



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT / HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS AFGHANISTAN

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Mark Bowden

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	9,995,396
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	5,944,877
	OTHER (Bilateral/Multilateral)	497,493,484
	TOTAL	513,433,757
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	
	<i>First Round</i>	0
	<i>Second Round</i>	9,995,396

II. REPORTING PROCESS AND CONSULTATION SUMMARY

<p>a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><i>Both the RC/HC and OCHA discussed the report bilaterally with UN agency country representatives and program managers, and clusters in preparation of its compilation. The RC/HC also met with UN agency country representatives on completion of the final draft of the report.</i></p> <p>b. 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, cluster/sector coordinators and members and relevant government counterparts)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>

PART 2: CERF EMERGENCY RESPONSE – PROTRACTED CONFLICT (UNDERFUNDED ROUND II 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: \$448,551,322¹</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF	9,995,396
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	5,944,877
	OTHER (Bilateral/Multilateral)	497,493,484
	TOTAL	513,433,757²

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
CERF Allocation 1 – Date of Official Submission: 23 August 2012			
Agency	Project Code	Cluster/Sector	Amount
FAO	12-FAO-035	Agriculture	1,600,000
UNHCR	12-HCR-045	Shelter and Non-Food Items	2,299,944
UNICEF	12-CEF-108	Health	4,009,224
UNICEF	12-CEF-109	Protection/Human Rights/Rule of Law	239,616
WFP	12-WFP-066	Health-Nutrition	647,999
WHO	12-WHO-065	Health	1,003,788
WHO	12-WHO-066	Health-Nutrition	194,825
Sub-total CERF Allocation			9,995,396
TOTAL			9,995,396

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	7,413,673 ³
Funds forwarded to NGOs for implementation	2,581,723 ⁴
Funds forwarded to government partners	0
TOTAL	9,995,396

¹ 2012 CAP Afghanistan Mid Year Review revised requirement.

² Total funding accounted toward the 2012 CAP Afghanistan was USD \$222,451,177 inclusive of the financial resources provided through CERF and ERF. In addition, other humanitarian funding in 2012 accounted for USD \$290,922,580.

³ Total based on FAO for FSAC - \$1.46 million; UNHCR for ES/NFIs - \$0; UNICEF for Health - \$4 million; WHO for Health - \$1 million; UNICEF for Protection - \$139,739; WFP for Nutrition - \$605,697; and WHO for Nutrition - \$194,825.

⁴ Total based on FAO for FSAC through Mission East and Islamic Relief - \$139,600; UNHCR for ES/NFIs through DRC - \$2.29 million; UNICEF for Protection through Child Fund Afghanistan - \$99,877; and WFP for Nutrition through Merlin, Save the Children and ACTD - \$42,302. While no funds were disbursed to NGOs for the WHO-UNICEF Health project, the staff of the implementing organizations received transport and DSA for their activities.

Afghanistan remains in a protracted humanitarian emergency with little prospect of recovery in the short to medium term. There is no linear or visible transition from humanitarian relief to development. Conflict, natural hazards, chronic poverty and underdevelopment threaten people's survival, livelihood and dignity in many ways. These phenomena have also depleted community resilience by placing people in debt, killing livestock, destroying assets, and forcing households to split and resort to negative coping mechanisms, e.g. immigration and forced marriage.

The gradual geographical expansion of conflict poses a tangible threat to human security. It prevents people from accessing basic services, such as health and education, as they attempt to protect their families. The conflict also interrupts these services due to education or health facilities being occupied by the warring parties.

Internal displacement due to ongoing conflict and insecurity is increasing. Conflict-induced internal displacement has risen steadily since 2009. At the start of 2013, the IDP population reached almost half a million. In 2012 alone, more than 94,000 people were newly displaced by conflict. More than 85 per cent of the current IDP population is people displaced in the last two years. Displacement in 2012 accounted for a 7.4 per cent increase compared to 2011. In 2012, the nature of displacement became more protracted, coupled with secondary displacement. This is a result of increased conflict intensity, the fragmentation of armed groups and weak rule of law. People are prevented from returning to their places of origin because of conflict, the presence of landmines, the destruction of livelihoods and property, and ongoing intimidation by AGE. Poor access to basic services, few livelihood opportunities, the ongoing war and insecurity combine to deprive IDPs of their basic human rights, including the right to dignity and peaceful existence.

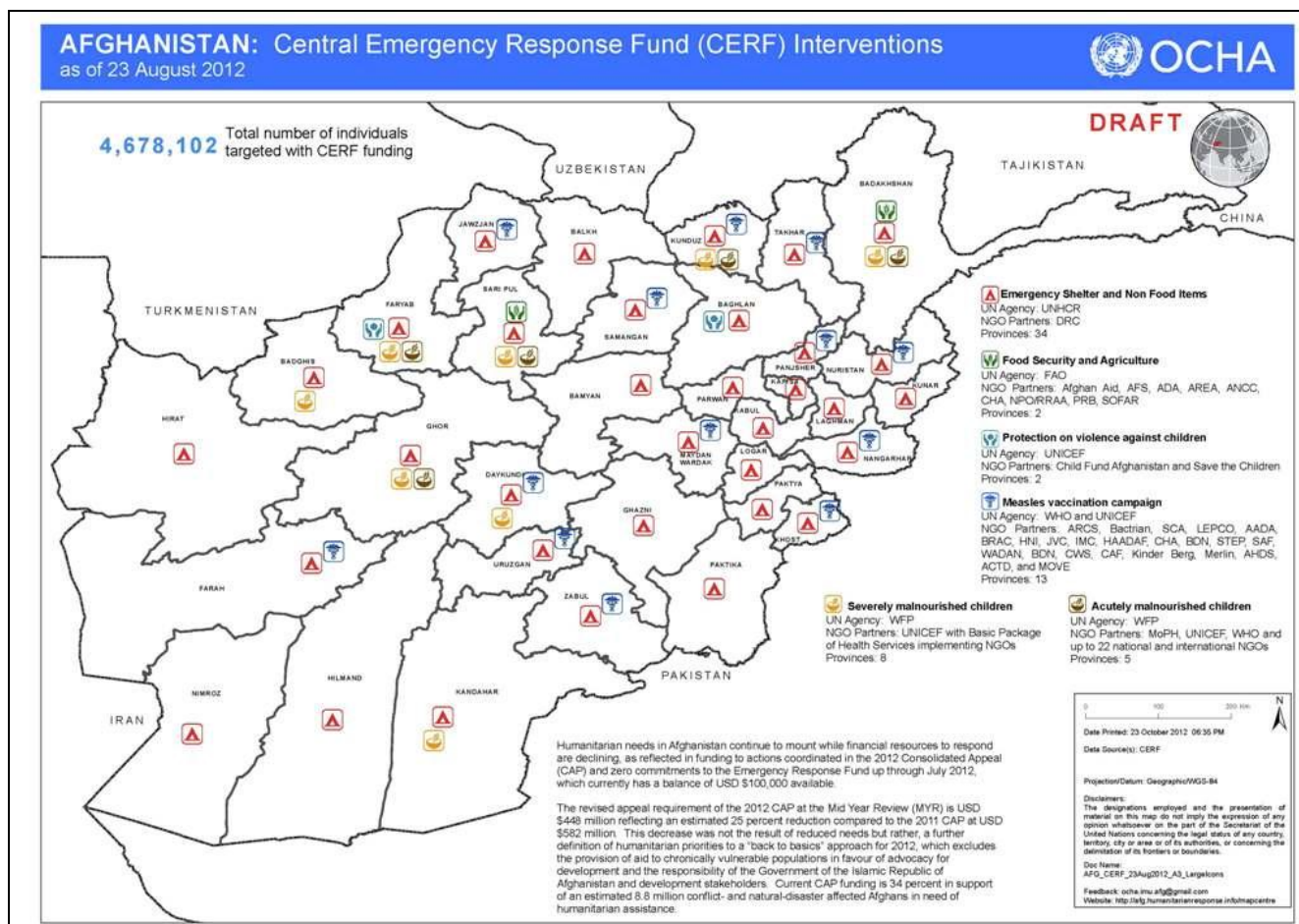
Urban displacement is growing. In Kabul, some 33,000 displaced people living in informal settlements are acutely vulnerable. The same pattern is evident in Jalalabad, Kandahar, Hirat and Mazar. While humanitarian assistance may provide temporary relief of the symptoms, the underlying causes of displacement must be addressed by government and development actors. Durable solutions for the displaced should be underpinned by policies that promote the full range of options – return, integration or relocation elsewhere – and the adoption of a national IDP policy should be accelerated. The Government has been reluctant to allow infrastructural improvements in urban slum areas as this might encourage permanent settlement on land that is occupied illegally. But even for the IDPs who wish to go back to their places of origin, it is not a straightforward choice.

Afghanistan is highly prone to earthquakes, landslides, avalanches, drought, floods, flash floods and harsh winters. Some of these hazards are most effectively addressed through early warning and emergency preparedness measures, primarily earthquakes, floods, flash floods and harsh winter. Others, such as drought, chronic flooding and avalanches, can only be effectively managed through disaster risk reduction and large-scale development interventions, including infrastructure repair and riverbank reconstruction. In reality, however, development efforts have failed to yield significant results in these areas. Therefore, natural hazards continue to render people in need of life-saving assistance. For example, deforestation driven by chronic poverty and short-term coping strategies is widespread, thereby worsening the effect of flooding and landslides on populated areas. In a largely agrarian economy, poor crop diversity and high dependence on rain-fed crops (as opposed to irrigation-fed crops) amplify the food insecurity caused by drought.

