United Nations CERF Central Emergency Response Fund

AFGHANISTAN RAPID RESPONSE DISPLACEMENT 2023

23-RR-AFG-61962

Indrika Ratwatte

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:		
Please indicate when the After-Action Review (AAR) was conducted and who participated.		
The AAR took place on 4 September 2024 with the participation of recipient agencies and Custer representatives.		
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:

The CERF allocation has been pivotal in addressing the most urgent and life-saving needs of Afghan returnees from Pakistan, particularly during a period of unprecedented influx. The strategic and prioritized response, supported by CERF, enabled rapid mobilization of resources across multiple sectors, ensuring that over 560,000 vulnerable individuals received critical assistance. This funding facilitated the delivery of essential services, including emergency healthcare, psychosocial support, and protection services, particularly for women, children, and people with disabilities. Additionally, CERF funding enhanced the provision of cash assistance, which empowered returnees to meet their immediate needs, thereby preserving dignity and fostering resilience.

The collective performance of the humanitarian community, underpinned by CERF's flexibility and responsiveness, ensured a coordinated and efficient response, mitigating the worst impacts of the crisis. This allocation not only addressed immediate needs but also strengthened the capacity of the humanitarian response, demonstrating the indispensable role of CERF in saving lives and supporting the most vulnerable populations in times of acute crisis. The success of this intervention underscores the vital importance of continued support and collaboration in responding to humanitarian emergencies.

CERF's Added Value:

The CERF funding was instrumental in delivering a swift and coordinated humanitarian response to the massive influx of Afghan returnees from Pakistan. This strategic allocation enabled the rapid deployment of life-saving services across multiple sectors. For example, in the health sector, CERF funding supported the establishment of critical healthcare facilities at border points, which provided emergency care to thousands of returnees, including maternal and child health services that reached over 59,000 individuals. The allocation also enabled the distribution of multi-purpose cash assistance, allowing vulnerable families to meet their immediate needs with dignity, impacting over 43,000 people.

In the protection sector, CERF funds facilitated the provision of psychosocial support and gender-based violence (GBV) interventions, reaching over 5,400 women and girls, ensuring their safety and mental well-being during this critical period. The swift availability of CERF resources also strengthened coordination among humanitarian actors, enhancing the overall response effectiveness and ensuring that assistance reached the most vulnerable populations promptly. The combined outcomes of CERF-supported activities not only addressed immediate needs but also reinforced the resilience of affected communities, demonstrating the strategic value of CERF in catalyzing a robust and comprehensive humanitarian response.

Moreover, CERF support enabled the rapid mobilization of resources to support a multi-sectoral emergency response, consisting of shelter support, multi-purpose cash, and CCCM programming to support awareness raising/information management and leadership capacity building amongst vulnerable returnees from Pakistan.

In addition, CERF funding enabled the rapid delivery of life-saving emergency primary health care and nutrition services to returnees upon their arrival in the country at the zero point. This CERF allocation led to the complementarity of health services delivery through the establishment of four PHCs at the zero points, the deployment of four ambulances, and the mobilization of surveillance support teams. CERF funding also enabled a response to the needs of vulnerable women and girls as well as survivors of gender-based violence (GBV) to help them cope with their emotions related to trauma or stress, leading to reduced anxiety, depression, and other negative emotional states fostering resilience and helping them cope more effectively with their circumstances.

CERF funding also facilitated the training of 60 frontline health workers on the Prevention of Sexual Exploitation and Abuse (PSEA), which was crucial in providing healthcare services to survivors of gender-based violence in the emergency setting. Mental Health and Psychosocial Support (MHPSS) services were also integrated into the response, offering essential support to individuals and families coping with the emotional and psychological impacts of the disaster. These services included psychological first aid, counselling, and community-based support systems, playing a vital role in addressing trauma and promoting mental well-being. By ensuring the availability of essential medicines and medical supplies, CERF funding facilitated quality interventions that significantly reduced morbidity and mortality rates among the most vulnerable populations.

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

Yes ☒ Partially ☐ No ☐

The CERF funding was among the first to be released during the initial influx of Afghan refugees from Pakistan, enabling the service delivery of services to many returnees. As such, CERF funds supported the quick scale up of assistance delivery to Afghans returning from Pakistan at the end of 2023, a time witnessing peak trends of returns. The funds provided through CERF enabled the delivery of much-needed assistance to vulnerable families undertaking uncertain return journeys to Afghanistan, ensured beneficiary households were able to meet their most pressing needs, and contributing to protection of vulnerable individuals.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

CERF funds played a crucial role in responding to time-critical needs across various sectors. UNFPA utilized the funds to provide life-saving reproductive, maternal, neonatal, child, and adolescent health services, as well as psychosocial support to returnee women and children. UNHCR used the funds to deliver cash assistance to vulnerable households, which helped them meet immediate needs and reduce reliance on negative coping strategies. WFP, with the help of CERF funding, accelerated its response by replenishing reserves, enabling a swift and effective delivery of essential humanitarian assistance to thousands of returnees, particularly women and children.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

CERF funding improved coordination among the humanitarian community. UNFPA played a key role in leading the RMNCAHiE Working Group, with CERF facilitating coordination among actors providing response services in targeted regions. UNHCR utilized CERF funds to strengthen coordination within the humanitarian community, particularly through close engagement with Clusters during both allocation and implementation processes. WFP collaborated as part of a joint CERF-funded response alongside other humanitarian agencies and was involved in the Border Consortium with IOM and other stakeholders. WHO also benefited from CERF funding, which was crucial in delivering coordinated healthcare, ambulance services, mental health and psychosocial support (MHPSS), and Prevention of Sexual Exploitation and Abuse (PSEA) initiatives to returnees.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☒ No ☐

Several agencies managed to mobilize financial contributions to the border response from other sources based on CERF funding.

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

The CERF allocation primarily focused on two of the four underfunded humanitarian priority areas: (1) Support for women and girls, including tackling gender-based violence, reproductive health, and empowerment; and (4) Other aspects of protection.

Urgency of Funding: The area requiring the most urgent funding was support for women and girls, especially in tackling gender-based violence (GBV) and reproductive health services. The ongoing conflict and socio-political situation in Afghanistan have severely restricted the rights of women and girls, exacerbating their vulnerabilities. UNFPA's efforts through CERF funding were critical in providing life-saving services to women and girls, such as reproductive health care, psychosocial support, and prevention of sexual exploitation and abuse (PSEA).

Advancing Collective Efforts: CERF funding enabled a coordinated and swift response to these critical needs. It facilitated the deployment of Mobile Health Teams (MHTs) and the establishment of health facilities at key border points. These efforts ensured that over 59,000 returnees, primarily women and girls, received essential healthcare and psychosocial support. Additionally, the funds were instrumental in training 60 frontline health workers in PSEA, strengthening the overall protection framework.

To bring about step changes in these areas, CERF can continue to prioritize flexible and rapid funding mechanisms that allow for immediate responses to emerging crises, particularly those affecting women and girls. Additionally, fostering greater collaboration and coordination among humanitarian actors will amplify the impact of individual interventions, leading to more comprehensive and sustainable outcomes.

Key Challenges: Several challenges prevented the full advancement of these priority areas. Resource constraints were significant, as the demand for assistance far exceeded the available resources, limiting the scope of interventions. Technical capacity was another challenge, particularly in scaling up PSEA and GBV-related services across the country. Additionally, policies and restrictions imposed by local authorities further complicated the delivery of services, particularly those aimed at women and girls, necessitating careful negotiation and adaptation of programs to ensure access and compliance with local norms.

Despite these challenges, CERF funding was pivotal in addressing the most urgent needs, particularly for women and girls, demonstrating the critical role it plays in supporting underfunded priority areas in humanitarian crises

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**$117,800,000**
CERF	$10,009,839
Country-Based Pooled Fund (if applicable)	$0
Other (bilateral/multilateral)	$502,275,560
Total funding received for the humanitarian response (by source above)	**$512,285,399**

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-048	Multi-Purpose Cash	1,020,000
IOM	23-RR-IOM-048	Shelter and Non-Food Items	680,000

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

IOM	23-RR-IOM-048	Camp Coordination and Camp Management	300,000
UNFPA	23-RR-FPA-057	Protection - Gender-Based Violence	200,000
UNFPA	23-RR-FPA-057	Health	200,000
UNHCR	23-RR-HCR-045	Protection	1,352,253
UNHCR	23-RR-HCR-045	Shelter and Non-Food Items	403,920
UNICEF	23-RR-CEF-072	Water, Sanitation and Hygiene	1,005,000
UNICEF	23-RR-CEF-072	Protection - Child Protection	495,000
WFP	23-RR-WFP-066	Food Security - Agriculture	3,853,666
WHO	23-RR-WHO-052	Health	500,000
Total			**10,009,839**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**$7,982,421**
Funds sub-granted to government partners*	$0
Funds sub-granted to international NGO partners*	$0
Funds sub-granted to national NGO partners*	$2,021,418
Funds sub-granted to Red Cross/Red Crescent partners*	$0
Total funds transferred to implementing partners (IP)*	$2,021,418
Total	**$10,009,839**

* 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:

At the time of the application, Afghanistan had seen the sudden arrival of a significant number of Afghan returnees from Pakistan, with over 303,000 people arriving between mid-September and late November 2023. This marked a four-fold compared to the number of returnees arriving between January and August 2023. Some 135,000 people alone arrived during the first nine days of November. Most of these returnees entered through Nangarhar Province, arriving with minimal possessions and facing immediate challenges, including a lack of shelter and basic necessities. An emergency appeal to support 720,000 returning undocumented Afghans and 50,000 returning Afghan refugees had been launched covering the remainder of 2023 and all of 2024 and requiring a total of $117.8 million.

Operational Use of the CERF Allocation and Results:

The CERF allocation of $10 million was pivotal in enabling a swift and effective humanitarian response to the mass influx of Afghan returnees from Pakistan in late 2023. This funding facilitated multi-sectoral interventions across several critical areas, including health, protection, water, sanitation, and hygiene (WASH), shelter, and food security. The overarching operational achievement of this allocation was the rapid mobilization and deployment of resources that reached a total of 564,549 people, including 145,644 women, 134,889 men, and 281,071 children.

In the health sector, CERF funds supported the establishment of four Primary Health Care (PHC) centres at key border entry points and the deployment of Mobile Health Teams (MHTs). These interventions provided essential reproductive health services, immunization, and psychosocial support, significantly reducing morbidity and mortality among the most vulnerable populations. Protection services, particularly those addressing gender-based violence (GBV), were another key priority. Through the CERF allocation, over 5,400 women and girls received psychosocial support, while 60 frontline health workers were trained in the Prevention of Sexual Exploitation and Abuse (PSEA).

The multi-sectoral response was further bolstered by WASH interventions that provided clean water and sanitation facilities to over 122,000 individuals, and by the distribution of multi-purpose cash assistance, which empowered 43,135 returnees to meet their immediate needs, including transportation and basic necessities. Shelter and non-food items were also provided to 18,808 individuals, ensuring their protection against harsh winter conditions.

The CERF funding not only addressed immediate, life-saving needs but also strengthened coordination among humanitarian actors, enhancing the overall effectiveness of the response. The allocation enabled a comprehensive and integrated approach that maximized the impact of interventions, ultimately contributing to the resilience and recovery of the affected.

People Directly Reached:

The total number of people directly reached by CERF-funded assistance was 564,549. This significantly exceeded the planned target of 232,502. The deviation occurred primarily due to a larger-than-expected influx of returnees from Pakistan, coupled with efficient resource utilization that allowed for more beneficiaries to be assisted than initially projected. Specifically, the cost of cash-for-transportation was lower than anticipated, enabling support for additional returnees. Furthermore, the rapid response and reallocation of resources to high-need areas contributed to the increased reach.

People Indirectly Reached:

An estimated 2.13 million people benefitted indirectly from the CERF-funded interventions.

