



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
AFGHANISTAN
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Mark Bowden

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR was conducted on 2 April, 2015. The meeting was facilitated by the RC/HC and participants included OCHA, UNICEF, WFP, WHO, UNFPA, UNHCR and UNOPS/UNMAS.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The report has prior to submission to the CERF secretariat been shared with all UN agencies involved in the implementation of the CERF grant.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 406 million		
Breakdown of total response funding received by source	Source	Amount ¹
	CERF	3,991,021
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	39,900,000
	OTHER (bilateral/multilateral)	240,993,370
	TOTAL	284,884,391

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 18-Sep-14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-144	Health	83,460
UNICEF	14-RR-CEF-145	WASH	323,675
UNFPA	14-RR-FPA-043	Health	219,350
UNHCR	14-RR-HCR-041	Shelter and NFIs	524,481
UNHCR	14-RR-HCR-042	WASH	176,925
UNOPS	14-RR-OPS-005	Protection/Mine Action	500,000
WFP	14-RR-WFP-073	Food Security	1,999,966
WHO	14-RR-WHO-071	Health	163,164
TOTAL			3,991,021

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,959,882
Funds forwarded to NGOs for implementation	1,018,313
Funds forwarded to government partners	12,826
TOTAL	3,991,021

¹ Total Afghanistan funding 2014. Due to the nature of the specific emergency and unreliable FTS data it is not possible to estimate the funding directly towards the emergency.

HUMANITARIAN NEEDS

On 15 June 2014, the Government of Pakistan began military actions against non-state armed actors in North Waziristan Agency with a series of airstrikes in the Mir Ali, Degan, and Boya areas. According to the Government of Pakistan, Operation Zarb-e-Azb is targeting the Tehrik-e-Taliban Pakistan (TTP) and its foreign allies such as al Qaeda and the Islamic Movement of Uzbekistan (IMU). The military operations have resulted in a significant refugee movement from the North Waziristan region into Afghanistan, as well as the return of a limited number of both registered and undocumented Afghans. By the time of formulating the proposal for funding from the Central Emergency Response Fund (CERF) in early August, UNHCR estimated that some 22,000 families had crossed into Khost (16,000) and Paktika (6,000) with movements continuing.

The refugees were in many cases suddenly displaced, and many arrived with very few belongings and limited resources with which to sustain themselves. Furthermore, the inhospitable and remote terrain challenged the immediate aid efforts to reach the affected populations and led to variations in terms of quality and quantity of assistance available to be provided. In addition to an approximate 3,000 families being hosted in a camp in the Gulan area of Gurboz district in Khost province, initial assessments showed that approximately 85 per cent of the population was sheltering with host communities with whom some had kinship ties. This placed an additional burden on a host community stretching already limited basic services.

At the time of formulating the CERF proposal, the United Nations High Commissioner for Refugees (UNHCR) estimated that 20 per cent of the refugees would voluntarily return to Pakistan and that displacement potentially would not become protracted, but a significant proportion of the refugees were anticipated to remain in Afghanistan throughout the winter and into early 2015². However, the situation dramatically changed; the military operations, which were expected to be completed by September 2014, were expanded through the end of 2014. In October and December, there were significant waves of new arrivals of refugees. At the same time, there was also a substantial increase in secondary movement of refugees to the camp and from higher altitudes to lower lying areas as host communities' resources, particularly in regards to food and shelter were limited or exhausted. At the end of the year, the Gulan camp had increased to 6,234 families or more than 40,000 individuals. This trend has continued into 2015 with nearly 9,200 families (over 60,000 individuals) by the end of March 2015. The total re-verified number of refugees by end of March 2015 is 34,918 families (241,641 individuals) with 25,301 families (174,322 individuals) in Khost and 9,617 (67,319 individuals) in Paktika.

The influx was unforeseen and was therefore not anticipated in the Afghanistan 2014 Strategic Response Plan (SRP). It outstripped the immediate response capacity of the local and national authorities and humanitarian agencies. The response to the first period of the emergency was primarily resourced through the diversion of in-country funds by agencies. As available resources were depleted, there was a need for urgent funding to kick-start new and sustain early initiated operations in order to ensure the provision of services to the host communities and refugees to meet their immediate basic needs, reduce the risk of conflict and prevent secondary displacement.

UNHCR as the coordinating Agency released a Refugee Response Plan for July-December 2014, for \$25,345,030. It covered a wide range of sectoral needs for both Pakistani refugees, as well as undocumented Afghan returnees. Funding from CERF was needed in order to reinforce the response of priority sectors as identified by UNHCR and clusters through assessments, respectively Emergency Shelter/NFIs, Food, Health, Protection (mine clearance), and WASH.

II. FOCUS AREAS AND PRIORITIZATION

At the time of the CERF grant request submission, the most urgent needs of the refugees and host communities included the provision of health care, mine clearance, shelter and water and sanitation services, including preparatory distributions in view of the expected harsh winter, especially for families staying in the open.³

WASH

Following the refugee influx, the 2014 Humanitarian Needs Overview showed that water, sanitation and hygiene needs in the Khost province were rated high priority and that there were acute needs related to sanitation and safe water, particularly in Barmel, Tani, Khost (Matun) and Mandozayi districts.

CERF funding of \$500,600 was requested in order to ensure the provision of potable water through: continued water trucking to Gulan camp (the only established camp); installation of more sustainable, cost-effective solar-powered boreholes in the camp; and development of a water distribution mechanism to ensure drinking water delivered to the refugees and host communities. In addition, CERF funds were prioritized for the construction of latrines and associated hygiene messaging for refugees and host communities;

²Afghanistan Refugee Response Plan, July 2014, UNHCR.

³Khost and Paktika Update No. 28, 28 August 2014.

distribution of hygiene kits and water purification tablets to refugees and host communities; as well as public awareness campaigns to help ensure proper hygiene practices. These activities aimed to support an estimated 115,903 refugees and host community members.

Health

The 2014 Humanitarian Needs Overview showed both Khost and Paktika among the 13 high-risk provinces identified in regard to health situation. There were no emergency health care services available in inaccessible areas, nor treatment of malnutrition. Khost also ranked high with regard to the prevalence of malnutrition with 18.2 per cent well above the emergency threshold of 15 per cent. In Paktika, the overall malnutrition rates stood at 8.7 per cent. The risk of contagious but preventable diseases, such as measles, polio and pertussis were high due to very low vaccination coverage of the refugee population. In addition, there was concern about possible outbreaks of diarrheal diseases, including cholera, which the health system in both provinces would not have had the capacity to handle. In addition to communicable diseases, the situation required scaling up of routine primary health-care services, particularly with regard to maternal and child health and mental health care. Finally, many in the refugee population suffered from post-traumatic stress disorder and were in need of psycho-social first aid. CERF funding of \$465,974 was prioritized for the establishment of mobile and fixed health centres and distribution of safe delivery, emergency newborn, and dignity kits. In addition, psycho-social counselling, rolling surveillance and referral actions were prioritized in order to support the promotion of good health among the refugees and host communities. These activities aimed to support an estimated 63,267 refugees and host community members.

