RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS AFGHANISTAN UNDERFUNDED EMERGENCIES ROUND I 2013

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.

One to one review discussion on achievements, challenges and lessons learned conducted with each of implementing agencies but no dedicated forum for after action review due to the sectoral delineation of the planning, which required individual discussions but not necessarily a consolidated, coordination feedback mechanism.

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 was prepared with inputs from recipient agencies and the final draft report was shared with Humanitarian Country Team (HCT) and final version of the RC/HC report was shared with the HCT and Sector Leads for comment before final submission.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 474,428,380[1]		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	16,574,042
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	9,102,162
	OTHER (bilateral/multilateral)	322,779,415
	TOTAL	**348,455,619**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 15-Feb-13			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	13-CEF-027	Water and sanitation	1,000,022
UNICEF	13-CEF-028	Health-Nutrition	2,245,415
UNICEF	13-CEF-029	Protection / Human Rights / Rule of Law	516,987
UNICEF	13-CEF-030	Health	403,771
UNFPA	13-FPA-010	Health	414,099
UNHCR	13-HCR-016	Shelter and non-food items	998,203
UNHCR	13-HCR-017	Multi-sector	3,001,350
WFP	13-WFP-011	Coordination and Support Services - UNHAS	4,000,001
WHO	13-WHO-010	Health-Nutrition	250,070
WHO	13-WHO-011	Health	3,744,124
TOTAL			**16,574,042**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agency / IOM implementation	12,980,221
Funds forwarded to NGOs for implementation	3,443,821
Funds forwarded to government partners	150,000
TOTAL	16,574,042

1. 2013 CHAP Afghanistan Mid Year revised requirement.

HUMANITARIAN NEEDS

A complex emergency, such as the one in Afghanistan, is a situation with multi-faceted social, political and economic origins which involves the breakdown of state structures, the disputed legitimacy of host authorities, the abuse of human rights and armed conflict. This has created humanitarian needs requiring an international response that goes beyond the mandate or capacity of any single agency and the ongoing United Nations country program. Afghanistan is also a protracted emergency, in that a significant proportion of the population has been acutely vulnerable to death, disease and disruption of their livelihoods for a prolonged period of time. The Afghan population is highly mobile with periods of significant fluctuations in displacement both within and beyond the country's borders.

Afghanistan has been in protracted conflict for almost thirty five years, which has seriously hampered poverty reduction and development, strained the fabric of society and depleted coping mechanisms. Prior to 1979, the country had extremely low levels of development.

Since 2001, there has been a massive international development aid effort with US$90 billion pledged. In 2011 alone, the estimated (non-security sector) international development assistance exceeded $7 billion. While in other CHAP countries across the globe the humanitarian appeal is usually a major component of external assistance, humanitarian financing represents less than seven per cent of total international (non-security sector) assistance in Afghanistan. Thus, given the overall scarcity of resources, it is imperative for the CHAP to focus strictly on acute needs in emergencies. A key task on the advocacy side is the promotion of linkages between humanitarian and development programming in the area of resilience, and this will be taken forward within a dedicated Humanitarian Country Team (HCT) advocacy strategy.

Human development indicators have improved in absolute terms over the course of the past thirty years, and the last ten years in particular. However, Afghanistan remains rooted in the bottom decile of countries globally. Given this underlying fragility, the escalation of conflict and the prevalence of recurrent natural disasters, Afghanistan has not able to overcome its protracted complex emergency. During the past five years, armed non-state actors have increasingly challenged the territorial control of the Government and expanded the geographical scope of the conflict beyond the southern and eastern regions of the country. As the conflict intensifies, Afghanistan's most congested areas are witnessing elevated humanitarian needs due to displacement, violence, intimidation, interruption or lack of access to basic services by the affected population. As a consequence, the scale of humanitarian needs is increasing, not diminishing. Acute needs are found among populations affected by conflict across the country. In 2013, the ongoing security, political and economic transitions – characterized by stalemate, uncertainty and deterioration - are likely to have a predominantly worsening impact on the humanitarian situation.

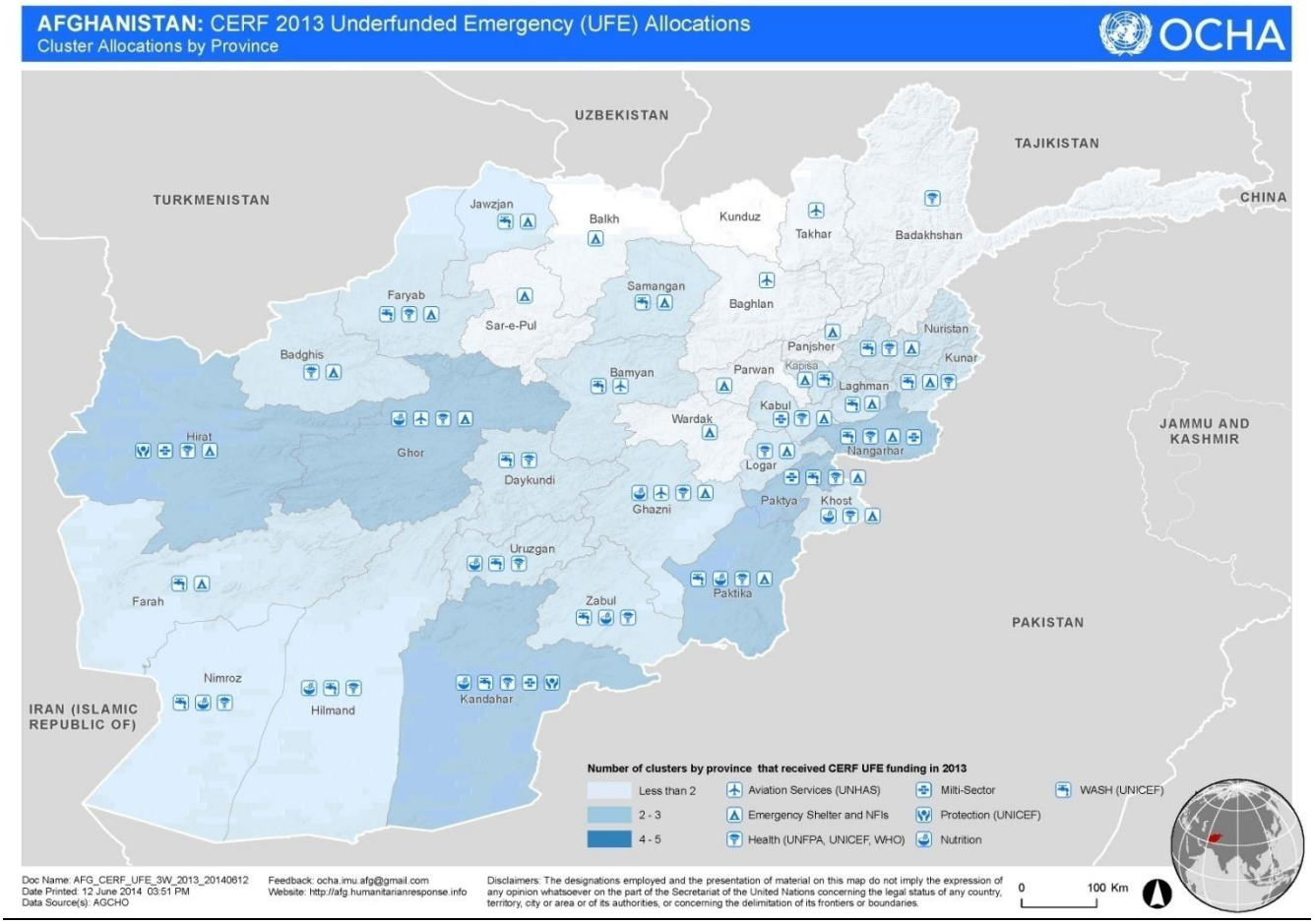
2012 was marked by a significant reduction of humanitarian funding to Afghanistan in both absolute and relative terms as the international community re-evaluated its support in the context of drawdown of international military forces and the recalibration and reduction of external assistance. By November 2012, the CAP was 48 per cent funded representing a significant reduction of support to humanitarian response across all clusters. Some clusters fared particularly poorly, with the health cluster receiving just 26 per cent of its requirement to deliver essential emergency health care services including trauma care. In the last quarter of 2012, a US$10 million injection of funding from the second round of the CERF under-funded emergencies (UFE) window provided critical support to clusters to address critical gaps in emergency health care provision, drought response, winterized support to Internally Displaced Persons (IDPs) and the scale-up of integrated severe acute malnutrition treatments. In 2013, Afghanistan was again selected for Round I of the CERF UFE allocation due to persistent under-funding and need for support to the protracted crisis.

II. FOCUS AREAS AND PRIORITIZATION

The humanitarian needs prioritised for CERF funding closely reflect three of the four strategic priorities outlined in the Afghanistan CHAP 2013. The CHAP 2013 highlighted the importance of life-saving interventions to meet the most acute humanitarian needs across Afghanistan. The first strategic objective of the 2013 CHAP was to reinforce the protection of civilians by responding more effectively to the needs of people affected by conflict and natural disasters. Strategic objective 2 focused on delivering reductions in mortality and morbidity, particularly in terms of addressing rising levels of malnutrition and limiting disease specific case fatality rates resulting from outbreaks. Strategic objective 3 sought to ensure prioritization of assistance to particularly vulnerable displaced, returnee and host community populations.

The 2013 CERF $16.5 million allocation to Afghanistan supported ten projects across 33 of Afghanistan's 34 provinces, reaching more than a million beneficiaries.

See map on next page:



Three of the ten CERF supported projects were designed and implemented in order to meet critical gaps in emergency health service delivery and address access constraints faced by communities affected by conflict. The projects also supported those facing increased vulnerability, owing to displacement, refugee returnee status or host communities under additional pressure from hosting IDP populations. A 40 per cent increase in the number of non-functional health facilities was identified between 2011 and 2012, with 540 health facilities forced to suspend their activities (or unable to begin activities) due to insecurity or lack of funding. In southern provinces, due to the ongoing conflict, 50 to 60 per cent of the population faced difficult or no access to essential basic health care. Insecurity, distance, transport and expense were identified as major constraints for people's ability to reach and access vital health services. The three projects implemented by WHO, UNICEF, and UNFPA were prioritized due to their direct contribution to achieving objectives 1 and 3 of the health cluster strategic response plan: *to ensure access to timely emergency health care services with a focus on maternal and child health for communities affected by humanitarian situations (natural and manmade); and to respond to the health needs of especially vulnerable groups in need of humanitarian aid (IDPs, refugees/returnees, informal settlements and host communities).*

A further UNICEF project delivering targeted emergency water, sanitation and hygiene education interventions to more than 50,000 natural disaster and conflict affected people was also prioritized as it contributed to achieving objectives 1 and 3 of the 2013 CHAP strategic response plan: *reducing morbidity and mortality and assisting displaced, returnee and host populations.*

Small scale SMART nutrition surveys conducted in over the course of 2012 in the heavily conflict affected South and South East regions of the country suggested levels of global acute malnutrition and severe acute malnutrition exceeding emergency thresholds in children under 5. The 2011 findings from the two provinces of Paktiya and Uruzgan were considered to also be indicative of the likely situation in neighbouring provinces in the conflict affected regions where emergency nutrition response had been limited and both the security situation and living conditions remained poor and unchanged. Scaling up treatment to children suffering from life-threatening severe acute malnutrition was prioritized under the CERF allocation strategy with close to $2.5 million being allocated to UNICEF and WHO to expand integrated treatment services to children in 9 conflict affected provinces.

