ANNUAL
REPORT
2017
COMMON HUMANITARIAN FUND
AFGHANISTAN
CHF AFGANISTAN THANKS ITS DONORS FOR THEIR GENEROUS SUPPORT IN 2017

CREDITS

This document was produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Afghanistan. OCHA Afghanistan wishes to acknowledge the contributions of its committed staff at headquarters and in the field in preparing this document.

The latest version of this document is available on the OCHA website at: http://www.unocha.org/afghanistan/about-afghanistan-chf

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at gms.unocha.org/bi. All data in this report is as of April 2018.

For additional information, please contact:
CHF Afghanistan
chfalg@un.org
Tel: +93 793001139

Front Cover
Credit: OCHA

The designations employed and the presentation of material on this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>FOREWORD</td>
</tr>
<tr>
<td>5</td>
<td>2017 IN REVIEW</td>
</tr>
<tr>
<td>6</td>
<td>AT A GLANCE</td>
</tr>
<tr>
<td>7</td>
<td>HUMANITARIAN CONTEXT</td>
</tr>
<tr>
<td>9</td>
<td>ABOUT CHF AFGHANISTAN</td>
</tr>
<tr>
<td>12</td>
<td>DONOR CONTRIBUTIONS</td>
</tr>
<tr>
<td>13</td>
<td>SUCCESS STORIES</td>
</tr>
<tr>
<td>15</td>
<td>ALLOCATION OVERVIEW</td>
</tr>
<tr>
<td>19</td>
<td>FUND PERFORMANCE</td>
</tr>
<tr>
<td>21</td>
<td>ACHIEVEMENTS BY CLUSTER</td>
</tr>
<tr>
<td>22</td>
<td>EDUCATION IN EMERGENCIES WORKING GROUP</td>
</tr>
<tr>
<td>23</td>
<td>FOOD SECURITY &amp; AGRICULTURE</td>
</tr>
<tr>
<td>24</td>
<td>HEALTH</td>
</tr>
<tr>
<td>25</td>
<td>COORDINATION &amp; COMMON SERVICES</td>
</tr>
<tr>
<td>26</td>
<td>NUTRITION</td>
</tr>
<tr>
<td>27</td>
<td>PROTECTION</td>
</tr>
<tr>
<td>28</td>
<td>EMERGENCY SHELTER &amp; NON-FOOD ITEMS</td>
</tr>
<tr>
<td>29</td>
<td>WATER, SANITATION &amp; HYGIENE</td>
</tr>
<tr>
<td>30</td>
<td>ANNEXES</td>
</tr>
<tr>
<td>31</td>
<td>FUND PERFORMANCE: INCLUSIVENESS</td>
</tr>
<tr>
<td>32</td>
<td>FUND PERFORMANCE: FLEXIBILITY</td>
</tr>
<tr>
<td>33</td>
<td>FUND PERFORMANCE: TIMELINESS</td>
</tr>
<tr>
<td>34</td>
<td>FUND PERFORMANCE: EFFICIENCY</td>
</tr>
<tr>
<td>35</td>
<td>FUND PERFORMANCE: ACCOUNTABILITY &amp; RISK MANAGEMENT</td>
</tr>
<tr>
<td>36</td>
<td>CHF AFGHANISTAN FUNDED PROJECTS</td>
</tr>
<tr>
<td>40</td>
<td>CHF AFGHANISTAN ADVISORY BOARD</td>
</tr>
<tr>
<td>41</td>
<td>ACRONYMS &amp; ABBREVIATIONS</td>
</tr>
<tr>
<td>42</td>
<td>REFERENCE MAP</td>
</tr>
</tbody>
</table>
Sometimes it is hard to grasp the scale and depth of suffering in Afghanistan because so many of us are focused on the future: on building peace, stability and creating prosperity. Nothing is more important for the tomorrow of this country but we must not in the meantime forget that people continue to go hungry, that more than half a million people had to flee their homes in 2017 due to conflict, or that up to 1.4 million people were deprived of health care due to fighting or forced closures of clinics.

Of all the countries where I have worked, Afghanistan is one of the hardest for families to make ends meet and for aid agencies to reach the communities most in need. Amidst a context of worsening violence, and in what remains a highly unstable operating environment, this is only likely to get more difficult in the months ahead. Attacks on aid workers nearly doubled in 2017 compared to the previous year with 21 killed, 33 injured and 149 abducted. Despite these incidents, the humanitarian community remains committed to staying and delivering to people most in need, irrespective of where they reside.

In 2017, the Common Humanitarian Fund (CHF) was vital for humanitarian response as the second largest funder of the 2017 Afghanistan Humanitarian Response Plan, thanks to the generous support of nine donors - Australia, Denmark, Germany, the Netherlands, Norway, Republic of Korea, Sweden, Switzerland, and the United Kingdom.

In my first year in Afghanistan, the CHF enabled response to some of the most critical needs, notably increasing trauma care in rural areas, treating malnourished children and women, and providing psychosocial support and referral, protection from gender-based violence, legal assistance and promoting International Humanitarian Law for refugees, internally displaced people, returnees and host communities, with more than two thirds of the assistance helping women and children directly.

NGOs deserve enormous credit for remaining close to communities and saving lives in some of the hardest to reach areas – areas that are not only beset by conflict, but characterised by some of the most mountainous, poorly connected and challenging terrain in the world. With the second allocation of the CHF-Afghanistan in 2017 we strengthened these existing networks and helped other partners to branch out in remote, hard to reach and underserved districts through enhanced collaboration with national NGOs. Afghan NGOs often have the access, expertise and community acceptance in areas with the highest needs. Locally led responses are critical to ensuring our proximity to affected populations and will continue to be at the heart of humanitarian action in Afghanistan moving forward.

In 2017, we provided emergency education for girls and boys, along with emergency survival supplies of food, water and shelter to displaced and returnee populations, and increased cash-based assistance. We also pre-empted the possible effects of a drought which could leave as many as one million people severely food insecure in the coming months, by providing an early response with food, water, sanitation, drought tolerant wheat seeds to communities living in the hardest hit areas.

I want to thank donors to the CHF, as well as the work of the clusters and NGO partners, for meeting the needs of the most vulnerable people in Afghanistan. People continue to bear the brunt of insecurity and the ravages of nature, but at the same time are the bedrock of any future recovery.

I look forward to continued teamwork to ensure that the CHF remains a timely and strategic funding tool for the humanitarian response to effectively reach those who need it most, while supporting national partnerships and complementing longer-term assistance.

TOBY LANZER
Humanitarian Coordinator
During 2017, donors continued to demonstrate confidence in the CHF Afghanistan, providing $38.75 million in much needed financial support. Along with $31 million carried over from 2016 and $0.8 million in refunds, the Fund played an instrumental role for disbursing funds in a timely and flexible manner to the most immediate needs while reinforcing and encouraging coordinated humanitarian action. The CHF allocated $44.9 million to 51 projects to address the critical needs of the displaced and vulnerable populations affected by the geographic spread of conflict, in particular in the hard to reach and underserved communities. The Fund strategically complemented the humanitarian community’s efforts to support vulnerable populations in Afghanistan, including refugees, IDPs, returnees and host communities, with women and children being the primary beneficiaries (69 per cent). As in previously years, the CHF allocations complemented other sources of funding, in particular $9.9 million received from the Under-funded Emergencies Allocation of the Central Emergency Response Fund (CERF) for the humanitarian response in Afghanistan.
AFGHANISTAN COMMON HUMANITARIAN FUND AT A GLANCE

** Contributions in Million USD: **
- UK: 16.18
- Sweden: 8.36
- Australia: 6.10
- Republic of Korea: 5.90
- Norway: 2.31
- Switzerland: 0.20

** Allocations by Cluster (% of HRP Requirements): **
- Health: 12%
- Nutrition: 11%
- Protection: 9%
- WASH: 5%
- FSAC: 4%
- ESNFI: 3%
- Coordination and Support Services: 1%

** Type of Beneficiaries: **
- Host Communities: 2,330K
- IDPs: 1,670K
- Refugees: 98K (Targeted Beneficiaries), 11K (Actual Beneficiaries)
- Other: 123K

** Type of Beneficiaries in Percentage: **
- Host Communities: 49%
- IDPs: 47%
- Refugees: 2%
- Other: 2%

** Partners: 39, Projects: 51 **

** 8M National NGOs: **
- 1.8% Representation
- 47% Representation
- 35% Representation

** 21.2M International NGOs: **
- 18% Representation

** 15.7M United Nations: **
- 295K Men
- 462K Girls
- 304K Women
- 412K Boys (in thousand of persons)
2017 IN REVIEW

HUMANITARIAN CONTEXT

Humanitarian situation in 2017
The continued deepening and geographic spread of the conflict, unrelenting displacement and exposure to repetitive shocks intensified humanitarian needs throughout the year. The key drivers of humanitarian needs were the underlying vulnerability due to the protracted crisis, escalating emergencies, closure of health care services, shattered resilience, natural disasters and cross border migration.

Armed Conflict
The intensification of the conflict, combined with a surge in sectarian violence, led to extremely high numbers of war wounded on both sides of the conflict. Although overall civilian casualties decreased by nine per cent from last year, 2017 was the fourth consecutive year with more than 10,000 casualties (3,438 deaths and 7,015 injured), with 231,489 people receiving trauma services of some kind. As in previous years, the conflict continued to exact a heavy and disproportionate toll on women and children, with the latter making up 30 per cent of all civilian casualties. Combined improvised explosive device tactics – including suicide and complex attacks – accounted for 40 per cent (4,151) of the total, in contrast to 2016 when ground engagements comprised the largest proportion of deaths and injuries. Non-state armed groups (NSAGs), under increasing military pressure in the regions, resorted to asymmetric warfare and inflicting greater harm on areas once considered secure, particularly the capital Kabul.

Natural Disasters
Natural disasters are a recurring phenomenon in Afghanistan affecting on average one quarter of a million people per year. In 2017, natural disasters followed similar patterns to 2016 with 58,000 people affected. Although this was a 20 per cent reduction from 2016, avalanches, snowfall and flooding caused significant damage to homes and livelihoods in 22 out of 34 provinces.

The La Niña weather effect led to the second successive year of low rainfall and the loss of the entire winter cropping season, leaving as many as one million people at risk of exposure to drought. Each year the country incurs agricultural losses of approximately $280 million due to natural disasters, and it has been estimated that a severe (once in a lifetime) drought could raise this to $3 billion.

Internal Displacements
While displacement in 2017 did not occur at the same rates as in 2016, displacement continued to have an impact on the demographic composition of large parts of the country. In some areas, particularly those where the Islamic State of Khorasan (ISK) is present, people have taken it upon themselves to pre-emptively leave before being forced to do so.

By the end of the year some 507,000 Afghans had been forced to flee their homes due to violence, almost a quarter of in Nangarhar Province which registered a 310 per cent increase in the numbers of internally displaced persons (IDPs) over 2016, mainly due to the Afghan National Defence Security Forces and coalition forces’ campaign to defeat NSAGs in the Eastern Region.

Cross Border Influxes
With exposure to protection risks on both sides of the border, 156,140 Afghans returned to Afghanistan from Pakistan, as well as approximately 395,000 Afghans returned from Iran, during 2017. The situation of Afghans in Pakistan remained precarious and subject to political dynamics and the continued acceptance of host communities, whilst families returning to Afghanistan were almost entirely dependent on extended family networks and internationally funded assistance upon arrival.

While return figures in 2017 were less than expected, returnee families had limited ability to return home or to their ancestral places of origin. They were left with little choice but to occupy the vast and growing number of informal settlements which populate Afghanistan’s urban landscape. As in 2016, Afghan families returning from Pakistan tended to settle in and around Jalalabad City in Nangarhar Province which, when combined with the significant numbers of IDPs doubled the number of informal settlements (from 29 to 66), resulting in overcrowded conditions with increased food insecurity and decreased access to water and sanitation facilities.

Security and access constraints
2017 bore witness to violations of international human rights law with deliberate attacks on civilians and public facilities, including aid workers and schools and medical facilities frequently reported. Other concerning trends which increased in 2017 were the forced closure of at least 147 healthcare facilities by NSAGs. Their efforts to extract improved medical treatment for their combatants denied access to essential services to up to 1.4 million people (65 per cent female) at any one point. Attacks on other forms of civilian infrastructure, or the threat thereof, also continued unabated with as many as 1,000 schools closed/inactive due to conflict.

Following years of growing insecurity in Afghanistan, many aid agencies adopted coping strategies that either ‘bunkerise’ or ‘localize’ their operations. This led to ‘access inertia’ in the humanitarian response, with agencies avoiding the risks associated with working in insecure and contested districts, resulting in a lack of assessment and response for those communities.
### Timeline of Events

<table>
<thead>
<tr>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,650 new IDPs in hard to reach areas of the Southeast Region. 57 per cent of those displaced children under 18.</td>
<td>Heavy rains, snow falls and avalanches affected central and north-eastern provinces causing destruction of almost 300 houses with over 124 dead and injured. First CHF Standard Allocation.</td>
<td>Mass awareness campaigns for disease prevention and promotion of health services provided to returnees and IDPs in high risk areas.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>April 2017</th>
<th>May 2017</th>
<th>June 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notable spike in cross-border displacements with 23,419 Afghans returning from Pakistan.</td>
<td>Bomb blast killed more than 150 civilians and wounded more than 300 in the capital city of Kabul, filling trauma care units at hospitals. First CHF Reserve Allocation.</td>
<td>Airstrike on Darzab District Hospital caused significant structural damage and disruption to services, fortunately no medical personnel or patients were injured.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>July 2017</th>
<th>August 2017</th>
<th>September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water-borne disease in displacement settlement site in Takhar Province prompted WASH cluster response.</td>
<td>Attack on the Jawadia Mosque in Herat Province killed at least 31 civilians, including two children, and injured more than 60 others. Second CHF Standard Allocation.</td>
<td>Following a series of attacks leaving 7 staff members dead, ICRC reduces its presence after three decades of continuous service. Second CHF Reserve Allocation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>October 2017</th>
<th>November 2017</th>
<th>December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Government and Humanitarian Plan to help 78,000 families to get through winter warmly.</td>
<td>Urgent therapeutic food assistance for children suffering from severe acute malnutrition in 45 hard to reach districts. Third CHF Reserve Allocation.</td>
<td>Vulnerable communities in drought prone areas experiencing the effects of the ongoing La Niña weather effect. Fourth CHF Reserve Allocation.</td>
</tr>
</tbody>
</table>
ABOUT CHF AFGHANISTAN

CHF Afghanistan
The CHF Afghanistan is a multi-donor country-based pooled fund (CBPF) established in 2014 for swift and needs-based humanitarian action in Afghanistan. Under the overall authority of the Humanitarian Coordinator (HC), this strategic funding tool has three key objectives:

1. to support humanitarian partners (national and international non-governmental organizations (NGOs), UN Agencies) to address the most pressing evidence-based needs in accordance with humanitarian principles;
2. to improve the relevance and coherence of humanitarian response by strategically funding assessed humanitarian action as identified in the Humanitarian Response Plan (HRP) process;
3. to strengthen coordination and leadership through the function of the HC and the humanitarian cluster system.