Food

The 2014 pre-harvest appraisal indicated that the 2014 wheat harvest nationally was expected to be better than those of both 2013 and 2012. However, Khost and Paktika have some of the highest food deficit levels in the country – about 40,000 MT of cereals per year. Most of the staple food supply to Khost and Paktika is in the form of informal trade across the border from Pakistan and during the military operations in Pakistan this trade slowed down and was in some cases completely disrupted. Therefore, the supply to local markets in the two provinces was constrained, which significantly increased food prices. Consequently, a total of \$1,999,966 in CERF funding was prioritized for food support. These funds would ensure the provision of a one month's food ration to 112,000 refugees. The funding would also allow the World Food Program (WFP) to access Afghanistan's Strategic Grain Reserves in order to enable expedited distribution.

Shelter/NFI

By August, an approximate 80 per cent of the refugees were sheltering in open areas. As winter was approaching there were serious needs to ensure proper sheltering. UNHCR, the International Organization for Migration (IOM) and the International Rescue Committee (IRC) provided tents to the initial influx of refugees but depleted their resources by September. Therefore, CERF funding at a total of \$524,481 was prioritized for shelter/NFI activities. These funds would ensure the procurement and distribution of tents to an estimated 8,106 refugees.

Protection/Mine Action

Assessments of the Gulan camp identified two anti-tank mine fields along the perimeter of the camp, as well as anti-tank mines found within the camp where agencies were registering refugees for assistance and delivering food, NFIs, and health services. While demining operations had initially cleared 137,000 m², it was determined that an additional 743,000 m² within the camp, as well as six hazardous areas near the camp totalling 228,000 m² required clearing. As partners conducting mine clearance and mine risk education had depleted their funding, the displaced population was at risk and without additional funding agencies would be unable to deliver assistance in the camp. Therefore, CERF funds at a total of \$500,000 were prioritized for mine clearance and mine risk education expected to support an estimated 22,903 refugees.

Complementarity with the Afghanistan Common Humanitarian Fund

With numbers of refugees and undocumented Afghan returnees from Pakistan increasing towards the end of 2014 (37,500 families), in November the Resident Coordinator/Humanitarian Coordinator (RC/HC) activated the Second Reserve of the Afghanistan Common Humanitarian Fund (CHF) to ensure the continuation of the humanitarian response for these highly vulnerable groups, especially during the winter months. A total of \$5 million was allocated from the CHF to ensure assistance in the areas of Shelter/NFIs, Food and Protection/Mine Action. The CHF also supported the UNHAS high-altitude helicopter services supporting both the Khost and Paktika provinces. Prior to the refugee influx, both the health and nutrition clusters received funding through the CHF's First Standard Allocation of 2014 in March to deliver lifesaving emergency health services and treatment of acute malnutrition. The CHF is managed by OCHA Afghanistan's Humanitarian Financing Unit that also coordinated the preparation of the CERF appeal. This helped ensure the complementary use of the CERF and CHF funds and their joint and coordinated support to the emergency response.

III. CERF PROCESS

The humanitarian response to the influx of refugees from Pakistan to Khost and Paktika has been a multi-agency, multi-sector response coordinated by UNHCR. The primary forum for the coordination of the response effort has been through a dedicated UNHCR-led Task Force, bringing together all humanitarian partners responding in the affected area together with relevant representatives of the existing cluster coordination structure and counterparts of the Government of the Islamic Republic of Afghanistan. Prioritisation of needs and activities described in the CERF application was primarily informed by the Task Force and agreed in consultation with the Humanitarian Country Team (HCT).

Prioritization by the Task Force and the HCT was a consultative process that drew on consolidated findings of all sectoral needs assessments, conducted by various clusters and agencies. The results were consolidated in a shared database (the refugee and host community needs matrix) enabling an impartial and evidenced based assessment of relative needs and vulnerabilities.

Owing to the significant proportion of the displaced population who had settled with host communities, and in consideration of the impending winter, activities were prioritised according to their lifesaving nature and potential to reduce the risk of conflict between refugee and host communities, preventing, where possible, a phase of secondary displacement. Provision of emergency winterization including supplies for shelter, heating and clothing was prioritised, in particular targeting the refugee population settled in open areas. Community-based projects, ensuring provision of services to alleviate pressure on host communities, were also identified as crucial. Host community absorption capacities were nearing exhaustion. Targeted assistance to these communities was essential to ensure they could maintain any level of support to the estimated 85 per cent of refugees who had settled among local communities in Khost and Paktika.

The Task Force with technical support from the Clusters worked with implementing partners to assess the coverage of existing activities, map out funding already secured and the capacity of existing partners on the ground to meet outstanding needs. All UN agency proposals were prepared in consultation with the clusters and implementing partners. Cluster review of proposals ensured applications conformed to agreed cluster technical standards and minimum considerations in terms of ensuring safety and dignity of beneficiaries and promoting gender equity in selection criteria and participation in the design and implementation of operations. In all cases, projects were implemented through partnerships with experienced NGOs sensitive to cultural and gender issues.

Where possible, clusters sought to influence planned activities to build upon existing capacities and complement on-going activities in line with the 2014 SRP. The influx of refugees was as mentioned a sudden and unforeseen event not predicted within the 2014 SRP. However, both the health and nutrition clusters had identified significant vulnerabilities in the two provinces and had supported partners to obtain funding through the CHF First Standard Allocation of 2014 in March to deliver lifesaving emergency health services and treatment of acute malnutrition. In developing project plans under the CERF application, these same agencies and NGOs were identified as the primary implementing partners, owing to their previous experience in the selected districts and already established mechanisms for service delivery.

In addition to ensuring immediate funding, the CERF allocation also aimed to serve as a catalyst to galvanise other donors, and the Government of the Islamic Republic of Afghanistan, to provide additional funding to sustain the response. Wider resource mobilisation efforts were undertaken to secure support from DG-ECHO and USAID/BPRM. Furthermore, available resources committed to the CHAP 2014 were reprioritised to respond to the needs of the most vulnerable of the refugee caseload. As of the mid-year review point, the UNHCR drafted Refugee Response Plan, detailing required response activities amounting to approximately \$25 million, was fully incorporated into the Afghanistan 2014 CHAP.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 241,641 as of 30 March 2015				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Shelter and NFIs	4,137	3,972	8,106
	WASH	60,310	57,840	118,150
	Protection/Mine Action	9,999	19,254	29,253
	Food Security	63,441	66,031	129,472
	Health	41,393	16,155	57,548

BENEFICIARY ESTIMATION

Shelter/NFI

Beneficiaries of UNHCR's shelter activities were identified during the initial assessment stage by UNHCR and partners. Together with community leaders, elders and local counterparts, UNHCR developed lists of refugees that were used together with WFP and implementing partners for distribution of assistance. These lists were cross-checked to ensure accuracy. Families were identified and verified by the head of household with Pakistani ID card number. The beneficiary selection attempted to identify vulnerable, female, and child-headed households during the assessment process. Double targeting was avoided by distributing ration cards and recording which families received assistance. At the time of the CERF application there were 22,530 refugee families (approximately 168,000 individuals), with 3,000 families in Gulan Camp, 13,155 in Khost and 6,375 in Paktika. Of these, only 6,057 families had received tents with only 816 in Paktika. As of 15 March it was estimated that there were 34,192 families with 8,663 families in Gulan Camp, 15,912 families in Khost and 9,617 in Paktika (238,156 individuals). Tents were distributed to 14,274 families (11,171 in Khost and 3,103 in Paktika), of which UNHCR distributed 11,743 (8,640 in Khost and 3,103 in Paktika).