A further three projects, implemented by UNHCR and UNICEF, were prioritized according to their targeted response to highly vulnerable conflict affected IDP and returning refugee groups. The changing nature of conflict in Afghanistan caused corresponding changes in patterns of internal displacement. Armed conflict, general deterioration of security and intimidation and harassment by anti-government elements prompted displacement and the need for emergency humanitarian assistance to population groups' right across the country

without particular geographic focus. UNICEF's protection services were prioritised in both Kandahar in the South and Herat in the West. Provision of emergency transitional shelter provided by UNHCR was determined according to the vulnerability faced by IDPs at the onset of severe winter conditions in the country. The response was required in the East, South, North West, and South East of the country.

A trend towards increasing funding gaps reduced both the aircraft and staffing UNHAS was able to maintain, and as a consequence the aviation needs of the humanitarian community were not fully met. At the start of 2013 year, UNHAS had received just $2 million against a $18.9 million requirement and was faced with potentially shutting down the operation entirely by February. The CERF allocation of $4 million was deemed a priority both to allow UNHAS to continue serving the humanitarian community and to extend vital access to new priority destinations, where OCHA's gap analysis in the CHAP 2013 highlighted the importance of aid agencies to deliver humanitarian assistance.

2013 saw the successful restart of the Emergency Response Fund (ERF) in Afghanistan, with donor contributions in excess of US$11 million and the support of 31 emergency projects across the country. From the outset, it was decided to use the ERF strategically in support of the Common Humanitarian Action Plan (CHAP), giving particular attention to the provinces in greatest need and sectors with clear gaps in emergency capacity, including health, nutrition and protection. With the issuance of a call for proposals in January, the ERF generated substantive interest among grass root NGOs, many of whom had never previously participated in the coordinated Humanitarian system.

As we enter 2014, the ERF approaches its end with the establishment of a Common Humanitarian Fund (CHF). The CHF, which became operational in April, has a reserve mechanism which replaces the ERF. But the CHF also allows for a wider set of activities to be funded, thereby reinforcing the priorities outlined in the CHAP. For our NGO partners, the CHF opens an avenue towards projects that are both larger in scale and longer in duration. As in the ERF, participation in coordination and in the common identification of priorities within each sector will remain crucial. The complementarity of approaches is elaborated below. Significant overlap between CERF funding for WASH, Health and Nutrition played a role in ensuring that support to life-saving nutrition activities begun, already to some extent, in 2013. The CHF 2014 allocations are planned to target health and nutrition significantly, particularly in the south, southeast and eastern regions, as per the CHAP 2014 SRP and draft National Nutrition Survey data. Due to the CERF being for underfunded strategic response and the ERF for rapid-onset response, there was negligible relevance between the two funding sources.

Activity	CERF	ERF 2013	CHF 2014
Allocation strategy linked to CHAP / SRP	Yes, underfunded allocation based on 2012 level	Yes, sudden onset emergencies only	Yes, standard and reserve allocations
Decision making on allocation	HC / HCT	HC / ERF Review board	HC / Advisory Board
Eligibility	UN	NGOs	UN and NGOs
Due Diligence	No	Yes	Yes, enhanced method
Capacity Assessment	No	No	Service provider under tender
Reporting	Final Report	Progress report, final report	Frequency of programme and financial reporting linked to partner risk rating
Monitoring	No	Yes, minimum once in 6 months	External monitoring linked to partner risk rating
Audit	No	Yes, each project	Yes, each NGO partner
Amount & Duration	Not fixed, 12 months	$500,000, 6 months	Not fixed, 12 months

III. CERF PROCESS

The ERC announced in December 2012 that Afghanistan would be allocated up to $17 million from the underfunded window of the CERF. Afghanistan closed 2012 with its Consolidated Appeals Process (CAP) only 48 per cent funded and entered 2013 with a Common Humanitarian Action Plan (CHAP) of $471 million.

On 2 January 2013, UN agencies were asked to propose projects that met the following four criteria:
1) under-funded status;
2) Aligned with the strategic priorities and cluster objectives of the CHAP 2013;
3) Highest humanitarian needs by geographic priority - provinces ranked as 5 and 4 by individual cluster; and
4) Extent of NGO participation in proposed interventions.

Through the CHAP development, the clusters had undertaken a prioritization exercise, which involved an analysis of traditional sector specific humanitarian indicators alongside indicators relating to conflict incidents, natural disaster hazards, physical infrastructure and accessibility. Through this approach, an overall provincial ranking was developed that described the relative severity of the humanitarian

situation at a provincial level. Clusters ranked the provinces ranging from one to five, with one being very low (best) and five being very high (worst). The needs-and-vulnerability methodology enabled a multi-sector, objective analysis through which to identify provinces with a higher likelihood of needing humanitarian aid.

Throughout the CERF allocation process, the Humanitarian Country Team (HCT), the Afghan Humanitarian Forum for NGOs (AHF) and Humanitarian Donor Group (HDG) were updated during regular monthly meetings of the criteria to be applied. To a large extent, the process used by this CERF allocation led to lessons learned regarding the significance of inter- and intra-cluster consultations and coordination when building the architecture of a national-level CERF or CHF funding response. While the mechanism was not the same as the ERF, with the CERF including significantly more UN Agency-Implementing Partner discussions before proposals were submitted to the HC, positive feedback was received from many NGOs as to the parity and equitability with which they were able to prepare and inform the resulting allocation request. The result was the submission by UN agencies of 15 projects for $29 million. The projects submitted were analysed according to how they met the criteria and a final ten projects were prioritized by the Humanitarian Coordinator, with the budget proposals revised downwards for the proposed nutrition, WASH, transitional shelter and child protection interventions.

Additional criteria required by the Humanitarian Coordinator for the final projects submitted included:

- A minimum Gender Marker code was required for all projects (excluding UNHAS) of 2A – meaning the project is designed to contribute significantly to gender equality. Six projects met this requirement based on a peer review by UNFPA.
- A minimum Environmental Marker code was required for Health and WASH cluster projects of B – meaning no or low environmental impact of the project. The two projects met this requirement based on peer review by UNEP.
- Preliminary identification of the implementing NGOs in the provinces identified. Five of six projects met this requirement, pending the UNHCR selection for Emergency Shelter and NFIs; and UNHAS was excluded.

Projects not proposed for priority support from this underfunded window:

- UNHCR and IOM both requested funding for non-food item kits. These requests were for programmes that were national in geographic scope and not particularly prioritised to serve the provinces with highest needs in Afghanistan. Non-food items were also strongly supported in the October 2012 CERF allocation for the winter and spring period. For these reasons the project applications were ranked at the lower end of the CERF 2013 priorities.
- FAO requested funds to provide agricultural inputs to small farmers affected by disasters in food insecure areas of Afghanistan. In 2012, the FSA cluster had been relatively well funded and the proposed interventions related to the fourth strategic objective of the CHAP. For these reasons it was ranked at the lower end of the CERF priorities.
- United Nations Mine Action Coordination Center of Afghanistan (UNMACCA) requested funding for an education project on mine awareness, as well as mine clearance. It was not included in the resulting request as it failed to meet the priority needs as set forth by the Humanitarian Coordinator during ensuing HCT discussions.
- UNDSS requested funding for deployment of a quick reaction response force to support UN agencies, programmes and funds in the event of their staff being involved in security incidents. Given alternative funding sources, these projects were deemed to fall at the lower end of the scale according to the prioritisation criteria established and were therefore ranked at the lower end of the CERF priorities.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 5 million[1]				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Water and sanitation	45,852	32,753	78,605
	Health-Nutrition	7,725	6,658	14,383
	Protection / Human Rights / Rule of Law	1,618	1,694	3,312
	Health	326,400	353,600	680,000
	Shelter and non-food items	1,200	1,224	2,424
	Multi-sector	9,562	7,636	17,198
	Coordination and Support Services - UNHAS	3,631	3,631	7,262

BENEFICIARY ESTIMATION

Insecurity, access restrictions, challenging terrain and other operational constraints continue to impede the comprehensive gathering of good quality, evidence-based and reliable primary humanitarian data in Afghanistan. There are large gaps in information on population movements, livelihood sources, sex- and age-disaggregated data for displaced and conflict-affected people and the population in general. This makes it difficult to target the most vulnerable groups of women, girls, boys and men of all ages for humanitarian aid.

Recent assessment data is challenging to come by on a national scale and many clusters resort to the use of Health Management Information SystemI (HMIS) and National Risk and Vulnerability Assessment (NRVA) data and the interpretation of proxy indicators to determine anticipated caseloads of people in need. For the most part, beneficiary identification was guided by the needs analysis and provincial ranking process undertaken by the clusters as part of the development of the CHAP 2013, as well as from implementing partner project submissions to UN agencies submitting CERF proposals. The same is true of the number of reached beneficiaries, which stems from reporting done by Agency implementing partners and reporting. Having identified priority areas of focus, the implementing agencies undertook additional site surveys and consultations to select target beneficiaries.

Through its emergency WASH programme UNICEF conducted site surveys and consultations in collaboration with Ministry of Rural Rehabilitation and Development (MRRD) through its implementing partner NGOs (Afghan Aid, OHM and Medair) to select the 40,000 families to be targeted by their emergency safe drinking water intervention and emergency hygiene and sanitation education-promotion.

Based on the Nutrition Cluster's country wide priority ranking, UNICEF directed their interventions to the nine provinces with very high needs and vulnerability: Kandahar, Hilmand, Khost, Uruzgan, Ghazni, Zabul, Nimruz, Paktika and Paktiya. Within these nine provinces the projects supported additional surveys to ensure accurate targeting of children requiring urgent Severe Acute Malnutrition (SAM) treatment.

Through analysis of the health risks at district level using a set of quantified criteria related to hazards, impacts, capacities and vulnerabilities, the health cluster identified around 1.1 million people affected by conflict and insecurity in urgent need of humanitarian support. This included conflict affected IDPs and host communities (around 200,000 people) as well as people caught in conflict zones. In addition, the cluster anticipated some 200,000 were likely to be affected by natural disasters and 300,000 extremely vulnerable will be in need of humanitarian intervention. Through this prioritisation exercise, 13 high risk provinces, and 66 very high and high risk districts

[1] The amalgamation of 2.7+5.7 individual BNF millions in CHAP 2013 HNO, which includes country-level analytics significantly reducing cross-cluster duplication, therefore bringing the number down to 5 million. The US$5 million number was used extensively at national level for planning purposes as 8.8 million was seen as too high, and resulting only from the procedural challenges associated from the change from OPS- based to non-OPS-based CHAP from 2012 to 2013.

were identified across the country. From this exercise a total of 680,000 people affected by natural disasters, conflict, and IDP/returnees/deportees were identified as target beneficiaries.

UNHCR identification of beneficiaries to be supported through the emergency shelter and non- food item project was undertaken through a direct assessment and identification process in March-April 2013.