The HC oversees the Fund and directs the funding allocations towards most critical humanitarian needs, and enables efficient, rapid response to unforeseen emergencies. The HC is supported by OCHA’s Humanitarian Financing Unit (HFU) that acts as the managing agent, the CHF Advisory Board and Inter-Cluster Coordination Team (ICCT).

What does the CHF fund?
In close coordination with humanitarian clusters operating in the country, the CHF only funds humanitarian projects in support of immediate humanitarian needs. As needs have in place the necessary structures and capacity to meet the Fund’s robust accountability standards and efficiently implement humanitarian activities in Afghanistan.

The first step of the eligibility process (Due Diligence) aims to pre-screen organizations that are likely to meet the minimum requirements under step two (Capacity Assessment) that seeks to get a comprehensive overview of the institutional, technical, management and financial capacities of partners. Each step has its own review and feedback system to ensure transparency and dialogue with partners. Unsuccessful partners will receive a comprehensive report and a risk rating which determines the appropriate operational modalities and assurance mechanisms that will be applied to any approved CHF projects.

Who sets the Fund’s priorities?
The HC, in consultation with the CHF Advisory Board and recommendations by the ICCT, decides on the most critical needs to be funded. Cluster Coordinators work with their regional counterparts and cluster partners to define the sector-specific priorities and geographical areas with the highest needs, underpinned by vulnerability data and needs analysis of the hard to reach and underserved areas, which the ICCT defends to the HC and CHF Advisory Board for inclusion in the allocation strategy. Following the ICCT defence, the strategy document is developed by OCHA Strategy and Coordination Unit (SCU) and HFU. The HC has the final decision on the most critical needs to be funded.

How are projects selected for funding?
The CHF Afghanistan has two allocation modalities:

Standard Allocation: process through which most of the funds will be allocated to ensure funding for priority projects in line with the HRP, usually occurring twice a year after the launch of the annual HRP and following the HRP mid-year review, depending upon funding levels. The approved allocation strategy forms the basis for individual project submissions, which are prioritized and vetted within the clusters, reviewed by Strategic Technical Review Committees (STRC) and HFU and then are recommended (or not) to the HC for approval.

Reserve Allocation: more streamlined process primarily intended for rapid and flexible allocations of funds in the event of unforeseen emergencies or to address identified gaps. These funds are set aside and allocated by the HC as needed through targeted reserve allocations or open allocation rounds, in the event of unforeseen emergencies or to address strategic humanitarian needs. Project proposals undergo the STRC and HFU review before approval by the HC.

The STRCs are comprised of representatives from clusters, UN agencies, NGOs and OCHA to evaluate the submitted proposals for strategic relevance, technical merit, value for money, monitoring requirements, beneficiary selection, as well as cross-cutting issues of access, protection mainstreaming and gender responsiveness. Top scoring proposals are recommended to the HC’s final funding decision.
HOW DOES THE CHF-AFGHANISTAN WORK?

DONOR CONTRIBUTIONS
Donors contribute to the humanitarian funds before urgent needs arise.

IDENTIFYING HUMANITARIAN NEEDS
Aid workers on the ground identify the most urgent types of humanitarian assistance that affected people need.

MANAGING FUNDS
Contributions are pooled into single funds.

ALLOCATING FUNDS
Based on expert advice from aid workers and on needs, the Humanitarian Coordinator allocates CBPF funding.

REQUESTING FUNDS
Humanitarian partners work together to prioritize life-saving relief activities. They request CBPF funding through the Humanitarian Coordinator.

HUMANITARIAN RESPONSE
Relief organizations use the money for urgent aid operations. They always track spending and impact, and report back to the Humanitarian Coordinator.
How is the efficient and accountable use of the CHF funds ensured?

The CHF Accountability Framework is based on a comprehensive risk management model, aligned with global CBPF Guidelines and endorsed by the HC in consultation with the Advisory Board.

There are two types of accountability that articulate what the key player involved in CHF processes are responsible for and should be held accountable for:

**CHF Management**: Accountability relates to the ability of the CHF to achieve its objectives as a humanitarian financing mechanism. Supported by the HFU, the HC is responsible for establishing a process which produces high quality allocation strategies, selects appropriate and qualified partners, monitors implementation and verifies that reported results are genuine and matches those of approved project agreements.

**Partners**: Accountability relates to the ability of individual organizations receiving CHF funding to achieve expected project results. This means that partners are ultimately responsible for project activities, project outputs and for reporting accurately on results.

The components of the CHF Accountability Framework are:
- Risk management
- Partner capacity and performance assessment and partner risk rating
- Reporting (financial and programmatic)
- Project monitoring and financial spot-checks
- Audits (project level)

The dynamic nature of the framework ensures that it is continuously updated with the most recent partner performance information, which complements other components to reflect the overall capacity and risks associated with individual CHF partners.

Operationally, the CHF Accountability Framework follows and complements the CHF allocation process from the prioritization areas and clusters, the selection of projects and partners, to the implementation of the project at the field level, including its subsequent reporting, audit and monitoring.

The practical assurance modalities applicable for each individual project are thus determined through the minimum Operational Modalities – parameters that define the amount and the frequency of financial tranches received by the implementing partner, reporting and monitoring frequency and modality, and financial controls that need to be applied.

Who manages the CHF Afghanistan?

The HC is responsible for the overall strategic and operational direction of the CHF, with support from an Advisory Board, Cluster Leads, OCHA’s HFU, and an Administrative Agent.

The HC determines the Fund’s focus, sets the allocations amounts, approves projects and initialises disbursements, with support from the CHF Advisory Board and the ICCT. The HC also leads country-level resource mobilisation for the CHF supported by the Humanitarian Country Team (HCT), OCHA Country Office and in coordination with relevant OCHA entities at headquarters.

The HFU is the managing agent of the Fund, performing the day-to-day business and implementation of the processes of the Accountability Framework on behalf of the HC.

The UNDP Multi-Partner Trust Fund (MPTF) Office serves as the Fund’s ‘Administrative Agent’ and receives, administers and manages contributions from donors, and disburses funds to OCHA and UN agencies, funds and programmes. In addition, MPTF maintains the publicly accessible GATEWAY with statements of donor commitments, deposits and transfers, and other financial information related to the CHF.

What rules govern the CHF?

The CHF Afghanistan is guided by the global CBPF Guidelines, which include the CBPF Policy Instruction and the Global Operational Handbook. This guidance is reflected in the localized CHF Afghanistan Operational Manual.

The Policy Instruction sets out the principles, objectives, governance and management arrangements for CBPFs, while the Operational Handbook provides technical guidance, tools and templates used in the management of CBPFs. The funds contracted to partners are further subject to the United Nations Financial Regulations and Rules (FRR).

The CHF Afghanistan Operational Manual and its annexes provide technical guidance, tools and templates for the management of the Fund.

MPTF receives, administers and manages donor contributions and organises the signature of the Standard Administrative Arrangements (SAA), the standard agreement with information regarding the terms, conditions, and payment modality of all donor contributions. MPTF also organises the signature of the Memorandum of Understanding (MoU) for the disbursement of funds with the UN agencies, in accordance with the decisions of the HC.
2017 IN REVIEW

DONOR CONTRIBUTIONS

Good donorship is vital for CHF implementing partners to deliver urgent and life-saving humanitarian assistance in Afghanistan, in alignment with the Afghanistan HRP objectives. During 2017, our donors continued to demonstrate confidence in the Fund, providing $38.75 million in much needed financial support, on top of $31 million carried over from 2016 and $0.8 million in refunds.

The significant amount of carry-over from 2016 was due to generous un-earmarked contributions received in the fourth quarter of the year, with the understanding that unspent funds are carried forward and enable the HC to effectively plan the subsequent year’s allocations.

End-of-year 2016 commitments and contributions from the United Kingdom (DFID) were critical for an earlier first standard allocation in February 2017. The commitments and timely contributions of all CHF donors allowed the fund to continue allocating resources to address the most critical needs throughout the year. Further, the multi-year funding agreements with DFID, Australia, and Switzerland enabled the HC to plan ahead and ensure that when an emergency occurred, partners could respond quickly.

In 2017, the composition of the CHF Advisory Board hit a good balance of representation of donors, UN agencies, and NGOs for meetings and information sharing forums which enhanced strong and open communication with the donors on the processes and management of the Fund. The increased transparency consequently, built confidence amongst donors to advocate for more funding for the CHF Afghanistan.

The information sharing forums and active engagement of the HFU encouraged other donors like the Republic of Korea to contribute to the CHF in 2017. As featured in the October 2017 edition of the Monthly Humanitarian Bulletin, Ms. Heunjin Kim, the First Secretary of the Embassy of the Republic of Korea in Kabul, emphasized Korea’s support of the CHF strategy of working through national NGOs to build their capacity and to improve access of humanitarian assistance to the local communities.

While the CHF remained a strategic and flexible funding mechanism for addressing critical humanitarian needs in Afghanistan in 2017, the overall contributions to the Fund declined by 38 per cent from $62.4 million in 2016 to $38.75 million in 2017. However, the 2017 commitments represented a 95 per cent achievement towards the Fund’s annual target set between $41–$61 million (or 10-15 per cent of the revised 2017 HRP funding requirement ($409 million) and 12 per cent of the HRP funding received in 2017 ($320.7 million).
Basia Haidari’s story: Essential Female Aid Workers in Afghanistan

Basia Haidari is a provincial officer for the International NGO International Medical Corps (IMC) in Kunduz, working to provide survivors of Gender-Based Violence (GBV) and female IDPs with comprehensive psychosocial support and counselling services, women-friendly health spaces, basic life skills and vocational training and referral services. The six-month project was supported by the CHF-Afghanistan with $277,000 to reach more than 10,000 women and girls in two provinces.

For many of the women who come to IMC’s women-friendly health spaces, it is a rare opportunity to leave their homes, learn new skills and socialise, as well as receive important protection assistance. We spoke to Ms. Haidari about her work, and the importance of female aid workers in Afghanistan, where cultural barriers often mean that vulnerable women feel unable to seek help unless they can interact with another woman.

Basia Haidari works in the GBV protection project in Kunduz, supporting vulnerable women in the community. Photo: IMC

I started working with IMC because I wanted to serve my people and my homeland. I am one of nine women working here for IMC in Kunduz. Afghanistan has a real lack of capacity in the health sector, and research has shown that women and children suffer the most because of these gaps.

This was a significant motivating factor for me. It is very difficult for women to work outside in our traditional society. However, it is also taboo, especially in conservative families, for women to see a male doctor or health professional. With so few women working, that is why we see so many women in Afghanistan who do not seek out medical help, even when giving birth.

I have had so many times when I have been proud of my work and how we have helped women.

One lady, called Zarin, was forcibly married at the age of nine to a man with serious mental issues. Zarin had six children, and because of her difficult situation, she had become depressed and suicidal. Our workers identified Zarin in her community as being at risk and was referred to us to learn quilting. She learned quilting but also received intensive care from our staff, including counselling. She has now much improved and everyone now knows her as the ‘teacher of quilting’!

Another time that stands out was when a disabled IDP woman came to our health clinic with a sick child. Her child needed urgent treatment, and I immediately referred her to a private clinic and provided her clothes and quilts made by our students. I doubt she would have come to our clinic if men were running the program.

There are many vulnerable women in our community, particularly IDPs. They come to us with confidence, and can sit and tell us their problems freely because there are female officers to help them. Their families also support them to come here, as they know women work here and are in charge, if there were just men [working here] they wouldn’t be allowed and they definitely wouldn’t talk about their issues so openly and believe they would get help.
SUCCESS STORIES

Clean water for families in Lashkargah

"Many of us adults had stomach cramps, diarrhoea and kidney problems. Two of our children were suffering from chronic diarrhoea, lost weight and were dehydrated, all because of contaminated water, according to the doctors", remembers Allah Noori living in an outskirt of Lashkargah in Helmand Province.

"We spent lots of money to treat our children again and again," remembers another resident, Haji Ghulam. "We took them to clinics in Lashkargah and Kandahar where doctors advised us to only give them clean and safe water. We tried to use only bottled water from the shop, but we only could afford it for a few days. In the end, one of my boys died."

In 2016, an estimated 2.3 million people were in need of humanitarian assistance in the WASH sector, according to the WASH Cluster. More than two thirds of all Afghans have no access to improved sanitation facilities and 45 per cent rely on water from unimproved sources. Diarrheal diseases that go untreated can trap young children in a vicious cycle of malnutrition and diarrhoea, leading to chronic malnutrition.

The community lacked expertise and money to rehabilitate a defunct borehole

ACF started an emergency water and hygiene intervention in Lashkargah and its semi-urban outskirts. The area has been strongly affected by fighting and displacement in the past and suffers from limited availability of public services and lack of economic development. The project intends to reach more than 3,000 families with just under CHF 488,000 from the CHF-Afghanistan.

In Haji Ghulam’s village, families collected water from open wells inside their compounds or women, girls and boys would fetch it from the river. A borehole drilled by provincial authorities had been defunct for two years, the community lacking the expertise and money to fix it.

Following consultations with local elders, ACF committed to rehabilitate the borehole and trained five community members on a committee how to take care of it and ensure its functioning in the future. ACF staff members also promoted good hygiene practices and the importance of washing the hands with soap in the community. "Since one month, no one of the whole family has been sick," says Haji Ghulam.

Innovative gravel-sand-filters need no electricity to render water safe to drink

In Allah Noori’s neighbourhood there was no borehole that could be rehabilitated. Instead, his family was one of 90 who received a bio sand filter. The container is filled with layers of sieved and washed gravel and sand on which a biological layer of microorganisms develops (see box).

"From the day we received the filter we have not drank untreated water anymore. We collect the water from an open well and then run it through the filter. It looks like mineral water and has a good taste and colour," Allah Noori says.