In 2012, the CAP Afghanistan sought \$448 million and was the fourth-least-funded crisis, in proportion to requirements, among the 22 humanitarian appeals globally. CAP funding reached 49.5 per cent or \$222 million, in support of 8.8 million people in need; and given the level received, resulted in substantial funding gaps in all sectors. Funding toward humanitarian appeals has substantially decreased when compared to previous years, averaging 71 per cent support per year between 2009 and 2011. By the end of 2012, only five clusters had received 50 per cent or more of their total 2012 CAP requirement, including: Logistics, Nutrition, Food Security and Agriculture (FSAC), Protection, and Water, Sanitation and Hygiene (WASH). The Emergency Telecoms Cluster received no funding, while Health and Education, both critical basic-service clusters, received 26 per cent and 29 per cent, respectively. FSAC, Health, Education and Coordination saw notable reductions in resources, while some clusters maintained funding levels similar to 2011, including Logistics, Multi-Sector and Protection. Others garnered some support, but not as much as in past appeals, in particular, WASH and Nutrition. In addition to the regular appeals funding, Afghanistan also receives substantial humanitarian funding outside the CAP. In 2012, donors contributed \$287 million to other humanitarian funding outside the CAP, mainly targeting ICRC, WFP, UNMAS, and NGOs. The total humanitarian funding for Afghanistan in 2012 amounted to \$510 million; also a marked decrease from the \$894 million committed in 2011. More than 35 donors supported humanitarian action both through cash and in-kind contributions.

II. FOCUS AREAS AND PRIORITIZATION

The 2012 CERF allocation supported interventions for 4.6 million Afghans through six projects in 34 provinces. See the attached map: "Afghanistan CERF Interventions as of 23 August 2012" for a breakdown of each project by appealing agency with NGO partners and overview of coverage by the provinces.



Food Security and Agriculture: The severe drought conditions of 2011 that severely affected 2.86 million people,⁵ continued to erode the food security of vulnerable populations in 2012. In addition to drought, the first half of 2012 was also impacted by natural disasters resulting in more than 246,000 people affected, 27,000 houses damaged and destroyed (OCHA, July 2012) and 20,000 ha of farming land destroyed (ANDMA June 2012) while some 95,000 recently displaced IDPs (UNHCR/MoRR, May 2012) and returning refugees have been identified as experiencing acute food insecurity. A survey conducted by FAO, WFP and FEWSNET in July 2012, indicated that there was a significant reduction in planting for the 2012 rain fed crop provinces in the north. The FAO project through CERF aimed to provide support to vulnerable people in Badakshan and Sari Pul provinces, both areas among the most food insecure that are affected by conflict, floods and drought.

Emergency Shelter and NFIs: At the end of 2012, UNHCR, MoRR and partners estimated there were almost half a million conflict-induced IDPs in Afghanistan. Simultaneously, the ES/NFIs cluster estimated that more than 240,000 individuals required emergency winter items, particularly to address the warmth needs of small children. Among the most vulnerable are people who live in 200 urban informal settlements or rely on host families for accommodation, often in makeshift shelters. Those living in informal settlements live in under-insulated housing consisting of a tarpaulin, erected on the barren earth, with limited heating appliances and fuel. From November to February, the average temperature during the night inside the housing is frequently below zero Celsius, with ice and frost visible throughout the day. Babies, children and women are under-clothed and often not considered worthy of the expenditure of warm clothes and other winter-appropriate accessories, including shoes, sweaters and coats. It is estimated that in Kabul during winter 2011/2012, more than 40 children in informal settlements died due to cold exposure. The UNHCR project aimed to provide protection for vulnerable people in 34 provinces including, returnees/ IDPs, during the harsh winter conditions through direct target assistance of cold packages.

⁵ FSAC, WFP and NGO partners, Emergency Food Security Assessments 1 and 2, 2011

Health: Despite three rounds of a nation-wide measles vaccination campaigns (2002-2003, 2006, 2009) conducted by the National Immunization Program, with support from WHO and UNICEF, resulting in a reduction of measles morbidity and mortality in Afghanistan, the routine immunization had not ensured the optimal coverage to prevent the accumulation of children and young adolescents susceptible to the disease. By 2011, data indicates that the situation worsened due to the spread of insecurity, conflict, the 2011 drought, the harsh winter of 2011/2012 and other recurrent natural disasters. These conditions, coupled with a severe deterioration of health service delivery, with 540 health facilities that suspended their activities (February 2012 data, a 42 per cent decrease compared with beginning of 2011) and contributed to the decline in the reported measles immunization coverage from 79 per cent in 2010, to 75 per cent in 2011. WHO/UNICEF estimates from the 2011 Multiple Indicator Cluster Survey (MICS) showed very low country average for measles vaccination coverage – only 40 per cent as compared with previous MICS result, 48 per cent. The number of measles cases rose in November 2011 and continued throughout the 2012 winter; from November 2011, 8,953 cases of measles were reported, bringing the incidence for the same period to 344 cases/million. This was almost a three-fold increase during the outbreak period as compared with same period in 2010/2011 (3,135 cases and 120 cases/million). By mid-2012 there was a 38 per cent increase in the Case Fatality Rate (CFR), from 3.5 per cent in 2011, to 4.8 per cent average for the country; and during winter some remote areas severely affected by harsh winter (Ghor, Badakshan) the CFR rose up to 14 per cent (i.e., three times higher than the country average and accepted international standards). From January to May 2012, 113 measles outbreaks were reported as compared with 143 outbreaks reported during the whole year in 2011. The WHO-UNICEF project sought to support the thirteen most affected provinces through a measles/polio/Vitamin A vaccination campaign: Paktya, Khost, Herat, Zabul, Nangarhar, Kandahar, Ghazni, Daikundi, Bamyan, Faryab, Sari Pul, Badakhshan, Farah, Ghor, Badghis and Uruzgan and Faryab.

Nutrition: Maternal and child nutrition status in Afghanistan is characterised by a high prevalence of under-nutrition due to inadequate dietary intake, frequent infections and poor maternal outcomes. Nationally, more than six in ten Afghan children under the age of five years were chronically malnourished (stunted) and one-fifth of reproductive aged women were underweight in 2004. A range of micronutrient deficiencies in (e.g., iodine, vitamin A, iron) pose serious threats to the healthy growth and development of the population, specifically women, infants and children.⁶

While gender differences in the nutritional status and feeding practices for girls and boys are not discernible in existing data, it is an important consideration, especially in view of maternal nutrition and the reproductive health outcomes in Afghanistan (maternal mortality rate 327/100,000⁷). By 2011, 895,820 children under five (457,660 boys and 438,160 girls) and 358,328 pregnant and lactating women were at risk of food insecurity and under-nutrition due to recurrent natural disasters and continuing conflict (national food security and vulnerability estimates 2011). The already poor nutrition environment, exacerbated by inadequate rain and snow fall in 2010 and 2011, resulted in a shortfall on agricultural production which increased food insecurity levels, affecting provinces in the northern and western regions. This food crisis situation, along with lack of access to safe water, insecurity and restrictions to humanitarian workers' access, all negatively affected the communities' health and nutrition status, whose indicators already showed vulnerability and increased likelihood of malnutrition and infectious diseases, particularly among children and women. The WHO response for CERF aims to provide access to in-patient nutritional treatment for severely acutely malnourished children with medical complications in Badakhshan, Badghis, Daikundi, Faryab, Ghor, Kandahar, Kunduz and Sari Pul. WFP's maternal and child health and nutrition responses under CERF focus on nutritional treatment for moderately acutely malnourished children, aged 6 to 59 months, and acutely malnourished pregnant and lactating women in Badakhshan, Faryab, Ghor, Kunduz and Sari Pul provinces.

Protection: Children and adolescents in Afghanistan continue to face a wide range of protection risks, as direct result of the cycle of war, armed violence, poverty and recurrent natural disasters in country. Community support mechanisms have been severely weakened, while governmental systems to deliver social services and to protect vulnerable children and families from violence, abuse and exploitation are largely non-existent. The armed conflict, which has had an increasingly heavy toll on Afghan civilians, poses additional risks to children and adolescents given the weak justice and law enforcement systems, and impunity of state and non-state actors. From January to December 2012, 1,190 children were killed and maimed during military operations conducted by the Afghan National Security Forces (ANSF), international military forces (IMF) and armed opposition groups (AOGs).⁸ Children and adolescents are also being recruited by armed groups across the country, particularly in the south, north, south-east and east, and are used as combatants, spying and reconnaissance, informants, porters, and to facilitate or carry out suicide attacks. An unknown number of under-18s are captured, arrested and detained by international military forces and Afghan security and law enforcement agencies due to their alleged association with armed groups. Incidents affecting education and health service delivery have also gone up, thus hampering children's access to schools and health facilities. Moreover, boys and girls are at great risk of Explosive Remnants of War (ERW) and land mines in Afghanistan. According to the Mine Action Coordination Center of Afghanistan (MACCA) over 70 per cent of all mine casualties in

⁶ MOPH/CDC/UNICEF National Nutrition Survey, 2004/05

⁷ APHI/MOPH/CSO Afghanistan Mortality Survey, 2010

⁸ UN Secretary General's 12th Annual World Wide Report on Children and Armed Conflict (CAAC).

