Organisations receiving CHF funding in 2014:
ACF, ACTD, ACTED, AFGHANAID, CARE, EMERGENCY, HALO TRUST, HNI-TPO, IMC-UK, IOM, JUH, MEDAIR, OCHA, PU-AMI, SCI, UNFPA, UNHCR, UNICEF, WHO, WFP

Cover photo: The Johanniter

OCHA Afghanistan wishes to acknowledge the contributions made in the preparation of this document, particularly by United Nations agencies, International Organisation for Migration, cluster coordinators and co-coordinators, non-governmental organisations and the Multi-Partner Trust Fund office.

For additional information:
www.unocha.org/afghanistan/about-fund
chfafg@un.org
Key humanitarian facts and figures

9th worst out of 160 countries  ECHO Global Vulnerability and Crisis Assessment (Sep 2014)
Second out of 191 countries at risk Global Index for Risk Management (InfoRM Jan 2014)
10,167 persons  No. of refugee returns (year to date)
169 out of 187 countries  Human development index 2014 (HDR 2014)
91 deaths per 1,000 live births  Under 5 mortality rate (NVRA, 2011-12)
327 deaths per 100,000 live births  Maternal mortality rate
60.9 years  Life Expectancy (HDR 2014)
29.8 percent of the population  Severe Poverty (HDR 2014)
# Table of Contents

CHF AFGHANISTAN 2014 DASHBOARD ......................................................... 5  
FOREWORD .................................................................................................. 6  
EXECUTIVE SUMMARY ............................................................................ 8  
2014 HUMANITARIAN CONTEXT .............................................................. 9  
CONTRIBUTIONS IN 2014 ....................................................................... 11  
ALLOCATIONS IN 2014 .......................................................................... 13  
FUND MANAGEMENT .............................................................................. 16  
VALUE FOR MONEY ................................................................................ 21  
ACCOUNTABILITY & RISK MANAGEMENT ............................................... 22  
SECTOR ACHIEVEMENTS ............................................................... 25  
HEALTH ....................................................................................................... 26  
NUTRITION ................................................................................................. 27  
EMERGENCY SHELTER AND NON-FOOD ITEMS .................................. 29  
MULTI-SECTOR (Refugees and Returnees) .............................................. 30  
COORDINATION AND COMMON SERVICES ....................................... 31  
CHALLENGES & OPPORTUNITIES ......................................................... 32  
CONCLUSION & WAY FORWARD .............................................................. 34  
LIST OF ACRONYMS .............................................................................. 35  
LIST OF PROJECTSFUNDED ............................................................... 36
CHF AFGHANISTAN 2014 DASHBOARD

Key facts and figures for Afghanistan Common Humanitarian Fund in 2014

AFGHANISTAN CHF UPDATE 2014

- **US$37.2 million** contributed in 2014
- 9% contribution towards CHAP 2014 requirements ($406 M)
- **US$35.2 million** approved allocations
- 20 partners supported (13 NGOs and 7 UN agencies)
- **34 projects** funded (Standard and Reserve Allocations)
- **US$2 million** available in Reserve
- 25 field site monitoring visits carried out

CHF 2014 DONOR CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Donor</th>
<th>Contributions (million USD)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>16.5</td>
<td>44%</td>
</tr>
<tr>
<td>Sweden</td>
<td>11.97</td>
<td>32%</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>Norway</td>
<td>1.34</td>
<td>4%</td>
</tr>
<tr>
<td>UNOCHA*</td>
<td>1.08</td>
<td>3%</td>
</tr>
<tr>
<td>Australia</td>
<td>0.37</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37.26</strong></td>
<td></td>
</tr>
</tbody>
</table>

* Liquidated Afghanistan Trust Fund

CHF 2014 ALLOCATIONS BY CLUSTER

<table>
<thead>
<tr>
<th>Cluster</th>
<th>CHF Allocations (million USD)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>15.9</td>
<td>45%</td>
</tr>
<tr>
<td>Health</td>
<td>9.1</td>
<td>26%</td>
</tr>
<tr>
<td>CCS</td>
<td>5.5</td>
<td>16%</td>
</tr>
<tr>
<td>Multi Sector</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>ES/NIrS</td>
<td>0.67</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35.2</strong></td>
<td></td>
</tr>
</tbody>
</table>

The designations employed and the presentation of material on this map 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. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.
FOREWORD

By the Humanitarian Coordinator

Afghanistan faced continuous challenges and growing needs throughout 2014. The intensification of conflict resulted in civilian loss of life and injury reaching unprecedented levels with 10,548 civilian casualties reported, the highest number of civilian deaths and injuries in a single year since 2009. Military operations in Pakistan led to some 250,000 people seeking refuge in Afghanistan. Emergency levels of acute malnutrition required urgent action. Spring floods destroyed more than 8,000 people’s homes. Growing gaps in public service delivery in areas affected by insecurity and access restrictions stretched the humanitarian aid effort.

The CHF, established in early 2014, supported the response to these needs and has delivered on its objectives from its inception proving itself to be both a flexible and strategic tool. Some 1,030,000 people have been assisted so far, with USD 35.2 million providing life-saving assistance to people affected by conflict, those in need of emergency health care, children suffering from acute malnutrition, refugees from Pakistan in need of shelter, food and protection assistance, and humanitarian air services so as to expand humanitarian operations into underserved areas with high needs.

The CHF will continue to kick-start the humanitarian response in inaccessible and remote districts, in cooperation with new national and international partners who are willing and able to establish presence in these areas. While development support is required to sustain the gains and achievements of humanitarian interventions, more importantly partners and duty bearers must take up their responsibilities for the provision of sustainable basic services and protection of civilians from violence. One example is in the area of nutrition where a sustainable response is required which addresses both the drivers of malnutrition as well as developing a health care system that can respond to these needs.

Alongside the direct provision of humanitarian assistance, the solid foundation of an accountable, transparent and effective management of the Fund has been established, with substantial risk management mechanisms in place. All this to ensure that the Fund meets the highest standards and is fully accountable to both those contributing to it, as well as to the communities we are here to serve.

I am privileged to have a strong team contributing to the success of the Fund with the Humanitarian Country Team, the CHF Advisory Board, the Cluster Coordinators and Co-Coordinators, representatives of NGOs and UN agencies, contributing donors, and OCHA as the managing agent; all playing a vital role in making the Fund fit for purpose and utilising it to its full potential. The Fund has fostered coordination within the humanitarian community with partners agreeing on joint prioritisation of needs as well as how to ensure an accountable, transparent and coherent principled response.

In 2015, the CHF will continue to respond to Afghanistan’s continuing complex humanitarian crisis while engaging with new partners and encouraging expansion to conflict-affected and remote areas. We will build on the successes of 2014, while looking for new opportunities, as well as learning from the challenges faced to further strengthen the Fund. I will continue to ensure that the CHF supports NGO partners as its primary constituents, and particularly look forward to welcoming more national NGOs into the Fund.

I thank our current donors of the CHF for their support in maintaining the stability of the Fund through long-term and multi-year commitments, and reach out to other donors to join this exciting and highly relevant Fund which is delivering tangible results to the people of Afghanistan.

Mark Bowden
Humanitarian Coordinator
Further information on the CHF is available on the following websites:
http://www.unocha.org/afghanistan/about-fund
http://mptf.undp.org/factsheet/fund/HAF10
EXECUTIVE SUMMARY

• In 2014 the CHF Afghanistan was launched and received a total of USD 37.2 million allowing for the launch of two Standard Allocations and two Reserve Allocations. Standard Allocations focused on the prevention and treatment of acute malnutrition and the provision of emergency trauma care as immediate life-saving actions. Following devastating floods and landslides in Northern Afghanistan mid-2014, and population movements in the South East as a result of military operations in Pakistan, Reserve Allocations were launched to assist vulnerable families with food packages, emergency shelter and NFI, as well as to support demining activities. Support to humanitarian aviation services enabled access of aid workers to remote areas. Some 1 million people were hereby assisted to date.

• The CHF supported the strategic priorities identified in the 2014 Common Humanitarian Action Plan (CHAP) for Afghanistan, and strengthened the humanitarian architecture, coordination and programme cycle management of the humanitarian response in Afghanistan. The CHF allocated 95 per cent of resources mobilised (USD 35.2M) with funding disbursed in support of 22 NGO projects (USD 11.7M) and 12 UN projects (USD 23.5M).

• As the level of operational, financial and reputational risks are considered to be substantial in Afghanistan, a comprehensive Accountability Framework was developed to ensure a strong process of management and oversight. To meet its accountability commitment towards participation, an eligibility process was launched in order to assess NGOs’ capacity to participate as partners to the CHF.

• Projects have been closely monitored with 25 field site monitoring visits carried out for projects funded under the First Standard Allocation, which started implementation mid-2014. Field monitoring practices have been tested in the course of this first round of monitoring and will be further enhanced in 2015.

• The rolling out of the CHF Grants Management System (GMS) in parallel to the launch of the CHF allowed for an efficient management of the projects funded by the CHF and flow of information between the CHF Secretariat, MPTF, OCHA Head Quarters, UNDP and implementing partners; and will serve as the institutional memory of the Fund.

• Funding under the CHF Afghanistan was complemented by USD 4 million allocated under the Rapid Response Window of the Central Emergency Response Fund (CERF) in support of the unexpected influx of refugees following military operations in Pakistan. Furthermore, USD 4.7 million were disbursed by the Emergency Response Fund (ERF) to support amongst other priorities the reconstruction of shelters destroyed in devastating floods and landslides; before the official closure of the ERF mid-2014.