"No one in the community had heard about this method and everyone is surprised how well it works." The filter, he adds, is well suited for the environment: "It does not need electricity to clean the water and it is very simple to use."
In 2017, the CHF Afghanistan played an instrumental role for addressing the critical needs of the displaced and vulnerable populations. By disbursing funds in a timely and flexible manner to the most immediate needs, the CHF reinforced and encouraged coordinated humanitarian action, in particular in the hard to reach and underserved communities.

A total of $44.9 million was allocated under two Standard and four targeted Reserve Allocations, representing 14 per cent of 2017 HRP funding received ($320.7 million). Funding was approved by the HC for 51 projects implemented by 11 national NGOs, 23 international NGOs and five UN agencies, targeting 4.8 million people in need.

**Standard Allocations**

Under two Standard Allocations, $40.7 million was allocated for 45 projects implemented by 11 national NGO, 21 international NGO, and four UN agencies.

For the first time in Afghanistan, the HC requested the ICCT to defend the inclusion of their sector priorities and funding requests in the standard allocations to the CHF Advisory Board in 2017. An excellent practice to continue, the ICCT defended added value to the allocation process by enhancing the accountability of clusters to the Advisory Board, who are also fully engaged through an inclusive and transparent approach.

In another first for 2017, CHF partners utilised the multi-cluster approach with integrated protection activities to address acute humanitarian needs and to maximise impact on the lives of women, men, girls and boys. In this way, the CHF enhanced coordination mechanisms and the complementarity efforts among clusters, improving efficiency in the response.

The Fund also benefitted from the proactive collaboration of OCHA SCU, ICCT and the Humanitarian Access Group (HAG), with regional counter-parts and cluster partners, to define the sector-specific priorities in the geographical areas with the highest needs, underpinned by vulnerability and needs analysis of the hard to reach and underserved areas.

**Reserve Allocations**

The HC allocated $4.1 million through four targeted Reserve Allocations for six projects implemented by three UN and three international NGOs in 2017.

The Danish Demining Group (DDG) provided Mine Risk Education to returnees who were unfamiliar with the lethal threat of landmines and explosive remnants of war.

WHO supported Herat Regional Hospital in establishing a triage area for the efficient assignment of degrees of emergency to the wounded. The upsurge of violence in the Western Region had left the regional hospital overstretched.

UNICEF provided life-saving treatment of severe acute malnutrition in communities trapped in conflict, and mobilized nutrition supplies, such as ready-to-use therapeutic foods, therapeutic milk and rehydration solutions to those areas.

CHF support strengthened EMERGENCY’s Kabul Surgical Centre and referral linkages with first aid trauma points in the provinces. A new first aid trauma point in the Eastern Region was also established at Laghman Province near areas of ISK insurgency.

World Vision International (WVI) supplied drought tolerant wheat seeds to enable farmers to withstand the effects of the drought in Baghdis Province where the La Niña effect and yearlong lack of rainfall has resulted in severe food insecurity.

The continuation of a UNOPS project providing assistance to conflict-related victims immediately after incidents and supported the families with physical rehabilitation, psychosocial counselling and income generation assistant.

**Strategic Alignment to the HRP**

CHF projects are always fully aligned with the strategic objectives and cluster priorities of the annual HRP. All 2017 CHF funded projects were directly linked to one or more of the following 2017 HRP Strategic Objectives:

- **Strategic Objective 1:** Immediate humanitarian needs of shock affected populations are met ($19.2 million);
- **Strategic Objective 2:** Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law ($15.7 million);
- **Strategic Objective 3:** The impact of shock induced acute vulnerability is mitigated in the medium term; ($3.4 million)
- **Strategic Objective 4:** Humanitarian conditions in hard-to-access areas of Afghanistan are improved ($4.8 million).

During an allocation, the HFU conducts a pre-screening of all project proposals against 14 criteria to ensure alignment with the 2017 HRP Strategic Objectives, cluster standard indicators and activities, as well as prioritized geographical locations, outlined within the allocation strategy. Successfully screened submissions are then reviewed by the STRC and recommended to the HC.

The Fund strategically complemented the humanitarian community’s efforts to support vulnerable populations in Afghanistan, with women and children being the primary beneficiaries (69 per cent). Annex E demonstrates the CHF alignment with the 2017 HRP, with the HRP targeted population and the allocated CHF funds in the provinces with prioritized districts.

---

1 Although steps have been taken to reduce double counting of beneficiaries across clusters and geographical locations, some duplication may still exist.
APPROVED ALLOCATIONS

$45 million approved allocations to partners

39 partners
5 UN agency, 23 INGOs and 11 NNGOs

51 projects
8 UN agency, 30 INGOs and 13 NNGOs

CONTRIBUTION TO HRP STRATEGIC OBJECTIVES

12% of total funding contributed to the 2017 HRP

SO 1 $19.2m

SO 2 $15.7m

SO 3 $3.4m

SO 4 $4.8m

CONTRIBUTION TO HRP STRATEGIC OBJECTIVES

1b-The principal purpose of the project is to advance gender equality

4-Not applicable - Only used for very small number of projects, such as "support services"

2a-The project is designed to contribute significantly to gender equality

1-The project is designed to contribute in some limited way to gender equality

GENDER MARKER BY PROJECT

National NGO $M 18%

CAR

MOC

YWGD

NOG

APPA

ORICO

HRDA

AHEG

ACTD

MCPA

OMAR

International NGO $M 47%

ATCO

ACT

NRC

EMERGENCY

PMI

HNTPO

RI

IMC

DAI

IRC

TDH

INTEROS

NCA

MEDAR

SC

SI

MADERA

Mission East

WVI

CO

BMC

MIRCA

IDG

UN

INGOs $21.2m 47.17%

NNGOs $8m 17.91%

UN $15.7m 34.93%

ALLOCATIONS BY PARTNER TYPE

ALLOCATIONS BY RECIPIENT ORGANIZATION
**Diverse Partners**

OCHA’s CBPFs play an important role in the localisation of aid, one of the key reforms of the humanitarian financing system that was agreed upon by aid organisations and donors for the “Grand Bargain” of the 2016 World Humanitarian Summit. Since its inception in 2014, the CHF-Afghanistan has allocated $17.6 million to national NGOs for a total of 37 projects. The percentage of funding towards national NGOs has more than tripled, from five per cent in 2014 to 18 per cent in 2017.

One measure to increase the number of eligible national NGOs for the CHF is capacity building partnerships between national and international NGOs. Together with the HFU, the Agency Coordinating Body for Afghan Relief and Development (ACBAR) organizes the Twinning Program that teams up a national with an international NGO to mentor the national partner to become eligible for the CHF.

Of the 27 national partners in the Twinning Program, 12 have successfully completed the CHF due diligence review, the first step of the eligibility process, and two have successfully completed the second step, partner capacity assessment, and are eligible to apply for funding under an open allocation.

**Allocations Highlights**

In line with the aforementioned HRP Strategic Objectives, the CHF provided life-saving assistance to populations impacted by the ongoing and expanding conflict in 2017. Funds were channelled to first aid trauma points and specialized trauma care centres to treat war wounded patients. Shock affected IDPs in priority provinces received food, emergency water, sanitation and hygiene (WASH), emergency shelter and non-food items (ES-NFI) for their immediate humanitarian needs.

Further, life-saving services were provided by CHF partners to vulnerable populations where government services could not reach, also known as ‘white areas’ where access is affected by hostilities, harsh weather and geographical impediments. Most notably, the CHF provided critical reproductive health and nutrition services in priority provinces that exceeded the Global Acute Malnutrition thresholds, namely: Urzugan, Kandahar and Kunar. The CHF also replenished supplies necessary for severe and moderate acute malnutrition in children under five and pregnant and lactating mothers.

Protection was a crosscutting theme for 2017 CHF projects, as well as a main priority. As outlined in the 2017 HRP, the CHF allocations were strategically directed at establishing safe temporary learning spaces for children, along with psychosocial support and referral, protection from gender-based violence, legal assistance and the promotion of International Humanitarian Law. Further, communities living in areas contaminated by Explosive Remnants of War were provided with mine clearance services and Mine Risk Education, especially for recent returnees.

Since 2014, the CHF has allocated $185.5 million to address humanitarian needs of the most vulnerable women, men, girls and boys of Afghanistan, with the most notable contribution for projects in health (24 per cent) and nutrition (22 per cent), followed by protection (8 per cent). This trend continued in 2017, as the majority of the $44.9 million was directed towards health (27 per cent), nutrition (24 per cent) and protection (20 per cent) primarily, again through multi-sectoral projects with integrated protection activities to for a holistic approach to service delivery.

**Afghan Returnees**

As the cross-border return of Afghan families continued in 2017, and existing efforts at the reception centres and within host communities were complemented by CHF funding to cover gaps in the returnees’ response. The main forms of CHF humanitarian assistance to returnees were the delivery of life-saving and basic services along with legal assistance. The CHF also supported community-based schools for returnee children, emergency water trucking, rehabilitation of boreholes in host communities, emergency transitional shelters, acute malnutrition treatment, hygiene promotion, psychosocial support, cash-for-rent, and multi-purpose cash.

**Hard-to-Reach Areas**

The HRP highlighted the challenge of reaching out to underserved populations in opposition-held and remote areas. The humanitarian community in Afghanistan was urged to gain access to carry out assessments and provide equitable assistance to those communities. The CHF played an instrumental role in the deployment of NGOs and breaking the ‘access inertia’ through 2017 allocations that prioritized multi-sectoral projects in the 45 hard-to-reach districts identified by the ICCT with acute humanitarian needs.

The HAG provided trainings and support to NGOs prior to the second Standard Allocation in October 2017 to enhance their knowledge of the security risk assessment tools and access challenges in preparation for projects implemented in the hard to reach areas.

National NGOs proved to be essential in identifying deserving beneficiaries in those areas. Through joint assessments and direct contact with community elders, in addition to use of the cluster vulnerability criteria, national NGOs were able to reach IDPs and returnees in hard-to-reach areas and thus effectively channel assistance in full alignment with 2017 HRP and humanitarian principles.

**Cash-Based Programming**

In line with the Grand Bargain commitment to increase use of cash programming, the CHF provided $3.7 million in food and emergency shelter cash assistance through six international NGO and three national NGO partners.
Based upon lessons and best practice, the HFU developed the Minimum Requirements for Cash-Based Programming guidelines with appropriate quality assurances and monitoring mechanisms to be applied to all funded partners. The guidelines measure the partner’s performance by examining their previous experience, risk management policy, programmatic capability, post-distribution monitoring, as well as the level of coordination with the Cash and Voucher Working Group (CVWG), OCHA Regional Offices and the wider cluster system. The guidelines also require all partners to conduct cash distribution and post-distribution monitoring, in coordination with and in accordance with CVWG and cluster standards.

The provision of cash is the preferred assistance modality for agencies, as long as it does not have a negative impact on the local market, and for affected families as it enables them to decide for themselves how best to meet their needs. Cash programming emphasizes the need for consistent close coordination with stakeholders at national and regional levels, with particular attention given to access constraints, market functionality and the vulnerability of the beneficiaries to protect the lives and dignity of those affected.

Enabling Actions
Successive Emergency Response Preparedness (ERP) reviews have shown that there is a significant need for humanitarian stocks to be located in high-risk areas which have previously been cut off by conflict, e.g.: Lashkargah, Tirinkot, Kunduz City and Takhar. To enable the decentralization of existing stockpiles, the CHF supported the establishment of shared warehousing facilities in high conflict-risk areas and provided stocks for prepositioning and distribution.

Further, the CHF provided approximately $4 million for both cluster specific and multi-sectoral coverage assessments in hard to reach provinces in Afghanistan. This in response to the need for nation-wide sectoral assessments elaborated in the HRP to improve both cluster and inter-cluster response and to enable strategic decision-making. The CHF also funded evidence-based assessments to understand shelter needs and vulnerabilities within informal settlements in the Central, South Eastern and Eastern regions of Afghanistan. This enabling action supported the identification of the numbers and locations of informal settlements and enabled timely and coordinated response to families affected by the escalation of armed conflict, natural disasters and high rates of returns. Finally, the Fund supported the procurement and pre-positioning of emergency ES-NFI stock to meet the figures projected in the contingency plan. Stocks were replenished after the returning refugees and undocumented returnees stretched the limits of the humanitarian community and drained available resources. The prepositioned NFI and shelter kits gave leverage to partners to respond to displacements in a coordinated and timely manner. One warehouse facility was established in Takhar Province to facilitate access to high-risk areas which have previously been cut off by conflict when essential routes to the North East have been blocked.

Complementarity with CERF
As in previous years, the CHF allocations complemented other sources of funding, in particular $9.9 million received from the Underfunded Emergencies Allocation of the Central Emergency Response Fund (CERF). The CERF allocated funds to UNHCR, IOM, FAO, UNICEF and WHO for the scaling up of humanitarian assistance to the Afghan returnees from Iran arriving through the Milak border crossing, winterization assistance for vulnerable populations, assistance for flood-affected communities, and life-saving agricultural and livestock seasonal support to vulnerable natural disaster and conflict affected and severely food insecure small farming families and livestock farmers.

**Timeline of Allocations**

<table>
<thead>
<tr>
<th>Month</th>
<th>Allocation Description</th>
<th>Amount (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEB</td>
<td>First Standard Allocation</td>
<td>$20,932,439</td>
</tr>
<tr>
<td>JUN</td>
<td>First Reserve Allocation (Mine Risk Education for returnees)</td>
<td>$102,641</td>
</tr>
<tr>
<td>AUG</td>
<td>Second Standard Allocation</td>
<td>$19,853,985</td>
</tr>
<tr>
<td>SEP</td>
<td>Second Reserve Allocation (Emergency triage area in Herat Regional Hospital)</td>
<td>$46,898</td>
</tr>
<tr>
<td>NOV</td>
<td>Third Reserve Allocation (Malnutrition therapeutic supplied to underserved and hard-to-reach areas)</td>
<td>$2,501,676</td>
</tr>
<tr>
<td>DEC</td>
<td>Fourth Reserve Allocation (Treatment and referral of trauma patients)</td>
<td>$380,803</td>
</tr>
<tr>
<td></td>
<td>Badghis province drought response</td>
<td>$400,000</td>
</tr>
<tr>
<td></td>
<td>Immediate Assistance Packages to victims of conflict</td>
<td>$668,178</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>44,886,620</td>
</tr>
</tbody>
</table>
In 2017, the CHF-Afghanistan continued to prove its effectiveness as a strategic tool for a flexible and timely response to address new and increasing critical humanitarian needs, in accordance with the World Humanitarian Summit’s Grand Bargain.

