500 girls who had previously never attended schools in community-based education classes constitutes an important achievement towards women's education and participation in the society.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**110,300,000**
CERF	10,000,000
Country-Based Pooled Fund (if applicable) (2nd Reserve Allocation and projects from 3rd RA and 1st SA of 2022)	24,500,000
Other (bilateral/multilateral) (not available)	0
Total funding received for the humanitarian response (by source above)	**34,500,000**

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	22-RR-CEF-051	Water, Sanitation and Hygiene	3,000,000
UNICEF	22-RR-CEF-051	Education	750,000
WFP	22-RR-WFP-048	Food Security - Food Assistance	4,000,000
WHO	22-RR-WHO-029	Health	1,237,500
WHO	22-RR-WHO-029	Water, Sanitation and Hygiene	1,012,500
Total			**10,000,000**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**7,604,130**
Funds sub-granted to government partners*	30,829
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	2,365,041
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**2,395,870**
Total	**10,000,000**

* 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:

A 5.9 magnitude earthquake struck Paktika and Khost provinces on 22 June 2022. As of 23 June, some 770 people are estimated to have been killed, while an additional 1,500 people were wounded. An estimated 70% of the houses in the 6 districts are damaged or destroyed, leaving communities in urgent need of shelter, water, food, and medical care. An outbreak of acute watery diarrhoea has already been reported across the affected districts and there is a risk of cholera outbreaks.

Operational Use of the CERF Allocation and Results:

On 24 June, the Emergency Relief Coordinator released $10 million from CERF's Rapid Response Window to kick-start the humanitarian response. The allocation helped to deepen access and kick-starts humanitarian response in the affected areas which were largely remote and under-served areas. The allocation also reinforced a collaborative approach with both local and national authorities and serve as a basis for a two-way confidence building mechanism between humanitarian actors and de facto authorities. This funding enabled UN agencies and partners to provide life-saving assistance to 459,380 people, including 113,987 women, 107,743 men, 237,500 children, and including 50,250 people with disabilities in the Water, Sanitation and Hygiene (WASH), Education, Health and Food Security sectors.

People Directly Reached:

As shown in table 4 - 6 below, the CERF recipient agencies reached a total of 555,478 people through various clusters, as reported by the UN recipient agencies.

UNICEF and its partners reached a total of 230,490 people with life-saving WASH interventions and 33,317 children under the education component of this project. The areas targeted by the earthquake response were previously inaccessible due to armed conflict, and thus had been severely underserved. UNICEF and its partners for the first time entered the five earthquake affected districts in two south-eastern provinces of Paktika and Khost. The needs of the already previously underserved communities were exacerbated by the earthquake.

WFP provided emergency food assistance to a total of 101,045 people (14,435 households) in earthquake-affected areas using multi-donor funds, with an estimated 87,462 having received support through this CERF contribution.

WHO successfully provided emergency trauma care, primary health care, and water and sanitation interventions to 198,646 people across all three provinces of the southeast region affected by the earthquake, including the deployment of mobile health teams, provision of emergency trauma care services, outbreak preparedness and response, medical kits, and WASH services.

People Indirectly Reached:

The CERF recipient agencies (UNICEF, WFP and WHO) estimated that over 702,900 people were reached indirectly under this allocation. UNICEF has estimated 148,200 people indirectly benefitted from both WASH and education interventions implemented with this funding. Among them is a population of 97,000 people in the health facilities' catchment area, calculated based on the type of health facilities supported (1 comprehensive health centre, 1 basic health centre, 1 health sub-centre) and the de-facto Ministry of Public Health's guideline on the basic package of health services. The remaining people are resident of 60 communities in both provinces where tools were distributed for clean-up campaigns in conjunction with awareness and sensitization efforts for community volunteer to conduct clean-up campaigns at least once per month. At least 26,000 people indirectly benefited from the support provided in the earthquake communities. This includes parents and at least two siblings for each child who received direct support, in most cases

through community-based education. As part of the community mobilization and sensitisation effort along with the back-to-school campaign, gatherings were held with community elders, parents, and caregivers about the importance of education and the urgency of ensuring their children are back to learning after the shock and trauma they have gone through. In addition, at least 409 school Shura members benefitted from the interventions. WHO estimated that almost 20% (39,729) of the total beneficiaries are indirect beneficiaries of the project, including health care givers and patients' supporters. For instance, parents of the children who utilize WASH facilities within health facilities. WFP's contribution to inter-agency coordination on the ground allowed the humanitarian community to collectively reach a total of 515,000 people with multi-sectoral assistance. Therefore, 515,000 people were indirectly reached through WFP's earthquake intervention.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Education	70	70	20,000	20,000	**40,140**	11	218	8,489	24,828	**33,546**
Food Security - Agriculture	28,554	27,946	30,983	34,022	**121,505**	20,554	20,115	22,302	24,491	**87,462**
Health	58,851	53,333	36,783	34,944	**183,911**	55,714	59,547	39,713	43,672	**198,646**
Water, Sanitation and Hygiene	24,806	24,849	28,394	30,441	**108,490**	52,411	52,250	63,302	67,861	**235,824**

* 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	0	0
Returnees	0	0
Internally displaced people	3,785	2,808
Host communities	306,965	288,634
Other affected people	148,630	264,036
Total	**459,380**	**555,478**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	113,987	128,690	13,862	11,742
Men	107,743	132,130	15,336	12,275
Girls	117,227	133,806	10,191	11,880
Boys	120,423	160,852	10,861	12,757
Total	**459,380**	**555,478**	**50,250**	**48,654**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-CEF-051

1. Project Information

Agency:	UNICEF	**Country:**	Afghanistan
Sector/cluster:	Water, Sanitation and Hygiene Education	**CERF project code:**	22-RR-CEF-051
Project title:	WASH and Education in Emergency Response for Most Vulnerable Population affected by the earthquake in Afghanistan		
Start date:	01/07/2022	**End date:**	31/12/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 20,400,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 3,750,000**
Total CERF funds sub-granted to implementing partners:	**US$ 2,186,717**
Government Partners	US$ 30,829
International NGOs	US$ 0
National NGOs	US$ 2,155,888
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

WASH: Through this CERF grant, UNICEF and its partners, reached a total of 230,490 people (50,705 women; 50,705 men; 62,235 girls; 66,845 boys) with life-saving WASH interventions. The areas targeted by the earthquake response were previously inaccessible due to armed conflict, and thus had been severely underserved. Very limited access to safe drinking water exacerbated the communities' vulnerability to water-borne diseases in a period of high acute watery diarrhea (AWD)/cholera risk.