In mid-2012, UNHAS and OCHA undertook a needs survey of 58 user groups at the request of the UNHAS Board of Directors. The objective was to determine future air support needs of the humanitarian community which ultimately would determine types of aircraft required and destinations to be serviced. The outcome of the survey strongly indicated that for 2013, the humanitarian community required air capacity to transport an average of 2,500 passengers as well as light humanitarian cargo to at least 25 different locations countrywide per month.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	373,438	395,988
Male	401,424	407,196
Total individuals (Female and male)	774,862	803,184[2]
Of total, children underage 5	523,274	203,167

CERF RESULTS

HEALTH (CHAP 2013 SO2)

- UNFPA Reproductive health programmme, ensured preliminary health care and mobile health services benefiting 195,106 people.
- A total of 105 Reproductive Health (RH) Coordinators from Bamyan, Daikundi, Ghor, Badghees, Herat, Farah, Zabul, Faryab, Kandahar, Nuristan, Kunar, Nangarhar, Laghman, Paktika and Khost provinces trained in Minimum Initial Service Package (MISP) of RH Trainings by UNFPA
- 401 community health workers (CHW) from Badghis Province were trained on MNCH issues. These CHWs work in 200 health posts (each health post covers 100-150 families) and 20,000 families' benefited from receiving health messages through trained CHWs.
- A total of 124 health care providers working in Emergency Package of Health Services (EPHS) health facilities (Hospitals) in Daykundi, Hirat, Badakhshan, Nuristan, Paktika, Paktya, Ghor, Kandahar, Hilmand, Kunar, Kabul have been trained on Emergency Triage Assessment and Treatment course.
- WHO ensured health care for IDPs and host communities using static and mobile health teams. Approximately 120,000 IDPs, returnees and host community members were covered by mobile and static medical teams and provided with PHC and emergency services.
- WHO medical supplies procured and distributed under emergency contingency plans for high risk provinces covered the health needs of 680,000 people.
- Through CERF funding to UNICEF WASH programming 34,528 drought affected and 332 IDP families benefited from household latrine construction.
- 66,264 drought affected people and 12,341 IDPs were reached through hygiene promotion. Key messages conveyed included proper use and maintenance of water and sanitation facilities, safe water chain (keeping the water safe from the water point up to the household level), proper disposal of human excreta and latrine use, covering and cleaning of water containers, hand washing with soap during critical times (after defecation/latrine use, after touching baby's feces, before eating and before preparing food), prevention of diarrheal diseases, ORS preparation, solid waste and waste water management, food and personal hygiene.

[2] The total is larger than the planned estimate due to the caseload of beneficiaries reaching services such as health which were not accounted for at the beginning of planning the CERF response. Post-activity indicators showed larger numbers and therefore we have the larger number here.

- Owing to access constraints, particularly due to security related issues and harsh weather conditions, the total number of beneficiaries reached through WHO programming were slightly below those planned in initial funding applications.

HEALTH-NUTRITION (CHAP 2013 SO2)

- CERF funding facilitated the in-patient treatment of 4,948 SAM children (2,574 girls and 2,374 boys) admitted and treated in 16 inpatient care facilities.
- 9,435 SAM children treated in out-patient treatment programmes
- Monthly defaulter, death and cure rates meet minimum Sphere standards namely; <15 per cent, <10 per cent and >75 per cent respectively
- Over 40 per cent of caregivers received Infant and Young Child Feeding (IYCF) counselling and at least 40 per cent benefited from WASH promotion interventions
- CERF funding was critical in responding to acute malnutrition in Ghor Province following crop failures caused by drought/dry spell.
- The number of children under five reached through UNICEF outpatient SAM treatment programmes increased by approximately 2,000 from the figures proposed in the initial funding application. One of the factors enabling greater reach to beneficiaries was the effective community social mobilization undertaken by Community Health Workers (CHW) and Community Health Supervisors (CHS). Community outreach significantly increased active case finding of SAM and encouraged families to bring their children to the Outpatient Therapeutic Program to be screened where they also received counselling on IYCF and WASH promotion services. Nutrition interventions were also expanded to strengthen outpatient and inpatient SAM curative services in partnership with Basic Package of Health Services (BPHS) implementing partners and Ministry of Public Health (MoPH) in response to severe drought in Ghor Province.
- The planned SMART surveys in 9 provinces were not conducted. The available time was not enough to develop partnerships with NGOs/Implementation partners to implement the activity. In addition, the National Nutrition Survey was designed to provide provincial level estimates for the important nutrition indicators, including anthropometry. Considering that the National Nutrition Survey would eventually provide robust data for all provinces and the limited availability of time, the planned SMART surveys were not conducted and existing nutrition data was used for programming in the target provinces.

PROTECTION (CHAP 2013 SO1)

- UNICEF Child Protection in emergency projects in Kandahar and Herat achieved a significant increase in community ownership in the delivery of emergency child protection services and the establishment of protective safe environments for children and young persons.
- 100 per cent of targeted beneficiaries (children and women) received training, which included age-appropriate life-skills education, psychosocial skills and support as well as the development / implementation of community actions plans.
- In Herat, a total of 30 Child Friendly Spaces (CFS) were established and resourced, and are still in use by the community. Furthermore, CFS facilitators have been able to identify children with protection needs and ensure appropriate referral and support can be provided.
- By 30 November 2013, 404 shelters were completed, giving 2,424 people a shelter, 50.5 per cent of which were women.
- In Kandahar, 15 CFS and 15 community based child protection groups have been established and resourced that support CFS activities throughout the province. In addition to providing direct support to approximately 1,700 children, the CFS has also supported a community campaign to increase student enrolment. Analysis of enrolment data for the 6,147 new students enrolled during the reporting period identified 25 per cent were as a result of the community and CFS campaign.
- Between 1 April and 31 December 2013, a total of 14,852 Afghan refugees were able to voluntarily repatriate to Afghanistan with the direct assistance of CERF funds. In addition, during the first three months of 2014, following a no-cost extension of the UNHCR project, a total of 2,346 Afghan refugees voluntarily repatriated, totalling 17,198 individuals directly assisted with CERF funds.
- The cash grant enabled refugees to repatriate to Afghanistan who were suffering from difficult economic conditions, deteriorating security conditions (in Pakistan), alleged harassment by authorities and fear of arrest and deportation, all of which are leading reported push factors indicated by the returnees in the decision to return.
- UNHCR initially planned to construct shelter for 491 vulnerable families: the number reached is lower due to the increasing costs per shelter. As families were able to gain land tenure, there was increased flexibility in the type of shelter that could be constructed. Therefore IDP families were able to opt for a two-room transitional shelter, meeting minimum UNHCR shelter standards (m2/per person). Initial budgeting was planned around an average cost per shelter of USD 1,900. As families were given more flexibility and opted for a transitional two-room shelter, the average cost per shelter increased to USD 2,310 per shelter unit (some further regional difference in costs encountered due to fluctuating price in materials). As a result, the funds

were used to support fewer families; however, for those reached, the intervention had substantially greater impact on their lives.

Coordination and Support Services (UNHAS)

- With the support provided by CERF, UNHAS was able to safely and effectively provide air transport services to 7,262 humanitarian workers in 2013.
- UNHAS provided air services to up to 160 aid organisations without disruption of services.
- UNHAS was able to contract a MI-8 MTV helicopter, enabling the agency to extend air services to deep (remote and topographically hard-to-reach) field locations as requested by the humanitarian community.
- 100 percent response to medical and security evacuations

The interventions supported through CERF were critical to support urgently required humanitarian response to outbreaks, spikes in malnutrition and to ensure the continuation of essential humanitarian air services. The projects certainly delivered immediate change in terms of providing temporary mobile health services, reducing outbreaks, meeting immediate needs of recently displaced IDPs and ensuring a continued presence and response capacity of humanitarian actors in more isolated parts of the country. However, the continuing humanitarian needs in Afghanistan remain considerable, even after support through CERF funding, as the scale of humanitarian need remains immense. During the course of 2013 the number of functioning health facilities reduced by 25 per cent. Access remains a fundamental issue both in terms of the population's ability to obtain lifesaving health services but also for providers to reach communities in greatest need. Furthermore the National Nutrition Survey conducted in 2013 suggests the levels of Severe Acute Malnutrition in the country exceed WHO emergency thresholds in 16 of 34 provinces. Based on under-5 population data, these rates suggest an approximate annual burden of some 500,000 children in need of life-saving therapeutic feeding interventions. As articulated in the CHAP 2014, the underlying trends of chronic poverty and fundamental under-development remain unchanged. Both the priority humanitarian needs and the constraints that hinder the response to them - access, insecurity and limited response capacity - continue to dominate the humanitarian context of Afghanistan. UNHAS transported less passengers than initially planned due to a number of factors, including the late positioning of the helicopter, which arrived 3 months late in April 2013. Additionally, commercial air operators started flying to some of the regular UNHAS destinations, mainly giving the NGO community more flight options, as they are not tied to same restrictions as UN personnel,. Another factor that impacted the number of passengers transported by UNHAS was the UN security authorization of Safi commercial flights towards the end of 2013 for UN personnel, presenting increased options for humanitarian personnel to fly to destinations, such as Herat and Mazar.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

All project owners commented that the CERF facilitated fast delivery of services and assistance. UNHCR, UNICEF, WFP and UNFPA all commented positively on the importance of cash assistance, and highlighted that CERF funds enabled them to provide beneficiaries with the necessary support quickly. This included cash grants for food and household items, support to transportation, reintegration and shelter construction for returning refugees, provision of critical child protection services, as well as support to UNHAS in the provision of air services. The CERF funds also helped to make Emergency Reproductive Health kits available at key locations and provide emergency health responses in a timely fashion in response to the Surobi flood disaster.

b) Did CERF funds help respond to time critical needs?
YES ☒ PARTIALLY ☐ NO ☐

The five CERF recipient UN agencies (WHO, UNICEF, WFP, UNHCR, and UNFPA) noted that the CERF funds enabled them to respond to time critical needs in Afghanistan. Having received CERF allocations prior to the spring season meant that more effective planning and implementation could be undertaken before the increase in displacement (as a result of spring/summer conflict) and prior to the on-set of winter. This included support to secure land tenure agreements, provision of shelters, and life-saving interventions to address acute malnutrition including Ghor (as a consequence of drought and crop failure). The CERF also contributed to the provision of emergency health services in high risk provinces, where the funds were critical in enabling timely response to 438 outbreaks. The

funding provided to UNHAS was particularly time critical given the impending interruption and possible end of services which would have drastically affected the delivery of humanitarian assistance if CERF support was unavailable.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☒ NO ☐

Of the five CERF recipient agencies, WFP/ UNHAS and UNFPA reported that they were able to mobilise funds from other sources after receiving CERF funding. UNICEF made the observation that while CERF is critical for emergency funding gaps, UNICEF resource mobilisation is premised largely on the CHAP and internal humanitarian action for children (HAC) channels. The multi-sector response was able to mobilise additional resources resulting in the ability to address 100 per cent of their assessed needs. However, the Shelter and NFI sector was unable to mobilise additional funds and the CERF allocation enabled only 10 per cent of assessed needs to be addressed. WFP/ UNHAS commented that the early and timely support provided by CERF helped to mobilize other donors to contribute to the UNHAS Special Operation, with two contributions (Finland and Germany) received less than one-month after the CERF donation. UNFPA Afghanistan was also able to mobilise additional resources through core UNFPA funding as well as the 2014 CHF fund.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

All CERF recipients noted improved coordination within the humanitarian community as a result of CERF support. This was particularly evident in the areas of nutrition, provision of reproductive health services, and improvement in technical capacity amongst implementing partners to address the needs of children and women. UNHCR made the observation that the CERF enabled both Multi-Sector and Emergency Shelter/NFI members to undertake joint assessment and coordination of responses. CERF also enhanced information dissemination and strengthened partnerships for programme implementation and monitoring. This included the participation of government counter-parts, community leaders, and beneficiaries.

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

CERF funding enabled the strengthening of community capacity and response and encouraged greater community ownership to address child protection issues before and during emergencies. CERF funding also enabled the expansion of services to address severe acute malnutrition (SAM) responses, particularly for children under five in high risk areas where no other funding was available. This funding encouraged greater community participation, improved community management, and an increase in number of SAM patients admitted for life-saving assistance.