This included:

- Individuals who benefitted from coordination and information provision components of CCCM activities through direct engagement or outreach/information sharing through friends, relatives, and other families in the village.
- Extended family members benefitting from winterization.
- Undocumented returning Afghan migrants who were indirectly supported through the provision of other services available at the reception and transit centres, such as refreshments, basic health services, hot meals, awareness, and temporary accommodation.
- Direct family members of the direct beneficiaries of information and counselling as well as assistance and services.
- People living in border areas who benefitted from health services provided

In addition, further indirect beneficiaries whose numbers could not be immediately quantified include household members of returnees receiving cash support. Cash support to households returning to Afghanistan from Pakistan, including children, women, female-headed households, people with disabilities, and elderly persons at risk, reduced burdens faced by family members and promoted access to basic needs. Further, cash assistance creates linkages between beneficiaries and local economies, stimulating local markets and supporting local businesses. As beneficiaries utilize cash assistance to purchase basic needs items and to access essential services, local trade in their communities is promoted, and indirect benefits in local markets are realized.

Lastly, cash injections are vital in supporting local market actors, including businesses and transporters. For the returnee response, this cash assistance is expected to enhance small businesses near border points and potentially support enterprises in other regions, as returnees may relocate across the country. However, there currently is not a standardized method for measuring indirect beneficiaries of cash assistance.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Camp Coordination and Camp Management	11,668	15,992	3,302	7,358	38,320	1,615	5,657	114	211	**7,597**
Food Security - Agriculture	54,126	52,974	58,732	64,490	230,322	46,950	50,172	65,707	67,317	**230,146**
Health	29,953	23,135	14,472	14,400	81,960	47,317	18,052	18,232	73,063	**156,664**
Multi-Purpose Cash	4,323	4,447	6,638	7,782	23,190	8,331	8,473	12,480	13,851	**43,135**
Protection	2,668	2,795	3,557	3,684	12,704	3,216	9,005	386	257	**12,864**
Protection - Child Protection	0	0	800	2,700	3,500	0	0	7,634	8,014	**15,648**
Protection - Gender-Based Violence	3,240	540	1,080	540	5,400	3,276	0	2,220	0	**5,496**
Shelter and Non-Food Items	6,046	6,334	8,061	8,349	28,790	4,603	9,950	2,103	2,152	**18,808**
Water, Sanitation and Hygiene	11,500	11,500	14,000	13,000	50,000	28,147	28,149	31,280	34,268	**121,844**

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

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

Category	Planned	Reached
Refugees	0	0
Returnees	230,322	554,174
Internally displaced people	0	4,248
Host communities	2,180	5,587
Other affected people	0	0
Total	**232,502**	**564,009**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	54,750	145,644	10,825	14,414
Men	53,910	134,889	10,595	16,501
Girls	59,002	141,684	11,746	17,182
Boys	64,840	141,792	12,898	17,688
Total	**232,502**	**564,009**	**46,064**	**65,785**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-048

1. Project Information			
Agency:	IOM	**Country:**	Afghanistan
Sector/cluster:	Multi-Purpose Cash Shelter and Non-Food Items Camp Coordination and Camp Management	**CERF project code:**	23-RR-IOM-048
Project title:	Multisectoral Response to Humanitarian Needs of Afghan Returnees from Pakistan		
Start date:	06/11/2023	**End date:**	05/05/2024
Project revisions:	No-cost extension ☐ Redeployment of funds ☒	Reprogramming	☒

Funding		
	Total requirement for agency's sector response to current emergency:	**$30,166,708**
	Total funding received for agency's sector response to current emergency:	**$17,823,982**
	Amount received from CERF:	**$2,000,000**
	Total CERF funds sub-granted to implementing partners:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Under the ESNFI component of the grant, IOM initiated a winterization needs assessment in early October 2023, completing the assessments by February 2024. This process was supported through the funding of various donors, including by CERF. The CERF grant targeted vulnerable populations in Pakttia, Nangarhar, Kabul, and Kandahar, assisting newly returned families from Pakistan, vulnerable host communities, and some refugees settling in these areas. Out of those targeted, 1,150 families (7,556 people; 1,387 women, 1,260 men, 2,405 girls, 2,504 boys) received cash assistance. Specifically, $200 was provided to each family for general winter needs, $74 for clothing, and $57 for blankets.

Under the multi-purpose cash component of the project, IOM's Cross-Border Post-Arrival Humanitarian Assistance (CB-PAHA) programme supported 43,135 vulnerable undocumented Afghans returning from Pakistan (8,473 men, 8,331 women, 13,851 boys, and 12,480 girls) with cash for transportation. The provision of cash to cover transportation and subsistence expenses for beneficiaries identified as most vulnerable is an essential component of post-arrival humanitarian assistance provision. Many undocumented returnees arrive with little financial or material resources and would, therefore, not have the means to facilitate a safe and dignified return to their intended destination.

Under the project's CCCM component, IOM provided awareness raising to a total of 7,366 (1,615 women, 5,426 men, 114 girls, 211 boys) individuals through the establishment of a CCCM information desk in the Community Resource Centre (CRC)[2] and outreach campaigns through CCCM mobile teams in high return areas in Nangarhar and Kandahar provinces (Chamtla, Khogyani District). The information provided to target communities focused on available services, referrals, site management standards, AWAAZ, PSEA messages, and returnees/displaced rights and entitlements to pave the way for longer term solutions within communities of high return. In addition, IOM's CCCM programme strengthened coordination mechanisms through regular consultations with communities, identifying gaps in assistance and collaborating with partners to address unmet needs of returnees' and host communities in targeted locations. IOM organized and facilitated 16 coordination meetings with stakeholders, including various INGOs and UN agencies. IOM also provided and facilitated two trainings to 80 community leaders in Kandahar and Nangarhar, targeting community leaders and group representatives and building the capacities of participants advocate for the needs of their communities.

3. Changes and Amendments

Under the ESNFI component, during the implementation period, IOM's ESNFI team received recurrent requests for the beneficiary list from the local de facto authority led to response delays. This issue reported to UNOCHA and IOM's access team and was addressed through several coordination meetings. Additionally, IOM's ESNFI team experienced challenges receiving the necessary assurances for female staff participation in Kandahar for initiatives the needs assessment; however, this was also resolved through continued coordination and engagement through IOM's access team.

IOM revised the initial target of 25,090 to 7,100 individuals to for the CCCM activities under output 1.3, given that the overall project targets were set with the presumption that the levels of returnees due to the influx of returnees from Pakistan would remain the same or increase. However, the number of returnees per day decreased dramatically in the later months, which posed a challenge for the CCCM team to achieve the overall set targets. Despite decreasing return rates that hindered IOM's ability to carry out the planned activities at the originally envisioned scale under CCCM program, a high need has remained for CB-PAHA among affected communities. IOM thus re-programmed and re-deployed unspent funds under Output 3 to Output 1 to assist Afghan returnee families arriving at the borders with Pakistan. Specifically, this included an increased support in the form of Cash-for-Transportation to returnees (Indicator 1.1). to help address their immediate needs and make full use of the project budget in an efficient and timely manner.

[2] The CRC in Ahamtla, Khogyani district is being funded by the Special Trust Fund for Afghanistan (STFA).The help/informtion desk is installed in the CRC.

During project implementation, IOM noted that average transportation expenses on the Pakistan border were lower than the overall average as families returning from Pakistan decided to travel shorter distances and often remained within the province of entry. As such, the average cost per beneficiary for Cash-for-Transportation packages, which was budgeted at $30 was closer to $21. The proposed revision in number of people under Output 1 specifically receiving Cash-for-Transportation reflects not only an increase due to IOM's request to reprogramme additional funds towards this activity, but also an increase because more beneficiaries could be reached, on average, with these funds than earlier anticipated.

Finally, IOM's CCCM team was initially supposed to implement the project components in two locations of Nangarhar and Kandahar province; however, due to the political dynamics and access issues IOM CCCM could not establish the information sharing desk in Kandahar.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	11,044	15,056	3,032	7,038	**36,170**	308	1,683	32	78	**2,101**
Internally displaced people	0	0	0	0	**0**	654	3,421	72	101	**4,248**
Host communities	624	936	270	320	**2,150**	653	553	10	32	**1,248**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**11,668**	**15,992**	**3,302**	**7,358**	**38,320**	**1,615**	**5,657**	**114**	**211**	**7,597**
People with disabilities (PwD) out of the total										
	117	160	33	74	**384**	**145**	**174**	**0**	**0**	**319**

Sector/cluster	Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	1,449	1,449	2,174	2,173	**7,245**	1,008	945	1,717	1,895	**5,565**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	161	161	242	241	**805**	379	315	688	609	**1,991**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**1,610**	**1,610**	**2,416**	**2,414**	**8,050**	**1,387**	**1,260**	**2,405**	**2,504**	**7,556**
People with disabilities (PwD) out of the total										

* 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.

	161	161	242	241	**805**	138	126	274	255	**793**

Sector/cluster	Multi-Purpose Cash									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	4,323	4,447	6,638	7,782	**23,190**	8,331	8,473	12,480	13,851	**43,135**
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	0	0	0	0	**0**	0	0	0	0	**0**
Total	**4,323**	**4,447**	**6,638**	**7,782**	**23,190**	**8,331**	**8,473**	**12,480**	**13,851**	**43,135**
People with disabilities (PwD) out of the total										
	432	445	664	778	**2,319**	**0**	**115**	**0**	**0**	**115**

* 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

Under the CCCM component of the project, IOM activities in areas of high return, communities where IDPs and vulnerable host communities both live with complex, multi-dimensional needs. IOM implemented the CCCM component mainly in Khogyani district of Nangarhar Province through mobile teams and an information desk at the province's CRC. In addition to the CRC outreach activities, outreach covered villages like Woch Tangai, Shiekh Mesry, Chamtala through campaigns and information dissemination. Specifically, in Chamtala, around 16,000 families and 112,000 individuals are living in this area. Approximately 50 percent of these families (8,000 families, 56,000 individuals) have benefited from the coordination and information provision components of CCCM activities under this project through direct engagement or outreach/information sharing through friends, relatives, and other families in the village.

Under the ESNFI component, 1,150 families were identifed through housheld level assessment in the targeted locations in Kandhaar, Nangarhar, Kabul and Paktia as direct project beneficiaries. Apart from the targeted beneficiairies for the winterization response, approximately 850 extended family members, such as parents residing with the family, also benefited from the winterization entitlements.

Under the multi-purpose cash component of the project, the CB-PAHA team screened and identified a total of 163,698 undocumented Afghan migrants who crossed through IOM managed reception centers in Turkham and Kandahar provinces. Out of the total screened and identified cases, 43,135 vulnerable undocumented returning Afghan migrants were supported directly from this project; however, the remaining 120,563 undocumented returning Afghan migrants were indirectly supported through the provision of other services available at the reception and transit centers such as refreshements, basic health services, hot meals, awareness, and temporary accommodation.The cash for transportation provided under this project serves as one component of the package of humanitarian services provided by IOM at its reception and transit centres.

6. CERF Results Framework

Project objective	Contribute to addressing immediate post-arrival humanitarian needs of vulnerable returnees, from Pakistan through provision of cash-for-transportation, winterization support and CCCM services in their destination or place or origin.
Output 1	Cash-for-transportation provided to vulnerable Afghan returnees from Pakistan

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

Sector/cluster	Multi-Purpose Cash			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.1a Number of people receiving multi-purpose cash (cash for transportation)	23,190	43,135	Beneficiary Screening and Assistance Form (BSAF)
Indicator 1.2	Cash.1b Total value of multi-purpose cash distributed in USD (cash for transportation)	695,700	808,633.57	Financial reporting
Indicator 1.3	AP.5b Percentage of Afghan returnees who state that they were able to access cash-based intervention services in a safe, accessible, accountable, and participatory manner.	75	97%	PDM Report
Explanation of output and indicators variance:		Please note the overachievement on the number of people receiving multi-purpose cash was due to the donor-approved re-deployment of funds and reprogramming as well as the lower-than-anticipated average cost of transportation per beneficiary, allowing IOM to reach additional beneficiaries with the existing programme budget.		