All 230,490 people were reached with hygiene promotion and messaging as well as with the distribution of hygiene supplies. Among them, 91,980 people benefitted from access to sufficient and safe drinking water through water trucking (13,700 people in Paktika) and durable solutions (total of 78,280 people; 71,263 in Khost, 7,017 in Paktika), namely the construction of 12 solar-operated pipe schemes (9 in Khost; 3 in Paktika) and the extension of 4 solar-operated school-based water supply systems to nearby communities.

UNICEF supported the installation of 2,870 semi-permanent latrines (940 in Khost; 1,930 in Paktika) to improve access to sanitation services, benefitting approximately 20,100 people. The provision of safe drinking water, sanitation, and handwashing facilities to 20

community-based education (CBE) centres (10 in each province), 10 schools (Paktika), and 3 healthcare facilities (Khost) further benefitted the target population, namely 7,451 students through schools and CBEs, and a catchment area population of up to 97,000 through the health facilities. In addition, clean-up campaigns and solid waste management was supported through the distribution of tools (wheelbarrows, shovel, rakes) and mobilization of about 19,880 volunteers from affected communities who participated in the collection and safe disposal of solid waste in dedicated dumping sites.

Education: Through this CERF grant, UNICEF and its partners for the first time entered the five earthquake affected districts in two south-eastern provinces of Paktika and Khost. The needs of the already previously underserved communities were exacerbated by the earthquake.

Education services were provided to 33,317 children, including the enrolment of 3,541 girls and 6,567 boys who had never before attended school in community-based education (CBE) classes. CBE is a proven and well-accepted tool to provide emergency affected children with access to education. A total of 140 classes were established across all five districts, including 130 CBE classes in remote communities of Geyan, Barmal, Naka and Zerok districts in Paktika province, and 10 CBE classes in the Spera district of the neighbouring province of Khost. Each class was provided with a high-quality tent to serve as a learning space, since local infrastructure was too heavily damaged to serve as a safe learning environment. This is the first time in two decades that children in these deprived and emergency affected communities are accessing community-based education, a platform that offers a protective learning environment.

In addition, 7 earthquake affected schools in Paktika and Khost were renovated and equipped. This ensured the safe return of 3,565 students (507 girls; 3,058 boys) to a safe and conducive learning environment. The renovation activities included reparations of the roof, walls, doors and windows, painting of the school, and provision of educational supplies. Furthermore, 18,484 students (4,084 girls; 14,400 boys) in formal schools received teaching and learning material (TLM). This is in addition to the children that received TLM through CBE classes. Meanwhile, 31 tents were provided to formal schools without proper infrastructure to ensure the immediate return of at least 1,000 children to school after the emergency. This was particularly important in the mountainous area affected by extreme temperatures in summer as well as winter.

A total of 140 new teachers including 11 women were newly identified in five earthquake affected districts to run the CBE classes. All newly recruited teachers received 14 days of training to enhance their capacities in pedagogy, methodology, formative assessment and classroom management.

3. Changes and Amendments

WASH: The water trucking was conducted by CDCs, as planned at the proposal stage. However, the funding was transferred to them via MRRD. This change was triggered by the level of the emergency and the capacity gap among CDCs to coordinate the water trucking.

Education: No major programmatic changes were recorded during the project period. Variances specific to the indicators are explained and reported on in the following sections of the report.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	70	70	20,000	20,000	**40,140**	11	218	8,489	24,828	**33,546**
Total	**70**	**70**	**20,000**	**20,000**	**40,140**	**11**	**218**	**8,489**	**24,828**	**33,546**
People with disabilities (PwD) out of the total										
	10	10	700	700	**1,420**	0	0	3	15	**18**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	24,806	24,849	28,394	30,441	**108,490**	50,705	50,705	62,235	66,845	**230,490**
Total	**24,806**	**24,849**	**28,394**	**30,441**	**108,490**	**50,705**	**50,705**	**62,235**	**66,845**	**230,490**
People with disabilities (PwD) out of the total[2]										
	3,448	3,454	994	1,065	**8,961**	4,208	4,208	5,165	5,549	**19,130**

[2] Please note that the number of PWD targeted and reached have both been estimated to be at 8.3% of the target population in line with the HRP 2022.

* 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

WASH: An estimated 122,200 people indirectly benefitted from interventions implemented with this CERF funding. Among them is a population of 97,000 people in the health facilities' catchment area, calculated based on the type of health facilities supported (1 comprehensive health centre, 1 basic health centre, 1 health sub-centre) and the de-facto Ministry of Public Health's guideline on the basic package of health services. The remaining 25,200 people are residents of 60 communities in both provinces where tools were distributed for clean-up campaigns in conjunction with awareness and sensitization efforts for community volunteer to conduct clean-up campaigns at least once per month. Please note that there is possibly a certain overlap between direct beneficiaries of activities 1.1 and 1.3, with the indirect beneficiaries mentioned here-above.

Education: At least 26,000 people indirectly benefited from the support provided in the earthquake communities. This includes parents and at least two siblings for each child who received direct support, in most cases through community-based education. As part of the community mobilization and sensitisation effort along with the back-to-school campaign, gatherings were held with community elders, parents, and caregivers about the importance of education and the urgency of ensuring their children are back to learning after the shock and trauma they have gone through. In addition, at least 409 school Shura members benefitted from the interventions.

6. CERF Results Framework

Project objective	To provide immediate and lifesaving WASH and Education support to earthquake affected communities
Output 1	Earthquake affected people have access to emergency WASH services
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	72,327	91,980	Project progress reports, field monitoring reports
Indicator 1.2	WS.12 Number of people who are utilizing facilities and services to support environmental health as part of WASH programming (e.g. solid waste management and disposal, drainage, vector control activities etc.)	50,000	47,431	Project progress reports, field monitoring reports
Indicator 1.3	WS.17 Number of people receiving WASH/hygiene messaging	108,490	230,490	Project progress reports, field monitoring reports
Indicator 1.4	Number of educational facilities and healthcare facilities with access to WASH facilities through repairs or new construction (Custom)	20	33	Project progress reports, field monitoring reports
Explanation of output and indicators variance:	Indicator 1.3: UNICEF leveraged hygiene supplies already available in its warehouse (funded by complementary resources) to expand the reach of hygiene promotion activities in the target population. The initial target was			

	the population officially declared as affected by the earthquake, but once UNICEF began its interventions, it became clear that hygiene practices were very poor (sanitation and open defecation) among the general population. UNICEF therefore organized hygiene promotion activities targeting the entire population of the affected districts. Supplies were provided through additional funding to complement the hygiene promotion funded under this project. Indicator 1.4: The over-achievement beyond targets occurred following cost-savings. Initially, 20 educational and healthcare facilities were planned to benefit from access to WASH facilities through repairs or new construction (durable solutions). During implementation, 10 schools and 3 healthcare facilities benefitted from construction and repair. In addition, 20 community-based education centres were equipped with non-permanent emergency WASH facilities (e.g., latrines), and provided with WASH services (e.g., water trucking).