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Good preparedness ensures timely response	CERF has been a very important funding mechanism for WHO response during emergencies; the challenge is how to use CERF for capacity building, to enhance response to the next crises.	CERF secretariat
Planning and establishment of early warning systems ensures efficient response to emergencies.	CERF to consider provision of ability to fund Agencies in support of pre-positioning of stocks in preparation for predictable emergencies.	CERF secretariat

TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Improve planning: shelter construction to start immediately after winter	Procure shelter at the beginning of the year, where funds permit, to allow beneficiary selection to start during winter months, enable quick response to the needs of IDPs and avoid delays in construction	UNHCR
Improve planning	Continually share information on needs, displacement and land tenure to better prepare to meet shelter needs of IDPs	Protection cluster
Improve planning	Improve returnee forecasting and develop contonigency plans to ensure efficient use of funds if returnee numbers drop	UNHCR
Support services in shelter locations	UNHCR needs to identify partners resourced to provide complementary services (i.e. water, sanitation, infrastrucure) where they intend to use CERF to construct shelters.	UNHCR
Reallcoate budget lines	Due to lower numbers of returnees, there were less individuals requiring assistance at the encashment Centres, thus greater flexibility in the use of cash grants was essential	UNHCR
Community involvement is essential in attainment of planned results	Implement approaches that promote and encourage further community empowerment towards reaching expected results	All implementing agencies
Coordination with CERF for timely provision of funding	CERF funding to WFP - UNHAS operation allowed for better forecasting and planning by UNHAS in terms of their ticket prices and flight schedules.	WFP-UNHAS

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	27 March 2013 – 31 December 2013
2. CERF project code:	13-CEF-027	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Water and sanitation		☒Concluded
4. Project title:	Emergency Water, Sanitation and Hygiene education interventions reaching to more than 50,000 natural disaster and conflict affected population including IDPs, deportees and returnees		

7.Funding				
	a. Total project budget:	US$9,000,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$5,172,959	▪ *NGO partners and Red Cross/Crescent:*	US$ 600,000
	c. Amount received from CERF:	US$1,000,022	▪ *Government Partners:*	US$ 150,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	24,500	45,852	Overall, more people were reached through hygiene promotion than planned due to Community-led-total-sanitation (CLTS) and Hygiene Promotion approach which targets the total community and therefore has increased numbers of actual end-result beneficiaries.
b. Male	25,000	32,753	
c. Total individuals (female + male):	50,000	78,605	
d. Of total, children under age 5	10,000	52,407	

9. Original project objective from approved CERF proposal

- In line with the CHAP Strategic Objective 1 , and cluster objective one , to contribute to the reduction of morbidity and mortality, and build the resilience of Afghanistan's vulnerable women and children and other most vulnerable groups, through targeted humanitarian WASH interventions (sustainable, gender balanced and environment friendly) .
    - Cluster Target = 1.5 million women, men, girls and boys.
    - UNICEF CHAP project 2013 target = 500,000 women, men, girls and boys in need for EMG WASH.
    - Target under CERF submission = 40,000 women, men, girls and boys (to be implemented by UNICEF with NGO, and community partners and with government support).
- Under the CHAP strategic objective 3: To assist the displaced, returnees and host communities; and Cluster objective two: To assist displaced, returnees, deportees and host communities and CAMPS through timely, gender balanced and sustainable WASH interventions.
    - Cluster target = 200,000 women, men, girls and boys,
    - UNICEF total 2013 target = 100,000.
    - UNICEF target under CERF submission = 10,000.

10. Original expected outcomes from approved CERF proposal

- Impact indicator:
    - Number of acute diarrheal disease and cholera cases / outbreaks controlled and responded (Information source:

Health Management Information System and disease Early Warning System (DEWS)

- Outcome indicators:
  - Proportion of emergency affected population with access to safe drinking water - Target = 40,000 women, men ,boys and girls (baseline National Risk and Vulnerability Assessment (NRVA) - 2010)
  - Proportion of affected population using improved sanitation (Target 40,000 women, men , boys and girls).
  - Proportion of households practicing hand washing with soap and water (Target 40,000 women, men , boys and girls).
  - Women and girls practice safe menstrual hygiene, enjoy having separate excreta disposal facilities and take part in WASH interventions.
  - No. of IDPS, returnees and deportees benefitted with WASH package including safe waste disposal and malaria control (target (10,000 women, men, boys and girls).
  - No of environment friendly (composting latrines) duplicated by the households.
- Output indicators
  - No. of strategic water points (WPs) (target 2) and pipe schemes (target 7) rehabilitated.
  - No. of hand pump water points rehabilitated (target 100)
  - No. of new hand pump water points constructed (target 40)
  - No. of WPs with average distance in line with MRRD agreed distance (target 250 meters, maximum)

11. Actual outcomes achieved with CERF funds

UNICEF WASH in emergency programme has been a major contributor to the humanitarian WASH interventions in Afghanistan.

- Proportion of emergency affected population with access to safe drinking water - Target = 40,000 women, men ,boys and girls (baseline National Risk and Vulnerability Assessment (NRVA) - 2010)
  31,736 drought affected people and 2,341 IDPs
- Proportion of affected population using improved sanitation (Target 40,000 women, men , boys and girls).
  66,264 drought affected people and 12,341 IDPs were reached through hygiene promotion
- Proportion of households practicing hand washing with soap and water (Target 40,000 women, men , boys and girls).

The key messages conveyed include the proper use and maintenance of water and sanitation facilities, safe water chain (keeping the water safe from the water point up to the household level), proper disposal of human excreta and latrine use, covering and cleaning of water containers, hand washing with soap during critical times (after defecation/latrine use, after touching baby's feces, before eating and before preparing food), prevention of diarrheal diseases, ORS preparation, solid waste and waste water management, food and personal hygiene. Water committees were established, members trained and spare parts provided to local shopkeepers to ensure availability of parts when needed for maintenance of the water points. Water quality tests were conducted on 79 water points to ensure that the quality of water provided to the communities is good.

- Women and girls are practicing safe menstrual hygiene; enjoy having separate excreta disposal facilities and take part in WASH interventions.
- No. of IDPS, returnees and deportees benefitted with WASH package including safe waste disposal and malaria control (target (10,000 women, men, boys and girls).
  2,341 IDPs reached.

Using CERF funding, a total of 31,736 droughts affected people in communities and 2,341 IDPs were provided with safe drinking water through the construction of 48 water supply schemes, rehabilitation of 64 non-functional shallow wells fitted with hand pumps and extension of 4 existing water distribution system.

A total of 34,528 droughts affected and 332 IDP families and 381 students benefited from household and school latrines constructed using CERF fund.

As a result, 66,264 drought affected people and 12,341 IDPs were reached through hygiene promotion activities. The WASH Committees were able to make their own improvement plans relating to WASH activities and shared it with the Community Development Councils (CDCs). The committees and the hygiene volunteers were linked to the CDCs. Some of the members of the committees and volunteers are CDC members, which make the link even stronger.

Mr. Mirajudin member of Arghinan village, KhuramwaSarbagh district in Samangan Province CDC said that "every member of the village must contribute to the effort of making the entire community safe and free from the outbreak of diseases related to water, sanitation and hygiene. I volunteered to become member of the CDC, because I would like to coordinate with the people."

He added, "changing the practices and attitude of the community is very difficult, but we are persistent. We have been conducting a series of meetings and discussions with the community, to better convince the community; we started the change in ourselves first." The community-led-total-sanitation (CLTS) implementation and Hygiene Promotion projects were also implemented by using CERF funding through the MRRD in Helmand Province (Lashkargah and Nadali districts), Daikundi Province (Shahristan and Nili districts) and Bamyan Province (Center of Bamyan and Yakawlang districts). A total of 10 to 15 villages per district were selected for project intervention targeting.

Though the CLTS project is still ongoing in three provinces the progress so far is encouraging, as witnessed during field visits to Sharenow village of Khuram-wa-Sarbagh districts and Achamayly village of Ayback district where 90 per cent of the households (estimated population of 1300 people or 210 families) and 850 people (or 135 families) had latrines and 50 per cent reported hand washing with soap.

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

Overall, more people were reached through hygiene promotion than planned due to Community-led-total-sanitation (CLTS) and Hygiene Promotion approach which targets the total community and therefore has increased numbers of actual end-result beneficiaries. Lower than targeted beneficiary numbers for access to safe drinking water are due to some of the initially targeted IDPs moving back to their original villages while facilities/provisions were still made for the planned figures. In many cases, security played significant factors where UNICEF focused on differential programme interventions that targeted populations based on access.

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 or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated? YES ☒ NO ☐

The post Knowledge Attitude and Practice (KAP) surveys conduct by the NGO partner MEDAIR in Takht, Waras district of Bamyan Province showed that the proportion of water point beneficiaries using only safe water for drinking increased to 97 per cent. This is well above the target of 90.Cumulatively, the new water points, new sanitation facilities, and hygiene promotion led to a reduction in diarrhea occurrences amongst children <5 years old, from between 37 per cent prior to the project activities to between 5 per cent after the project activities. These results show that the project successfully achieved the specific objective of reducing morbidity of waterborne diseases in children. Similar surveys conducted by the NGO partner IRC at Mukhtar Camp of LashkarGah district of Helmand Province showed that the project had attained multiple achievements.

MEDAIR will share reports with UNICEF and OCHA Afghanistan will forward to CERF Secretariat.

S#	Indicator	Pre-KAP (%)	Post-KAP (%)	% of increase / decrease
1	% the respondents washed their hands using soap and water before cooking	14.75	49.25	34.5 % increase
2	of respondents washed their hands with water and soap before eating	8.00	33.25	25.25 % increase
3	% of respondents washed their hands with water and soap after defecating	8.00	44.00	36 % increase
4	% of diarrhea cases in the last two weeks?	9.50	3.50	6 % decrease
5	% of respondents knew how to prepare an oral rehydration solution (ORS) or wheat salt solution (WSS) correctly	25.50	36.75	11.25 % increase

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF, WHO	5. CERF grant period:	13-CEF-028: 2 April 2013 – 31 March 2014 13-WHO-010: 2 April 2013 – 31 December 2014
2. CERF project code:	13-CEF-028, 13-WHO-010	6. Status of CERF grant:	☐Ongoing ☒Concluded
3. Cluster/Sector:	Health-Nutrition		
4. Project title:	Establishment and expansion of an integrated treatment of severe acute malnourished children in 9 conflict affected provinces of South and South East Afghanistan.		

7.Funding			
	a. Total project budget:	US$ 4,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 18,378,599 (including in-kind contribution)	▪ *NGO partners and Red Cross/Crescent:* US$ 597,788
	c. Amount received from CERF:	US$ 2,495,485	▪ *Government Partners:* US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	3,827 (765 inpatient) (SAM)	7,725 (2,574 inpatient)	The number of under five children with SAM that were treated is more than the target beneficiaries reflected in the funded proposal. One of the contributing factor was the good community social mobilization by Community Health Workers (CHW) and Community Health Supervisors (CHS) which increased active case finding of SAM and encouraged the families to bring their children to the Outpatient Therapeutic Program to be screened and to receive curative care and counselling on IYCF and WASH promotion services. In CERF 2013 project 7810 SAM children planned to treat in outpatient(UNICEF)- and inpatient care(WHO), the complicated cases (20 per cent total SAM cases) should be treated in patients care, if we calculate as below the total in-patient planned cases should be 1582 cases : Inpatient= 20*7810/100 =1582. The outpatient beneficiaries are reported by UNICEF and inpatient by WHO.
b. Male	3,983 (797 inpatient) (SAM)	6,658 (2,374 inpatient)	
c. Total individuals (female + male):	7,810	14,383 (4,984 inpatient)	
d. Of total, children under age 5	7,810	14,383 (4,984 inpatient)	

9. Original project objective from approved CERF proposal

Overall Objective: To reduce mortality and morbidity from severe acute malnutrition (SAM), in children under 5yrs old, in priority provinces affected by conflict.