• In its first year of operation the CHF Afghanistan was supported by five donor countries. The top three donors to the CHF in 2014 were the United Kingdom, Sweden and the Republic of Korea, with smaller contributions received from Norway and Australia.

• The CHF has developed as one of the main financing tools for humanitarian operations in the country, representing 12.5 per cent of total resources mobilised against the 2014 CHAP requirements. Continued donor support is required in 2015 to build on the successes of the CHF and to meet its target of USD 60 million to be mobilised.
2014 HUMANITARIAN CONTEXT

Conflict, Insecurity and Displacement in 2014

In 2014, the contest for power between the state and non-state armed actors increased and complex social, political and economic tensions and rivalries came to the fore. In the year of the transfer of political and military power, legitimacy of the authorities remained disputed. The conflict, partly fuelled by the effort to control economic resources in an era of declining international aid expenditure, continued unabated. The expansion and changing nature of the conflict led to an increasing number of civilians killed and injured in 2014. The transfer of military power from international to national control left state security forces with the challenging task of ensuring a degree of central government control in remote districts and provinces.

The intensification of conflict resulted in civilian loss of life and injury reaching unprecedented levels with 10,548 civilian casualties reported the highest number of civilian deaths and injuries in a single year since 2009. Extensive displacement occurred in rural areas in Western and Central Afghanistan with 156,200 people displaced by conflict as compared to 125,300 in 2013.

Natural Disasters

Afghanistan is a disaster prone country subject to earthquakes, flooding, drought, landslides, and avalanches. Over three decades of conflict, coupled with environmental degradation, and insufficient investment in disaster risk reduction strategies, have contributed to increasing vulnerability of the Afghan people to natural disasters. High levels of poverty, lack of livelihood and income generating opportunities, and poor state of the infrastructure add to the burden of natural disasters. Afghanistan ranks 176 on the Global Adaptation Index (ND-GAIN), which ranks 177 countries according to vulnerability and ability to cope with climate change. Since 2011, the country has experienced a series of large scale natural disasters. This include the floods of April 2014 that destroyed some 8,000 homes in Northern Afghanistan. Overall approximately 120,000 people affected by heavy rains and flooding received assistance in 2014.

CHF IN 2014 AND CRITICAL SEASONAL EVENTS
Political Transition

Part of the increase in conflict in 2014 may be attributed to a period of political transition. The Afghan presidential election dominated the 2014 political landscape. After a lengthy audit process, under the full authority of the Afghan electoral bodies, an agreement was signed on 21 September, ending a months long stalemate. Under the terms of the agreement, Ashraf Ghani was appointed as the President and Abdullah Abdullah was appointed to the newly created post of Chief Executive Officer.

Economic Outlook

Afghanistan’s economy has witnessed a decade of strong annual growth rates above 9 per cent GDP during the period 2003-2012, peaking at nearly 12 per cent in 2012/2013. Despite strong growth rates, the country remains one of the poorest in the world and relies heavily on international assistance. Per capita income for 2012 is estimated at about USD 680. Afghanistan ranks 169 out 187 in the UNDP Human Development Index; well below its neighbours on most human development indicators. Economic growth dropped in 2013 and 2014 attributed largely to a reduction in harvest as compared to 2012 and a lack of business confidence due to uncertainties about the outcome of the election.

There are concerns that the end of the international military mission will reduce the flow of international assistance to Afghanistan, pushing the economy into recession and creating a fiscal gap. Filling the gap will mean cutting the development and maintenance budgets; reducing discretionary expenditures and scaling back planned development expenditures. The implications for humanitarian actors is that health, education, water supply and other planned development spending is likely to be cut, shifting the burden to the humanitarian community to fill gaps created in the delivery of basic services.

Regional Issues

The Pakistan government launched a full scale military operation in North Waziristan Agency on 15 June. According to the government of Pakistan, Operation Zarb-e-Azb is targeting non-state armed groups operating in the region, particularly the Tehrik-e-Taliban Pakistan (TTP) and its foreign allies such as al Qaeda and the Islamic Movement of Uzbekistan (IMU). Over a million people have been forced to flee their homes since the start of the operation. While the majority has remained in Pakistan, some 250,000 people fled to neighbouring provinces in Afghanistan as of the end of 2014.

Outlook for 2015

Given the dynamic character of the security situation and power transition and uncertainty about the growing funding gap in Afghanistan to meet recurrent government expenditures, the humanitarian community is preparing for a continued complex and unpredictable operating environment. Economic uncertainty, security and political transitions, and increased conflict levels may continue after the formation of a new government. A sharp downward trend in external assistance combined with weak economic growth and low government revenues is likely to have a negative impact on the humanitarian situation. A realistic, but not alarmist, outlook for 2015 includes continued humanitarian needs on a par with 2014 arising from widespread but low to medium level conflict, internal displacement due to conflict and natural disasters, Pakistani refugees seeking refuge in Afghanistan, and a decrease in the ability of the government to deliver its planned development goals.
CONTRIBUTIONS IN 2014

CHF and CHAP

The CHF received a total of USD 37.2 million from donors, representing nine per cent of the funding requested under the 2014 Common Humanitarian Action Plan (CHAP) for Afghanistan and 12.5 per cent of total resources mobilised against the 2014 CHAP requirements of USD 406 million.

The 2014 CHAP for Afghanistan was one of the best funded Appeals worldwide, with USD 280.3 million received against requirements (69 per cent). The CHF represented the second largest funding source against the CHAP 2014 requirements, after the United States (US).

Donors

In its first year of operation, the CHF Afghanistan was supported by five donor countries, as well as funds from a previously closed funding mechanism for Afghanistan.¹ The top three donors to the CHF were the United Kingdom, Sweden and the Republic of Korea, with smaller contributions received from Norway and Australia.

The United Kingdom was the largest donor to the CHF with a contribution of USD 16.5 million that made up 44 per cent of the total available CHF funding. Sweden and the Republic of Korea contributed USD 12 million and USD 6 million respectively.

Strategic Significance

The CHF Afghanistan was established early 2014 with the objective to improve the relevance and coherence of humanitarian response in country by strategically funding assessed humanitarian action as identified in the CHAP process. A total of USD 35.2 million, out of the total amount received, was disbursed in support of humanitarian operations in line with the key strategic priorities of the CHAP 2014. The balance of the funds were rolled into 2015.

Funding under the CHF was also complemented by USD 4 million allocated under the Rapid Response Window of the CERF and USD 4.7 million disbursed by the Emergency Response Fund (ERF) before the official closure of the ERF mid-2014.

¹ Afghanistan Trust Fund
Funding Target for 2015

Several donors have indicated their interest in contributing to the CHF in 2015 based on multi-year agreements. The United Kingdom has signed a multi-year commitment of four years, pledging an amount of £12 million per year. Australia and Sweden have pledged to contribute further into 2015 and expect to continue to provide support for coming years. Additionally, Denmark has already come on board as a new donor for 2015.

However, despite pledges already made a funding gap of USD 25 million remains as of early 2015, in order for the CHF to reach its funding target of USD 60 million mobilised for 2015 or 15% of the HRP 2015 requirements of USD 405.4M. Reaching this target is important to consolidate the position of the Fund as a key strategic tool supporting humanitarian operations in Afghanistan, as well as strengthening the humanitarian architecture and coordination of action. In order to meet this goal resource mobilisation efforts continue, with the specific additional objective to diversify the donor base as much as possible.
ALLOCATIONS IN 2014

The 2014 CHAP for Afghanistan

With the scale of needs in Afghanistan continuing to be substantial, the humanitarian community identified four priorities in the CHAP 2014 to address acute live-saving needs. With continued conflict, high numbers of civilians killed and wounded; people displaced from their homes by both conflict and natural disasters; a reduction in access to emergency health services and other basic services, especially in Afghanistan’s most contested areas; the strategic priorities of the CHAP 2014 were defined as:

1. Providing emergency health care and prioritising access to critical services;
2. Responding to conflict IDP and returning refugee needs;
3. Preventing protection infringements; and
4. Responding to natural disasters.

The defined priorities aimed to reinforce the protection of civilians; strengthen emergency health care; prioritising access to critical services in areas of highest humanitarian need; and enhance life-saving assistance to people recently displaced by conflict.

2014 CHF Allocations

The CHF Afghanistan received a total of USD 37.2 million allowing for the launch of two Standard Allocations and two Reserve Allocations, thereby building stakeholders’ confidence in the Fund and placing the CHF as one of the main financing tools for humanitarian operations in the country.

Standard Allocations in 2014 focused on the prevention and treatment of acute malnutrition and emergency trauma care as immediate life-saving actions. Following devastating floods and landslides in Northern Afghanistan mid-2014 and population movements in the South East as a result of military operations in Pakistan; Reserve Allocations were launched to assist vulnerable families with food packages, emergency shelter and NFIs, as well as to support demining activities.

2014 Standard Allocations

USD 29.2 million was disbursed through two Standard Allocations in support of 22 projects (fifteen NGOs and seven UN agencies). The First Standard Allocation was launched by the Humanitarian Coordinator (HC) early March 2014 for USD 17 million to address the most acute needs in the sectors of health and nutrition with indicative envelopes of USD 8 million allocated to each sector for the provision of emergency health services and for the treatment of acute malnutrition. Additionally, an envelope of USD 1 million was allocated towards Information Management to facilitate specific nutrition surveys and assessments.

