

**AFGHANISTAN  
RAPID RESPONSE  
EARTHQUAKE  
2023**

**23-RR-AFG-61441**

Indrika Ratwatte

Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

04 Sep 2024

The OCHA/HFU organized a joined After Action Review (AAR) for this Rapid Response Allocation, which took place on 4th September 2024 at the OCHA Office. Participants from UNFPA, UNHCR, WFP and WHO as well as Cluster representatives attended the session with the aim to jointly review the overall CERF grants implementation and capture key lessons learned from the past success and failure with intention to do better next time.

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

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:

Following three powerful earthquakes in the beginning of October 2023 in Herat province, 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. In addition to loss of life and injury, the earthquakes – which struck several villages multiple times – destroyed critical civilian infrastructure, including homes, health facilities, schools, and water networks - leaving thousands vulnerable to further harm. This multi-sectoral emergency allocation improved access and humanitarian response in the affected areas which has reinforced a collaborative approach with local and national authorities as well as other humanitarian actors delivering quick response, address needs and alleviate suffering. The recipient agencies of this allocation have successfully initiated their responses to the earthquake within the first days of the event.

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. 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:

This CERF RR allocation of US\$5 million, UN recipient agencies (IOM, UNHCR, UNFPA, WFP and WHO) and their implementing partners have provided critical and life-saving services to the people affected by the Herat earthquake. Partners initiated their response to the earthquake affected population within the first 72 hours, providing in-kind food and cash-based assistance, emergency shelter and mental health and psychosocial support as well as lifesaving GBV services.

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

Yes

Partially

No

Partners started their humanitarian responses within the first 72 hours of the earthquake. The CERF RR allocation was the first – allowing the recipient agencies with an early project start date to commence the life-saving activities on the ground. For instance, WFP responded to the urgent needs of populations soon after the earthquake to affected people where many of whom were women and children. Some recipient agencies utilized their available supplies for their fast delivery, where CERF funding allowed them to replenish its pipeline successfully.

### Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Recipient agencies have confirmed that CERF funding allowed them for quick and time-critical response to the urgent humanitarian needs in Herat province. CERF's support to the partners played an important role in ensuring timely assistance to those affected by the earthquake. Overall, the funding enabled partner agencies to act swiftly with essential life-saving interventions in a timely manner.

### Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The recipient agencies and their implementing partners had regular meetings at various levels with relevant stakeholders to ensure the response was well coordinated among the humanitarian community. This allocation also created an opportunity for UNFPA (as the lead of the regional humanitarian team in western) to facilitate coordination with actors providing response services in the region.

### Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Based on the fast release of funding from CERF to support initial 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 areas. The recipient agencies have noted that funding decisions were rapid and instrumental in supporting the scale-up of the response.

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

### Support for women and girls:

This chronically underfunded humanitarian priority area was addressed as cross-cutting issue through direct support to women and girls with GBV, health, shelter and in-kind and cash-based assistance. Out of total 152,693 beneficiaries of the allocation, 82,436 (54%) were women and girls, who received essential humanitarian assistances. A total of 11,298 of beneficiaries have received specialized GBV services, including reproductive health, psychosocial support for the earthquake-affected women and adolescent girls.

### Targeting disabled people:

The CERF allocation reached a total of 19,472 people with disabilities, including 50,21 women and 4,746 girls. People with disabilities were prioritized during the assessment in line with Persons with Special Needs (PSN) guidelines. For the in-kind and cash-based assistance, three criteria specifically focused on presence of disabilities within the households, which ensured the food needs of those who are at heightened risk are addressed.

### Education in protracted crises:

Education in protracted crises was an indirect objective of the allocation, with the intervention providing lifesaving and time-critical support to earthquake-affected people, which enabled families to avoid negative coping actions such as removing children from schools. Direct beneficiaries received training and awareness raising sessions with obtaining knowledge on protection, GBV, PSEA to identify risks and mitigation measures. Partner also printed and distributed materials to raise awareness among staff and the general populations. Information was also shared with communities through daily awareness campaigns and education sessions using tools approved by the AAP working group.

### Other aspects of protection:

Partners improved access to assistance and services without discrimination, delivered protection and assistance with safety and with dignity, engaged communities in determining their own protection and needs and adhered to the principle of "do no harm". A rapid protection risk assessment was conducted by some recipient agencies and their partners soon after the earthquake, which directly contributed to the design and the implementation of the response. Partner conducted awareness sessions to prevent misconduct and training to field practitioners to identify and mitigate protection risks.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>\$93,600,000</b>
CERF	\$5,000,331
Country-Based Pooled Fund (if applicable) (Data extracted from GMS, Herat earthquake allocations)	\$9,707,479
Other (bilateral/multilateral)	NA
<b>Total funding received for the humanitarian response (by source above)</b>	<b>14,707,810</b>

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

<sup>1</sup> 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](#).

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-034	Shelter and Non-Food Items	\$1,000,001
UNFPA	23-RR-FPA-043	Protection - Gender-Based Violence	\$500,000
UNHCR	23-RR-HCR-032	Shelter and Non-Food Items	\$1,000,330
WFP	23-RR-WFP-049	Food Security - Food Assistance	\$1,500,000
WHO	23-RR-WHO-041	Health	\$1,000,000
<b>Total</b>			<b>\$5,000,331</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>\$4,390,260</b>
Funds sub-granted to government partners*	\$0
Funds sub-granted to international NGO partners*	\$263,405
Funds sub-granted to national NGO partners*	\$346,666
Funds sub-granted to Red Cross/Red Crescent partners*	\$0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>\$610,071</b>
<b>Total</b>	<b>\$5,000,331</b>

\* 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 series of earthquakes occurred in Herat province, western Afghanistan on 7 October 2023, including one that registered above 6.3 on the magnitude scale, killing thousands of people. A total of 2.6 million people live in the earthquake-affected area, of whom 1.86 million have been affected and 227,000 are estimated to be in severe need, meaning their houses have been destroyed.

### Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 13 October allocated \$5 million from CERF's rapid response window for life-saving activities targeting 77,235 people affected by earthquake in Herat region in support for protection from gender-based violence, emergency shelter and non-food items, food security, and healthcare.

### People Directly Reached:

This allocation was implemented by IOM, UNFPA, UNHCR, WFP and WHO addressing critical needs of vulnerable population affected by the earthquakes that hit Herat in October 2023. The recipient agencies reported that they reached to a total of 152,693 (43,731 women, 36,963 men, 38,705 girls and 33,294 boys) through shelter, GBV, food, and health interventions. The number of people reached with the different type of assistances was calculated at the point of distribution and receiving services in the earthquake-affected area. The recipient agencies coordinated assessments and response to avoid duplication.

Overall, there was no significant variation between the total population targeted and reached. However, UNFPA reported (see section 3 Changes and Amendment of UNFPA project information) that the number of people receiving GBV psychosocial support and case management was not achieved due to the context and operational challenges on the ground during the implementation.

### People Indirectly Reached:

IOM, UNFPA and WHO estimate up to 206,384 people reached indirectly through shelter and non-food items assistance, GBV and health services. They are considered to have indirectly benefited because the interventions targeted earthquake-affected families and likely their extended families as well. WHO reported that reported that an approximately 114,000 individuals were reached indirectly through the dissemination of tailored health promotion materials in local languages.

UNHCR stated that the project delivered critical shelter support to families selected based on loss and damage to homes as result of the earthquakes, combined with vulnerability scoring. Emergency tents directly benefitted the entire household, ensuring that all members have access to adequate, safe, private, and dignified living spaces, contributing to protection, health, and hygiene outcomes. Protection, health, and hygiene outcomes moreover impact entire communities, contributing to their wellbeing and community-level recovery processes.

WFP's cash-based assistance distributed to beneficiaries benefited local markets. However, WFP acknowledges that currently they do not have a standardized method for measuring indirect beneficiaries of cash assistance. This limitation means that WFP cannot accurately track where beneficiaries spend their cash or determine how many non-family members benefit indirectly. While WFP cannot provide a precise estimate of the number of indirect beneficiaries at this time, WFP remains committed to exploring ways to improve the tracking and measurement of these impacts.

**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
<b>FOOD SECURITY - FOOD ASSISTANCE</b>	7,485	7,325	8,122	8,917	31,849	6,494	6,939	9,089	9,310	31,832
<b>HEALTH</b>	23,849	22,263	15,585	15,538	77,235	24,826	23,854	16,551	15,902	81,133
<b>PROTECTION - GENDER-BASED VIOLENCE</b>	43,000	0	10,750	0	53,750	6,313	0	4,985	0	11,298
<b>SHELTER AND NON-FOOD ITEMS</b>	5,975	5,975	8,064	8,064	28,078	6,098	6,170	8,080	8,082	28,430

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

Category	Planned	Reached
Refugees		0
Returnees		0
Internally displaced people	56,758	71,368
Host communities	32,850	53,575
Other affected people	61,800	27,750
<b>Total</b>	<b>151,408</b>	<b>152,693</b>

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

Sex & Age	Planned		Reached		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached	Planned	Reached
<b>Women</b>	66,849	43,731	2,861	5,021		
<b>Men</b>	25,483	36,963	2,671	4,939		
<b>Girls</b>	32,116	38,705	1,870	4,746		
<b>Boys</b>	26,960	33,294	1,864	4,766		
<b>Total</b>	<b>151,408</b>	<b>152,693</b>	<b>9,266</b>	<b>19,472</b>		

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 23-RR-IOM-034

1. Project Information			
<b>Agency:</b>	IOM	<b>Country:</b>	Afghanistan
<b>Sector/cluster:</b>	Shelter and Non-Food Items	<b>CERF project code:</b>	23-RR-IOM-034
<b>Project title:</b>	Addressing the immediate needs of the earthquake-affected populations in Herat with Shelter/NFI assistance		
<b>Start date:</b>	01/11/2023	<b>End date:</b>	30/04/2024
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>\$22,126,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>\$11,750,000</b>
	<b>Amount received from CERF:</b>		<b>\$1,000,001</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>\$0</b>
	Government Partners		\$0
	International NGOs		\$0
	National NGOs		\$0
Red Cross/Crescent Organisation		\$0	



## 2. Project Results Summary/Overall Performance

In response to the devastating earthquake on October 7, 2023, that resulted in thousands of families losing their homes and resorting to live in makeshift shelters, open spaces, and tents, IOM supported 2,300 families in Kushk and Gulran districts of Herat province with cash for winterization assistance. Through the CERF grant, IOM provided Cash for Winterization assistance together with funds for blankets and winter clothing in the districts of Kushk and Gulran within Herat province. The response was fully aligned with the ESNFI Cluster standards and Cash Voucher Working Group (CVWG) values.