Activities	**Description**	**Implemented by**
Activity 1.1	Provide safe water through water trucking or repair of existing, and/or new water supply systems (boreholes, hand pumps and dug wells etc)	Implementing partners OCHR (Organization for Coordination of Humanitarian Response) and CoAR (Citizen Organization for Advocacy Relief) along with Community Development Councils (CDC) for direct implementation such as water trucking
Activity 1.2	Undertake solid waste clean-up campaigns and clear drainage channels	Implementing partners OCHR and CoAR; in addition to UNICEF's social behaviour change (SBC) facilitators
Activity 1.3	Undertake hygiene promotion through social mobilizers and hygiene promoters.	Implementing partners OCHR, CoAR, AYEHO (Afghan Youth Education and Health Organization) and Durani Social Services and health Organization; in addition to UNICEF's social behaviour change (SBC) facilitators
Activity 1.4	Repair or construct new WASH facilities in schools/HCFs with damaged WASH facilities.	Implementing partners OCHR and CoAR

Output 2	Emergency affected girls and boys have access to quality, safe learning opportunities
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Education

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Ed.1 Number of children accessing formal or non-formal education	40,000	33,317	Project reports, TLM distribution waybills, programmatic visits
Indicator 2.2	Ed.2 Number of temporary learning spaces and/or centres established and/or rehabilitated	140	140	Project reports, programmatic visits
Indicator 2.3	Ed.3 Number of people (teachers and/or children) accessing teaching, learning and/or recreational materials	40,140	33,546	Distribution report, programmatic visits
Indicator 2.4	Ed.4 Number of teachers receiving training on basic pedagogical skills,	140	140	Training report, programmatic visits

	psycho-social skills and/or life-saving skills			
Indicator 2.5	Number of formal and non-formal education facilities rehabilitated	65	7	Project reports, real-time monitoring by extenders, programmatic visits
Explanation of output and indicators variance:		Indicator 2.3: Please note this includes 33,317 children accessing education (indicator 2.1), 140 teachers reached through 140 CBEs (indicator 2.2), as well as 89 teachers who benefitted from the TLM distribution in formal schools (no unique indicator). Indicator 2.5; Initial information available at the planning stage indicated that up to 65 educational institutions would require renovation and rehabilitation following the earthquake. However, the detailed damage assessment conducted by the implementing partner showed a lower number of facilities in need of repair. In addition, due to the extent of the damage and funding limitations, communities were consulted to prioritize the most relevant sites for renovations. The reduced number of facilities having benefitted from this activity consequently reduced the reach of related activities. As a result, a smaller number of partially damaged facilities with appropriate infrastructure benefited from this activity and were instead fully renovated with the resources initially earmarked for minor repairs in 65 schools, narrowing the scope of related activities. The type of renovation conducted, such as renovation roofs and installation of windows and doors, will ensure the sustainability of the intervention.		

Activities	**Description**	**Implemented by**
Activity 2.1	Identify and enroll out-of-school girls and boys in temporary learning spaces (TLS) or nearby schools	Implementing partner STARS (Skills Training and Humanitarian Rehabilitation Society)
Activity 2.2	Equip TLS with teaching and learning materials (including teacher kits, student kits, classroom kits, recreational kits, and hygiene kits)	UNICEF and Implementing partner STARS
Activity 2.3	Identify existing teachers and/or recruit and train new teachers for TLS	UNICEF and Implementing partner STARS
Activity 2.4	Identify and provide prioritised light repairs to damaged education facilities	UNICEF and Implementing partner STARS

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 areas[3] 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.**

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

a. Accountability to Affected People (AAP) [4]:

UNICEF (globally) has mainstreamed AAP through the whole program cycle through seven pillars: participation consultation, information and communication, feedback and complaint mechanisms, prevention of sexual exploitation and abuse (PSEA), evidence-based advocacy and decision-making, coordination and partnership, local capacity building. UNICEF Afghanistan has tailored the global AAP framework to its unique context and designed a hybrid AAP mechanism that works on acquiring collective feedback through mixed online and offline platforms, AWAAZ (an interagency helpline), community feedback and engagement centres, grievance reporting mechanisms, and PSEA hotlines. Appropriate and separate reporting channels ensure that sensitive grievances related to environmental or social safeguards are registered, channelled to the relevant focal points, investigated, and redressed in a timely manner. The feedback mechanism is supported by an internal management workflow channelling the feedback in two ways between decision-makers in UNICEF and the affected communities supported by structured organizational and sectoral referral pathways.

The following specific steps were taken in the context of the above reported interventions:

WASH: Community consultations with different affected groups, including women and girls, at the technical assessment, site selection, design, and implementation stages. Further, water user groups and operation and maintenance committees were established, and members oriented on the management of water supply systems to ensure community ownership for sustainability of interventions. Moreover, the involvement of women in the identification of appropriate and safe water points as well as site selection for construction of latrines 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 issues.

Education: Extensive discussions were held with communities, tribal elders, religious leaders, youth groups and children. A deep understanding of the context and severity of the situation was achieved. The needs and demands of the communities and affected population were given priority while designing the response, e.g., in site selection and teacher recruitment. The provision of CBE as a well-accepted and protected platform, especially for girls, is the evident example. Considering the budget limitations, the prioritization of seven populated general education schools for renovation was through a participatory process where the community had the choice to agree on the list as resources were not sufficient to respond to all the needs identified. A School Management Shura (SMS) was established for each of the CBEs to enhance community ownership and ensure sustainability. Parents and community members are part of the SMS and protection and safeguarding of children as well as the learning environment was enhanced accordingly.

b. AAP Feedback and Complaint Mechanisms:

In addition to the above-described overarching mechanisms (please refer to 7. a.), the following specific steps were taken in the context of the above reported interventions:

WASH: End-user and post-distribution monitoring was conducted to collect feedback from beneficiaries. Further, UNICEF deployed male and female hygiene promoters/community mobilisers in gender-segregated fora to capture the specific needs of different gender and age groups.