Food

Beneficiaries were identified according to selection criteria of the lead agency (UNHCR), and verified by agencies involved in the joint assessments, including WFP. In order to avoid double counting WFP took the duration of assistance into account when calculating the beneficiary numbers. The refugees in Khost and Paktika are categorised under the general food assistance programme activity where the duration of assistance is 360 days. As such, WFP has used the highest number of beneficiaries during the assistance period.

Health

People benefited from health services in the form of consultations with medical staff including consultations on reproductive health for women and medical interventions for newborns. Beneficiary estimation was based on either direct counting of consultations using the service register available in each facility and with each medical team or through a proxy number of beneficiaries for a specific type/amount of medical kits and supplies in cases where reporting on actual number of consultations was not possible. Double counting has been avoided through estimation of the number of direct beneficiaries who received medical consultations or benefited from medicines through medical consultations in a health facility or through a medical team.

Protection/Mine Action

In the mine action sector, clearance and risk education primarily benefited the camp population, with a small proportion of beneficiaries in close proximity to the camp. To avoid double counting, the total beneficiaries for the sector were calculated using the beneficiary figures reported by the risk education organisation, which are comprised of the families reached within the camp and those living in close proximity to the hazards cleared outside the camp using CERF funds. The figures recorded in Table 4 refer to the individuals directly reached through 606 mine risk education sessions conducted using CERF funding.

WASH

UNHCR's and UNICEF's delivery of potable water and sanitation and hygiene activities benefited all refugees in the camp, as well as host communities. The beneficiary numbers for the camp are based on UNHCR's registration of beneficiaries. The estimation of

beneficiaries of the established latrines and water points and rehabilitated wells in the host communities is based on a WASH assessment's estimate of number of families in need and an average family size of 7 persons.

Table 5

Consolidation of beneficiary numbers for table 5 has been conducted based on conversations regarding operational coverage with key implementing agencies. More specifically, estimates have been developed and double-counting avoided by using WFP's reported beneficiary numbers. All beneficiaries of all other interventions are estimated to also having received food distributions and therefore the totals provided in table 5 are identical to the beneficiary numbers reported for food in table 4. .

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	61,200	63,441
Male	58,800	66,031
Total individuals (Female and male)	120,000	129,472
Of total, children <u>under</u> age 5	69,600	27,189

CERF RESULTS

WASH

The CERF allocation enabled vulnerable populations in the Gulan camp access to water. Without the CERF allocation these populations would not have had access to water in a regular and dignified manner. CERF funding ensured trucking of 225,000 litres of potable water into the Camp per day to assist 22,500 refugees until the construction of 4 boreholes was completed. These boreholes are now operational and benefiting an estimated 40,000 refugees.

UNICEF unfortunately encountered delays in the implementation of training activities and distribution of WASH hygiene kits. Approximately 5 per cent of UNICEF's activities under this CERF grant were delayed and remain ongoing. The activities will be fully implemented by late May.

Health

At the beginning of the refugee influx a mobile clinic managed by the International Medical Corps (IMC) was operational through the support of the Afghanistan CHF but the increased refugee numbers and the scattered settlement within the communities necessitated urgent expansion of the available health services. The joint activities of the Health sector partners (WHO, UNFPA and UNICEF) supported by the CERF grant provided much needed health care services to a total of 57,548 refugees.

UNFPA covered shortages of the ongoing Basic Package of Health Services (BPHS) programme by providing emergency reproductive health medicine and equipment to provincial hospitals in Khost and Paktika serving refugees and host communities. A total of 23,340 women of child-bearing age benefited from reproductive health services. UNFPA ensured that 1,200 pregnant women were provided with clean delivery kits for clean delivery use at home when faced with challenges related to reaching a health facility, provided 4,250 families (8,000 women of child bearing age) with dignity kits and ensured that 7,224 pregnant women had access to improved obstetrics care services from local health facilities that were equipped with reproductive health kits (equipment and supplies).

UNICEF provided new-born kits to 5,000 infants in Khost and Paktika provinces.

Through awareness campaigns, hand washing habits trainings and improved access to safe water using water filters and clean water containers, WHO ensured improved hygiene amongst 7,000 targeted refugees at high risk of suffering from waterborne diseases. Finally, WHO assisted the ongoing activities of the NGO Healthnet International and Transcultural Psychological Organization (HNI-TPO) to provide psychosocial support to the refugees settled in Khost province thereby helping them to better cope with the living environment.

Food

WFP's response focused on providing food assistance to meet the minimum food requirement of the affected populations. This was done through general food distribution to targeted households. With the provided CERF funds WFP was able to provide emergency food assistance (2,310 mt) to nearly 130,000 individuals and thereby meet their immediate food needs and stabilize or improve household

food consumption. The number of beneficiaries reached with food assistance is higher than planned due a change in the food basket. WFP initially planned to purchase all commodities in the food basket (high energy biscuits, wheat, pulses, fortified vegetable oil and iodised salt) but in order to maximize resources and allow responding to the increasing refugee influx, a decision was made to only purchase and distribute wheat.

The wheat was mainly purchased locally through the Afghan Government's Strategic Grain Reserve facility, reinforcing its newly established function as a vital tool for emergency response in the country. Wheat was also procured from small-scale traders and farmers' societies through the Purchase for Progress programme.

Responses to food-security and nutritional needs of refugees, IDPs and returnees affected by conflict are included in WFP's Strategic Objective 1 (Save lives and protect livelihoods in emergencies). In order to measure outcomes under this objective, WFP uses a corporate indicator which is based on the percentage of households with a poor food consumption score. This is measured before, during and after the intervention. At the beginning of the WFP intervention, 41 percent of the targeted households had poor food consumption, and another 59 percent had borderline food consumption. Upon expiration of the CERF funds, the proportion of households with poor food consumption had been reduced to 14 percent. However, the percentage of households with borderline food consumption remained high at 86 percent.

Shelter/NFI

Through the CERF allocation, UNHCR was able to provide emergency shelter (tents) to 1,158 vulnerable families and thereby protect them from harsh weather. This also alleviated the pressure on the host community that initially had hosted many refugees.