Prior to engaging with communities, a market assessment was conducted to inform the market functionality in the targeted areas including the nearby districts. The beneficiaries were selected using established, orderly methods, especially joint assessments conducted with partners at the provincial, including the UN Humanitarian and Regional Country Teams, local and international non-governmental organizations (NGOs), and the relevant de facto line department, the Afghanistan National Disaster Management Agency (ANDMA) as an observer. Through rapid needs assessments, IOM identified 2,300 (16,425 individuals: 8,189 women, 8,263 men) earthquake-affected families eligible for cash for winterization, cash for blanket and winter clothing modules in Gulran and Kushk districts of Herat province. Amongst these families, IOM distributed a total of USD 761,300 in cash for winterization (\$200/family), cash for blanket (\$57/family), and winter clothing modules (\$74 family) to 1,195 earthquake-affected families in Gulran and 1,105 families in Kushk districts of Herat province.

## 3. Changes and Amendments

During programme implementation, IOM received several complaints through the AWAAZ inter-agency complaints and feedback mechanism regarding the re-distribution of winter assistance by community elders in Gulran district. In response, IOM followed the recommendations of the ESNFI Cluster, its access team, and its community engagement unit and dispatched a monitoring team along with a Cluster representative to investigate the matter and report any findings. During the visit, IOM held focus-group discussions (FGDs) across six communities that received most of the assistance.

According to the findings of the monitoring visit, community members did not believe they were being subjected to any kind of exploitative behaviour and noted existing cultural traditions where people collect money from all and share. Additionally, the FGDs and individual interviews held also indicated that there were no signs of aid being redistributed or misappropriated in the targeted communities. The community provided the following recommendations to guide future assistance, including holding house-to-house assessments, dividing assistance to cover more families, covering unassisted families and adopting a more supportive approach to the uncovered households, not solely relying on "Arbab" (community leaders) for recommendations. Additionally, the ES/NFI Cluster engaged with community elders to avoid a recurrence of similar practices under future projects.

In future interventions, IOM plans to diversify and intensify community engagement throughout project implementation to ensure that diverse community perspectives shape the programming direction of all stages of project implementation as well as improve coordination with other humanitarian partners on the ground to avoid duplications or gaps in coverage of assistance. IOM will also continue its coordination with the ES/NFI Cluster and Access Working Groups to ensure that such complaints continue to be tackled in a timely and effective manner in future responses.

During the project period, there were also some delays in the initiation of the needs assessment due to delays in receiving the funding. Despite these initial delays, IOM reached the targeted number of winterization beneficiaries within the project period.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Shelter and Non-Food Items									
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	3,220	3,220	4,830	4,830	16,100	3,343	3,415	4,846	4,848	16,452
<b>Total</b>	<b>3,220</b>	<b>3,220</b>	<b>4,830</b>	<b>4,830</b>	<b>16,100</b>	<b>3,343</b>	<b>3,415</b>	<b>4,846</b>	<b>4,848</b>	<b>16,452</b>
<b>People with disabilities (PwD) out of the total</b>										
	30	30	51	50	161	498	484	678	744	2,404

\* 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

Given the targeted nature of the emergency intervention, IOM does not have a precise number of indirect beneficiaries reached; however, it should be noted that the intervention benefitted targeted earthquake-affected families and likely their extended families as well, who often live within the same households, especially during periods of resource strain. IOM estimates up to 2,000 extended family members were supported under this project as indirect beneficiaries.

## 6. CERF Results Framework

<b>Project objective</b>	Contributing to addressing the immediate life-saving Shelter / NFI needs of the earthquake-affected populations in Herat			
<b>Output 1</b>	The immediate Shelter / NFI needs of the 16,100 earthquake-affected populations are addressed through cash-for-NFI interventions			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Cash.1a Number of people receiving cash (NFI, cash-for-blanket assistance, 57 USD per person)	16,100	16,452	Household level needs assessment, Primary data of the earthquake affected families
Indicator 1.2	Cash.1b Total value of cash-for-blankets-distributed in USD	131,100	131,000	Financial reporting
Indicator 1.3	Cash.2a Number of people receiving cash (NFI, cash-for-winter clothing assistance, 74 USD per person)	16,100	16,452	Household winterization needs assessment
Indicator 1.4	Cash.2b Total value of cash-for-winter clothing in USD	170,200	170,200	Financial reporting
Indicator 1.5	Cash.3a Number of people receiving cash (NFI, cash-for-winterization standard package for insulation (heating/fuel))	16,100	16,452	Household winterization needs assessment
Indicator 1.6	Cash.3b Total value of cash-for-winterization for insulation (heating/fuel) distributed in USD	460,000	460,000	Financial reporting
Indicator 1.7	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	75	94%	Post Distribution Monitoring (PDM)
Indicator 1.8	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner	75	80.9%	Post Distribution Monitoring (PDM)
<b>Explanation of output and indicators variance:</b>		All targets achieved within the project period; however, please note the flight overachievement across several of the indicators is the result of variation in		

household sizes between the proposal and assessment stages. At the proposal stage, IOM provides targets based on the average household size of assessment, while in the final reporting, IOM provides the precise number of beneficiaries reached through the assessment data.

Activities	Description	Implemented by
Activity 1.1	Selection of Financial Service Provider (FSP): Regarding cash support (cash for winterization), IOM currently has two MSP under LTAs for the provision of cash assistance to beneficiaries. Should the primary MSP encounters delays, the second MSP is retained as a backup.	IOM
Activity 1.2	Market Survey: As confirmed by the Joint Market Monitoring Initiative (JMMI) – Earthquake Response in Herat Province, published by REACH on 10 October 2023, all six affected districts were found to have open marketplaces, most KIs reported no difficulties in transporting goods via road, except in Zindajan and almost all KIs reported that women were safely able to access markets unaccompanied. Considering the evolving context, prior to initiating further needs assessment, a market assessment will also be conducted in the targeted locations to confirm the feasible conditions and assistance modality. IOM will coordinate further assessments (both needs and market) and assistance delivery between IOM, the ES/NFI Cluster Partners and other humanitarian agencies, leveraging IOM's role as the ES/NFI Cluster Co-Chair. IOM as the Co-Chair of the ES/NFI Cluster will support the cluster coordination at the national level, as well as provide coordination management at the regional and provincial level as cluster focal points.	IOM
Activity 1.3	Coordination: IOM will ensure coordination of assessments and assistance delivery between IOM, de facto line departments, UN agencies, international and national NGOs, and other partners, leveraging IOM's role as ES/NFI cluster co-lead. Coordinated meetings will be convened with de facto line departments to ensure that female staff participation and compliance to principled humanitarian approach is in line with ISAC guidelines.	IOM
Activity 1.4	Establishment of a selection committee and initiation of needs assessment: A committee comprised of local community elders and IOM enumerators will be established identifying the most vulnerable families meeting the selection criteria for earthquake assistance. The joint need assessments (using earthquake assessment needs assessment tools) will be used to identify earthquake and multi-sectorial needs in the target districts. This will be undertaken in coordination with relevant and operational partners.	IOM
Activity 1.5	Assistance to cover winterization needs (Winter Clothing): Distribution of cash-for winterization: Cash-for-blankets Cash-for-winter clothing Cash-for-winterization for insulation (heating / fuel) A venue for distribution will	IOM

	be selected in non-de facto authority-owned compounds in line with the earthquake assessment checklist and IOM distribution guidelines.	
Activity 1.6	Post-distribution monitoring (PDM): The sample caseload will contain a representative sample of beneficiaries showing a range of natural hazard incidents, province/areas, gender/age and vulnerabilities. At community level, Afghanistan National Disaster Management Authority (ANDMA), village/community elders, Affected populations and representatives and beneficiary families will be interviewed during the post-distribution monitoring and evaluation (PDME). In the case of female headed household, female staff members will conduct the PDME to ensure that the female beneficiary herself is being surveyed. Those in areas not accessible due to security concerns will be interviewed via phone. The Senior Monitoring and Evaluation Assistant together with the IOM M&E team will facilitate the process and will supervise the whole evaluation process.	IOM (Annexed the PDM report)

## 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<sup>2</sup> 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)<sup>3</sup>:

IOM remains committed to the application of Accountability to Affected People (AAP) principles through its projects and has ensured implementation across all stages of project roll-out. Within the grant, IOM conducted assessments in closed coordination with community stakeholders, including community leaders and members of the earthquake-affected communities to promote a comprehensive understanding of community needs and priorities within the emergency response. During these assessments, the families were also informed about the selection process and the intended use of the cash for winterization assistance to facilitate transparency within the assistance provided. When IOM received complaints of potential aid redistribution, IOM ensured the community was engaged in the follow-up monitoring visit, organizing both FGDs and individual interviews to provide a platform for any concerns to be well understood and documented.