* 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.

Activities	Description	Implemented by
Activity 1.1	Distribution of cash-for-transportation	IOM
Activity 1.2	Conduct Post Distribution Monitoring (PDM)	IOM

Output 2	Winterization support through cash assistance delivered to vulnerable Afghan returnees from Pakistan and host communities in the areas of return in Afghanistan.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Cash.1a Number of people receiving multi-purpose cash (Cash for Winterization)	8,050	7,556	Winterization needs assessment Existing returnees list
Indicator 2.2	Cash.1b Total value of multi-purpose cash distributed in USD (cash for Winterization)	380,650	380,650	Financial Reporting
Indicator 2.3	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	50	81%	PDM Report

Explanation of output and indicators variance:	No significant variation to report. The slight variation in the number of people reached through the cash for winterization assistance was due to the targeting completed with average household sizes (7), while the actual number reached was determined by precise assessment outcomes.

Activities	Description	Implemented by
Activity 2.1	Conduct Needs and Market Assessments	IOM
Activity 2.2	Distribution of cash for winterization assistance	IOM
Activity 2.3	Conduct Post Distribution Monitoring (PDM)	IOM

Output 3	Enhanced CCCM support and strengthened "returnees-local authorities-host community" nexus for long-term solutions for vulnerable returnees across Jalalabad (Torkham) and Kandahar (Spin Boldak)
Was the planned output changed through a reprogramming after the application stage?	Yes ☒ No ☐
Sector/cluster	Camp Coordination and Camp Management

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of displacement-affected individuals provided with CCCM support	7,100	7,597	CCCM database
Indicator 3.2	Number of people supported through awareness raising, information desk/team and service mapping	13,150	7,366	CCCM database

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Indicator 3.3	CM.5 Number of people (target populations) receiving training on CCCM (including local Authorities)	80	80	Training report
Explanation of output and indicators variance:		Please note that IOM submitted a reprogramming request to allocate CCCM funds to support additional beneficiaries with cash for transportation at the border. This was because the targets were calculated at proposal stage with the elevated returnee numbers due to the influx from Pakistan. Due to the decrease in returnee levels, IOM requesting a reprogramming to reallocate funding to the programming area with the most demonstrated needs. Following donor approval, the target for indicator 3.1 was lowered from 25,090 to 7,100 people.		

Activities	**Description**	**Implemented by**
Activity 3.1	Conduct stakeholders and service mapping through consultations at each location.	IOM
Activity 3.2	Establish information sharing platform in two sites	IOM
Activity 3.3	Conduct training on CCCM related activities	IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[3] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

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

Under CCCM activities, a primary component of the information sessions through the help desk and outreach campaigns focused on AAP messages. Messages included:

- All the assistance/Kits provided to the affected individuals are their own and no one has any kind of part in that.
- Interference in the distribution of aid by staff, community leaders, or DfA can be reported through AWAAZ.
- Men and women have the equal right to benefit from services.
- Nobody should ask beneficiaries for money or demands in exchange for aid.
- Complaints, concerns, and suggestions can be reported through AWAAZ.

In addition, IOM's CCCM team organized regular consultations with community elders and community members to facilitate information sharing.

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

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

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Under ESNFI activities, target groups are widely consulted during the assessment and their needs captured through focus group discussions (FGDs). The affected community was also briefed on the scope of household needs assessment, criteria for assistance, and nature of the response. The household level assessment aimed to balance gender and age details with the time and access limitations inherent to the assessment. Field enumerators ensured that the perspectives of men and women at both the community and household levels were gathered in a manner deemed appropriate for the context.

b. AAP Feedback and Complaint Mechanisms:

IOM utilized its CfM to ensure transparency and accountability surrounding the goods and services provided to affected populations. IOM utilizes AWAAZ, an inter-agency communication and helpline used to register complaints and feedback from the groups of the affected population served with humanitarian assistance. IOM deployed a complaints and feedback desk at its ES/NFI and cash for transportation distribution sites to receive feedback and input from affected persons. In addition, IOM set up a help desk and complaint feedback mechanism in IOM managed reception and transit centers. 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 reporting channels. Information collected during feedback documentation is managed safely and confidentially, in-line with IOM data protection policy.

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

IOM's 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, enabling 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. AWAAZ and We Are All In are guided by the Do No Harm principle, the survivor-cantered approach. The reporting channels have SOPs to handle sensitive data and cases related to Child Protection, GBV, and Protection from PSEAH. Having established referral pathways with clusters and partners, cases requiring attention are shared (in agreement with the affected person - consent cantered) in a timely manner, helping the humanitarian response to swiftly align its delivery to actual needs through corrective actions.

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

Under CCCM,

- IOM prioritized equal access to services by providing culturally sensitive spaces in CRC buildings and information desks managed by both male and female staff to ensure equal opportunities were provided to the communities to safely access assistance and services.
- IOM's CCCM programme promoted equal representation of women and men in community-based decision-making processes, providing leadership capacity-building sessions to both men and women.
- CCCM Mobile teams were composed of two men and two women, promoting equal engagement and outreach.

Under ESNFI, IOM collected Sex and Age Disaggregated Data (SADD) during assessments to capture gender-specific vulnerabilities. Additionally, IOM tailored distribution methods (ex. Dedicated lines for PSN, distribution spaces for women) to facilitate equitable access to assistance.

Under the CB-PAHA, IOM targeted PSN categories, including single females, special cases (mostly female-headed households), and UASC. Additionally, culturally responsive accommodation spaces, restrooms, and outpatient rooms at IOM transit facilities for men and women.

e. People with disabilities (PwD):

To ensure accessibility to the CCCM services/outreach activities provided under this project at the CRC, IOM installed ramps to the building, and IOM CCCM mobile teams raised awareness about the facilities and services available to PwDs. IOM also reached 319 PwDs (145 female, 174 male) through the various CCCM components under the project, encouraging participation in both coordination meetings and outreach campaigns. Additionally, under the project's ESNFI programming, during the assessment stage, PwDs were prioritized in-

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line with IOM's PSN. IOM maintained a commitment to core humanitarian principles, emphasizing inclusive humanitarian actions that positioned PwDs at the centre of the response throughout both the assessment and distribution phases.

A PwD representative was included as a principal informant during the assessment to ensure that their needs and priorities informed the project design. IOM's CB-PAHA programme created screening committees at the reception centres to assist with the identification, screening, and registration of PSNs – 14 categories of persons with heightened vulnerable status inclusive of persons with physical disabilities, mental health concerns, substance abuse concerns, medical needs cases, single females, and female-headed households. IOM referred medical needs cases returning from Pakistan to private health facility partners for critical care and treatment where illnesses are beyond the capacity of IOM health posts at the borders.

In addition, Unaccompanied and Separated Children (UASC) were referred to Child Protection-specialist UNICEF implementing partners, while single females and female-headed households were referred to IOM's Protection unit for tailored follow-up assistance through a network of IOM case management workers across 11 provinces. IOM's Protection Unit also made specialized referrals to other UN agencies, NGOs, and other partners with the capacity to provide support.

f. Protection:

Under the CB-PAHA component of the programming, protection was mainstreamed in programming by targeting Persons with Specific Needs (PSN) categories, including Single Females, Special Cases (mostly Female-Headed Households), and Unaccompanied and Separated Children (UASC). Particular attention was given to the most vulnerable individuals within these groups, and programming was tailored to cater to their needs, inclusive of the provision of gender-segregated accommodation spaces, restrooms, and outpatient rooms within IOM's clinic spaces at IOM transit facilities.

g. Education:

Not relevant for the 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 a component of the CERF project	Yes, CVA is a component of the CERF project	50,691

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.

IOM's CB-PAHA team identified and targeted vulnerable Afghan returnees at the border points with Pakistan. Identified vulnerable undocumented and ACC holder returnees received cash assistance to facilitate transportation to areas of return in Afghanistan. On average, each person received $21 as cash for transportation allowance. This amount is determined based on the market assessment conducted by route and type of vehicles required.

Winterization assistance was provided to host communities whose resources may already be limited and will be put under further strain with the new arrivals. The assistance was programmed under cash assistance and covered winterization activities following the CVWG and the ES/NFI-cluster recommended cash values for heating. Each family received $331 ($200 for heat /fuel, $57 for Blankets and $74 for winterization clothing).

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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 1.2 Distribution of cash for transportation	43,135	$808,633.57	Multi-Purpose Cash	Unrestricted
Activity 2.2: Distribution of cash for winterization assistance	7,556	$380,650	Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
X (Formerly Twitter)	https://x.com/IOMAfghanistan/status/1749031477579592023?s=20
X (Formerly Twitter)	https://x.com/IOMAfghanistan/status/1762803015495417912?s=20
X (Formerly Twitter)	https://x.com/IOMAfghanistan/status/1770034640012652697
Facebook	https://www.facebook.com/iomafghanistan/posts/pfbid02aGxKVduoXv7HM7xJqmtDhM9DMDXmFXegoDgiiMycjSSY5XvXZYp6gHprjczEG9iDl
Facebook	https://www.facebook.com/iomafghanistan/posts/pfbid02CSipVFFZK9Pagk8KiFNcot12DTTHnno3TmVwqi3xyrq7ws4JPngcGxdDrJKE5D3ml

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3.1 Project Report 23-RR-FPA-057

1. Project Information

Agency:	UNFPA	**Country:**	Afghanistan
Sector/cluster:	Protection - Gender-Based Violence Health	**CERF project code:**	23-RR-FPA-057
Project title:	Urgent Support for Afghan Returnee Women and Adolescent Girls		
Start date:	15/12/2023	**End date:**	14/06/2024
Project revisions:	No-cost extension ☐ Redeployment of funds ☐	Reprogramming	☐

Funding

Total requirement for agency's sector response to current emergency:	**$8,510,400**
Total funding received for agency's sector response to current emergency:	**$400,000**
Amount received from CERF:	**$400,000**
Total CERF funds sub-granted to implementing partners:	**$358,984**
Government Partners	
International NGOs	
National NGOs	$358,984
Red Cross/Crescent Organisation	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its partners (Agency for Assistance and Development of Afghanistan (AADA) and Organization for Research and Community Development (ORCD)) reached a total of 59,797 people in need, primarily returnees, with access to reproductive and maternal health services. This included 4,311 women who received antenatal care services, 3,410 women who received postnatal care services, and 89 safe deliveries assisted by skilled birth attendants. In addition, 11,836 women of reproductive age accessed reproductive health services while 5,934 beneficiaries received family planning information/counselling and used family planning methods. Furthermore, 26,001 beneficiaries received health services while 10,393 received psychosocial services. A total of 76 women and girls were referred to higher health facilities for Emergency obstetric and newborn care (EmONC). Additionally, 20,198 beneficiaries attended awareness raising sessions about the available services at the MHTs. The MHTs also provided 73 pregnant women with TT2+ vaccination and 34 under one-year old children with PENTA3 (pentavalent vaccination).

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In addition, under this CERF grant, the project responded to the widespread and increasing protection challenges associated with the Afghan returnees' response and increasingly restrictive rights which have limited women and girls' access to essential services. UNFPA reached 5,496 women and girls with psychosocial support services, procured 4,550 dignity kits, and 736 dignity kits were distributed to vulnerable women and adolescent girls in the MCHC in Torkham border for the returnee response. The CERF grant was used to support lifesaving gender-based violence/psychosocial support interventions at the border entry point via the establishment of one Mother and Child Health Centre (MCHC).