At the end of the review process, by the Strategic Review Committees (SRCs) and Technical Review Committees (TRCs), led by respective clusters, 15 of the 27 concept notes received were developed as projects. The projects approved for funding late May 2014 for a total of USD 17.9 million (USD 8.8M for health and USD 9.1M for nutrition in support of seven INGOs, one NNGO and three UN agencies). Outside of the Standard Allocation process, an additional project received USD 1.5 million to cover the cost of the Humanitarian Financing Unit (HFU) responsible for the management of the CHF and housed within OCHA.

The Second Standard Allocation was launched by the HC end of August 2014, following the mid-year revision of the CHAP, for a total of USD 10.6 million divided into two envelopes - one for Nutrition (USD 7.6M) and another for Coordination and Common Services (USD 3M). The primary objective of the nutrition envelope was to maximise the impact of funds already committed under the First Standard Allocation, through the expansion of the prevention and treatment of malnutrition and the procurement of essential Ready to Use Supplementary Feeding (RUSF) supplies. Funding under the Coordination envelope was to support humanitarian aviation to enable access to remote and conflict areas. By the end of the review process six projects were approved (out of 14 concept notes received) for USD 9.7 million (USD 3M for UNHAS and USD 6.7M for nutrition projects in support of two INGOs, one NNGO and two UN agencies).
The CHF Reserve mechanism was activated twice by the HC to respond to unforeseen sudden onset humanitarian crises. The First Reserve Allocation was triggered at the end of October 2014 after the humanitarian community successfully advocated for funding to cover critical gaps in the winter response in support of the CHAP priorities 1 and 4. USD 1 million was allocated to the Emergency Shelter/Non-Food Items Cluster (USD 0.7M) in support of vulnerable households affected by the spring floods and still without a shelter, and to the Health Cluster (USD 0.3M) to extend emergency health care services to people cut-off from services during the winter months. The allocation was finalised at the end of November 2014, with two INGOs funded under ES/NFI (USD 0.67M) and two INGOs, one NNGO and one UN agency funded under Health (USD 0.35M).

The Second Reserve Allocation was activated mid-November 2014 to address the unforeseen refugee crisis following military operations in Pakistan’s North Waziristan Agency which had started in June 2014. By early November, more than 37,500 Pakistani families had sought refuge in Khost and Paktika provinces, Eastern Afghanistan with host communities as well as Gulan refugee camp, bracing for the winter in extremely poor living conditions. Assessments by humanitarian actors identified emergency shelter and NFIs, together with food assistance as the most pressing needs, together with mine clearance in and around the refugee camp. In support to the CHAP priority 2, a total of USD 5 million, divided into two envelopes was allocated - with USD 4M in support of vulnerable refugee households and undocumented Afghan returnees, and USD 1M to maintain operation of the UNHAS high-altitude helicopter service to Khost and Paktika provinces. The Second Reserve Allocation was finalised mid-December, with two INGOs and three UN agencies funded under Multi-Sector (USD 4M) and 1 UN Agency funded under Coordination (USD 1M).
Challenges with Allocations

In June 2014, the HFU carried out a review of the timeline and process for the First Standard Allocation, comparing initial estimates of review, contributions and disbursements to the actual timelines of the process. The review showed that while the project development process respected timelines set in the allocation guidelines, the next steps of verification and approval by internal financial and administration services, as well as the coordination this required were susceptible to procedural and capacity shortcomings, thereby resulting in unforeseen delays.

Additionally, a number of delays experienced were linked to the one-off requirement of training partners on the GMS (new online grants management system), issues faced with banking information provided by NGOs (first time applicants) resulting in additional delays and limited HFU capacity at the time. Furthermore, the final disbursement process was impacted by the move of OCHA Administrative Services Branch (ASB) from Geneva to New York around May-June, and the late transfer of funds from one donor to the MPTF. The review process allowed for valuable lessons to be learned with subsequent allocations and disbursement processes going more smoothly and respecting overall timelines set.
In line with its primary objective to improve the relevance and coherence of humanitarian response by strategically funding assessed humanitarian action, the CHF Afghanistan aligned its Allocation Strategies to the key priorities identified in the CHAP 2014. Overall, the CHF contributed a total of USD 35.2 million towards the CHAP requirements or 12.5 per cent of the total contributions received (USD 280.3M), making the CHF Afghanistan the second largest source of funding for humanitarian action.

Standard and Reserve Allocations Mechanisms

In order to allocate resources to the most critical humanitarian needs in a timely manner, an allocation process that is inclusive, transparent and efficient was developed. The allocation process consists of two separate funding modalities, the Standard Allocation process conducted twice yearly and the Reserve mechanism, to be activated in case of unforeseen emergencies or to cover critical gaps in the humanitarian response.

The majority of funding is allocated through the standard allocation process, which includes a thorough consultation with all stakeholders, including the clusters and the Humanitarian Country Team (HCT) for the development of Allocation Strategies, under the leadership of the HC and with support from the CHF Advisory Board. Upon the launch of the Allocation Strategy, eligible CHF partners are invited to submit concept notes for review and prioritisation by Strategic Review Committees (SRCs) for each sector, consisting of the respective Cluster Lead and Co-Lead, a UN agency and NGO representatives. Each SRC will verify and score the strategic relevance of each project, before making a recommendation on projects to be funded to the Advisory Board. Recommended partners are then requested to submit full proposals for verification by Technical Review Committees (TRCs), consisting of the Cluster Lead and Co-Lead and technical experts from the relevant cluster which scrutinise the technical quality and financial soundness of the proposals. Upon clearance by the TRCs, projects are submitted to the HC for final approval and successive contracting and disbursement of funding. This process should be completed within 70 working days from the launch of the Allocation Strategy to disbursement of funds.
The Reserve mechanism enables for a buffer of funds to be kept aside for rapid disbursement in the case of unforeseen emergencies or any urgent funding needs at the discretion of the HC. The Reserve process is completed within a shorter period than the Standard Allocations, typically within 40 working days. Eligible partners submit full proposals without prior submission of concept notes, with the review process streamlined by combining the strategic and technical reviews. The HC, as the final decision maker approves Reserve Allocations unilaterally.

Coordination with Government Authorities

Allocation strategies seek to prioritise needs identified in the Country Strategic Response Plan drawing on available assessment data and current situational analysis from partners, the clusters and key Government counterparts. Under the auspices of the cluster system, multiple stakeholders are therefore involved in feeding the development of allocation strategies. For example, the decision to use the First Reserve Allocation to provide cash and vouchers for fuel to flood affected families relied heavily on a joint analysis by the ES/NFI Cluster, ANDMA and OCHA in order to identify the most vulnerable caseload. Under the Second Reserve Allocation identification of primary refugee beneficiaries was also a joint undertaking between Community Development Councils (CDCs), implementing agencies and MORR.

The identification of priority needs and beneficiaries under the Standard Allocations has also involved thorough coordination and collaborative analysis. Importantly, ascertaining where CHF support can have the most impact and complement existing activities has required in-depth planning and cooperation with various government line ministries. Much of the humanitarian response to health and nutrition priorities is undertaken through the government contracted BPHS service providers. This approach ensures capacity building and system strengthening of resources and structures already established. However, understanding the existing commitments and responsibilities of these partners and identifying the opportunities and parameters within which humanitarian funding can, and must complement existing services, has been an ongoing consultative process with the Grants and Contracts Management Unit (GCMU) within the Ministry of Public Health (MoPH).

Within the MoPH both the Public Nutrition Department (PND) and the sub-national coordination structures such as Provincial Health Coordination Committees (PHCC) have been instrumental in directing targeting of specific health and nutrition projects in order to address urgent needs and respond to critical gaps in existing service delivery.

Allocations by Agency Type

Nineteen partners were funded through the CHF; six UN agencies and 13 NGOs. NGOs were allocated 35 per cent of the funding (USD 11.7M) and UN agencies 65 per cent (USD 21.9M). With 34 projects funded through both standard and reserve allocations, six NGOs received funding under several contractual agreements. Of the 13 NGOs, only one was a national organisation, which was granted a total of USD 1.8 million under four separate projects (5.3 per cent of total).

The number of partners and diversity in terms of NGOs funded was affected both by the eligibility process for the CHF, which restricted the pool of partners eligible to apply; and the nature of the allocations which were focused mainly on health and nutrition. Whilst the allocations were strategic in nature and responded to the most critical life-saving needs, and whilst the eligibility process allowed for a strong risk management approach to NGO participation; this also meant that only a limited number of NGOs, who were both eligible and had expertise in health and nutrition, could apply for funding.

2 This does not include the funding allocated towards the Direct Cost of the Humanitarian Financing Unit (HFU) in charge of managing the CHF.
Allocations per Cluster

The most acute humanitarian needs identified in the CHAP 2014 were centred on the provision of emergency health services for conflict wounded and essential life-supporting services for people living in conflict areas. A total of USD 9.1 million was therefore allocated to eleven life-saving health projects and USD 15.9 million to thirteen nutrition projects. CHF funding to health and nutrition represented 50 per cent and 33.8 per cent respectively of the overall funding received by each cluster requested under the CHAP.

An additional USD 4 million was allocated under the Coordination and Common Services Sector to cover critical UNHAS requirements thereby ensuring continued humanitarian access to hard to reach areas, as well as USD 1.5 million to cover the costs of the

HFU. Furthermore, USD 4 million were allocated under Multi-Sector to cover the emerging humanitarian needs of Pakistani refugees and undocumented Afghan returnees; and USD 0.67 million to support the Emergency Shelter and NFI Cluster through the provision of Cash-for-Fuel to vulnerable households affected by floods. Some 1,030,000 people were assisted to date through the CHF.