### b. AAP Feedback and Complaint Mechanisms:

Following distribution and frontline activities, IOM utilized its complaint feedback mechanisms to ensure transparency and accountability surrounding the goods and services provided to affected populations. Specifically, IOM is engaged with AWAAZ, an inter-agency communication and helpline used to register complaints and feedback from the groups of the affected population served with humanitarian

<sup>2</sup> 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](#).

<sup>3</sup> 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](#).

assistance. IOM has deployed a complaints and feedback desk at its ES/NFI sites to receive feedback and input from affected persons and provides services in both Dari and Pashto to promote accessibility. Feedback is used promptly to correct activities, and to strengthen future distributions and other forms of assistance.

IOM has also ensured that distributions are opportunities to inform communities on the availability of reporting channels and CFM functioning. Female staff have been present at distributions to ensure women can access this information, are familiar with, and trust these complaints' mechanism channels. Information collected during feedback documentation is managed safely and confidentially, in-line with IOM data protection policy. IOM also grants options for anonymous feedback provision if desired by service users.

In response to the complaints received through AWAAZ regarding the pooling of aid by community elders, IOM deployed a joint monitoring team, coordinated between the ES/NFI Cluster and IOM's community engagement and access teams to thoroughly investigate the reports, identify mitigation measures, and better understand the community operating context. Following the monitoring visit, the ESNFI Cluster engaged in community sensitization/engagement on the re-orientation on entitlements and selection criteria with community elders to mitigate future risks of re-distribution.

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

IOM methodological approach to information gathering and beneficiary feedback remains applicable in the partnership with AWAAZ as well as through IOM's centralized PSEA reporting platform, We Are All In. IOM has a direct partnership that has established community feedback and complaints mechanisms that enable beneficiaries, including women, to provide feedback, raise concerns and make complaints about the services they receive. These mechanisms include hotlines, suggestion boxes, feedback forms, and community liaison officers who are trained to handle feedback and complaints in a sensitive, safe, and effective manner. These channels are accessible, safe, and preferred by beneficiaries, especially women and girls, who may face barriers in reporting through other means.

AWAAZ and We Are All In are guided by the Do No Harm principle, the survivor-centered approach, and strict data protection standards. The designated reporting channels have Standard Operating Procedures (SOPs) to handle sensitive data and cases related to Child Protection, Gender Based Violence (GBV), and Protection from Sexual Exploitation Abuse and Harassment (PSEAH). Having established referral pathways with clusters and partners, cases requiring attention are shared (in agreement with the affected person - consent centered) in a timely manner, helping the humanitarian response to swiftly align its delivery to actual needs through corrective actions.

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

During the assessment stage of the project, IOM collected Sex and Age Disaggregated Data (SADD) through needs assessment forms, which indicate the gender/age breakdown of the assessed to facilitate a comprehensive understanding of gender-specific vulnerabilities. Additionally, during distributions, IOM ensured equal and safe access to assistance in a culturally responsive manner through separate distribution lines for men and women as well as evaluating whether distribution spaces were both safe and accessible for women. Additionally, vulnerable groups identified through the joint assessments (unaccompanied minors, female-headed households, unaccompanied elderly, persons with severe disabilities, and those with chronic illnesses) were prioritized during distributions. Finally, to facilitate equal and safe access to female beneficiaries, while adopting responsive to the cultural context and implementing the ISAC guidelines on participation of female staff, IOM remained committed to a principled approach to aid delivery through the involvement of its female staff at all stages of project implementation. IOM coordinated closely with the relevant DfA line ministries to secure safe access for its female staff.

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### **e. People with disabilities (PwD):**

People with disabilities (PwD) were prioritized during the assessment, in-line with IOM's Persons with Special Needs (PSN) guidelines. IOM adhered to the core humanitarian principles ensuring inclusive humanitarian action placing persons with disability at the centre of response during the assessment and distribution stages. IOM ensured that PwD were included as key informants at the assessment stage, prioritizing that specific needs and vulnerabilities were well understood. Through the intervention, IOM reached 2,404 PwDs (498 women, 484 men, 678 girls, and 744 boys).

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### **f. Protection:**

Not relevant to the programme activities covered under this project.

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#### g. Education:

Not relevant to the programme activities covered under this project.

### 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 the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	16,452

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.

Under this project, IOM provided cash for winterization, cash for blankets, and cash for clothing to ensure the immediate winterization needs of earthquake-affected families were met.

IOM provided cash assistance via a Financial Service Provider using the Hawala system, which maintains Long-term Agreements (LTAs). If the main money service provider experiences delays, a secondary MSP serves as a backup.

#### 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
Activity 1.5: Cash for Winterization, Cash for Heating, Cash for Winter Clothing	16,452	\$761,200	Shelter and Non-Food Items	Unrestricted

### 9. Visibility of CERF-funded Activities

Title	Weblink
X (Formerly Twitter)	<a href="https://x.com/IOMAfghanistan/status/1743955869539393613?s=20">https://x.com/IOMAfghanistan/status/1743955869539393613?s=20</a>
Facebook	<a href="https://www.facebook.com/iomafghanistan/posts/pfbid0kfFSZop8mJKJkwY3UCqoVbND17M71bTy8XZXrLBzkAraqTKPKpgSdnnroh2vx99I">https://www.facebook.com/iomafghanistan/posts/pfbid0kfFSZop8mJKJkwY3UCqoVbND17M71bTy8XZXrLBzkAraqTKPKpgSdnnroh2vx99I</a>

## 3.2 Project Report 23-RR-FPA-043

### 1. Project Information

<b>Agency:</b>	UNFPA	<b>Country:</b>	Afghanistan
<b>Sector/cluster:</b>	Protection - Gender-Based Violence	<b>CERF project code:</b>	23-RR-FPA-043
<b>Project title:</b>	Critical Assistance for Women and Girls Impacted by the Herat Earthquake: Provision of Lifesaving Gender-Based Violence response/Psychosocial Support Services		
<b>Start date:</b>	06/11/2023	<b>End date:</b>	05/05/2024
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>	<b>\$3,765,120</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>\$0</b>
	<b>Amount received from CERF:</b>	<b>\$500,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>\$263,405</b>
	Government Partners	\$0
	International NGOs	\$263,405
	National NGOs	\$0
Red Cross/Crescent Organisation	\$0	

### 2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and CARE International ensured the continuation of reproductive health, and psychosocial support services for earthquake-affected women and adolescent girls in Zindajan, Robat Sangi, and Injil districts of Herat Province in the West of Afghanistan. During this project period, a total of 11,298 women and girls received psychosocial support services, 405 vulnerable women received cash for protection assistance, 3,500 dignity kits were procured, and 3,000 dignity kits were distributed to earthquake affected women and adolescent girls.

### 3. Changes and Amendments

For the following indicator: 1.1 Number of people receiving GBV psycho-social support and/or GBV case management, the target of 50,400 was not achieved due to the current context and operational challenges on the ground related to the de facto authorities heightened restrictions on movement of women.

For the indicator: 1.3 Number of Cash Transfer beneficiaries, the target was increased to 405 (adding 55 more beneficiaries to the original 350 planned), due to the integration of PSS and cash for protection activities, the size of the women and girls receiving cash assistance increased. Given that cash assistance should never be implemented as a standalone intervention, UNFPA Afghanistan's cash assistance was integrated into UNFPA's comprehensive response programs focusing on psychosocial support and reproductive health. Indicator 1.4 is linked to Indicator 1.3 and therefore also increased.



#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	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	43,000	0	10,750	0	53,750	6,313	0	4,985	0	11,298
<b>Total</b>	<b>43,000</b>	<b>0</b>	<b>10,750</b>	<b>0</b>	<b>53,750</b>	<b>6,313</b>	<b>0</b>	<b>4,985</b>	<b>0</b>	<b>11,298</b>
<b>People with disabilities (PwD) out of the total</b>										
	2,592	0	648	0	3,240	40	0	12	0	52

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

## 5. People Indirectly Targeted by the Project

The total of beneficiaries indirectly benefited from this project is 90,384. These are the direct family members of the beneficiaries who received assistance and services.

## 6. CERF Results Framework

<b>Project objective</b>	Increased access to lifesaving gender-based violence response/psychosocial support services for earthquake-affected women and adolescent girls.			
<b>Output 1</b>	Enhanced availability of services related to response to gender-based violence and provision of lifesaving psychosocial support for earthquake-affected women and adolescent girls.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	50,400	11,298	UNFPA Monitoring Dashboard
Indicator 1.2	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	3,000	3,000	Dignity Kits Pipeline tracking sheet and distribution list
Indicator 1.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers	350	405	Distribution list
Indicator 1.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	117,600	136,080	Distribution list
<b>Explanation of output and indicators variance:</b>		<ul style="list-style-type: none"> <li>For the indicator: Number of people receiving GBV psycho-social support and/or GBV case management, the target of 50,400 was not achieved due to the current context and operational challenges on ground related to the de facto authorities heightened restrictions on movement of women.</li> <li>For the indicator Number of Cash Transfer beneficiaries, the target was increased to <b>405 (adding 55 more beneficiaries to the original 350 planned)</b>, due to: <ul style="list-style-type: none"> <li>PSS and cash for protection activities were integrated in order to ensure that the cash assistance is delivered to the women with high needs.</li> <li>Given that cash assistance should never be implemented as a standalone intervention, UNFPA Afghanistan's cash assistance was integrated into UNFPA's comprehensive response programs focusing on psychosocial support and reproductive health.</li> </ul> </li> </ul>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provision of psychosocial support services through Psychosocial Support Teams (PSS Teams) UNFPA has deployed psychosocial support teams composed of female counsellors, community mobilizers and data collection officers on the ground to provide emergency	UNFPA, in collaboration with CARE International, deployed three PSS teams in three districts of Herat: Zindajan, Robat Sangi, and Injil.		