To ensure the dignity and privacy of MCHC staff and beneficiaries, the area was enclosed with a metal fence, an additional container was provided for the male guards, and need-based electricity was supplied. This centre provided immediate life-saving services for psychosocial support, reproductive health, and integrated youth services to vulnerable women and girls including survivors of gender-based violence, and appropriate referrals as needed. UNFPA and its partner, HEWAD, deployed female psychosocial counsellors, community mobilizers and youth educators on the ground to provide emergency response for the returnee women and adolescent girls. With qualified staff at the forefront, UNFPA ensured that returnees are informed about and connected with the necessary psychosocial support networks and services to help them cope with the emotional and psychological challenges they may have encountered. The intervention was complemented with distribution of dignity kits to support the needs of women and girls.

3. Changes and Amendments

The distribution of dignity kits has been lower than anticipated due to a significant reduction in the flow of returnees due to the postponement of Pakistan's Repatriation Plan by one year. The remaining dignity kits will continue to be distributed in anticipation of increased women and girl returnees at the Torkham border when the postponement is lifted.

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4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**					
Returnees	5,796	3,260	3,386	2,164	**14,606**	35,597	8,724	9,729	5,746	59,796
Internally displaced people	0	0	0	0	**0**					
Host communities	0	0	0	0	**0**					
Other affected people	0	0	0	0	**0**					
Total	**5,796**	**3,260**	**3,386**	**2,164**	**14,606**	**35,597**	**8,724**	**9,729**	**5,746**	**59,796**
People with disabilities (PwD) out of the total										
	811	456	474	303	**2,044**	**100**	**71**	**0**	**0**	**171**

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**					
Returnees	3,240	540	1,080	540	**5,400**	3,276	0	2,220	0	**5,496**

* 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.

Internally displaced people	0	0	0	0	**0**					
Host communities	0	0	0	0	**0**					
Other affected people	0	0	0	0	**0**					
Total	**3,240**	**540**	**1,080**	**540**	**5,400**	**3,276**	**0**	**2,220**	**0**	**5,496**
People with disabilities (PwD) out of the total										
	454	76	151	76	**757**	**36**	**0**	**0**	**0**	**36**

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5. People Indirectly Targeted by the Project

Health: 717,882 indirect beneficiaries were reached with RMNACH services. The indirect beneficiaries are direct family members of the direct beneficiaries of information and counselling as well as assistance and services

Protection/ GBV: 38,472 beneficiaries benefitted indirectly with the gender-based violence response services and psychosocial support interventions. The indirect beneficiaries are direct family members of the direct beneficiaries of information and counselling as well as assistance and services.

6. CERF Results Framework

Project objective	To address the maternal and reproductive health needs of reproductive age women, particularly of pregnant women and provision of gender-based violence response and psychosocial support services for the Afghan returnees at the entry points of the Torkham and Spin-Boldak borders.
Output 1	Improved availability of services for prevention and response to gender-based violence and psychosocial support services for Afghan women and adolescent girl returnees.

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	PS.1a Number of people accessing women friendly health space	5,400	5,496	UNFPA Monitoring Dashboard
Indicator 1.2	PS.1b Number of women friendly health space constructed and supported	1	1	Physical verification
Indicator 1.3	SP.1a Number of dignity kits distributed	4,550	736	UNFPA Information Management System
Explanation of output and indicators variance:		The variance of indicator 1.3 was explained in the changes and amendments		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of psychosocial support services through the establishment of one Women-Friendly Health Space (WFHS) at the Torkham border. UNFPA will establish one WFHS at Torkham border and deploy psychosocial support teams composed of female psychosocial counsellors, community mobilizers and youth educators on the ground to provide emergency response for the returnee women and adolescent girls. The psychosocial support teams will provide critical interventions including	Through the generous support of CERF, UNFPA's implementing partner HEWAD established one Mother and Child Health Centre (MCHC) in Torkham, Nangarhar on February 21, 2024.

	counselling, psychological first aid, and awareness-raising about available services to the returnees. With qualified staff at the forefront, UNFPA aims to ensure that returnees are informed about and connected with the necessary psychosocial support networks and services to help them cope with the emotional and psychological challenges they may have encountered. Evidence suggests that the establishment of women- and/or girl-only spaces in emergency response helps reduce and mitigate risks and prevent further harm and promote psychosocial well-being for women and girls. WFHS is an entry point for information-sharing on available services and support, as well as a safe space for survivors of GBV to disclose incidence of violence.	
Activity 1.2	Procurement and distribution of Dignity Kits for vulnerable women and adolescent girls 4,550 Dignity Kits will be distributed to the returnee women and adolescent girls. UNFPA's implementing partner will procure and distribute Dignity Kits consisting of hygiene supplies such as soap, toothbrush, toothpaste, shampoo and sanitary pads. 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 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	The UNFPA Implementing Partner, HEWAD has completed the procurement of 4,550 dignity kits and to date a total of 736 women and girls have received the kits.

Output 2	Improved availability of lifesaving MRH services for Afghan women and adolescent girl returnees.

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 women receiving antenatal care services	876	4,311	Implementing partner's monthly reports.
Indicator 2.2	Number of women receiving postnatal care services	292	3,410	Implementing partner's monthly reports.

Indicator 2.3	Number of beneficiaries reached with family planning services	876	5,934	Implementing partner's monthly reports
Explanation of output and indicators variance:		**During the implementation of the project, the influx of Afghan nationals returning from Pakistan significantly increased. In response, UNFPA scaled up service provision at the entry points to address reproductive health needs. This proactive approach not only ensured timely and effective delivery of essential services but also resulted in a substantial increase in the number of beneficiaries served.**		

Activities	**Description**	**Implemented by**
Activity 2.1	Provision of lifesaving maternal and reproductive health services via Mobile Health Teams and Zero Point health facilities. The Zero Point health centre and the MHTs will provide the essential maternal and reproductive health services to the Afghan returnees in Torkham and Spin Boldak border. Zero-point health facilities in both Torkham border and Spin-Boldak border are located at less than a 100-meter distance from the border. The Zero Point health facilities' staff included male and female doctors, midwives, nurses, pharmacists, and Psychosocial counsellors. The zero point health facilities provides maternal and reproductive health services including Basic Emergency Obstetric and Newborn care,, immunization, child health services, and immunization. The health centre and the MHTs would be equipped to provide skilled birth attendance, antenatal, postnatal care, family planning services, referral for complicated cases, and psychosocial support services. The MHTs will be staffed with a medical doctor, midwife, ambulance driver, psychosocial counsellor, and community mobilizer. The Zero Points health centres would have a team consisting of female and male doctors, nurses, midwives, psychosocial counsellors, and community mobilizers. Basic Emergency Obstetric and Newborn Care (BEmNOC) care services will be provided at the Zero Point health centres and MHTs to ensure that the Afghan returnees would receive lifesaving maternal and reproductive health care. This integrated approach would help address the critical needs of women and families in these border areas, improving access to essential health services and promoting better maternal and reproductive health outcomes. In this project, UNFPA will partner with two NGOs: AADA and ORCD. AADA and ORCD will continue to provide lifesaving maternal and reproductive health services. ORCD will continue to run one MHT in Momandara District of Torkham while AADA will continue to run one MHT in Dorbaba, one Zero Point Health Facility, one Mobile	UNFPA through its implementing partners ORCD and AADA—have effectively ensured the provision and the delivery of lifesaving maternal and reproductive health services in the Eastern and Southern regions with coordination with border consortium, health cluster partners, and de facto authorities. In the Torkham border at the eastern region, UNFPA ensured provision of lifesaving reproductive health and psychosocial services through the following: 1. Establishment of two mobile health teams at Mohmandara and Durbaba district in Nangarhar province 2. Continuation of the zero-point health facility at the entry point at Torkham 3. Continuation of the Emergency Maternity Clinic at the Reception Centre in Torkham. Similarly, in the Southern region the lifesaving reproductive health and psychosocial services were provided through the MHT in Spin Boldak.

	Maternity Clinic in the reception centre in Torkham, and one MHT at the Zero Point in Spin Boldak.	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[5] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[6]:

The target population were involved in all stages of the program implementation. UNFPA, through its implementing partner, conducted consultation with women and girls to assess the appropriateness of the project. UNFPA's implementing partner ensured that female service providers, PSS counsellors, female community mobilizers and youth educators were engaged. During monitoring, UNFPA and the implementing partner conducted a Community Perception Survey to learn about perceptions from women and girls on the quality of programmes and challenges they face and use their voices to course correct where necessary.

Additionally, UNFPA's inter-agency AAP coordination consulted with returnees to identify gaps and prioritise needs. Returnees faced challenges in accessing information about assistance and entitlements. These issues were discussed in the Border Consortium Committee. In response, the inter-agency AAP & PSEA team led by UNFPA, in collaboration with IOM, developed a service map and brochures. This included AAP and PSEA brochures, which featured the service map and a Community Feedback Mechanism (CFM), ensuring that returnees have access to the information they need regarding assistance and know how to raise their concerns effectively.

b. AAP Feedback and Complaint Mechanisms:

UNFPA 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 UNFPA 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.

Additionally the feedback collection process is also done through UNFPA's MCHC, MHTs, PSCCs, youth networks and women health groups, which are community based setups and serve as a feedback and complaints mechanism focal point in the field .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.

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

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

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

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 and 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):

To ensure that women with disabilities are fully included, UNFPA beneficiary identification tools have specific questions to identify women with disabilities and target them for psychosocial support and provision of dignity kits. This integration of disability inclusion measures is guided by women and girls with disabilities with significant efforts such as outreach activities specifically designed to reach persons with disabilities, and continuously assessing and ensuring that the MCHC is disability-friendly and accessible. The project responded to the widespread and increasing protection challenges associated with the Afghan returnees' and increasingly restrictive rights which have limited women and girls' access to essential services.

The MHTs operated in locations that were accessible to people with disabilities. The MHT staff are trained in disability inclusion, covering topics such as communication with persons with disabilities, understanding different types of disabilities, and addressing specific health needs. Additionally, the health facilities at Zero Point and the emergency mobile health clinics prioritized the needs of individuals with disabilities. The design and layout of these facilities were specifically organized to ensure that people with disabilities can access services with ease.

The emergency mobile health clinics in Torkham and Spin-Boldak Reception Centers have been equipped with stairs/ramps to enhance and ease accessibility for individuals with disabilities as well as for pregnant women. In addition to the stairs, the clinic is equipped with other assistive devices, reinforcing its commitment to accommodating those with mobility challenges.

f. Protection:

The project interventions were implemented with due considerations to the safety, dignity, and rights of the affected populations in mind. Continuous assessment of protection risks, including violence, discrimination, exploitation, or abuse, particularly affecting vulnerable groups like women, children, the elderly, people with disabilities, and marginalized communities and preventing and/or mitigating those risks remained an integral feature of the program delivery. The MHTs consisted of both male and female staff who are trained in protection issues including GBV, child protection, human rights, and safeguarding. The project staff are locals with deep knowledge of the local cultural context who ensured that health services were delivered in a culturally sensitive manner with due consideration to the beliefs and practices of the community.

UNFPA ensured its implementing partners fully adhered to the protection of women and adolescent girls in the interventions, strictly adhering to the "do no harm approach." Gender-based violence and psychosocial support interventions are assessed, designed, implemented and monitored in consultation with intended users, especially women and adolescent girls who are at a higher risk of abuse and harassment, and persons with disabilities. Case management and psychosocial support services enabled immediate protection and prevention and mitigation of gender-based violence. The staff of UNFPA implementing partner, HEWAD, received guidance on maintaining a zero-tolerance policy against discrimination, sexual exploitation and abuse, ensuring protection for all.

g. Education:

Not relevant for this project.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No		

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.

The nature of the UNFPA Project, in this context, is related to service provision and did not require a CVA mechanism.