Afghanistan during 2012 were under 18.⁹ The UNICEF project through CERF aimed to support vulnerable communities in Faryab and Baghlan provinces in emergency response, prevention and response to violence against children.

III. CERF PROCESS

The Afghanistan Humanitarian Country Team's (HCT) prioritization strategy for the second round of the CERF Underfunded window in 2012 sought to reinforce the leadership role, technical expertise and accountability of the existing humanitarian coordination architecture. The 2012 CAP strategic objectives functioned as the primary guidance for cluster consultations, as well as the CAP Mid Year Review, recent assessments, and donor funding to date.

During the last two weeks of July, cluster meetings included discussion and consultation as to priority areas and projects for CERF submission to the HCT. These were then collated and reviewed by OCHA for eligibility. From this technical review, two projects, from WFP for Emergency Telecoms and from UNICEF for Child Protection Sub-Cluster Coordination, were removed from consideration. Cluster / CAP sector submissions to the HCT thus included: Emergency Shelter and NFIs; Food Security and Agriculture; Health; Multi-Sector Response for IDP and Refugee Returnees; Nutrition; and Protection totaling nearly \$16 million toward the \$10 million allocated by the CERF Secretariat for Afghanistan.

Noting the request exceeded the allocation ceiling, at the HCT on 25 July, the Humanitarian Coordinator requested eligible Clusters, affected applicant agency representatives and cluster participants to meet with OCHA to finalize the recommendations. This was done to meet the financial ceiling to determine which humanitarian activities would receive funding from CERF underfunded allocation.

In applying a project-prioritization framework, OCHA led cluster coordinators, agency representatives and cluster participants through a review process based on Need, Impact and Timeframe. This framework sought to clarify need as: life-saving, life-threatening and reduce human suffering. Impact considered capacity, donor funding and the impact of CERF financial support. Lastly, the timeframe defined project deadlines. The exercise removed two projects for consideration and enabled the group to reduce project submissions by proportion according to the applied criteria, to the \$10 million allocation. In addition, a minimum Gender Marker code was required all projects of 2A - the project is designed to contribute significantly to gender equality. All projects met this requirement based on a peer review by an IASC Gender Capacity Advisor sitting at OCHA Afghanistan.

CERF funds were used to respond to the life-saving, immediate needs arising from the ongoing emergency related to drought, floods, harsh winter and conflict in several areas of the response and in preparation for the upcoming winter to prevent further loss of life. Following drought and flooding disasters in northern, cold winter disasters in central and conflict crises in southern Afghanistan in 2012, the Emergency Response Fund (ERF) supported 11 emergency projects totaling \$2.9 million. The ERF supported six projects to respond to drought, two for response to flooding, two to assist vulnerable people in harsh winter and one to provide health services to the current conflict-affected people. The ERF Afghanistan opened 2012 with a balance of \$3.14 million, of which 93.8 per cent was disbursed to projects. No additional financial commitments were made to the ERF until September after a review of the fund was conducted and fund raising efforts by OCHA, it closed 2012 with a balance of \$6.17 million.

⁹ Mine Action Coordination Centre of Afghanistan & Department of Mine Clearance Landmine and Explosive Remnant of War Victims Report 1st Quarter 1391 Report (April to June 2012).

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

<i>Total number of individuals affected by the crisis: 4.6 million</i>				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Agriculture	30,367	33,179	63,546
	Health	3,159,640	2,242,412	5,401,976
	Health-Nutrition	10,332	5,547	15,879
	Protection/Human Rights/Rule of Law	2,000	3,000	5,000
	Shelter and non-food items	71,798	79,930	151,728

FAO for Agriculture: FAO field staff conducted meetings with the provincial level department of agriculture, livestock and irrigation (DAIL) for targeting the most disaster-affected districts. Five districts were selected, including four in Sari Pul and one in Takhar, based on natural disaster data from FAO and the Afghan National Disaster Management Authority (ANDMA). The selection of the recipient communities was handled through a consultative process by the two implementing partners (Islamic Relief and Mission East) with DAIL, the district level development shura (DDA) and the district government. In total, 6,220 beneficiaries were eventually selected in Sari Pul province, 780 beneficiaries in Takhar province and 1,076 beneficiaries in Hirat province. In total the project reached 8,076 beneficiary households.

UNHCR for ES/NFIs: UNHCR incorporated Age, Gender and Diversity Mainstreaming in its operational activities, in particular in the needs assessment exercise, to ensure that people of concern from different age groups and diverse backgrounds are assessed and consulted in order that all vulnerable families, with particular attention to the female households, are included in the programme. The overall cold package and basic NFI distribution reached 334,566 beneficiaries, as below, within which CERF funding directly funded 151,728 individuals.

WHO and UNICEF for Health: The needs assessment based on the analysis of collected surveillance and early warning data showed that the measles outbreak affected most of the country and a wide range of population age groups. In this context, only a nation-wide immunization campaign would ensure that the spread of the diseases is interrupted through reduction of the mass of susceptible population. The first phase of the campaign was implemented in 16 provinces starting in July 2012 with funds mobilized from other sources, and CERF funds were used to fill in the gaps to cover the remaining areas. The second phase of the campaign (implemented with CERF funding) was conducted in early December 2012. Due to inaccurate official demographic data, the number of beneficiaries has been under-estimated.

WFP and WHO for Nutrition: Lack of current national nutrition data was a significant challenge to accurately estimate the proportion of the population at risk of acute malnutrition. The last national nutrition survey was carried out in 2004; therefore, an estimate of national level rates was done through triangulation of data using findings from district-level surveys conducted by nutrition cluster agencies. Communities affected by conflict and droughts were prioritized due to the magnitude of the problem and the number of population affected; a smaller estimate of flood-affected communities and IDPs were also included. With limited capacity, accessibility and outreach, an estimated 25 per cent of people affected by conflict and 50 per cent of people affected by natural disasters were included in the calculation of beneficiaries. A total 17,000 beneficiaries were targeted by WFP and WHO interventions supported by CERF funds, of the Nutrition Cluster's 257,522 beneficiaries targeted based on proportion of the population that is the most at risk of malnutrition: children under-five years of age, and pregnant and lactating women. In Afghanistan, it is estimated that 16 per cent of population is less than five years old and eight per cent are pregnant and lactating women. This number was multiplied by a regional average threshold to obtain the total estimated number.

UNICEF for Protection: Communities were selected from several criteria, including: accessibility and motivation to support child protection interventions, size of population in communities (to cover the most population in a district), existence of families displaced by emergencies, stakeholders' capacity and experience to prevent and respond to child protection issues during emergencies, existence of interventions from other sectors to maximize interventions and avoid duplication, presence of mines and unexploded ordinance, MRE and parents and community's skill on the protection of children from abuse, violence, exploitation and neglect during emergency).

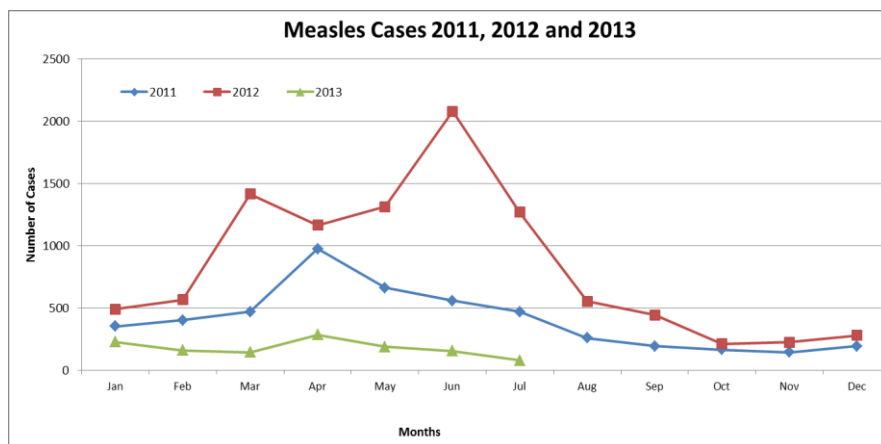
TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	2,239,788	3,274,137
Male	1,772,132	2,364,068
Total individuals (Female and male)	4,678,102	5,638,129
Of total, children under 5	2,767,125	2,818,652

FAO for Agriculture: FAO with implementing partners, Islamic Relief and Mission East, in close collaboration with District Agriculture, Irrigation and Livelihood (DAIL) offices, distributed agriculture materials to 7,000 farming families, including: 350 mt of certified wheat seeds, 750 mt of each fertilizer (Urea, DAP), 7,000 package of vegetable seed and hand tool kits. In addition, FAO performed the required quality control of distributed inputs and already organized a first round of trainings on agro practices. While no gains are currently reported against the FAO project for CERF, wheat seeds were sown in the fall of 2012, covering 2,800 ha of irrigated land; and vegetable seed is being cultivated in February/March 2013. It is expected that about 10,000 mt of wheat grains will be produced by harvest in 2013. Notably, 10,000 mt of wheat could have an estimated worth of \$4 million; amounting to 250 per cent of the project total cost; it is also expected that targeted beneficiaries will produce sufficient vegetables for their home consumption.