Specific Objectives:

- To establish life-saving integrated management of severe acute malnourished children in conflict-affected provinces of Ghazni, Zabul, Hilmand, Nimroz and Khost.
- To strengthen and expand life-saving integrated management of severe acute malnourished children in conflict-affected provinces of Paktiya, Paktika, Kandahar and Uruzgan.
- To increase by 40 per cent of care-givers who receive IYCF counselling and WASH promotion at health facility from trained nurse or midwife.
- To provincial nutrition survey program in provinces of South and South-East region.
- A request for no cost extension and for reprogramming of some of the funds by UNICEF to CERF allowed for the above interventions to be extended to Ghor province where there was a drought emergency.

10. Original expected outcomes from approved CERF proposal

By the end of the project:

- Number of SAM children treated in out- and inpatient care = 7,810
- Monthly defaulter, death and cure rates meet minimum Sphere standards = <15 per cent, <10 per cent and >75 per cent respectively
- per cent of OTP sites providing timely (10th of the month) monthly data =>80 per cent
- Number of provincial nutrition surveys conducted = 9
- per cent supported inpatient care monitored and supervised on regular monthly basis = 80 per cent
- per cent caregivers that receive IYCF counselling = >40 per cent
- per cent caregivers that receive WASH promotion = >40 per cent
- Number of trainings conducted on gender responsive for inpatient care staff
- per cent of trained staff ensures full performance and operational capacity in compliance with the MoPH-TFU standard operating procedures = 90 per cent
- Gender-disaggregated data from the in- and outpatient care =100 per cent
- Geographic-specific data from the in- and outpatient care =100 per cent

11. Actual outcomes achieved with CERF funds

UNICEF:

- Number of SAM children treated in out- and inpatient care = 14,383
- Monthly defaulter, death and cure rates meet minimum Sphere standards = <15 per cent, <10 per cent and >75 per cent respectively
  The analysis of the monthly reports showed that defaulter, death and cure rates were within the minimum Sphere standards, <15 per cent, <10 per cent and >75 per cent respectively for majority of the centres. In some areas, where the defaulter rates were a little high, actions were planned based on discussions during the monthly monitoring and supervision of the inpatient care centres
- per cent of OTP sites providing timely (10th of the month) monthly data =>80 per cent
- Number of provincial nutrition surveys conducted = 0
- per cent supported inpatient care monitored and supervised on regular monthly basis = 81 per cent
- per cent caregivers that receive IYCF counselling = >50 per cent
- per cent caregivers that receive WASH promotion = >50 per cent
- Number of trainings conducted on gender responsive for inpatient care staff

436 medical staff including doctors, midwifes and nurses and 733 Community Health workers (CHW) and Community Health Supervisors (CHS) were trained on inpatient care, which included training on gender responsiveness. As in most of the restricted provinces women are not allowed to travel alone, the female participants of the training were allowed to travel with their Maras (a male member of their family) and attend the trainings. In the SAM treatment programmes, there was also additionally a component on health education and psychosocial support activities targeting the caregivers of the enrolled children with severe acute malnutrition. In addition, the entire population living within the catchment area of the clinics providing treatment services for

children with severe acute malnutrition received key health messages through the community mobilization component of the Integrated Management of Malnutrition (IMAM) activities.

- per cent of trained staff ensures full performance and operational capacity in compliance with the MoPH-TFU standard operating procedures = 90 per cent
- Gender-disaggregated data from the in- and outpatient care =100 per cent
- Geographic-specific data from the in- and outpatient care =100 per cent

All data from in-patient and out-patient care were disaggregated and available by gender, age and geographical locations. The reporting system provides data by district health facility and province, thus allowing geographic comparison between and within provinces.

WHO:

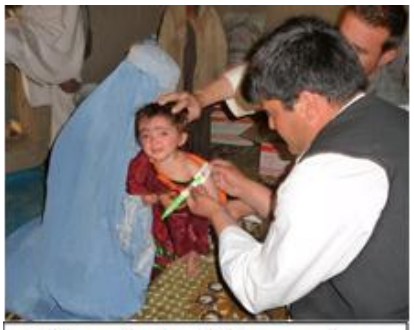
- 4948 of SAM children (2574 girls and 2374 boys) admitted and treated in 16 inpatient care in 9 targeted provinces
- Monthly defaulter, death and cure rates meet minimum Sphere standards = <7.86 per cent , <3.5 per cent and >83.21 per cent respectively
- 70 per cent supported inpatient care monitored and supervised on regular monthly basis
- One new inpatient (TFU) established in Qarabagh district hospital , staff trained, milk preparation Kit ,medicine, medical equipment, refrigerator , water boiler provided
- milk preparation Kit ,medicine, medical equipment, refrigerator , water boiler provided for 16 in patient care in 9 targeted provinces
- 5 batches trainings conducted on gender responsive for inpatient care staff ,totally 95 inpatient care staff (44 female and 51 male) from 9 conflict provinces trained on management of severe acute malnutrition
- 90 of trained staff ensures full performance and operational capacity in compliance with the MoPH-TFU standard operating procedures
- Geographic-specific data from the in- and outpatient care =100 per cent

Province	Female	Male
Ghazni	152	134
Helmand	267	244
Kandahar	449	322
Khost	220	206
Nimroz	207	232
Paktika	143	170
Paktya	614	555
Urozgan	107	97
Zabul	415	414
Total	**2574**	**2374**

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

Insecurity was an issue in some of the provinces where the provision of supply was a challenge. In addition, due to severe drought, the Groh Province was severely affected therefore there was an urgent need to implement lifesaving intervention of Management of Severe Acute Malnutrition among under five children through strengthening and expansion of outpatient and inpatient SAM curative services in partnership with BPHS implementing partners and Mop.

A Severe Acute Malnourished child receives RUTF From outpatient care service



Child screening for SAM by measuring Mid Upper Arm Circumferences

The SMART surveys which were

planned in 9 provinces could not be conducted as the time available was not enough to develop partnerships with NGOs/Implementation partners for the implementation of this activity. In addition, the ongoing National Nutrition Survey was designed to provide provincial level estimates for the important nutrition indicators, including anthropometry. Considering that the National Nutrition Survey would eventually provide robust data for all provinces and the limited availability of time, the planned SMART surveys were not conducted and existing nutrition data was used for programming in the target provinces.

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 or 2b): 2b - The project targets the 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 ☒
The project was not planned to be evaluated.	

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	19 March 2013 – 31 Dec 2013
2. CERF project code:	13-CEF-029	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		☒Concluded
4. Project title:	Child Protection in Emergency IDP sites Kandahar and Herat		

7.Funding				
	a. Total project budget:	US$ 2,600,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 516,987	▪ *NGO partners and Red Cross/Crescent:*	US$ 448,666
	c. Amount received from CERF:	US$ 516,987	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	3500	1,618	The figure indicated are beneficiaries who benefited from daily activities. The project has reached additional 6147 indirect beneficiaries.
b. Male	3300	1,694	
c. Total individuals (female + male):	6800	3,312	
d. Of total, children under age 5	1080	Not available	

9. Original project objective from approved CERF proposal

Improve protection for conflict-affected male and female under 18s in IDP sites against violence, neglect, exploitation and abuse.

10. Original expected outcomes from approved CERF proposal

- Good / successful practices and outcomes from this project will be shared to relevant government department and other child / social protection actors.
- Children with disabilities will also be assisted with access and support in each IDP site.
- By working *within* the IDP communities there will be active and necessary consultation with IDP Elders, religious leaders, groups and community members (e.g. parents) on child protection concerns and best practice, thereby contributing to the ability of the community to understand and dialogue on emergency child protection issues, and begin to participate to the extent possible in community based action that supports the goals of the project here in.
- The overall outcome will be the increase in children and adolescents accessing protective spaces and protection services in IDP sites of Kandahar and Herat.

Indicators:

Kandahar IDP sites

The outcome will be the increase in children and adolescents accessing protective spaces and protection services in IDP sites of Kandahar.

- 1) 1,500 children and adolescents regularly attend CFSs (50 per cent boys; 50 per cent girls)
  2) 80 per cent of CFSs have age-appropriate activities that are implemented based on needs identified by girls, boys, and families
- 3) 70 per cent of communities surveyed confirm that Community Based Child Protection Mechanisms (CBCPMs) exist in their community
- 4) 80 per cent of children/adolescent peer group priority concerns addressed by CBCPM action plans
- 5) 70 per cent of community members reached through children/adolescent groups' campaign events indicate an improved awareness of child protection issues and children's well-being in a conflict setting
- 6) 80 per cent of targeted communities with CBCPMs have a functioning referral system
- 7) 60 per cent of targeted conflict-affected IDP girls and boys regularly attending school

Herat IDP sites

- 1) 60 service providers trained in Child Protection and Psychosocial Support in Emergency.
- 2) 60 per cent (600 out of 1,000) Children showed improved level of functioning and resilience.
- 3) 30 safe spaces for children and adolescents established and in use.
- 4) 90 per cent (900 out of 1,000) children and adolescents participated in age-appropriate life skills education and psychosocial activities.
- 5) 12 child protection planning meetings organized and attended by women in the affected communities.
- 6) Community action plan (in consultation with IDP Site Elders, leaders and religious leaders and Women) on the protection of women, children and adolescents in Herat.

Consistent with the Pie sub cluster indicator within CHAP 2013, the overall indicator will be the:

Per cent increase of conflict-displaced under 18s in IDP sites accessing protective environments and protection services.

11. Actual outcomes achieved with CERF funds

The project has significantly increased community ownership in delivering emergency child protection services and protective safe environment. The following outcome were documented in Herat and Kandahar:

Kandahar IDP sites

- 1) 1,500 children and adolescents regularly attend CFSs (50 per cent boys; 50 per cent girls):

A total of 899 boys and 791 girls regularly attend CFSs and engage in activities. Training was provided to community members on the importance of CFS and their involvement as necessary to sustain the intervention. Community based enrolment campaign not only increased enrolment in the schools but has encouraged families to send their In children, especially girls to CFSs to learn.

- 2) 80 per cent of CFSs have age-appropriate activities that are implemented based on needs identified by girls, boys, and families.

15 CFS were established. 18 CFS master trainers were trained on child to child ToT course. The course focused on how to facilitate the six Child to Child steps i.e. *1) to identify a problem; 2) finding out more about the problem; 3) Planning for action; 4) Implement the plan/action; 5) Share and evaluate the experience of implementing the plan; and* 6) *Do it better.*Following this, the master trainers then trained all 75 CFS facilitators (45 male; 30 female) in September 2013. Due to the training children identified unclean drinking water and unsafe rubbish disposal as problems affecting health of children as well as difficulties in accessing schools that are located far from their homes. Problem was referred to relevant agencies.

- 3) 70 per cent of communities surveyed confirm that Community Based Child Protection Mechanisms (CBCPMs) exist in their community

15 community Based Child Protection group were created with a total of 104 members (84 men; 20 women) to support CFS activities in different locations. Basic training on child rights, Child Protection principles and parental responsibility were provided.

- 4) 80 per cent of children/adolescent peer group priority concerns addressed by CBCPM action plans

CBCP group members in 15 locations have discussed the project phase out plan and exit strategy and their responsibility in supporting CFSs. Two members from each CBCPM were made responsible to monitor and support CFSs in their areas each day. All CFS materials were handed over to them in the presence of children, facilitators, other CBCPM members and community elders. Orientation on how to maintain these materials which are only meant for children in the CFSs were provided.

- 5) 70 per cent of community members reached through children/adolescent groups' campaign events indicate an improved awareness of child protection issues and children's well-being in a conflict setting

Student enrolment campaign was facilitated by community members. Community-based student enrolment campaigns through CFS children and facilitators in LoyaWiala and Mirwais Mina areas with a total of 110 community members (15 female; 95 male) also participating.