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**

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter post about CERF support - English	Link
Twitter post about CERF support - Dari	Link

3.2 Project Report 23-RR-HCR-045

1. Project Information

Agency:	UNHCR	**Country:**	Afghanistan
Sector/cluster:	Protection Shelter and Non-Food Items	**CERF project code:**	23-RR-HCR-045
Project title:	Protection and winter assistance to influx of Afghans returning from Pakistan		
Start date:	15/11/2023	**End date:**	14/05/2024
Project revisions:	No-cost extension ☐ Redeployment of funds ☐	Reprogramming ☐	

Funding

Total requirement for agency's sector response to current emergency:	**$47,432,615**
Total funding received for agency's sector response to current emergency:	**$0**
Amount received from CERF:	**$1,756,173**
Total CERF funds sub-granted to implementing partners:	**$0**

Government Partners
International NGOs
National NGOs
Red Cross/Crescent Organisation

2. Project Results Summary/Overall Performance

Through the generous support of CERF, UNHCR was able to provide cash assistance to returnees from Afghanistan, including protection and winter support. Under this project, a total of 2,190 refugee returnees with proof of registration (POR) cards have received a voluntary repatriation grant of $375 per person to improve access to basic needs and essential services, contributing to reintegration efforts. Additionally, 1,900 undocumented households have been supported under the Multi-Purpose Cash Assistance (MPCA) program, with each household receiving $140 to support families in better meeting their basic needs during their return process.

To ensure ability to cover costs for transportation, 13,300 individuals returning received cash for transportation, with each beneficiary receiving $20. The project also provided winterization support to 906 households, with each household receiving $200 for fuel and heating, and $74 for winter clothing. The project effectively met stated objectives within the original implementation timeframe, supporting vulnerable Afghans returning from Pakistan to meet basic needs and access essential services through cash assistance, contributing to their ability to return with dignity and to promote protection of returnees.

3. Changes and Amendments

No changes or amendments were made to the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	2,668	2,795	3,557	3,684	**12,704**	3,216	9,005	386	257	**12,864**
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	0	0	0	0	**0**	0	0	0	0	**0**
Total	**2,668**	**2,795**	**3,557**	**3,684**	**12,704**	**3,216**	**9,005**	**386**	**257**	**12,864**
										People with disabilities (PwD) out of the total
	318	317	318	317	**1,270**	**804**	**2,251**	**96**	**64**	**3,215**

Sector/cluster	Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	6,046	6,334	8,061	8,349	**28,790**	5,405	14,121	1,226	1,137	**21,889**
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	0	0	0	0	**0**	0	0	0	0	**0**
Total	**6,046**	**6,334**	**8,061**	**8,349**	**28,790**	**5,405**	**14,121**	**1,226**	**1,137**	**21,889**
People with disabilities (PwD) out of the total										
	719	720	720	720	**2,879**	**119**	**311**	**27**	**25**	**482**

* 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

Assistance to the returnees directly impacts the well-being and living conditions of the household members. Cash support to households returning to Afghanistan from Pakistan, including children, women, female-headed households, people with disabilities, and elderly persons at risk, reduced burdens faced by family members and promoted access to basic needs. Further, cash assistance creates linkages between beneficiaries and local economies, stimulating local markets and supporting local businesses. As beneficiaries utilize cash assistance to purchase basic needs items and to access essential services, local trade in their communities is promoted, and indirect benefits in local markets are realized.

6. CERF Results Framework

Project objective	Afghans returning from Pakistan in vulnerable situations receive protection and winter assistance including cash for voluntary return, multi-purpose cash assistance, cash for winter clothing, heating and fuel.
Output 1	Seasonal and complementary items

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.2a Number of people receiving Sector-specific unconditional cash transfers (heating/fuel)	6,300	6,432	UNHCR CashAssist and Global Distribution Tool reports
Indicator 1.2	Cash.2a Number of people receiving Sector-specific unconditional cash transfers (winter clothing)	6,405	6,432	UNHCR CashAssist and Global Distribution Tool reports
Indicator 1.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	247,710	247,710	UNHCR CashAssist and Global Distribution Tool reports
Explanation of output and indicators variance:	There is no variance in indicators.			

Activities	**Description**	**Implemented by**
Activity 1.1	Heating/fuel support ($200), provided in cash	UNHCR completed the distribution of $200 per household for heating/fuel purposes through a contracted financial service provider.
Activity 1.2	Winter clothing ($74), provided in cash	UNHCR completed the distribution of $74 per household for heating/fuel purposes through a contracted financial service provider.

Output 2	Provision of assistance to Proof of Registration (PoR) card holders who did not come through the voluntary return process.

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

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

Indicator 2.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers ($375 volrep)	2,190	2,190	UNHCR CashAssist and Global Distribution Tool reports
Indicator 2.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	821,250	821,250	UNHCR CashAssist and Global Distribution Tool reports
Explanation of output and indicators variance:		There is no variance in indicators.		

Activities	**Description**	**Implemented by**
Activity 2.1	Voluntary repatriation cash distributions of $375 per person to undocumented Afghans.	UNHCR completed the distribution of $375 per individual through a contracted financial service provider.

Output 3	Provision of multi-purpose cash assistance (MPCA) to undocumented Afghans with heightened protection concerns evicted from Pakistan
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Cash.1a Number of people receiving multi-purpose cash (basic needs, $140)	13,300	6,398	UNHCR's FARE Distribution reports
Indicator 3.2	Cash.1a Number of people receiving multi-purpose cash for transportation (transportation, $20)	13,300	13,300	UNHCR's FARE Distribution reports
Indicator 3.3	Cash.1b Total value of multi-purpose cash distributed in USD	532,000	532,000	UNHCR's FARE Distribution reports
Explanation of output and indicators variance:		UNHCR successfully distributed MPCA to 1,900 households at $140 per household, in line with the initial proposal. The total persons targeted with MPCA was calculated using the average of seven persons per household (1,900 x 7 = 13,300), however due to smaller than average household sizes of returnee families reached during implementation a total of 6,398 individuals were reached. The activity was completed in full, with 1,900 families assisted.		

Activities	**Description**	**Implemented by**
Activity 3.1	MPCA cash distributions of $140 per household to undocumented Afghans	UNHCR- conducted MPCA cash distributions of $140 to 1,900 households consisting of 6,398 individuals undocumented Afghans
Activity 3.2	Cash distributions of $20 per person to undocumented Afghans for transportation to areas of return	UNHCR- conducted transportation cash distributions of $20 per person to 13,300 individuals

7. Effective Programming

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

a. Accountability to Affected People (AAP)[8]:

UNHCR employs multiple approaches to ensure strong AAP in programming. This includes systematic monitoring of CBI programmes through post-distribution monitoring (PDM) exercises, conducted by a third party that is not involved in the selection and implementation processes. This generates both qualitative and quantitative data measuring not only achievements but beneficiary perceptions of programme effectiveness and enabling a feedback loop from beneficiaries into future programme planning. UNHCR has further put in place multiple mechanisms for engaging returnees, to incorporate their views and experiences in programming, identify their protection risks, and respond effectively to their emerging needs. These mechanisms include PDM, UNHCR helpline/information lines, protection monitoring, case management, as well as interviews with returnee representatives, community centres and volunteers, and partner agencies. UNHCR is further constantly updating its communication materials to meet the information needs of the communities we serve. UNHCR is also strengthening community-based structures' community engagement, by supporting community volunteers who would promote awareness of UNHCR programmes and processes among their communities.

b. AAP Feedback and Complaint Mechanisms:

As part of UNHCR's commitment to AAP, and to reinforce service delivery, the agency maintained several feedback and complaint channels, including complaint boxes, hotline phones and a protection email. People were also able to convey complaints and feedback directly to UNHCR staff and staff of UNHCR's partners during activity implementation, at distribution points and through visits to UNHCR or partner's offices. In addition, UNHCR actively collaborated with the Awaaz inter-agency humanitarian call centre, which refers issues to UNHCR as directed. To ensure that persons are aware of these communication channels, UNHCR and its partners disseminated the contact information during programme activities, and the information was also available at static points for easy access. Further to this, UNHCR actively collected information regarding the communication preferences of persons and the priority topics on which they require information through the assessments conducted, data analysed and used to inform programming. Complaints and feedback received through these communication channels were directly actioned by staff dedicated to the activity, so that systematic follow-up is ensured.

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

UNHCR provided specialized PSEA (Prevention of Sexual Exploitation and Abuse) trainings to its staff and implementing partners to raise awareness about the importance of preventing SEA during implementation. These trainings aimed to equip personnel with the knowledge and tools to identify, respond to, and report any incidents. UNHCR established confidential reporting mechanisms, allowing the affected population to report any incidents of SEA. These mechanisms were designed to ensure the confidentiality and safety of individuals reporting such incidents. They include the use of toll-free hotlines like AWAAZ, secure complaint boxes, and the availability of trusted community focal points who can receive reports in a secure and sensitive manner.

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

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

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

UNHCR consistently ensures gender analysis as part of its general protection monitoring tools and activities, with assessments conducted by both female and male monitors. Participation of women monitors is prioritized to ensure that UNHCR is able to reach women among affected populations, to adequately assess the needs of women and girls, and deliver targeted assistance. Eligibility to receive cash and cash-based assistance is further conducted using a gender-sensitive approach, with female-headed households, and other situations where female household members are assessed as vulnerable, are prioritized during the eligibility scoring process. Moreover, UNHCR's policy on the Prevention, Risk Mitigation, and Response to Gender-Based Violence (GBV) recognizes that women, girls, men and boys can be GBV survivors.

e. People with disabilities (PwD):

To ensure a safe and dignified space for persons with disabilities (PWDs), women and girls, and other marginalized or at-risk individuals and groups, UNHCR consistently implements specific activities to underpin accessibility and inclusion. First, UNHCR conducted thorough assessments to identify the specific needs of PWDs and marginalized groups, including women and girls. These assessments considered accessibility requirements. Specific examples of this include providing ramps and making adjustments to facilities to accommodate those with physical disabilities. Furthermore, UNHCR established inclusive and accessible communication channels to ensure that persons with disabilities and marginalized groups could access information and express their needs and concerns.

f. Protection:

The project has adopted a holistic approach to addressing the needs of returnee populations by integrating protection principles throughout the programme cycle. A protection lens is consistently applied to UNHCR's work to ensure access to assistance and services without discrimination and underpinning the ability to deliver assistance in safety and with dignity. Target beneficiaries are consistently consulted and engaged to ensure opportunities to determine their own protection needs, as well as to provide feedback to UNHCR. The principle of 'do no harm' is strictly applied to all programming, alongside the age, gender, and diversity (AGD) approach. To ensure safety of beneficiaries receiving cash, specific safeguards against exploitation and harm resulting from cash distribution were employed.

g. Education:

Not relevant.

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	34,752

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.

UNHCR employs post-distribution monitoring (PDM) surveys, conducted by an independent third-party and covering all UNHCR cash interventions across Afghanistan, to understand how beneficiaries utilise cash assistance. Findings from the PDM conducted in the first quarter of 2024 indicates that the four most common expenditures include food, health care, debt repayment, and shelter. Approximately 29% of respondents indicated that cash assistance met half of their needs, while 21% indicated that more than half of their pressing needs were met through the cash received. Moreover, 87% of respondents reported a moderate to significant improvement in living conditions as a direct result of the cash assistance, while 85% acknowledged moderate to significant improvements in their psychosocial well-being.