With the introduction of the Common Performance Framework (CPF), OCHA added a new tool to the set of management, reporting and accountability instruments for CBPFs. The CPF was developed jointly by OCHA and CBPF donors to assess and improve individual fund performance and understand how the CBPF mechanism performs as a whole.

This section accompanied by Annex A, demonstrate how donors’ investments through the CHF contribute to improved humanitarian outcomes and these globally-agreed principles:

**Principle 1: Inclusiveness**

With a broad range of participating humanitarian donor and partner organizations, the CHF continues to be among the most inclusive and transparent funding mechanisms in Afghanistan through its governance, programming, project implementation, and engagement with local partners.

The membership of the CHF Advisory Board consists of an equitable representation for the UN, international and national NGOs, and donors (Annex C) ensuring a high level of engagement. Likewise, for the composition of the STRC with all relevant cluster coordinators and co-leads joined by key NGOs partners, joined by OCHA and specialized working groups for gender, humanitarian access and protection mainstreaming.

The prioritization of support to best positioned actors is sought through the CHF allocations. More often, NGOs receive funding due to their access and experience in the priority geographical areas, unless UN agencies are relied upon for certain services (eg for pipeline supplies).

In 2017, 35 per cent of CHF funds were allocated to UN agencies, 47 per cent to internationals NGOs, and 18 per cent to national NGOs, which has more than tripled compared to five per cent in 2014. With the increase of eligible partners and the continued focus on the remote, hard to reach and underserved areas through the HRP, an increase of funds allocated to national NGOs can be anticipated.

The HFU supports and promotes the capacity of national NGOs with trainings on the Grant Management System (GMS), before each allocation, regular individual sessions on demand with national NGOs, and debrief sessions with all national NGOs that undergo the capacity assessment and financial spot check. Personalized attention and mentoring to local partners is the added value of the HFU in supporting local capacity. Within the HFU, each national partner has a dedicated focal point who provides regular and high-quality support and mentorship on different topics and processes related to the project implementation.

**Principle 2: Flexibility**

As the programmatic focus and funding priorities of the CHF are set at the country level and may shift rapidly, especially in volatile humanitarian contexts, the Fund is able to adapt rapidly to changing priorities and allow humanitarian partners to identify appropriate solutions to address humanitarian needs in the most effective way.

The flexibility of the CHF was demonstrated through assistance in the form of cash for food and cash for shelter, totaling $3.7 million across all CHF allocations in 2017. Cash as a response modality will continue to be strategically prioritized and operationally considered, where appropriate.

Another example of the flexibility of the Fund in 2017 is the HC’s approval of the prioritization of an Enabling Actions envelope (mentioned previously) for needs assessments as preparation of the implementation and development of the HRP, focusing on hard to reach areas.

In a complex context characterized by changing security situations, humanitarian access challenges, price fluctuations and intermittent bureaucratic impediments, the CHF continuously demonstrates flexibility by facilitating project revisions and reprogramming to ensure the changing circumstances did not deny vulnerable people the much-needed humanitarian assistance. Due to the commitment of the HFU, revision requests are processed within an average of 10 days, in a timely and efficient manner. In addition, the support that HFU and clusters (technical) provide during proposal development result in projects with a good level of planning and programming that won’t require revisions.

**Principle 3: Timeliness**

The CHF also has the advantage of timeliness, to quickly allocate funds for life-saving interventions as well as for humanitarian needs that suddenly emerge or escalate during the year. Enhanced by the ongoing development of the GMS, the standard and reserve allocation processes in 2017 were efficiently completed in an average of 48 days and 16 days respectively, from the launch of the allocation with the strategy through to the HC’s approval. The combining of the SRC and TRC has improved the efficiency and timeliness of the allocation process and is preferred by the HC. Similarly, the timing of payments to partners has greatly improved and were conducted within the global expected timeframe of eight working days.

The timeliness of the CHF is also affected by the timing of donor contributions. Carry-over from 2016, end-of-year contributions in December 2016 and donors’ commitments and contributions during the first semester of 2017 enabled the Fund to allocate resources in a timely and strategic way.
Contributions to the CHF in 2017 totaled $38.75 million and represented a 95 per cent achievement towards the Fund’s annual target set between $41–$61 million (or 10-15 per cent of the revised 2017 HRP funding requirement ($409 million) and 12 per cent of the HRP funding received in 2017 ($320.7 million).

Advocacy with current and prospective donors to the CHF is undertaken by the HC and OCHA in order to encourage contributions as early as possible in the year. Multi-year agreements and timely deposits from donors allows for strategic planning of allocations within the first quarter and third quarter of each year.

**Principle 4: Efficiency**
The HFU ensures the cost-efficient and context appropriate management of the CHF. Through the implementation of the direct costing for the HFU, the Fund was able to conduct the internal capacity assessment process (not through an external company), which has been critical to promote capacity building of national partners. HFU operations costs (execution of cost-plan) account for less than five per cent of overall contributions. The HFU increased management performance, strengthening work planning and further investing in staff development.

The CHF complies with the management and operational standards required by OCHA’s global CBPF Guidelines and Operational Handbook, with a revised version endorsed in October 2017. HFU will undertake the revision of the CHF Operational Manual in early 2018 and will prioritize the implementation of the new Common Performance Framework endorsed by the Pooled Fund Working Group.

**Principle 5: Accountability and Risk Management**
CHF Accountability Framework ensures a strong process of management and oversight and the Fund’s commitment to equity, inclusiveness, efficiency, effectiveness, participation, and transparency.

In terms of accountability to affected populations, all project proposals are required to demonstrate accountability to affected populations and all monitoring activities include the consultation with beneficiaries’ component. Aside from the activities promoting community participation, the CHF partners are required to implement effective feedback and complaint mechanisms, which include community focal point, hotlines and complain boxes.

The CHF accountability procedures were enhanced in 2017 with the Partner Capacity Assessment which is conducted by the HFU to establish partner eligibility and risk rating to apply for funding. The information collected at the time of Partner Capacity Assessment is verified and then rechecked during the financial spot-check.

In 2017, $24.9 million (55 per cent) was allocated to partners assessed as ‘low risk’ (18 partners: 13 INGO, 5 UN) while $18.1 million (40 per cent) was allocated to partners assessed as ‘medium risk’ (18 partners: 9 NNGO, 9 INGO ) and $2.2 million (5 per cent) was allocated to partners assessed as ‘high risk’ (3 partners: 2 NNGO, 1 INGO ). In 2018, OCHA HFU will implement the partner performance index and at any single stage of the process will inform capacity building activities and bilateral follow-up with concerned partners, such as the financial spot check.

Financial spot-checks aim to strengthen the financial capacity of the NGO partner as well as to detect any financial issues and prevent from additional controls at the time of the audit. The most recurrent findings include non-compliance with policies in terms of cash management (payment by cash above the limits, min/max amounts of cash in hand...), lack of physical inventory of equipment/assets, lack of transparency in the recruitment of some staff, and no annual training plan and lack of training provided to the staff.

In addition to the financial spot-checks, the CHF Accountability and Risk Management is continuously safeguarded through the eligibility process, field site and remote call monitoring, as well as reviews of narrative and financial reporting from partners, and the project audits. A significant challenge still remains in the auditing process, with major delays at OCHA HQ level with the global LTA, particularly due to the lack of a contract with an audit company at country level. With the approval of the global audit contract, it is expected that all pending audits can be finalized by the end of 2018.

With the CHF Risk Management Framework and the different tools, the HFU was able to follow up on two incidents involving the loss off funds. The first was the diversion of CHF funds through illegal taxation of cash based assistance discovered through the CHF remote call monitoring. The second was self - reported internal fraud by a CHF partner. For neither incident is the partner’s identity disclosed unless there is a compelling reason to do so or the partner agrees, in order to encourage early self - reporting and minimize reputational and financial fall - out for the partner.

The recommendations and findings from all accountability measures and risk management checks are uploaded into the GMS, in order to track progress and evaluate the partner’s performance. The information about partner’s performance will inform the decisions for adjusting the partners’ Risk Profile and the Operational Modalities that are applied to approved CHF projects.
This section of the Annual Report provides a brief overview of CHF Afghanistan allocations in 2017 and results reported by cluster. Reports at clusters level section highlights key indicator achievements based on partners’ narrative reports submitted within the reporting period, 1 January to 31 December 2017. Achievements against targets include reported achievement against indicators from the CHF Afghanistan funded projects whose reports were submitted up to April 2018. A considerable number of the projects funded in 2017 are still under implementation or their final reporting was not yet due at the time of this report.
ACHIEVEMENTS BY CLUSTER

EDUCATION IN EMERGENCIES WORKING GROUP

CLUSTER OBJECTIVES

Objective 1: Evolving protection concerns, needs and violations are monitored, analysed, and responded to, upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations.

Objective 2: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations.

LEAD ORGANIZATION

UNICEF

ACHIEVEMENTS

In 2017, the CHF Afghanistan allocation to the education in emergency (EiE) working group represent 7.6 per cent of the HRP funding requirement ($40 million) and 63 per cent of the HRP funding received ($5 million).

The CHF overall targeted beneficiaries represent four per cent of the HRP overall targeted beneficiaries (0.7 million). Thus far, the CHF overall reached beneficiaries represent 13 per cent of the HRP overall reached beneficiaries (0.18 million).

The CHF supports the implementation of the six education in emergency projects towards the achievement of the aforementioned cluster objectives. A total of five partners received CHF funding for establishing and operating temporary learning classrooms/community schools in 2017.

The Fund supports continued quality access to education for school-age children (boys and girls) by contributing to the improvement of learning facilities, access to learning supplies such as books and teacher incentives and supporting local School Councils.

Data extracted from the GMS as of April 2018, indicate that total 21,721 school-aged children received educational assistance with the support of 494 trained teachers in 501 classrooms in high returnee areas. To support access to education for vulnerable children, in an environment where government capacity and resources are limited, the CHF funding also supports an assessment on education and child protection needs to inform humanitarian programming.

KEY OUTPUT INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Temporary Learning Classrooms/community schools established</td>
<td>490</td>
<td>446</td>
<td>91</td>
</tr>
<tr>
<td>Number of teachers (male/female) recruited in high returnee areas</td>
<td>501</td>
<td>494</td>
<td>99</td>
</tr>
<tr>
<td>Number of children benefiting from classrooms and teachers equipped with adequate supplies</td>
<td>20,770</td>
<td>21,721</td>
<td>105</td>
</tr>
<tr>
<td>Number of class kits, teaching kits, textbooks/students kits distributed to student and teachers</td>
<td>20,751</td>
<td>20,626</td>
<td>99</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS BY CLUSTER

FOOD SECURITY & AGRICULTURE

CLUSTER OBJECTIVES

Objective 1: Immediate food needs of targeted shock affected populations are addressed with appropriate transfer modality (food, cash or voucher).

Objective 2: Ensure continued and regular access to food during lean season for severely food insecure people, refugees and prolonged IDPs at risk of hunger and acute malnutrition.

Objective 3: Strengthen emergency preparedness and response capabilities of partners through development of contingency plans, timely coordinated food security assessments and capacity development especially in hard to reach areas.

LEAD ORGANIZATIONS

FAO, WFP

ACHIEVEMENTS

In 2017, the CHF Afghanistan allocation to the food security and agricultural cluster (FSAC) represent 6.2 per cent of the HRP funding requirement ($66 million) and 4.5 per cent of the HRP funding received ($91 million).

The CHF overall targeted beneficiaries represent 53 per cent of the HRP overall targeted beneficiaries (1.42 million). Thus far, the CHF overall reached beneficiaries represent 17 per cent of the HRP overall reached beneficiaries (2 million).

The CHF supports the implementation of the 11 FSAC projects towards the achievement of the aforementioned cluster objectives. A total of nine partners received CHF funding to address food security needs through in kind and cash assistance to conflict IDPs, prolonged IDPs natural disaster-affected, refugee and returnee families.

Ongoing conflict continued to impact the agricultural sector by limiting farming families’ access to land, and in turn negatively impacting their livelihoods and food security, resulting in decreased household food production and increased dependency on markets. Although natural disasters in 2017 were infrequent and small-scale in nature, pest attacks on crops and prolonged dry spells had a significantly negative impact on agricultural production, especially in the Western Region. With the achievements this far, the CHF is already having an impact for severely food insecure conflict and prolonged IDPs, natural disaster-affected, refugees and returnees.

KEY OUTPUT INDICATORS

<table>
<thead>
<tr>
<th>Target</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of conflict IDPs, natural disaster-affected, and returnees receiving timely food assistance with appropriate transfers (food, cash, or voucher)</td>
<td>600,000</td>
<td>22,609</td>
</tr>
<tr>
<td>Proportion of severely food insecure, refugees and prolonged IDPs assisted on time with appropriate food transfer (in-kind, cash or voucher)</td>
<td>281,855</td>
<td>10,634</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS BY CLUSTER

HEALTH

CLUSTER OBJECTIVES

Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people.

Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movements.

Objective 3: Provide immediate life-saving assistance to those affected by public health outbreaks.

LEAD ORGANIZATIONS

WHO, ORCD

ACHIEVEMENTS

In 2017, the CHF Afghanistan allocation to the health cluster represent 119 per cent of the HRP funding requirement ($30 million) and 71.5 per cent of the HRP funding received ($17 million).

The CHF overall targeted beneficiaries represent 53 per cent of the HRP overall targeted beneficiaries (1.78 million). Thus far, the CHF overall reached beneficiaries represent 19 per cent of the HRP overall reached beneficiaries (0.77 million).

The CHF supports the implementation of the 18 health projects by 14 partners towards the achievement of the aforementioned cluster objectives. The funds are being utilized to 1) Improve essential live-saving trauma care activities in health facilities including through the establishment of First Aid Trauma Posts (FATPs) and provision of rehabilitative care and psychosocial support in emergencies; 2) Provide life-saving Primary Health Care services with appropriate modalities such as mobile services and scaling up emergency obstetric and new-born care services; and 3) Procurement of emergency medical and non-medical supplies and training and deployment of medical personnel including female health workers in the eligible areas continued access to emergency health services, effective trauma care and mass casualty management for shock affected people.

Impacts in the health sector is the result of the significant amount of CHF allocations, as well as the integrated approach through ensuring that project implementation is complementary with interventions from other clusters in order to ensure maximum efficiency and sustainable impact. For example, the construction of FATPs ensured that facilities contained gender sensitive and gender disaggregated latrines.