Education: Considering the context and limitations in accessing internet and web-based mechanisms, two additional accessible means were introduced to ensure no complaint remained unattended: the implementing partner placed a complaint box close to the humanitarian response hub in Gayan district, and a phone number was circulated through the community-based education platform to ensure beneficiaries can easily connect with humanitarian service providers and are heard. Cases on delay of teachers' salary payments and attendance were reported, and action was taken accordingly.

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

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

UNICEF is committed to creating environments where populations and beneficiaries are safe and respected by humanitarian and development personnel, and where the affected women and girls can access protection. Therefore, UNICEF ensured the scale-up on (i) SEA risk mitigation and prevention among the affected population, partners including all frontline workers and contractors; (ii) strengthening survivor assistance, investigation, and monitoring capacity.

The following specific steps were taken in the context of the above reported interventions:

WASH: Target populations were informed of UNICEF's U-report platform and other channels through which SEA incidents can be reported. In addition, consultations were held with women and girls prior to the selection of water points, sanitation facilities, and the content of hygiene kits. Hygiene promotion was conducted through both, male and female promoters (as a couple), taking into account cultural sensitivities and to mitigate the risks of gender-based violence (GBV) and SEA. UNICEF built the capacity of implementing partners to implement GBV risk mitigation measures in adherence to the WASH cluster GBV checklist.

Education: The implementing partner has a clear policy on PSEA, and all staff were trained on PSEA to ensure SEA incidents are reported and dealt with professionally. Delivery of interventions through safe platforms (CBE) was prioritized.

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

WASH: Community consultations were conducted with different affected groups, including women and girls, at the technical assessment, site selection, design, and implementation stages. Further, water user groups and operation and maintenance committees were established, and members oriented on the management of water supply systems to ensure community ownership for sustainability of interventions. Moreover, the involvement of women in the identification of appropriate and safe water points as well as site selection for construction of latrines has helped to mitigate GBV risks associated with water collection in the project areas. Facilities for menstrual hygiene management were included in the design of WASH infrastructure for public institutions (schools, health care facilities). Mobilisation of both, male and female hygiene promoters (in couples) helped to address gender-specific issues.

Education: The five earthquake affected districts were already underserved with widespread gender disparities. In terms of accessing education, supply side barriers were among the key obstacles preventing girls' access to education. Therefore, priority was given to narrow down the gender disparity. Enrolment of 3,541 girls in community-based education classes (54% of the total enrolment) constitutes a notable achievement. The same applies to the presence of women in the workforce in a community where not a single woman was among the teaching force at the launch of interventions. In the meantime, 11 women were identified and recruited as teachers. This opens a window of opportunity for all other females with the potential to participate in society.

e. People with disabilities (PwD):

WASH: All WASH infrastructure (e.g., water points, toilets, handwashing facilities) is designed to be accessible for people living with a disability. Accessibility and safety audits were conducted to understand potential barriers to access and safety risks, and identified issues were resolved during the planning and construction phases.

Education: To ensure comprehensive service delivery and leave no child behind, specific adjustments were made to education interventions and facilities were made accessible to accommodate children living with disabilities. At least 18 children with special needs were identified during the mapping exercise. Facilities were tailored to their needs to enable them to access the same quality services as other emergency-affected children in the community.

f. Protection:

WASH: Community consultations were conducted with different affected groups, including women and girls, at the technical assessment, site selection, design, and implementation stages. Further, water user groups and operation and maintenance committees were established, and members oriented to the management of water supply systems to ensure community ownership for sustainability of interventions. Moreover, the involvement of women in the identification of appropriate and safe water points as well as site selection for construction of latrines has helped to mitigate GBV risks associated with water collection in the project areas. Facilities for menstrual

hygiene management were included in the design of WASH infrastructure for public institutions (schools, health care facilities). Mobilisation of both, male and female hygiene promoters (in couples) helped to address gender-specific issues.

Education: Protection of the affected population was a top priority during implementation. The implementing partner's staff was trained on key protection issues, especially in preparation of dealing with children affected by the shock.

g. Education:

WASH: In order to educate affected populations about recommended personal and environmental hygiene practices, information, education and communication materials were distributed.

Education: Awareness raising sessions and back to school campaign events presented opportunities to sensitize community members about the value of education, particularly girls' education. Enrolment of more than 3,500 girls who had previously never attended schools in community-based education classes constitutes an important achievement towards women's education and participation in the society.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

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.

WASH: CVA was considered at the proposal stage. However, it was not pursued as an implementing modality since the prior outbreak of AWD/Cholera both in Afghanistan and neighbouring Pakistan had made the provision of emergency water, healthy-hygienic practices and safe WASH facilities in schools and healthcare facilities the top priorities to prevent a further spread among affected communities. Given the operating environment (competing needs, lack of an enabling environment and potential service providers), it would not have been possible to ensure all affected people would utilize CVA to cover hygiene / WASH needs, potentially compromising the WASH sector's ability to contain and prevent an AWD/Cholera outbreak.

Education: At the proposal stage, it was decided that specific barriers to enrolment and retention in temporary learning spaces would be mitigated through in-kind provision of teaching and learning materials rather than cash-based assistance, while through the Education Cluster, complementary livelihood and food security interventions would be provided for a holistic education response for affected families.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter: 1,300 latrines constructed	https://twitter.com/UNICEFAfg/status/1589213625289707522
Facebook: 1,300 latrines constructed	With support from United Nations... - UNICEF Afghanistan | Facebook
Instagram: 1,300 latrines constructed	https://www.instagram.com/p/CknhZYOOZRB/

3.2 Project Report 22-RR-WFP-048

1. Project Information

Agency:	WFP	**Country:**	Afghanistan
Sector/cluster:	Food Security - Food Assistance	**CERF project code:**	22-RR-WFP-048
Project title:	Emergency Earthquake Response to Affected Populations in Paktika and Khost		
Start date:	01/07/2022	**End date:**	31/12/2022 NCE: 28 Feb 2023
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 18,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 8,197,794**
Amount received from CERF:	**US$ 4,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 60,571**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 60,571
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Following the deadly 5.9 magnitude earthquake that struck Paktika and Khost provinces on 22 June 2022, WFP rapidly responded with emergency food and logistics support. This contribution from CERF was used to procure 4,611 mt of in-kind food commodities to support a total 87,462 unique beneficiaries, including 20,554 women, 20,115 men, 22,302 girls, and 24,491 boys. WFP assisted 42,856 females (49 percent) and 44,606 males (51 percent) using this contribution, as well as 23,609 persons with disabilities (an estimated 27 percent).