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 1.1/Activity 1.2	12,864	$247,710	Shelter and Non-Food Items	Unrestricted
Activity 2.1	2,190	$821,250	Protection	Unrestricted
Activity 3.1/Activity 3.2	19,698	$532,000	Protection	Unrestricted

9. Visibility of CERF-funded Activities

Title	**Weblink**
Thank you post to CERF	https://x.com/UNHCRAfg/status/1760190602191286685?s=20
Short story of an Afghan returnee	https://x.com/UNHCRAfg/status/1780461560281944574
Short story of an Afghan returnee	https://x.com/UNHCRAfg/status/1780287275869577479
Short story of an Afghan returnee	https://x.com/UNHCRAfg/status/1779771719466549324
Short story of an Afghan returnee	https://x.com/UNHCRAfg/status/1806500342051266881
Short story of an Afghan returnee	https://x.com/UNHCRAfg/status/1805191383398957476
Acknowledgment of CERF contribution	https://x.com/UNHCRAfg/status/1799299952046436809

3.3 Project Report 23-RR-CEF-072

1. Project Information

Agency:	UNICEF	**Country:**	Afghanistan
Sector/cluster:	Water, Sanitation and Hygiene Protection - Child Protection	**CERF project code:**	23-RR-CEF-072
Project title:	Life-saving WASH and child protection services for returnees		
Start date:	27/10/2023	**End date:**	26/04/2024
Project revisions:	No-cost extension ☒ Redeployment of funds ☐	Reprogramming	☐

Funding

Total requirement for agency's sector response to current emergency:	**$10,820,409**
Total funding received for agency's sector response to current emergency:	**$2,049,071**
Amount received from CERF:	**$1,500,000**
Total CERF funds sub-granted to implementing partners:	**$970,981**
Government Partners	$0
International NGOs	$0
National NGOs	$970,981
Red Cross/Crescent Organisation	$0

2. Project Results Summary/Overall Performance

The main objective of this project was to contribute to the reduction of WASH-related morbidity and mortality through the provision of safe water, sanitation, and hygiene services and improved access to life-saving child protection services. Through this CERF fund, UNICEF provided access to safe drinking water to 66,700 people through rehabilitation of two water supply system and upgrading of one solar operating water supply system at Torkham border crossing point. While the rehabilitation and upgrading of the existing water supply system was running, safe drinking water through water trucking was provided for the returnees as temporary solution including 34,333 people in Nangarhar and 27,468 people in Kandahar provinces. Additionally, access to emergency sanitation facilities were provided for 41,794 people through installation of 589 emergency sanitation and handwashing facilities for the returnees at the border with Pakistan in Kandahar and Nangarhar provinces and 122,384 people were reached with hygiene awareness and promotion in the concerned Nangahrar (87,384 people) and Kandahar (35,000 people) provinces bordering with Pakistan. UNICEF also provided essential WASH supplies mainly family hygiene kit procured and prepositioned through its other resources for each of the returnee family to complement the WASH response at the border crossing points and ensure returnee families have sufficient means of hygiene practices upon their reintegration.

3. Changes and Amendments

Difficulties encountered include increased bureaucratic processes and poor coordination among different sectors; rapid displacement of resettled people; lack of accurate data on resettled people in targeted villages; selection and verification of resettled people; lack of water storage capacity at household level; distribution and dispersal of resettled people over large areas in the host community and, finally, challenges in the approval of Community Development Council (CDC) projects by the Ministry of Rehabilitation and Rural Development (MRRD) remained major constraint to the project implementation. Following the reduction in the number of returnees from Pakistan in late 2023, the cost of hygiene promotion initially planned at the border crossing points reduced and also water trucking was discontinued under the CERF funding to ensure the money to be invested on rehabilitation and upgrading of water supply systems indicated above to ensure returnees gets sustainable access to safe drinking water upon their return at the border crossing points.

WASH: Prior to the approval of CERF funding, UNICEF through its own resources has already procured and prepositioned sufficient quantity of WASH supplies and have distributed during the hygiene promotion interventions under the CERF funding to the returnee families and the saving under CERF fund was used to expand on the water supply component under this funding to meet the increasing needs for safe drinking water both through water trucking and repairing/upgrading of existing water supply systems. This has resulted to greater achievements verses the initial target. Under the sanitation indicator, 589 sanitation facilities were provided at the border crossing points in Kandahar and Nangarhar province in close consultation with the WASH cluster coordination body and team to mitigate the corresponded needs – while actual number of people using sanitation facilities could be much more, the figures reported were actually counted for those who have accessed and used the facilities during the course of action.

Child Protection: The number of children, particularly unaccompanied and separated, who required psychosocial support and protection services was much greater than initially estimated. This was a direct result of the large-scale displacement and the complexities of the returnee situation. The project effectively reallocated resources to meet the urgent needs of these children, leading to overachievement in providing mental health and psychosocial support (MHPSS) services. Despite the success in MHPSS, there was an underachievement in reaching the initially targeted number of unaccompanied and separated children for family tracing and reunification. This was due to the lower-than-expected number of such cases, coupled with higher costs for the winterization kits provided to these children.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	11,500	11,500	14,000	13,000	**50,000**	28,147	28,149	31,280	34,268	**121,884**
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	0	0	0	0	**0**	0	0	0	0	**0**
Total	**11,500**	**11,500**	**14,000**	**13,000**	**50,000**	28,147	28,149	31,280	34,268	**121,884**
People with disabilities (PwD) out of the total										
	575	575	700	650	**2,500**	**2,392**	**2,392**	**2,704**	**2,912**	**10,400**

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	650	2,350	**3,000**	0	0	6,437	6,863	**13,300**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	150	350	**500**	0	0	1,197	1,151	**2,348**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**800**	**2,700**	**3,500**	**0**	**0**	**7,634**	**8,014**	**15,648**
People with disabilities (PwD) out of the total										
	0	0	40	135	**175**	**0**	**0**	**3**	**36**	**39**

* 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 three water supply systems rehabilitated and upgraded at the border crossing point with Pakistan will also benefit all individuals who are crossing the border to both side of the country in addition to the partners based at the border for providing different services. The estimated number of indirect beneficiaries benefiting from the WASH services will be around 31,500 people on monthly basis based on the average trend of 150 returnee families crossing the border on daily basis.

The estimated Number of Indirect Beneficiaries for Child Protection is approximately 25,000 individuals. The child protection activities, particularly the psychosocial support provided at child-friendly spaces, have ripple effects that extend beyond the children directly served among families and Caregivers and community members. Healthier, more resilient children are better able to engage with their families and communities, reducing the overall stress and burden on caregivers. In addition, these efforts promote a community-wide understanding of child protection issues, leading to stronger social support networks and improved collective resilience.

6. CERF Results Framework

Project objective	Contribute to the reduction of WASH related morbidity and mortality through the provision of safe water, sanitation, and hygiene services, and to improved access to life-saving child protection services.
Output 1	Provision of access to WASH services and supplies for returnees at the border and in areas of return

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	WS.6 Number of people accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene (as per cluster standards of 15 l / person / day) (14,000 girls, 13,000 boys, 11,500 women, 11,500 men)	50,000	66,700	UNICEF data management portal, WASH dashboard with the information reported by UNICEF's implementing partners verified by UNICEF's program officers and information management specialist.
Indicator 1.2	Number of people accessing gender- and disability-sensitive sanitation facilities (14,000 girls, 13,000 boys, 11,500 women, 11,500 men)	50,000	41,794	UNICEF data management portal, WASH dashboard with the information reported by UNICEF's implementing partners verified by UNICEF's program officers and information management specialist.
Indicator 1.3	WS.17 Number of people receiving WASH/hygiene messaging (hygiene promotion and handwashing behaviour change programmes) (14,000 girls, 13,000 boys, 11,500 women, 11,500 men)	50,000	122,384	UNICEF data management portal, WASH dashboard with the information reported by UNICEF's implementing partners verified by UNICEF's program officers and

				information management specialist.
Indicator 1.4	WS.16a WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) (14,000 girls, 13,000 boys, 11,500 women, 11,500 men)	50,000	122,384	UNICEF data management portal, WASH dashboard with the information reported by UNICEF's implementing partners verified by UNICEF's program officers and information management specialist.
Explanation of output and indicators variance:		UNICEF through its own resources has already procured sufficient stock by the time CERF fund was allocated and have distributed during the hygiene promotion interventions under the CERF funding to the returnee families this was to use CERF fund for responding increasing needs to for water through water trucking and repairing/upgrading of existing water supply systems and provision of sanitation facilities and services. This has resulted to saving fund in procurement of supplies and rather reaching more people with low cost and subsequently greater achievements which was based on the actual need during service delivery. Under the sanitation indicator, 589 sanitation facilities were provided at the border crossing points in Kandahar and Nangarhar province in close consultation with the WASH cluster coordination body and team to mitigate the corresponded needs – while actual number of people using sanitation facilities could be much more, the figures reported were actually counted for those who have accessed and used the facilities during the course of action]		

Activities	**Description**	**Implemented by**
Activity 1.1	Provide safe water through water trucking and emergency repair of existing water supply schemes.	Repair of the water supply system were done through Community Development Council (CDCs) and through close oversight of UNICEF extenders and facilitators. Water trucking in Kandahar province was implemented under the partnership with Kandahar Refugee Organization (KRO) and the water trucking in Nangarhar province was delivered through private sector under the Long Term Agreement (LTA) with UNICEF.
Activity 1.2	Installation and operation of temporary and emergency sanitation facilities (latrines, bathing facilities) including cleaning, desludging, and spraying services solid/garbage collection and disposal	Provision of emergency sanitation facilities and services in Spin Boldak of Kanadahar province was delivered through Kandahar Refugee Organization (KRO and the same services in Torkham were undertaken through the implementing agency Organization for Coordination of Humanitarian Relief (OCHR).
Activity 1.3	Carry out hygiene promotion and awareness through social mobilizers and community engagement	In close collaboration with UNICEF's Social Behvaiour Change (SBC) section, the hygiene promotion and awareness raising were done through KRO and OCHR in Kandahar and Nangahar provinces respectively.
Activity 1.4	Distribute critical WASH supplies including hygienic kits, soap and water treatment products. (Please note that the requested CERF contribution will be used to cover the cost of distribution through NGO partners. The procurement of the critical WASH supplies, however, has been completed funded by complementary sources.)	No supplies were procured under the CERF funding and UNICEF has used its existing stock for distribution to the returnee families. As of July 2024, more than 205,000 returnees have received supplies from UNICEF's stock.

Output 2	Provision of life-saving child protection services for vulnerable children at the border and in areas of return.

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

Sector/cluster	Protection - Child Protection

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of unaccompanied and separated children receiving in-kind winterization assistance (i.e., kit containing warm winter clothing such as jacket, pullover, hat, gloves, scarf, water-proof shoes) (300 girls, 1,200 boys)	1,500	955 Girls: 252 Boys: 703	UNICEF child protection information management system and implementing partners report
Indicator 2.2	CP.3 Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc) (500 girls, 2,000 boys)	2,500	1,384 Girls: 365 Boys: 1,019	UNICEF child protection information management system and implementing partners report
Indicator 2.3	H.9 Number of people provided with mental health and/or psycho-social support services (800 girls, 2,700 boys)	3,500	15,648 Girls: 7,634 Boys: 8,014	UNICEF child protection information management system and implementing partners report

Explanation of output and indicators variance:	The report indicates a significant overachievement in the delivery of MHPSS (Mental Health and Psychosocial Support) services, reflecting a higher number of returning children than initially expected. However, there is a notable underachievement in the number of Unaccompanied and Separated Children (UASC) and other vulnerable children receiving child protection case management services, including family tracing and reunification, because the number of separated and unaccompanied children returning from Pakistan were considerably lower than projected, which equally impacted the projected number of kits distributed, in addition to the higher costs of such kits.

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement and distribution of winter-kits targeting unaccompanied and separated children (Please note that CERF funding will be used to cover costs from past procurements currently in transit, as well as new orders placed to replenish stock.)	The distribution of winter kit is carried out by the Movement for Protection Organization (MPO) at Spin Boldak in Kandahar Province and by the High Afghanistan Rehabilitation Organization (HARO) at the Torkham border in Nangarhar Province.
Activity 2.2	Support dentification, interim care, referral, and family tracing and reunification of unaccompanied and separated children	The implementation of the project is carried out by the Movement for Protection Organization (MPO) at Spin Boldak in Kandahar Province and by the High Afghanistan Rehabilitation Organization (HARO) at the Torkham border in Nangarhar Province.
Activity 2.3	Establish child protection desks and child-friendly spaces at border locations for monitoring of child protection concerns and delivery of immediate services including psychosocial first aid	The implementation of the project is carried out by the Movement for Protection Organization (MPO) at Spin Boldak in Kandahar Province and by the High Afghanistan Rehabilitation Organization (HARO) at the Torkham border in Nangarhar Province.