KEY OUTPUT INDICATORS

<table>
<thead>
<tr>
<th></th>
<th>TARGET</th>
<th>ACHIEVED</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of high risk conflict-affected districts with at least one first aid trauma post</td>
<td>60</td>
<td>47</td>
<td>78</td>
</tr>
<tr>
<td>Number of individuals receiving trauma care services</td>
<td>224,619</td>
<td>27,858</td>
<td>12</td>
</tr>
<tr>
<td>Number of conflict affected people in underserved areas served by emergency PHC and mobile services</td>
<td>581,488</td>
<td>125,776</td>
<td>22</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS BY CLUSTER

COORDINATION & COMMON SERVICES

CLUSTER OBJECTIVES

Objective 1: Enabling Action (Assessments): Strengthen humanitarian actors’ response through the coordinated multi-sector assessments to inform humanitarian programming, strategic decision-making and improve understanding of critical humanitarian need.

ACHIEVEMENTS

In 2017, the CHF Afghanistan allocation to the coordination and common services cluster represent 13 per cent of the HRP funding requirement ($10 million) and 12 per cent of the HRP funding received ($11 million).

The CHF overall targeted beneficiaries represent 53 per cent of the HRP overall targeted beneficiaries (1.78 million). Thus far, the CHF overall reached beneficiaries represent 19 per cent of the HRP overall reached beneficiaries (0.77 million).

Under this cluster, the CHF supports the implementation of the five projects by five partners towards the achievement of the aforementioned cluster objectives. The CHF targeted eight provinces for integrated multi-sectoral assessments and two rapid assessments. Integrated SMART methodology is used in the surveys for a compressive review of the following components: Anthropocentric data, Emergency Mortality, Morbidity, basic Health indicators, key WASH and FSL indicators in hard to access districts. In addition, a Semi-Quantitative Evaluation of Access Coverage (SQUEAC) analysis is funded to allow for compressive analysis of barriers and boosters of IMAM programs in hard to reach areas in Faryab, Ghazni, Kunar, Kunduz, Nangarhar, Paktika, Uruzgan and Zabul.

The CHF also supports the mapping the basic services available in hard to reach areas. Through desk reviews and engagement with local partners, the assessment aims map out key marketplaces that coherent demographic and livelihood features. A map of each district will be produced showing the boundaries of the Basic Services Units in hard to reach areas. These maps will allow operational partners to plan better by identifying the markets and the areas to be serves. The Basic Service Unit will serve as a data unit for future situation and needs analysis.

CHF also funds an assessment in 12 hard to reach districts in the Southern Region. The assessment reached to vulnerable IDPs to assess their demographics, livelihoods, vulnerabilities, and priority cases. Further, needs assessments are funded in five hard to reach districts in Ghazni, Paktika, Nangarhar and Kunar on shelter, winterization, GBV and health.

KEY OUTPUT INDICATORS

<table>
<thead>
<tr>
<th></th>
<th>TARGET</th>
<th>ACHIEVED</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cluster-led sector specific needs assessments designed and implemented to enhance humanitarian needs analysis and inform strategic targeting and prioritisation.</td>
<td>17</td>
<td>7</td>
<td>41</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS BY CLUSTER

NUTRITION

CLUSTER OBJECTIVES

Objective 1: Quality and community facility-based nutrition information is made available for timely programme monitoring and decision making.

Objective 2: The incidence of acute malnutrition is reduced through integrated management of acute malnutrition among boys, girls, pregnant and lactating women.

Objective 3: Contribute to the reduction of morbidity and mortality among returnees and refugees by providing preventative nutrition programmes.

LEAD ORGANIZATIONS

UNICEF, ACF

ACHIEVEMENTS

In 2017, the CHF Afghanistan allocation to the nutrition cluster represent 22 per cent of the HRP funding requirement ($48 million) and 46 per cent of the HRP funding received ($23 million).

The CHF overall targeted beneficiaries represent 59 per cent of the HRP overall targeted beneficiaries (0.67 million). Thus far, the CHF overall reached beneficiaries represent 13.2 per cent of the HRP overall reached beneficiaries (0.59 million).

The CHF supports the implementation of the 14 nutrition projects by 12 partners towards the achievement of the aforementioned cluster objectives through comprehensive IMAM programming in Kabul Province, hard to reach and/or underserved/white areas where IDPs, refugees, returnees have yet to be assisted. Project activities included establishment of OPD-SAM and OPD-MAM sites, procurement of supplies for MAM treatment in children aged 6-59 months and acute malnutrition treatment of pregnant and lactating women and supplies for SAM treatment of children aged 0-59 months.

Given the complexity of factors that cause malnutrition, no standalone activity will achieve effective or lasting results. Therefore, CHF funds were also used to support projects which demonstrated a coordinated, multi-sectoral approach with strong community engagement. For example, the establishment of sub health centres and mobile health teams through which primary healthcare, mother and childcare and immunization services were provided.

The achievement rate has been low because UNICEF and WFP did not have sufficient nutrition supplies to provide to the partners. Supplies are now available and partners are continuing with the implementation of the activities through 2018. The project activities in Kabul did not start on time due to the delays in the signing of the MoU between partners and MoPH. The activities include scaling up IMAM services in the government health facilities, so the MoU was important for authorization of using the facilities as well as government staff.

ALLOCATIONS

$10,664,485

TARGET BENEFICIARIES

394,560

REACHED BENEFICIARIES

78,434

WOMEN

125,746

18,296

GIRLS

105,929

29,006

PROJECTS

14

PARTNERS

12

BOYS

47,046

115,840

WOMEN

47,046

115,840

MEN

5,750

25,382

TARGET BENEFICIARIES

394,560

REACHED BENEFICIARIES

78,434

WOMEN

125,746

18,296

GIRLS

105,929

29,006

PROJECTS

14

PARTNERS

12

BOYS

47,046

115,840

MEN

5,750

25,382

KEY OUTPUT INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td># of severely acutely malnourished children 0-59 months admitted for treatment</td>
<td>43,804</td>
<td>13,246</td>
<td>30</td>
</tr>
<tr>
<td># of moderately acutely malnourished children 6-59 months admitted for treatment</td>
<td>28,071</td>
<td>4,096</td>
<td>14.6</td>
</tr>
<tr>
<td># of acutely malnourished pregnant and lactating women</td>
<td>18,630</td>
<td>1,697</td>
<td>9</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS BY CLUSTER
PROTECTION

CLUSTER OBJECTIVES

Objective 1: Evolving protection concerns, needs and violations are monitored, analysed and responded to, upholding fundamental rights and restoring the and well-being of vulnerable shock affected populations.

Objective 2: Acute protection concerns, needs and violations stemming from the immediate impact of shocks and taking into account specific vulnerabilities, are identified and addressed in a timely manner.

Objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations.

LEAD ORGANIZATIONS
UNHCR, NRC

ACHIEVEMENTS

In 2017, the CHF Afghanistan allocation to the Afghanistan Protection cluster represent 16.5 per cent of the HRP funding requirement ($54 million) and 50 per cent of the HRP funding received ($18 million).

The CHF overall targeted beneficiaries represent 84 per cent of the HRP overall targeted beneficiaries (1.93 million). Thus far, the CHF overall reached beneficiaries represent 55.5 per cent of the HRP overall reached beneficiaries (1.89 million).

For the achievement of the aforementioned cluster objectives, the CHF supports the implementation of the 29 projects by 26 partners with protection components, included Child Protection in Emergencies (CPiE), GBV, Housing, Land and Property (HLP) and Mine Action (MA).

Throughout 2017, the ICCT, supported by the humanitarian leadership, continued to reinforce the centrality of protection in humanitarian response. The CHF 2nd Standard Allocation made the integration of protection activities a mandatory component of all project proposals, with a number of protection partners piggybacking on existing programmes enjoying a higher level of community acceptance (such as health) to deliver protection services not typically feasible in Afghanistan (such as GBV).

With CHF funding, the protection cluster is ensuring greater coverage of protection systems and continuity of critical services particularly community based psychosocial support initiatives that provide medical, legal and psychosocial counselling as well as facilitating access to health and referrals for GBV case management. The CHF funds also provide mine risk education (MRE) to IDPs, returning and host communities due to an increased number of causalities and deaths, mainly due to unexploded ordnances, the use of pressure plate IEDs, and aerial operations in civilian populated areas.

The CHF funds are also supporting information, counselling and legal assistance on security of tenure and access to civil documentation for IDPs and returnees.

KEY OUTPUT INDICATORS

<table>
<thead>
<tr>
<th>Target</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of GBV survivors receiving protection services (including health, psychosocial, legal and safety)</td>
<td>13,195</td>
<td>967</td>
</tr>
<tr>
<td>Number of boys, girls, men and women receiving psychosocial support</td>
<td>52,484</td>
<td>12,324</td>
</tr>
<tr>
<td>Number of prioritized mine/ERW impacted individuals provide with Mine Risk education</td>
<td>689,386</td>
<td>466,659</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS BY CLUSTER

EMERGENCY SHELTER & NON-FOOD ITEMS

CLUSTER OBJECTIVES

Objective 1: Coordinated and timely ES-NFI response to families affected by natural disaster and armed conflict.

Objective 2: Coordinated and timely ES-NFI response to returnees.

Objective 3: Families falling into acute vulnerability due to shock are assisted with ES-NFI interventions to address humanitarian needs in the medium term.

LEAD ORGANIZATIONS

UNHCR, IOM

ACHIEVEMENTS

In 2017, the CHF Afghanistan allocation to the ES-NFI cluster represent seven per cent of the HRP funding requirement ($36 million) and nine per cent of the HRP funding received ($27 million).

The CHF overall targeted beneficiaries represent 92 per cent of the HRP overall targeted beneficiaries (0.58 million). Thus far, the CHF overall reached beneficiaries represent 50 per cent of the HRP overall reached beneficiaries (0.87 million).

The CHF supports the implementation of the eight ES-NFI projects by eight partners towards the achievement of the aforementioned cluster objectives. ES-NFI allocation were channelled through multi-sectoral projects to amplify the impact of humanitarian assistance and provide holistic services to the beneficiaries. Shock affected households were assessed and provided with cluster approved shelter and NFI kits, besides WASH, food, health and protection services. Cash-for-rent assistance was disbursed to protect a selected number of families endangered of eviction to prevent them from negative coping strategies.

In 2017, the CHF also funded evidence-based assessments to understand shelter needs and vulnerabilities within informal settlements in the Central, South Eastern and Eastern regions of Afghanistan. This enabling action supported the identification of the numbers and locations of informal settlements and enabled timely and coordinated response to families affected by the escalation of armed conflict, the returnee influx and natural disaster.

The prepositioned NFI and shelter kits gave leverage to partners to respond to displacements in a coordinated and timely manner. One warehouse facility was established in Takhar Province to facilitate access to high-risk areas which have previously been cut off by conflict when essential routes to the North East have been blocked.

KEY OUTPUT INDICATORS

<table>
<thead>
<tr>
<th></th>
<th>TARGET</th>
<th>ACHIEVED</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of emergency stock shelter availability (for both conflict and natural disasters) compared with contingency plan figure of 11,429</td>
<td>4,755</td>
<td>4,281</td>
<td>90</td>
</tr>
<tr>
<td>Proportion of vulnerable individuals affected receiving emergency shelter support including tent package and cash for rent</td>
<td>8,960</td>
<td>6,531</td>
<td>73</td>
</tr>
<tr>
<td>Percentage of vulnerable individuals affected receiving standard NFI packages</td>
<td>8,300</td>
<td>3,847</td>
<td>46</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS BY CLUSTER
WATER, SANITATION & HYGIENE

CLUSTER OBJECTIVES
Objective 1: Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation, and appropriate means of hygiene practices by the affected population.

Objective 2: Ensure timely and adequate access to WASH services in institutions affected by emergencies.

Objective 3: Ensure timely and adequate access to WASH services in institutions affected by emergencies.

Objective 4: Two-year transition of cluster leadership to Ministry of Rural Rehabilitation and Development set in motion.

LEAD ORGANIZATIONS
UNICEF, WHO

ACHIEVEMENTS
In 2017, the CHF Afghanistan allocation to the WASH cluster represent 21 per cent of the HRP funding requirement ($25 million) and 23 per cent of the HRP funding received ($23 million).

The CHF overall targeted beneficiaries represent 65 per cent of the HRP overall targeted beneficiaries (0.88 million). Thus far, the CHF overall reached beneficiaries represent 12.5 per cent of the HRP overall reached beneficiaries (0.97 million).

The CHF supports the implementation of the 15 WASH projects by 13 partners towards the achievement of the aforementioned cluster objectives.

Unlike in previous years, the WASH cluster paid greater attention to the WASH needs of health facilities and schools, both formal and community-based learning centres that are providing services to populations affected by emergencies. The CHF strategy for the 2017 2nd standard allocation encouraged partners to plan and deliver a multi-sector response wherever possible incorporating a mixed package of services and mainstreaming gender and protection. For example, the construction of learning spaces ensured that facilities contained gender sensitive and gender disaggregated latrines.