	<p>response in the wake of the devastating earthquake. The psychosocial support teams are providing critical interventions including psychological first aid, psychosocial support, and awareness-raising about available services to earthquake-affected populations. UNFPA plans to deploy additional psychosocial support teams to assist in the emergency response to enable women and adolescent girls to receive lifesaving psychosocial support services. Each team comprises a female psychosocial counsellor and a community mobilizer. With qualified staff at the forefront, UNFPA aims to ensure that the earthquake affected women and adolescent girls receive information on available psychosocial support services to help them cope with the emotional and psychological challenges in the aftermath of the traumatic experience.</p>	
Activity 1.2	<p>Procurement and distribution of dignity kits for vulnerable women and adolescent girls UNFPA will procure and distribute 3,000 Dignity Kits to the earthquake-affected women and adolescent girls. UNFPA has been responding to the humanitarian crisis with the provision and distribution of Dignity Kits, which allow women and girls, including those with disabilities, access to special hygiene supplies that help maintain their “dignity” during the humanitarian crisis, which is essential for self-esteem and confidence, and critical to protection. Providing Dignity Kits for women and girls at risk enables them to improve their physical and psychological well-being, mobility, and hygiene, while providing a valuable entry point for understanding the risks that women and girls face in the communities.</p>	<p>UNFPA procured 3,500 dignity kits. UNFPA’s implementing partner, CARE International, following the dignity kits distribution guidance developed by UNFPA for the beneficiary’s selection, distributed 3,000 Dignity Kits to vulnerable earthquake affected women and adolescent girls during the project period.</p>
Activity 1.3	<p>Provision of cash for protection to vulnerable earthquake female households UNFPA will identify 350 very vulnerable female households and provide cash assistance. For many families in the earthquake affected villages, they have lost everything. This situation is likely going to expose vulnerable households to risks of negative coping mechanisms. UNFPA will therefore provide cash for protection assistance to 350 of such families with the aim of ensuring that they vulnerable families have some cash to meet family basic needs that would not have been met by other humanitarian actors. Such vulnerable families will include households with women with disabilities.</p>	<p>UNFPA and CARE International used existing humanitarian response mechanisms to identify eligible households.</p> <p>The CERF-funded cash intervention took place in the villages of Qasr Shirin, Jakda Bala, Jakda, Gazi, and Kajkal in Zindajan district of the Herat province. It targeted 405 vulnerable women and adolescent girls, including female headed households, pregnant women and women with disabilities.</p> <p>Each recipient received a total of \$336 in two rounds of \$168 each. The first round covered January-February 2024, and the second round covered March-April 2024.</p>

## 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<sup>4</sup> often lacking appropriate

<sup>4</sup> 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

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)<sup>5</sup>:**

The target population were involved in all stages of the program design and implementation whereby UNFPA and CARE International conducted consultation with women and girls to assess the appropriateness of the project. UNFPA and CARE International ensured that female service providers, PSS counsellors, female community mobilizers and youth educators were engaged.

During monitoring, a Community Perception Survey was conducted to learn about perceptions of women and girls on the quality of programmes and challenges they faced and use their voices to course correct where necessary. UNFPA used existing humanitarian response mechanisms to identify eligible households. Focus group discussions assessed women's issues and well-being. CARE field teams identified recipients based on predefined vulnerability criteria, and UNFPA verified the selections with support from six psychosocial counsellors who worked closely with the targeted women within individual frameworks to ensure each woman's safety. A concise tool for a rapid consultation with communities on cash distribution was used. In addition, a light protection risk assessment/consultation and analysis was conducted by 9 community mobilizers employed by CARE International.

#### **b. AAP Feedback and Complaint Mechanisms:**

UNFPA's AAP team initiated a common feedback mechanism (UNFPA Community Listening Initiative) where all implementing partners collect feedback from communities using their internal Community Feedback Mechanisms (CFM) and share it with UNFPA. Through this initiative, the AAP team analyses the feedback received from communities and shares it with the program and management via an interactive dashboard for informed decision-making and course correction in programming.

UNFPA trained service providers and community mobilizers on community engagement to ensure an ethical approach to engaging with communities and handling sensitive data and information about affected women and girls. UNFPA continually used community feedback to adjust the programmes as necessary, this included improving access for women and girls and those with disabilities to UNFPA services in their local communities.

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

UNFPA ensured that its SEA reporting mechanism was functioning and maintained confidentiality. This mechanism prioritizes accessible and inclusive reporting, respects confidentiality, and provides timely feedback to complainants. UNFPA has dedicated PSEA male and female focal points. Information is handled using the Information Sharing Protocol (ISP) as stipulated in Standard Operating Procedures (SOPs) for PSEA. The mechanism ensures that once any report is received, it is promptly acted upon and that the affected population are involved appropriately in assessment and decision making. UNFPA continued capacity building through the PSEA network to address SEA concerns promptly and effectively, ensuring accountability and transparency.

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

UNFPA prioritizes gender equality and the protection of women, girls, and sexual and gender minorities by ensuring their access to essential services in emergency situations. This includes providing reproductive health services, psychosocial support, and dignity kits tailored to their specific needs. UNFPA actively engaged local communities in decision-making processes and assessments, addressing gender norms, power imbalances, and sexual exploitation and abuse risks. By promoting women's active participation and inclusion in all aspects of the project, UNFPA enabled the protection of their rights, contributing to gender equality and the well-being of all beneficiaries, including sexual and gender minorities.

#### **e. People with disabilities (PwD):**

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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](#).

<sup>5</sup> 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](#).

The project only targeted women and adolescent girls. To ensure that women with disabilities are fully included, UNFPA utilised beneficiary identification tools which have specific questions to identify women with disabilities and targeted them for psychosocial support, dignity kits and cash assistance. UNFPA accountability to affected populations mechanism also emphasised that the voices of women and girls with disabilities are heard and considered in the project monthly. The interventions were delivered from locations that were accessed by the earthquake-affected women and adolescent girls, including those with disabilities.

**f. Protection:**

UNFPA's Implementing Partner, CARE International, is dedicated to combating discrimination and promoting an inclusive environment within the project. CARE International conducted awareness sessions for stakeholders and communities to prevent misconduct. Through household assessments and focus group discussions, CARE raised awareness on protection, GBV, and PSEA, identifying operational risks and mitigation measures. Surveyors engaged communities in their local language, fostering a protective environment. The project staff received guidance on maintaining a zero-tolerance policy against discrimination, sexual exploitation, and abuse, ensuring protection for all. Protection is integral to the project's design.

**g. Education:**

N/A

**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	405

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 cash feasibility consultations, earthquake-affected women identified agriculture and shepherding as their main income sources, though these were male-dominated. They emphasised the need for direct aid delivery to their villages due to limited mobility

The cash feasibility consultations were complemented by UNFPA's active membership in the national Cash Working Group (CWG), which helped UNFPA to identify the gaps related to the fulfilment of the needs of women and adolescent girls in line with its approach to sectoral cash assistance integrated with psychosocial well-being needs. UNFPA used existing humanitarian response mechanisms to identify vulnerable households to benefit from cash assistance. The beneficiaries included women with disabilities, pregnant and lactating women as well as female headed households among others. Cash assistance was given directly to women. UNFPA provided cash based on the agreed MPCA basket by the CVA WG, which is 168 USD for two months. This assistance addressed recipients' immediate unmet protection concerns, reduced their vulnerability and exposure to risks/harm, and improved their sense of safety and dignity.

**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 cash for protection to vulnerable earthquake female households	405	\$136,080	Protection / GBV Sub Cluster	Unrestricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
Twitter post about CERF support - English	<a href="#">Link</a>
Twitter post about CERF support - Dari	<a href="#">Link</a>

### 3.3 Project Report 23-RR-HCR-032

1. Project Information			
Agency:	UNHCR	Country:	Afghanistan
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	23-RR-HCR-032
Project title:	Herat Earthquakes Emergency Response, 2023		
Start date:	08/10/2023	End date:	07/04/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	<b>Total requirement for agency's sector response to current emergency:</b>	<b>\$14,426,809</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>\$3,124,578</b>
	<b>Amount received from CERF:</b>	<b>\$1,000,330</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>\$0</b>
	Government Partners	\$0
	International NGOs	\$0
National NGOs	\$0	
Red Cross/Crescent Organisation	\$0	

### 2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and its partners provided 1,711 emergency shelters to vulnerable families affected by the October 2023 Herat earthquakes in Afghanistan. A total of 11,978 people, including 2,755 women, 2,755 men and 6,468 children directly benefited from these shelters. Distributions have targeted eight earthquake-affected districts in Herat province between October 2023 to April 2024, with families selected based on vulnerability criteria and damage to homes caused by the earthquake, and thereby requiring shelter assistance. The project achieved all the planned targets within the agreed implementation period.