Protection/Mine Action

Phase one of the mine clearance activity (1st December 2014 to 28th February 2015) aimed to clear 55.2 per cent of the contaminated areas within the Gulam Camp (470,989 m²). During phase one, 589,567 m² were cleared, bringing the total area cleared within the camp to 762,985 m² (89.4% of the contaminated area within the camp), thereby exceeding the activity's target. The remaining 10.6 per cent of the contaminated land within the camp was cleared using CHF resources. Since the implementing partner, HALO Trust, demonstrated a higher productivity rate than expected, it was decided to initiate a second clearance phase using the remaining CERF funds to clear six hazards in close proximity to the camp, amounting to 232,080 m². Phase two ended on 2nd April 2015 and resulted in the clearance of 245,173 m² of contaminated land. Thereby the total clearance achieved with CERF funding totalled 834,740 m² and significantly exceeded the total target for the project. During the process, the teams safely destroyed a total of 53 anti-tank mines and 21 items of unexploded ordnance.

Mine/explosive remnants of war (ERW) education activities aimed to reach the 22,903 people estimated to be living within the Gulam camp. Activities began on 20th November 2014 and ended on 20th February 2015. The implementing partner, Organization for Mine Clearance and Afghan Rehabilitation (OMAR), deployed two male-female teams to the camp and conducted 606 sessions, reaching 29,253 people in Gulam Camp and its surrounding areas, including 4,179 families, comprising of 7,275 men, 4,339 women, 11,979 boys and 5,660 girls.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

WASH

At first, agencies and organizations responded to the unexpected influx through existing resources, stocks and supplies. However as it became clear that the population was increasing significantly, that the military operations were not ending and agencies had run out (or were close to running out) of contingency stock, CERF was a critical tool in allowing agencies to immediately procure additional supplies to meet the needs of the growing number of refugees as soon as the volume of the emergency was realized. It also allowed for immediate water trucking to the camp, until the boreholes were operational.

Health

The sudden influx of refugees overburdened an already weak health care system in the affected provinces. CERF enabled the service providers to initiate their planned interventions within 3 months of completion of initial assessment. The CERF funds ensured swift provision of health care services in time for the harsh winter.

Food

The CERF funding enabled WFP to minimize disruptions of its food pipeline in 2014 and ensured timely implementation of assistance activities.

Shelter/NFI

The CERF funds were critical in ensuring that UNHCR could respond to the unexpected refugee influx by quickly procuring additional supplies to meet the needs of the growing number of refugees.

Protection/Mine Action

While the implementing partners had already deployed to the area and were conducting clearance activities, CERF funds allowed these clearance activities to be accelerated in line with the increased number of refugees and for mine/ERW risk education teams to be deployed to help prevent accidents as clearance was ongoing.

b) Did CERF funds help respond to time critical needs⁴?

YES PARTIALLY NO

WASH

The lack of adequate WASH services left large portions of the affected population at risk of preventable contagious diseases. Children weakened by frequent diarrheal episodes were vulnerable to malnutrition and other opportunistic infections. The CERF funding allowed for a timely response to these challenges.

Health

The activities identified under the CERF project were critical to ensure delivery of time-critical lifesaving health services including maternal and new borne health services.

Food

While WFP's Protracted Relief and Recovery Operation (PRRO 200447) did not include a contingency for any cross-border influx, the needs of refugees were addressed under the PRRO through general food distributions. However, this support significantly exceeded the planned emergency assistance capacity of the PRRO in both magnitude and duration. Towards the end of 2014, this resulted in pipeline breaks and in order to minimize the effect on beneficiaries, WFP was forced to reprioritize its available resources by reducing emergency rations, including to beneficiaries supported in Khost and Paktika. The CERF allocation allowed WFP to ensure continued and timely assistance to the people in Khost and Paktika provinces.

Shelter/NFI

CERF was essential in allowing time-critical responses to the needs of refugees and host communities in Khost and Paktika, as the funding was used to provide emergency shelters prior to the harsh winter.

⁴ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

Protection/Mine Action

CERF funds allowed additional mine clearance teams to be deployed, which meant that more land could be cleared before residents of the camp began 'digging in' for winter, which would have been a highly risky activity before the anti-tank mines had been removed.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

WASH

There is no documented evidence of the CERF allocation helping to leverage other funding but CERF was the first major donor and did help to improve the visibility of the humanitarian emergency among donors.

Health

The CERF allocation provided the opportunity to timely initiate the needed interventions while searching for additional sources of funding. Additional resources were secured from Germany.

Food

There is no evidence that CERF funding helped ensure additional resources but funds have subsequently been raised for WFP's Khost and Paktika activities from USAID/Food for Peace and the CHF.

Shelter/NFI

Funding for emergency shelters was also provided by the CHF which identified the refugee response as fulfilling the life-saving criteria of the 2014 Strategic Response Plan for Afghanistan.

Protection/Mine Action

Partners were able to mobilise additional funds from the CHF to ensure that all contaminated areas were eventually made safe, both within and outside the camp.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF process brought together the key agencies under the leadership of the Humanitarian Coordinator to ensure a shared analysis as to priority intervention areas in need of support.

WASH

Prior to the CERF process agencies had been coordinating efforts as assessments, information sharing, assistance delivery and strategic planning through the Refugee Response Plan. The CERF process helped reinforce this coordination.

Health

The CERF process helped support emergency collaboration and coordination amongst the UN agencies, NGOs and local health authorities at the provincial and central levels.

Food

The CERF process helped enable UNHCR and WFP to manage the refugee operation in an effective manner and to ensure that task force and interagency coordination efforts were conducive to meet the needs of the most vulnerable during the challenging camp coordination exercise.

Shelter/NFI

The CERF process helped reinforce coordination among agencies in the areas of assessments, assistance delivery and strategic planning.

Protection/Mine Action

The allocation of CERF funds for mine clearance in the camp resulted in the deployment of additional teams and required coordination with other humanitarian actors within the camp to determine which areas should be cleared and when.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Health

The implementation of the CERF allocation provided an educational experience by health care providers in Khost and Paktika provinces. This included efforts to mobilise emergency teams and hire mobile health teams to serve the scattered and displaced communities. This experience will help future humanitarian responses in Afghanistan.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Short project periods in refugee settings are not suitable in unpredictable complex emergencies	Look for other resources that could complement CERF since the refugees will not return within 6 months	HC
The CERF allocation was instrumental in maintaining WFP's life-saving activities and ensuring continued international protection and assistance of the refugee population	The refugee operation should be considered a critical sector in Afghanistan by the Humanitarian Country Team (HCT) and be prioritized to receive CERF funding given the lack of government support in this area and the decrease in traditional donors' funding	HCT
Active engagement and participation by refugee representatives was effective in managing expectations and avoiding discontentment in case of pipeline breaks and commodity-related issues	This good practice of engagement of the refugee representatives should be continued in the future	WFP
There is a shortage of female health care service providers and WASH partners	Qualifying female health care providers should be a prioritized under regular projects	HCT
Strong coordination between all health stakeholders is determining for the quality of the response	In future emergencies ensure rapid assessments and end use monitoring	Health cluster
Distribution of clean delivery kits to pregnant women provides a back-up / alternative to 'clean delivery services' in remote and insecure areas	Ensure distribution of clean delivery kits to pregnant women with poor access to improved obstetric services	UNFPA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:	UNICEF UNFPA WHO	5. CERF grant period:	UNICEF: 01.10.14 – 31.03.15 UNFPA: 01.10.14 – 31.03.15 WHO: 03.10.14 – 02.04.15	
2. CERF project code:	14-RR-CEF-144 14-RR-FPA-043 14-RR-WHO-071	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:	Health			
4. Project title:	Emergency Response to Refugees in Afghanistan			
7. Funding	a. Total project budget:	US\$617,124 (UNFPA US\$ 370,500 WHO US\$163,164 UNICEF US\$83,460)	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$465,974 (UNFPA US\$ 219,350 WHO US\$163,164 UNICEF US\$83,460)		▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 115,000
	c. Amount received from CERF:	US\$465,974 (UNFPA: US\$219,350 UNICEF: US\$83,460 WHO: US\$163,164)		▪ <i>Government Partners:</i> US\$ N/A
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	45,127	41,393	Less than planned beneficiaries were reached due to a very dispersed population that was difficult to reach during the winter.	
b. Male	18,140	16,155		
c. Total individuals (female + male):	63,267	57,548		
d. Of total, children <u>under</u> age 5	11,179	14,239		
9. Original project objective from approved CERF proposal				
Refugee population (affected by the North-Waziristan conflict) in Afghanistan have equitable access to effective safe quality essential health services				
10. Original expected outcomes from approved CERF proposal				
Equitable timely and efficient health services are provided to population affected by NWZ conflict				
Output 1	42,883 refugees have access to effective safe quality essential health services in Bermel and			