<table>
<thead>
<tr>
<th>ALLOCATIONS</th>
<th>$5,180,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET BENEFICIARIES</td>
<td>572,673</td>
</tr>
<tr>
<td>REACHED BENEFICIARIES</td>
<td>120,951</td>
</tr>
<tr>
<td>WOMEN</td>
<td>140,465</td>
</tr>
<tr>
<td>MEN</td>
<td>25,175</td>
</tr>
<tr>
<td>GIRLS</td>
<td>146,700</td>
</tr>
<tr>
<td>BOYS</td>
<td>38,018</td>
</tr>
<tr>
<td>PROJECTS</td>
<td>15</td>
</tr>
<tr>
<td>PARTNERS</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KEY OUTPUT INDICATORS</th>
<th>TARGET</th>
<th>ACHIEVED</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people in need with access to at least 15lpcd of drinking water</td>
<td>180,013</td>
<td>59,519</td>
<td>33</td>
</tr>
<tr>
<td>Number of people in need with access to a functioning sanitation facilities</td>
<td>77,389</td>
<td>14,695</td>
<td>19</td>
</tr>
<tr>
<td>Number of people in need with access to water and soap for handwashing</td>
<td>116,681</td>
<td>495,676</td>
<td>42</td>
</tr>
</tbody>
</table>
ANNEXES

Fund Performance: Inclusiveness
Fund Performance: Flexibility
Fund Performance: Timeliness
Fund Performance: Efficiency
Fund Performance: Accountability & Risk Management
CHF Funded Projects
CHF Advisory Board
Acronyms & Abbreviations
Reference Map: Allocated CHF Funds & 2017 HRP Targeted Population
## Annex A

### Fund Performance: Inclusiveness

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Result</th>
<th>Analysis</th>
<th>Follow-up Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inclusive Governance – Size and Composition of the Advisory Board</td>
<td>3 seats for UN agencies, 3 seats for NGOs: national, one seat and international, two seats for contributing donors, 3 seats OCHA the HC, the OCHA Head of Office. 3 observers: 1 donor, 1 humanitarian agency, 1 NGO coordination forum. In total, 12 members plus observers.</td>
<td>The composition of the advisory board represents a high level of engagement of the different stakeholders and was highly appreciated by the HC.</td>
<td>Promote the rotation of UN Agencies, Donors and NGOs. Encourage active participation of members of the AB. For 2018 TORs of AB will be revised to clarify roles and responsibilities of the representatives and their deputies.</td>
</tr>
<tr>
<td>2</td>
<td>Inclusive Programming – Size and Composition of Strategic and Technical Review Committees</td>
<td>Strategic and Technical Review Committee: All relevant cluster coordinators and co-leads with key NGO partners. 2 NGOs for 1 UN representative. HFU SCU (when applicable) Specialized working groups gender approach, humanitarian access working group and protection mainstreaming. (provide feedback online).</td>
<td>The size and composition represents a high level of engagement of the different stakeholders and was highly appreciated by the partners and clusters. Multi-sector approach required multi-sectoral review committees.</td>
<td>Combining SRC and TRC increases the efficiency and timeliness of the allocation and is preferred by the HC.</td>
</tr>
<tr>
<td>3</td>
<td>Inclusive Implementation – CBPF Funding is Allocated to the Best-Positioned Actors</td>
<td>35% UN, 18% NNGOs, 47% INGOs</td>
<td>With the increase of eligible partners and the continued focus of funding in the remote, hard to reach and underserved areas through the HRP, an increase of funds allocated to NNGOs can be anticipated.</td>
<td>HFU to set the annual schedule for the receipt, review and results of applications for eligibility. HFU to ensure all applications for eligibility have been processed in a timely manner prior to allocations.</td>
</tr>
<tr>
<td>4</td>
<td>Inclusive Engagement – Outreach and Investment in Local Capacity</td>
<td>Trainings on GMS before each allocation. Regular individual sessions on demand with national NGOs. Debrief sessions with all national NGOs that undergo the capacity assessment and financial spot check. Personalized attention and mentoring to local partners is the added value of the HFU in supporting local capacity. Within the HFU, each national partner has a dedicated focal point who provides regular and high-quality support and mentorship on different topics and processes related to the project implementation.</td>
<td>Continue to provide constructive feedback to national NGOs based on the key findings of the capacity assessment process and monitoring.</td>
<td></td>
</tr>
</tbody>
</table>
### # INDICATOR

#### 5 FLEXIBLE ASSISTANCE – CBPF FUNDING FOR IN-KIND AND IN-CASH ASSISTANCE IS APPROPRIATE

<table>
<thead>
<tr>
<th>RESULT</th>
<th>ANALYSIS</th>
<th>FOLLOW-UP ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Around $3.7 million (12% of funds provide by the Afghanistan Humanitarian Fund to partners in 2017) was allocated to cash-based programming activities to 10 different projects (3 NNGO, 6 INGO). Food Security: $3.5 million (93%) ES-NFI: $0.24 million (7%)</td>
<td>Cash based programming has been promoted during allocations in coordination with the Cash /voucher working group supported by evidence from market surveys and in consideration of protection issues of the target population.</td>
<td>Continue to promote cash based programming as per HRP objectives. Cash as a response modality will be strategically prioritized and operationally considered, where appropriate, as per CBPF cash guidance note. It is expected to maintain the same level of cash based programming than in 2017 corresponding to 12% of the total allocations of the Fund.</td>
</tr>
</tbody>
</table>

#### 6 FLEXIBLE OPERATION – CBPF FUNDING SUPPORTS AN ENABLING OPERATIONAL ENVIRONMENT

<table>
<thead>
<tr>
<th>RESULT</th>
<th>ANALYSIS</th>
<th>FOLLOW-UP ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five projects funded which included costs related to needs assessments. 1 UN, 1 NNGO and 3 NGO for a total amount of $1.3 million (3% of total allocations)</td>
<td>Common services (Telecom, logistics including UNHAS, Security, Data tracking) and needs assessments can be eligible for funding when critical importance and a funding gap coincide.</td>
<td>There is no coordination and common services “cluster” in Afghanistan, however the HC approved the prioritization of an envelope for needs assessments as preparation of the implementation and development of the HRP, focusing on hard to reach areas.</td>
</tr>
</tbody>
</table>

#### 7 FLEXIBLE ALLOCATION PROCESS – CBPF FUNDING SUPPORTS STRATEGIC PLANNING AND RESPONSE TO SUDDEN ONSET EMERGENCIES

<table>
<thead>
<tr>
<th>RESULT</th>
<th>ANALYSIS</th>
<th>FOLLOW-UP ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>By type of allocation:  • Reserve: $4.1 million (9.1%)  • Standard: $40.7 million (90.9%)</td>
<td>The Fund has promoted a strategic use of the standard allocation modality through the close collaboration with the Inter Cluster Coordination Unit in OCHA.</td>
<td>Ensure a strategic use of the reserve allocation modality with a clear humanitarian trigger.  At least 10% of the total contributions are kept in Reserve and 90% to standard allocations. The Fund responds to changes in humanitarian context, as well as based on funding situation allows.</td>
</tr>
<tr>
<td>Reserve Allocation:  • INGO: $0.89 million (22%)  • UN: $3.2 million (78%)</td>
<td>Standard Allocation:  • NNGO: $8 million (19.7%)  • INGO: $20.2 million (49.5%)  • UN: $12.5 million (30.8%)</td>
<td></td>
</tr>
</tbody>
</table>

#### 8 FLEXIBLE IMPLEMENTATION – CBPF FUNDING IS SUCCESSFULLY REPROGRAMMED AT THE RIGHT TIME TO ADDRESS OPERATIONAL AND CONTEXTUAL CHANGES

<table>
<thead>
<tr>
<th>RESULT</th>
<th>ANALYSIS</th>
<th>FOLLOW-UP ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project revision requests processed within 10 working days.</td>
<td>The different trainings provided to IPs before launching an allocation and the technical support provided by Clusters during the project formulation have contributed to reduce significantly the number of revision requests of projects.</td>
<td>The Fund will continue providing support to IPs ensuring efficient and short revision processes as much as possible.</td>
</tr>
</tbody>
</table>
# ANNEX A

## FUND PERFORMANCE: TIMELINESS

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>RESULT</th>
<th>ANALYSIS</th>
<th>FOLLOW-UP ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>TIMELY ALLOCATIONS - ALLOCATION PROCESSES HAVE AN APPROPRIATE DURATION VIS-À-VIS THE OBJECTIVES OF THE ALLOCATION</td>
<td></td>
<td></td>
<td>The average duration of allocation process is 48 days.</td>
</tr>
<tr>
<td></td>
<td>Average duration of the allocation process from launch of allocation strategy to HC approval of selected projects by allocation type (standard and reserve)</td>
<td></td>
<td></td>
<td>The Fund has developed clear timeliness which were discussed with cluster leads to ensure their commitment during the process.</td>
</tr>
<tr>
<td></td>
<td>The average duration reserve allocation process is 16 days.</td>
<td></td>
<td></td>
<td>HFU to continue to work with the clusters to streamline the allocation process without jeopardizing quality controls and inclusiveness.</td>
</tr>
<tr>
<td>11</td>
<td>TIMELY DISBURSEMENTS - PAYMENTS ARE PROCESSED WITHOUT DELAY</td>
<td>10 calendar days</td>
<td></td>
<td>All payments were conducted with in the global expected timeframe of 10 working days.</td>
</tr>
<tr>
<td></td>
<td>Average number of calendar days from HC approval of a proposal to first payment by type of allocation (standard/reserve) and type of implementing partner</td>
<td></td>
<td></td>
<td>HFU to continue to work with FCS to ensure timely disbursement of payments to CHF partners.</td>
</tr>
<tr>
<td>12</td>
<td>TIMELY CONTRIBUTIONS - PLEDGING AND PAYMENT OF CONTRIBUTIONS TO CBPFs ARE TIMELY AND PREDICTABLE</td>
<td>70% of annual contributions received before the end of the first half of the year.</td>
<td>Timeliness of deposits from donors allowed a strategic planning of allocations within the first quarter and third quarter of the year.</td>
<td>Advocacy with current contributing donors to the CHF is being implemented to receive commited / pledged contribution early in the year.</td>
</tr>
</tbody>
</table>
# ANNEX A

## FUND PERFORMANCE: EFFICIENCY

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>RESULT</th>
<th>ANALYSIS</th>
<th>FOLLOW-UP ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>EFFICIENT SCALE – CBPF’S HAVE AN APPROPRIATE TO SUPPORT THE DELIVERY OF THE HRPs</td>
<td>$44.9 million of CHF allocations represented 14% of the funding received for the 2017 HRP Afghanistan ($520.7 million). Donor contributions amounted to about $39 million (9.5% of HRP requirement of $409M), compared with a target of 15% ($409 M)</td>
<td>The strategic leadership of the HC has contributed significantly to reach the 9.5% of the HRP funding requirements, through key strategies such as using the standard allocation of the Fund to kick start the HRP implementation. Important support from DFID and Sweden helped to encourage new donors to support the fund.</td>
<td>Advocacy with current and new potential donors should be reinforced to increase available funding channelled through the Fund up to 15% of the HRP requirements. It is important that the relevant stakeholders at all levels are actively mobilizing resources for the Fund (OCHA DRS, HC, AB)</td>
</tr>
<tr>
<td>14</td>
<td>EFFICIENT PRIORITIZATION – CBPF FUNDING IS PRIORITIZED TO ALIGNMENT WITH THE HRP</td>
<td>All funded projects are aligned with HRP strategic objectives and address cluster priorities.</td>
<td>Allocation of funds were based on secondary data analyses, inclusive consultation at sub-national and national levels and sectoral strategies from the ICCT included in the HRP.</td>
<td>Efficient prioritization will continue in 2018, strengthening inclusiveness during cluster consultations for defining the allocation strategy and during the selection process.</td>
</tr>
<tr>
<td>15</td>
<td>EFFICIENT COVERAGE – CBPF FUNDING REACHES PEOPLE IN NEED</td>
<td>100% of targeted people in need have reportedly been reached. This data contains potentially double counting.</td>
<td>The analysis only can be done with projects started in 2016 and concluded in 2016 and 2017. The majority of projects approved in 2017 are still ongoing (with a nominal rate of only 7% of people reached by the end of March 2018).</td>
<td>OCHA HFU will rely upon the GMS modules for the analysis of people reached with ongoing development of the online system to track data disaggregated by gender, age, sector, and geographical areas.</td>
</tr>
<tr>
<td>16</td>
<td>EFFICIENT MANAGEMENT – CBPF MANAGEMENT IS COST-EFFICIENT AND CONTEXT-APPROPRIATE</td>
<td>HFU operations costs (execution of cost-plan) account for less than 5% of overall contributions. In 2017, direct cost of OCHA HFU was $1.6 ($4 of the total contributions to the Fund during the year).</td>
<td>OCHA HFU increased management performance, strengthening work planning and further investing in staff development. Through the implementation of the direct costing for the HFU, the Fund was able to conduct the internal capacity assessment process (not through an external company), which has been critical to promote capacity building of national partners.</td>
<td>Includes accountability costs (monitoring, capacity assessments), foot print for Country Office incorporated in the cost plan. Direct costs for OCHA HFU were endorsed by the HC ($1.85 million) for 2018, including two additional national staff to improve project support and monitoring. This budget includes a 16% footprint for the Country Office Budget, to cover security, travel, vehicles, ICT, among others.</td>
</tr>
<tr>
<td>17</td>
<td>EFFICIENT MANAGEMENT – CBPF MANAGEMENT IS COMPLIANT WITH GUIDELINES</td>
<td>Operational Manual, CPF and Annual Report produced/updated based on the latest version of global CBPF guidelines by the end of the first quarter.</td>
<td>The HFU is working in the operationalization of the quick fixes of the CBPF Global Guidelines approved in late 2017.</td>
<td>HFU will undertake a revision of the Operational Manual in the second quarter of 2018 and the implementation of the new Common Performance Framework.</td>
</tr>
</tbody>
</table>
## ANNEX A

### FUND PERFORMANCE: ACCOUNTABILITY & RISK MANAGEMENT

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>RESULT</th>
<th>ANALYSIS</th>
<th>FOLLOW-UP ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td><strong>ACCOUNTABILITY TO AFFECTED PEOPLE – CBPF ALLOCATIONS ARE ACCOUNTABLE</strong></td>
<td>All proposals are required to indicate the plan on the accountability to affected population (AAP). All monitoring instances include the consultation with beneficiaries’ component.</td>
<td>This indicator should be removed/revised.</td>
<td>The same approach will be implemented in 2018.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>ACCOUNTABILITY AND RISK MANAGEMENT FOR PROJECTS – CBPF FUNDING IS APPROPRIATELY MONITORED</strong></td>
<td>100% compliance with operational modalities, as per OCHA assurance dashboard. Monitoring: 89% of expected monitoring visits were completed (105 out of 118). Reporting: 100% (123) of expected final financial and narrative reports submitted by IPs and 94% approved by HFU (116). Auditing: 48% (57 out 118) audits completed by end 2017.</td>
<td>The HFU has made important efforts to ensure the timely submission of reports, improving accountability of IPs. A significant challenge still remains in the auditing process, with major delays by FCS with the global LTA, particularly due to the lack of a contract with an audit company at country level.</td>
<td>With the approval of the global audit contract, it is expected that all pending audits can be finalized by the end of 2018.</td>
</tr>
<tr>
<td>19</td>
<td><strong>ACCOUNTABILITY AND RISK MANAGEMENT OF IMPLEMENTING PARTNERS – CBPF FUNDING IS ALLOCATED TO PARTNERS WITH DEMONSTRATED CAPACITY</strong></td>
<td>Low risk: $24.5 million (55%) to 18 partners (13 INGO, 5 UN) Medium risk: $18.1 million (40%) to 8 partners (9 NGO, 9 INGO) High risk: $2.2 million (5%) to 4 partners (2 NGO, 1 INGO)</td>
<td>The CHF provided funding to the partners that submitted the best proposals as per allocation strategy papers.</td>
<td>HFU will improve the implementation of the partner performance index.</td>
</tr>
<tr>
<td>20</td>
<td><strong>ACCOUNTABILITY AND RISK MANAGEMENT OF FUNDING – APPROPRIATE OVERSIGHT AND ASSURANCES OF FUNDING CHANNELED THROUGH CBPFs</strong></td>
<td>2 cases of fraud/diversions of funds (1 self-reported, 1 detected through remote call monitoring)</td>
<td>The HFU was compliance with CBPFs SOPs on fraud management and reporting.</td>
<td>OCHA HFU will reinforce its advocacy with partners on fraud and corruption reporting and prevention.</td>
</tr>
</tbody>
</table>
## ANNEX B