- 6) 80 per cent of targeted communities with CBCPMs have a functioning referral system

A plan was developed according to which they will monitor (at least until April 2014) the CFSs and support the selected CBCPM members and the facilitators.

- 7) 60 per cent of targeted conflict-affected IDP girls and boys regularly attending school

The impact of this campaign by looking at the enrolment rates indicates that 6,147 new students enrolled during the reporting period, 25 per cent children were enrolled as a result of the student enrolment campaign. 2000 student kits were distributed to school children. These kits were designated for internally displaced children belonging to poorer families that are unable to buy these basic materials and therefore often drop out of school.

Herat IDP sites

- 1) 60 service providers trained in Child Protection and Psychosocial Support in Emergency.

Sixty service providers trained in Child Protection and Psychosocial Support in Emergency. A pre- and post-test was conducted before the start of the training and at the end of the training to test if the participants' knowledge of psychosocial care and child protection in emergency had improved as a result of the training. A simple questionnaire consisting of 10 multiple choice questions were given as pre- and post-test. The result of the pre-test showed 18 per cent (11 out of 60) of the participants obtained the correct answers while the percentage of those who obtained the correct answers in post-test had increased to 73 per cent (44 out of 60). This large increase demonstrates that participants displayed an improved knowledge of child protection and psychosocial support in emergency settings.

CFS facilitators have identified children with protection issues and referred them to the project officers who in turn complete a case profile for the child and proceeds with the case management. Since the project started on 19 March 2013, there have been 96 children referred to the project officers for appropriate case management. Of the total cases referred, 43 are cases of early marriage, 11 cases of physical abuse and 42 health related cases of children in the 3 IDP sites (please refer to the table below). The project officers had series of meetings conducted with families of 43 children who reported that their families had planned to engage them and have engaged religious leaders in the discussions. The implications of marrying off girls at an early age both from the rights and health perspective were discussed for them to realize the harmful effect of early marriage on the general well-being of the girls. It has been agreed with the families to delay the engagement of these girls until such time that they reach the legal marrying age. This will be monitored by community leaders to ensure that the girls' families fulfil their commitment.

- 2) 60 per cent (600 out of 1,000) Children showed improved level of functioning and resilience.

40 per cent of children participated in CFS activities showed evidence of resilience as feedback by their own parents and observed by the facilitators: improved their communication skills which paved the way for more openness and ability to talk about their problems and fears; they learned to tell and ask to their parents if they have something they do not understand or simply to share what they feel; they even become more comfortable sharing with elders what they think and feel as well; showed less violent reaction to anger leading to well-managed anger or frustrations level and seeks outside mediations rather than resorting to what they usually do before such as shouting, crying, hitting each other; they use amiable ways to strengthen/build relationship with other children; they learned to dream and aspire towards being educated so they can have better future; their morale and self-esteem increased which made resolving problems easier.

- 3) 30 safe spaces for children and adolescents established and in use.

In Herat, thirty (30) safe spaces for children and adolescents are established and in use.

- 4) 90 per cent (900 out of 1,000) children and adolescents participated in age-appropriate life skills education and psychosocial activities.

90 per cent of children and adolescents participated in age-appropriate life-skills education and psychosocial activities
100 per cent of target beneficiaries received and accessed services in all of the 30 CFS classes established in three project sites. Families of these children were likewise supportive and had shown high level of encouragement towards regular attendance to CFS.

- 5) 12 child protection planning meetings organized and attended by women in the affected communities.

100 per cent targeted women attended child protection planning meetings and actively engaged in discussion on the process of developing a community action plan. Male family members and community leaders were supportive of the women participation in these planning meetings.

- 6) Community action plan (in consultation with IDP Site Elders, leaders and religious leaders and Women) on the protection of women, children and adolescents in Herat.

Three community action plans were conceptualized and finalized by the women from three project sites. The plan showed particularly focused on education for children because of the notion that when children are educated then they will have better opportunities in life and will not be subjected to life's difficulties such as marrying young, ending up on the streets, working in hazardous situations or become juvenile delinquent themselves. Clinic or hospitals came next into the list of needs due to inaccessibility of health services especially to women and children. Job opportunities also came in their priority list which consequently led into the opening up of requesting government and international organizations to financially support them while they on the other hand, will complement the support through free labour.

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

Expected outcome as proposed in the proposal have been achieved. Not all of the planned outcome indicators could be reported upon as the information is not available and could not be collected during CERF project duration.

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 or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

The project was monitored but not evaluated. UNICEF Herat and Kandahar monitored the project. Child Protection Officers in both locations and Child Protection Specialist in Kabul have made several field visits to project site and conducted review meetings with implementing partners. Project monitoring has indicated that the project have achieved significant result despite the security challenges. It is recommended that similar project needs to be continue as the needs continue to prevail due to new IDP arriving. Detail final report with more information is available

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF, UNFPA, WHO	5. CERF grant period:	13-CEF-030: 9 April 2013– 31 Dec 2013 13-FPA-010: 5 April 2013 – 31 Dec 2013 13-WHO-011: 9 April 2013 – Dec 2013
2. CERF project code:	13-CEF-030, 13-FPA-010, 13-WHO-011	6. Status of CERF grant:	☐Ongoing ☒Concluded
3. Cluster/Sector:	Health		
4. Project title:	Access to basic maternal, newborn and child health services for emergency affected families.		

7.Funding				
	a. Total project budget:	US$ 12,000,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$403,771	▪ *NGO partners and Red Cross/Crescent:*	US$ 1,797,368
	c. Amount received from CERF:	US$ 4,561,994	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	326,400	326,400	
b. Male	353,600	353,600	
c. Total individuals (female + male):	680,000	680,000	
d. Of total, children under age 5	136,000	136,000	

9. Original project objective from approved CERF proposal

To ensure access to essential emergency health services with a focus on Maternal, Neonatal, and Child Health (MNCH)for 680,000 people affected by conflict, natural disasters and IDP/returnees in Kandahar, Hilmand, Kunar, Kabul, Daikundi, Ghor, Faryab, Badakhshan, Logar, Maidan, Nuristan, Nangarhar, and Ghazni for a period of 9 month, thus contributing towards the achievement of health sector CHAP objectives 1 and 3.

10. Original expected outcomes from approved CERF proposal

Outcome 1: Outbreaks are timely and effectively answered:
Indicator 1: Case Fatality rate during epidemics within internationally agreed standards: Target Measles<5 per cent. Cholera< 1 per cent.Source: DEWS and HF reports.)

Outcome 2; 360000 people affected by active conflict have improved access to life-saving emergency services
indicators:
2.1 Temporary static and mobile health units (75 per cent having a qualified female staff) providing essential PHC, MNHC, trauma stabilization and referral established in targeted conflict affected districts: target: 20 clinics (1 clinic /15,000 population covering 360,000 conflict affected population.

2.2 Supplies and operational support for one specialized trauma hospital ensured.
2.3 Utilisation rate at least 0.8 /person/year (disaggregated by sex data)

Outcome 3: Access to health care ensured IDPs and host communities
Indicators:
3.1 Number of IDPs returnees covered by emergency services: target 100,000 and 100,000 Host communities.

Outcome 4 Optimal surge capacity for mass casualty management in very high risk areas
Indicator
4.1 Number of provincial/districts hospital having improved capacity to deal with war related mass casualties; Target 10 hospitals.
4.2. Number of relevant hospital staff trained on trauma stabilization and management; target: 30 doctors and nurses.
4.3. Medical supplies to cover the health needs of 680,000 people procured and distributed.

Outcome 5: Improved access and utilization to quality reproductive and child health and women protection;
Indicators: -
Percentage of the health staff trained on MISP (Reproductive health and women protection), IMCI, and ETAT (triage for emergencies); Target 80%
Number of health facilities that received medical supplies for Reproductive health.

11. Actual outcomes achieved with CERF funds

Outcome 1: Outbreaks are timely and effectively answered:

1.1 Case Fatality rate during epidemics within internationally agreed standards: Target Measles<5 per cent. Cholera< 1 per cent.Source: DEWS and HF reports):
Outbreaks are timely and effectively detected and controlled and 97.3 per cent of outbreaks were investigated and responded within 48 hours of notification. Through DEWS system and contracted NGOs. Case Fatality rate during epidemics within internationally agreed standards: Measles = 0.26 per cent (target <5 per cent). Cholera = 0.35 (Target< 1 per cent).Source: DEWS outbreak reports.) 90 per cent of BPHS implementing organizations and Provincial Public health offices staff (RH officers of BPHS NGOs and PPHOs) trained in MISP training. Total 105 RH coordinators trained. Target:80 per cent

Outcome 2; 360000 people affected by active conflict have improved access to life-saving emergency services

A total of 104,505 people including 19,100 pregnant women and 85,405 children under-five benefited from stand by capacity of UNICEF. Altogether 20 temporary static and mobile health units (75 per cent having a qualified female staff) providing essential PHC, MNHC, trauma stabilization and referral are established or continue to be effectively functional in targeted conflict affected districts (target: 20 clinics (1 clinic /15,000 population) covering 360,000 conflict affected population).

The mobile and static clinics supported under the project improved access and utilization to quality reproductive and child health and women protection activities including community education activities.

In addition to the above capacity building and emergency health care services a hospital and PHD damaged by bomb blast repaired and the equipment repaired and replaced to ensure the regular functionality of MaidanShar hospital in Wardak province

2.1 Temporary static and mobile health units (75 per cent having a qualified female staff) providing essential PHC, MNHC, trauma stabilization and referral established in targeted conflict affected districts: target: 20 clinics (1 clinic /15,000 population covering 360,000 conflict affected population:
Utilization rate of the two Mobile Health Teams (MHT) was 0.8/year. A total of 11,553 (F=7,357; M=4176) target population benefited from provision of essential primary health care services. The target was 0.8/Year. Of the 11,553 population provided with primary health care services, were served through two MHTs as follows by age and gender;

- 3,915 under five children received services (M=1938, F=1977)
- 7,618 over five male and female were served (M=2238, F=5380)

2.2 Supplies and operational support for one specialized trauma hospital ensured:
12 MHT/Female Headed Households in 12 districts received RH commodities, the Target was 8 townships, but we have provided kits for four more MHTs/FHHs, additionally, we provided support to two provincial and two district hospitals.

2.3 Utilisation rate at least 0.8 /person/year (disaggregated by sex data):

The bed utilisation rate was around 0.8 /person/year. 8.5 per cent of pregnant women received two ANC visits

Outcome 3: Access to health care ensured IDPs and host communities

3.1 Number of IDPs returnees covered by emergency services: target 100,000 and 100,000 Host communities:
Approximately 120,000 IDPs, returnees and host community were covered by mobile and static medical teams and provided with PHC and emergency services.

Outcome 4 Optimal surge capacity for mass casualty management in very high risk areas

4.1 Number of provincial/districts hospital having improved capacity to deal with war related mass casualties; Target 10 hospitals:
Optimal surge capacity development and mass casualty management capacity development activities were conducted in Nuristan province in very high risk areas, including four districts hospitals and 5 Community Health Centers having capacity to deal with war related mass casualties; (Target 10 hospitals). 37 relevant hospital staff trained on trauma stabilization and management; (target: 30 doctors and nurses).

4.2. Number of relevant hospital staff trained on trauma stabilization and management; target: 30 doctors and nurses:
A total of 124 health care providers working in EPHS health facilities (Hospitals) in Daykundi, Hirat, Badakhshan, Nuristan, Paktika, Paktya, Ghor, Kandahar, Hilmand, Kunar, Kabul were trained on Emergency Triage Assessment and Treatment.