Between July and September 2022, assessed households received three monthly food baskets, consisting of 100kg wheat flour, 9.1 kg oil, 12.5 kg pulses, 1 kg salt, as well as a once-off 2.1 kg ration of High Energy Biscuits (HEB) during the first month of assistance. Food baskets were designed to meet 100 percent of basic food needs, based on an average household size of 7 people.

WFP aided in three priority districts of Khost province (Spera, Tanai, Shamal), and three priority districts of Paktika province (Giyan, Barmal, Zirukai). WFP provided emergency food assistance to a total 101,045 people in earthquake-affected areas using multi-donor funds. After the initial implementation period (July-September 2022), all 101,045 people continued to receive WFP assistance for a further three months (October-December 2022) under its general emergency food assistance intervention. Most households impacted by the earthquake were already extremely vulnerable; therefore, the crisis only worsened their already dire situation.

Overall, this contribution from CERF enabled WFP to provide lifesaving food assistance to earthquake-affected populations in a timely manner, following one of the worst natural disasters to hit Afghanistan in recent history. While vulnerability levels remained extremely high during and after project implementation, post-distribution monitoring results indicate that assistance was effective in meeting the

basic food needs of affected households and in preventing the further deterioration of their food and nutrition security. Overall, half of assisted households reported adopting either low or no-consumption-based coping strategies (77 percent in Khost; 38 percent in Paktika). Furthermore, over three-quarters of households spent less than 50 percent of their total expenditure on food, while only 3 percent spent more than 65 percent of income on food. Households in Khost had a higher food expenditure share (more than 65 percent) than in Paktika (1 percent).

3. Changes and Amendments

On 07 December 2022, WFP requested a two-month No Cost Extension (NCE) for this contribution due to supply chain constraints. WFP was awaiting the delivery of 737.43 MT of wheat from Kazakhstan. Due to restrictions implemented by Kazakh railway authorities, WFP's supplier could not meet the original delivery date. The NCE allowed WFP to receive all commodities in-country and to process required expenditures before grant expiry.

Furthermore, WFP adjusted its implementation plan for this project after the receipt of funds. As a result, achievements – specifically the number of people assisted, and modality used – differ from the original plan, largely due to WFP's decision not to provide cash-based assistance to earthquake-affected populations. Prior to scaled implementation, WFP conducted a Markets Functionality Assessment for the use of cash-based assistance in earthquake-affected areas. However, results showed that markets were not functioning well in earthquake zones, with little food supply available in local shops and many shops closed due to the disaster. WFP determined that in-kind food transfers were the most appropriate assistance modality in Khost and Paktika. Therefore, no cash-based assistance was provided as originally indicated; instead, WFP used CERF funds to procure 4,611 mt of food (2,789 mt more than planned) to support a larger in-kind caseload (87,462 people). Between July and September 2022, households received three months-worth of assistance, compared to the original plan to only provide two months-worth.

Commodities procured using CERF funds are being used to replenish WFP's internal pipeline, following the official closure of the earthquake-response efforts in October 2022.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	28,554	27,946	30,983	34,022	**121,505**	20,554	20,115	22,302	24,491	**87,462**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**28,554**	**27,946**	**30,983**	**34,022**	**121,505**	**20,554**	**20,115**	**22,302**	**24,491**	**87,462**
People with disabilities (PwD) out of the total										
	5,634	5,514	6,113	6,712	**23,973**	5,545	5,431	6,021	6,612	**23,609**

* 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

While CERF funds supported assistance to 87,462 earthquake-affected people, WFP was able to directly assist a total of 101,045 people as part of its earthquake response. Aside from the provision of food assistance, WFP played an integral role in supporting inter-agency response efforts in Paktika and Khost, through the establishment of three common humanitarian hubs, each equipped with main source and backup electricity, as well as internet services. WFP, through UNHAS, also conducted three flights per week between earthquake zones and Kabul, to transport essential goods and humanitarian personnel.

Overall, WFP's contribution to inter-agency coordination on the ground allowed the humanitarian community to collectively reach a total of 515,000 people with multi-sectoral assistance. Therefore, 515,000 people were indirectly reached through WFP's earthquake intervention.

6. CERF Results Framework

Project objective	To provide lifesaving emergency assistance to vulnerable people affected by the earthquake in Paktika and Khost Provinces.
Output 1	WFP plans to use this contribution to provide emergency lifesaving food assistance to people affected by the earthquake.

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

Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	FN.1a Number of people receiving in-kind food assistance	51,600	87,462	WFP dispatch reports
Indicator 1.2	Cash.4a Number of people receiving unconditional vouchers	69,905	0	WFP distribution reports
Indicator 1.3	Cash.4b Total value of unconditional vouchers distributed in USD	1,593,843	0	WFP distribution reports
Indicator 1.4	FN.1b Quantity of food assistance distributed in MT	1,822	4,611 MT	WFP dispatch reports
Indicator 1.5	FS.5c Percentage of households with a poor food consumption score	40%	44% in Khost 2% in Paktika	WFP post-distribution monitoring reports
Indicator 1.6	FS.5b Percentage of households with a borderline food consumption score	50%	42% in Khost 78% in Paktika	WFP post-distribution monitoring reports
Indicator 1.7	FS.5a Percentage of households with an acceptable food consumption score	10%	14% in Khost 20% in Paktika	WFP post-distribution monitoring reports
Explanation of output and indicators variance:	**Indictor 1.1-1.4:** During project implementation, WFP conducted a Markets Functionality Assessment for the use of cash-based assistance in earthquake-affected areas. However, results of that assessment indicated that local markets were not functioning well and were not able to operate fully after the earthquake. Due to lack of commodities in the local effected areas, local people purchase in bulk from other markets despite the trip cost and time. Considering the context and community needs, WFP in coordination with other agencies such as OCHA and IOM determined that in-kind food transfers were the most			

	appropriate assistance modality for earthquake response in Khost and Paktika. In addition, the cash assistance would have increased pressure on the local market which could led to increase prices of all commodities. Therefore, considering the results of market functionality assessment and results of field level coordination led no cash-based assistance provided for provinces as originally indicated in this project proposal. The change modality in the assistance, enforced WFP to take further actions with the aim to ensure immediate assistance is provided on time for the communities Instead of cash assistance, WFP used CERF funds to procure 4,611 mt of food (2,789 mt more than planned) to support a larger in-kind caseload (87,462 people). WFP provided monthly food baskets to cover 100 percent of food needs for earthquake-affected households, based on an average household size of 7 people. **Indicator 1.5:** Post-distribution monitoring (PDM) results from Khost indicate that 44 percent of households surveyed reported poor food consumption, compared to 2% in Paktika province.