### 3. Changes and Amendments

No changes or amendments were brought to the project and the project achieved all the planned targets within the agreed period.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Shelter and Non-Food Items									
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	2,755	2,755	3,234	3,234	11,978	2,755	2,755	3,234	3,234	11,978
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2,755</b>	<b>2,755</b>	<b>3,234</b>	<b>3,234</b>	<b>11,978</b>	<b>2,755</b>	<b>2,755</b>	<b>3,234</b>	<b>3,234</b>	<b>11,978</b>
<b>People with disabilities (PwD) out of the total</b>										
	229	229	268	268	994	229	229	268	268	994

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



## 5. People Indirectly Targeted by the Project

The project delivered critical shelter support to families selected based on loss and damage to homes as result of the earthquakes, combined with vulnerability scoring. Emergency tents directly benefitted the entire household, ensuring that all members have access to adequate, safe, private, and dignified living spaces, contributing to protection, health, and hygiene outcomes. Protection, health, and hygiene outcomes moreover impact entire communities, contributing to their wellbeing and community-level recovery processes.

## 6. CERF Results Framework

<b>Project objective</b>	To provide emergency shelter to households impacted by the Herat Earthquakes, October 2023			
<b>Output 1</b>	Provision of shelter to people affected by the disaster			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	SN.1a Number of people receiving in-kind shelter assistance	11,978	11,978	Post-Distribution Monitoring
Indicator 1.2	SN.1b Number of in-kind shelter kits distributed	1,711	1,711	Post-Distribution Monitoring
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of tents	UNHCR		

## 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<sup>6</sup> 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)<sup>7</sup>:

To ensure accountability to persons of concern and in line with its Age, Gender, and Diversity (AGD) Policy, UNHCR involved affected populations in the design of the intervention. UNHCR also ensured that the affected populations can have access to services and assistance on equal footing, equally enjoy their rights, and participate in decisions that affect them, their family members, and communities. The displaced persons – including females - were also involved in the evaluation phase through post-distribution monitoring exercises.

<sup>6</sup> 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](#).

<sup>7</sup> 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](#).

The project also mainstreamed protection and AGD considerations in all activities, in compliance with the AAP framework and UNHCR AGD policy, to effectively identify and address the different protection and assistance needs of various segments of the population and with attention towards the most marginalized to limit exclusion and favour inclusiveness. For the current project, specific consideration was given to at risk groups, such as households led by older persons or female-headed households, who were prioritized for assistance.

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#### **b. AAP Feedback and Complaint Mechanisms:**

UNHCR ensured that persons of concern influence decisions that affect them. This is UNHCR's commitment to Accountability to Affected Populations (AAP), including consistent two-way communication with persons of concern for the empowerment of communities. This is achieved through core pillars of participation and inclusion, communication, transparency, and feedback and response. UNHCR has maintained its complaint and feedback mechanism (CFM), including hotlines and a protection electronic mailbox, as primary modes of receiving feedback and complaints. Complaint boxes were placed in UNHCR offices and field locations.

A total of 476 earthquake response-related queries received via hotlines, COVs, in-person counselling, and AWAAZ call centre. Around 46 per cent of these queries were made by women and girls. UNHCR also informed persons of concern of its CFM during distribution exercises and Community-Based Protection Monitoring (CBPM). Feedback mechanisms form critical communication channels with communities, on the one hand enabling individuals to request information and assistance, as well as providing valuable feedback to inform future programming. To ensure knowledge of the CFM, UNHCR consistently informs beneficiaries of the CFM through outreach channels, during distributions, and by distributing leaflets in preferred languages on collective and individual basis. UNHCR also disseminated information on AWAAZ call centre.

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

UNHCR had in-place standard operating procedures (SOPs) to address any instance of SEA and has identified PSEA focal points in each office. Moreover, regular trainings and refresher courses are conducted for staff and implementing partner staff to ensure strong understanding on their respective roles and responsibilities in relation to PSEA. A total of 43 ARAA staff that engaged in supporting UNHCR's earthquake response in different capacities have received the training. Moreover, visibility materials distributed warned against fraud and SEA, explained how to contact UNHCR to report issues and provided information on how to seek help, including via the CFM. Dedicated personnel have been assigned to receive feedback and complaints, with these staff members trained on how to address and ensure confidentiality regarding PSEA complaints.

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

UNHCR applied an age, gender, and diversity (AGD) approach to ensure that persons of concern can enjoy their rights on an equal footing and participate meaningfully in the decisions that affect their lives, families, and communities. UNHCR used participatory methodologies to promote the role of women, men, girls, and boys of all ages. Gender analysis was part of UNHCR's general protection monitoring tool, and assessments were conducted by female and male monitors.

In the context of the earthquake response, UNHCR conducted a GBV safety audit using the safety walk observation tool in the earthquake affected areas. Identification and referral mechanisms for identified GBV cases were in place. Eligibility for emergency shelter assistance was also conducted through a gender-sensitive approach. Female-headed households, and other situations of vulnerability of female household members were prioritized in the overall scoring system that determined eligibility for assistance. Additionally, UNHCR collaborated with partners and stakeholders to enhance efforts in addressing gender-related issues.

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#### **e. People with disabilities (PwD):**

UNHCR is fully committed to the implementation of the Must-Do Actions enshrined in the IASC Guidelines for the Inclusion of Persons with Disabilities in Humanitarian action. UNHCR ensured that all vulnerable persons with disabilities will be able to meaningfully access the services and activities under the project. As part of UNHCR's regular protection monitoring systems, UNHCR took special care to identify people with disabilities and determine whether they face barriers in accessing assistance. The intervention also addressed the specific needs of persons with disabilities through ensuring their prioritization for assistance.

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#### **f. Protection:**

UNHCR improved access to assistance and services without discrimination, delivered protection and assistance in safety and with dignity, engaged communities in determining their own protection and humanitarian needs and adhered to the principle of “do no harm”. Throughout the project, UNHCR applied the AGD approach. This further ensured that persons of concern can have a consequential participation in decisions affecting their communities. Besides, to promote the role of all members of the community, UNHCR used participatory methodologies. UNHCR worked through female and male staff and collected data disaggregated by gender. UNHCR engaged in analysis through a gender lens and assisted persons according to their specific needs. UNHCR ensured that staff are properly trained and maintained a zero-tolerance policy on sexual exploitation and abuse.

#### g. Education:

N/A

### 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.

For the project, in-kind emergency tents were provided to beneficiaries to ensure immediate access to emergency shelter solutions in line with quality and technical standards for earthquake-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	N/A	US\$ 0	Choose an item.	Choose an item.

### 9. Visibility of CERF-funded Activities

Title	Weblink
Thank You post to CERF for providing tents	<a href="https://www.facebook.com/share/p/sRrQqA53XqsqwuAz/">https://www.facebook.com/share/p/sRrQqA53XqsqwuAz/</a>
New tents distribution to affected families	<a href="https://www.facebook.com/share/p/UGykBzaRrSErDfm5/">https://www.facebook.com/share/p/UGykBzaRrSErDfm5/</a>
Thank You post to CERF for supporting our work to assist earthquake-affected communities in Herat province	<a href="https://www.facebook.com/share/p/ftB8MQEdnSrfWpTc/">https://www.facebook.com/share/p/ftB8MQEdnSrfWpTc/</a>

### 3.4 Project Report 23-RR-WFP-049

1. Project Information			
Agency:	WFP	Country:	Afghanistan
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-WFP-049
Project title:	Emergency food assistance to vulnerable households in Herat affected by the earthquake.		
Start date:	06/11/2023	End date:	05/05/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	<b>Total requirement for agency's sector response to current emergency:</b>	<b>\$24,300,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>\$3,000,000</b>
	<b>Amount received from CERF:</b>	<b>\$1,500,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>\$66,666</b>
	Government Partners	\$0
	International NGOs	\$0
National NGOs	\$66,666	
Red Cross/Crescent Organisation	\$0	

### 2. Project Results Summary/Overall Performance

Through this CERF's contribution, WFP successfully reached a total of 31,832 beneficiaries (4,547 households) through in-kind and cash-based (voucher) assistance. WFP distributed 861 MT of mixed food commodities to 16,518 beneficiaries (2,360 households) and disbursed \$571,549 through vouchers to 15,314 beneficiaries (2,188 households). WFP distributions were carried out by cooperating partners in the presence of third-party monitors. For cash transfers, in line with its assurance policy, WFP registered recipients on its proprietary beneficiary registration database (SCOPE). WFP participated regularly in inter-agency meetings to ensure its operations were aligned with the overall humanitarian response for the earthquake-affected communities. WFP's assistance was in line with the Food Security and Agriculture Cluster response package and the Cash and Voucher Working Group.

### 3. Changes and Amendments

The project was completed without any changes or amendments to the initial plan.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Food Assistance									
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	7,485	7,325	8,122	8,917	31,849	6,494	6,939	9,089	9,310	31,832
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>7,485</b>	<b>7,325</b>	<b>8,122</b>	<b>8,917</b>	<b>31,849</b>	<b>6,494</b>	<b>6,939</b>	<b>9,089</b>	<b>9,301</b>	<b>31,832</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,497	1,465	1,624	1,783	6,369	1,299	1,388	1,818	1,862	6,367

\* 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

WFP's cash-based assistance distributed to beneficiaries benefited local markets. However, we acknowledge that WFP currently does not have a standardized method for measuring indirect beneficiaries of cash assistance. This limitation means that we cannot accurately track where beneficiaries spend their cash or determine how many non-family members benefit indirectly. While we cannot provide a precise estimate of the number of indirect beneficiaries at this time, WFP remains committed to exploring ways to improve the tracking and measurement of these impacts.