### CHF-AFGHANISTAN FUNDED PROJECTS

<table>
<thead>
<tr>
<th>Org</th>
<th>Type</th>
<th>Project Title</th>
<th>Cluster</th>
<th>Budget</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>INGO</td>
<td>Ensuring access to life saving nutrition services through the establishment of IMAM services in Kabul City (southern and western zones)</td>
<td>NUTRITION</td>
<td>$629,861.18</td>
<td>01/05/2017</td>
<td>30/04/2018</td>
</tr>
<tr>
<td>ACF</td>
<td>INGO</td>
<td>Emergency survival support to the prolonged IDPs affected by conflict disaster displaced in Ghor and Helmand provinces.</td>
<td>FOOD SECURITY AND AGRICULTURE</td>
<td>$491,637.98</td>
<td>01/05/2017</td>
<td>31/10/2017</td>
</tr>
<tr>
<td>ACF</td>
<td>INGO</td>
<td>Integrated Emergency Response to Conflict Affected Internally Displaced People (IDPs) and Host communities in Lashkargah District, Helmand province, with multi-sectoral and coverage assessments in hard to reach provinces in Afghanistan.</td>
<td>NUTRITION (20%), PROTECTION (13%), FOOD SECURITY AND AGRICULTURE (19%), WATER, SANITATION AND HYGIENE (23%), COORDINATION AND COMMON SERVICES (25%)</td>
<td>$1,619,973.93</td>
<td>01/11/2017</td>
<td>31/10/2018</td>
</tr>
<tr>
<td>ACTD</td>
<td>NNGO</td>
<td>Provision of trauma care, primary and referral services to people in conflict affected districts in Helmand province.</td>
<td>HEALTH</td>
<td>$463,266.30</td>
<td>01/07/2017</td>
<td>30/06/2018</td>
</tr>
<tr>
<td>ACTED</td>
<td>INGO</td>
<td>Provision of Education in Emergencies for returnee caseloads in Kabul and Nangarhar provinces.</td>
<td>PROTECTION</td>
<td>$477,390.63</td>
<td>01/05/2017</td>
<td>31/03/2018</td>
</tr>
<tr>
<td>ACTED</td>
<td>INGO</td>
<td>REACH support to Cluster Assessments and Information Management in Afghanistan (Kabul, Kapisa, Parwan, Wardak, Logar, Nangarhar, Laghman, Panjshir, Baghlan, Bamiyan, Ghazni, Paktya, Kunar, Nuristan, Badakhshan, Takhar, Kunduz, Balkh, Samangan, Sar-e-pul, Ghor, Daykundi, Uruzgan, Zabul, Paktika, Khost, Jawzjan, Faryab, Badghis, Hirat, Farah, Hilmand, Kandahar and Nimroz)</td>
<td>FOOD SECURITY AND AGRICULTURE (33%), EMERGENCY SHELTER AND NON-FOOD ITEMS (17%), WATER, SANITATION AND HYGIENE (17%), PROTECTION (28%), NUTRITION (5%)</td>
<td>$642,829.23</td>
<td>01/05/2017</td>
<td>30/11/2017</td>
</tr>
<tr>
<td>ACTED</td>
<td>INGO</td>
<td>Enhancing Food Security, WASH and Protection support for Hard to Reach prolonged IDPs in northern Afghanistan (Takhar, Kunduz and Faryab)</td>
<td>PROTECTION (10%), FOOD SECURITY AND AGRICULTURE (47%), WATER, SANITATION AND HYGIENE (43%)</td>
<td>$1,477,694.04</td>
<td>20/10/2017</td>
<td>19/10/2018</td>
</tr>
<tr>
<td>ACTED</td>
<td>INGO</td>
<td>REACH Support to Information Management in Hard to Reach Areas and Protection Cluster assessments (Kabul, Kapisa, Parwan, Wardak, Logar, Nangarhar, Laghman, Panjshir, Baghlan, Bamiyan, Ghazni, Paktya, Kunar, Nuristan, Badakhshan, Takhar, Kunduz, Balkh, Samangan, Sar-e-pul, Ghor, Daykundi, Uruzgan, Zabul, Paktika, Khost, Jawzjan, Faryab, Badghis, Hirat, Farah, Hilmand, Kandahar and Nimroz)</td>
<td>COORDINATION AND COMMON SERVICES</td>
<td>$575,080.93</td>
<td>01/12/2017</td>
<td>30/06/2018</td>
</tr>
<tr>
<td>AHDS</td>
<td>NNGO</td>
<td>Health, Nutrition and Protection for Vulnerable in Kandahar</td>
<td>HEALTH (60%), NUTRITION (20%), PROTECTION (20%)</td>
<td>$564,813.47</td>
<td>23/10/2017</td>
<td>22/10/2018</td>
</tr>
<tr>
<td>APA</td>
<td>NNGO</td>
<td>Respond to the immediate needs of IDPs, returnees and host communities through life saving multi-sectorial services of Protection (GBV/Psychosocial), Emergency Shelter/NFIs Assessment &amp; Support and WASH of the most vulnerable women, men, girls and boys in Hilmand, Kandahar, Urozgan, Kunar, Ghazni, Nangarhar and Takhar provinces</td>
<td>PROTECTION (41%), WATER, SANITATION AND HYGIENE (29%), EMERGENCY SHELTER AND NON-FOOD ITEMS (30%)</td>
<td>$819,341.80</td>
<td>20/10/2017</td>
<td>20/10/2018</td>
</tr>
<tr>
<td>COAR</td>
<td>NNGO</td>
<td>Emergency WASH response for undocumented returnees and IDPs settled with host communities, health centers and schools in Nangarhar Province.</td>
<td>WATER, SANITATION AND HYGIENE</td>
<td>$269,952.11</td>
<td>01/05/2017</td>
<td>31/10/2017</td>
</tr>
<tr>
<td>COAR</td>
<td>NNGO</td>
<td>Supporting new and prolonged IDPs to meet their emergency food, WASH and Education needs in Kandahar and Takhar provinces of Afghanistan through immediate cash transfer modality, WASH interventions and establishment of children Temporary Learning Space (TLS)</td>
<td>FOOD SECURITY AND AGRICULTURE (30%), WATER, SANITATION AND HYGIENE (35%), PROTECTION (35%)</td>
<td>$1,167,084.31</td>
<td>20/10/2017</td>
<td>19/10/2018</td>
</tr>
<tr>
<td>CWW</td>
<td>INGO</td>
<td>Preparing for an effective emergency response in Takhar and Badakhshan provinces.</td>
<td>EMERGENCY SHELTER AND NON-FOOD ITEMS</td>
<td>$363,770.92</td>
<td>01/05/2017</td>
<td>31/10/2017</td>
</tr>
<tr>
<td>Org</td>
<td>Type</td>
<td>Project Title</td>
<td>Cluster</td>
<td>Budget</td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>-------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td>DACAAR</td>
<td>INGO</td>
<td>Stockpiling for emergency WASH response in Afghanistan (add on) (Kabul, Nangarhar, Takhar, Kunduz, Balkh, Hirat and Kandahar)</td>
<td>WATER, SANITATION AND HYGIENE</td>
<td>$784,454.01</td>
<td>01/05/2017</td>
<td>31/10/2017</td>
</tr>
<tr>
<td>DDG</td>
<td>INGO</td>
<td>Provision of Mine/Explosive Remnant of War (ERW) Risk Education in Transit and Encahsmenet Centres for Returnees in Afghanistan. (Kabul, Nangarhar, Kandahar and Nimroz)</td>
<td>PROTECTION</td>
<td>$102,640.61</td>
<td>01/07/2017</td>
<td>31/08/2017</td>
</tr>
<tr>
<td>DRC</td>
<td>INGO</td>
<td>Emergency Shelter and NFI Stock Replenishment and Stockpiling to Meet the Needs of the Most Vulnerable Displaced in Nangarhar and Hirat Afghanistan</td>
<td>EMERGENCY SHELTER AND NON-FOOD ITEMS</td>
<td>$284,780.39</td>
<td>01/05/2017</td>
<td>31/10/2017</td>
</tr>
<tr>
<td>EMERGENCY</td>
<td>INGO</td>
<td>Life saving trauma and referral services for conflict affected population in Kabul, Logar, Maydan Wardak and Laghman provinces.</td>
<td>HEALTH</td>
<td>$1,185,709.59</td>
<td>01/07/2017</td>
<td>30/04/2018</td>
</tr>
<tr>
<td>EMERGENCY</td>
<td>INGO</td>
<td>Lifesaving trauma and referral services and mass casualty management for conflict affected population in Kabul, Logar, Maydan Wardak and Laghman provinces.</td>
<td>HEALTH</td>
<td>$380,803.37</td>
<td>15/12/2017</td>
<td>14/06/2018</td>
</tr>
<tr>
<td>HNI-TPO</td>
<td>INGO</td>
<td>Provision of life-saving health, psychosocial, GBV, nutrition services through static and mobile health teams for the people in hard to reach and underserved areas of Kunduz and Uruzgan provinces with focus on IDPs</td>
<td>PROTECTION (40%), HEALTH (40%), NUTRITION (20%)</td>
<td>$1,035,554.56</td>
<td>20/10/2017</td>
<td>19/10/2018</td>
</tr>
<tr>
<td>HRDA</td>
<td>NNGO</td>
<td>Provision of cash for food and psychosocial support to IDP women, boys, girls and men, specific ESNFI needs assessment for particularly women headed households to respond most vulnerable families, and creating safe environment for affected children during emergencies in Kandahar, Hilmand, Uruzgan and Zabul provinces.</td>
<td>FOOD SECURITY AND AGRICULTURE (65%), COORDINATION AND COMMON SERVICES (15%), PROTECTION (20%)</td>
<td>$693,938.60</td>
<td>20/10/2017</td>
<td>19/04/2018</td>
</tr>
<tr>
<td>IMC-UK</td>
<td>INGO</td>
<td>Provision of lifesaving integrated Emergency Health, WASH and Protection services to IDPs and underserved communities in hard to reach district of Paktika Province (Urgon) and Kunar Province (Marawara District).</td>
<td>HEALTH (38%), WATER, SANITATION AND HYGIENE (52%), PROTECTION (10%)</td>
<td>$842,059.00</td>
<td>01/11/2017</td>
<td>31/10/2018</td>
</tr>
<tr>
<td>Intersos</td>
<td>INGO</td>
<td>Multi-sector integrated emergency response in four hard to reach, conflict-affected districts in Kandahar province</td>
<td>HEALTH (60%), PROTECTION (30%), WATER, SANITATION AND HYGIENE (10%)</td>
<td>$689,268.53</td>
<td>01/05/2017</td>
<td>19/07/2018</td>
</tr>
<tr>
<td>IRC</td>
<td>INGO</td>
<td>RESPONSE - Returnees Support through Potable Water, NFI, Safe Education in Kabul, Logar, Nangarhar and Laghman.</td>
<td>WATER, SANITATION AND HYGIENE (33%), EMERGENCY SHELTER AND NON-FOOD ITEMS (33%), PROTECTION (20%)</td>
<td>$734,470.95</td>
<td>15/12/2017</td>
<td>28/02/2018</td>
</tr>
<tr>
<td>Madera</td>
<td>INGO</td>
<td>Emergency assistance to 750 IDPs households (5250 individuals) through cash transfers, protection, and WASH to improve the humanitarian conditions of conflict-affected persons in hard to reach areas in the Eastern Region of Afghanistan, in particular in the districts of Surkh Rod in Nangarhar, and Dari-i-Pech and Khas Kunar in Kunar Mine Risk Education (MRE), Spot-Explosive Remnants of War (ERW) clearance, and mobile, prioritized and responsive surveillance and demarcation of ERW in conflict impacted communities of Afghanistan. ( Ghazni, Takhar, Urozgan, Zabul, Farah, Hilmand and Kandahar).</td>
<td>FOOD SECURITY AND AGRICULTURE (55%), WATER, SANITATION AND HYGIENE (25%), PROTECTION (20%)</td>
<td>$438,415.72</td>
<td>01/05/2017</td>
<td>20/04/2018</td>
</tr>
<tr>
<td>MCPA</td>
<td>NNGO</td>
<td>Mine Risk Education (MRE), Spot-Explosive Remnants of War (ERW) clearance, and mobile, prioritized and responsive surveillance and demarcation of ERW in conflict impacted communities of Afghanistan. ( Ghazni, Takhar, Urozgan, Zabul, Farah, Hilmand and Kandahar).</td>
<td>PROTECTION</td>
<td>$399,916.23</td>
<td>20/10/2017</td>
<td>19/04/2018</td>
</tr>
<tr>
<td>MDC</td>
<td>NNGO</td>
<td>Urgent Assistance Gaps and Reduce ERW Casualties Among Conflict Displaced / Civilians in North , North East and East regions (Balkh, Samangan, Sar-e-pul, Jawzjan and Faryab) of Afghanistan</td>
<td>PROTECTION</td>
<td>$827,889.85</td>
<td>01/05/2017</td>
<td>31/10/2017</td>
</tr>
<tr>
<td>MDC</td>
<td>NNGO</td>
<td>Urgent Assistance Gaps and Reduce ERW Casualties Among Conflict Displaced / Civilians in North , Northeast, East, Central and Southern regions (Nangarhar, Kunar and Paktika) of Afghanistan</td>
<td>PROTECTION</td>
<td>$374,122.29</td>
<td>01/05/2017</td>
<td>30/04/2018</td>
</tr>
<tr>
<td>Org</td>
<td>Type</td>
<td>Project Title</td>
<td>Cluster</td>
<td>Budget</td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
<td>-----</td>
<td>------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>ME</td>
<td>INGO</td>
<td>Ensuring preparedness for timely and effective response to humanitarian needs arising from conflict, natural disasters and other emergencies in Badakhshan, Takhar, and Baghlan provinces, north-eastern Afghanistan</td>
<td>EMERGENCY SHELTER AND NON-FOOD ITEMS</td>
<td>$420,000.01</td>
<td>01/05/2017</td>
<td>31/10/2017</td>
</tr>
<tr>
<td>MEDAIR</td>
<td>INGO</td>
<td>Ensuring access to life saving nutrition services through the establishment of IMAM services in Kabul City (northern and eastern zones)</td>
<td>NUTRITION</td>
<td>$584,551.65</td>
<td>01/05/2017</td>
<td>30/04/2018</td>
</tr>
<tr>
<td>MRCA</td>
<td>INGO</td>
<td>Provision of Health Services for conflict affected population and displaced population of Farah and Paktia provinces</td>
<td>HEALTH</td>
<td>$248,685.58</td>
<td>10/07/2017</td>
<td>09/07/2018</td>
</tr>
<tr>
<td>NCA</td>
<td>INGO</td>
<td>Integrated WASH, Nutrition and Protection services for IDPs and Host Communities in Tirinkot, District, Uruzgan Province, Afghanistan</td>
<td>WATER, SANITATION AND HYGIENE (65%), NUTRITION (20%), PROTECTION (15%)</td>
<td>$683,530.25</td>
<td>20/10/2017</td>
<td>19/10/2018</td>
</tr>
<tr>
<td>NCRO</td>
<td>NNGO</td>
<td>Provision of WASH, Food Security (Cash transfer) and Protection assistance for IDPs and Returnees families in Khaz Kuner District of Kunar province and Khugiani District of Nangarhar province</td>
<td>WATER, SANITATION AND HYGIENE (67%), FOOD SECURITY AND AGRICULTURE (24%), PROTECTION (9%)</td>
<td>$832,358.41</td>
<td>20/10/2017</td>
<td>19/04/2018</td>
</tr>
<tr>
<td>NRC</td>
<td>INGO</td>
<td>Responsive and Integrated Education, Shelter, and Legal Protection Solutions for Returnees and Prolonged IDPs in Eastern, Central, and Southern (Kabul, Nangarhar, Laghman, Kunar and Kandahar) Afghanistan</td>
<td>EMERGENCY SHELTER AND NON-FOOD ITEMS (35%), PROTECTION (65%)</td>
<td>$2,125,691.55</td>
<td>01/05/2017</td>
<td>30/04/2018</td>
</tr>
<tr>
<td>OMAR</td>
<td>NNGO</td>
<td>Provision of Mine Risk Education, Survey and Elimination of ERW in Conflict &amp; ERW Affected Communities (Kabul, Kapisa, Parwan, Wardak, Logar, Uruzgan, Panjshir, Zabul, Hilmand, Kandahar and Nimroz)</td>
<td>PROTECTION</td>
<td>$362,926.84</td>
<td>01/05/2017</td>
<td>31/10/2017</td>
</tr>
<tr>
<td>ORCD</td>
<td>NNGO</td>
<td>Provision of emergency trauma care to affected population (men and women, boys and girls) and addressing their nutrition and protection needs in Zabul and Ghazni provinces</td>
<td>HEALTH (60%), NUTRITION (15%), PROTECTION (25%)</td>
<td>$701,422.40</td>
<td>21/10/2017</td>
<td>20/10/2018</td>
</tr>
<tr>
<td>PU-AMI</td>
<td>INGO</td>
<td>Emergency Medical assistance to underserved populations in Nangarhar Afghanistan</td>
<td>HEALTH</td>
<td>$480,000.00</td>
<td>01/06/2017</td>
<td>31/05/2018</td>
</tr>
<tr>
<td>PU-AMI</td>
<td>INGO</td>
<td>Emergency Medical, Nutrition and Protection assistance to hard to reach populations of Kunar Province</td>
<td>HEALTH (60%), NUTRITION (20%), PROTECTION (20%)</td>
<td>$722,150.00</td>
<td>20/10/2017</td>
<td>19/10/2018</td>
</tr>
<tr>
<td>RI</td>
<td>INGO</td>
<td>Responding to displacement-induced needs of women and men, boys and girls in five hard to reach Districts in Ghazni, Paktika, Nangarhar and Kunar through critical Health, WASH, Protection and Food security activities.</td>
<td>HEALTH (41%), FOOD SECURITY AND AGRICULTURE (28%), PROTECTION (11%), EMERGENCY SHELTER AND NON-FOOD ITEMS (10%), WATER, SANITATION AND HYGIENE (7%), COORDINATION AND COMMON SERVICES (3%)</td>
<td>$979,758.29</td>
<td>20/10/2017</td>
<td>19/07/2018</td>
</tr>
<tr>
<td>SC</td>
<td>INGO</td>
<td>Access to Education for Returnees, IDPs and Host children from Nangarhar and Kandahar provinces</td>
<td>PROTECTION</td>
<td>$550,889.55</td>
<td>01/05/2017</td>
<td>31/05/2018</td>
</tr>
<tr>
<td>SI</td>
<td>INGO</td>
<td>Response to food security and protection needs of prolonged IDP populations through the lean season in Maydan Wardak and Khost provinces</td>
<td>FOOD SECURITY AND AGRICULTURE</td>
<td>$501,002.60</td>
<td>01/05/2017</td>
<td>31/12/2017</td>
</tr>
<tr>
<td>TDH</td>
<td>INGO</td>
<td>Community-based Child Protection and Mother and Child Health for vulnerable populations in Nangarhar and Laghman provinces - Isthema project 3</td>
<td>PROTECTION (65%), HEALTH (35%)</td>
<td>$719,215.74</td>
<td>01/06/2017</td>
<td>31/05/2018</td>
</tr>
<tr>
<td>UNFPA</td>
<td>UN</td>
<td>Response to immediate reproductive health needs of crisis affected population, returnees and IDPs in Nangarhar, Kunduz, Paktika, Farah, Hilmand, and Kandahar.</td>
<td>HEALTH</td>
<td>$384,761.00</td>
<td>01/06/2017</td>
<td>31/05/2018</td>
</tr>
<tr>
<td>UNICEF</td>
<td>UN</td>
<td>The Procurement and Provision of Nutrition and RUTF Supplies for OPD SAM Programmes in the High Priority Provinces of Kabul, Nangarhar, Khost, Hirat, Hilmand and Kandahar.</td>
<td>NUTRITION</td>
<td>$2,294,574.43</td>
<td>01/05/2017</td>
<td>30/04/2018</td>
</tr>
<tr>
<td>Organization</td>
<td>UNOPS</td>
<td>UN</td>
<td>WHO</td>
<td>WVI</td>
<td>YHDO</td>
<td>NNGO</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>----</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td><strong>UNICEF</strong></td>
<td>UN</td>
<td></td>
<td>NUTRITION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of therapeutic supplies (RUTF, F-75, F-100 and ReSoMal) for severely acute malnourished children age 0-59 months in 45 hard to reach districts of Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni provinces.</td>
<td>NUTRITION</td>
<td>$2,501,675.52</td>
<td>01/11/2017</td>
<td>31/10/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UNOPS</strong></td>
<td>UN</td>
<td></td>
<td>PROTECTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Victim Assistance (EVA) in Kabul Nangarhar, Paktia, Kunduz, Balkh, Hirat and Kandahar.</td>
<td>PROTECTION</td>
<td>$668,178.11</td>
<td>01/01/2018</td>
<td>15/06/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WFP</strong></td>
<td>UN</td>
<td></td>
<td>NUTRITION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRRO 200447 Assistance to Address Food Insecurity and Under Nutrition (Ensuring access to life saving nutrition services through the establishment of IMAM services in Kabul City)</td>
<td>NUTRITION</td>
<td>$3,110,556.60</td>
<td>01/05/2017</td>
<td>30/04/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WHO</strong></td>
<td>UN</td>
<td></td>
<td>HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support emergency live saving interventions in high risk provinces for conflicts and limited accessibility through improved trauma care, primary health care and stockpiling activities with better coordination at all levels (Kabul, Kapisa, Wardak, Logar, Nangarhar, Panjshir, Baghlan, Ghazni, Paktia, Kunar, Nuristan, Badakhshan, Takhar, Kunduz, Balkh, Samangan, Sar-e-pul, Ghor, uruzgan, Zabul, paktika, Khost, Jawzjan, Faryb, Badghis, Hirat, Farah, Hilmand and Kandahar)</td>
<td>HEALTH</td>
<td>$2,293,570.04</td>
<td>15/07/2017</td>
<td>14/07/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WHO</strong></td>
<td>UN</td>
<td></td>
<td>HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of Health, Nutrition, WASH and Protection Services to Underserved region ( Nangarhar, Ghazni, Kunar, Takhar, Uruzgan, Zabul, Paktika, Faryab and Hilmand) in Afghanistan</td>
<td>HEALTH (70%), NUTRITION (10%), WATER, SANITATION AND HYGIENE (10%), PROTECTION (5%), COORDINATION AND COMMON SERVICES (5%)</td>
<td>$4,376,621.51</td>
<td>20/10/2017</td>
<td>19/10/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WHO</strong></td>
<td>UN</td>
<td></td>
<td>HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction of Triage Area in Herat Regional Hospital</td>
<td>HEALTH</td>
<td>$46,897.84</td>
<td>01/10/2017</td>
<td>31/03/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WVI</strong></td>
<td>INGO</td>
<td></td>
<td>FOOD SECURITY AND AGRICULTURE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrated Food Security response to drought affected farmers and families in Badghis</td>
<td>FOOD SECURITY AND AGRICULTURE</td>
<td>$400,000.00</td>
<td>17/12/2017</td>
<td>16/06/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>YHDO</strong></td>
<td>NNGO</td>
<td></td>
<td>HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-sectoral emergency response in hard to reach areas of Kandahar Province</td>
<td>HEALTH (70%), PROTECTION (25%), NUTRITION (5%)</td>
<td>$860,880.27</td>
<td>20/10/2017</td>
<td>19/10/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ANNEX C
### CHF AFGHANISTAN ADVISORY BOARD