Geographical Distribution

Funding under the CHF Afghanistan prioritised regions, and specific provinces and districts, which were identified under the Needs Vulnerability Index of the CHAP 2014 as locations of urgent and critical needs. The index was therefore an essential tool for the development of allocation strategies, and was used during the strategic review of concept notes as a selection criterion when prioritising geographical areas for each sector. A third of the overall funds allocated supported activities in the South-Eastern region of Afghanistan, impacted by conflict and cross-border movements of refugees from Pakistan. The other two main regions supported were the Southern and Eastern regions, also impacted by conflict and displacement, and in remote areas where services delivery is challenging.

CHF funds were also instrumental in supporting NGOs seeking to establish or reinforce their presence in geographical areas defined as ‘high-risk’. For example, funding was allocated under the First Standard Allocation in support of MEDAIR who was seeking to set up a new operational presence in Kandahar province, considered as one of the most volatile in Afghanistan. Further, the funding allocated to ACF in support of information management has provided the basis for a gap analysis in the sectors of nutrition and WASH, with the organisation now seeking to expand their operations into Helmand province. The CHF as a financing tool aims to support NGOs willing and able to work in contested and under-served areas by helping kick start humanitarian action. It is hoped that over time the humanitarian footprint will become more commensurate with the needs in hard to reach areas.

Pooled Funds Complementarity

Throughout 2014, OCHA involved donors throughout the development of CHF allocation strategies and allocation processes to ensure complementarity with other funding sources and to achieve maximum synergies. OCHA kept an open dialogue with other institutional donors, especially in the field of humanitarian action such as ECHO and USAID, as well as with developmental donors (EC, USAID, and World Bank) in order to avoid duplication in service delivery.

The Central Emergency Response Fund (CERF) and the Afghanistan Emergency Response Fund (ERF) have acted in complementarity with the CHF to ensure a holistic response to humanitarian priorities. The ERF and the CHF were managed in parallel by OCHA’s Humanitarian Financing Unit, under the oversight of the HC. Furthermore, an appeal for funding under the Rapid Response Window of the CERF was done under the leadership of the HC and coordinated by the HFU.
With the introduction of the CHF in Afghanistan, a decision was made by the HC end of 2013 to phase out the ERF Afghanistan. With USD 4.6 million remaining in the Fund, the ERF operated in parallel to the CHF until funding was depleted mid-2014. Fifteen projects were funded, providing emergency WASH, health, food assistance and protection services to vulnerable populations. USD 2.4 million was allocated to respond to the needs of households affected by the sudden onset spring floods of April 2014 in Northern Afghanistan that affected more than 8,000 households. A specific call for proposals was launched in June 2014 for the provision of emergency shelter for 799 households whose homes had been completely destroyed. Under the CHF First Reserve, complementary funding was also allocated towards the provision of cash-for-fuel to 2,823 families who had lost their home but had not yet received shelter assistance as of end 2014.

The HC requested funding under the CERF Rapid Response Window in August 2014 in support of the response to the refugee crisis affecting the provinces of Khost and Paktika. A total of USD 4 million was granted by the CERF to UN agencies to kick start the response targeting an initial 13,000 families. Funding was allocated to WFP to provide food aid for two months, UNICEF to establish continuous water supply, WHO to run emergency health services for six months and UNHCR to set up a refugee camp for 3,000 refugee families. With numbers of refugees and undocumented Afghan returnees from Pakistan increasing, the HC activated the CHF Second Reserve to ensure the continuation of the humanitarian response for these highly vulnerable groups, especially during the winter months.

Gender

The CHF considers the distinct needs of women, girls, boys and men throughout the strategy development, allocation, project vetting and project implementation in order to ensure equal opportunities and access to assistance for all vulnerable groups. CHF applicant organisations were requested to apply the IASC Gender Marker as part of their project proposal and provide detailed information on how the selected gender code would be achieved. Gender considerations, including the Gender Marker score, were part of the assessment criteria used by the CHF Strategic and Technical Review Committees. Furthermore, UNWOMEN supported the review of all CHF proposals and provided guidance and suggestions on the integration of gender considerations throughout the project cycle.

### GENDER MARKER

**2014 CHF ALLOCATIONS BY GENDER MARKER CODE**

<table>
<thead>
<tr>
<th>Gender Marker</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal purpose of the project is to advance gender equality</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>The project is designed to contribute significantly to gender equality</td>
<td>16</td>
<td>47</td>
</tr>
<tr>
<td>The project is designed to contribute in a limited way to gender equality</td>
<td>14</td>
<td>41.1</td>
</tr>
<tr>
<td>Not applicable - no contact with affected populations</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total Projects</strong></td>
<td><strong>34</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

In the cultural context of Afghanistan, the Gender Marker is critical in ensuring that partners and their project staff are sensitised to empower women and girls. Overall, 30 out of 34 funded projects were marked as 1 or 2A, indicating their contribution to gender equality. Beneficiary numbers were broken down by gender and age for all indicators that are gender sensitive. At the reporting stage, implementing partners are also required to describe how projects are contributing to promoting gender equality. The CHF monitoring further assesses the extent to which gender considerations are actually followed and put into practice.

However, it remains difficult for CHF partners to overcome cultural and behavioural patterns. For example, monitoring reports highlight that while the protection and accessibility of health posts for women is ensured, the hiring of female staff for health facilities or female community mobilisers, or ensuring participation of women and girls at trainings and outreach activities remains a challenge. Support to the implementation of the Gender Marker will remain a key priority in 2015.
Environment

Efforts were made to integrate the Environment Marker as part of the overall CHF funding strategy. Carefully considering the impact of humanitarian action on the local environment and developing tailored mitigation strategies is mandatory for CHF applicants. Partners are requested to code their project activities with the Environment Marker, assessing the possible impact and integrating measures that alleviate negative effects on the environment. During the Strategic and Technical Review, the Environment Marker is scored and taken into consideration for the ranking of the project. An Environment Advisor from UNEP supported the review of proposals and provided expert advice on integrating specific measures to mitigate the impact of project activities.

The majority of projects funded by the CHF in 2014 were coded as A and A+ (neutral impact on environment/with mitigation or enhancement). Examples for mitigation measures proposed by partners included the incineration of waste products from nutrition services at health facilities, collection and disposal of waste material of latrines and construction of hand washing facilities and bio sand filter systems. Under the Cash-for-Fuel projects, trainings on efficient fuel use as well as selection of shops which will not source their firewood from native forests of Afghanistan were included. Some projects will train staff on appropriate waste management and women’s group topics are to include the promotion of the use of clean water, proper sanitation habits and the importance of a healthy environment.

The impact of the proposed activities is yet to be assessed. OCHA is committed to further integrating the Environment Marker into CHF projects in 2015. Trainings and guidance for OCHA staff and implementing partners will support better understanding and application of best practices in regards to mitigation measures.

<table>
<thead>
<tr>
<th>Environment Marker</th>
<th>Code</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Neutral impact on environment without enhancement</td>
<td>5</td>
<td>14.7</td>
<td></td>
</tr>
<tr>
<td>A+ Neutral impact on environment with mitigation or enhancement</td>
<td>19</td>
<td>55.9</td>
<td></td>
</tr>
<tr>
<td>B Medium environmental impact without mitigation</td>
<td>1</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>B+ Medium environmental impact with mitigation (sector guidance)</td>
<td>7</td>
<td>20.5</td>
<td></td>
</tr>
<tr>
<td>N/A Not applicable</td>
<td>2</td>
<td>5.9</td>
<td></td>
</tr>
</tbody>
</table>

Total Projects: 34, 100

Credit: The Johanniter
VALUE FOR MONEY

Principles of Economy, Efficiency and Effectiveness

The Afghanistan CHF aims at achieving its objectives as a humanitarian financing mechanism in the most economic, efficient and effective way possible. In consequence, to ensure that implementing partners are delivering expected project outputs and outcomes by employing the optimal use of resources, the CHF is establishing assessments and analytical processes and systems, taking into consideration "value for money".

The CHF allocation process consists of a number of steps. Starting with the definition of gaps and priority needs for the allocation strategy, via the strategic and technical review and ending with the final approval of selected projects by the HC, which are designed to ensure that the highest quality projects are selected to fulfill the principles of economy, efficiency and effectiveness. Especially proposal assessments and monitoring visits provide insights for the analysis of economy and efficiency at the level of input, activities and outputs.

Value for Money Considerations

Specific value for money criteria considered by the Strategic Review Committees focus on:

- Projects that can demonstrate a high degree of cost effectiveness (i.e.: maximum outcome and beneficiary reach for every dollar invested) relative to the project budget,
- Projects that are directly implemented by the recipient organisation, rather than through an implementing partner,
- Projects that work through sub-implementing partners include meaningful guidance, coordination, capacity building, technical advice, monitoring and evaluation capacities or any other function of additional value to the partner,
- Projects that require limited start-up costs and/or build on existing capacities / activities,
- Reasonable cost per beneficiary as per HRP or Cluster Guidance,
- Reasonable support vs. direct cost, depending on the project type, usually at approximately 20% support cost and 80% direct cost.

The Technical Review examines the selected project budgets and specific costing of activities through assessing the above listed criteria. Further, partners with ongoing CHF grants and complementary funding sources (e.g. through the CERF, ECHO or USAID) are requested to specify the shared costs calculations and ratios in the budget to ensure that duplication is eliminated.