## 6. CERF Results Framework

<b>Project objective</b>	To provide lifesaving emergency food assistance to vulnerable households in Herat affected by the earthquake				
<b>Output 1</b>	WFP plans to use this contribution to provide emergency lifesaving food assistance to vulnerable households affected by the earthquake in Herat				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Food Security - Food Assistance				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	FN.1a Number of people receiving in-kind food assistance	16,529	16,518	CP distribution report	
Indicator 1.2	Cash.4a Number of people receiving unconditional vouchers	15,320	15,314	CP distribution report	
Indicator 1.3	FN.1b Quantity of food assistance distributed in MT	876	861	CP distribution report	
Indicator 1.4	Cash.4b Total value of unconditional vouchers distributed in USD	575,613	571,549	CP distribution report	
Indicator 1.5	FS.5c Percentage of households with a poor food consumption score	<50%	61%	WFP Post Distribution Monitoring – Herat EQ	
Indicator 1.6	FS.5b Percentage of households with a borderline food consumption score	<40%	34%	WFP Post Distribution Monitoring – Herat EQ	
Indicator 1.7	FS.5a Percentage of households with an acceptable food consumption score	>10%	5%	WFP Post Distribution Monitoring – Herat EQ	
<b>Explanation of output and indicators variance:</b>		The outcome indicator target was initially set based on existing data in the area before earthquake incident in Herat. The reported achievement was collected around a month after the incident with population affected by earthquakes in which results are varied by locations amongst the affected districts. In some areas, the poor food consumption score was lower than 50% which met the target, while in some areas, it showed higher prevalence of poor food consumption score.			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			
Activity 1.1	Procurement of food and dispatch to relevant cooperating partners	WFP (for commodity vouchers, WFP's Financial Service Provider)			
Activity 1.2	Coordination with relevant line directorates at provincial level	WFP			
Activity 1.3	Identification and selection of beneficiaries eligible for in-kind food and cash assistance	Cooperating Partner			

Activity 1.4	Distribution of in-kind food and cash assistance to selected beneficiaries	Cooperating Partner
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## 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<sup>8</sup> 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)<sup>9</sup>:

AAP hinged on maintaining in-depth contextual awareness and adopting risk mitigation approaches, establishing effective complaints and feedback mechanisms (CFMs), making sure beneficiaries were aware of their assistance entitlements, including its duration, eligibility criteria, appeal mechanisms, redemption modalities, etc. This allowed WFP to identify risks, incorporate feedback and address problems in a timely manner. WFP used Community Food Assistance Consultation (CFAC) groups to ensure adequate representation of different community groups during household targeting processes. Continuous efforts were made to strengthen the level of accountability and inclusiveness of these crucial community-based entities, including through the development of procedures aimed at ensuring representation of groups who are at heightened risk of marginalization, including women and persons with disabilities. Contributing to protection-sensitive community-based targeting, Age, Gender and Disability-specific considerations (e.g. female and child-headed HHs, HHs with persons with disabilities) directly inform at least five out of 13 targeting and prioritization criteria.

### b. AAP Feedback and Complaint Mechanisms:

WFP maintained a robust CFM comprising multiple communication channels for affected populations 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, SMS, or through a dedicated email address, and helpdesks operated by CPs at distribution sites. The Hotline is operated by 26 dedicated operators, of which two-thirds are women and all are fluent in Dari, Pashto, and English. An average of 30,000 calls were received each month, with about two-thirds responded to either through operators (around two-thirds of responses) or IVR (around one-third). The percentage of female hotline users reached a stable rate of about 25% of total users. Around 98% of cases received through the Hotline relate to requests for information and assistance. These types of cases were usually solved on the spot by the operators. A much smaller portion of CFM cases - such as complaints about exclusion from assistance, redistributions, food safety and quality, and misconduct - required follow-up actions. These cases were referred to pre-identified focal points, individually verified and resolved.

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

Community Feedback Mechanism (CFM) channels were used as the primary means of identifying Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) cases. However, WFP has a zero-tolerance policy in place to prevent such behaviour in association with programme implementation and assistance, specifically acts committed by WFP employees, partners, or other personnel associated with the work of WFP. To ensure that WFP partners are committed to this policy, a special clause and annex on SEA is included in all

<sup>8</sup> 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](#).

<sup>9</sup> 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](#).

partner agreements. WFP internal response protocols for SEA complaints are aligned with recommendations from the Afghanistan Protection from Sexual Exploitation and Abuse (PSEA) Task Force.

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

WFP integrates gender mainstreaming throughout its programme cycle, from planning and distribution to monitoring and reporting, to address gender gaps and barriers effectively. This approach is also embedded in livelihoods programming to empower women, recognizing that their empowerment has a positive multiplier effect on households by promoting good nutrition practices. WFP conducts thorough analyses of protection and gender considerations before implementing interventions, aiming to enhance related capacities. Additionally, WFP collects and analyzes quantitative and qualitative data disaggregated by age and gender to assess the impact of its activities and make necessary adjustments.

#### **e. People with disabilities (PwD):**

The targeting criteria adopted by WFP to identify and prioritize particularly vulnerable HHs for provision of food assistance put disability inclusion at the centre. In particular, three out of 13 criteria specifically focused on presence of disabilities within the HHs, which ensured the food needs of those who are at heightened risk of falling through the cracks of humanitarian assistance were addressed.

Efforts to ensure that distribution points are as safe and inclusive as possible, despite contextual and operational constraints, included: capacity strengthening and sensitization of CPs on how to best support persons with specific needs (e.g. persons with disabilities, pregnant and breastfeeding women, the elderly); gender-segregated registration and distribution lines; registration of alternative collectors; preferential lines for persons with specific needs; availability of porters to help persons with movement impairments to carry the food ration from the distribution point to where transportation is available; accessible communication, including easy to read written messages and verbal communication.

#### **f. Protection:**

A rapid protection risk assessment was carried out in the immediate aftermath of the earthquake, which directly contributed to design and implement the response. WFP continued to prioritize capacity strengthening of field staff and CP staff for them to be better equipped to implement safe, inclusive and accountable programmes. As part of delivered trainings, field practitioners enhanced their capacities to identify and mitigate protection risks.

WFP further increased its CFM intake capacity through a new Integrated Voice Response functionality that allowed callers to ask the system to be called back as soon as the CFM operates in the following working day to report urgent cases, which led to decreasing leakage rates and increased answerability of urgent cases.

WFP utilized existing CFM and monitoring channels as the primary methods of identifying and responding to sensitive cases, including Protection, GBV and SEA. WFP continued to proactively engage with the Protection Cluster and related Working Groups (e.g. AAP, Disability Inclusion), which produced bi-directional dividends, including contribution to strategic planning, evidence generation, referrals of cases in need of protection services and food assistance.

#### **g. Education:**

N/A

### **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	15,314
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

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

WFP disbursed USD 571,549 through vouchers to 15,314 beneficiaries (2,188 households).

**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
Distribution of cash to verified beneficiaries	15,314	US\$ 571,549	Food Security - Food Assistance	Unrestricted

**9. Visibility of CERF-funded Activities**

Title	Weblink
X Post	<a href="https://x.com/WFP_Afghanistan/status/1726608837862662358">https://x.com/WFP_Afghanistan/status/1726608837862662358</a>

### 3.5 Project Report 23-RR-WHO-041

1. Project Information			
Agency:	WHO	Country:	Afghanistan
Sector/cluster:	Health	CERF project code:	23-RR-WHO-041
Project title:	Provision of Emergency Healthcare Services to the People Affected by Earthquake in Herat Province of Afghanistan		
Start date:	29/10/2023	End date:	28/04/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	<b>Total requirement for agency's sector response to current emergency:</b>	<b>\$5,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>\$3,000,000</b>
	<b>Amount received from CERF:</b>	<b>\$1,000,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>\$280,000</b>
	Government Partners	\$0
	International NGOs	\$0
National NGOs	\$280,000	
Red Cross/Crescent Organisation	\$0	

### 2. Project Results Summary/Overall Performance

During the project implementation period, WHO remained as the main frontline health service delivery actor on the ground in all earthquake-affected districts of Herat province. This project successfully delivered emergency and primary healthcare services to 12,938 people across the earthquake-affected districts of Herat Province. Additionally, 9,616 individuals benefited from the tailored Mental Health and Psychosocial Support (MHPSS) services.

During the implementation of the project, nutrition services were delivered to a total of 4,665 children under the age of five, with 1,935 receiving cares at the four PHCs and 2,730 at the six supported Inpatient Severe Acute Malnutrition (IPD-SAM) centres. The deployment of surveillance support teams facilitated the early detection, timely investigation, reporting, and rapid response to 24,717 cases of priority infectious diseases. Furthermore, the project significantly enhanced local capacity by training 508 healthcare workers: 42 on the Mental Health Gap Action Programme (mhGAP), 376 on psychosocial first aid, 54 on Problem Management Plus (PM+), and 36 as surveillance support team members. In addition, a total of 1,256 kits were distributed, including 37 primary healthcare (PHC) kits, 25 non-communicable disease (NCD) kits, 180 acute watery diarrhea (AWD) kits, 14 paediatric severe acute malnutrition (PED SAM) kits, and 1,000 COVID-19 rapid diagnostic test (RDT) kits.