UNHCR for ES/NFIs: Over 25,000 cold packages were purchased and distributed to 151,728 people of concern, providing both relief from harsh winter conditions and economic support, when casual labor opportunities are greatly reduced. In addition, more than 60 per cent of the targeted children under ten years of age in all targeted provinces received clothes. In coordination with other clusters (FSAC and WASH), the cold packages contributed to reduced mortality due to harsh winter conditions among girls and boys less than ten years of age. This is due to a decrease in life-threatening winter-borne diseases among the target communities, especially children, which is supported by the absence of reports of high levels of winter fatalities (particularly in the KIS). However, it should be also noted that winter was mild this year. Contributing factors to this success included: enhanced regional cluster capacity on coordination, beneficiary selection, distribution and monitoring/evaluation, with particular attention to women's involvement in all processes.

WHO and UNICEF for Health: CERF funding has provided measles vaccination for 5,368,868 children between nine months and 10 years of age: 4.6 million during the December 2012 campaign and 768,868 during the mop up campaign conducted from January to June 2013 in 82 districts of Afghanistan. For polio, 5,780,000 children between 0 and 10 years of age, have been vaccinated.. Twenty-three health NGOs supported by MoPH, WHO and UNICEF implemented these campaigns. The main constraint was insecurity, through careful planning and detailed information about the local context, negotiations, and using volunteers from local communities an increased acceptance was ensured that allowed for access to normally inhospitable areas. The main targets were reached; the coverage rate for measles (average for all provinces) has been 94 per cent and, for polio, 92 per cent for the campaign in December and 97% for the mop campaign.

WHO has conducted a detailed post campaign evaluation after December 2012 and carefully identified the districts and sub-districts that underperformed. All the districts or sub-districts that didn't reach coverage of at least 95% have been included into the mop up activities. The fact the denominator (total population) in Afghanistan is quite underestimated had influenced the decision to consider a vaccination coverage of 95% sub-optimal in spite WHO guidelines recommend > 90%. This approach paid off; the impact on number of measles cases has been dramatic and improved throughout 2013.



The impact of the campaign resulted in rapid containment of the epidemic, and as shown in the above graph, the total number of reported measles cases has been well below the pre-epidemic levels (first half of 2011). Through this intervention, not only excessive morbidity was averted, but also the Case Fatality Rate significantly decreased from 4.8 per cent to 2.6 per cent

WFP and WHO for Nutrition: CERF funding has provided treatment for moderate acute malnutrition in 7,973 children aged 6 to 59 months, and treatment for 5,110 acutely malnourished pregnant and lactating women. WFP supported three national and international NGOs to implement the Targeted Supplementary Feeding Programme (TSFP) activities in the four provinces of Badakhshan, Kunduz, Faryab, and Sar-e-Pul. The main constraint was the procurement of CERF commodities, which were delayed at the Pakistan border, however since the TSFP activities are ongoing programmes, the planned outcomes were reached by June 30, 2013.

The WHO CERF-funded Nutrition project supported the in-patient care of severely acutely malnourished children with medical complications, which are among the most difficult cases to manage. These children received care through Therapeutic Feeding Units (TFUs), which requires highly trained staff and regular monitoring and supervision. As almost all the TFU treatment sites are located in government-managed hospitals, there is a high turnover of staff due to low salaries. The CERF funding allowed WHO to support regular monitoring and supervision of the TFUs in targeted districts and train and/or update the staff so as to ensure that guidelines are properly followed and appropriate reporting formats are used. WHO had utilized all the CERF grant funds contributing to the improvement of program functionality, including strengthened linkages to other programs in outpatient community-based therapeutic and supplementary care, helping to ensure quick responses in places of great need and assisting severely acutely malnourished children under five years for an optimal recovery.

UNICEF for Protection: The project is in the initial phase of its implementation due to a delay in the transfer of funds between headquarters and the country office; and contract disagreements with one of the implementing partners. The anticipated added-value is the sustainability dimension of the emergency intervention. By involving community members in affected areas and in at-risk areas, the ability for community to continue with monitoring for child protection issues and responding appropriately will be increased and continue after the end of the project. Child Fund Afghanistan (CFA) signed their implementation agreement with UNICEF in January 2013 and subsequently received their funding and have been proceeding with preliminary preparations and implementation of the project. This includes the establishment of their Field Office in Baghlan province, staff recruitment of two master trainers, granted official permission from the Governor of Baghlan for the project to proceed, opened the project and introduced the program to five communities including identification of five locations Child Friendly Spaces.

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

YES PARTIALLY NO

Six appealing agencies/clusters report that CERF funds lead to a fast delivery of assistance to beneficiaries. FAO noted this enabled timely procurement, quality control, delivery and distribution of inputs in a timely manner so all the targeted beneficiaries could cultivate the irrigated wheat seed on time in autumn 2012. WHO and UNICEF for Health report the funding filled an immediate resource gap for the implementation of the mop-up vaccination campaign in November 2012 in the under-performing (coverage < 90 per cent) districts during the first phase of the national campaign (July 2012) and the second phase of the national campaign, conducted in December 2012. In addition, the funding supported the second mop up campaign that was implemented during the first half of 2013.. The risks that children are exposed to as a result of conflict and natural disaster need be addressed in a timely manner and CERF funding enabled UNICEF and Child Fund Afghanistan a to initiate capacity-building initiatives to enable communities to take the lead in response to emergencies and protection of the most vulnerable boys and girls. WHO reported that the availability of CERF funds enabled the procurement of medical supplies that are now being distributed to all targeted TFUs, which will provide coverage for the next six months; in addition to the implementation of much needed capacity building of the staff directly related to the service provision. UNHCR's partner, DRC, managed the fast procurement of the cold packages in accordance with international procurement guidelines and because the organization already (a) possessed local expertise among their staff and (b) was able to facilitate the procurement process and delivery of materials to their regional warehouses. Procurement, for which DRC is pre-qualified, is in line with UNHCR standards, thus again speeding up the response timeframe. The partner already had an active sub-agreement with UNHCR on logistics matters, thus the activities were implemented in a consistent efficient, reliable and cost-effective manner.

b) Did CERF funds help respond to time critical needs¹⁰?

YES PARTIALLY NO

Appealing agencies/clusters from five projects report that CERF funds supported the response to time-critical needs. FAO notes that the funds allowed for provision of certified wheat seed with fertilizer for autumn plantation and that most of the affected farming families had

¹⁰ 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).

already used their reserve seed as food and could not get enough yield by harvest during 2012 due to natural disasters. UNHCR cites the timely provision of CERF funds enabled immediate procurement of winterization packages and development of distribution plans to be drafted late August, facilitating distribution from November onwards. This supported families as they faced serious difficulties in securing fuel for heating and general winter items. WHO and UNICEF report that the implementation of the national measles acceleration campaign in response to the epidemic was a time-critical intervention with activities targeting almost 11 million children before the seasonal measles increase (March and April) so as to prevent avoidable morbidity and mortality caused by this easily preventable but severe disease. The two agencies further note the CERF-funded Health project allowed for sufficient time to conduct the mop-up in under-performing districts during the phase one and the immediate implementation of the second phase of the campaign that was conducted just before the spring time seasonal increase of measles. This approach averted significant morbidity and measles related mortality amongst the children below 10 years of age. The exposure to child protection risks arising from emergencies, whether natural disaster or conflict affected areas, required time critical response from UNICEF and partners; this need was met through the provision of CERF funds. Neither WFP nor WHO yet have details to report on how CERF funds supported the time-critical response to the two Nutrition projects.

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

YES PARTIALLY NO

Only the WHO and UNICEF report their joint project for Health benefited from CERF in terms of garnering support from other donors. While CERF filled a major funding gap, it simultaneously re-assured other potential donors of the feasibility of the intervention. ECHO immediately contributed to fill in the remaining gap (after CERF) together with WHO regional office contribution. These contributions supported the implementation of an extensive second mop up campaign that is ensuring the consolidation of the impact of the national measles campaign.

None of the other agencies/clusters reported that CERF explicitly improved resource mobilization from other sources. UNHCR for ES/NFIs provided the best explanation that while resources had already been mobilized from other sources throughout 2012, the CERF funds had a positive impact on reporting, given that resources were mobilized together, maximizing efficiency and ensuring timely distribution thus enabling life-saving items to reach vulnerable individuals across Afghanistan, immediately before the onset of winter. WHO notes that further to CERF funding, pledges for support to TFUs functioning and expansion as well as for the establishment of an early warning mechanism in very high risk areas were expressed by OFDA/USAID and ECHO, though not actualized. UNICEF reported they are working to mobilize further resources to expand and continue the child protection work initiated through CERF. FAO reported no immediate positive influence of CERF on other resource mobilization, though it indicated that it did raise some unsubstantiated interest from donors in late 2012.

Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Overall, agencies/clusters report that CERF supported improved coordination amongst the humanitarian community. UNHCR reports the process enabled Emergency Shelter/NFI organizations to jointly assess the needs, coordinate procurement and distribution plans through regional clusters and liaise with different member organizations of the HCT. Further, UNHCR utilized partnerships with national NGOs, given their higher levels of accessibility, for the distribution of cold packages in insecure areas, supporting additional checks and balances on the work of the partners through the government counter-parts, community leaders, beneficiaries, and other ad hoc verification measures. WHO and UNICEF noted the implementation of such a large scale intervention in their joint Health project wouldn't have been possible without coordinated collaboration between all health actors in country, inclusive of WHO, UNICEF, MoPH and around 30 BPHS NGOs through 1500 fix and 17,210 outreach/mobile vaccination teams. In addition, almost 72,000 health workers, supervisors, monitors, mobilizers, and volunteers from all stakeholders (including communities) participated in the implementation of the two-phase campaign. Not to miss a valuable opportunity the campaign also included the polio vaccine, so the collaboration with the polio eradication initiative has been strengthened, while the Ministry of Education and Ministry of Religious Affairs participated in terms of communities' information, awareness and mobilisation. Regarding the WHO Nutrition and UNICEF Protection projects, agencies report that the critical analysis of the situation was done jointly with the respective clusters to better prioritize the programmatic and geographical areas for immediate intervention. FAO notes while CERF encouraged information exchanges on priorities and quality aspects within FSAC, it has not contributed to exchange of information across clusters. For the last project, WFP has no results yet to report on their Nutrition funded intervention.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible
Child Protection CERF implementation 2012 is in early stages of implementation.	Improve the ability of UN agencies and their implementing partners to meet the requirements and conditions of CERF by offering CERF trainings e.g. focused on CERF budget best practice	OCHA
Timing of CERF funds not in line with agriculture calendar for the "main season". Hence, implementation required an extension.	Early recovery activities would benefit if funds could be released in time for the "main season" in Afghanistan (which starts in the month of September 2012, till October 2013). Agricultural inputs should be with farmers no later than September/October. Funds should be approved and released by June to have quality inputs by September/October in the hands of needy farmers. However, the post - harvest evaluation survey of wheat crop has indicated that the harvest of FAO-supported fields was still 15% higher than those using local, uncertified varieties.	OCHA

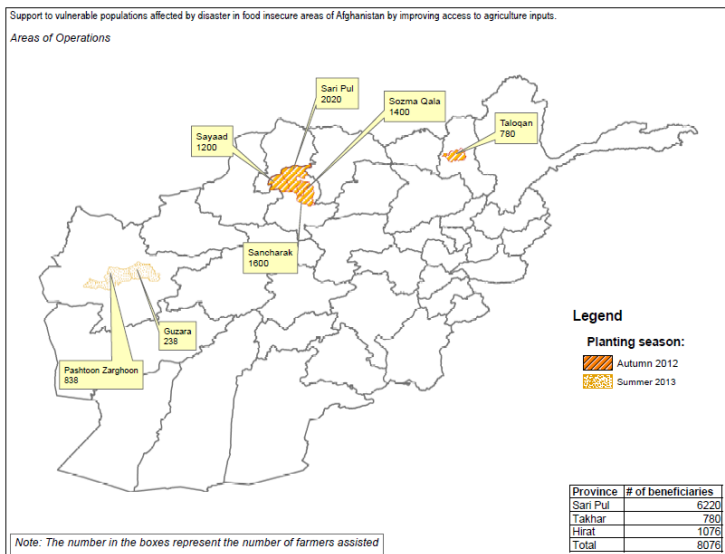
TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible
Coordination between UNHCR led ES/NFIs Cluster and with the WFP- led FSAC should be further facilitated to ensure food packages are included in distributions	Food packages initially delayed the cold package distribution, due to late communication and external inefficiencies. Therefore, given the timeframe, it was decided that the distribution go ahead, without the usual added food packages. Unfortunately this meant additional logistics for further food distribution had to follow.	ES/NFIs Cluster, FSAC, UNHCR and WFP
The reported coverage has been higher (111%) than the coverage determined through post campaign assessment (PCA 96% for second phase).	The denominator (real population number) is under-estimated leading to inaccurate micro-planning and calculation of indicators; a census is really needed. Timely and detailed micro-planning at district and sub/district level will enable better quality of implementation.	WHO, UNICEF, MoPH, NGOs
Difficulties in reaching children in insecure areas such as Kandahar, Hilmand, Zabul, Uruzgan, Farah, Baghdis, Ghor, Kunar Nuristan, Paktika, Paktyia, Jawzjan, Nimroz, Panjshir, Parwan, Kabul, Khost, Samangan, Sari-Pul, and Hirat, . 82 districts in these provinces underperformed (< 95% coverage) due to security reasons, remoteness and difficult terrain combined with lack of health facilities in these areas, as well as management issues; poor performance of the districts for routine vaccination was also added in criteria for mop up targeting	The lack/insufficient coverage in insecure/conflict as well as in extremely remote difficult areas should be addressed in a tailored manner, bearing in mind that these communities' susceptibility is not only for measles, but for all vaccine-preventable diseases. The mop-up campaign included additional antigens for vaccination on the principle that no opportunity should be missed to implement integrated actions that will protect the life and the well being of the vulnerable groups; this helped creating partnerships with actors that will ensure the delivery of an integrated health services package, as well as with polio initiative that has received a significant support through this intervention.	WHO, MoPH, NGOs
Establishment of effective linkages between all components of CMAM, such as the network between the TFU, OTP, SFP and the community are crucial for improving the quality of services delivered by: (i) timely referring of patients for either in-patient treatment or follow-up as out-patient and (ii) decreasing the number of relapse cases through adequate and timely follow up within the community.	Assessment of the feasibility of referral mechanism in each location, with identification of specific constraints and options for improvement. Improve the reporting forms for TFUs to allow better follow up on outcomes and impacts. Jointly through cluster mechanism and MoPH/PND identify and implement the best options for improvement of services delivery and monitoring.	WHO, UNICEF, WFP, MoPH/PND, NGOs,

<p>Timing of reporting does not allow for a proper analysis of yield estimation. FAO will nevertheless conduct an assessment for its records with own funding.</p>	<p>Extend the reporting time to allow final report to include yield and impact data for FSAC.</p>	<p>OCHA</p>
<p>Financial reporting of CHAP funding (which this project also belongs to) is not helping on the resource mobilization efforts. The current reporting gives a misleading perception of adequate funding, as it lumps resources mobilised for food aid (emergency) and agriculture (early recovery). The former has much higher requirements and disbursements than the latter.</p>	<p>Follow up on previous requests to have separate data in financial reporting, with resources needed and mobilised for food aid (emergency) separated from agriculture (early recovery)</p>	<p>OCHA, FSAC</p>
<p>Proposal needs to be clearer on expected timing of delivery, for each activity.</p>	<p>Project template could be added/modified to include a section on delivery timetable by activity for each stakeholder involved, including donor and managing agency.</p>	<p>CERF</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	September 2012 – June 2013
2. CERF Project Code:	12-FAO-035	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security and Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Support to vulnerable populations affected by disasters in food insecure areas of Afghanistan by improving access to agricultural inputs.		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 18,000,000 US\$ 3,600,000 US\$ 1,600,000
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	24,475	30,367	CERF funding was targeted on priority towards Saripul province and Talooqan district of Takhar province, as assessments indicated that the latter was more disaster affected than Badakhshan. At the time of the decision, needs in Badakhshan had been covered using fund made available by the Government of Japan.
b. Male	25,525	33,179	
c. Total individuals (female + male):	50,000	63,546	
d. Of total, children <u>under 5</u>	10,000	14,497	
9. Original project objective from approved CERF proposal			
The project seeks to sustain the livelihoods of 6,000 subsistence farmers' households affected by harsh winter and floods in Badakhshan and Sari Pul provinces through the provision of agricultural inputs. Additionally, the project will complement IDP resettlement initiatives of UNHCR, IOM and the wider humanitarian community by providing agricultural inputs to resettling IDPs. It is anticipated that the project will assist 1,000 resettling IDP households.			
10. Original expected outcomes from approved CERF proposal			
<p>The requested amount will help serve the most need section of the rural population in time for the autumn planting seasons. The disaster-affected farmers that will receive a more complete package should obtain a production increase of 20-30% and be able to restart agricultural production over a surface of at least 2,800 ha. The resumption of production in disaster-affected areas will result in additional 10,000 mt of wheat grains worth USD 3,700,000.</p> <ul style="list-style-type: none"> • Immediate resumption of wheat planting by 7,000 vulnerable farming families or some 50,000 individuals with 2,800 ha cultivated; • Increased crop production with some 10,000 mt of wheat produced, resulting in enhanced food security and reduced dependence on food aid; • Diet diversification and increased income generated by the resumption of kitchen gardens, an activity typically carried out by women. 			
11. Actual outcomes achieved with CERF funds			

i). Immediate resumption of wheat planting by 7,000 vulnerable farming families or some 50,000 individuals with 2,800 ha cultivated:



In total the 8,076 farming families have been assisted by the project, out of which 7,000 disaster affected farming families received certified wheat seed along with DAP and Urea fertilizer for autumn 2012 planting season and vegetable seed and hand tools kits for spring 2013 planting season. Each beneficiary received 50 kg certified wheat seed, 50 kg DAP fertilizer and 50 kg Urea fertilizer and a package of vegetable seed and hand tools. The remaining 1,076 IDPs/flood affected farming families received mungbean seed and hand tools for summer 2013 planting season. All the beneficiaries have therefore received the agricultural input and have restarted farming activities. Three round training sessions were conducted for 59 officers of the extension services of the Ministry of Agriculture and technicians of the NGO (first round 11 DAIL and 14 NGOs extension officers, second round 9 DAIL and 8 NGOs extension officers and third round 9 DAIL and 8 NGOs extension officers). Following the training the technicians the technical trainings were transferred to 8,076

project beneficiaries.