Further, the CHF M&R framework, embedded in the Accountability Framework, ensures that value for money is measured throughout the implementation phase of CHF funded projects. Narrative and financial reports are collected and reviewed by the HFU, who monitors the budget utilisation and the coherence with the demonstrated implementation progress. Ongoing field monitoring visits also provide an opportunity to verify that CHF funded projects are delivering planned results at the output and activity levels using the indicators, baselines and targets captured in the logical framework section of the project documents.

With the availability of the CHF Grants Management System (GMS), the HFU has a tool at hands that will allow for more accurate and consistent value for money analysis of CHF funded projects. While the Afghanistan CHF needed to establish its operation and roll-out basic monitoring and reporting mechanisms in 2014, the subsequent years will focus more on quality management and strengthening the overall application and assessment of value for money across all funded projects.
ACCOUNTABILITY & RISK MANAGEMENT

Accountability Framework

With the establishment of a Common Humanitarian Fund (CHF) in Afghanistan in 2014, a comprehensive Accountability Framework was developed to ensure a strong process of management and oversight. As the level of operational, financial and reputational risks are considered to be substantial in Afghanistan; the CHF Accountability Framework is based on a comprehensive risk management model which aims to link principles of due diligence, capacity assessment and performance monitoring throughout the project cycle.

The Accountability Framework is anchored around the following commitments to accountability:

- **Equity & Inclusiveness**: Eligibility Process
- **Efficiency & Effectiveness**: Monitoring, Reporting, Evaluation, Learning and Auditing
- **Participation & Transparency (in decision making)**: Access to Information, Addressing Corruption & Fraud, Addressing Grievances

### 2014 ACCOUNTABILITY SNAPSHOT

- **NGO Eligibility Process Launched**
  - 71 NGO applications received for Due Diligence review
- **25 Field Sites Monitoring Visits Undertaken**
  - to monitor projects funded mid 2014
- **CHF Afghanistan Website Launched**
  - to ensure transparency and communication
- **Guidance to Partners Developed**
  - on Remote Monitoring and Communication & Visibility

### Equity & Inclusiveness

Development and Implementation of the Eligibility Process for NGOs

In order to become partners, NGOs interested in applying for funding under the CHF Afghanistan participate in an eligibility process. This is one of the main pillars of the CHF Accountability Framework which ensures that the Humanitarian Financing Unit (HFU) has the necessary information about the capacities of non-governmental organisations. The eligibility process is comprised of two inter-linked steps, each with its own review and feedback system to ensure transparency.

**Due Diligence Process**

As part of the Due Diligence process, interested organisations are requested to submit a number of key documents to the HFU on their internal governance, financial, HR and procurement management systems, and programming capacity. Following a preliminary review of the application and documents submitted feedback is given to the organisation as to whether their application will proceed to the next step of the process. The review is meant to ensure that only organisations that are thought to be able to meet the minimum requirements under the Capacity Assessment process will be recommended for Step Two; as it is a time-consuming and costly process for both the partner and CHF.

Under the Due Diligence component of the eligibility process, OCHA received 71 NGO applications (39 INGO / 32 NNGO) as of end of December 2014, and completed the review process with Initial Review Report shared with partners. Out of the NGOs reviewed 44 out of 71 NGOs were recommended for participation under the Capacity Assessment process (37 INGO / 7 NNGO). 27 NGOs failed, of which 25 were national NGOs.

**Capacity Assessment Process**

Following completion of the Due Diligence step, NGOs that have been recommended will be requested to participate in a comprehensive Capacity Assessment process that will be carried out by an externally contracted firm in 2015.
The Capacity Assessment Tool is structured around nine technical areas, each with a set number of questions. The contracted firm will physically verify the institutional, technical, management and financial capacities of partners. Using a scoring and weighting system, an overall ‘score’ will be given to the organisation. Upon completion of the capacity assessment, both the partner and the HFU will receive a comprehensive report from the independent contractor outlining its findings and recommendations.

OCHA launched a tender mid-2014 to identify a contractor able to carry out the Capacity Assessments of NGOs recommended following the completion of the Due Diligence process. A contract was signed with the selected firm end of December for a total of 40 assessments. The capacity assessment tool will be tested and revised following the completion of the pilot phase including four NGOs early 2015. The completion of the first 40 NGO assessments is expected by end of August 2015.

Efficiency & Effectiveness

Monitoring

A major area of focus has been to develop a comprehensive monitoring and reporting system, linked to the Grants Management System (GMS) and in line with the global M&R guidelines for CHFs. This to ensure that OCHA has the appropriate capacity, tools and processes in place to ensure NGO projects are appropriately monitored, partners are supported in their reporting efforts and data collected is properly analysed. Specific focus was placed on field site monitoring by OCHA staff, providing for direct verification of project results.

As the CHF started operations in 2014, with the First Standard Allocation completed by end of May and subsequent allocations finalised by the fourth quarter of the year, NGO project monitoring only became a requirement from September onwards, as the first projects funded only began implementation mid-2014. A total of 25 field site monitoring visits took place in 2014 covering 10 out of 12 NGO projects funded under the First Standard Allocation. On average each project was therefore monitored two to three times in the first half of project implementation, covering different locations. OCHA was unable to directly monitor two projects implemented by an international NGO due to extreme insecurity in the targeted provinces of Nuristan and Paktika.

Remote Monitoring

The limited or low physical access to a number of provinces or districts of Afghanistan due to insecurity or geographical constraints poses a number of challenges to the implementation of direct field monitoring practices. Further, due to capacity limitations OCHA cannot dedicate all of its resources to monitoring functions. OCHA believes remote call monitoring could be a cost-effective mean of collecting statistics and verifying project reported outputs.

With the agreement of the HC, OCHA is therefore working on setting up a Call Centre which is expected to become operational mid-2015. The call centre will be piloted over a period of six months and will attempt to verify project deliverables by conducting telephone interviews through call operators with beneficiaries and/or key informants using structured questionnaires based on a sampling approach.

Reporting

Reports from CHF field monitoring missions and progress reports received from partners showed overall that projects performed well, with some clear deliverables in terms of service delivery and lives saved through emergency trauma care and treatment of severe acute malnutrition. However, some delays were faced by nutrition supported partners due to a pipeline break of RUSF supplies from WFP in support of MAM activities, as well as insecurity in some targeted locations. Furthermore, attacks by armed elements and looting incidents affecting health clinics in Nuristan and Helmand were also reported by partners, impacting the delivery of services and causing damages to the installations and equipment.
Transparency & Participation

Public Information & Visibility

Under the newly developed OCHA Afghanistan website, the HFU developed six web pages on the CHF ensuring transparency and access to information, including key documents, contacts and guidance for partners. Two additional websites (Afghanistan Humanitarian Response and MPTF) were also kept up to date with critical information on the CHF. The HFU further released a guidance note for CHF partners on the main communication and visibility requirements, including human interest stories, pictures and public events.

Stakeholder Survey

An online survey was launched mid-2014 following the completion of the First Standard Allocation asking organisations to feedback on their initial experience with the CHF. 77 per cent of responders stated it was an effective tool for humanitarian response and supported coordination. However, the survey also highlighted the need to improve on the timeliness of disbursements, access to funding for national NGOs and transparency in the drafting of allocation strategies. In response to this feedback, the HFU together with the HC and the Clusters have taken steps to improve the consultation and participation of stakeholders in the allocation process and technical review of projects; and efforts have been made to streamline the disbursement process with a marked improvement already noticed with subsequent allocations.

Risk Management

A number of strategic, programmatic, financial and management risks are inherent as part of the administration of any funding mechanism. Early 2014 the HFU therefore developed a Risk Management Framework that was reviewed and endorsed by the Advisory Board. The Framework highlighted a number of risks linked to the partnership with organisations but also specific risks faced by the CHF in the national context. Following a ranking process an action plan was developed to outline strategies to mitigate or prevent the risks faced by the CHF. The Framework also served as a basis for discussion at the Advisory Board on a number of core issues around partnership, funding levels and accountability.

As part of its commitment to risk management, the HFU further contributed to the work of the Risk Management Unit (RMU) established early 2014 as part of the Resident Coordinator’s Office (RCO). The RMU intends to help the UN identify and manage risks effectively. In support of this objective the RMU rolled-out the Contractor Information Management System (CIMS), a secure web-based platform which records key information regarding UN partnerships with other entities with the intent to increase due diligence and accountability.
SECTOR ACHIEVEMENTS

Analysis of CHF Projects Performance

The roll-out of the CHF Grants Management System (GMS) in parallel to the launch of the CHF Afghanistan in 2014 allows for an efficient management of the projects funded by the CHF and flow of information between the CHF Secretariat, UNDP MPTF, OCHA HQ and implementing partners; and serves as the institutional memory of the Fund.

As part of the GMS, partners of the CHF have the ability to directly report on progress made against project outputs and outcomes, through an online reporting format. Reporting requirements for CHF partners differ based on the partner entity (UN or NGO), timeframe of the project and the assessed risk of the NGO partner (low, medium and high). Project reporting can therefore vary with progress report submissions ranging from one to four reports in the life-time of a project.

As the CHF started operations in 2014, with the First Standard Allocation completed by end of May and subsequent allocations finalised by the fourth quarter of the year, the first projects funded only began implementation by mid-2014. NGO project reporting therefore only became a requirement from September 2014 onwards and early 2015 for UN funded projects and NGO projects funded late 2014. Thus, the presentation of sector achievements is based only on results reported against outputs covering the period of operation from June 2014 to March 2015 of projects based on 33 progress and/or final reports submitted to date. All partners, NGO and UN agencies alike, have participated in reporting efforts, in a timely manner, as per their contract agreement.