Activities	Description	Implemented by
Activity 1.1	Procurement of food and dispatch to relevant cooperating partners	WFP
Activity 1.2	Coordination with relevant line directorates at provincial level	WFP and Cooperating Partners
Activity 1.3	Identification and selection of beneficiaries eligible for in-kind food and cash assistance	WFP and Cooperating Partners
Activity 1.4	Distribution of in-kind food and cash assistance to selected beneficiaries	WFP and Cooperating Partners

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 areas[5] 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]:

WFP continues to strengthen its Participation of and Accountability to Affected Populations Framework, with a specific aim to improve community consultations and programme design. WFP is in the process of developing a new Community Engagement Strategy, which will include the development of alternative Community Feedback Mechanisms (CFMs) to enhance accessibility for all populations. In 2022, WFP undertook several focused studies and needs assessments to inform future changes to this strategy, including (i) Information Needs and Preferred Communication Channels, (ii) Gender and Access Study, and (iii) Conflict Sensitivity Assessment.

[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 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.

In 2022, WFP revised its targeting strategy and implemented the use of Community Food Assistance Consultation groups to ensure adequate representation of all community groups during household targeting processes.

b. AAP Feedback and Complaint Mechanisms:

As an integral part of all programming, including earthquake response, WFP maintains a robust Community Feedback Mechanism (CFM) comprised of multiple communication channels for affected populations, including both beneficiaries and non-beneficiaries, to safely provide feedback, raise complaints, or seek answers to their queries. CFM channels include WFP's toll-free hotline, which can be reached via phone, short message service (SMS), or through a dedicated email address (wfp.afg@wfp.org). The hotline is currently operated by 27 dedicated staff, of which 21 are female; all are fluent in Dari, Pashto, and English. WFP also encourages communities to utilise Awaaz Afghanistan's inter-agency toll-free hotline, which regularly refers relevant cases to WFP for follow-up. Where possible, a help desk is available at WFP food distribution sites to provide information and respond directly to queries from community members. WFP regularly analyses CFM cases and trends to inform changes to programme design and implementation.

Post-distribution monitoring (PDM) results from WFP's earthquake response show that more than half of all households (51 percent) knew how to contact WFP or partners to communicate a complaint or provide feedback. However, none of the households surveyed has used the mechanism before because they had not experienced any issues.

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

WFP utilizes existing CFM channels as the primary method of identifying and responding to cases of gender-based violence (GBV) and sexual exploitation and abuse (SEA). WFP holds a zero-tolerance policy for instances of SEA committed by agency or partner staff. A special clause and annex on SEA prevention is included in all cooperating partner agreements to ensure that WFP partners are equally committed to this policy and active SEA prevention.

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

As highlighted in other sections of this report, WFP continues to prioritize women and girls facing high degrees of vulnerability for food and nutrition assistance. Female-headed households, and those hosting pregnant and/or lactating women, are especially considered for inclusion in WFP programming due to their unique food and nutrition needs, particularly during pregnancy and adolescence. Using CERF funds, WFP assisted 42,856 females under this intervention, including 20,554 women and 22,302 girls – representing 49 percent of all assistance provided.

e. People with disabilities (PwD):

WFP recognizes that people with disabilities (PwD) are disproportionately vulnerable to severe levels of food insecurity. Therefore, households headed by or hosting PwD are actively prioritized for emergency food assistance as part of WFP Afghanistan's comprehensive targeting strategy. WFP does not directly collect data on the disability status of assisted households, but estimates its reach based on national population data. In 2022, WFP estimates that approximately 27 percent of all 23 million people served were persons with disabilities – up from 20 percent of all people served in 2021. Therefore, WFP estimates that approximately 27 percent of all people reached through this CERF contribution were persons with disabilities, totalling 23,609 people.

f. Protection:

WFP implements multiple safeguarding measures to ensure the continued safety of affected populations throughout all stages of the project cycle. Safeguarding mechanisms include standardized training for all field and partner staff on the prevention of sexual exploitation and abuse (PSEA). WFP conducts rigorous monitoring of all activities, both on-site at distribution points and through post-distribution monitoring (PDM) surveys. WFP also contracts external Third-Party Monitoring (TPM) companies to ensure transparency and

accountability during this process. Where appropriate, and in consultation with communities, WFP considers cultural needs and sensitivities at programme sites and implements measures to ensure that all beneficiaries feel comfortable redeeming assistance. In Afghanistan, such measures often include separate distribution sites, lines or times for men and women.

Post-distribution monitoring (PDM) results from WFP's earthquake response show that 99 percent of households surveyed felt that WFP programme sites were dignified, 100 percent of households felt safe travelling to and from WFP programme sites, and 100 percent were satisfied with the overall distribution process and management.

g. Education:

This project did not contribute directly towards educational outcomes. However, WFP sought to ensure that affected populations were well-informed about emergency food programming, their entitlements, and feedback channels. During the implementation period, communities regularly received information on WFP's purpose as a humanitarian organisation, project objectives, targeting and prioritisation criteria, and beneficiary entitlements including quantity, modality, and duration. WFP disseminated Frequently Asked Questions (FAQs) ahead of scale-down to provide updated information on programming to affected communities. Information on CFM channels was provided as part of all community messaging products.

Post-distribution monitoring (PDM) data from WFP's earthquake intervention shows that on average, 78 percent of surveyed recipients understood how people were chosen to receive assistance (70 percent in Paktika; 97 percent in Khost), 72 percent understood what entitlements they were eligible to receive (77 percent in Paktika; 60 percent in Khost), and 34 percent were aware of when food assistance would end (48 percent in Paktika; 2 percent in Khost). WFP continues to strengthen community-level communication materials to improve programme literacy among affected populations.

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	No	0

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.

WFP conducted a Markets Functionality Assessment for the use of cash-based assistance in earthquake-affected areas. However, results of that assessment indicated that local markets were not functioning well, even before the earthquake, as households often travelled to other areas to collect food stuffs. During the assessment, WFP observed that there was little food available to be purchased at local shops and many shops were closed for an extended period immediately after the disaster. WFP observed that several other partners were already disbursing, or planning to disburse, cash-based assistance in affected areas, and thus concluded that an additional cash injection would not be effective in aiding households to meet their immediate food needs.