ii). Increased crop production with some 10,000 mt of wheat produced, resulting in enhanced food security and reduced dependence on food aid:

The post-harvest evaluation survey of wheat crop has indicated that on average each beneficiary cultivated 0.4 hectare (2 jeribs) thus the total cultivated land of certified wheat seed under this project reached to 2,800 ha as per initial plan. The result also indicated that the overall average yield of irrigated varieties provided by FAO was 2.08 Mt/ha for Sari Pul province and 3.65 Mt/ha for Takhar province and the overall average yield of the local varieties in Sari Pul province was 1.77 Mt/ha and in Takhar was 3.12 Mt/ha. Therefore, the average yields increased of FAO irrigated varieties were 17 percent in Sari Pul and 15 percent in Takhar provinces. In addition the post-harvest survey also indicated that the straw production was 3 Mt/ha in Sari Pul and 4.4 Mt/ha in Takhar provinces. In terms of impact to food security, the wheat grain produced by the project will cover 7.7 months food needs of each average size family (7 member) in Sari Pul and 168 kg surplus after covering of 12 months food needs of an average family in Takhar. Based on the post-harvest survey, the straw will cover 9.5 months food needs of an average size of herd (4 large and 4 small animals). In total it is estimated that the project produced 6,314 Mt of wheat grain and 8,837 Mt straw, with a combined value of USD 3,767,510 (Average price: USD 360/mt for wheat and USD 169/mt for straw). The total value of increased yield is estimated to be USD 378,208, which is 24% of total project cost.

Province	Number of Benef.	Package
Sari Pur	6,220	Wheat Crop 2012/13
Takhar	780	Wheat Crop 2012/13
Hirat	1,076	Summer Crop 2013
Total	8,076	

iii). Diet diversification and increased income generated by the resumption of kitchen gardens, an activity typically carried out by women:

The diet diversification and increased income generated by the resumption of kitchen gardens, an activity typically carried out by women obtained during the month of October following completion of standing vegetable and mungbean crops' harvest.

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

In relation with the original plan, CERF funding was targeted on priority towards Saripul province and Talooqan district of Takhar province, as assessments indicated that the latter was more disaster affected than Badakshan. At the time of the decision, needs in Badakshan had been covered using fund made available by the Government of Japan. The project intended to contribute to a combined production of 10,000 mt of wheat. While the harvest in Takhar was in line with the expectations (3.65mt/ha vs. 3.5mt/ha expected, or +4%), the yield in Sari Pul was well below expectations (2.08 mt/ha, or -40%). The reduction in Sari Pur was due to unfavourable weather conditions. Because of the disproportionate coverage (about 90% of wheat beneficiaries are in Sari Pur), the total production is estimated to be 6,314 mt, or -37% than planned. The Northern Region faced a critical shortage of snow and rain, which resulted in reduced water levels in rivers. Consequently, water sources, such as springs, wells, kanda and irrigation channels dried up, affecting wheat crop during the critical stages of flowering and milking. The harvest of FAO-supported fields was still 15% higher than those using local, uncertified varieties.

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

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a
If 'NO' (or if GM score is 1 or 0): NA

14. M&E: Has this project been evaluated?

YES NO

The project has carried out three M&E exercises: (i) a beneficiary profile survey that covered 100% of the beneficiaries which allowed definition of beneficiary profiles and understanding of whether targeting criteria were respected. The survey will also be used as a baseline to verify if the project has had the desired impact on the beneficiaries. (ii) A post-distribution survey. The post distribution survey allows verification of whether the beneficiaries have in fact received the inputs and used them as intended. (iii) A post-harvest evaluation survey allows evaluation of whether the desired outcomes have been reached.

Some results of M&E activities

- all the beneficiaries received the agriculture inputs on-time and planted on-time, both for the wheat and vegetable distributions;
- the physical quality and germination quality of the inputs (wheat and vegetable distributions) were good.
- some minor complaints recorded on the quality of one hand tool (rake) distributed
- average yield of the certified wheat seed was 2.08 Mt/ha in Sari Pul province and 3.65 Mt/ha in Takhar province, also the average yield of the local varieties in Sari Pul was 1.77 Mt/ha while the average yield of local varieties in Takhar was 3.12 Mt/ha. This indicate the increase of 17 percent of certified wheat seed in Sari Pul and 15 percent of certified wheat seed in Takhar provinces against local varieties
-

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	23 August – 31 December 2013
2. CERF Project Code:	12-HCR-045	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Emergency Shelter/ NFI Cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection of vulnerable families, returnees/ IDPs, during the harsh winter conditions through direct targeted provision of cold packages assistance.		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:	US\$ 4,951,274 US\$ 3,074,200 US\$ 2,299,944	
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	71,798	71,798	
b. Male	79,930	79,930	
c. Total individuals (female + male):	151,728	151,728	
d. Of total, children <u>under 5</u>	24,261	24,261	
9. Original project objective from approved CERF proposal			
The overall objective of this project is to provide basic warm items to the most vulnerable returnees/IDPs to help them survive the harsh winter conditions in Afghanistan.			
10. Original expected outcomes from approved CERF proposal			
1. Regional differences and gender gaps are overcome with the careful selection of the cold package content, providing equal coverage among girls and boys.			
2. In coordination with other clusters (Food, WASH) contribute to reduced mortality due to harsh winter conditions among girls and boys less than 10 years of age.			
3. Enhance regional cluster capacities on coordination, beneficiary selection, distribution and monitoring/evaluation, with particular attention to women involvement in all processes.			
11. Actual outcomes achieved with CERF funds			
1. Regional differences and gender gaps are overcome with the careful selection of the cold package content providing equal coverage among girls and boys: Central Highland 3.75% (total of 1,500 kits), Central Region 30% (12,000 kits), Southeast Region 7.5% (3,000 kits), South Region 17.5% (7,000 kits), West Region 13.75% (5,500 kits), North Region 17.5% (7,000 kits) and East Region 10% (4,000 kits).			
2. In coordination with other clusters (Food, WASH), the cold packages contributed to reduced mortality due to harsh winter conditions among girls and boys less than 10 years of age.			
3. Enhanced regional cluster capacities on coordination, beneficiary selection, distribution and monitoring/evaluation, with particular attention to women involvement in all processes.			
4. 25,288 cold packages purchased and distributed to 151,728 people of concern, which provides economic relief during the harsh winter conditions, when casual labour opportunities are greatly reduced.			
5. More than 60% for the targeted age group (under 10 years of age) in all targeted provinces have warm clothes.			
6. Winter-borne diseases reduced among the target communities, especially the children, in order to reduce life-threatening situations.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
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, 2b): 2a If 'NO' (or if GM score is 1 or 0):			
14. M&E: Has this project been evaluated?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

The monitoring and evaluation methodology is based on the current practice where various partners combine efforts to assist target beneficiaries to ensure timely deliverables, quality, efficiency and impact. UNHCR supported independent Field Protection teams (2 per region) to monitor *ad hoc* distribution and provide protection reports in regards to the selection of all beneficiaries. UNHCR staff also monitored the beneficiary selection procedure, confirmed warehouse releases, and actual distribution modalities through direct spot checks, distribution reports and cluster meetings. See attached PDF for final distribution report. Reporting was already in place for the ES/NFI Cluster and provided accurate and prompt Weekly reports, through UNHCR's coordination, to all cluster members and field colleagues.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO UNICEF	5. CERF Grant Period:	11 Sept 2012 – 30 June 2013
2. CERF Project Code:	12-WHO-065 12-CEF-108	6. Status of CERF Grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	<i>Reduce avoidable child mortality through nationwide measles/polio/Vitamin A campaign</i>		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:	US\$ 15,890,000 US\$ 15,703,368 US\$ 5,013,012	
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	2,134,000	3,159,640	WHO and UNICEF exceeded targets, because in implementing the campaigns, a 20% safety margin was included in the plan: 5,480,000 vaccine doses budgeted. Additional vaccines have also been provided by the MoPH/ EPI.
b. Male	1,633,000	2,242,412	
c. Total individuals (female + male):	3,767,000	5,402,052	
d. Of total, children <u>under 5</u>	2,720,000	2,768,125	
9. Original project objective from approved CERF proposal			
Decrease avoidable mortality and morbidity due to measles among 4,456,000 boys and girls less than 10 years old through mass vaccination measles campaign in 13 target provinces of the Afghanistan.			
10. Original expected outcomes from approved CERF proposal			
1. Vaccination coverage for measles more than 90% for the targeted age group (9 months to 10 years of age) in all targeted provinces. 2. Oral Poliomyelitis Vaccine (OPV) coverage of boys & girls 0-10 years more than 90%. 3. Case fatality rate of measles less than 3% (average for country). Baseline 4.8%.			
11. Actual outcomes achieved with CERF funds			
1. Vaccination coverage for measles for the targeted age group: 97%. 2. Oral polio vaccine coverage: 93%. 3. Case Fatality Rate of measles after July 2012: 2.6%.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
<p>For planning purposes WHO and OCHA, as well as MoPH have to use the official population data from Central Statistical Office of around 26 million people that is significantly underestimated. Based on UNICEF and WHO polio campaigns' communities mapping, the country population is more than 31.5 million people. The significant underestimation of the denominator is also reflected by the very high (more than 200%) reported <u>routine vaccination coverage</u> from many areas of Afghanistan. For the project targeted provinces the difference in the number of children less than 10 years of age (targeted beneficiaries) caused by the underestimation of the total population is about 1.2 million children, and for the whole country close to 2 million.</p> <p>Based on the previous experience of WHO and UNICEF in implementing vaccination campaigns, a 20% safety margin has been included into procurement and implementation plan; 5,480,000 vaccine doses budgeted. Additional vaccines have also been provided by the MoPH/ EPI to cover eventual loses. Moreover, the polio population data has been used for the micro-planning conducted at provincial and district level so shortages in supplies and teams have been largely avoided.</p>			
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, 2b): 2 a
If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