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[9] 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)[10]:

To ensure returnees benefits from the available WASH supplies, regular operation and maintenance of the facilities including timely desludging of the latrines were undertaken and distribution tanks were installed in various points during the water trucking to allow easy access. Sanitation facilities were provided segregated for male and female beneficiaries and were design to maintain protection measures in place. Whereby possible, returnees were consulted, and their feedback were received during the response on the appropriateness of the WASH response particularly during the hygiene promotion sessions, feedback from male and female returnees were discussed and obtained.

For the Child Protection component, UNICEF and its partners ensured that child protection services were accountable to the affected population through effective coordination with key stakeholders operating at the border. Upon arrival at child-friendly spaces and interim care centres, children and caretakers were actively consulted by social workers from implementing partners. This engagement allowed us to gather crucial feedback and adapt our child protection services to effectively address their needs, ensuring that our response remained responsive to the evolving protection needs of returnees.

b. AAP Feedback and Complaint Mechanisms:

UNICEF, through its implementing partners ensured beneficiaries feedback and concerns are heard during the course of action through introducing the free hotlines of AWAAZ Afghanistan and UNICEF's U Report in addition to the local level complain and feedback mechanism both for WASH and Child Protection Services.

Equally, UNICEF through its implementing partners, established a comprehensive feedback and complaint mechanism that included secure channels such as complaint boxes, hotlines (e.g., AWAAZ Afghanistan and UNICEF's U Report) to ensure confidentiality and address concerns of affected population promptly. Regular consultations were also conducted with children and caregivers to incorporate their input into the implementation of child protection activities.

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

Target populations were informed of UNICEF's U Report platform where any Sexual Exploitation and Abuse (SEA) incidents can be reported. Site selection for water points and installation of sanitation facilities were provided in easy to access spaces and segregated for male and female. Hygiene promotion was conducted through both male and female promoters to avoid provoking cultural sensitivity and

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

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

to reduce potential exposure to GBV risks and to increase the effectiveness of the hygiene promotion through more open and natural dialogue. UNICEF part of its commitment towards the capacity building of its partner has supported its partner in building their capacity of WASH IPs to implement GBV risk mitigation measures in all responses through training for compliance with PSEA and adherence to the WASH cluster GBV checklist.

As part of the project's implementation, implementing partners carried out three key interventions to safeguard affected communities from Sexual Abuse and Exploitation. These interventions included: (a) capacity building for project staff on core competencies in child protection, including Child Safeguarding and PSEA, with training and refresher courses to reinforce adherence to PSEA standards and SOPs; (b) the establishment of a robust Grievance Redress Mechanism, incorporating a PSEA hotline and tools such as Awaaz and U-Report; and (c) raising awareness about reporting mechanisms to ensure community members are informed and able to report concerns effectively.

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

The provision of WASH services remained crucial in the border whereby returnees must spend sometimes to get cleared by the local authorities to their places of return. Beneficiaries, particularly women and children, were highly prone to protection and GBV concerns whereby the continuous support on water provision and maintenance of gender segregated sanitation facilities and awareness raising on the proper and hygienic behaviour have resulted in lowering the vulnerability to water-borne diseases and mitigated the concerns around protection and GBV.

Child protection activities significantly contribute to gender equality and the empowerment of women, girls, and sexual and gender minorities by addressing and mitigating specific protection risks faced by children and caregivers. By offering awareness sessions, safe spaces for counselling, and support services, these activities help protect individuals from violence, exploitation, and abuse, which disproportionately affect women and girls. This proactive approach not only safeguards vulnerable populations but also promotes a more equitable environment, supporting the broader goal of gender equality

e. People with disabilities (PwD):

WASH facilities were designed for provision of special consideration for people with disability including easy access to people with disability. For instance, water points landscaping allows people with disability to fetch water similarly infrastructure is adapted to provide access for people with mobility difficulties, with adapted toilets and handwashing facilities. Accessibility and safety audits were conducted to understand potential barriers to access and safety risks for females so that these issues could be resolved during the planning and construction phases

To ensure the protection of children with disabilities, capacity building for project staff incorporated inclusive practices and training to equip them with the skills needed to address the unique challenges faced by disabled children. This approach promoted their safety, well-being, and full participation in protective services. Additionally, the specific needs of children with disabilities were addressed by recognizing and tailoring support services to their vulnerabilities. This included providing accessible safe spaces, specialized counselling, and individualized care plans that accommodate their physical and emotional needs.

f. Protection:

Selection of water points, sanitation facilities were made in consultation with gender groups amongst returnees through WASH and SBC social mobilizers during the awareness raising sessions to address their specific needs. Hygiene promotion was conducted through both male and female promoters to avoid provoking cultural sensitivity and to reduce potential exposure to GBV risks and to increase the effectiveness of the hygiene promotion through more open and natural dialogue. UNICEF's IPs were trained on PSEA subject and instructed to implement GBV risk mitigation measures in all responses.

g. Education:

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8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No		

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.

CVA was not a planned modality for this intervention.

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**

9. Visibility of CERF-funded Activities

Title	Weblink
Photo 	https://weshare.unicef.org/Share/0r020uu2ec3381t7a0l64d77wu616o8q
Photo	https://weshare.unicef.org/Share/vm6escg67h55mrgj53sm105ab16c1u0v

3.4 Project Report 23-RR-WFP-066

1. Project Information

Agency:	WFP	**Country:**	Afghanistan
Sector/cluster:	Food Security - Agriculture	**CERF project code:**	23-RR-WFP-066
Project title:	Provision of food assistance through cash-based transfers [direct cash] to Afghan returnees		
Start date:	15/12/2023	**End date:**	14/06/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**$2,200,000,000**
Total funding received for agency's sector response to current emergency:	**$487,000,000**
Amount received from CERF:	**$3,853,666**
Total CERF funds sub-granted to implementing partners:	**$134,828**
Government Partners	
International NGOs	
National NGOs	$134,828
Red Cross/Crescent Organisation	

2. Project Results Summary/Overall Performance

Through this CERF's contribution, WFP successfully reached a total of 230,146 beneficiaries (32,878 households) through cash-based assistance (direct cash) in Torkham (Nangarhar) and Spin Boldak (Kandahar) border Transit Centers. A total of USD 2,954,709 was disbursed to verified returnees. 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 returnees. WFP's assistance was in line with the Food Security and Agriculture Cluster response package and the Cash and Voucher Working Group.

Thanks to the generous contribution by UN CERF, vulnerable Afghan returnees forcefully expelled from Pakistan were able to meet basic needs until they reached their intended areas of return.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	54,126	52,974	58,732	64,490	**230,322**	46,950	50,172	65,707	67,317	**230,146**
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	0	0	0	0	**0**	0	0	0	0	**0**
Total	**54,126**	**52,974**	**58,732**	**64,490**	**230,322**	46,950	50,172	65,707	67,317	230,146
People with disabilities (PwD) out of the total										
	10,825	10,595	11,746	12,898	**46,064**	**9,390**	**10,034**	**13,142**	**13,463**	**46,029**

* 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 injections are vital in supporting local market actors, including businesses and transporters. For the returnee response, this cash assistance is expected to enhance small businesses near border points and potentially support enterprises in other regions, as returnees may relocate across the country. 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

Project objective	To provide lifesaving emergency food assistance [cash-based transfers – direct cash] to vulnerable Afghan returnees from Pakistan
Output 1	230,322 shock-affected and vulnerable women, men, girls, and boys of all ages and persons with disabilities who receive cash-based transfers in a timely manner.

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

Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.1a Number of people receiving multi-purpose cash.	230,322	230,146	CP distribution report CPs: • Rural Rehabilitation and Development Program Organization • Kandahar Refugee Organization
Indicator 1.2	Cash.1b Total value of multi-purpose cash distributed in USD.	2,954,811	2,951,709	CP distribution report CPs: • Rural Rehabilitation and Development Program Organization • Kandahar Refugee Organization
Indicator 1.3	FS.5c Percentage of households with a poor food consumption score	40	41%	Post-distribution monitoring results
Indicator 1.4	FS.5b Percentage of households with a borderline food consumption score	40	48%	Post-distribution monitoring results
Indicator 1.5	FS.5a Percentage of households with an acceptable food consumption score	15	11%	Post-distribution monitoring reports
Explanation of output and indicators variance:		Based on post-distribution monitoring conducted on Afghan returnees from Pakistan, the food consumption score has shown slightly lower achievement than target. However, the result was similar to non-returnee populations.		

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

Activity 1.1	Distribution of cash to verified returnees	Cooperating partner CPs: • Rural Rehabilitation and Development Program Organization • Kandahar Refugee Organization
Activity 1.2	Coordination with relevant line directorates at provincial level	WFP
Activity 1.3	Identification and selection of beneficiaries eligible cash-based transfer assistance	WFP and Cooperating partner CPs: • Rural Rehabilitation and Development Program Organization • Kandahar Refugee Organization

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[11] 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)[12]:

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.

b. AAP Feedback and Complaint Mechanisms:

WFP maintained a robust community feedback mechanism (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 cooperating partners (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.

[11] 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.

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

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

Community Feedback Mechanism 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 partner agreements. WFP internal response protocols for SEA complaints are aligned with recommendations from the Afghanistan Protection form 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 the programme cycle from planning, to distribution, monitoring and reporting, thereby ensure that any gender gaps and barriers are addressed as much as possible. WFP also mainstreams gender efforts into livelihoods programming as well, as a way to empower women. Furthermore, in addition, WFP recognizes that supporting women has a multiplier positive impact: when women are empowered, the whole household benefits from it, as they promote good nutrition practices for the whole household. WFP undertakes analyses of protection and gender considerations before interventions are implemented, with a view to enhance gender- and protection-related capacities, collect relevant quantitative and qualitative data on the impact of WFP activities disaggregated by age and gender in order to take remedial action where necessary.

e. People with disabilities (PwD):

WFP worked closely with IOM on ensuring adopted screening and selection criteria prioritized particularly vulnerable HHs, with presence of disabilities being one of the priority criteria that contributed to provision of assistance. 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 waiting areas and distribution lines; 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.

f. Protection:

WFP worked closely with IOM on targeting and distribution of assistance to returnees, ensuring protection-related considerations in vulnerability targeting and distribution management were applied. While WFP aided returnees based on referrals made by IOM, WFP's protection-sensitive vulnerability criteria contributed to inform IOM's screening and selection methodologies. WFP, through its CPs, directly managed distribution of assistance and ensured activities and sites were safe and inclusive to meet the specific needs of particularly vulnerable beneficiaries, which included the allocation of gender-segregated waiting areas and distribution lines, dignified crowd control measures, porters helping persons with impairments, among other measures.

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 the sole intervention in the CERF project	230,146

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's cash-based intervention (direct cash) was distributed to verified returnees from Pakistan. During the reporting period, WFP explored linkages to integrate beneficiaries through Food Assistance for Assets (FFA) activities of the resilience and food systems programme. WFP's FFA activities engage participants in the creation or rehabilitation of assets that will increase communities' community resilience in the long term.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Distribution of cash to verified returnees	230,146	US$ 2,951,709	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Story	https://medium.com/@WFP_Asia_Pacific/750ae25de249
Social media post 1	WFP in Afghanistan on X: "🚨🚨 PRESS RELEASE 🚨🚨 Thanks to a contribution from @UNCERF, WFP can support 230,000 people forced to leave Pakistan to return to #Afghanistan with cash assistance at the border to help cover their food needs for one month. More: https://t.co/7n1HuYlP1T https://t.co/rypoUgIlzy" / X
Social media post 2	WFP in Afghanistan on X: "For over two years, @WFP_UNHAS was the only flight connection for aid workers to reach #Afghanistan in absence of safe & reliable commercial airlines. ✈️ Yesterday was the last trip, after flying over 7500 people between Kabul & Doha thanks to CADKEUFRDEITJPNOUS @UNCERF @CBPFs. https://t.co/DYy0BXp3Ew" / X

3.5 Project Report 23-RR-WHO-052

1. Project Information

Agency:	WHO	**Country:**	Afghanistan
Sector/cluster:	Health	**CERF project code:**	23-RR-WHO-052
Project title:	Provision of Emergency Healthcare Services to the Afghan Returnees from Pakistan		
Start date:	14/12/2023	**End date:**	13/06/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**$10,000,000**
Total funding received for agency's sector response to current emergency:	**$1,100,000**
Amount received from CERF:	**$500,000**
Total CERF funds sub-granted to implementing partners:	**$197,641**
Government Partners	0
International NGOs	0
National NGOs	**$197,641**
Red Cross/Crescent Organisation	0

2. Project Results Summary/Overall Performance

During the project's lifetime, WHO deployed four Mobile Health Teams (MHTs) to the zero points at the Torkham and Spin Boldak borders. WHO also provided PHC medicine packages to the established facilities, covering their full medicine needs for the entire duration of the project. A total of 20,831 people benefited from the healthcare services provided.