Urgan, Paktika		
Output 1 Indicators	Description	Target for Indicator
Indicator 1.1	One mobile health clinic operational with referral services established	1
Indicator 1.2	One fixed clinic operational established	1
Indicator 1.3	Hygiene promotion awareness conducted	7,500 people receive awareness messages
Output 1 Activities	Description	Implemented by
Activity 1.1	Establish one additional fixed clinic and one mobile clinic in Bermel and Urgan to meet the health needs of the displaced and host families	IMC
Activity 1.2	Undertake hygiene awareness activities in Paktika targeting the refugees	WHO
Output 2 Psychosocial counselling services established in Khost		
Output 2 Indicators	Description	Target for Indicator
Indicator 2.1	Psycho-education sessions/ awareness sessions undertaken	4,240 person receiving counselling or participating in awareness sessions or support groups
Output 2 Activities	Description	Implemented by
Activity 2.1	Provide psychosocial support to affected population in Khost district for 6 months	HNI TPO
Output 3 57,800 pop will benefit from dignity and reproductive health kits procured and distributed in Khost and Paktika		
Output 3 Indicators	Description	Target for Indicator
Indicator 3.1	Dignity kits distributed	3,000 women receive the kits
Indicator 3.2	ERH Kits including Safe delivery kit distributed	50,000 people supported
Indicator 3.3	Emergency new born kit distributed	4,800 new born
Output 3 Activities	Description	Implemented by
Activity 3.1	3,000 Dignity kits distributed	UNFPA
Activity 3.2	5 sets of Emergency Reproductive Health Kits of block-1 and two sets of block-2 and one set of block-3 provided to health facilities in Khost and Paktika provinces.	UNFPA
Activity 3.3	5,000 Emergency new born kits distributed	UNICEF
11. Actual outcomes achieved with CERF funds		
<ul style="list-style-type: none"> 19,960 refugee population in Paktika province received emergency primary health care including out-patient services, ANC, vaccination, health education and referral services through one static and one mobile clinic during a 4 months period. 440 pregnant women received at least 2 antenatal care visit; 185 clean delivery kits were distributed; 4,592 people received emergency primary health care among them 2,801 were women; 440 children received routine vaccinations; 8799 children 		

<p>received Polio vaccine; 14 emergency cases were referred; 260 pregnant women were provided with health education on pregnancy, breast feeding and infant care; 5,200 refugees received health education on maternal health, nutrition and hygiene; 30 Community Health Workers were trained</p> <ul style="list-style-type: none"> • The mental state and coping capacity of refugees improved. 2,247 refugees received psychological support; 380 benefitted from focus group discussion; 260 benefitted from support groups; 27 psychological cases were managed; 1,180 benefitted from psychological awareness sessions; 220 participated in discussion groups; psychosocial training was provided to 180 religious people and influential figures. • Risk of water borne diseases amongst the refugees in Paktika was reduced through safe water, sanitation and hand hygiene awareness sessions. • Reproductive health of targeted population improved through the provision of quality reproductive health services. 23,340 women received reproductive health services; 7,224 pregnant women received obstetrics care services; 1,200 pregnant women received clean delivery kits for clean delivery; and 4,250 families (8,000 women of child bearing age) received dignity kits. • Newborn survival chances improved through the provision of emergency newborn kits to 5,000 infants. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The planned outcomes were achieved with the exception of the slightly below planned number of reached beneficiaries (as explained in section 8 of this table).	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Due to the short life span of the project, it was difficult to design an evaluation component for this project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF UNHCR	5. CERF grant period:	UNICEF:15.08.14 – 14.02.15 UNHCR: 15.08.14 – 14.02.15
2. CERF project code:	14-RR-CEF-145 14-RR-HCR-042	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Concluded
3. Cluster/Sector:	WASH		
4. Project title:	WASH Emergency Response for refugees and host community in Khost and Paktika, including Gulan Camp, Afghanistan		
7. Funding	a. Total project budget:	US\$ 1,699,208	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 176,925 (UNHCR) US\$323,675 (UNICEF)	▪ NGO partners and Red Cross/Crescent: US\$ 289,674
	c. Amount received from CERF:	US\$500,600 (UNICEF: US\$323,675 UNHCR: US\$176,925)	▪ Government Partners: N/A
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	59,110	60,310	UNHCR: The construction of the first three boreholes was finished earlier than expected in November as a result an estimated USD 16,000 was saved on water trucking. This funding, in accordance with CERF, was used to construct an additional borehole.
b. Male	56,793	57,840	
c. Total individuals (female + male):	115,903	118,150	
d. Of total, children <u>under</u> age 5	6,729	16,803	UNICEF: UNICEF encountered delays in the implementation of training activities and distribution of WASH hygiene kits. Approximately 5 per cent of UNICEF's activities under this CERF grant remain ongoing and will be finalized late May.
9. Original project objective from approved CERF proposal			
<p>The main objective of the project is to prevent 57,903 refugees and an estimated 58,000 host community members including 18,000 children under 5 years old in Khost and Paktika provinces from deteriorating health due to preventable waterborne diseases and acute malnutrition through provision of emergency WASH support. CERF funds will ensure sustained access to safe drinking water, adequate sanitation and improved hygiene practices in the target areas and will be utilized to support the improvement of management and technical capacities of the affected populations to ensure effective operation and maintenance of water supply and sanitation systems. Key activities are as summarized below;</p> <p><i>Fact findings and capacity building:</i></p> <ul style="list-style-type: none"> Carry out assessment (site selection) on the new WASH intervention and the functionality of the existing water points (Refugees) <p><i>Ensure safe drinking water:</i></p> <ul style="list-style-type: none"> Provide a reserve supply and spare capacity to meet temporary needs as well as the needs of new arrivals at 20 litres 			

per person, per day, in the refugee camp – on-going; (refugees only)

- Construct three bore holes in Gulan Camp for 3,000 refugee families, developing sources, storage and distribution system to deliver a sufficient amount of water to the refugee camp – construction of the first bore hole has begun, demining has delayed the finalization and further construction; (Refugees only)
- In collaboration with local NGOs and provincial government, develop a water distribution mechanism to ensure drinking water delivered to the targeted communities in the target areas; (Refugees and host community)
- Organize training on operation, maintenance and management of water supply systems to ensure the long-term functionality of all provided water facilities (Part of UNICEF regular programme in Emergency) refugees and host community.