### 3. Changes and Amendments

No changes or amendments have been made to the project. All the proposed activities have been successfully implemented.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	15,744	14,557	13,244	13,213	56,758	18,173	17,461	12,115	11,641	59,390
Host communities	8,105	7,706	2,341	2,325	20,477	6,653	6,393	4,436	4,261	21,743
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>23,849</b>	<b>22,263</b>	<b>15,585</b>	<b>15,538</b>	<b>77,235</b>	<b>24,826</b>	<b>23,854</b>	<b>16,551</b>	<b>15,902</b>	<b>81,133</b>
<b>People with disabilities (PwD) out of the total</b>										
	2,861	2,671	1,870	1,864	9,266	2,955	2,838	1,970	1,892	9,655

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

## 5. People Indirectly Targeted by the Project

The project indirectly benefited approximately 114,000 individuals affected by the earthquake across four districts in Herat province. These people were reached through the dissemination of tailored health promotion materials in local languages. These materials focused on MHPSS-related topics, including mental trauma, grief, and drug addiction prevention.

## 6. CERF Results Framework

**Project objective** Prevention of avoidable mortality and morbidity among the people affected by earthquake in Herat province of Afghanistan by improving access to emergency healthcare services

**Output 1** To provide emergency primary health care, psycho-social counselling, and MHPSS services to earthquake affected people.

**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	9,360	12,217	Monthly report-HIM
Indicator 1.2	Number of pregnant women attended first antenatal care visit	31	474	Monthly report-HIM
Indicator 1.3	H.4 Number of people vaccinated - measles	749	56	Monthly report-HIM
Indicator 1.4	H.10 Number of people referred to higher level and/or specialized health services	468	191	Monthly report-HIM
Indicator 1.5	Number of Doctors trained in mhGAP	20	42	The data can be verified form the training attendance sheet and training technical reports
Indicator 1.6	H.9 Number of people provided with mental health and/or psycho-social support services	10,000	9,144	Monthly report-HIM
Indicator 1.7	Number of health workers trained in PFA	800	376	The data can be verified form the training attendance sheet and training technical reports.
Indicator 1.8	Number of health workers trained in PM+	55	54	The data can be verified form the training attendance sheet and training technical reports

**Explanation of output and indicators variance:**

The low achievement in measles vaccination was primarily due to the absence of a Memorandum of Understanding (MoU) with the Ministry of Public Health (MoPH) for this project, which resulted in Health Facilities (HFs) being unable to obtain vaccines from the Provincial Expanded Program on Immunization (PEMT). Consequently, this led to a lower vaccination coverage.

The lower achievement in external referrals was due to the availability of emergency trauma and healthcare services locally in the earthquake affected

areas, which allowed most cases to be managed on-site. Only very selective cases were referred to secondary hospital services for critical emergencies.

In addition, WHO extended the PFA and stress management training for CHWs and CHSs to two days instead of one, as a single day was insufficient to cover this critical topic comprehensively. Given its importance, this adjustment led to an increased duration of work and budget, which is the primary reason for not fully achieving the set target.

Activities	Description	Implemented by
Activity 1.1	3 days mhGAP Training for doctors (mobile health team) in earthquake affected areas	WHO: A 6-day mhGAP Intervention Guide (mhGAP-IG) training was conducted by master trainers through the WHO sub-office in Herat. A total of 42 doctors were trained on mhGAP-IG, with a focus on trauma and grief. WHO trained 22 additional medical doctors beyond the target due to the increased need for trained doctors.
Activity 1.2	Provision of essential Mental Health drugs for Regional Hospital of Herat and for the health facility with trained mhGAP Doctors	WHO provided essential mental health drugs through 25 PEN/NCD medical kits, each containing 11 boxes.
Activity 1.3	1 day PFA (Psychological First Aid) training with Stress Management at affected health facilities for Nurses, midwives, CHWs and CHS, and Community Volunteers	<p>A 2-day Psychological First Aid (PFA) and stress management training was conducted by WHO master trainers through the WHO sub-office in Herat. A total of 376 Community Health Workers (CHWs) and Community Health Supervisors (CHSs), including 163 males and 213 females, were trained on PFA and stress management. WHO provided full support to 201 participants and technical support to 175 participants for PFA and stress management.</p> <p>WHO extended the PFA and stress management training for CHWs and CHSs to two days instead of one, as a single day was insufficient to cover this critical topic comprehensively. Given its importance, this adjustment led to an increased duration of work and budget, which is the primary reason for not fully achieving the set target.</p>
Activity 1.4	6 days Problem Management Plus (PM+) Training for healthcare staff in earthquake affected areas (BPHS and EPHS facilities)	A 6-day Problem Management Plus (PM+) training was conducted by WHO master trainers through the WHO suboffice in Herat. In total, 54 healthcare staff (27 male and 27 female) were trained on PM+.
Activity 1.5	Production of Health Promotion materials in Dari specific on Trauma, grief including drug addiction prevention	The WHO office printed materials on mhGAP and PM+ to raise awareness among staff and the general population.
Activity 1.6	Provision of emergency PHC services through the 4 supported PHC facilities	Four health facilities were equipped with Connex containers to standardize infrastructure and enhance the quality of services provided to earthquake-affected populations; however the operation cost of these facilities will be supported through the AHF 3rd Reserve Allocation for 2023. Within the reporting period, in the four supported PHCs, 12,938 individuals received primary health care services, achieving 107% of the project target. These health facilities were operationalized by OCCD (national NGO) in the earthquake-affected areas of the health provinces.

Activity 1.7	vaccinate children for Measles through the supported PHC facilities	Approximately 56 children under one year of age were vaccinated against measles. The low achievement in measles vaccination was primarily due to the absence of a Memorandum of Understanding (MoU) between the partner (OCCD) and the Ministry of Public Health (MoPH) for this project, which resulted in HFs being unable to obtain vaccines from the Provincial Expanded Program on Immunization (PEMT).
Activity 1.8	Administer routine immunization to children under 1 years of ages (PENTA-3) through the supported PHC facilities	As previously explained, due to the absence of a MOU between the implementing partner, OCCD, and the MOPH routine vaccines, including PENTA-3, were not supplied to the supported health facilities. The MOU was signed only towards the end of the project, which resulted in no achievements under this activity.
Activity 1.9	Conduct Deliveries attended by SBA through the supported PHC facilities	The supported four PHCs delivered all the planned PHC services, including ANC, deliveries, and PNC. During the project implementation period, a total of 26 deliveries were assisted by SBAs.
Activity 1.10	Screening of Children for SAM, and their referred for nutritional treatment through the supported PHC facilities	OCCD: During the reporting period, 1,935 children under five years of age were screened for nutritional status in the supported PHCs, and 97 children with Severe Acute Malnutrition (SAM) were referred for treatment to the supported IPD-SAM centers.
Activity 1.11	Conduct PSS counselling through the supported PHC facilities	OCCD: A total of 8,551 individuals, including 97 boys, 182 girls, 1792 men, and 6480 women, benefited by MHPSS services in the supported PHCs.

**Output 2** Infectious diseases outbreaks are early detected, timely investigated and rapidly responded to in the earthquake 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 2.1	Number of surveillance support teams deployed in the earthquake affected districts	18	18	Surveillance report
Indicator 2.2	Number of trained surveillance support team members	36	36	Surveillance report
Indicator 2.3	Number of individuals received infectious diseases early detection, verification, and confirmation services	18,120	24,717	Earthquake reports, Surveillance data

**Explanation of output and indicators variance:** The overachievement is primarily attributed to the enhancement of surveillance and case detection activities in earthquake-affected areas, facilitated by the deployment of 36 surveillance support teams. Additionally, the inclusion of weekly indicator-based surveillance data from sentinel sites in the earthquake-affected district contributed to these figures.

Activities	Description	Implemented by
Activity 2.1	Deployment of 18 Surveillance Support Teams (SSTs) in the districts affected by the earthquake. There is a need	WHO.

	to capacitate the NDSR with SSTs in the 6 affected districts of Herat to support the outbreak investigation and response. 18 SSTs will be deployed to earthquake affected six districts (6 in Zinda Jan district, 4 in Ghoryaan district, 2 in Injil district, 2 in Gulran district, 2 in Kohsan district, and 2 in Kushak district) for early detection, investigation, and response to the outbreaks.	A total of 18 Surveillance Support Teams (SSTs) were deployed to the Herat earthquake-affected districts: These teams were responsible for early detection, investigation, and response to outbreaks. Additionally, 8 vehicles were rented for the transportation of the SSTs: 2 in Zinda Jan, 2 in Injil, and 1 in each of Gulran, Kohsan, Ghoryaan, and Kushak.		
Activity 2.2	Provision of case management and lab kits for early detection and case management of priority infectious diseases	WHO: A total of 150 AWD RDT kits, 1,000 COVID-19 RDT kits, 300 influenza VTMs, and 30 AWD investigation kits were delivered to the Herat National Disease Surveillance and Response (NDSR) team.		
<b>Output 3</b>	Key health facilities of the target areas are provided with enough medicine and medical supplies to respond to lifesaving health needs of the affected communities			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate) aged 0-59 months	2,755	2,730	National nutrition online database and register book
Indicator 3.2	Number of IPD-SAM centers supported through the provision of medical and non-medical kits	6	6	Functionality of IPD-SAM centres in Hospital, monitoring reports, and nutrition online database reports.
Indicator 3.3	Number of PHC medicine package provided to HFs	37	37	Distribution reports of stock
Indicator 3.4	Number of individuals received emergency PHC services through the provided packages	37,000	37,000	HMIS report.
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Provision of quality lifesaving health services to children with complicated SAM through provision of the following kits. - 6 milk preparation Kits, - 70 bedside chairs, - 6 (PED-SAM 2020) Equipment kit, and 6 (PED-SAM2020) Renewable kits.	WHO: Six milk preparation kits, six PED-SAM 2020 equipment kits, six PED-SAM 2020 renewable kits, and 70 bedside chairs were provided and distributed to the six targeted IPD-SAM centres in Herat province.		
Activity 3.2	Provision of quality lifesaving services for children admitted with complicated SAM through providing WHO standard 14 SAM medicine kits. The regional hospital will be supplied with 4 kits and district hospitals with 2 kits. the medicine kit is consisting of 34 medicines like Amoxicillin, Augmentin, ampicillin, ceftriaxone and Gentamycin and others.	WHO: Fourteen PED-SAM 2020 SAM medicine kits were distributed to six targeted IPD-SAM centres: four kits to Herat Regional Hospital and two kits to each district hospital. Each kit contains 34 items. The distribution plan and delivery notes are available.		
Activity 3.3	37 PHC medicine packages will be distributed to the new established HFs for IDPs due to earthquake in Herat province.	WHO: Thirty-seven PHC kits, along with other emergency kits, were supplied to the planned health facilities. Additionally, we have continued to support these facilities		