4.3. Medical supplies to cover the health needs of 680,000 people procured and distributed: Medical supplies to cover the health needs of 680,000 people procured and distributed under emergency contingency plans for the high risk provinces.
Coordination of humanitarian response strengthened through participation in RH emergency related meetings and involving MoPH and BPHS implementing organizations.

Outcome 5: Improved access and utilization to quality reproductive and child health and women protection;
Indicators:

-

Percentage of the health staff trained on MISP (Reproductive health and women protection), IMCI, and ETAT (triage for emergencies);

401 community health workers from Badghis Province were equipped with adequate knowledge and skills for emergency MNCH service provision and preparedness and sensitized on improving female participation/involvement from the affected communities. These CHWs work in 200 health posts (each health post covers 100-150 families) and were able to reach 20,000 families with key health messages.

Number of health facilities that received medical supplies for Reproductive health:

12 MHT/Female Headed Households in 12 districts received RH commodities, the Target was 8 townships, but we have provided kits for four more MHTs/FHHs, additionally, we provided support to two provincial and two district hospitals.

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

During emergency the first responder is BPHS (Basic Package of Health Services) implementer and the second responder is the health cluster and UNICEF. There is some difference between the planned and actual outcomes as there was no major large scale emergency. In addition, some very minor needs were also supported by the BPHS implementers. The MOPH also conducted some CHW training as part of C-IMCI project which was funded by GAVI and only trainings which were not funded by GAVI were supported by UNICEF using these funds.

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 or 2b): 2a **If 'NO' (or if GM score is 1 or 0):**	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Since the main components of this project such as improvement of knowledge and attitude of health care providers and increasing community awareness were part of an integrated package of maternal, newborn, child health, it was decided that the findings of the planned evaluation of the integrated package could also apply to the activities under this project. Hence, the project was not evaluated.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	5. CERF grant period:	19 March 2013 – 31 March 2014
2. CERF project code:	13-HCR-016	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Shelter and non-food items		☒Concluded
4. Project title:	Provision of transitional shelter to vulnerable conflict-induced IDPs		

7.Funding				
	a. Total project budget:	US$ 1,032,758	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 87,525	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 998,203	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	1,462	1,200	UNHCR planned to implement shelter for 491 vulnerable families (2,946 individuals). The number reached is lower due to the increased costs per shelter. The costs increased due to families gaining tenure, allowing flexibility in their type of shelter. Therefore IDP families were able to opt for a two-room transitional shelter, as opposed to the planned figure based on the cost of a one-room shelter at a unit cost of USD 1,900. This flexibility for the families allowed for a transitional two-room shelter, meeting minimum UNHCR shelter standards (m2/per person) at an increased average cost of USD 2,310 per shelter unit (regional difference in cost due to fluctuating price in materials). This resulted in the funds supporting fewer families, but impacting more substantially on the lives of those reached.
b. Male	1,340	1,224	
c. Total individuals (female + male):	2,946	2,424	
d. Of total, children under age 5	50	41	

9. Original project objective from approved CERF proposal

- The strategic objective for this project is to provide life-saving transitional shelter to 491 vulnerable families (2,946 individuals) in Southern, Eastern and Western Afghanistan.
- The displaced populations living in above-mentioned regions require transitional shelter assistance to be able to survive the harsh winter months and extreme weather conditions. The standard emergency shelter provisions (tents and tarpaulins) are not enough to protect girls, boys, women and men from the heavy snow and severe cold of the winter months. Construction of shelter units is limited to a short season ending in October.

Bill of Quantity (BoQ) for shelter type B (Two-room shelter with Khar wood ceiling) which is recommended for areas with high snow impact. Source: UNHCR Afghanistan Shelter Guidelines for 2012

1	Cost of one unit shelter	USD 1,900
2	Total cost for 491 units of shelter	USD 932,900

- The 2013 UNHCR shelter units will cover the needs of vulnerable IDP families by a 2-room shelter, entrance and separated latrine for hygiene. Through this intervention, displaced women, men, boys and girls will have protection from the elements in the areas with extreme climactic conditions including access to a latrine (water and hygiene) during the severe winter cold.

10. Original expected outcomes from approved CERF proposal

- NGOs completed construction of 491 transitional shelters in 5 provinces of the aforementioned regions. Shelters handed over to beneficiaries before the onset of winter.
- Beneficiary families (conflict-induced IDPs), provided with shelter & economic relief during the harsh winter conditions, when casual labour opportunities are greatly reduced.
- Internal displacement and further migration is prevented.
- The regional Shelter Working Group and Emergency Shelter and NFI Cluster conducted coordination meetings
- Winter-borne diseases reduced among the target communities, especially the children, in order to reduce life-threatening situations.

11. Actual outcomes achieved with CERF funds

Displacement is directly affected by conflict patterns; in 2013 the changing nature of conflict in Afghanistan caused corresponding changes in patterns of internal displacement. Across the country, the main reasons for displacement included armed conflict, general deterioration of security and intimidation and harassment by anti-government elements. These reasons are not experienced uniformly across the country, but rather mirror the different regional patterns of conflict and insecurity.

Conflict-induced IDP populations continued to require an immediate emergency response to their basic needs through distribution of basic domestic item kits and emergency shelter. Therefore, CERF funds were utilized to achieve the following outcomes:

- Two NGOs completed construction of 404 transitional shelters in four provinces, three provinces in the Northern Region, and one in the Central Region;
- Emergency relief and shelter coordinated with the relevant provincial authorities, beneficiaries, UN agencies and NGOs;
- 404 families selected through the established Beneficiary Selection Committee (BSC) consisting of UNHCR, NGO partners, Provincial Department of Refugees and Repatriation, community *shura*, IDP representatives and other relevant actors. Families were assessed by the criteria in the shelter guidelines including IDP status, land status, income security and vulnerability. Based on this appropriate shelter assistance was identified;
- Tool kits (consisting of shovels, pickaxes, handsaws, screwdrivers, etc.) for the construction of shelters were distributed to all selected beneficiaries;
- Guidance for shelter construction, verification of land agreements and letter of undertakings to ensure compliance to complete the shelter work were completed with the selected beneficiaries;
- Beneficiaries completed construction of their shelters by November 2013 thereby reducing the potential for conflict in the communities of displacement and reducing the possibility of secondary displacement, while providing shelter and economic relief through preventing forced migration over the harsh winter period;
- The beneficiary selection and implementation was done in consultation through the regional Shelter Working Group and Emergency Shelter and NFI Cluster meetings;
- Diseases in general were unreported among the target communities, resulting in reduction of a life-threatening situation for the displaced families over the winter months.

By 30 November 2013, before the winter onset, 404 shelters were completed in 4 provinces, giving 2,424 people a shelter, 50.5 per cent of which were women.

The following NGOs implemented the shelter programme across Afghanistan with 93 per cent of CERF funds.

Afghan General Help Coordination Office	AGHCO	Eastern Region
New Consultancy and Relief Organization	NCRO	Eastern Region
Development and Humanitarian	DHSA	Northern Region

Service for Afghanistan		
Voluntary Association for the Rehabilitation of Afghanistan	VARA	Western Region
Ansari Rehabilitation Association for Afghanistan	ARAA	Western Region
Emerging Leaders Consulting Services	ELCS	Southeast Region
Afghan Bureau For Reconstruction	ABR	Central Region

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

The discrepancy between the planned and actual number of shelters implemented, and hence beneficiaries, is due to land tenure being available, and therefore allowing IDP families the flexibility for a two-room transitional shelter, as opposed to the budgeted one-room shelter. The planned figure was based on the unit cost of one-room shelter units at USD 1,900. Flexibility in the design of the shelter allowed the families to expand, however at a higher cost per unit. Therefore the average two-room shelter unit cost was approximately USD 2,310. This is an approximation due to the fluctuating regional prices in material cost.

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 or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated? YES ☐ NO ☒

The project was monitored but not evaluated. UNHCR embarks on monitoring post-assistance response to the IDP population. Information on displacement is compiled from various government departments, UN agencies, NGOs and partners, it is then validated by the IDP Taskforces. This information assisted UNHCR to:

- Validate the number of persons in displacement disaggregated by sex and age (even if only estimates)
- Validate the place of displacement (locations) - GPS tracked
- Validate the cause of displacement
- Identify patterns of displacement
- Identify protection concerns of the IDPs
- Detail humanitarian needs and response to-date
- Examine potential further solutions for the groups including durable solutions

The monitoring methodology is based on the current practice where various partners combine efforts to assist target beneficiaries under UNHCR or other agency-leads to ensure time-line, quality, efficiency and impact. Through our own resources, UNHCR supported monitoring partners to undertake post-assistance spot checks and monitoring controls to confirm that the shelter reached the intended beneficiaries, as selected by the beneficiary selection committees. UNHCR staff also directly monitored the beneficiary selection procedure and actual shelter building modalities through direct spot checks and cluster meetings in the areas UNHCR had direct access. In the areas that UNHCR did not have direct access, we worked with implementing partners to monitor and validate programme activities.

Activities were measured and verified through the following means:

- Interviews with beneficiaries;
- Weekly data collection and analysis;
- Database of shelter implementation, including GIS mapping;
- Monthly clusters coordination meetings;
- Regular field monitoring missions;
- Joint monitoring missions; and
- Monthly implementation and monitoring reports.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	5. CERF grant period:	19 March 2013 – 31 March 2014
2. CERF project code:	13-HCR-017	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Multi-sector		☒Concluded
4. Project title:	Immediate lifesaving assistance for Afghan returning refugees		

7.Funding				
	a. Total project budget:	US$ 8,531,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 7,044,649	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 3,001,350	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	9,574	9,562	The political planning figure for UNHCR Afghanistan refugees returning in 2013 was 172,000 individuals. Therefore, the budget for humanitarian assistance at the point of entry was based on the assumption of the planning figure 172,000 returnees x US$150 = US$ 25,800,000 (original total budget in CERF project proposal). However, the actual 'project budget' is now based upon the actual number of Afghanistan refugees returning. A no-cost extension was approved by the ERC and this allowed the remaining CERF funds to be utilized until the end March 2014 for the cash grant assistance component for returnees. The planned beneficiary target was revised from 18,700 to 17,198. The no-cost extension period allowed UNHCR to continue assistance to. 2,346 individuals from 1 January to 31 March 2014.
b. Male	9,126	7,636	
c. Total individuals (female + male):	18,700	17,198	
d. Of total, children under age 5	336	336	

9. Original project objective from approved CERF proposal

The Multi Sector Objective supported through this project is to pursue protection and provide immediate assistance to some 18,700 most vulnerable Afghan Refugee returnees.

10. Original expected outcomes from approved CERF proposal

Cash grants provided: each returnee is provided with an average of USD 150.00 as support toward their transportation expenses and initial humanitarian needs. This cash grant is distributed to returnees in the Encashment Centres where returnees coming from Pakistan and Iran are received, providing immediate humanitarian assistance.

As performance indicators, UNHCR will monitor:

- The number of returnees receiving cash grants as well as ensure that Encashment Centres are staffed and operational.
- Disaggregated data of all returnees, including No. of female headed-households, No. People with Specific Needs, No. of children under the age of 5 (for vaccination purposes) and No. of both girls and boys of school age.