Hygiene and sanitation:

- Construction of 110 public latrines in the target area and provide training on household latrine construction as well as appropriate operation and maintenances of latrines (refugees and host community);
- Provide 5,000 hygiene kits, 100,000 Water Purification Tablets to 1,000 affected households in the intervention areas (refugees and host community);
- Conduct public awareness campaign to ensure proper hygiene practice among the residents in the areas (refugees and host community).

10. Original expected outcomes from approved CERF proposal

The lack of adequate WASH services leaves large portions of the affected population at risk of preventable contagious diseases. Children weakened by frequent diarrheal episodes are more vulnerable to malnutrition and other opportunistic infections. UNICEF will work closely with UNHCR, local partners and sub-national government to ensure children and women have access to at least 7.5 – 15 liters of clean water per day. In this regard, assistance will be provided to government and implementing NGO to provide water supply to 35,000 of the displaced population through the rehabilitation of 25 existing water points and water trucking as well as focusing on water safety at the household level. A maximum ratio of 20 people per hygienic toilet / latrine squat hole implying users should have a means to wash their hands after defecation with soap. The effort will go beyond construction but focus will be on the usage and other activities relating to sanitation in Emergency. And finally, UNICEF through partners will support hygiene education / information targeting at least 70% of women and child-caregivers pertaining to safe and hygienic child care and feeding practices. This activities will include the distribution of 5,000 emergency hygiene kit and family kits and hygiene promotion through trained hygiene promoters, distribution of soap for hand washing and communication messages focusing on water usage, personal hygiene and sanitation.

CERF Project Results Framework – UNICEF

Outcome statement	Reduce the prevalence of contagious diseases through increased access to safe drinking water and hygiene practice among vulnerable affected refugee and host community members in Khost and Paktika, with particular focus on children.	
Output 1	Improved access to safe drinking water to 35,000 people in the target area.	
Output 1 Indicators	Description	Target for Indicator
Indicator 1.1	Number of people with improved access to safe drinking water through rehabilitation of 25 existing wells	35,000
Output 1 Activities	Description	Implemented by
Activity 1.1	Conduct assessment	UNICEF, MRRD, IMC, IRC Solidarity and others
Activity 1.2	Procurement of supplies (pipe/pumps)for urgent rehabilitation of water sources in the areas	UNICEF
Activity 1.3	Rehabilitation of existing boreholes and hand pumps to increase access to safe drinking water for the target households.	NGOs (IMC,IRC, Solidarity), and MoRRD
Activitv	Strengthen the existing capacity of water committees with	NGOs (IMC,IRC,

1.4	appropriate tools for reliable and sustained access to water.	Solidarity) and MoRRD
Activity 1.5	Ensure community and HH water treatment	NGOs(IMC,IRC, Solidarity)
Output 2	Improved access to basic sanitation to 10,000 people in the target areas	
Output 2 Indicators	Description	Target for Indicator
Indicator 2.1	Number of people with improved access to basic sanitation	10,000
Output 2 Activities	Description	Implemented by
Activity 2.1	Procurement of supplies for urgent construction and rehabilitation of latrines in the areas	UNICEF
Activity 2.2	Construction and rehabilitation of latrines	NGOs (IMC, DACAAR, Solidarity) and MoRRD
Activity 2.3	Capacity building of water and sanitation committees on latrine construction and O&M	NGOs (IMC, DACAAR, Solidarity) and MoRRD
Output 3	Improved hygiene practices focusing on HWTS and hygiene sanitation	
Output 3 Indicators	Description	Target for Indicator
Indicator 3.1	Number of people who have participated in interactive hygiene promotion activities	35,000 Refugees and host community members
Indicator 3.2	Number of family receiving hygiene kits	5,000 refugee and host community families
Output 3 Activities	Description	Implemented by
Activity 3.1	Procurement of HWTS supplies and hygiene kits	UNICEF
Activity 3.2	Distribution of WASH hygiene kits	NGOs (IMC,DACAAR Solidarity) and MoRRD
Activity 3.2	Promotion of good hygiene practices	NGOs (IMC,DACAAR Solidarity) and MoRRD

Output 4		
To provide an immediate sufficient amount of clean drinking water for the Gulan Camp based refugees		
Output 4 Indicators	Description	Target for Indicator
Indicator 2.1	Provide a reserve supply through water tanking to meet temporary difficulties and the needs of refugees in Gulan Camp	Water tanking delivered daily/ 20 lt per person/ per day Potable water distributed to 3,000 refugee families for emergency supply.
Indicator 2.2	Improve access to supplies through bore hole drilling and deep-well established to deliver a sufficient amount of water	Three bore holes drilled and accessible 3,000 refugee families may access potable water maintaining their dignity through collecting when most appropriate to the family, the quantity they need..
Output 4 Activities	Description	Implemented by
Activity 4.1	Transporting 185,000 litres of potable water per day (first month), and 225,000 litres per day (due to increase) for refugee camp.	UNHCR
Activity 4.2	Drilling three bore holes within the refugee camp to allow adequate sustainable supply of potable water daily.	UNHCR
11. Actual outcomes achieved with CERF funds		

The CERF funds allowed **UNHCR** to truck 225,000 litres of potable water into the camp to benefit an estimated 22,500 people (10L/person) living in the camp. At the same time, UNHCR constructed 3 boreholes recommended following a WASH assessment. The construction of the first 3 boreholes was finished earlier than expected in November and as a result, USD 16,000 was saved in CERF funds on water trucking. However, the population of the camp had increased significantly to more than 6,000 families (40,000 individuals). The saved funding was therefore used to construct an additional borehole. With CERF funding, over 20.2 million litres of potable water were trucked in and 4 boreholes constructed that are now benefitting an estimated 40,000 refugees.

The CERF funds allowed **UNICEF** to implement the following WASH activities in Khost and Paktika:

Khost:

- Emergency hygiene kit distribution: A total of 2,810 out of the planned 3,205 emergency hygiene kits were distributed to more than 1,300 displaced families in 3 districts of Khost province.
- Plastic jerry can distribution: A total of 3,846 families received one plastic jerry can per family. Each jerry can has the capacity to hold 10 litres of water.
- Construction of local latrines: A total of 120 local latrines were constructed for the benefit of 1,300 families in Matun (30 local latrines), Gurboz (66), and Mandozai (24).
- Rehabilitation of wells: The rehabilitation of 25 wells was completed in Khost province for around 500 families.
- Construction of water points: The site selection for 40 water points (wells and hand pumps) were completed, including 10 in Matun, 22 in Gurboz, and 8 in Mandozai districts. In Matun, 8 new tube wells were drilled and 7 new hand pumps were installed. In Gurboz, 20 new tube wells were drilled and 20 hand pumps installed. In Mandozai, 5 new tube wells were drilled and 2 hand pumps were installed. 20 families are benefitting from each water point.
- Construction of hand washing facilities: 120 out of a total 150 planned hand washing facilities were completed for 120 families.
- The remaining activities to be completed in the month of May are training and distribution of WASH hygiene kits.