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Average Timeframe of Projects</th>
<th>Number of Partners</th>
<th>Number of Reports Received &amp; Approved by the HFU</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Standard Allocation</td>
<td>June 2014 – May 2015</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Second Standard Allocation</td>
<td>December 2014 – November 2015</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>First Reserve Allocation</td>
<td>December 2014 – April 2015</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Second Reserve Allocation</td>
<td>December 2014 – May 2015</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>
HEALTH

Objectives

The focus of the health response in 2014 was to improve access to essential health services for conflict affected populations and areas that are completely cut-off during the winter months. In practical terms, this meant providing life-saving health services in high risk regions where active armed conflict was ongoing, by establishing first aid trauma posts and equipping ambulances to facilitate the stabilisation and evacuation of conflict casualties to well equipped, appropriately staffed health facilities. Additionally, the Health Cluster aimed to extend emergency health care services to populations cut-off from services during the winter months. In support of these identified needs, the HC therefore allocated funding under the First Standard Allocation and First Reserve Allocation.

CHF Allocations

To meet these objectives, nine health partners (2 UN agencies, 6 INGOs and 1 NNGO) received USD 9.1 million representing 50 per cent of the total funding to the cluster in 2014. A total of six projects were funded under the First Standard Allocation for USD 8.7 million supporting seven partners providing services in high risk areas. Under the First Reserve Allocation, an additional four projects were funded for five partners for a total of USD 0.35 million to provide essential public health services in areas cut-off during the winter months.

CHF Supported Achievements

The progress reports from implementing partners and monitoring reports from OCHA staff indicate that the CHF allocations played a major role in meeting the objective of the Health Cluster in 2014 and ensuring the continuity of the provision of health services in highly vulnerable areas.

The permanent high level of insecurity in Afghanistan, ongoing fighting and security threats to health facilities and health workers meant that some partners faced initial problems with supplies and deployment to remote areas. In the initial set-up of projects, access constraints were solved or alternative solutions sought. Another constraint reported was a lack of skilled health workers available in remote and high risk locations. Many qualified workers have left Afghanistan in favour of higher paid jobs in other countries. Female staff are difficult to recruit for health facilities since many women are restricted by societal limitations.
NUTRITION

Objectives

The analysis of humanitarian needs by the Nutrition Cluster was informed by the 2013 National Nutrition Survey (NNS 2013), as well as the combined multi-cluster need and vulnerability index. According to NNS 2013 malnutrition prevalence estimates, approximately 1.2 million children under five-years of age require treatment for acute malnutrition annually. Of these children, approximately 500,000 require treatment for Severe Acute Malnutrition (SAM) and 700,000 need treatment for moderate acute malnutrition (MAM). Around 10 per cent of SAM cases present with medical complications, amounting to approximately 50,000 acutely malnourished children requiring specialised inpatient care. In 2014, as per the SRP, the Nutrition Cluster prioritised the top 17 provinces with Severe Acute Malnutrition (SAM) rates above 3%.

In response to the severity of the nutrition crisis in the country the HC allocated funding under both Standard Allocations in order to meet the following objectives: 1) enhance access to IMAM services through maintenance/expansion of nutrition services and enhanced community screening and referral in high priority provinces; 2) procurement of essential nutrition supplies (RUTF3, RUSF and nutrition specialised milks) and equipment in support of CHF funded partners responding to the nutrition crisis. The Southern, South-Eastern and Eastern regions of Afghanistan were prioritised for the response being areas which had high prevalence of acute malnutrition.

CHF Allocations

To meet these objectives, ten nutrition partners (3 UN agencies, 6 INGOs and 1 NNGO) received USD 15.8 million representing 33.8 per cent of the total funding to the cluster in 2014. A total of eight projects were funded under the First Standard Allocation for USD 9.1 million supporting eight partners and five additional projects were funded for five partners under the Second Standard Allocation for a total of USD 6.7 million.

\[^4\] This does not include the funding allocated towards the Direct Cost of the Humanitarian Financing Unit (HFU) in charge of managing the CHF.
CHF Supported Achievements

An analysis of key vulnerability indicators shows that there is a close association of high prevalence of malnutrition with conflict induced displacement, insecurity, poor vaccination coverage and a lack of hygiene and sanitation practices or awareness. Although the revised Basic Package of Health Services (BPHS) includes the provision of nutritional services, the response to moderately and severe malnutrition remains constricted in part by partner’s capacities, available resources and accessibility to services. Furthermore, the majority of supplies for the treatment of malnutrition continues to be provided through UNICEF and WFP to NGO partners as they are procured off shore and due to the need to maintain quality standards.

The CHF funded nutrition projects aimed to reduce avoidable morbidity and mortality related to malnutrition among children under five years (U5) and Pregnant and Lactating Women (PLWs) living in very high and high priority areas as identified in National Nutrition Survey of 2013. While comprehensively addressing the underlying causes of malnutrition is beyond the scope of funded projects, progress and monitoring reports indicate that CHF funding has helped prevent/curb further multiplication/incidence of acute malnutrition cases as well as reducing maternal deaths and life-threatening pregnancy complications.

Delays in the delivery of RUSF supplies procured through WFP was a severe constraint for CHF implementing partners in 2014. While some partners were able to substitute the rations through other channels, some projects had to pause the treatment for MAM cases until the delivery arrived, while for some partners supplies had not yet arrived as of end 2014. Defaulter patients have been followed up through outreach activities and community mobilisers.
Objectives

Natural disasters in 2014, especially the spring floods April-May in North and North-East of Afghanistan, left many Afghan families without proper shelter. Despite efforts from the humanitarian community and the Afghan government to support shelter reconstruction efforts, by end of 2014 a large number of families were still without adequate shelter. At the time of the allocation only 3,771 shelters had been rebuilt directly by affected households or with the support of the humanitarian community, including 799 with funds from the ERF, leaving a gap of 3,848 households exposed to severe winter conditions. To respond to the needs, cluster partners developed Cash and Voucher for Fuel options for shelter programming to support vulnerable households during the winter months. As part of the First Reserve Allocation, the HC therefore allocated funding to support the urgent winter needs outlined by the cluster.

CHF Allocations

In support of these priorities two partners were granted USD 0.67 million, representing 3.6 per cent of the total funding secured by the ES/NFI Cluster. The CHF funded two international NGOs under the First Reserve Allocation for the delivery of Cash for Fuel in support of 2,823 vulnerable households affected by the severe floods mid-2014 in the North and North-East regions of Afghanistan.

CHF Supported Achievements

With the aim of providing households who had lost their homes in the 2014 spring floods with sufficient cash to purchase fuel and firewood in order to get through the harsh winter, OCHA, the ES/NFI Cluster and the Afghanistan National Disaster Management Authority (ANDMA) selected beneficiaries from the list of assessed households whose homes had been completely destroyed but not yet assisted. Projects funded had for objective to support 2,823 vulnerable families in 38 districts of 8 provinces in North and North-East Afghanistan with cash grants / cash vouchers they could redeem for heating material and a winterisation kit, as well as provide these families additional training in fuel-efficient cooking and heating.
MULTI-SECTOR (Refugees and Returnees)

Objectives

The Second Reserve Allocation allocated funding towards the Multi-Sector in support of the refugee response in Khost and Paktika provinces, South Eastern Afghanistan. The Allocation priorities were defined to meet the following objectives: 1) provision of life-saving emergency shelter, winterisation materials, and food assistance to Pakistani refugees and undocumented Afghan returnees; and 2) Mine clearance and mine risk education targeting refugees and host communities in and around Gulan camp, Khost.

CHF Allocations

In support of these priorities, five partners received USD 4 million, or 7.7 per cent of the total amount of funds secured for the sector in 2014. About USD 0.5 million was allocated towards mine clearance and mine risk education activities, whilst the remaining USD 3.5 million were granted in support of food assistance for 22,600 households and emergency shelter and NFI kits for 4,000 households.

CHF Supported Achievements

Over a million people have been forced to flee their homes in North Waziristan Agency (NWA) since the start of a full-scale military operation by the government of Pakistan on 15 June 2014. The sudden influx of Pakistani refugees and undocumented Afghan returnees was straining already limited resources in host communities. Funding allocated under the CHF enabled organisations already involved in the response to meet the most critical gaps and ensure refugees would be protected against the harsh winter. The beneficiary prioritisation and selection was undertaken under the oversight of the Multi-Sector and the Khost and Paktika Task Force, focusing on strict criteria, including altitude and remoteness, female and child headed households, elderly and disabled, and assessing the current shelter gaps.
Objectives

Taking into consideration the prevailing security situation and access constraints in Afghanistan, support to the provision of humanitarian air services was defined as one of the key objectives for the Coordination and Common Services (CCS) sector. Furthermore, with the launch of the CHF early 2014, a new unit needed to be established within OCHA to ensure the proper management of the Fund. In support of these objectives, the HC allocated funding under both Standard Allocations and the Second Reserve Allocation.

CHF Allocations

In support of these priorities two partners (WFP (UNHAS) and OCHA) were granted USD 5.5 million, representing 16.6 per cent of the total funding secured by the CCS sector. The CHF funded WFP (UNHAS) with USD 3 million allocated under the Second Standard Allocation and an additional USD 1 million through the Second Reserve Allocation. Furthermore, OCHA was granted a total of USD 1.5 million under the First Standard Allocation to cover the costs of the Humanitarian Financing Unit (HFU).