National and Provincial Immunisation Committees including MoPH, NGOS, ARCS, UNICEF and WHO have been established to prepare the guidelines and tools for micro-planning, prepare the intervention, and ensure the overall supervision and monitoring of the project implementation. 280 provincial and district supervisors and monitors ensured the monitoring of the project implementation in 142 targeted districts. The district monitoring and supervision teams have been involved in all steps of the implementation from dissemination of messages and community information campaign, monitoring of the cold chain management, vaccination of children, to accuracy of reporting by vaccination teams. They collected the reports from field and transmitted then to the provincial immunisation committees on a daily basis to evaluate performance and address challenges.

A post campaign assessment (PCA) has been organised by WHO through 218 independent monitors that conducted surveys (random sampling) in all targeted districts. The reported coverage by the vaccination teams has been 111% and the results of the PCA indicated an average coverage of 97%; the last was reported as the achieved campaign coverage. This approach allowed the identification of districts that underperformed (less than 90% coverage) that guided the implementation of the mop-up campaigns to consolidate the results.

The rigorous post-campaign collection and analysis of the data on the number of measles cases and outbreaks through 460 Early Warning sentinel sites allowed the evaluation of the impact of the intervention. The impact has been dramatic; the number of reported measles cases dropped and consistently maintained below the pre-epidemic level after the campaign implementation.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	20 SEP 12 – 30 JUN 13
2. CERF Project Code:	12-CEF-109	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/ Human Rights / Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Support Vulnerable Communities in Emergency Preparedness and Response, Prevention and Response to Violence Against Children		
7. Funding	a. Total project budget:	US\$ 305,950	
	b. Total funding received for the project:	US\$ 305,950	
	c. Amount received from CERF:	US\$ 239,616	
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	1,200	2,000	One of the two implementing partners was unable to fulfil their agreement. Consequently, the project element for the Province of Faryab was not carried out and therefore the target numbers reported on the face of this report reflect what was achieved by the good work of the implementing partner in Baghlan province.
b. Male	1,800	3,000	
c. Total individuals (female + male):	3,000	5,000	
d. Of total, children <u>under 5</u>	600	1,000	
9. Original project objective from approved CERF proposal			
<p>1. By the end of April 2013, 500 community members (male and female) from 10 vulnerable villages have increased capacity to take lead in response to children in emergencies and protection of most vulnerable boys and girls children.</p> <p>2. By the end April of 2013, 500 community members (male and female) from ten selected vulnerable villages have gained knowledge on child protection (prevention of separation of children, risk of mines) and improved parental skills to care for their children and ways to protect children from violence, abuse and neglect in emergency.</p> <p>3. By the end of April 2013, at least 2000 boys and girls children from 10 vulnerable villages in Fariyab and Baghlan provinces increase mine risk knowledge and positive behaviour towards mine risk and have access to psychosocial and recreational activities.</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Community based Child Protection structures for the protection of children in emergencies have been established or identified and strengthened in ten villages. Male and female community members have equal access to Community driven activities and increased knowledge on the importance of community response to children in need of protection and care 500 parents in 10 villages in Faryab and Baghlan provinces increase their knowledge of child rights, available services and practice positive parenting care and behaviour. 2,000 children have increased knowledge of mine risk and positive behaviour towards mine risk. Children at risk of violence and abuse have received community support in 10 villages in Faryab and Baghlan provinces: 2,000 children (boys and girls) received equal access to recreational, psychosocial and other age and culturally appropriate activities Community Emergency preparedness and response plans developed in ten villages with specific focus on the protection of children in emergency. Boys and girls gain knowledge on the importance of schooling, hand washing and inclusion of differently abled children as well as problem solving skills. Community members including children gain knowledge and practice safe behaviour towards min/UXO and ERW. Decrease mine/UXO incident in 10 targeted villages in Fariab and Baghlan provinces. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> The project implementation was delayed due to the transfer of funds between headquarters and the country office; and contract disagreements with one of the implementing partners. The anticipated added-value is the sustainability dimension of the emergency intervention. By involving community members in affected areas and in at-risk areas, the ability for community to continue with monitoring for child protection issues and responding appropriately has been increased and will continue after the end of the project. Child Fund Afghanistan (CFA) signed their implementation agreement with UNICEF in January 2013 and subsequently received their funding and have been proceeding with preliminary preparations and implementation of the project. This includes the establishment of Field Office in Baghlan province, staff recruitment of two master trainers, granted official permission from the Governor of Baghlan for the project to proceed, opened the project and introduced the program to five 			

<p>communities including identification of ten locations for Child Friendly Spaces. Set up of the project office has been completed. Site selection according to CPIE criteria completed in Baghlan province: (1. Chape – e – Darya, 2. Tapai Farhat, 3. Zamankhail, 4. Shamarq and 5. Wazirabad). Meeting with the village leaders to draw out their support.</p> <ul style="list-style-type: none"> • Child Protection rapid assessment in five selected communities conducted. Assessment findings suggested that the main protection concerns are related to vulnerability to abuse, violence and exploitation of separated children, domestic violence, recruitment into armed groups and gender base violence. Services like psychosocial counselling are very limited especially for children. Additionally, sport and recreation facilities are very limited in remote areas. • One day project orientation session was conducted for the provincial government representatives and community elder's representatives from, DoLSA, Hajji-o-Awqaf, Department of Women Affairs, ANDMA, Department of Refugees, Education, Economy, Public Health, HALO Trust, and Women for Women, Police, National Department of Security, UNICEF north regional office, and community members represented at this meeting. • Ten Child Friendly Spaces (CFS) facilitators (five male and five female) were recruited from the community. Three days training was organised on child protection, psycho-social support, health/ hygiene practices, land mine education, and communication and organization development activities. The main purpose of this training was to build capacity of CFS and Government representatives to provide better services to children. Additionally, The training contents included the training equipped facilitators on how to organize a CFS, what are Child protection issues, how they can be detected in children lives and how children can be supported. They were also trained in child focus basic social skills. • Ten CFSs have been established in the five mentioned villages. Communities identified and contributed to the creation of 10 safe spaces, separated for girls and boys. Communities also shared list of children based on the criteria (500 boys and 500 girl ages of 6-15) for enrolment in CFS. A total of 1000 children 525 boys and 475 girls were enrolled in these ten CFSs. Communities have provided these spaces and maintain them regularly. These safe spaces have been providing children an opportunity to interact in a protective environment with peers, communicate and learn from each other. Structured learning, sport and cultural activity engagements have helped them earn life skills, basic literacy and numeracy. Sports and cultural activities relieve their difficulties and educate them unity, tolerance, life discipline and health habits. Two days training conducted for 250 community members including parents (175 male & 125 female) in the five selected villages. Attendees acquired knowledge over standards and able to establish and running CFSs, emergency preparedness and response, and how to protect themselves and their children from risks of mine and types of unexploded ordnance and observe personal hygiene. Coordination mechanism with government line-departments established and formally introducing the CPIE initiative to the department of Labour and Social Affairs (DoLSA) and Provincial Governor of Baghlan • A community profile format has been discussed and coordinated. This profile helps to gather information on local resources available includes social services and demographic data of the communities. The format translated into Dari for easy use and is available as reference for community, local NGOs and government agencies. Community profiles developed in both English and Dari Languages updated regularly. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The proposal that was approved by the CERF Secretariat was for UNICEF Afghanistan to implement child protection in humanitarian action targeting humanitarian needs in two different provinces of Afghanistan: Faryab and Baghlan. Following approval for this project and receiving of the CERF grant funds, one of the two implementing partners was unable to fulfil their agreement. Consequently, the project element for the Province of Faryab was not carried out and therefore the target numbers reported on the face of this report reflect what was achieved by the good work of the implementing partner in Baghlan province</p>	
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, 2b): 2a If 'NO' (or if GM score is 1 or 0): N/A</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Monitoring report was carried out. Evaluation was not implemented as yet given current state of war and insecurity intensifying in Afghanistan.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	25 September 2012 - 30 June 2013
2. CERF Project Code:	12-WFP-066	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Nutrition treatment of moderately acutely malnourished children, aged 6 to 59 months, and acutely malnourished pregnant and lactating women, and prevention from nutritional deterioration in Afghanistan		
7. Funding	a. Total project budget:	US\$ 34,280,373	
	b. Total funding received for the project:	US\$ 12,958,723	
	c. Amount received from CERF:	US\$ \$647,999	
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	9,017	9,017	
b. Male	4,066	4,066	
c. Total individuals (female + male):	13,083	13,083	
d. Of total, children <u>under 5</u>	7,973	7,973	
9. Original project objective from approved CERF proposal			
To treat moderate acute malnutrition and prevent severe acute malnutrition in 7,973 children aged 6 to 59 months and 5,110 pregnant and lactating women, in areas identified as having a high prevalence of acute malnutrition and high food insecurity.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Targeted supplementary feeding programmes effectively managed and >90% of programme sites will meet or exceed Sphere standards for programme indicators (>75% cured; <3% died; <15% defaulters) on a monthly basis. Acute malnutrition reduced from critical levels amongst children aged 6 to 59 months (<10% global acute malnutrition, both boys and girls) and pregnant and lactating women (>230mm) in identified and targeted supplementary feeding programme coverage areas. 			
11. Actual outcomes achieved with CERF funds			
<p>With CERF funding, WFP treated 7,973 children aged 6 to 59 months with moderate acute malnutrition (MAM) and 5,110 pregnant and lactating women (PLW) with acute malnutrition in Targeted Supplementary Feeding Programmes (TSFPs), in Badakhshan, Kunduz, Faryab, and Sar-e-Pul provinces. Each MAM child received, on average, 8.2 kg of specialized ready-to-use supplementary food (Plumpy'sup[®]) until discharged as cured. From the second trimester of pregnancy, until the infants of lactating women reached six months of age, each acutely malnourished woman was treated with a monthly ration of 25 kg. fortified wheat flour/wheat, 1.5 kg. fortified vegetable oil, 4 kg. pulses, 0.25 kg. iodized salt, and daily multiple micronutrient supplements. The PLW ration allowed for sharing amongst family members. Nutrition, health and WASH education and communication activities were provided to caregivers of the MAM children and to the pregnant and lactating women. The participation of fathers and male members of households in the feeding and nutritional care of children was promoted in these sessions. WFP, in collaboration with the Ministry of Public Health, WHO, UNICEF and the Nutrition Cluster, delivered the CERF-funded TSFP activities through the community-based management of acute malnutrition (CMAM) approach. On a monthly basis, the TSFP sites met or exceeded Sphere standards for programme indicators: >75% cured; <3% died; <15% defaulters.</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
WFP achieved its planned outcomes. However, WFP only began receiving the first consignment of commodities procured through the CERF grant beginning in February 2013. This delayed the commencement of CERF-funded activities however, as all of the TSFPs described above are implemented as part of WFP's wider emergency response to the critical country-wide nutrition situation, the children and women received on-going treatment.			
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, 2b): 2 b - The project specifically targets the special nutritional needs of acutely malnourished pregnant and lactating women as well as moderately acutely malnourished children aged 6 to 59 months, including boys and girls.