Additionally, to equip relevant healthcare providers with the necessary knowledge and skills to handle Gender-Based Violence (GBV) cases and ensure the provision of standard health services, 60 frontline healthcare providers working in the affected areas were trained on the Prevention and Response to Sexual Exploitation and Abuse (PRSEAH) and the provision of health services to survivors of GBV in emergency settings. Healthcare workers were also responsible for informing returnees about PRSEAH, including their rights to humanitarian and health assistance, expected behaviour from humanitarian workers, and options for reporting and raising concerns.

To further ensure access for returnees to comprehensive emergency health services, health referral services were provided to people in need (those with severe health conditions and pregnant women) by operationalizing ambulance centres in the target project locations. This initiative particularly emphasized addressing maternity emergencies for female returnees. During the project lifetime a total of 596 people benefited from the ambulance services.

WHO also supported the detection, verification, and response to potential outbreaks of infectious diseases by deploying Surveillance Support Teams (SSTs). Each SST consisted of two members: one epidemiology focal point and one laboratory focal point. The SSTs were trained and provided with transportation means/vehicles for daily site visits. A total of 16,611 people were reached by the SSTs deployed by WHO.

The CERF funding mobilized through this project helped ensure the provision of primary health care services to the new returnees.

3. Changes and Amendments

The project targets were set based on the projected influx of more than 1.2 million returnees. This was not the case eventually. In addition, the project funding was received around the winter period which was associated with a noticeable significant decline in the number/influx of the returnees. Although the implementation started soon after, the significant reduction affected the output. Moreso, in order to avoid duplication and in alignment with a guidance from the humanitarian leadership and health cluster, the project implementation approach was revised. The intervention was advisedly shifted away from the zero point and fixed facilities to mobile teams to support returnees within the border districts. These variations affected the project achievements under output 1 and 2.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	29,953	23,135	14,472	14,400	**81,960**	11,720	9,328	8,503	8,487	**38,038**
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	0	0	0	0	**0**	0	0	0	0	0
Total	**29,953**	**23,135**	**14,472**	**14,400**	**81,960**	**11,720**	**9,328**	**8,503**	**8,487**	**38,038**
People with disabilities (PwD) out of the total										
	3,594	2,776	1,736	1,728	**9,834**	1,290	1,027	936	933	4,186

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

5. People Indirectly Targeted by the Project

The indirect beneficiaries of the project included approximately 700,000 individuals who returned from Pakistan through the Spin Boldak and Torkham borders.

6. CERF Results Framework

Project objective	To prevent avoidable mortalities and morbidities by ensuring access of the Pakistan returnees to needed emergency healthcare services
Output 1	Provision of safe and accessible primary healthcare services to the Pakistan returnees

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	Number of pregnant women attended first antenatal care visit	5,242	931	Monthly report-HIM
Indicator 1.2	H.4 Number of people vaccinated (children less than 12 months of age vaccinated against measles)	4,992	402	Monthly report-HIM
Indicator 1.3	H.8 Number of primary healthcare consultations provided	62,400	20,831	Monthly report-HIM
Indicator 1.4	Number of emergency health kits (PHC medicine kits) delivered to health facilities	19	19	Medicine Delivery Notes
Indicator 1.5	Number of front-line health care providers trained on PSEAH and health response to survivor of violence in emergency seething	60	60	The data can be verified form the training attendance sheet and training technical reports.

Explanation of output and indicators variance:	The project targets were set based on the projected influx of more than 1.2 million returnees. This was not the case eventually. In addition, the project funding was received around the winter period which was associated with a noticeable significant decline in the number/influx of the returnees. Although the implementation started soon after, the significant reduction affected the output. Moreso, to avoid duplication and in alignment with a guidance from the humanitarian leadership and health cluster, the project implementation approach was revised. The intervention was advisedly shifted away from the zero point and fixed facilities to mobile teams to support returnees within the border districts. These variations affected the project achievements.

Activities	**Description**	**Implemented by**
Activity 1.1	Establishment of 4 PHC facilities (2 in each of the target borders) for provision of PHC services to the returnees. The services will include the followings: Provision of OPD consultations to the returnees through the 4 established PHC facilities; Provision of measles vaccination and routine immunization services to the returnees' children through the PHC facilities; Conducting institutional deliveries by the skilled health personnel through the PHC facilities; Screening of Children for SAM, and their	WHO, in partnership with two local NGOs—WORLD in Nangarhar and HMLO in Kandahar—deployed four primary healthcare mobile clinics (two MHTs to each border) to the zero points at the Torkham and Spin Boldak borders. The established health facilities provided quality healthcare services to 20,831 returnees.

	referred when needed; Conducting Psychosocial (PSS) counselling.	
Activity 1.2	Procurement and distribution of PHC medicine packages to respond to the medicine and medical supplies needs of PHC facilities	WHO procured and supplied 19 PHC medicine packages to the established PHCs. While WHO led the procurement process, the medicine was distributed by the implementing partners (WORLD and HMLO) to returnees and members of the host community who were admitted to the established PHCs.
Activity 1.3	A total of 60 frontline health care providers working in the affected areas will be trained on PRSEAH and comprehensive provision of health services to survivors of violence of gender-based violence in emergency settings. The objective is to equip relevant health care providers with relevant knowledge and skills to handle violence cases and ensure implementation of the standard specified health services for survivor of violence. Health care workers will be trained on PRSEAH such as on PSEA standard operating procedures for intake and reporting for health centres. This is very crucial to ensure SEA cases are handled in a safe and confidential manner upon reporting through a health centre. Health care workers will also be responsible for engaging returnees with PRSEAH information especially on their rights to humanitarian assistance, health assistance, expected behaviour from humanitarian workers and options for reporting and raising concerns.	A total of 60 frontline healthcare providers were successfully trained by WHO on PRSEAH and the comprehensive provision of health services to survivors of gender-based violence in emergency settings. The training equipped them with the necessary knowledge and skills to handle violence cases and ensure the implementation of standard health services for survivors. Healthcare workers were trained on PSEA standard operating procedures and provided with PRSEAH information to effectively support returnees and ensure safe and confidential handling of SEA cases.

Output 2	Provision of pre-hospital first aid and referral services to the returnees			
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 functionalized rental ambulances deployed to the target project locations.	4	4	Monthly report-HIM
Indicator 2.2	Number of nurses hired and assigned for provision of first aid services through the ambulance system	4	4	The data can be verified form the training attendance sheet and training technical reports.
Indicator 2.3	Number of Patients referred by the deployed ambulances from the project target locations	1,440	596	Monthly report-HIM
Explanation of output and indicators variance:		Given the delayed project start, as previously explained, along with the sudden decline in the influx of returnees from Pakistan, there was some underachievement under Output 2.		

Activities	**Description**	**Implemented by**
Activity 2.1	Functionalization of ambulance stations one in each Spin Boldak and Torkham returnee's camps. Each station will	During the project lifetime, WHO, in partnership with national NGO, Accessibility Organization for Afghan

	have 2 ambulances, 5 staff for referral and provision of first aid services and needed medical supplies and medicine to the returnees at the target borders. The activity will be contracted out through WHO standard processes, with WHO being the responsible for technical monitoring and oversight of the activity.	Disabled (AOAD), deployed four ambulances to the zero points at the Torkham and Spin Boldak borders. Each ambulance was equipped with five staff members for referral and first aid services, as well as necessary medical supplies and medicine for returnees at the target borders.

Output 3	Provision of communicable diseases outbreaks prevention, early detection, and response services to the target beneficiaries
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of surveillance support teams deployed in the returnees' camps	6	6	Surveillance report
Indicator 3.2	Number of trained surveillance support team members	12	12	Surveillance report
Indicator 3.3	Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 72 hours	96	99.5	Surveillance report
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 3.1	Deployment of 6 Surveillance Support Teams (SSTs) in the returnee's camps. There is a need to capacitate the NDSR with SSTs in the 2 borders Torkham in Nangarhar and Spin Boldak in Kandahar (3 teams in Torkham and 3 teams in Spin Boldak) to support the outbreak investigation and response. Furthermore, a total of 4 vehicles will be rented (2 per site), these rented vehicles will be used for the transportation of the deployed SSTs within the camps, case investigation and sample transportation.	WHO deployed a total of six Surveillance Support Teams (SSTs) to the Torkham and Spin Boldak returnee camps: three in Spin Boldak and three in Torkham. These teams were responsible for the early detection, investigation, and response to outbreaks in the returnee camps. A total of 16,611 people were reached by the SSTs deployed by WHO. This activity was directly implemented by WHO.
Activity 3.2	Training of the deployed SSTs: The planned SST members will be trained in case definition, case detection and investigation, sample collection, rapid diagnostic tests (RDTs) use and sample transportation.	WHO trained a total of 12 SST members on case definition, case detection and investigation, sample collection, rapid diagnostic tests (RDTs) use and sample transportation. This activity was directly implemented by WHO.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[13] 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)[14]:

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 analyzing 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. In Addition, WHO trained 60 frontline health workers on PSEA in order to improve the services delivery to the survivors of GBV in the emergencies.

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. 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),

[13] 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.

[14] 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.

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:

Not Applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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.

CVA was not included in this project.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US$)	Sector/cluster	Restriction

(incl. activity # from results framework above)				

9. Visibility of CERF-funded Activities

Title	Weblink
Returnees Situation Reports	https://www.emro.who.int/afg/information-resources/afghanistan-returnees-response-health-situation-reports.html
Facebook	https://www.facebook.com/watch/?v=1128616788271658
Twitter (X)	https://x.com/WHOAfghanistan/status/1764546318574444751 https://x.com/WHOAfghanistan/status/1764546965441012020 https://x.com/WHOAfghanistan/status/1764546318574444751 https://x.com/WHOAfghanistan/status/1733733815431139829

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
23-RR-FPA-057	Health	UNFPA	NNGO	$84,134
23-RR-FPA-057	Health	UNFPA	NNGO	$251,040
23-RR-FPA-057	Protection	UNFPA	NNGO	$23,810
23-RR-FPA-057	Health	UNFPA	NNGO	$84,134
23-RR-FPA-057	Health	UNFPA	NNGO	$251,040
23-RR-FPA-057	Protection	UNFPA	NNGO	$23,810
23-RR-CEF-072	Water, Sanitation and Hygiene	UNICEF	NNGO	$235,662
23-RR-CEF-072	Water, Sanitation and Hygiene	UNICEF	NNGO	$365,201
23-RR-CEF-072	Child Protection	UNICEF	NNGO	$211,623
23-RR-CEF-072	Child Protection	UNICEF	NNGO	$158,496
23-RR-WHO-052	Health	WHO	NNGO	$82,934
23-RR-WHO-052	Health	WHO	NNGO	$66,627
23-RR-WHO-052	Health	WHO	NNGO	$48,080
23-RR-WFP-066	Food Assistance	WFP	NNGO	$72,807
23-RR-WFP-066	Food Assistance	WFP	NNGO	$62,021