CHF Supported Achievements

Access to a number of field locations in Afghanistan, especially during the winter months when roads are cut-off by snow, can be highly challenging. Although there are a number of commercial air options to reach the main cities, smaller locations can only be accessed by road or humanitarian air services. Considering the prevailing insecurity in many regions, UNHAS remains a critical enabler for humanitarian partners in Afghanistan, enabling them to reach remote areas and to implement life-saving humanitarian actions where the needs are highest. The CHF support to UNHAS allowed for the transportation of an average of 2,000 passengers and 20 MT of cargo per month by flying to more than 25 destinations including remote and high-altitude sites. The evacuation of aid workers for security or medical reasons was also provided.

Funding allocated in support of the OCHA run Humanitarian Financing Unit (HFU), allowed for the effective mobilisation of funding, assessment and support of humanitarian organisations aiming to apply for funding, and the formulation of Allocation Strategies, their dissemination and the sensitisation of potential and actual partners on programme planning and proposal development. Furthermore, the HFU supported implementing partners throughout the project cycle, thereby ensuring accountable use of funds in line with approved projects.
CHALLENGES & OPPORTUNITIES

Participation of National NGOs

One of the main objectives of the CHF is to support the delivery of quality humanitarian operations by national and international NGOs as well as the United Nations, but in particular to give national organisations access to funding and by doing so, bringing them more into the national humanitarian debate. The assumption is that national organisations have a comparative advantage over international partners in delivering assistance in remote and insecure areas, thanks to their links and knowledge of communities at the grass root level.

The risk management model put in place to ensure the accountability of the CHF has however impacted national organisations disproportionately as compared to international NGOs. The Due Diligence process used to pre-screen organisations who have access to funding is an effective tool in assessing an NGO’s capacity to manage grants based on the strict control modalities in place for CHF partners. However, as many national NGOs are only newly established and therefore do not have a strong implementation record, and often have weak institutional capacity in terms of financial, procurement, HR and administrative management; only the more robust organisations have so far been able to pass the Due Diligence process.

Feedback received from national NGOs that have participated in the eligibility process has however been constructive. The process and feedback provided by OCHA has motivated many national NGOs in strengthening their institutional capacity, by developing manuals and policies and establishing websites and drafting annual reports to increase transparency. Although this is considered a positive response to the process, a much more comprehensive capacity building effort of national NGOs is required to ensure more national partners can participate in the CHF in the future. A new capacity building programme implemented by ACBAR, specifically targeting national NGOs, will be launched early 2015 for a four year period with support from DFID. OCHA and the Clusters will be active participants in the process.

Balancing NGO and UN Participation

In line with the CHF’s intention to support more national NGO’s participation, the goal is also to see a more balanced allocation of funds in 2015 in between UN agencies and NGO partners given the operational footprint of NGOs. In 2014, only 35 per cent of funds were directly allocated to NGO organisations by the CHF. Although a large percentage of the funds granted to UN agencies directly supported NGO partners’ activities through the procurement of essential nutrition and medical supplies (pipeline), or were subsequently disbursed to NGO partners; the objective is to see a larger allocation of funds going directly towards NGOs in 2015.

As highlighted earlier, the eligibility process was a challenge to a more active participation of NGOs in the CHF in 2014. With a much higher number of NGOs now recommended under the Due Diligence process, it is expected that allocations will become more competitive across the board, and that as a result more NGOs will have access to available funds. Granting of funds to NGOs or UN agencies will however continue to be based on an organisation’s capacity to demonstrate their comparative advantage and capacity to deliver quality services in any given area.
Monitoring in a High Risk Environment

Monitoring project activities has been a priority of the CHF in 2014 and OCHA staff have demonstrated their capacity to deliver on this commitment by ensuring that as many projects as possible were monitored; even in remote and insecure locations, travelling at times for several days to visit one community. While this is an achievement, ensuring effective and quality monitoring of activities in Afghanistan remains a challenge. Outside of the access and security constraints to many project locations, effective monitoring requires dedicated resources and technical capacity. Together with an ever-increasing volume of projects and operations, this will continue to be a challenging endeavour for the CHF, clusters and the HFU.

With the intent to strengthen the skills and knowledge of OCHA field staff, the HFU recently contracted a specialised training organisation to design a tailor made learning programme on monitoring and reporting. The training programme will start in January 2015 for nine months targeting 30 OCHA staff. The course will include two training components in Kabul and a number of distance learning exercises to be conducted in group or individually focusing on CHF monitoring and reporting.

In support of lesson learning, the HFU also undertook a field mission to Kenya end of November 2014 to meet with colleagues from the CHF Somalia unit and other stakeholders. The objective was to better understand challenges faced, achievements and overall views about the accountability processes in place for the CHF Somalia. The HFU had a chance to visit a Call Centre operated by FAO, to meet with the company who had implemented the capacity assessment process, as well as to share experience and lessons leaned on risk management and monitoring with other agencies.
CONCLUSION & WAY FORWARD

The CHF Afghanistan made a significant contribution to the response with over USD 43 million disbursed when pooled together with humanitarian funds available under the ERF (USD 4.7M) and CERF (USD 4M). In return, the use of these Pooled Funds reinforced the leadership of the HC who was able to strategically fund assessed humanitarian priorities outlined in the CHAP but also respond in a timely manner to emergencies throughout 2014.

With the changing dynamics and the decreased footprint of both donors and aid agencies in Afghanistan, the relevance of the CHF as a funding tool for humanitarian action has increased. However, in order for the CHF to remain a strategic tool supporting humanitarian operations in Afghanistan, as well as strengthening the humanitarian architecture and coordination of action, it is vital that additional funding is mobilised and that the Fund’s donor base is diversified.

Alongside the direct provision of humanitarian assistance, foundations have been established for an accountable, transparent and effective management of the Fund, with substantial risk management mechanisms in place. As part of the roll-out of the newly endorsed new Operational Handbook for Country Based Pooled Funds (CBPFs) early 2015, the CHF Afghanistan will harmonise and further reinforce its policies in line with the new global guidelines, thereby ensuring the Fund meets the highest standards and is fully accountable to both those contributing to it, as well as to the communities we are here to serve.
LIST OF ACRONYMS

ACBAR Agency Coordinating Body for Afghan Relief and Development
ANDMA Afghanistan National Disaster Management Authority
BPHS Basic Package of Health Services
CBPF Country Based Pooled Funds
CCS Coordination and Common Services
CERF Central Emergency Response Fund
CHAP Common Humanitarian Appeals Process
CHF Common Humanitarian Fund
DFID Department for International Development (UK)
EC European Commission
ECHO European Commission Humanitarian Aid Office
ERF Emergency Response Fund
ES Emergency Shelter
GDP Gross Domestic Product
GMS Grants Management System
HC Humanitarian Coordinator
HCT Humanitarian Country Team
HFU Humanitarian Financing Unit
HQ Headquarters
IASC Inter-Agency Standard Committee
IDP Internally Displaced Person
IMAM Integrated Management of Acute Malnutrition
INGO International Non-Governmental Organisation
IYCF Infant and Young Child Feeding
MA Managing Agent
MAM Moderate Acute Malnutrition
MNP Micro-Nutrient Powder
MOPH Ministry of Public Health
MORR Ministry of Refugees and Repatriation
MPTF Multi-Partner Trust Fund
MRE Mine Risk Education
M&R Monitoring and Reporting
MS Multi Sector
MUAC Mid-Upper Arm Circumference
NATO North Atlantic Treaty Organisation
NCE No-Cost Extension
NFI Non-Food Items
NNGO National Non-Governmental Organisation
NWA North Waziristan Agency
OCHA Office for the Coordination of Humanitarian Affairs
OTP Outpatient Therapeutic Programme
PLW Pregnant and Lactating Women
PND Public Nutrition Department
RNA Rapid Nutrition Assessment
RUSF Ready to Use Supplementary Feeding
RUTF Ready to Use Therapeutic Feeding
SAM Severely Acute Malnutrition
SMART Standardized Monitoring and Assessment of Relief and Transitions
SQUEAC Semi-Quantitative Evaluation of Access and Coverage
SRC Strategic Review Committee
SRP Strategic Response Plan
TRC Technical Review Committee
UNEP United Nations Environment Programme
UNHAS United Nations Humanitarian Air Service
UNDP United Nations Development Programme
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children’s Fund
USAID US Agency for International Development
USD United States Dollar
WASH Water, Sanitation and Hygiene
WFP World Food Programme
WHO World Health Organisation
# LIST OF PROJECTS FUNDED