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

WFP has monitoring and evaluation toolkits for each programme activity to enable the collection of data for the assessment of project progress and to provide input to the process of activity implementation. CERF funded activity (acute needs targeted supplementary feeding) was an integral of WFP activities and was monitored using the toolkits.

The checklists/formats for activity monitoring, food distribution and post distribution monitoring were used to track the progress of activity implementation and beneficiary response/perception on the activity. An on-going (monthly) evaluation was achieved through the use of cooperating partners (CPs') monthly distribution reports for the output results and monthly progress reports for the outcome results, to assess the extent to which the project objectives/results were being met.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	September 2012 - 30 June 2013
2. CERF Project Code:	12-WHO-66	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Improved access to emergency nutrition care for severely malnourished children with medical complications		
7. Funding	a. Total project budget:	US\$ 488,191	
	b. Total funding received for the project:	US\$ 200,158	
	c. Amount received from CERF:	US\$ 194,825	
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	2,098	1,315	The CERF funding has been received much later than plan, so the implementation delayed; the data on beneficiaries has been gathered for the effective project period that has been more than 2 months shorter than planned. Also, it is possible that due to very good crops in 2012, the levels of severe malnutrition decreased and the number of beneficiaries is less than planned. However, the funds allowed the implementation of the intervention in areas where no services had been available bellow for the benefit of Afghan children.
b. Male	2,193	1,481	
c. Total individuals (female + male):	4,291	2,796	
d. Of total, children <u>under 5</u>	4,291	2,796	
9. Original project objective from approved CERF proposal			
To reduce children mortality and morbidity caused by severe acute complicated malnutrition (SAM) in drought, conflict, and flood - affected population. The general objective will benefit 4,291 children directly.			
10. Original expected outcomes from approved CERF proposal			
1. Ninety per cent of TFU staff receives training on gender responsive operations. 2. TFUs are monitored and supervised on a regular monthly basis. 3. Ninety per cent of the trained staff ensures full performance and operational capacity in compliance with the WHO-TFUs guidelines. 4. Performance of TFUs is strengthened (Cured >80%, defaulter rate <15 %, death rate <5%).			
11. Actual outcomes achieved with CERF funds			
1. 2796 children directly benefitted from TFUs supported through CERF. 2. TFUs performance was in line with Sphere standard: Cured =82.6 % (7.1% of them after recovering the complication transferred to OTP sites), Defaulter =11.8%, Death=2.7%. 3: 6 batches of training have been conducted on gender responsiveness for TFU staff (108 health staff 67 male and 31 female). 4. 79 per cent of the TFUs have been supervised once per month. 5. Ninthly per cent of the trained staff deliver at the optimal performance level. 6. Milk preparation kit , medicine and medical equipment provided for all 13 TFUs 7. One new TFU established in Bala Murghab district hospital.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
The number of direct beneficiaries is lower than expected as the number of cases with severe acute malnutrition admitted decreased in 2013, possible as a result of excellent crops in 2013; the results of the national nutrition survey will bring more clarity in the matter.			
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, 2b): 2b If 'NO' (or if GM score is 1 or 0):			

14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>The project implementation has been monitored through field site supervisions (standard checklist), and assessment of the impact of the training activities. 79% of the supported TFUs have been supervised once a month and the remaining 21% every two month by the WHO regional and national nutrition officers. Remedial measures have been recommended and applied.</p> <p>The performance of all trained staff during the project period has been assessed against a standard check list and the nutrition indicators included into the TFUs monthly reports assessed against internationally agreed standards.</p>	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-FAO-035	Agriculture	FAO	Islamic Relief	INGO	124,000	04.01.13	01.10.12	Late submission of first invoice
12-FAO-035	Agriculture	FAO	Mission East	INGO	15,600	18.11.12	01.10.12	
12-HCR-045	Emergency Shelter and NFI	UNHCR	DRC	INGO	2,299,944	01.09.12	01.09.12	
12-CEF-109	Protection/Human Rights/Rule of Law	UNICEF	Child Fund Afghanistan	INGO	99,877.12	25.02.13	15.01.13	
12-CEF-109	Protection/Human Rights/Rule of Law	UNICEF	Save the Children International	INGO	-	-	-	Declined by partner.
12-WFP-066	Health - Nutrition	WFP	Merlin, Kunduz	INGO	8,205.88	27.05.13	16.04.13	
12-WFP-066	Health - Nutrition	WFP	Merlin, Badakhshan	INGO	13,854.39	08.06.13	14.04.13	
12-WFP-066	Health - Nutrition	WFP	Save the Children	INGO	16,164.14	08.05.13	08.05.13	
12-WFP-066	Health - Nutrition	WFP	ACTD	NNGO	4,070.59	19.05.13	05.05.13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS

ACBAR	Afghanistan Coordination Body for Afghan Relief
ANDMA	Afghan National Disaster Management Authority
AOGs	Armed Opposition Groups
ANSF	Afghan National Security Forces
BPHS	Basic Package of Health Services
CAP	Consolidated Appeal
CDC	Community Development Councils
CFA	Child Fund Afghanistan
CPiE	Child Protection in Emergency
DAIL	Provincial Department of Agriculture, Irrigation and Livestock
DAP	Di-ammonium phosphate
DDR	Demobilization, Disarmament and Reintegration
DoRR	Department of Refugees and Repatriation
DRC	Danish Refugee Council
EPI	Expanded Program of Immunisation
ERCU	Emergency and Rehabilitation Coordination Unit
ES/NFIs	Emergency Shelter and Non Food Items Cluster
FAO	Food and Agriculture Organization of the United Nations
FSAC	Food Security and Agriculture Cluster
HC	Humanitarian Coordinator
IASC	Inter Agency Standing Committee
IDPs	Internally Displaced Persons
IMF	International Military Forces
LoA	Letter of Agreement
M&E	Monitoring and Evaluation
MACCA	Mine Action Coordination Centre of Afghanistan
MAIL	Ministry of Agriculture, Irrigation and Livestock
MoPH	Ministry of Public Health
MOSS	Minimum Operations Security Standards
MRRD	Ministry of Rural Rehabilitation and Development
NGO	Non Governmental Organisation
NRVA	National Risk and Vulnerability Assessment
NSP	National Solidarity Programme
OPV	Oral Polio Vaccine
OTP	Outpatient treatment programme
PCA	Post Campaign Assessment
PCA	Programme Cooperation Agreement
PDC	Provincial Development Committee
PMU	Project Management Unit
PRT	Provincial Reconstruction Team
RC	Resident coordinator
SCI	Save the Children International
SFP	Supplementary Feeding Program
SP	Service Provider
TCE	Emergency Operations and Rehabilitation Division of FAO
TFU	Therapeutic Feeding Unit
TWG	Technical Working Group