Considering the context and community needs, WFP determined that in-kind food transfers were the most appropriate assistance modality for earthquake response in Khost and Paktika. Therefore, no cash-based assistance was provided as originally indicated in this project proposal.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	**Weblink**
WFP's food assistance helps families in Afghanistan	https://medium.com/@WFP_Asia_Pacific/wfps-food-assistance-helps-families-in-afghanistan-fe9cc91a29c2
Tweet (@WFP_Afghanistan) – 06 March 2023	https://twitter.com/WFP_Afghanistan/status/1632712802170281984

3.3 Project Report 22-RR-WHO-029

1. Project Information

Agency:	WHO	**Country:**	Afghanistan
Sector/cluster:	Health Water, Sanitation and Hygiene	**CERF project code:**	22-RR-WHO-029
Project title:	Provision of emergency healthcare to the victims of earthquake in SER of Afghanistan		
Start date:	01/07/2022	**End date:**	31/12/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 6,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 1,000,000**
Amount received from CERF:	**US$ 2,250,000**
Total CERF funds sub-granted to implementing partners:	**US$ 148,582**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 148,582
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

With the CERF grant, WHO successfully provided emergency trauma care, primary health care, and water and sanitation interventions to 198,646 people across all three provinces of the southeast region affected by the earthquake, including the deployment of mobile health teams, provision of emergency trauma care services, outbreak preparedness and response, medical kits, WASH services, and capacity building of healthcare staff, with significant achievements in emergency primary healthcare, immediate and quality hospital care, outbreak prevention and response measures, and rehabilitation of damaged health facilities.

Output 1 aimed to provide emergency primary health care to the affected communities, with 166,230 primary healthcare consultations provided (indicator 1.1), 26,029 injured people treated (indicator 1.2), 2,037 people provided with mental health and/or psycho-social support services (indicator 1.3), and 1,648 people referred to higher level and/or specialized health services (indicator 1.4).

Output 2 aimed to provide immediate and quality hospital care to the affected communities, with 64,625 Outpatient Department (OPD) consultations provided (indicator 2.1), 3,081 people admitted to the Inpatient Department (IPD) (indicator 2.2), and 4,575 people received surgical procedures for trauma (indicator 2.3).

Output 3 aimed to ensure that outbreaks prevention and response measures were strengthened/ established at all levels, with 4 major referral hospitals with strengthened infection prevention and control measures (indicator 3.1), 90,500 crises affected individuals benefited from the provided medical supplies for prevention and case management of the infectious diseases (indicator 3.2), 4,923 AWD and

Measles cases detected and reported through community-based and/or health-facility-based surveillance in 24 hours (indicator 3.3), and 4,818 people receiving treatment for acute watery diarrhea (including cholera) (indicator 3.4).

Output 4 aimed to rehabilitate the damaged health facilities including construction and rehabilitation of WASH facilities, with 5,334 people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard (indicator 4.1), 56 toilets constructed/ rehabilitated in the health facilities of high needs in crises area (indicator 4.2), and 14 health facilities with access to improved hygiene services in health care facilities of crises area (indicator 4.3).

3. Changes and Amendments

There was not any changes and amendments in the project apart. Please note that as of December 31, 2022, the remaining balance was $293,848, with 75% of the balance, or $220,385, that was marked for a refund.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	1,177	1,066	736	700	**3,679**	850	764	524	564	**2,702**
Host communities	57,674	52,267	36,047	34,244	**180,232**	54,864	58,783	39,189	43,108	**195,944**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**58,851**	**53,333**	**36,783**	**34,944**	**183,911**	**55,714**	**59,547**	**39,713**	**43,672**	**198,646**
People with disabilities (PwD) out of the total										
	4,635	6,179	2,317	2,317	**15,448**	1,854	2,457	624	514	**5,449**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	34	30	22	20	**106**	34	30	22	20	**106**
Host communities	1,672	1,515	1,045	996	**5,228**	1,672	1,515	1,045	996	**5,228**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**1,706**	**1,545**	**1,067**	**1,016**	**5,334**	**1,706**	**1,545**	**1,067**	**1,016**	**5,334**
People with disabilities (PwD) out of the total										
	135	179	67	67	**448**	135	179	67	67	**448**

* 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

All WASH activities under this CERF grant have been designed to be sustainable, ensuring long-term benefits for a larger number of beneficiaries than initially estimated. For example, the water points established are expected to have a lifespan of more than five years, extending the service period beyond one year and potentially doubling or tripling the number of beneficiaries. Additionally, there are indirect beneficiaries of the project, including health caregivers and patients' supporters. For instance, each child cared for by their mother and father who utilize WASH facilities within health facilities produces almost 20% of the total beneficiaries.

6. CERF Results Framework

Project objective	To provide emergency healthcare and WASH services to the victims of earthquake in the south-eastern region of Afghanistan.
Output 1	Emergency primary health care is provided to the affected communities

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.8 Number of primary healthcare consultations provided	43,200	166,230	Sub IP Report
Indicator 1.2	Number of injured people treated	12,960	26,029	DHIS2
Indicator 1.3	H.9 Number of people provided with mental health and/or psycho-social support services	25,920	2,037	Sub IP report
Indicator 1.4	Number of people referred to higher level and/or specialized health services	1,728	1,648	Sub IP report

Explanation of output and indicators variance:	As additional teams were dispatched to a broader range of geographical areas, the scope of accomplishments increased. However, it should be noted that the targets set for mental health and/or psycho-social support services were not fully achieved, as the implementation of these deliverables experienced a delayed start. Consequently, the allocated funds for these activities were ultimately refunded. Therefore, the achieved targets do not align with the originally planned figures.

Activities	**Description**	**Implemented by**
Activity 1.1	Deployment of 3 Mobile Health Teams for the provision of basic health services including MHPSS	Human Management & Leadership Organization (HMLO), WHO implementing partner
Activity 1.2	Provision of essential medical supplies	WHO

Output 2	Immediate and quality hospital care is provided to the affected communities

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 2.1	Number of Outpatient Department (OPD) consultations provided	54,311	64,625	DHIS2
Indicator 2.2	Number of people admitted to the Inpatient Department (IPD)	4,500	3,081	DHIS2
Indicator 2.3	H.2 Number of people receiving surgical procedures for trauma	7,560	4,575	DHIS2
Explanation of output and indicators variance:		For Indicator 2.1, there was a higher influx of beneficiaries than initially predicted. For Indicator 2.2, by including only trauma related admissions to the IPD, the number of people is 3081. If we were to factor in non-traumatic events, the total number of IPDs would equal to 6,576. For Indicator 2.3, by including only Major Surgical Operations in our report, Indicator 2.3 exhibits variation. If we also take into account Minor Surgical Procedures, the total number of patients who underwent surgery during the stated period would increase by 48,307.		