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	beyond the project end date to address service disruptions and to assist other partners and response actors.
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## 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<sup>10</sup> 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)<sup>11</sup>:

During the project's planning phase, WHO field offices worked in close collaboration with local health councils to gather insights into the priority health needs of the affected populations in the intervention areas. They adopted a systematic approach to setting priorities by analysing weekly surveillance data. In the implementation phase, CERF-supported facilities were actively monitored by community health shuras and marginalized groups to ensure improved service quality, relevance, and equitable access. Community elders were engaged in assessing needs, setting priorities, planning activities, and evaluating interventions. Information was also shared with communities through daily awareness campaigns and morning education sessions using tools approved by AAP. WHO Provincial Monitors were responsible for verifying the accessibility of health facilities for the affected populations and ensuring the quality of the health services provided.

### b. AAP Feedback and Complaint Mechanisms:

To uphold transparency and accountability, WHO applies a feedback and complaint system that allowed community members to report issues or concerns about services, resource use, staff conduct, or legal matters. This system involved the use of client satisfaction tools during monthly monitoring activities. In each monitoring phase, five clients from each health facility were randomly selected and interviewed confidentially. The feedback gathered was entered in real-time into DHIS2 via electronic devices and sent to the project office. The project management team and service provider then reviewed the feedback to make informed decisions and address each issue appropriately. Complaints from beneficiaries were managed with full transparency and confidentiality through various channels, including local community representatives, regional WHO focal points, Provincial NDSR officers, national WHO focal points, and Health Cluster partners. Feedback was collected through NDSR focal points, Provincial M&E officers during monitoring visits, the AWAAZ hotline, and input from WHO national and sub-national staff as well as health cluster partners.

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

WHO has zero tolerance towards any form of SEAH (Sexual Misconduct) and committed for provision of health care to victims/ survivors, of SEA survivors/victims, especially in case of sexual violence and rape. WHO is an active member of UN PSEA Task Force, follows its recommended protocol and has conducted capacity building sessions for WHO staff and all implementing partners. WHO conducted the self-assessment of each implementing partner in PSEA to enable us to identify the gaps and provide required support. All members involved in this project are required to have a designated PSEA policy implemented within their organization's operating structure. WHO and implementing partners have signed and follow a code of conduct which describes the do not harm approach. Furthermore, PSEA is included in organizational structures. PSEA training is required for staff and dedicated focal points responsible for promoting PSEA. WHO has a dedicated team working with IPs to strengthen PSEA systems.

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<sup>10</sup> 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](#).

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



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

During the project implementation, WHO underscored the importance of gender balance among beneficiaries. Given the significant need for Psychological First Aid (PFA), 56% of the trained community health workers (CHWs) were female. Additionally, 75% of the beneficiaries who received psychosocial support (PSS) were women. This approach ensured that project assessments, planning, design, implementation, monitoring, and evaluation were conducted with a strong emphasis on gender equality. Beneficiaries were disaggregated by gender and age to evaluate outcomes effectively. The project engaged all community groups in decision-making processes. Maternal and child health care services, a core component of the Basic Package of Health Services (BPHS), were delivered by female health workers at the supported primary health care (PHC) facilities. Valuing community inputs was essential for fostering strong relationships between organizations and beneficiaries, while preserving dignity and independence.

Special attention was given to maintaining privacy and confidentiality, a critical consideration in Afghanistan, particularly when addressing GBV cases. With WHO's technical support, Afghanistan became the first country to develop and endorse a comprehensive GBV Treatment Protocol, which was implemented nationwide.

#### **e. People with disabilities (PwD):**

The primary health program aimed to support all community groups. Specific consideration was given to individuals with disabilities, prioritizing their needs in service delivery. Similarly, female health workers, vaccinators, and psychosocial support (PSS) counsellors were all women to ensure dedicated support for women and girls. Surveillance case detection and confirmation were inclusive of all individuals, including those with disabilities. Best practices for disability inclusion in development and humanitarian work emphasized participatory approaches, actively and meaningfully involving people with disabilities in all aspects of policy and program formation.

#### **f. Protection:**

Gender equity and human rights dimensions were mainstreamed across all project interventions. The focus was on an equitable, 'leaving no one behind' approach to address various vulnerabilities based on gender, age, ethnicity, and other social stratifications. Multiple levels of vulnerability, including age and disability, were integrated into the response, considering the specific challenges these categories faced in accessing services. Recognizing that emergencies exacerbate harmful practices associated with discriminatory gender norms, case management and psychosocial support provided immediate protection, prevention, and mitigation of gender-based violence (GBV).

WHO's corporate framework for gender mainstreaming mandated gender equality and the empowerment of women as a cross-cutting objective in all its programs. This included the requirement to disaggregate data by gender when reporting to WHO's Early Warning Alert and Response System (EWARS) and its Health Resources Availability Monitoring System (HeRAMS).

The project engaged all community groups in decision-making processes, fostering stronger relationships between organizations and beneficiaries while supporting the preservation of dignity and independence. Special attention was given to privacy and confidentiality, a critical consideration in settings like Afghanistan, particularly when addressing and managing GBV cases.

#### **g. Education:**

N/A

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

**Planned**

**Achieved**

**Total number of people receiving cash assistance:**

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

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

N/A

**Parameters of the used CVA modality:**

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

**9. Visibility of CERF-funded Activities**

Title	Weblink
Twitter	<a href="https://x.com/WHOAfghanistan/status/1746831406909759798?s=20">https://x.com/WHOAfghanistan/status/1746831406909759798?s=20</a> <a href="https://x.com/WHOAfghanistan/status/1746430507297218813?s=20">https://x.com/WHOAfghanistan/status/1746430507297218813?s=20</a> <a href="https://x.com/WHOAfghanistan/status/1746430504570909168?s=20">https://x.com/WHOAfghanistan/status/1746430504570909168?s=20</a> <a href="https://x.com/WHOAfghanistan/status/1746430493774753966?s=20">https://x.com/WHOAfghanistan/status/1746430493774753966?s=20</a> <a href="https://x.com/WHOAfghanistan/status/1746430499151814984?s=20">https://x.com/WHOAfghanistan/status/1746430499151814984?s=20</a> <a href="https://x.com/WHOAfghanistan/status/1746430496475861097?s=20">https://x.com/WHOAfghanistan/status/1746430496475861097?s=20</a> <a href="https://x.com/WHOAfghanistan/status/1716412750220656750?s=20">https://x.com/WHOAfghanistan/status/1716412750220656750?s=20</a> <a href="https://x.com/WHOAfghanistan/status/1716413136750981573?s=20">https://x.com/WHOAfghanistan/status/1716413136750981573?s=20</a>
Facebook	<a href="https://www.facebook.com/photo/?fbid=757385566417557&amp;set=pb.100064383623879.-2207520000">https://www.facebook.com/photo/?fbid=757385566417557&amp;set=pb.100064383623879.-2207520000</a> <a href="https://www.facebook.com/100064383623879/videos/7550093358335039">https://www.facebook.com/100064383623879/videos/7550093358335039</a> <a href="https://www.facebook.com/photo/?fbid=757385556417558&amp;set=pb.100064383623879.-2207520000">https://www.facebook.com/photo/?fbid=757385556417558&amp;set=pb.100064383623879.-2207520000</a> <a href="https://www.facebook.com/photo/?fbid=757385553084225&amp;set=pb.100064383623879.-2207520000">https://www.facebook.com/photo/?fbid=757385553084225&amp;set=pb.100064383623879.-2207520000</a> <a href="https://www.facebook.com/photo.php?fbid=762389705917143&amp;set=pb.100064383623879.-2207520000&amp;type=3">https://www.facebook.com/photo.php?fbid=762389705917143&amp;set=pb.100064383623879.-2207520000&amp;type=3</a>
WHO Website	<a href="https://www.emro.who.int/afg/afghanistan-news/resilience-and-recovery-100-days-after-the-herat-earthquakes.html?fbclid=IwAR3o49lsp1bUw2ADfvHhQKTH2FiwkqrMa8dBiGafxL92EcLwGWrag7Nsiys">https://www.emro.who.int/afg/afghanistan-news/resilience-and-recovery-100-days-after-the-herat-earthquakes.html?fbclid=IwAR3o49lsp1bUw2ADfvHhQKTH2FiwkqrMa8dBiGafxL92EcLwGWrag7Nsiys</a>

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

<b>CERF Project Code</b>	<b>Cluster/Sector</b>	<b>Agency</b>	<b>Partner Type</b>	<b>Total CERF Funds Transferred to Partner US\$</b>
23-RR-FPA-043	Gender-Based Violence	UNFPA	INGO	\$263,405
23-RR-WFP-049	Food Assistance	WFP	NNGO	\$66,666
23-RR-WHO-041	Health	WHO	NNGO	\$280,000