Paktika:

- Hygiene and sanitation awareness sessions: 42 sessions were organized for over 1000 individuals, as an average of 24 participants attended each of the hygiene and sanitation awareness session.
- Soap distribution: During each hygiene/sanitation awareness session each family received 7 soap bars. From January to April 2015, a total of 6,282 bars of soap were distributed.
- Latrines construction: Out of the planned total of 70 latrines, 45 have been completed and 25 latrines are still under construction. The results of a rapid WASH needs assessment showed it was necessary to construct latrines in Urgan district for 166 households (1,162 individuals; 7 individuals/household) in need of latrines. Using current Sphere standards, it was calculated that 70 latrines would meet the needs of the community (1,162 population/17 people per latrine/ = about 70 latrines). The latrines were constructed using locally available materials in those communities.
- WASH Committees: Four WASH Committees were established (one for each village), each composed of five influential community elders who were interested in WASH. An MOU was signed with the WASH Committees to identify their roles and responsibilities. Focus Group Discussions were held regarding the selection of sites for the latrines to ensure safety and accessibility that is culturally appropriate, taking special consideration of the needs of women and girls. The WASH Committees are responsible for cleaning and maintaining as well as monitoring the project sites during the construction. Members of the WASH Committees also participated in the awareness sessions on hygiene and sanitation, on how to clean and maintain latrines in the communities.
- Community Health Promoters (CHPs): A total of 12 CHPs (or 3 CHPs per community in the 4 communities) were selected and trained on proper hygiene and sanitation, and on how to conduct hygiene and sanitation awareness sessions.
- Due to the harsh winter season when it is not possible to carry out construction works, the actual latrines construction works started on 15 March 2015. As at 15 April, the 95% of activities have been completed but the final report is still pending submission by the NGO implementing partners. All project activities were completed except for the 25 latrines construction out the total 70 latrines planned. The last monitoring mission verified that the construction of the remaining 25 latrines were 50% completed and will be finalized by the end of May 2015.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The construction of the first three boreholes was finished earlier than expected as a result an estimated USD 16,000 was saved on water trucking. This funding, in accordance with CERF, was used to construct an additional borehole.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNHCR: UNHCR conducts project performance monitoring for all activities implemented throughout the country. This is standard for all projects. Missions to the camp were conducted regularly by UNHCR staff during the implementation period, completion period and following the activity. At the same time, partners like Solidarites, which is UNHCR's WASH partner in the camp, ACTD and NRC who are operating in the camp were able to verify completion. Nevertheless, UNCHR will be begin post project monitoring on 1 June 2015.</p> <p>UNICEF: A joint verification mission to the province by MRRD, DACCAR and IMC is planned mid-July.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNOPS	5. CERF grant period:	03.10.14 – 02.04.15
2. CERF project code:	14-RR-OPS-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/Mine Action		<input checked="" type="checkbox"/> Concluded
4. Project title:	Humanitarian Mine Action in Support of Khost Refugee Response		
7. Funding	a. Total project budget:	US\$1,421,390	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$1,000,000	▪ NGO partners and Red Cross/Crescent: US\$463,777
	c. Amount received from CERF:	US\$500,000	▪ Government Partners: N/A
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,524	9,999	The project aimed to benefit the population within the camp. Due to higher than expected efficiency, clearance activities and mine/ERW risk education were expanded to include people living in close proximity to the camp.
b. Male	11,379	19,254	
c. Total individuals (female + male):	22,903	29,253	
d. Of total, children <u>under age 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
Saving lives by clearing mines and explosive remnants of war and facilitating freedom of movement for refugees and humanitarian implementers in Gulan Camp			
10. Original expected outcomes from approved CERF proposal			
Reduced risk of death and injury to individuals living and working in Gulan camp as a result of mines/ERW.			
Output 1	Refugees in Gulan Camp can safely access land previously contaminated by mines and explosive remnants of war and are equipped with the information needed to reduce personal risk.		
Output 1 Indicators	Description	Target for Indicator	
Indicator 1.1	Percentage of previously affected land cleared within the camp	Baseline: 20.3% (173,418 sqm) Target: 75.5% (644,408 sqm)	
Indicator 1.2	Percentage of camp population with the information needed to reduce personal risks	Baseline: 15,500 (70.5%) Target: 22,000 (100%)	
Indicator 1.3			
Output 1 Activities	Description	Implemented by	

Activity 1.1	Disbursement of funds to partners	UNOPS
Activity 1.2	Conduct emergency clearance of hazards within Gulan Camp	HALO Trust/MDC
Activity 1.3	Conduct mine/ERW risk education for refugees living in Gulan Camp	OMAR
11. Actual outcomes achieved with CERF funds		
<p>Clearance</p> <p>During phase one, 589,567 m2 were cleared within the camp, bringing the total area cleared within the camp to 762,985 m2 (89.4% of the contaminated areas within the camp), exceeding the project's target. The remaining 10.6% of the contaminated land within the camp were cleared using CHF funds.</p> <p>Due to a higher productivity rate than expected, it was decided to initiate a second phase of clearance using the remaining CERF funds to clear six hazards in close proximity to the camp, amounting to 232,080 m2. Phase two ended on 2nd April 2015 and resulted in the clearance of 245,173 m2 of contaminated land.</p> <p>When combined with the clearance achieved during phase one, CERF funded demining teams cleared a total of 834,740 m2 thereby exceeding the total target for the project. During this process, the teams safely destroyed a total of 53 anti-tank mines as well as 21 items of unexploded ordinance.</p> <p>Mine/ERW risk education</p> <p>Mine/ERW activities aimed to reach the 22,903 people initially estimated to be living within the camp. Activities began on 20th November 2014 and ended on 20th February 2015. The implementing partner, OMAR, deployed two male-female teams to the camp and conducted 606 sessions, reaching 29,253 people in Gulan Camp and its surrounding areas, including 4,179 families, comprising of 7,275 men, 4,339 women, 11,979 boys and 5,660 girls.</p>		
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:		
<p>The actual outcomes exceeded the targets, as the demining teams demonstrated a higher rate of productivity than initially planned. This meant that the remaining funds were able to be used to clear additional hazards in close proximity to the camp, which were also posing a threat to the camp population. Mine/ERW activities were also expanded to the areas outside the camp, thus reaching more people than initially planned.</p>		
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Clearance activities were designed to benefit all residents of the camp. Mine/ERW risk education activities included the deployment of male-female teams, so that women and girls also had access to this life-saving information.</p>		
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>
A post-demining impact assessment will be carried out within six months of completion of the project. However, no evaluation of the activities is planned at this time.		EVALUATION PENDING <input type="checkbox"/>
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	01.09.14 – 28.02.15
2. CERF project code:	14-RR-WFP-073	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protracted Relief and Recovery Operation		
7. Funding	a. Total project budget:	US\$ 13,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,948,974	▪ NGO partners and Red Cross/Crescent: US\$ 149,862
	c. Amount received from CERF:	US\$1,999,966	▪ Government Partners: N/A
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	57,120	63,441	The number of beneficiaries reached was higher than planned due a change in commodity purchased with the grant to meet significantly increased needs of increased number of affected people. Initially, WFP planned to purchase the full food basket (HEBs, pulses, wheat, salt) with the CERF contribution, however after review, WFP only purchased wheat. This change was communicated to CERF.
b. Male	54,880	66,031	
c. Total individuals (female + male):	112,000	129,472	
d. Of total, children <u>under</u> age 5	N/A	27,189	
9. Original project objective from approved CERF proposal			
To enhance food security and nutrition among vulnerable people by responding to the food-security and nutritional needs of IDPs and returnees affected by conflict.			
10. Original expected outcomes from approved CERF proposal			
Stabilized or improved food consumption over the assistance period for targeted households and/or individuals.			
11. Actual outcomes achieved with CERF funds			
Household food consumption score at the beginning of WFP assistance in Khost and Paktika: <ul style="list-style-type: none"> Percentage of households with poor food consumption score: 41 percent Percentage of households with borderline food consumption score: 59 percent Percentage of households with acceptable food consumption score: 0 percent Household food consumption score at the end of CERF project in Khost and Paktika: <ul style="list-style-type: none"> Percentage of households with poor food consumption score: 14 percent Percentage of households with borderline food consumption score: 86 percent Percentage of households with acceptable food consumption score: 0 percent 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
See section 8.			