Activities	**Description**	**Implemented by**
Activity 2.1	Provision of needed medical equipment for case management at the main referral hospitals.	WHO
Activity 2.2	Establishment of trauma care units at the hospitals in Regional and provincial levels by provision of necessary training, equipment, and staffing.	WHO
Activity 2.3	Provision of medical supplies and kits	WHO

Output 3	Ensure that outbreaks prevention and response measures are strengthened/ established at all levels

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

Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of major referral hospitals with strengthened IPC measures	4	4	Field observational reports
Indicator 3.2	Number of crises affected individuals benefited from the provided medical supplies for prevention and case management of the infectious diseases	86,400	90,500	Gardiz WHO warehouse
Indicator 3.3	Number of AWD and Measles cases detected and reported through community-based and/or health-facility-based surveillance in 24 hours	3,600	4,923	NDSR database
Indicator 3.4	H.11 Number of people receiving treatment for acute watery diarrhea (incl. cholera)	3,600	4,818	NDSR database
Explanation of output and indicators variance:		Although the targets were established based on the average of the last three years, the number of reported cases increased in 2022 due to the implementation of various training programs designed to improve case detection and reporting of suspected.		

Activities	**Description**	**Implemented by**

Activity 3.1	Procurement of medicine, medical supplies and equipment, for the prevention and case management of the infectious diseases/ diseases under surveillance	WHO
Activity 3.2	Procurement and distribution of bed nets (LLINs) for malaria and other mosquito-borne disease control measures	WHO
Activity 3.3	Strengthen Communicable disease Surveillance including covering AWD, Measles, Typhus, CCHF, Hepatitis, Rapid response teams equipped with RDT for AWD and other needed	WHO

Output 4	Rehabilitation of the damaged health facilities including construction and rehabilitation of WASH facilities			
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 4.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	5,334	5,334	Site visit, assessment, and reports
Indicator 4.2	WS13 Number of communal sanitation facilities and/or communal bathing facilities constructed	56	56	Site visit, assessment, and reports
Indicator 4.3	Number of health facilities with access to improved hygiene services in health care facilities of crises area.	14	14	Site visit, assessment, and reports
Explanation of output and indicators variance:		The project has been designed to be sustainable and provide services for several years, and the water points will be accessible, and number of beneficiaries will grow - we are reporting 5,334.		
Activities	**Description**	**Implemented by**		
Activity 4.1	WASH services including provision of water, sanitation installations and medical waste management in 14 Health facilities. Temporary solutions to be installed ASAP while longer term solution development.	WHO		
Activity 4.2	Supply and installation of temporary hand wash basins and water containers in caring points with related hygiene material.	WHO		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[7] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

[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.

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]:

In line with Global humanitarian principles and our core commitment to the AAP, WHO always put the affected/targeted population at the center of each cycle of humanitarian response planning, implementation, monitoring, and post-completion phase. It ensures the systematic inclusion of beneficiaries' opinions and feedback from the onset of the project.

b. AAP Feedback and Complaint Mechanisms:

Feedback from clients was collected through the implementation partners as well as during monitoring visits by the team. Complaints from beneficiaries were handled with full transparency through the local community, regional WHO focal point, national WHO focal point, nutrition Cluster and OCHA. AWAAZ network feedback mechanism and WHO PMU monitoring were used to collect information on beneficiaries' satisfaction.

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

WHO adheres to gender-sensitive programming in outbreaks and health emergencies, including the use of the Inter-Agency Standing Committee (IASC) gender marker to grade all emergency projects. WHO's corporate framework for gender mainstreaming calls for gender. equality and the empowerment of women as a cross-cutting objective in all its programmes. This policy is operationalised through the requirement to disaggregate data by gender when reporting to WHO's disease early warning and response system (EWARS) and its Health Resources Availability Monitoring System (HeRAMS). WHO's NGO partners are also required to disaggregate data by gender in their reports which was considered during the reporting. Furthermore, WHO ensured there was a gender balance between participants at training courses supported by WHO. These requirements helped ensure that project assessments, planning, designing, implementing, monitoring and evaluating were performed with due consideration to gender equality issues. This project involved all groups within the communities in decision making processes.

Respecting community inputs fostered a stronger relationship between organisations and their beneficiaries while supporting the preservation of dignity and independence. Specific considerations were given to the issue of privacy and confidentiality, which is particularly important in a setting like Afghanistan, especially when dealing with and handling GBV cases. WHO has been an active member of the PSEA Task Force, follows its recommended protocol and has conducted capacity building sessions for WHO staff and healthcare workers. All implementing partners of this project were required to have a designated PSEA policy implemented within their organization's operating structure. All activities were coordinated with "Community Health Shuras" where women are generally represented. These community health shuras were responsible to hold health centres and were accountable to the needs of their community. The Community health Shuras while monitoring the health service delivery at the district and facility level, also facilitated public awareness on availability of services and ensure access to services for all members of the community. Similarly, at the district level the "Youth Shuras" had a strong advocacy and accountability role towards health service provision and equal access.

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

The project involved community members in decision making, respecting their input to foster a stronger relationship that preserves their dignity. Specific considerations were given to privacy, confidentiality and respect particularly when dealing with 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):

[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.

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

f. Protection:

Medical treatment of victims of GBV was linked with physical treatment victims of GBV in conflicted and underserved areas were provided with both sets of treatment at referral facilities. The referral pathway for GBV survivors to access protection or psychosocial support has been well established and well-integrated into this project, as with all others. The national referral center for GBV in Kabul was linked to peripheral health facilities providing support and guidance and collecting data from the field on GBV and served 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 about their health seeking behaviours. Areas included antenatal advice for breast feeding women, vaccination and family planning. As we continue to face the COVID-19 pandemic, specific awareness sessions are organized to enhance knowledge and skills of targeted communities in combating this pandemic.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

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.

NA

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
NA	NA

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-CEF-051	Water, Sanitation and Hygiene	UNICEF	NNGO	$ 6,869
22-RR-CEF-051	Water, Sanitation and Hygiene	UNICEF	NNGO	$ 147,554
22-RR-CEF-051	Water, Sanitation and Hygiene	UNICEF	NNGO	$ 571,728
22-RR-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$ 30,829
22-RR-CEF-051	Water, Sanitation and Hygiene	UNICEF	NNGO	$ 1,232,884
22-RR-CEF-051	Education	UNICEF	NNGO	$ 196,854
22-RR-WFP-048	Food Assistance	WFP	NNGO	$ 60,571
22-RR-WHO-029	Health	WHO	NNGO	$ 148,582