11. Actual outcomes achieved with CERF funds

- Between 1 April and 31 December 2013, a total of 14,852 Afghan refugees were able to voluntarily repatriate to Afghanistan with the direct assistance of CERF funds. In addition, during the first three months of 2014, a total of 2,346 Afghan refugees were also able to voluntarily repatriate, totalling 17,198 individuals directly assisted with CERF funds.
- Disaggregated data the above returnees is as follows: 413 (2.4 per cent) of female headed-households, 279 (1.62 per cent) People with Specific Needs, 2,511 (14.6 per cent) of children under the age of 5 and 6,363 (37 per cent). of both girls and boys of school age.
- The cash grant enabled refugees to repatriate to Afghanistan who were suffering from difficult economic conditions, deteriorating security conditions (in Pakistan), alleged harassment by authorities and fear of arrest and deportation, all of which are leading reported push factors indicated by the returnees in the decision to return.
- The repatriation assistance gives refugees the choice to return, the decision for which was based upon: improved security in some parts of Afghanistan, no or reduced fear of persecution, improved employment opportunities in Afghanistan and UNHCR's assistance package, all of which were cited by many returnees as primary pull factors in their decision to return.
- The five Encashment Centres provided a range of services, located in Kabul, Jalalabad, Kandahar, Herat and Gardez. The repatriation assistance also included: mine awareness training, basic health (children are vaccinated), information on how to enrol in education in Afghanistan, and legal information/ aid through NRC's Information Counselling and Legal Aid (ICLA) centres. In addition, identification of Persons with Special Needs (PSNs) for further care and assistance is provided. UNHCR and partners also carried out other crucial activities such as registration, interviewing and collection of returnee data which helped to analyse trends, respond to the needs of the extremely vulnerable returnees and identify other concerns/gaps for immediate follow-up and intervention.

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

A no-cost extension allowed the remaining CERF funds to be utilized until end March 2014, to cater for the cash grant assistance for the returnees in 2014. Planned beneficiary targets were revised slighted and the extension period allowed UNHCR to provide the assistance in full. The final expenditure and number of returnees resulted in a no cost extension during 2014 for USD 473,892 assisting a further 2,346 individuals from 1 January to 31 March 2014.

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 or 2b): 2a

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

The project was monitored but not evaluated. Interviews with approximately 10 per cent of returning refugees are conducted at the five Encashment Centres. Interviewees were selected in two ways: at random and from those with obvious protection concerns. This monitoring exercise helps UNHCR to identify return trends, push/pull factors and check on the level of information returnees received to make an informed choice to return home.

All of the interviewed returnees from Pakistan said that they had received adequate information to make an informed decision to return. Information on place of origin was mainly obtained through visits to Afghanistan (46 per cent), from the Afghan community (30 per cent), from UNHCR (16 per cent) and other sources (8 per cent).

Among those who mentioned that they obtained information through visits to Afghanistan, all of them stated they travelled to

Afghanistan by their own; 48 per cent said they had visited Afghanistan few months ago, 37 per cent said they had visited Afghanistan one year ago, 11 per cent said two years ago and 4 per cent said three years ago. When they were asked about the purpose of their visit; 48 per cent said they came to Afghanistan to visit their relatives, 22 per cent said they visited Afghanistan in order to assess the situation to make an informed decision prior to the return, 19 per cent said they participated in a ceremony and11 per cent said they visited Afghanistan for business purpose.

Similarly, 43 per cent of the interviewed returnees said that they obtained information about UNHCR's repatriation operation directly from UNHCR, 42 per cent said that they had been informed by the members of the Afghan community, 13 per cent stated that they learned about voluntary repatriation when they visited Afghanistan and 2 per cent said they obtained information from other sources.

All of the interviewed returnees from Iran said that they had received adequate information to make an informed decision to return. Information on place of origin was mainly obtained from the Afghan community (78 per cent) and through visits to Afghanistan (22 per cent).
Among those who mentioned that they obtained information through visits to Afghanistan, all of them stated they travelled to Afghanistan by their own; 80 per cent said they had visited Afghanistan five years ago, 13 per cent said they had visited Afghanistan three years ago and 7 per cent said they had visited Afghanistan more than five years ago. When they were asked about the purpose of their visit; 60 per cent said they came to Afghanistan to visit their relatives, 20 per cent said they visited Afghanistan in order to assess the situation to make an informed decision prior to the return,13% said they participated in a ceremony and 7 per cent said they visited Afghanistan for business purpose.

It is been noted that returnees from Iran, compared to returnees from Pakistan, did not have the chance or opportunity to visit their places of origin recently. The majority of the returnees from Iran mentioned that they had visited Afghanistan five years ago. While the majority (over 80 per cent) of the interviewed returnees from Pakistan mentioned they had visited Afghanistan recently. This might be the case with returnees from Iran mainly due strict border control, long distance and probably changes in the security situation in Afghanistan.

Similarly, 79 per cent of the interviewed returnees said that they obtained information about UNHCR's repatriation operation from the members of the Afghan community, 20 per cent stated that they learned about voluntary repatriation when they visited Afghanistan and 1 per cent saidthey obtained information from the media (TV).

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	5. CERF grant period:	14 March 2013 – 31 Dec 2013
2. CERF project code:	13-WFP-011	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Coordination and Support Services UNHAS		☒Concluded
4. Project title:	Provision of Humanitarian air passenger services		

7.Funding				
	a. Total project budget:	US$ 18,908,164	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$13,974,017	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 4,000,001	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	4,375	3,631	UNHAS does not calculate male/female passengers, and as per the mandate the air service is for the Humanitarian workers, hence children do not ideally travel on UNHAS.
b. Male	4,375	3,631	
c. Total individuals (female + male):	8,750	7,262	
d. Of total, children under age 5	0	0	

9. Original project objective from approved CERF proposal

Funding from CERF will enable UNHAS to continue providing safe, reliable air services to the humanitarian community in Afghanistan. Without CERF funding, UNHAS may be forced to suspend operations, which would have a negative impact on the ability of up to 160 aid organizations to access project sites.

10. Original expected outcomes from approved CERF proposal

The operation will continue to be monitored in line with the following key performance indicators:

- Aircraft occupancy rate (target 65 percent);
- Number of passengers transported against planned (target: 2,500 passengers per month);
- 100 percent utilization of contracted hours;
- The number of United Nations agencies and other humanitarian organizations utilizing the service (target 160);
- Number of locations served (target: 25 locations); and
- 100 percent response to medical and security evacuations.

11. Actual outcomes achieved with CERF funds

- Aircraft occupancy rate (target 65 percent): 48 per cent
- Number of passengers transported against planned (target: 2,500 passengers per month): 1,943 passengers per month (83 per cent achieved).
- 100 percent utilization of contracted hours: 92 per cent of guaranteed hours utilised.
- The number of United Nations agencies and other humanitarian organizations utilizing the service (target 160): 159 User

organizations (99 per cent) • Number of locations served (target: 25 locations):20 scheduled plus 02 Ad-Hoc destinations 100 percent response to medical and security evacuations. – Achieved
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:
UNHAS operates on a basic expected number of beneficiary passengers per month. Due to the prevailing situation in the country, there was a lower-than-expected turnout and demand for passenger services, largely due to delays in expected opening of new destinations due to security delays.

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 or 2b): **If 'NO' (or if GM score is 1 or 0): N/A**	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
WFP's M&E unit does not evaluate the UNHAS operations, however WFP does conduct internal audits on the operations provided conducted by UNHAS.	

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
13-FPA-010	Health	UNFPA	ACTD	Yes	NNGO	$47,936	21-Apr-13	1-May-13	
13-FPA-010	Health	UNFPA	AADA	Yes	NNGO	$89,000	3-Apr-13	15-Apr-13	
13-WHO-011	Health	WHO	CAF	No	INGO	$52,550	13-Jun-13	1-May-13	Partner pre-financed.
13-WHO-011	Health	WHO	ADHS	No	NNGO	$38,000	12-Jul-13	1-May-13	Partner pre-financed.
13-WHO-011	Health	WHO	IMC	No	INGO	$192,000	23-Sep-13	1-May-13	Partner pre-financed.
13-WHO-011	Health	WHO	SCA	No	INGO	$141,000	31-Oct-13	1-Oct-13	Partner pre-financed.
13-WHO-011	Health	WHO	SHRDO	No	NNGO	$191,120	8-Jul-13	15-Apr-13	Partner pre-financed.
13-WHO-011	Health	WHO	PUAMI	No	INGO	$154,200	15-Jul-13	1-Jun-13	Partner pre-financed.
13-WHO-011	Health	WHO	Emergency	No	INGO	$418,000	16-Jul-13	9-Apr-13	Partner pre-financed.
13-WHO-011	Health	WHO	ACTD	No	NNGO	$295,000	22-Jul-13	21-Apr-13	Partner pre-financed.
13-WHO-011	Health	WHO	Merlin	No	INGO	$178,562	11-Jul-13	9-Apr-13	Partner pre-financed.
13-CEF-027	Water, Sanitation and Hygiene	UNICEF	MEDAIR	Yes	INGO	$200,000	11-Sep-13	1-Jul-13	The first installment was paid on 11 Sep 13 and the last installment was paid on 17 Dec 13
13-CEF-027	Water, Sanitation and Hygiene	UNICEF	OHW	Yes	NNGO	$200,000	9-Sep-13	1-Jul-13	The first installment was paid on 9 Sep 13 and the last installment was paid on 15 Dec 13.
13-CEF-027	Water, Sanitation and Hygiene	UNICEF	Afghanaid	Yes	INGO	$200,000	21-Aug-13	1-Jul-13	The installment was paid on 21 Aug 13.
13-CEF-027	Water, Sanitation and Hygiene	UNICEF	MRRD	Yes	GOV	$150,000	2-Jun-13	1-Jul-13	The installment was paid on 02 Jun 13.
13-CEF-028	Nutrition	UNICEF	Save the children	Yes	INGO	$149,447	31-Dec-13	15-Jun-13	Disbursements to NGOs delayed because UNICEF had to wait longer than expected to receive off- shore nutrition suplies due to suspected contamination, ACF supported

									implementation of the reprogrammed CERF funding which was approved in March
13-CEF-028	Nutrition	UNICEF	Oxfam Novib	Yes	INGO	$149,447	31-Dec-13	21-May-13	
13-CEF-028	Nutrition	UNICEF	HADAAF	No	NNGO	$149,447	31-Dec-13	1-Jul-13	Partner pre-financed.
13-CEF-028	Nutrition	UNICEF	ACF	Yes	INGO	$149,447	17-Mar-14	9-Jun-13	
13-CEF-029	Protection	UNICEF	War Child UK	Yes	INGO	$224,333	26-May-13	20-May-13	
13-CEF-029	Protection	UNICEF	War Child Canada	Yes	INGO	$224,333	10-Jul-13	1-Jul-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

BPHS	Basic Package of Health Services
CAP	Consolidated Appeal
CDC	Community Development Councils
CFS	Child Friedly Space
CHS	Community Health Supervision
CHW	Communty Health Worker
CLTS	Community - Led -Total Sanitation
CMAM	Community Based Managemnet of Acute Malnutrition
CPiE	Child Protection in Emergency
DEWS	Disease Early Warning System
DoRR	Department of Refugees and Repatriation
ES/NFIs	Emergency Shelter and Non Food Items Cluster
HC	Humanitarian Coordinator
IASC	Inter Agency Standing Committee
IDPs	Internally Displaced Persons
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MNHC	Mother and Neo Nathal Health Care
MoPH	Ministry of Public Health
MRRD	Ministry of Rural Rehabilitation and Development
NFI	Non Food Items
NGO	Non Governmental Organisation
NRVA	National Risk and Vulnerability Assessment
OTP	Outpatient treatment programe
PDC	Provincial Development Committee
PHC	Primary Health Care
RC	Resident coordinator
RH	Reproductive health
SAM	Severe Acute Malnutiriion
SCI	Save the Children International
SFP	Supplementary Feeding Program
SGBV	Sex and Gender Based violence
TFU	Therapeutic Feeding Unit