<table>
<thead>
<tr>
<th>No</th>
<th>Organisation</th>
<th>Type</th>
<th>Project Title</th>
<th>CHF Funding</th>
<th>Sector</th>
<th>Provinces</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACF</td>
<td>INGO</td>
<td>Strengthening Nutrition Interventions Design, Monitoring &amp; Evaluation in Afghanistan</td>
<td>$960,559</td>
<td>Nutrition</td>
<td>Khost, Paktya, Nuristan, Paktika, Badakhshan</td>
</tr>
<tr>
<td>2</td>
<td>ACTD</td>
<td>NNGO</td>
<td>Provision of Nutrition Services to Most Vulnerable Communities in Priority Districts</td>
<td>$479,579</td>
<td>Nutrition</td>
<td>Helmand, Paktya</td>
</tr>
<tr>
<td>3</td>
<td>ACTD</td>
<td>NNGO</td>
<td>Improve Access to Equitable Emergency Health Services in Conflict Affected Districts</td>
<td>$842,788</td>
<td>Health</td>
<td>Helmand, Paktya</td>
</tr>
<tr>
<td>4</td>
<td>EMERGENCY</td>
<td>INGO</td>
<td>Life Saving Health &amp; Referral Services for Trauma Affected Population</td>
<td>$1,558,845</td>
<td>Health</td>
<td>Helmand, Kabul, Paktya, Logar, Ghazni, Kapisa, Maidan-Wardak</td>
</tr>
<tr>
<td>5</td>
<td>HNI-TPO</td>
<td>INGO</td>
<td>Treatment of Acute Malnourished in the Underserved Conflict Affected Districts</td>
<td>$451,818</td>
<td>Nutrition</td>
<td>Khost, Paktya</td>
</tr>
<tr>
<td>6</td>
<td>HNI-TPO</td>
<td>INGO</td>
<td>Providing Emergency Health Care in Prioritizing Access to Critical Services</td>
<td>$892,215</td>
<td>Health</td>
<td>Nangarhar, Khost, Paktya</td>
</tr>
<tr>
<td>7</td>
<td>IMC-UK</td>
<td>INGO</td>
<td>Live Saving Emergency Services to the Conflict-affected People</td>
<td>$777,406</td>
<td>Health</td>
<td>Nuristan, Paktika</td>
</tr>
<tr>
<td>8</td>
<td>IMC-UK</td>
<td>INGO</td>
<td>Prevention &amp; Treatment of Acute Malnutrition</td>
<td>$324,332</td>
<td>Nutrition</td>
<td>Paktika, Nuristan</td>
</tr>
<tr>
<td>9</td>
<td>MEDAIR</td>
<td>INGO</td>
<td>Provision of CMAM Services for Vulnerable Populations</td>
<td>$545,429</td>
<td>Nutrition</td>
<td>Kandahar</td>
</tr>
<tr>
<td>10</td>
<td>OCHA</td>
<td>UN</td>
<td>Afghanistan CHF - 2014 Humanitarian Financing Unit (HFU) Proposal</td>
<td>$1,535,993</td>
<td>Coordination</td>
<td>Kabul</td>
</tr>
<tr>
<td>12</td>
<td>SCI</td>
<td>INGO</td>
<td>Improving the Nutrition Status of Children Affected by Malnutrition</td>
<td>$595,066</td>
<td>Nutrition</td>
<td>Nangarhar</td>
</tr>
<tr>
<td>13</td>
<td>SCI</td>
<td>INGO</td>
<td>Equitable, Effective, &amp; Quality Trauma, Emergency &amp; Essential Health Services for Conflict Affected &amp; Vulnerable Communities</td>
<td>$595,065</td>
<td>Health</td>
<td>Badakhshan</td>
</tr>
<tr>
<td>14</td>
<td>UNFPA</td>
<td>UN</td>
<td>Addressing Emergency Reproductive Health Needs of Population Living in Highly Disaster Prone Provinces</td>
<td>$395,590</td>
<td>Health</td>
<td>Helmand, Kandahar, Nuristan, Baghids, Barnyan, Paktya &amp; Nimroz</td>
</tr>
<tr>
<td>15</td>
<td>UNICEF</td>
<td>UN</td>
<td>Establishment &amp; Expansion of Integrated Management of Severe Acute Malnourished (SAM) in Children under Five &amp; Prevention of Micronutrient Deficiencies in 6-23 months Children</td>
<td>$5,330,878</td>
<td>Nutrition</td>
<td>Paktya, Pakika, Kunar, Badakshan, Helmand, Kandahar, Nuristan, Ghazni, and Nangarhar</td>
</tr>
</tbody>
</table>
### SECOND STANDARD ALLOCATION 2014

<table>
<thead>
<tr>
<th>#</th>
<th>Organization</th>
<th>Type</th>
<th>Description</th>
<th>Amount</th>
<th>Sector</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>ACTD NNGO</td>
<td>NNGO</td>
<td>Provision of Nutrition Services to Highly Vulnerable Communities</td>
<td>$452,947</td>
<td>Nutrition</td>
<td>Helmand</td>
</tr>
<tr>
<td>18</td>
<td>IMC-UK INGO</td>
<td>INGO</td>
<td>Prevention &amp; Treatment of Acute Malnutrition</td>
<td>$440,321</td>
<td>Nutrition</td>
<td>Nuristan, Paktyka</td>
</tr>
<tr>
<td>19</td>
<td>MEDAIR INGO</td>
<td>INGO</td>
<td>Provision of IMAM Services for Vulnerable Populations in Districts of Kandahar</td>
<td>$682,689</td>
<td>Nutrition</td>
<td>Kandahar</td>
</tr>
<tr>
<td>20</td>
<td>WFP-UNHAS UN</td>
<td>UN</td>
<td>Provision of Humanitarian Air Passenger Services; United Nations Humanitarian Air Service</td>
<td>$3,000,000</td>
<td>Coordination</td>
<td>Kabul, Bamyan, Ghazni, Paktyka, Badakhshan, Hilmand, Kandahar, Baghdis, Paktya, Khosh, Faryab, Hirat, Kunduz, Balkh, Ghor, Daykundi, Urugzan, Nangarhar, Laghman, Balkh, Sar e Pul</td>
</tr>
<tr>
<td>21</td>
<td>WFP UN</td>
<td>UN</td>
<td>PRRO 200447 - Assistance to Address Food Insecurity and Under nutrition</td>
<td>$4,505,680</td>
<td>Nutrition</td>
<td>Ghazni, Paktya, Kunar, Nuristan, Samangan, Urugzan, Zabul, Paktya, Khosh, Hilmand, Kandahar, Wardak, Nangarhar, Laghman</td>
</tr>
</tbody>
</table>

### FIRST RESERVE ALLOCATION 2014

<table>
<thead>
<tr>
<th>#</th>
<th>Organization</th>
<th>Type</th>
<th>Description</th>
<th>Amount</th>
<th>Sector</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>ACTD NNGO</td>
<td>NNGO</td>
<td>Ensure Timely Response to Outbreaks for People Living in Remote Villages during Winter</td>
<td>$72,452</td>
<td>Health</td>
<td>Ghor</td>
</tr>
<tr>
<td>24</td>
<td>ACTED INGO</td>
<td>INGO</td>
<td>Proactive Harsh Winter Action to Flood Affected Families</td>
<td>$584,881</td>
<td>Shelter</td>
<td>Balkh, Faryab, Jawzjan, Baghlan, Takhar, Sar e Pul</td>
</tr>
<tr>
<td>25</td>
<td>Afghan Aid INGO</td>
<td>INGO</td>
<td>Cash for Fuel for Vulnerable Households</td>
<td>$91,469</td>
<td>Shelter</td>
<td>Samangan, Badakhshan</td>
</tr>
<tr>
<td>26</td>
<td>JUH INGO</td>
<td>INGO</td>
<td>Extension of Emergency Health Care Services for the Landslide &amp; Flood Affected Population during the Winter</td>
<td>$58,495</td>
<td>Health</td>
<td>Badakhshan</td>
</tr>
<tr>
<td>27</td>
<td>PU-AMI INGO</td>
<td>INGO</td>
<td>Response to the Needs of Population Affected by Extreme Winter</td>
<td>$55,000</td>
<td>Health</td>
<td>Daykundi</td>
</tr>
<tr>
<td>28</td>
<td>WHO UN</td>
<td>UN</td>
<td>Emergency Response to the Needs of Population Affected by Extreme Winter in 3 High Risk Provinces</td>
<td>$165,051</td>
<td>Health</td>
<td>Bamyan, Hirat, Logar</td>
</tr>
</tbody>
</table>

### SECOND RESERVE ALLOCATION 2014

<table>
<thead>
<tr>
<th>#</th>
<th>Organization</th>
<th>Type</th>
<th>Description</th>
<th>Amount</th>
<th>Sector</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>CARE INGO</td>
<td>INGO</td>
<td>Winterization for Refugees &amp; their Host Families in Khost</td>
<td>$313,464</td>
<td>Multi-Sector</td>
<td>Khost</td>
</tr>
<tr>
<td>30</td>
<td>HALO TRUST INGO</td>
<td>INGO</td>
<td>Humanitarian Mine Action Activities in Support of the CHF Winter Response</td>
<td>$518,500</td>
<td>Multi-Sector</td>
<td>Khost</td>
</tr>
<tr>
<td>31</td>
<td>UNHCR UN</td>
<td>UN</td>
<td>Emergency Shelter &amp; Food Aid for Refugees in Khost and Paktyka Provinces</td>
<td>$1,299,998</td>
<td>Multi-Sector</td>
<td>Khosh</td>
</tr>
<tr>
<td>32</td>
<td>WFP UN</td>
<td>UN</td>
<td>Protracted Relief and Recovery Operation (PRRO 200447)</td>
<td>$1,700,000</td>
<td>Multi-Sector</td>
<td>Paktyka, Khosh</td>
</tr>
<tr>
<td>33</td>
<td>IOM UN</td>
<td>UN</td>
<td>Emergency Winter Assistance to Undocumented Afghan Returnees in the Southeast Region</td>
<td>$199,983</td>
<td>Multi-Sector</td>
<td>Khosh</td>
</tr>
<tr>
<td>34</td>
<td>WFP-UNHAS UN</td>
<td>UN</td>
<td>Provision of Humanitarian Air Passenger Services; United Nations Humanitarian Air Service</td>
<td>$1,000,000</td>
<td>Coordination</td>
<td>Kabul, Bamyan, Ghazni, Paktya, Badakhshan, Hilmand, Kandahar, Baghdis, Paktya, Khosh, Faryab, Hirat, Kunduz, Balkh, Ghor, Daykundi, Urugzan, Nangarhar, Laghman, Balkh, Sar e Pul</td>
</tr>
</tbody>
</table>

**TOTAL** | $35,260,494