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>Humanitarian Coordinator</td>
</tr>
<tr>
<td>NGO</td>
<td>Afghan Women's Education Centre (AWEC)</td>
</tr>
<tr>
<td>NGO</td>
<td>Afghanaid</td>
</tr>
<tr>
<td>NGO</td>
<td>Norwegian Refugee Council (NRC)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations High Commissioner for Refugees (UNHCR)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations Children’s Fund (UNICEF)</td>
</tr>
<tr>
<td>UN</td>
<td>World Health Organization (WHO)</td>
</tr>
<tr>
<td>Donor</td>
<td>The Government of Australia</td>
</tr>
<tr>
<td>Donor</td>
<td>The Government of Sweden</td>
</tr>
<tr>
<td>Donor</td>
<td>United Kingdom Department for International Development (DFID)</td>
</tr>
<tr>
<td>Observer</td>
<td>Agency Coordinating Body for Afghan Relief and Development (ACBAR)</td>
</tr>
<tr>
<td>Observer</td>
<td>European Civil Protection and Humanitarian Aid Operations (ECHO)</td>
</tr>
<tr>
<td>Observer</td>
<td>International Committee of the Red Cross (ICRC)</td>
</tr>
<tr>
<td>CHF/OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs (OCHA)</td>
</tr>
</tbody>
</table>
ANNEX D
ACRONYMS & ABBREVIATIONS

ACBAR  Agency Coordinating Body for Afghan Relief & Development
ACF  Action Contre la Faim
ACTD  Afghanistan Center for Training and Development
ACTED  Agency for Technical Cooperation and Development
AHDS  Afghan Health and Development Services
APA  Afghan Planning Agency
CBPF  Country-Based Pooled Fund
CERF  Central Emergency Response Fund
CHF  Common Humanitarian Fund
COAR  Coordination of Afghan Relief
CVWG  Cash Voucher Working Group
CWW  Concern World Wide
DACAAR  Danish Committee for Aid to Afghan Refugees
DDG  Danish Demining Group
DRC  Danish Refugee Council
ECHO  European Civil Protection and Humanitarian Aid Operations
ES-NFI  Emergency Shelter and Non-food Items
FAO  Food and Agriculture Organization
FCS  Funding Coordination Section
FFR  Financial Regulations and Rules
GBV  Gender-based violence
GMS  Grant Management System
HAG  Humanitarian Access Group
HC  Humanitarian Coordinator
HCT  Humanitarian Country Team
HFU  Humanitarian Financing Unit
HNI-TPO  Health Net International Transcultural Psychosocial Organization
HRDA  Human Resource Development Agency
HRP  Humanitarian Response Plan
ICCT  Inter-Cluster Coordination Team
IDP  Internally displaced person
IMC  International Medical Corps
INGO  International Non-Governmental Organization
IOM  International Organization for Migration
IRC  International Rescue Committee
ISK  Islamic State of Khorasan
MADERA  Mission d’Aide au Développement des Economies Rurales
MCFA  Mine Clearance Planning Agency
MDC  Mine Detection Center
ME  Mission East
MPTF  Multi-Partner Trust Fund
MRCA  Medical Refresher Courses for Afghans
NCA  Norwegian Church Aid
NCRO  New Consultancy and Relief Organization
NGO  Non-Governmental Organization
NNGO  National Non-Governmental Organization
NRC  Norwegian Refugee Council
NSAG  Non-State Armed Groups
OCHA  Office for the Coordination of Humanitarian Affairs
OMAR  Organization for Mine Clearance and Afghan Rehabilitation
ORCD  Organization for Research and Community Development
PU-AMI  Première Urgence – Aide Médicale Internationale
RI  Relief International
SAA  Standard Administrative Agreement
SC  Save the Children
SCU  Strategy and Coordination Unit
SI  Solidarités International
STRC  Strategic Technical Review Committee
TDH  Terre des hommes
UN  United Nations
UNDP  United Nations Development Programme
UNFA  United Nations Population Fund
UNHAS  United Nations Humanitarian Air Services
UNHCR  United Nations High Commissioner for Refugees
UNICEF  United Nations Children’s Fund
UNOPS  United Nations Operation Services
WASH  Water, Sanitation and Hygiene
WFP  World Food Programme
WHO  World Health Organization
WVI  World Vision Afghanistan
YHDO  Youth Health and Development Organization
ANNEX E

REFERENCE MAP: ALLOCATED CHF FUNDS & 2017 HRP TARGETED POPULATION