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 1 If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
WFP uses regular monitoring as a means to collect info and data on outputs and outcome.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	15.08.14 – 14.12.15
2. CERF project code:	14-RR-HCR-041	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter/NFIs		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Shelter for Refugees		
7. Funding	a. Total project budget:	US\$3,456,412	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$3,379,287	▪ NGO partners and Red Cross/Crescent:
	c. Amount received from CERF:	US\$524,481	▪ Government Partners:
<p>N/A</p> <p>N/A</p>			
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,430	4,134	These figures have been revised downward as first we estimated 7.5 people per family, however as we have collected better information it is 7 people per family. Despite this UNHCR still reached the target number of 1,158 families.
b. Male	4,255	3,972	
c. Total individuals (female + male):	8,685	8,106	
d. Of total, children <u>under age 5</u>	2,058	1,921	
9. Original project objective from approved CERF proposal			
Emergency Shelters are procured and delivered to distribution points in Paktika for refugee families in Afghanistan.			
10. Original expected outcomes from approved CERF proposal			
To provide individual family shelter in order to create the necessary privacy, psychological comfort, and emotional safety, in Paktika province.			
Output 1			
Emergency shelter/tents delivered to 1,158 families in Paktika province			
Output 1 Indicators	Description	Target for Indicator	
Indicator 1.1	Procurement of global standard tents	1,158 tents procured	
Indicator 1.2	Number of refugee families that receive tents in Paktika	Distribution to 1,158 refugee families in Paktika, and post-distribution monitoring	
Output 1 Activities	Description	Implemented by	

Activity 1.1	Procurement of necessary supplies	UNHCR
Activity 1.2	Transportation to the Paktika to the point of distribution.	UNHCR
11. Actual outcomes achieved with CERF funds		
With CERF funds, UNHCR achieved the desired outcome of providing tents to 1,158 families in Paktika. As a result, these families have benefited from improved living conditions and safety from the elements. To date, UNHCR is the only agency providing tents and emergency shelters for families in Paktika.		
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:		
There was not a significant discrepancy, however the number of beneficiaries has been reduced as initially we estimated 7.5 people per family, however as we have collected better information it is 7 people per family. UNHCR still reached the target number of 1,158 families.		
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>Given that the project is implemented in a very conservative society where women often are not allowed out of their family compounds, providing tents and emergency shelter helps ensure that women and girls can be protected from the elements and can have a reduced exposure to violence.</p>		
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>
UNHCR is planning to evaluate the success of these projects and is currently in negotiations with a selected partner for conducting an evaluation.		EVALUATION PENDING <input checked="" type="checkbox"/>
		NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-WFP-073	Food Assistance	WFP	ORCD	Yes	NNGO	\$44,032	20-Oct-15	1-Sep-14	ORCD was WFP's partner in Paktika for the entire CERF funded period of 1 September 2014 - 28 February 2015
14-RR-WFP-073	Food Assistance	WFP	MEHR	Yes	NNGO	\$91,485	12-Oct-14	1-Sep-14	MEHR was WFP's partner for the refugee operation in Khost from September to December 2014
14-RR-WFP-073	Food Assistance	WFP	APA	Yes	NNGO	\$14,345	2-Mar-15	1-Jan-15	APA took over the Khost partnership responsibility from MEHR since 1 January 2015
14-RR-OPS-005	Mine Action	UNOPS	HALO Trust	No	INGO	\$444,425	17-Dec-14	1-Dec-14	
14-RR-OPS-005	Mine Action	UNOPS	OMAR	No	NNGO	\$19,352	3-Dec-14	20-Nov-14	
14-RR-WHO-071	Health	WHO	IMC	Yes	INGO	\$53,200	12-Jan-15	7-Dec-14	
14-RR-WHO-071	Health	WHO	HNI TPO	Yes	INGO	\$61,800	1-Jan-15	20-Dec-14	
14-RR-CEF-145	Water, Sanitation and Hygiene	UNICEF	DACCAR	Yes	INGO	\$200,000	31-Dec-14	1-Jan-15	
14-RR-CEF-145	Water, Sanitation and Hygiene	UNICEF	IMC	Yes	INGO	\$89,674	31-Dec-14	1-Jan-15	
14-RR-CEF-145	Water, Sanitation and Hygiene	UNICEF	MRRD	Yes	GOV	\$12,826	31-Dec-14	1-Jan-15	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Ante- Natal Care
AAR	After Action Review
BPHS	Basis Package of Health Services
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
CHWs	Community Health Workers
ERH	Emergency Reproductive Health
ERF	Emergency Reserve Fund
ERW	Mine/explosive remnants of war
HALO	Hazardous Area Life Support Organisation
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFU	Humanitarian Financing Unit
HNI-TPO	Healthnet International and Transcultural Psychological Organization
IMC	International Medical Corps
IMU	The Islamic Movement of Uzbekistan
IOM	International Organization for Migration
IRC	International Rescue Committee
NFI	Non Food Item
OMAR	Organisation for Mine Clearance and Afghan Rehabilitation
OPD	Out-Patient Department
PRRO	Protracted Relief and Recovery Operation
RC	Resident Coordinator
RH	Reproductive Health
SRP	Strategic Response Plan
TTP	Tehrik-e-Taliban Pakistan
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization