



AFGHANISTAN HUMANITARIAN FUND

2020

ANNUAL REPORT

AHF Afghanistan  
Humanitarian  
Fund

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## 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 AHF website at [www.unocha.org/ahf](http://www.unocha.org/ahf).

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at [gms.unocha.org/bi](http://gms.unocha.org/bi).

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#### **Front Cover**

Photo Credit: OCHA Afghanistan

# TABLE OF CONTENTS

4	FOREWORD
<b>6</b>	<b>2020 IN REVIEW</b>
7	AFGHANISTAN HUMANITARIAN FUND AT A GLANCE
12	AFGHANISTAN HUMANITARIAN FUND COVID-19 RESPONSE
16	DONOR CONTRIBUTIONS
18	ALLOCATION OVERVIEW
<b>22</b>	<b>UNDERFUNDED PRIORITIES</b>
<b>26</b>	<b>FUND PERFORMANCE</b>
27	INCLUSIVENESS
29	FLEXIBILITY
32	TIMELINESS
34	EFFICIENCY
37	ACCOUNTABILITY AND RISK MANAGEMENT
<b>42</b>	<b>ACHIEVEMENTS BY CLUSTER</b>
43	EDUCATION
45	ENABLING PROGRAMMES
46	FOOD SECURITY & LIVELIHOODS
48	HEALTH
49	SHELTER & NON-FOOD ITEMS
52	WATER, SANITATION & HYGIENE
54	NUTRITION
56	PROTECTION
<b>58</b>	<b>ANNEXES</b>
59	ABOUT THE AFGHANISTAN HUMANITARIAN FUND
60	ALLOCATIONS BY RECIPIENT ORGANIZATION
61	AHF-FUNDED PROJECTS
66	AHF ADVISORY BOARD
67	ACCRONYMS & ABBREVIATIONS



**OCHA**

United Nations  
Office for the Coordination  
of Humanitarian Affairs

## FOREWORD

We are pleased to present the 2020 Afghanistan Humanitarian Fund (AHF) Annual Report. The report provides a detailed overview of how the Fund operated, how it was used, and how it supported cluster targets and objectives, in line with priorities outlined in the 2020 Humanitarian Response Plan and COVID-19 Global Humanitarian Response Plan. The report also provides an updated account of the AHF's management and accountability standards.

I am proud to say that despite the logistical challenges created by COVID-19 and the worsening security environment, humanitarian organizations have proven their commitment to stay and deliver, complementing the efforts of the Government, and actually increasing their footprint to provide assistance in all 401 districts in 2020. Non-Government Organizations (NGOs) are the backbone of this response and I see a strong and vibrant role for NGOs and the civil society sector in expanding this reach even further in 2021 and beyond.

While the response has made significant strides in working more collaboratively with development actors, using a COVID-19 lens to produce a common needs analysis, the situation demands that we do more in 2021 to ensure our programme delivery is also complementary across the humanitarian-development spectrum.

The AHF, together with the humanitarian community, served as a vital funding source for the COVID-19 response and remained critical in sustaining other urgent life-saving activities, including food and livelihood assistance to people who face emergency-level food insecurity, and the distribution of emergency shelter kits to vulnerable families.

In 2020, the AHF allocated US\$74.3 million to 51 humanitarian organizations implementing 127 projects to benefit 5.5 million people.

The AHF allocations ensured complementarity with CERF funds, amplifying resources to meet unaddressed priority needs. Both pooled funds collectively allocated \$102.2 million for 135 humanitarian projects. In support of commitments made during the World Humanitarian Summit in 2016, the AHF continued to strengthen engagement with national partners and maintained a strategic relationship with Afghanistan's NGO forum, the Agency Coordinating Body for Afghan Relief and Development (ACBAR).

I am pleased to note that, in line with the Grand Bargain commitments, the AHF prioritized conditional and unconditional cash assistance, which accounted for 17 per cent of its funding in 2020. Of the total \$74.3 million allocation, \$12.5 million was provided as cash, and 50 of the 127 AHF-supported projects contained a cash assistance component.

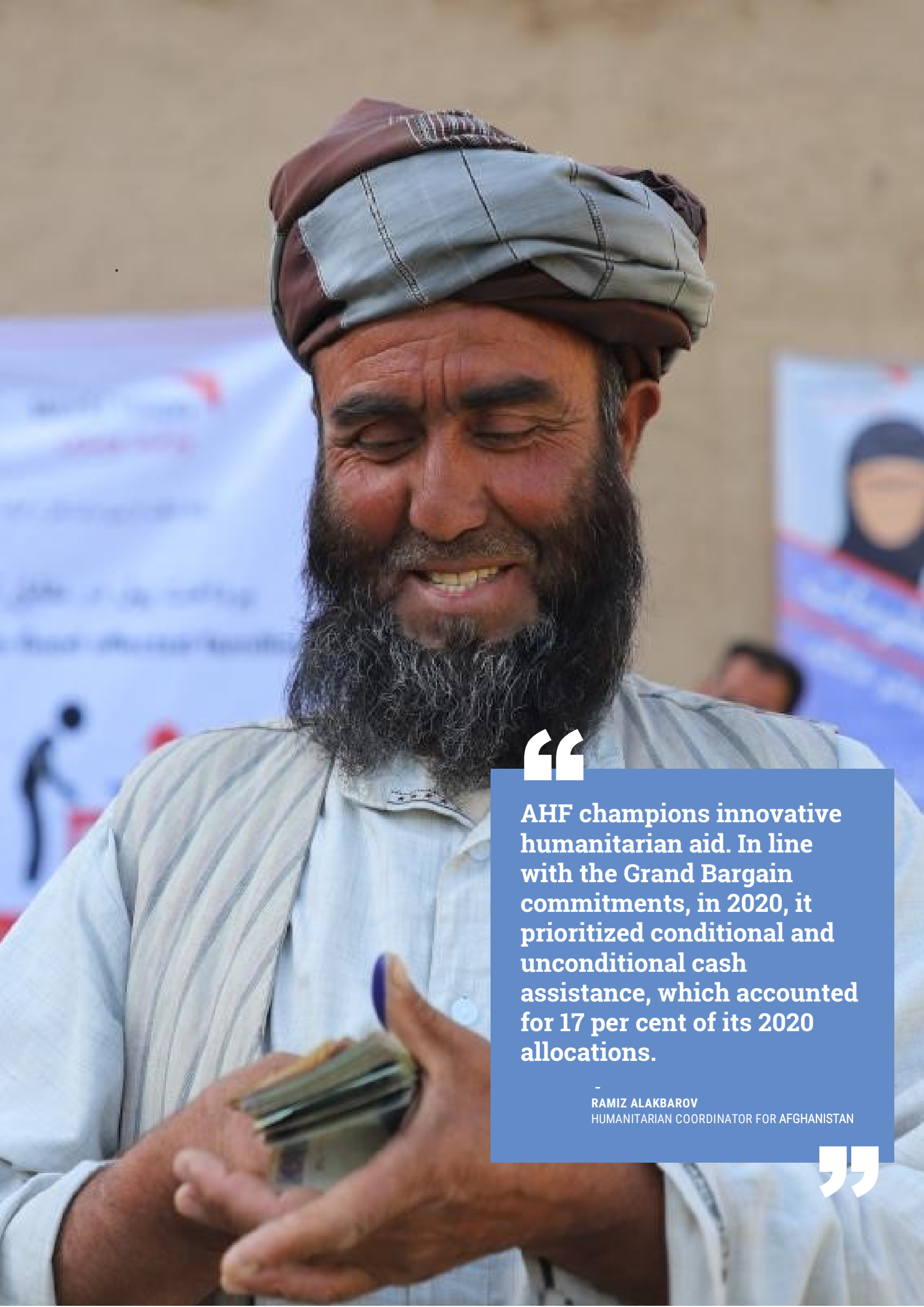
I would like to express my sincere appreciation to the Fund's donors for their generous contribution. In 2020, a total of \$60.3 million was received from 14 donors including Australia, Canada, Germany, Iceland, Ireland, Kazakhstan, the Republic of Korea, Luxembourg, Netherlands, Norway, Sweden, Switzerland, the United Nations Foundation and the United Kingdom. I also appreciate the tremendous efforts from clusters, partners, the Advisory Board, national and international NGO partners, Red Cross/Red Crescent Organisations, as well as UN agencies, funds and programmes in responding to the most urgent needs of the people of Afghanistan.

Looking ahead to 2021, there are 18.4 million people in humanitarian need – nearly half the population. This represents nearly six times the number of people who needed humanitarian assistance four years ago, when the current multi-year HRP was first developed. For this work we require \$1.3 billion, and I would like to count on donors' continued contributions to enable aid agencies to implement a fast and principled response to suffering. The AHF enables the best possible humanitarian response through inclusive and coordinated allocations in a timely manner. Thank you.

---

**Ramiz Alakbarov**

Humanitarian Coordinator for Afghanistan



“

**AHF champions innovative humanitarian aid. In line with the Grand Bargain commitments, in 2020, it prioritized conditional and unconditional cash assistance, which accounted for 17 per cent of its 2020 allocations.**

—  
**RAMIZ ALAKBAROV**  
HUMANITARIAN COORDINATOR FOR AFGHANISTAN

”

## AHF 2020 ANNUAL REPORT

# 2020 IN REVIEW

This Annual Report presents information on the achievements of the Afghanistan Humanitarian Fund during the 2020 calendar year. However, because grant allocation, project implementation and reporting processes often take place over multiple years (CBPFs are designed to support ongoing and evolving humanitarian responses), the achievements of CBPFs are reported in two distinct ways:

- **Information on allocations granted in 2020 (shown in blue).** This method considers intended impact of the allocations rather than achieved results as project implementation and reporting often continues into the subsequent year and results information is not immediately available at the time of publication of annual reports.
- **Results reported in 2020 attributed to allocations granted in 2020 and prior years (shown in orange).** This method provides a more complete picture of achievements during a given calendar year but includes results from allocations that were granted in previous years. This data is extracted from final narrative reports approved between 1 February 2020 - 31 January 2021.

Figures for people targeted and reached may include double counting as individuals often receive aid from multiple cluster/sectors.

Contributions are recorded based on the exchange rate when the funding was received which may differ from the Certified Statement of Accounts that records contributions based on the exchange rate at the time of the pledge.

## 2020 IN REVIEW

# AFGHANISTAN HUMANITARIAN FUND AT A GLANCE

## HUMANITARIAN CONTEXT

### Armed Conflict

Conflict continues to cause extreme physical and psychological harm to the people of Afghanistan. Despite three temporary ceasefires in 2020, a significant reduction in the number of civilians injured in attacks by non-state armed groups (NSAGs) and a drop in the number of air strikes carried out by international military forces over recent years, the continued use of improvised explosive devices (IEDs), asymmetric attacks, targeted killings and attacks on schools and hospitals have been devastating for the people of Afghanistan. In 2020, 8,820 civilians were killed (3,035) or injured (5,785), 15 per cent fewer than in 2019, and the lowest number in one year since 2013. But civilian casualties from pressure-plate IEDs were 34 per cent higher than the previous year, and civilian casualties from non-suicide vehicle-borne IEDs by NSAGs were three times higher. UNAMA recorded a marked increase in civilian casualties in the last quarter of 2020, which coincided with the formal start of the Intra-Afghan Negotiations.

For the fifth year in a row, the conflict in Afghanistan was listed as the world's deadliest for children in the 2020 Report of the Secretary-General on Children in Armed Conflict. More than four in every 10 civilian casualties were women or children.

As of December 2020, UNAMA recorded 89 attacks affecting health-care delivery, including attacks in which medical facilities were damaged (11), destroyed (2), looted (2) or closed (57), denying approximately 1.4 million people access to life-saving medical care.

The World Health Organisation (WHO) notes that decades of conflict have left an estimated 800,000 Afghans (2.7 per cent of the population) with a range of severe disabilities. The overall number of people with disabilities is likely to be much higher especially when considering psychological and mental health issues. Owing to decades of war, one in two adults in Afghanistan is suffering from some form of psychological distress.

### Food Insecurity and Malnutrition

Afghanistan is facing a severe food insecurity crisis with 16.9 million people, or 42 per cent of the population, in crisis-level or emergency-level food insecurity (IPC 3+), a more than five-fold increase since 2015. This includes the world's second highest IPC 4 population, with 5.5 million people in emergency food insecurity. The updated IPC analysis published in November 2020 shows the food security situation deteriorated during COVID-19 due to a confluence of factors, including: reduced daily wage opportunities and small trader income,

conflict leading to displacement and loss of livelihood, and higher than usual prices for key commodities. Food insecurity and livelihoods in urban areas deteriorated severely, with 40 per cent of households reporting a poor food consumption score in 2020, compared to 16 per cent in 2019. The percentage of urban households using emergency coping strategies increased from 11.7 per cent in 2019 to 30 per cent in 2020.

Twenty-seven of the country's 34 provinces are now within the emergency threshold for acute malnutrition. Nearly one in two children under age 5 (3.1 million out of 7 million) and one in four pregnant and lactating women will face acute malnutrition and require life-saving treatment in 2021.

### Disaster Impacts

A total of 104,470 people were affected by natural disasters, including flooding, heavy snowfall, landslides and avalanches in 2020. Natural disasters regularly affect various parts of the country, with those in the capital, the south-east, and east bearing the brunt in 2020. Flooding in Parwan was especially severe. While fewer people were affected by the floods than the previous year, they faced increased risk of contracting COVID-19 due to inadequate WASH systems and facilities in displacement sites, where people were often unable to comply with physical distancing and other preventative measures.

All provinces were affected by the impact of natural disasters in 2020. Afghanistan is prone 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 people's vulnerability and ability to cope with sudden shocks from natural disasters.

### Internal Displacement and Returns

In 2020, 404,000 people fled their homes due to conflict. A total of 32 out of 34 provinces recorded some level of forced displacement. Displacement Tracking Matrix (DTM) data estimates that 4.9 million people have been displaced since 2012 and have not returned to their homes. Many are renting or squatting in insecure housing, including in informal settlements on private land on the fringes of major cities.

2020 was also a record year for returns, with 865,900 undocumented returnees crossing the border from Iran and Pakistan. Since 2012, four million people have returned to Afghanistan.

Along with the immediate impact of displacement on the financial and social wellbeing of households, displacement leaves people further exposed to explosive hazards that



contaminate large parts of the country. Each month, approximately 97 civilians are killed or injured by mines, including IEDs and explosive remnants of war (ERW).

### COVID-19 and Other Disease Outbreaks

As of 25 March 2021, 56,226 people across Afghanistan's 34 provinces were confirmed to have had COVID-19, according to Ministry of Public Health data. Some 49,802 people recovered, and 2,467 people died – at least 91 of them health-care workers. The actual figures are likely to be significantly higher, as only 335,965 people, out of a population of 40.4 million, were tested. The comparatively low testing levels can be attributed to limited public health resources and testing capacity, but also to reluctance to get tested for fear of being stigmatized. As of March 2021, Afghanistan had a test-positivity-rate – positive tests as a percentage of total tests – of 17 per cent, suggesting overall under-testing of potential cases. A sero-positivity study by John Hopkins University and WHO suggested that by June 2020, COVID-19 had infected more than 30 per cent of the population nationally (50 per cent of Kabul residents) and that the numbers were likely to grow.

Measures initially implemented to slow the spread of the virus, including lockdowns, border closures, and suspension of formal and informal livelihood activities, led to a sharp contraction of the economy, crippling household debt, lower remittances and higher food prices, and exacerbated rising food insecurity. The economic and social conditions created by the COVID-19 pandemic exacerbated protection risks for vulnerable families, many of whom had already depleted limited financial, mental, and social coping capacities due to prolonged conflict or recurrent natural disasters. COVID-19 resulted in an estimated 5.5–7.4 per cent contraction in the economy in 2020, a significant spike in food prices and reduced income for 59 per cent of households.

Tuberculosis remained rampant, with some 72,000 cases, 3 per cent more than in 2019. Some 9 per cent of children under age 5 have Acute Watery Diarrhoea (AWD), while there were 183 cases of Crimean-Congo Haemorrhagic Fever (CCHF) in the first 10 months of 2020, with some 15 deaths. Afghanistan is one of only two countries where polio remains endemic, along with Pakistan. In the first 11 months of 2020, there were 255 confirmed cases of polio in the country. Winter presented an added challenge to those living in inadequate shelters and remote areas, increasing the risk of morbidity and mortality from respiratory infections, the most prevalent causes of mortality among children under age 5.

### Operating Environment, Access Challenges and Attacks on Aid

In 2020, humanitarians faced 1,095 access constraints – more than double the incidents reported in 2019. These incidents included interference in the implementation of humanitarian activities, levy requests, military operations and kinetic activity, movement restrictions, physical environmental factors and lack of infrastructure, violence or threats against humanitarian personnel, assets or facilities, and landmines. There were 155 attacks against schools between July 2019 and July 2020, while 165 incidents against health facilities or personnel were recorded in the first 11 months of 2020.

Afghanistan remains among the five most dangerous countries in which to be an aid worker. The Humanitarian Access Group (HAG) reported that 22 aid workers were killed, 53 injured and 110 abducted in 2020. The COVID-19 pandemic is adding to pre-existing risks for aid workers as PPE shortfalls continue to endanger frontline responders, while the general population grows increasingly complacent about protective measures, including mask wearing.

### Humanitarian Response Plan - 2020

After 40 years of war, annual natural disasters and persistent poverty, the people of Afghanistan were dealt with another deadly blow from COVID-19 in 2020. The HRP was revised in June 2020 to reflect the impact on needs.



**14M** People in need



**11.1M** Planned reach



**11.7M** Year-end reach



**\$1.1B** Funding requirement



**\$564.5M** Funding received

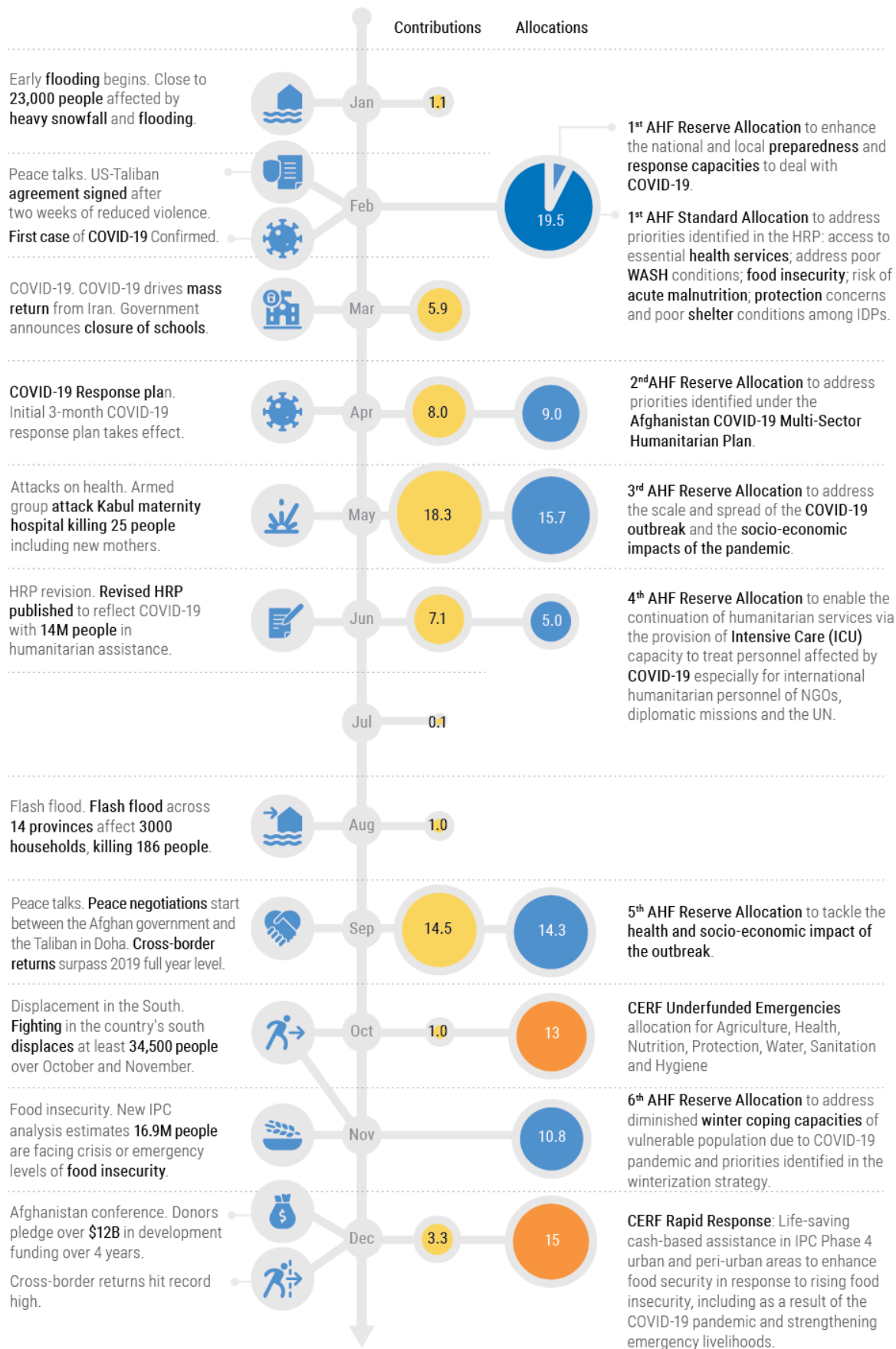


## 2020 IN REVIEW

## REFERENCE MAP



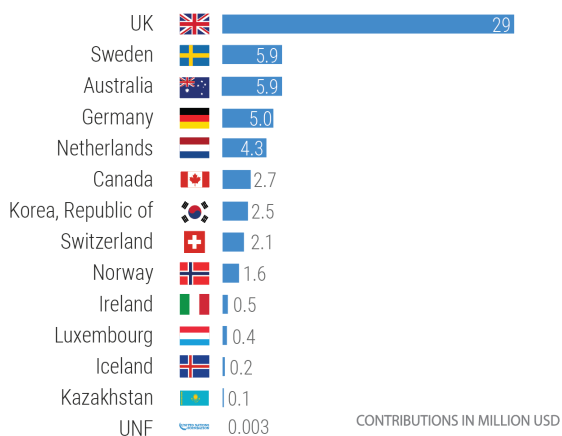
## 2020 TIMELINE



## 2020 ALLOCATIONS



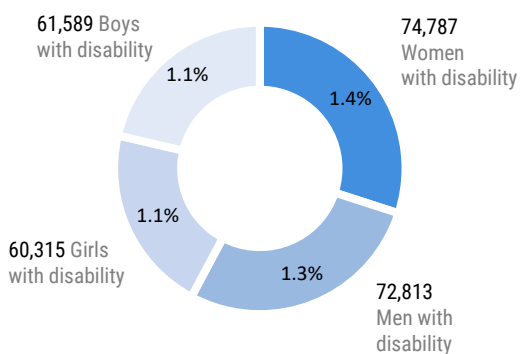
**\$60.3M**  
CONTRIBUTIONS



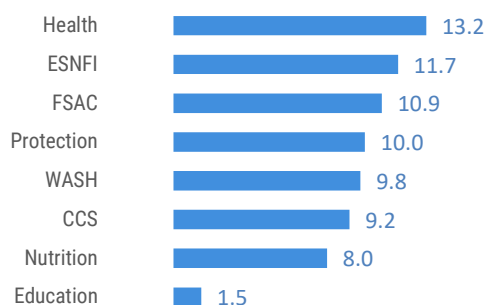
**5.5M**  
PEOPLE  
TARGETED



**270K**  
PEOPLE TARGETED  
WITH DISABILITY

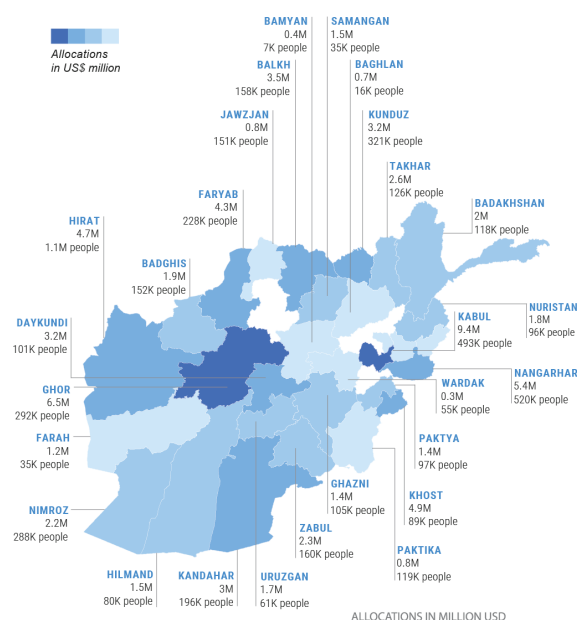


### ALLOCATIONS BY CLUSTER



**\$74.3M**  
ALLOCATIONS

**5.5M\***  
PEOPLE TARGETED



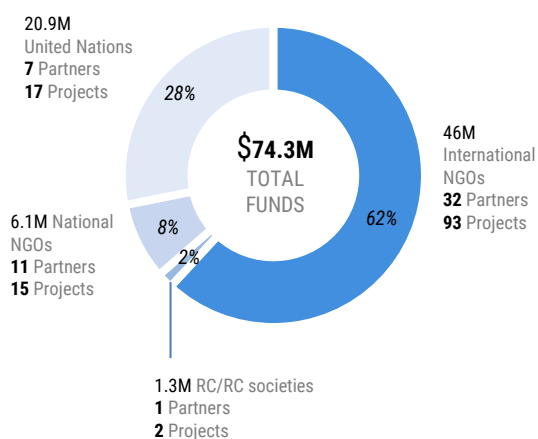
Other regions: KUNAR 0.2M; KAPISA 0.5M; LAGHMAN 0.9M

\* Target appears higher than normal due to high reach, but lower-cost activities such as risk communication related to the COVID-19 response.



**51**  
PARTNERS

**127**  
PROJECTS



## AFGHANISTAN HUMANITARIAN FUND COVID-19 RESPONSE

The COVID-19 pandemic required humanitarian partners to quickly adapt to new realities of restricted movement, unpredictable international and domestic flight suspensions, sporadic border closures and limited face-to-face interactions during needs assessments, group-based activities, distributions and awareness-raising work. In response, partners scaled-up their capacity to respond using new approaches more suited to operations within this demanding environment, exceeding their planned reach and delivering assistance in all 401 districts. The sheer scale of the crisis and its economic implications brought humanitarian and development partners together in ways not imaginable a year before. The situation provided space to apply lessons-learned from the 2018-2019 drought response and act on the desire to create better linkages between humanitarian and development efforts especially in times of acute shocks. The common needs analysis included in both the June 2020 and the 2021 HNO and HRP is evidence of this joined-up thinking that arose from the pandemic response. The AHF allocated \$ 41.9 million to

respond to the COVID-19 pandemic, including priorities identified under the Global COVID-19 HRP. The AHF supported a broad range of humanitarian partners to launch time-critical projects addressing COVID-19 needs. AHF-funded projects targeted 1.8 million people in Health, WASH, FSAC, Nutrition, Protection, Education, and Coordination and Common Service clusters responding to the COVID-19 pandemic in Afghanistan. In 2020, the AHF provided the highest allocation in response to COVID-19 of any CBPF.



**56,226**  
CASES



**2,467**  
Covid-related  
deaths



**\$396M**  
Requirements  
towards COVID-19  
activities under  
HRP



of which  
health: **\$107.6M**  
non-health: **\$288.4M**

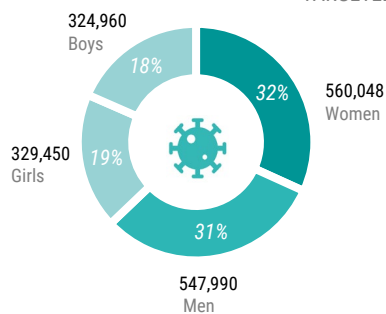
### AHF COVID-19 RESPONSE



**\$41.9M**  
ALLOCATIONS



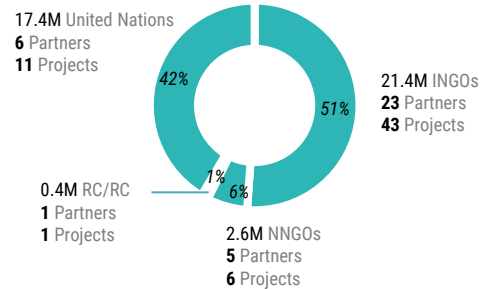
**1.8M**  
PEOPLE  
TARGETED



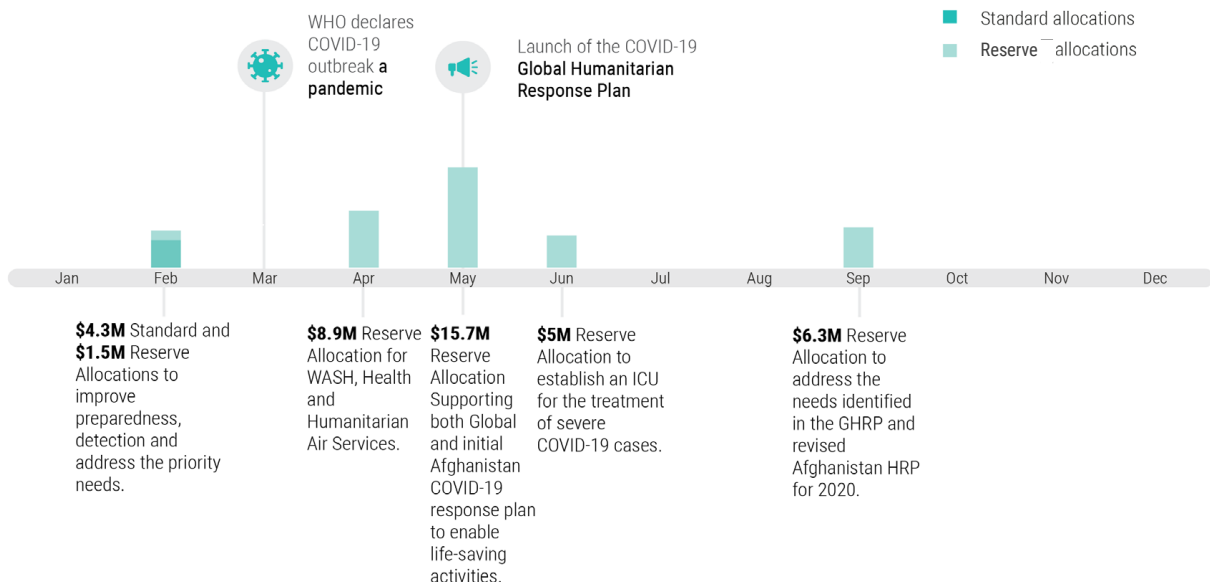
**35**  
PARTNERS



**61**  
PROJECTS



### COVID-19 RESPONSE ALLOCATION TIMELINE



## ACHIEVEMENTS



More than **46K people** benefited from safe drinking water, handwashing, hygiene kits, sanitation facilities and disinfection of at-risk common places.



More than **1 million people** received health related services, including risk communication interventions, training and personal protection equipment.



Established a five-bed **COVID-19 intensive care unit (ICU)** at the UN Operations Centre in Afghanistan (UNOCA) Kabul, to serve **40,000** UN, NGO, diplomatic community national and international staff.



Supported Community-Based **Education** with disinfection materials, hygiene kits, PPE and awareness-raising session for more than **160K school children**.



Provided Ready to Use Therapeutic food (**RUTF**), Therapeutic Milk, Ready to Use Supplementary Food (**RUSF**), and Super cereal to **22K** beneficiaries in **25 districts** with high risk of **COVID-19** and emergency level of **acute malnutrition**.



Supported Risk Communication and Mobility **Assessment** (flow monitoring at borders and **population mobility** mapping) across the country.



In response to COVID-19, AHF partners **scaled up** their **capacity** to respond via new approaches that are more suited to **operations** within this demanding environment.



Provision of timely **protection** services and **cash** assistance for most vulnerable people as well as radio and TV spots regarding **COVID-19** awareness for **45K people**.



Supported United Nations Humanitarian Air Services (**UNHAS**) for maintaining domestic and international flights for the humanitarian community during the **COVID-19** movement restriction as commercial flights were suspended. A total of **2,634 men and women** benefited from international and domestic flights.



Provided **cash** for food basket assistance to **37K vulnerable people**.



Supported implementing partners through **project revisions** in a timely fashion ensuring priority and urgent activities for **COVID-19 prevention and response**.

## CHALLENGES



The **onset of COVID-19** had catastrophic consequences for people's health, incomes and levels of debt, threatening their wellbeing, living standards and **coping capacity**.



The COVID-19 pandemic **affected AHF operations** in different ways. The project monitoring and financial spot checks approach was adapted by using **remote methodologies**.



The **health and socio-economic** impacts of the COVID-19 pandemic caused the number of **people in need to almost double** in 2020, with food insecurity soaring as people's livelihoods were lost and their limited financial reserves were depleted.



Social, health and economic impacts from the COVID-19 pandemic continue to be felt across **all demographic groups** and are undermining the coping capacity of an already **vulnerable population**.



Afghanistan, **bordering** the Islamic Republic of Iran – an early hotspot for COVID-19 – was at a heightened risk of **large-scale community transmission** in the initial stage of the pandemic. In 2020, approximately **865,900 People** returned from Iran and Pakistan.



**Limited availability of testing materials**, reluctance to be tested and **socio-cultural** norms impacted response negatively.

# A patient recounts his experience with COVID-19

Muhammad Hussain, a 38-year-old resident of Barakhil village in Nazian District of Nangarhar province, sits in his home, anxiously wringing his hands while recounting his experience of contracting and recovering from COVID-19.

In July 2020, Hussain's day began just like any other, but within a few hours, he felt himself getting weaker, and soon developed a fever, body aches and a dry cough. His symptoms pointed to COVID-19, so he stayed home and monitored his condition. "It didn't take long for my symptoms to become quite severe. My condition worsened quickly and I started experiencing shortness of breath," recalled Hussain.

His brother rushed him to the Jalalabad COVID-19 isolation ward, where patients with suspected and confirmed cases of COVID-19 were treated.

"Fortunately, my brother had received information on COVID-19 through WHO's awareness-raising campaigns," said Hussain. Once admitted, Hussain was tested and within a day and a half, the laboratory confirmed he was positive for COVID-19.

Although the vast majority of people infected with COVID-19 remain asymptomatic or experience mild symptoms. Unfortunately this was not the case for Hussain. Within a few hours of being admitted to the isolation facility, his oxygen levels dropped dramatically and his fever got worse, requiring the health-care staff to move him to the ICU. Hussain was put on a ventilator to stabilize his condition and was provided with supportive therapy.



The health-care professionals at the Jalalabad COVID-19 isolation ward said that training from WHO made a big difference in treating difficult cases such as Hussain's. "The training helped us understand how to treat COVID-19 patients and manage the risk of infections to keep

ourselves and everyone in the facility safe," said Dr. Shahid who was treating Hussain.

Having made a full recovery, Hussain was able to return home and regain his strength within a few weeks. "I remain eternally thankful to health-care staff for their dedication and for saving my life. They put their patients' lives before their own every day. We need to support them, and one simple way is to take preventative measures to avoid getting infected. COVID-19 is real. I have been there, and it is not easy," said Hussain.

WHO is committed to supporting health-care staff in Afghanistan and ensuring they are well equipped to respond to the current emergency. To date, WHO, in collaboration with the Ministry, has trained 1,823 health care professionals on ICU and case management, and 1,209 staff on infection prevention and control.

WHO is also supporting COVID-19 testing in Afghanistan which is crucial for identifying, isolating and treating infected people to prevent the virus from spreading. To date, WHO has supported the Ministry in establishing and expanding 22 laboratories across the country and ensuring continued provision of essential equipment and supplies, with plans to support increased capacity for testing across the country. "When the pandemic started, there was no COVID-19 testing capacity in Jalalabad or across Afghanistan. WHO, in collaboration with the Ministry of Public Health, swiftly mobilized to ensure availability of COVID-19 testing across the country by establishing laboratories and providing essential equipment and testing supplies. The COVID-19 testing laboratory in Jalalabad was inaugurated in the same week the first COVID-19 case in Nangarhar province was reported," said Dr. David Lai, Officer in Charge, WHO Afghanistan.

The Afghanistan Humanitarian Fund (AHF) provided funding to support WHO's activities to strengthen the ongoing COVID-19 response.



## RESULTS REPORTED IN 2020



**\$49.7M**  
ALLOCATIONS

2016

**\$0.3M**  
ALLOCATIONS

**1**  
PROJECTS

**1**  
PARTNERS

2018

**\$2.3M**  
ALLOCATIONS

**3**  
PROJECTS

**3**  
PARTNERS

2019

**\$37.3M**  
ALLOCATIONS

**47**  
PROJECTS

**27**  
PARTNERS

2020

**\$9.8M**  
ALLOCATIONS

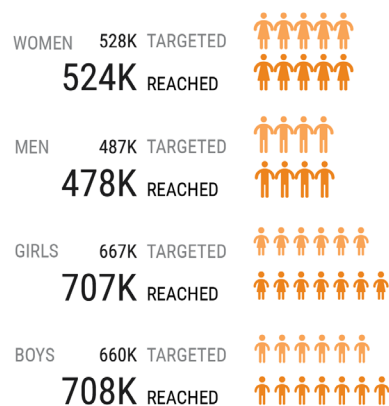
**12**  
PROJECTS

**9**  
PARTNERS

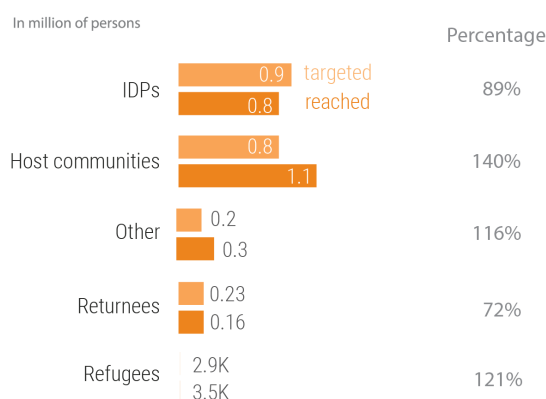


**2.3M**  
PEOPLE TARGETED

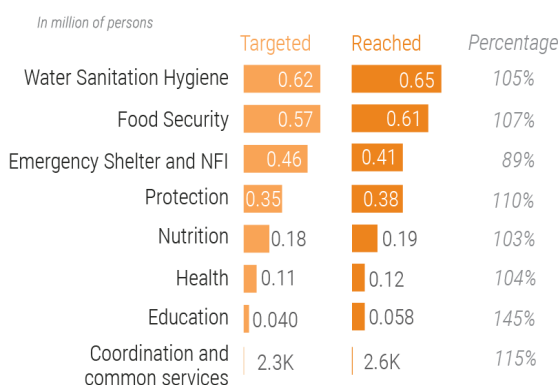
**2.4M**  
PEOPLE REACHED



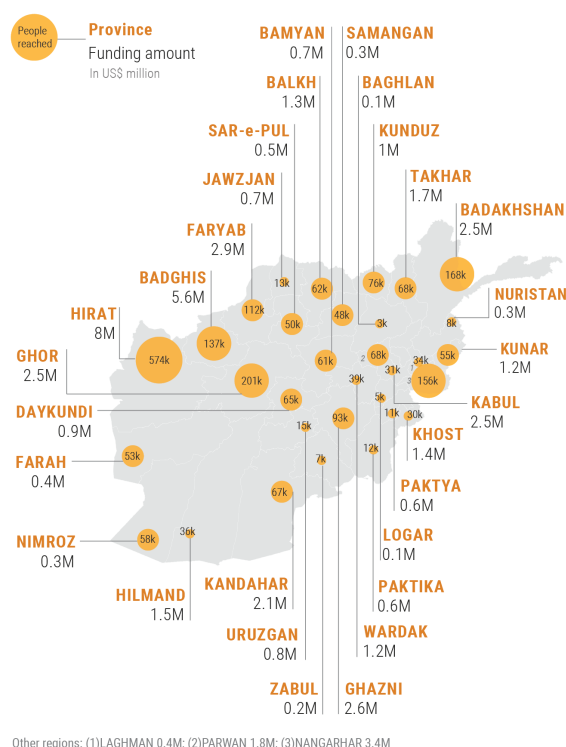
### PEOPLE TARGETED AND REACHED BY TYPE



### PEOPLE TARGETED AND REACHED BY CLUSTER



### PEOPLE REACHED AND FUNDING BY REGION

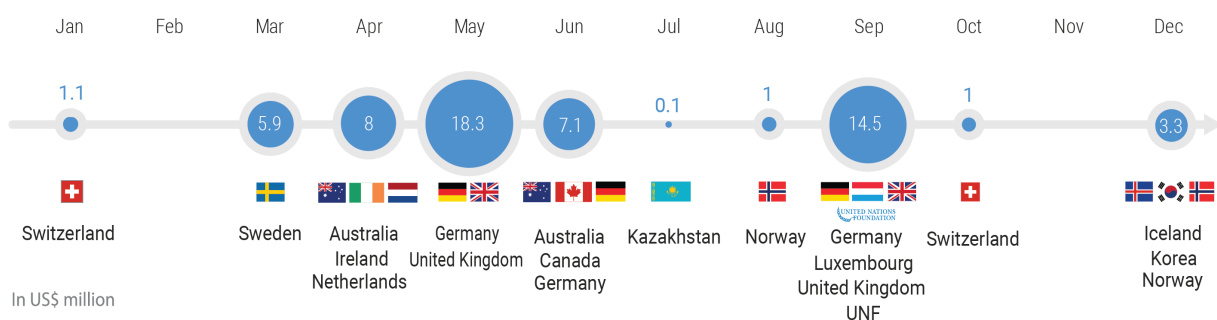




## 2020 IN REVIEW

## DONOR CONTRIBUTIONS

## CONTRIBUTIONS TIMELINE



## DONOR CONTRIBUTIONS



The AHF carried over \$30.5 million from 2019, including \$0.98 million in refunds (under-spent budget or declared ineligible costs) from partners.

## Continued Donor Support

Donors expressed their confidence by providing contributions of \$60.3 million in 2020. Their commitment and generous contributions enabled the AHF to continue supporting 51 humanitarian partners through 127 urgent humanitarian projects addressing the most critical needs of about 5.5 million people, including an estimated 1.5 million women, 1.3 million girls, 1.3 million boys and 1.4 million men.

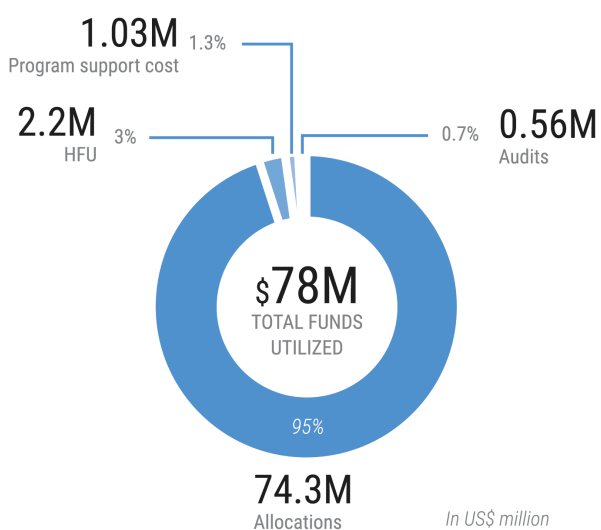
## Contribution to the HRP

Donor support to the AHF contributed 13.4 per cent to HRP funding received and reported via the OCHA Financial Tracking Service (FTS), providing 6.6 per cent of the total HRP requirement in 2020.

## Complementarity

Donor funding to the AHF and its subsequent allocations complemented other sources of funding, including \$30.6 million allocated by CERF in 2020. The two OCHA-managed pooled fund mechanisms jointly supported the scale-up of humanitarian responses and provided live-saving assistance. Timely and predictable donor contributions are vital to AHF partners being able to provide urgent assistance to vulnerable and underserved people throughout Afghanistan.

## UTILIZATION OF FUNDS



## Donor trends

### Maintaining Funding

The AHF maintained donor support and the level of contributions in 2020 was the third highest since the Fund's inception in 2014. The AHF was the sixth largest CBPF recipient of donor funding in 2020.

### Broadening Donor Support

The AHF broadened support provided by current donors, regained support from previous ones and attracted first-time donors. Overall, 14 donors supported the AHF in 2020 including three first-time donors.

### Multi-Year Funding

The AHF received generous multi-year funding commitments from Switzerland, and the United Kingdom. It enables the Fund to plan ahead, both in terms of operational costs and grants provided to partners.



### Donor Relations

The AHF supported closer interaction, improved transparency and accountability, as well as enhanced reporting by its stakeholders. Substantial efforts were made together with donors to further improve and harmonize CBPF reporting to donors.

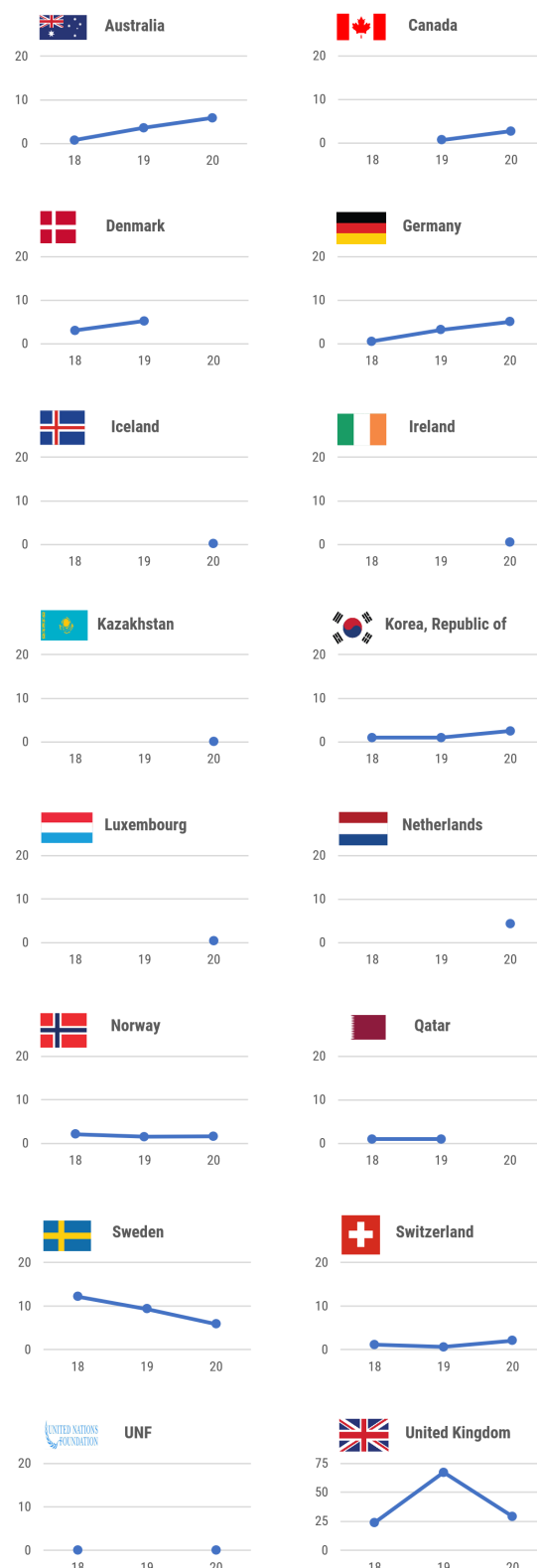
### Collaboration

Collaborative relationships with contributing and non-contributing donors continue to strengthen predictable humanitarian financing. Over the coming years, this may require developing predictive analytics (modeling for humanitarian operations) and the piloting of multi-year funding.

### DONORS PROVIDING MULTI-YEAR FUNDING

	United Kingdom	\$144.4M	2019-2024
	Switzerland	\$4.7M	2019-2022

## DONOR TRENDS



## 2020 IN REVIEW

## ALLOCATION OVERVIEW

**First Reserve Allocation: Kick-starting the COVID-19 response**

With the risk of COVID-19 outbreak, the AHF released \$1.5 million in February 2020 to **kick-start the response**. Funding improved surveillance and early detection at international points of entry, case management, and the prevention and control of infections. This allocation also enabled partners to **strengthen risk communications and community engagement, raising awareness and dispelling COVID-19 related rumors**.

**First Standard Allocation: Scaling-up responses in remote and underserved areas**

Escalating conflict and major internal displacement deteriorated the already challenging humanitarian situation. The AHF launched an allocation of \$18 million in February 2020 to **expand humanitarian access and response in underserved and hardest-to-reach locations**. Funding was used to provide trauma and psychological first aid, reproductive and maternal health care, shelter, cash for food, and quick response capacity for clearance of unexploded ordnance.

**Second Reserve Allocation: Strengthening humanitarian response in the COVID-19 environment**

The **surge in COVID-19 cases hugely impacted on an already weak health system**, while restricting the movement of aid workers. In conjunction with the COVID-19 Multi-Sector Humanitarian Country Plan, the AHF released \$9 million in April 2020 to **rehabilitate and scale-up WASH facilities in high-risk areas** and to **re-establish a humanitarian air bridge to the country in the absence of commercial international flights**.

**Third Reserve Allocation: Responding to COVID-19 in new high-risk areas**

The relentless spread of COVID-19 restricted movements, leading to a rise in GBV and a marked deterioration in the socio-economic conditions of vulnerable communities. The AHF released \$15.7 million in May 2020 to **expand humanitarian access and scale-up of COVID-19 activities in high-risk areas** identified by the Multi-Sector COVID-19 Response Plan. Funding supported awareness-raising campaigns, GBV services, and food assistance.

**Fourth Reserve Allocation: Alleviating strain off an overwhelmed health system responding to COVID-19**

With medical facilities overwhelmed in June 2020, the AHF released \$5 million to **establish an intensive care unit to manage severe COVID-19 cases** affecting humanitarian personnel. The initiative enabled aid agencies to stay and deliver the humanitarian response.

**Fifth Reserve Allocation: Addressing COVID-19 needs and supporting winterization preparedness**

The imminent arrival of harsh winter conditions combined with the surge in COVID-19 cases triggered an allocation of \$14.3 million in September 2020. In complementarity with a CERF allocation, funding was used to provide community-based education, protection for children, psychosocial and case management services to GBV survivors, and food assistance. **More than a quarter of the funding was through cash-based programming.**

**Sixth Reserve Allocation: Supporting winterization and protection**

With **freezing conditions in remote high-altitude areas**, the AHF released another \$10.8 million in November 2020 for winterization packages including heating equipment and to improve child protection and GBV services. **Almost 40 per cent of the assistance was provided via cash-based modalities.**

**Alignment with the Afghanistan HRP**

The AHF demonstrated flexibility in channeling resources to the most critical needs. All projects supported by the AHF were aligned with one or more HRP and COVID-19 GHRP strategic objectives.

In response to the COVID-19 pandemic, the AHF allocated 23 per cent of funding to projects designed to directly contribute to the COVID-19 GHRP strategic objectives. Support was provided to activities aimed at reducing morbidity and mortality, preventing those experiencing crises from having deteriorated needs and enabling livelihoods, early recovery and resilience-building to protect communities from further shocks.

As part of their combined allocations, the AHF and CERF provided \$43.5 million to respond to the COVID-19 pandemic in Afghanistan. The AHF provided allocated the highest amount for response to COVID-19 of all CBPFs.

**2020 ALLOCATIONS**

Amount	Category	Timeline
\$1.5M	Reserve allocation	February
\$18M	Standard allocation	February
\$9M	Reserve allocation	April
\$15.7M	Reserve allocation	May
\$5M	Reserve allocation	June
\$14.3M	Reserve allocation	September
\$10.8M	Reserve allocation	November

### Empowering leadership and coordination

CBPFs are situated at the heart of humanitarian coordination. Combining the strategic leadership of the Humanitarian Coordinator, guidance provided by the Advisory Board, managerial support by OCHA and technical guidance provided by clusters, AHF allocations not only saved lives and alleviated suffering, but also contributed to strengthening the overall humanitarian architecture and response in Afghanistan.

The AHF continued to empower leadership and enhanced partnerships by including diverse stakeholders in decision-making during the allocation process and by engaging the cluster system in establishing allocation priorities. Cluster Coordinators, supported by their members, continued to provide technical guidance to the Humanitarian Coordinator and the Advisory Board, as well as during the strategic and technical review process for all proposals.

### Diverse set of partners

A total of \$57.2 million (77 per cent) of AHF funding was provided to NGO partners: 57 per cent to INGOs and 20 per cent to NNGOs. UN agencies, funds and programmes received \$15.8 million (21 per cent), largely for pipeline replenishment, the delivery of time-critical supplies and COVID-19 response. The Red Cross/Red Crescent Society received \$1.3 million (2 per cent of funds allocated).

The AHF actively supported the FCDO-funded 'NGO Twinning-Programme', which aims to promote localization and increase the participation of national partners in the humanitarian response. The AHF enhanced its collaboration with ACBAR by arranging monthly meetings and conducting technical clinics and trainings for NGO partners. These trainings and information sessions take place in form of individual trainings for clusters and agencies, as well as joint multi-day workshops together with NGO partners to improve access to the Grant Management System (GMS), financial processes and risk-management.

### Complementarity with CERF

The OCHA Humanitarian Financing Unit (HFU) manages both AHF and CERF allocations in Afghanistan and ensures complementarity of both pooled funds. \$28 million in CERF allocations were programmed alongside AHF allocations.

### Driving innovations and visibility to cross-cutting issues

Mainstreaming PSEA, protection, gender, age and disability aspects are an important requirement for AHF supported projects.

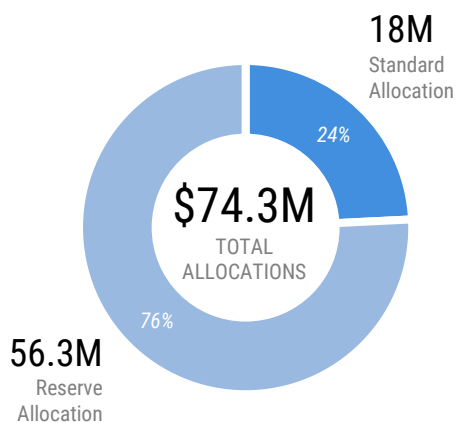
As such the protection components of all AHF supported proposals were reviewed and endorsed by the Protection Cluster. AHF partners are also required to address the core commitments to 'Accountability to Affected Populations' (AAP) in their project proposal. The AAP Working Group (AAP WG) developed guidance for partners on integrating AAP activities in project proposals submitted for AHF support and reviewed AAP and community engagement aspects of all project proposals submitted for AHF funding.

Furthermore, in 2020, AHF partners were encouraged to mainstream COVID-19 RCCE into their community engagement activities to ensure maximum coverage, disseminate health information and address rumors. Risk Communication and Community Engagement Working Group (RCCE WG) was instrumental in supporting AHF partners in mainstreaming COVID-19 relevant messaging, supporting a process for tracking rumors and correcting COVID-19 misinformation and building RCCE capacity throughout Afghanistan. As appropriate RCCE aspects of AHF proposal were reviewed and endorsed by the RCCE WG.

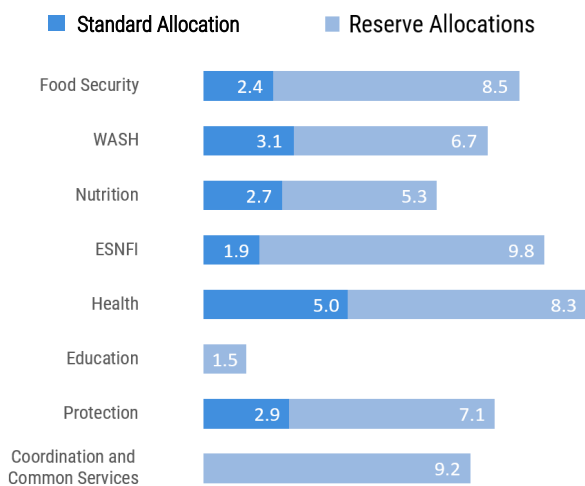
The use of cash (including multi-purpose cash), where feasible and appropriate is to be conducted in accordance with AHF Minimum Requirements for Cash-Based Programming including Post-Distribution Monitoring (PDM) and by using the toolkit created by the Afghanistan Cash Voucher Working Group (CVWG). As such, all proposals that include cash-based modalities were reviewed by the CCVWG prior to funding.

All AHF supported proposals must include robust risk mitigation practices demonstrating clear location-specific access and security context analysis and understanding of residual risks. As such, all proposals were reviewed and endorsed by the Access & Security Unit of OCHA Afghanistan (supported by the HAG) prior to funding.

## ALLOCATIONS BY TYPE



## ALLOCATIONS BY CLUSTER



## ALLOCATIONS BY STRATEGIC FOCUS

**S01:** Lives are saved in the areas of highest need.

**S02:** Protection violations are reduced and respect for International Humanitarian Law (IHL) is increased.

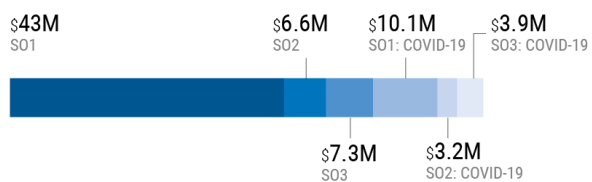
**S03:** Vulnerable people are supported to build their resilience.

**S01:** COVID-19 GHRP: Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.

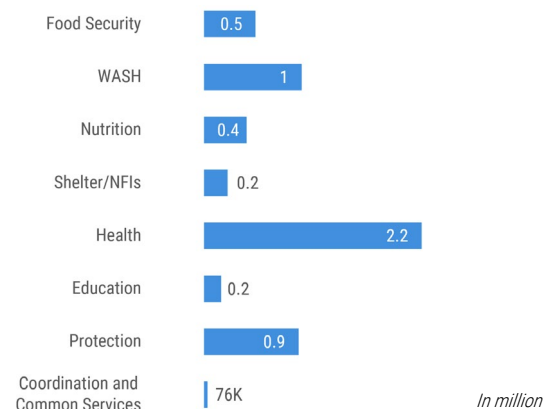
**S02:** COVID-19 GHRP: Decrease the deterioration of human assets and rights, social cohesion and livelihoods.

**S03:** COVID-19 GHRP: Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.

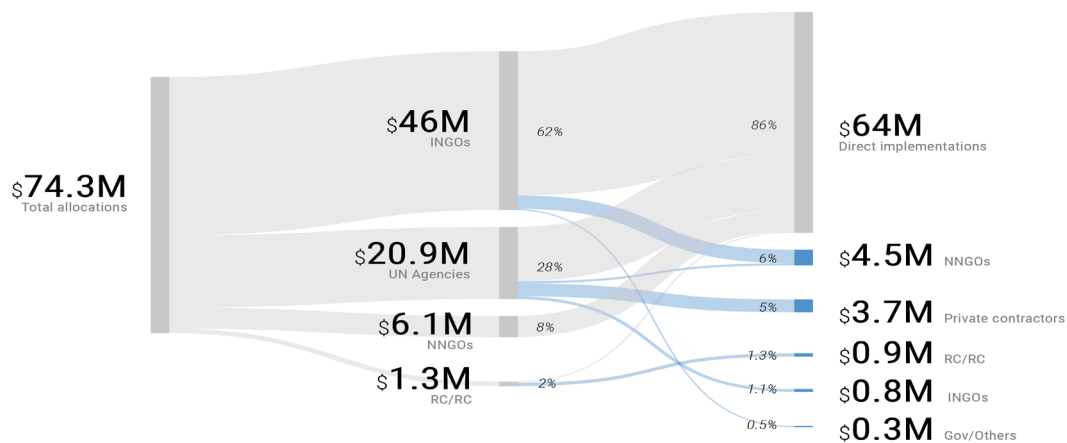
## ALLOCATIONS BY STRATEGIC OBJECTIVE



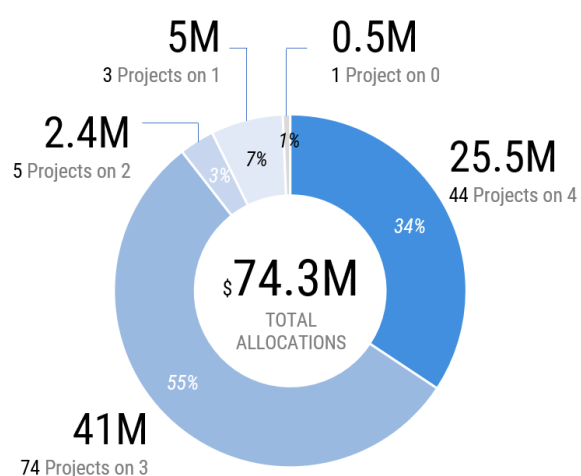
## PEOPLE TARGETED BY CLUSTER



## ALLOCATIONS FLOW BY PARTNER TYPE



## GENDER WITH AGE MARKER



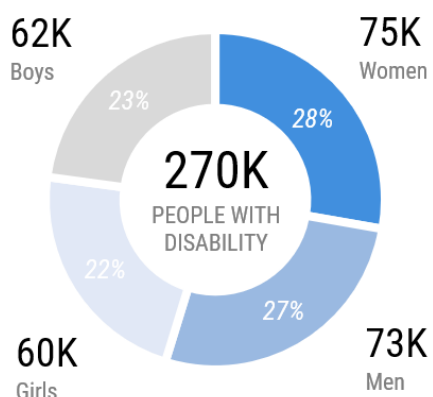
- 0 - Does not systematically link programming actions
- 1 - Unlikely to contribute to gender equality (no gender equality measure and no age consideration)
- 2 - Unlikely to contribute to gender equality (no gender equality measure but includes age consideration)
- 3 - Likely to contribute to gender equality, but without attention to age groups
- 4 - Likely to contribute to gender equality, including across age groups

## TARGETED PEOPLE WITH DISABILITY



**270K**  
PEOPLE  
TARGETED

**5%**  
OF PEOPLE  
TARGETED



# UNDERFUNDED PRIORITIES

In 2020, the UN Emergency Relief Coordinator (ERC) identified four priority areas that are often underfunded and lack the desirable and appropriate consideration in the allocation of humanitarian funding.

These four priority areas were duly considered when prioritizing life-saving needs in AHF allocation processes.



Support for **women and girls**, including tackling **gender-based violence**, **reproductive health** and **empowerment**.



Programmes targeting **disabled people**



**Education** in protracted crises



Other aspects of **protection**



**13** projects  
**\$6.3M**  
addressing **gender based violence**.

The AHF strategic and technical review committees carefully evaluate projects' gender with age marker and advise implementing partners to systematically link program actions for improving and contributing to gender equality in humanitarian responses.

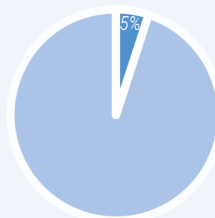
**\$25.5M** or  
**34%**  
of projects funded by CBPFs contributed to **gender equality**.



The technical specialized group guides AHF implementing partners to develop guidelines for the inclusion of disabled people in their project proposal. The AHF increased focus on influencing partners to demonstrate how they intend to reach people with disabilities.

The **Afghanistan Humanitarian Fund** prioritized programmes targeting disabled people,

**270k**  
beneficiaries  
**5%**  
of total 2020 beneficiaries



**\$1.5M**  
allocated in  
**education** sector,  
supporting

AHF supported education projects to provide basic education and learning materials to the most vulnerable children. COVID-19 personal protection equipment, disinfection materials for schools and community-based education learning centres and hygiene kits were also distributed to teachers and students.

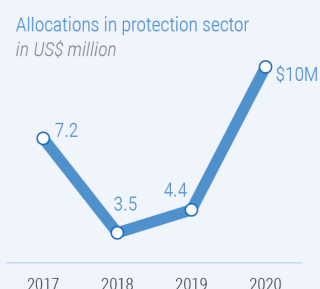
**3** projects, targeting over  
**172K** beneficiaries including  
**81K** girls and  
**85K** boys



The protection cluster and partners provided critical services to the most vulnerable people. The services included cash assistance for most vulnerable people, access to land and housing, radio and TV spots regarding COVID-19 awareness, capacity for humanitarian clearance of explosive ordnance, child rights and GBV awareness, training on relevant topics, distribution of dignity kits, psychosocial support and advocacy efforts for addressing protection related concerns.

**Increasing** amount  
of funding in the  
**protection** sector

**\$10M**  
allocated  
**31** projects  
**1M** beneficiaries  
in 2020





### Consideration of underfunded priorities in all allocations

AHF allocation strategies ensure to address the underfunded priorities. In 2020, the below approaches were considered:

- Support multi-sectoral survivor centred GBV services through multisector response (legal, safety, health and psychosocial) through door-to-door outreach and referrals to facility based specialized services;
- Strengthen community-based protection mechanism, including working closely with women and men faith leaders, local women organization, and community volunteers;
- Increase the scope and scale of protection activities, the AHF-funded GBV response complemented CERF allocation for GBV;
- Prioritize protection activities such as case management, psychosocial counselling, referral for services and community mobilization;
- Prioritize addressing the needs of vulnerable groups, especially women and children in hard-to-reach areas with very limited access to core GBV and child protection services;
- Prioritize activities designed to mitigate the consequences of negative coping strategies in the face of continued or multiple displacement, socio-economic exclusion, reduced resilience level and limited capacity of individuals or communities to respond to shocks;
- Scale up individual Protection Assistance (IPA) through introduction of Cash-for-Protection assistance programme to mitigate the risk of adopting negative coping strategies such as child marriage, and child labour;
- Strengthen child protection referral services, including through deployment of psychosocial mobile teams to identify vulnerable children, provide psychosocial support and provide case management services;
- Identify and establish Women Friendly Health Spaces (WFHSs) and Child Friendly Spaces (CFSS) in IDPs/returnee settlement areas;
- Promote housing, land and property rights, HLP support services for undocumented Afghans returning from Iran and Pakistan, as well legal assistance or durable HLP solutions;
- Prioritize a safe return to schools, CBEs and small group activities to enable resumption of learning. To enable children to access the schools and CBEs, ensure basic WASH in schools as well as provision of personal reusable protective equipment for student and teachers. WASH in schools and CBE Provision of reusable Personal Protection Equipment (PPE) and Provision of self-learning materials.

### Support for women and girls

In consultation with the AHF, the Accountability to Affected People (AAP) Working Group developed guidance for AHF partners to address the five Commitments of Accountability to Affected People (CAAP) of the Inter-Agency Standing Committee (IASC). This document provides guidance on “being held to account” especially on the Protection from Sexual Exploitation and Abuse (PSEA). Sexual exploitation and abuse by anyone associated with the provision of aid constitutes a most serious breach of accountability and populations must be able to raise complaints and call for appropriate protection measures against such abuse, as well as being informed of the results of investigations on these complaints.

### Programmes targeting people with a disability

In the implementation of AHF funded projects, partners developed guidelines for the inclusion of children with disabilities in humanitarian action to ensure they receive equal access to assistance. All AHF projects were reviewed for protection mainstreaming and accountability to affected people by specialized working groups – ensuring children with disabilities were also prioritized and considered.

### Education in protracted crises

All schools and learning centres were closed in March 2020 as part of COVID-19 mitigation measures. This left more than 10 million children with no access to education, which is not only a basic right, but also offers a safe and protective environment for vulnerable children. In October 2020, the Ministry of Education announced the reopening of all schools and CBEs. Education in Emergency Working Group (EiE WG) partners quickly resumed activities, enabling children to catch up during the winter. However, with temperatures dropping to as low as -27°C, harsh winter weather can be a deterrent to accessing education. To ensure quality and safe learning for children, the AHF supported projects that prioritized a safe return to schools, CBEs and small group activities, which allowed for the resumption of learning in both centres and at home. To help children access schools and CBEs, partners also provided basic WASH in schools support, heating support, clothing, as well as personal reusable protective equipment for students and teachers.

### Protection

In 2020, the AHF funded 30 specific protection projects focusing on general protection, GBV, child protection, mine risk education, and access to land and housing. In addition, all AHF projects were required to mainstream cross-cutting issues such as PSEA, protection, disability and accountability to affected people. Thereby, protection components were reviewed and endorsed by specialized working groups prior to the strategic and technical reviews of the project proposals.



## Safe and sustained access to education for children

Farzana (name changed to protect her identity) said she remembers all too well the day when she and her parents returned home to find their house destroyed in the conflict between the Afghan National Security Forces and the Taliban

“We had to start our life from scratch,” said Farzana, who is from Shenghula Village in Dehrawood District, Uruzgan province. Farzana has now successfully graduated from Grade 1 and is set to continue her Grade 2 studies in a Community-Based School (CBS) established by Children in Crisis (CIC) and the Empowerment Centre for Women (ECW).

As a girl, it was not easy for Farzana to attend the CBS. “One day, a number of people visited our village with the intention of setting up a CBS. Our village elders told them that education is only allowed for boys, but not for girls as the Taliban rule our village and they only allow girls to attend Quranic and Islamic Studies. When the CBS

started in our village, I also wanted to attend with my friends. When the community elders spoke to the Taliban education manager, they allowed girls to attend on the condition that their parents approved. They said that as the CBS is in our own community and the teacher was recruited from our village, there shouldn't be any problem with girls attending. Knowing that I was keen to attend, my father agreed to let me attend the CBS along with my friends. It was a very happy moment when I heard about it, as girls do not get the same opportunities as boys to attend school here.”

Today, Farzana can write the Pashto alphabet and can count from 1 to 100. “I want to serve my community and people in the future if I get a chance to continue my studies.” CiC established 90 CBSs across Uruzgan in November 2019. These schools provided education for 3,500 children in Dehrawood and Tirinkot districts. An analysis of attendance trends and retention data among students in Tirinkot showed that 97 per cent children stayed in school after the start of the COVID-19 pandemic and 91 per cent of children had an overall attendance of above 90 per cent. Furthermore, 96 per cent of the enrolled children graduated from Grade 1 and were set to join Grade 2 under the Multi-Year Resilience Programme.

## AHF 2020 ANNUAL REPORT

# FUND PERFORMANCE

The AHF measures its performance against a management tool that provides a set of indicators to assess how well a Fund performs in relation to the policy objectives and operational standards set out in the CBPF Global Guidelines. This common methodology enables management and stakeholders involved in the governance of the Funds to identify, analyze and address challenges in reaching and maintaining a well-performing CBPF.

CBPFs embody the fundamental humanitarian principles of humanity, impartiality, neutrality and independence, and function according to a set of specific principles: Inclusiveness, Flexibility, Timeliness, Efficiency, Accountability and Risk Management.

## PRINCIPLE 1

## INCLUSIVENESS

A broad range of humanitarian partner organisations (UN agencies and NGOs) participate in CBPF processes and receive funding to implement projects addressing identified priority needs.

## 1 Inclusive governance

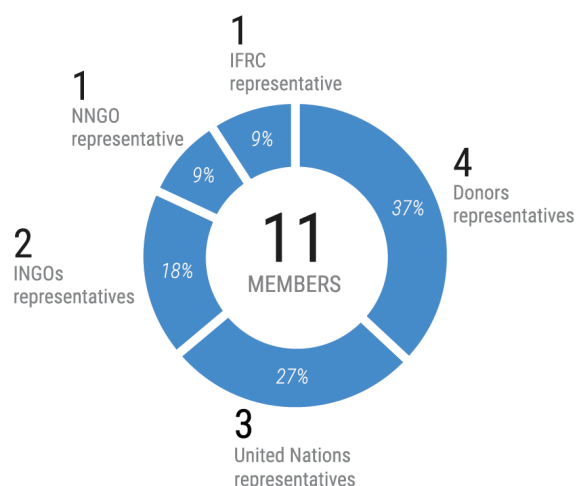
The Advisory Board has a manageable size and a balanced representation of CBPF stakeholders.

## Target

The AHF AB composition reflect diverse and adequate representation of the humanitarian community.

## Results

## COMPOSITION OF THE ADVISORY BOARD



## Analysis

The AHF Advisory Board is composed as prescribed by the AHF Operational Manual and CBPF global guidelines.

## Follow up actions

The composition of the AB is to be reviewed annually.

## 2 Inclusive programming

All Strategic Review Committee (SRC) and Technical Review Committee (TRC) meetings are chaired by the Cluster Coordinator, technically supported by the AHF and with equal representation of cluster members by type of organisation (NGO, UN, RC).

## REPRESENTATIVES THE REVIEW COMMITTEES

# of representatives that participated on average in Strategic Review Committee

2 UN Agencies 2 NNGOs 2 INGOs 2 OCHA 1 Cluster

# of representatives that participated on average in Technical Review Committee

2 UN Agencies 2 NNGOs 2 INGOs 2 OCHA 1 Cluster

## Analysis

The AHF developed Standard Operating Procedure (SOP) and Terms of Reference (TOR) for all SRC and TRC meetings. Review committees are led and convened by the respective Cluster Coordinator. Composition is established by cluster members through an election process. Members of review committees are nominated/selected by active members of the relevant cluster. Cluster leads and members of review committees are not permitted to represent or support the interests of the agency they are employed with. The process is compliant with CBPF global guidelines, ensuring inclusive reviews by peers at the cluster level.

The principle of equal representation by agency type is maintained. The AHF actively participated in, facilitated and supported the work of the SRCs. Interest in participation in the work of SRCs and TRCs remains high among stakeholders.

The strategic and technical review processes are inclusive, benefit from, and empower the cluster system, and enable quality programming through multi-stakeholder technical collaboration.

## Follow-up actions

The AHF will ensure process compliance and support all committee members, as needed.

## PRINCIPLE 1

# INCLUSIVENESS

### 3 Inclusive implementation

CBPF funding is allocated to the best-positioned actors, leveraging the diversity and comparative advantage of eligible organizations.

#### Target

Increased ability to include NGO partners in allocations and improve on 2019 figures for partner eligibility share per type of organisation (28 per cent UN; 62 per cent INGO; 8 per cent NNGO and 2 per cent Red Cross/Crescent.).

#### Results

Over 50 per cent of all AHF grants were allocated to non-UN implementing partners (32 INGOs, 11 NNGOs and one Red Cross/Red Crescent organization).

The AHF continued to provide information and training to NGO partners using ACBAR as a coordination platform and directly supported NGOs on eligibility processes and proposal development.

#### Analysis

The AHF eligibility assessment process is compliant with CBPF global guidelines. The AHF completed reviews of all new applications submitted for eligibility in 2020. By the end of 2020, 92 partners were eligible to receive AHF funding (46 INGOs; 37 NNGOs; 8 UN; and 1 Red Cross/Crescent Organisation). The AHF developed respective training materials and provided direct support to all new applicants.

#### Follow up actions

The HFU will ensure that all new applications are completed in a timely manner. The HFU will continue to provide information and support sessions to prospective partners.

### 4 Inclusive engagement

Resources invested by the OCHA HFU in supporting the capacity of local and national NGO partners are compliant with global CBPF strategic objectives. Support includes trainings, workshops, and provision of communication materials to national partners.

#### Target

A total of 37 NNGOs were eligible to apply for AHF funding. To increase their capacity to access and manage AHF grants, the Fund provides training and assistance before allocations, and actively supports capacity-building initiatives for national partners (e.g. through conducting debriefs after eligibility assessments).

#### Results

The AHF ensured wider engagement with national partners and maintained a strategic relationship with ACBAR to strengthen the

technical and management capacity of national organizations, enhancing their overall ability to operate within humanitarian principles.

#### SPECIALISED AND THEMATIC TRAININGS



**4** Trainings



**35** NGOs, **32** INGOs, **6** UN agencies trained.



**104** people trained from NNGOs, INGOs and UN organizations

Training type	Organizations type	# of organizations trained	# of people trained
4 training sessions on using Grant Management System (GMS), proposal development and eligibility in 2020	UN	6	10
	INGOs	32	50
	NNGOs	35	44

The AHF continued also to offer monthly (and on-demand) GMS clinics focusing on building NGO capacity to design, manage and implement AHF-supported projects.

The AHF continued to provide walk-in clinics to troubleshoot GMS issues and any other programmatic and budget-related concerns from NNGOs throughout the year. The AHF also introduced a user-friendly Due Diligence and Capacity Assessment process that is compliant with CBPF global guidelines.

To ensure continuation of these activities, a Memorandum of Understanding (MoU) with ACBAR is in place.

The AHF improved collaboration with the Cash and Voucher Working Group (CVWG) resulting in capacity-building of AHF partners regarding cash programming and technical assessments. Inclusion of the HAG and AAP in AHF review processes supported partners in developing security and access strategies, ensuring accountability to affected people in project proposals. The AHF no longer processes partner proposals without technical endorsement by the CVWG, AAP and HAG.

#### Analysis

The AHF increased its support for both prospective and eligible partners, as well as cluster coordination teams, resulting in partners being better informed and trained in AHF processes.

## PRINCIPLE 2

## FLEXIBILITY

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

## 5 Flexible assistance

CBPF funding for in-kind and in-cash assistance is appropriate.

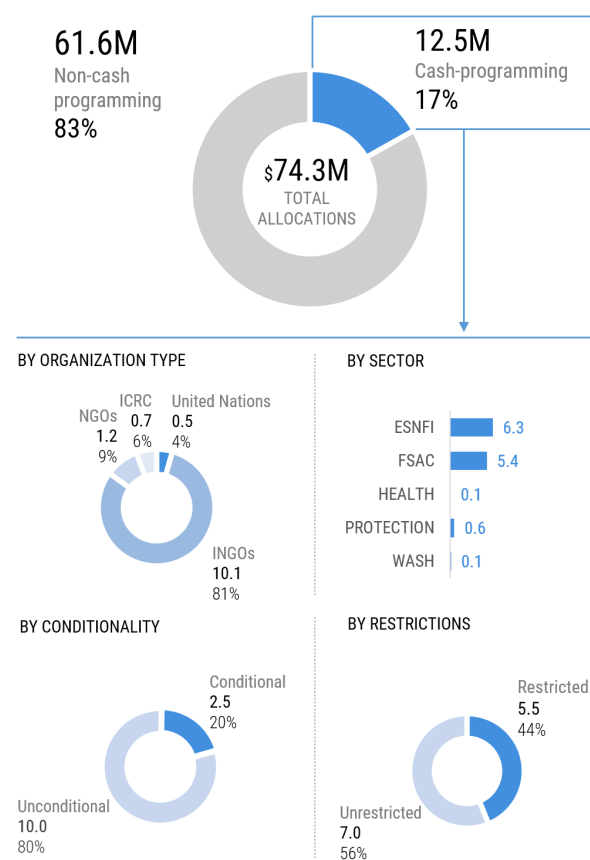
## Target

Consider, prioritize and provide funding for in-kind and cash-based responses whenever possible. Maintain 2018 levels (12 per cent) or above for cash-based allocation of funds.

## Results

In line with the Grand Bargain commitments, the AHF prioritized and provided 17 per cent of its funding for conditional and unconditional cash assistance in 2020.

## CASH TRANSFER PROGRAMMING



## Analysis

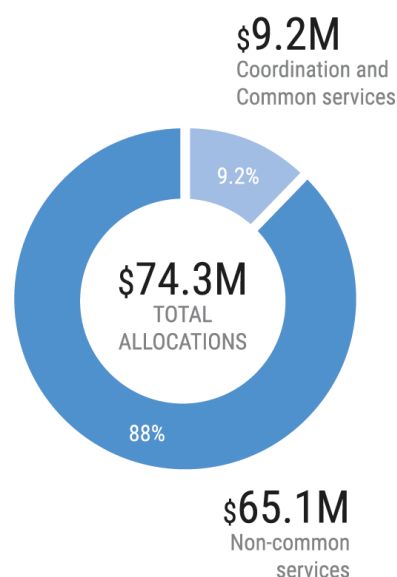
The AHF is 'cash-ready' by design and demonstrated its growing ability to support clusters and partners in implementing context-appropriate in-kind and cash-based assistance modalities.

The AHF is working closely with the CVWG to ensure coherent and contextualised approaches to cash and voucher programming when developing AHF strategies and proposals. The CVWG, with the support of the AHF, facilitated information sharing on technical guidance and minimum standards for partner's incorporation in proposals. The CVWG reviews AHF project proposals during the design stage and supports partners to adopt realistic and workable approaches for cash-based response.

## Follow up actions

The AHF will continue to support flexible assistance modalities, compliant with Grand Bargain (Stream 3) commitments. The AHF will continue collaboration with the CVWG.

## ALLOCATION THROUGH COMMON SERVICES



## PRINCIPLE 2

## FLEXIBILITY

## 6 Flexible Operations

## Target

CBPF funding supports an enabling operational environment by funding allocated to common services.

## Results

The AHF supported 3 projects for coordination and common services, representing approximately 12 per cent of total funding in 2020.

## Analysis

The AHF-supported projects for common services improved and sustained the work of the humanitarian community in Afghanistan.

- a) Supporting the United Nations Humanitarian Air Service (UNHAS) domestic air service during the COVID-19 response.
- b) Supporting the COVID-19 Intensive Care Unit (ICU).
- c) Funding collection and analysis of mobility data and improved community engagement.

## Follow up actions

The AHF supports critical common services in the absence of any other funding sources. The AHF will ensure strict prioritization of AHF grants based on the HRP and guidance provided by the Humanitarian Coordinator and the AHF Advisory Board.

UNHAS transported 1,097 passengers to and from Doha from April to December 2020. UNHAS continued [DP1] to serve all regular domestic destinations during the year, operating 2,500 flights and providing air transport to 12,811 passengers from 152 humanitarian and development organisations – UN agencies (32 percent), national and international NGOs (55 per cent), diplomatic mission and donors (8 per cent) and other implementing partners/contractors (5 per cent) - to 22 destinations across Afghanistan and via the international airbridge between Kabul and Doha. UNHAS evacuated 22 humanitarian workers, out of which seven were COVID-19 medical evacuations, three other medevacs and 12 security relocations of personnel. UNHAS also transported 48MT of humanitarian cargo (medicines, medical supplies and equipment, vaccines and humanitarian operational equipment.).

## Follow up actions

Support critical common services in the absence of any other funding sources. Strict prioritization of AHF grants on the basis of the HRP and guidance provided by the Humanitarian Coordinator and the AHF Advisory Board.



## PRINCIPLE 2

## FLEXIBILITY

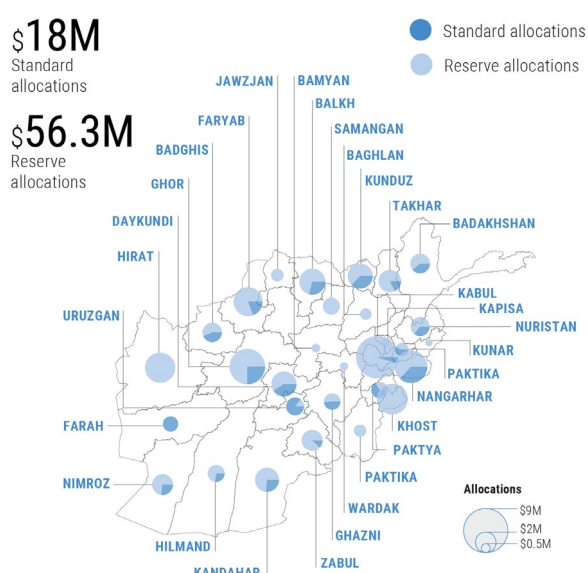
## 7 Flexible allocation process

CBPFs support strategic planning and responses to needs identified in the HRP and sudden onset emergencies through the most appropriate modalities.

## Target

The AHF applies the most appropriate allocation modality (Standard/Reserve) and is strategic in terms of using its financial capacity, enabling it to respond to rapid changes in the humanitarian context and humanitarian financing environment in Afghanistan.

## ALLOCATION TYPE BY REGION



## Analysis

The AHF conducted one Standard Allocation and six Reserve Allocations in 2020. The AHF further reduced the allocation processing time, thereby disbursing funds to implementing partners more quickly.

## Follow up actions

The AHF will ensure strategic use of its resources alongside CERF and other funding sources. The AHF will ensure context-appropriate use of allocation modalities as per CBPF global guidelines.

## 8 Flexible implementation

CBPF funding is successfully reprogrammed at the right time to address operational and contextual changes.

## Target

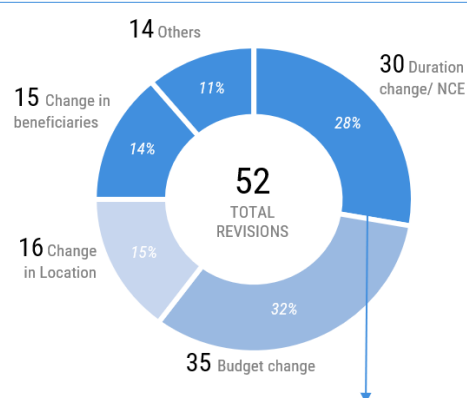
Project revision requests are processed in full compliance with CBPF global guidelines and the AHF Operational Manual. Requests are processed within a period of 10 working days.

## Results

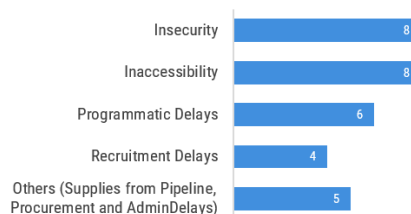
The AHF enables its partners to respond e.g. to a volatile security environment by processing requests for re-programming of project activities. Permitting its implementing partners to adjust projects to the context enables flexible humanitarian service provision. Any changes to projects continued to address the objectives of the respective grant agreement. Improved and frequent interaction between implementing partners and the Fund throughout the project cycle resulted in timely revision requests and closer coordination with respective clusters.

The AHF processed 52 project revisions that are compliant with relevant policies. The time taken to complete revisions varied depending on the type of revision request. Implementing partners were required to provide endorsements from relevant stakeholders (clusters, the relevant OCHA sub-office and specialised working groups) to ensure revision requests were technically fully supported.

## NUMBER OF REVISIONS IN 2020



## Reasons for No Cost Extension/NCE



## Follow up actions

The AHF will continue to provide timely support and provide guidance to partners requiring a project revision due to changes in the humanitarian context. It is important that partners are fully aware of the respective steps needed to initiate and complete revision requests compliant with existing guidelines.

## PRINCIPLE 3

## TIMELINESS

CBPFs allocate funds and save lives as humanitarian needs emerge or escalate.

## 9 Timely allocation

CBPFs allocation processes have an appropriate duration.

## Target

Improve allocations based on CBPF global guidelines and experiences from other CBPFs (best-practice approach). Reduce the time needed to complete allocation processes by proactively involving partners and stakeholders in all relevant aspects.

## Results

On average, the processing of Standard Allocations took 27 working days and reserve allocations took 15 working days.

Milestones	Category	2018	2019	2020 <sup>1</sup>
From allocation closing date to IP signature of the grant agreement	Standard Allocations	25	18	27
	Reserve Allocations	9	11	15

## Analysis

The AHF was able to support projects and disburse funds to implementing partners in a timely manner. The AHF provided training to all partners before allocation processes, particularly during the proposal writing phase, and improved communication with partners, resulting in fewer proposal revision requests.

## Follow up actions

The AHF will continue improving allocation processes through close collaboration with partners. The AHF will continue to provide training and refresher sessions for all partners and will provide additional guidance materials, as needed. The AHF will conduct surveys to establish the training and information needs of partners.

## 10 Timely disbursements

Payments are processed without delay.

## Target

10 working days from the date of the OCHA Executive Officer approving a grant agreement to the first payment being

disbursed into the bank account of the partner.<sup>2</sup>

## Results

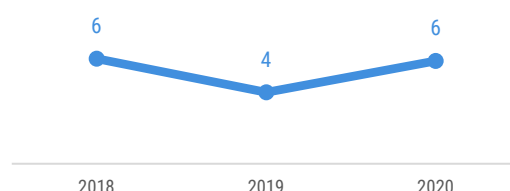
On average, it took six days to disburse the first payment into partner bank accounts.

Average number of days for Standard Allocations: 6 days

Average number of days for Reserve Allocations: 6 days

## AVERAGE WORKING DAYS OF PAYMENT PROCESSING

Average working days from EO signature of a proposal to first payment



## Analysis

Most payments were processed within six working days despite COVID-19 working arrangements. Disbursements were faster than the global average and within the global CBPF target of 10 days. Processes have further improved. The UNDP MPTF (Multi-Partner Trust Fund) serves as the Administrative Agent of the AHF, receiving and administering contributions received from donors. Grants to UN agencies are disbursed directly by the UNDP MPTF, while grants to NGO partners are disbursed by OCHA HQ (New York) after the funds are transferred from the UNDP MPTF. Considering the different financial systems, disbursement times between the MPTF and OCHA often vary.

The timely provision of accurate due diligence information is an important factor for timely disbursement. Some disbursements took longer than the average time to process payments. These delays were due mainly to changes in partners' bank account details and authorised signatory information not being updated by partners in the GMS.

## Follow up actions

The AHF will continue to coordinate with the CBPF section, the UNDP MPTF and the UN Treasury, to facilitate timely disbursement of funds to partners. The Fund will regularly review and update the partners' due diligence information to ensure accuracy of records.

<sup>1</sup> Excluding outliers/few projects which stayed longer due to partner related delays.

<sup>2</sup> For UNDP managed Funds the average number of days will be considered from the Implementing Partner signature date.

## PRINCIPLE 3

## TIMELINESS

## 11 Timely contributions

Pledging and payment of contributions to CBPFs are timely and predictable.

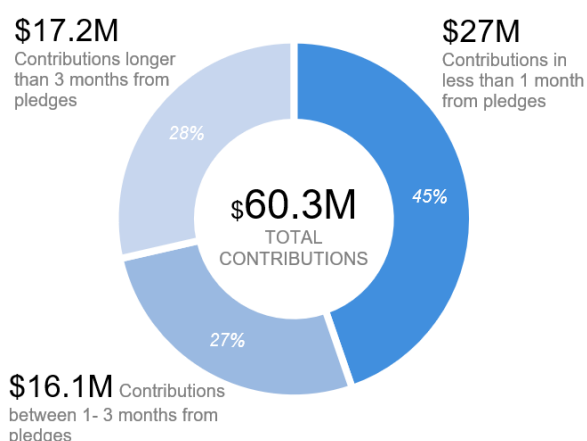
## Target

Seventy per cent of donor contributions received before the end of the first half of the year. Donors are confident that AHF operations are compliant with CBPF global guidelines, as well as global agreements and commitments made by OCHA.

## Results

A total of 67 per cent of donor contributions were made and received during the first half of the year.

## CONTRIBUTIONS TIMELINESS



*In US\$ million*

## Analysis

Donors' level of financial support appears to reflect also their confidence in technical and managerial aspects of the AHF. Fund performance at the national level not only influences funding decisions in-country but may also influence global funding decisions. As such, enhanced performance of the AHF is important to the humanitarian response in Afghanistan, and continuous donor support to OCHA-managed CBPFs globally.

In 2020, the AHF received the third highest level of donor contributions since its inception. The AHF governance, management, technical processes and structures were consistently compliant with CBPF global guidelines. The Fund fostered strong partnerships with stakeholders and partners at all levels. AHF processes (allocation strategy papers, monitoring and reporting capacity, and risk management mechanisms) were fully aligned with CBPF global guidelines and improved significantly compared to previous years.

Donor contributions received before the end of the first half of the year and the carry-over of an unspent balance from 2019 supported the AHF in launching one Standard and four Reserve Allocations amounting \$49.2 million (66 per cent of total allocations) by mid-2020.

## Follow up actions

Guided by the Humanitarian Coordinator and supported by the AHF Advisory Board, OCHA management will ensure that AHF processes continue to be fully compliant with CBPF global guidelines and reflect best-practice.

## PRINCIPLE 4

## EFFICIENCY

Management of all processes related to CBPFs enables timely and strategic responses to identified humanitarian needs. CBPFs seek to employ effective disbursement mechanisms, minimizing transaction costs while operating in a transparent and accountable manner.

## 12 Efficient scale

CBPFs contribute significant funds to support the delivery of the HRP.

## Target

15 per cent of HRP funding received.

## Results

AHF funding contributed 13 per cent of HRP funding received (\$60.3 million out of \$465.4 million<sup>3</sup>), slightly below the Fund's target of 15 per cent. Despite this, the 13 per cent achievement represents the second highest contribution level to an HRP globally and second highest level of donor funding received since 2017.

## Analysis

As requested by the Secretary-General of the United Nations and based on high-level discussions on the Grand Bargain during the World Humanitarian Summit in 2016, donors are encouraged to channel their financial contributions through CBPFs, equating to 15 per cent of the total funding need per HRP.

## Follow up actions

The Fund will continue to improve and strengthen compliance, enhancing donor confidence and funding support. The AHF will advocate for increased contributions as requested by the UN Secretary General. The Fund will collaborate closely with all donors at the country-level to harmonise humanitarian financing and to avoid duplication. The Fund provides real-time funding information via the GMS BI website. Close collaboration with clusters and OCHA coordination is required to inform donors about both the humanitarian context and financing developments.

## 13 Efficient prioritization

CBPF funding is prioritized in alignment with the HRP.

## Target

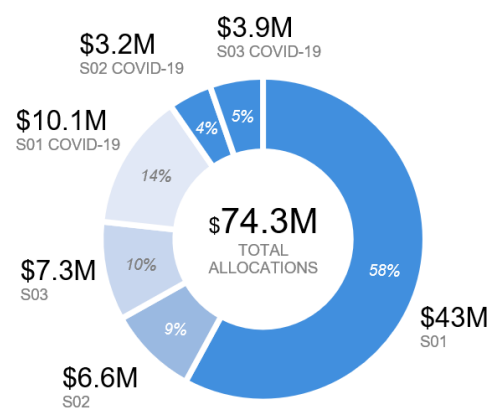
All funded projects address HRP strategic objectives and priorities.

## Results

All AHF projects addressed HRP and GHRP-COVID 19 objectives and ICCT/HCT/AB approved strategies.

The AHF improved its allocation processes by incorporating clusters and partners in allocation strategy development and peer-review of proposals at cluster level during strategic/technical reviews.

## ALLOCATION BY HRP STRATEGIC OBJECTIVES



**S01** Lives are saved in the areas of highest need

**S02** Protection violations are reduced and respect for International Humanitarian Law (IHL) is increased

**S03** Vulnerable people are supported to build their resilience

**S01: COVID-19 GHRP:** Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality

**S02: COVID-19 GHRP:** Decrease the deterioration of human assets and rights, social cohesion and livelihoods

**S03: COVID-19 GHRP:** Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.

## Analysis

The AHF complies with CBPF global guidelines and best-practice approaches, enabling strictly prioritized humanitarian action in Afghanistan.

## Follow up actions

The AHF will continue and further improve its current allocation processes as needed, engaging all partners into strategy development and peer-review of proposals at cluster level.

<sup>3</sup>The CBPFs funding targets are established based on the previous year HRP funding.

## PRINCIPLE 4

## EFFICIENCY

## 14 Efficient coverage

CBPF funding reaches effectively people in need.

The AHF has a diverse (multi-cluster) group of implementing partners in all priority geographic areas of the humanitarian response in Afghanistan. Partners are able to reach and support all target beneficiaries as per their respective AHF grant agreements.

## Results

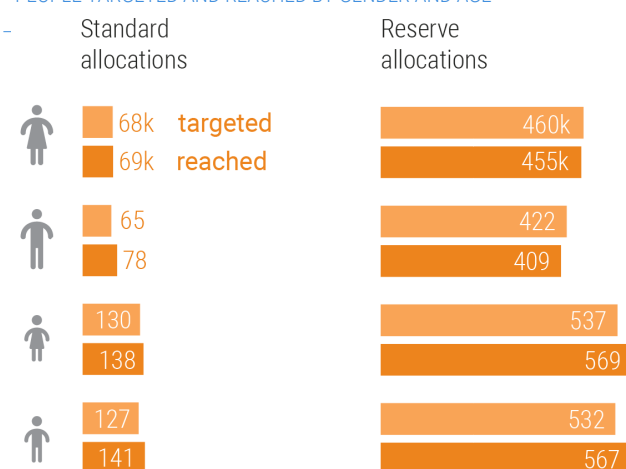
Despite access constraints and challenges due to COVID-19-related restrictions, partners reach in 2020 expanded to cover all 401 districts, demonstrating the humanitarian community's determination to not just stay in country but also to deliver, even in hard-to-reach districts.

AHF-funded partners have mostly reached initial targets planned under both standard and reserve allocation processes.

## Follow up actions

The AHF will continue to optimise its allocation planning processes, incorporating all partners into strategy development and peer-review processes for proposals at the cluster level.

## PEOPLE TARGETED AND REACHED BY GENDER AND AGE



## Analysis

Overall, AHF partners were able to reach more than 100 per cent of targeted beneficiaries. Compared to the previous year, the Fund and its partners improved Standard Allocation results.

Following an adjustment of allocation processes in 2019, reserve allocation processes enabled more detailed and accurate planning processes, resulting in a higher degree of achievement against set targets.

## PRINCIPLE 4

# EFFICIENCY

### 15 Efficient management

CBPF management is cost-efficient and context-appropriate.

#### Target

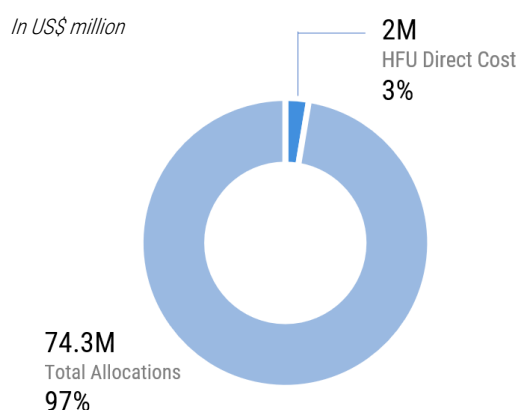
The annual AHF operating cost is less than 5 per cent of annual donor contributions to the Fund. The AHF staffing level is compliant with CBPF guidelines and flexibly adjusted. An appropriate balance of national and international staff positions is maintained. AHF staffing reflects OCHA's strategy on gender and geographic representation of international staff.

#### Results

AHF operation cost equaled 3.3 per cent of annual donor contributions made to the Fund.

The staffing level (slightly understaffed) was not fully compliant with global recommendations until the fourth quarter of 2020.

#### HFU DIRECT COSTS AGAINST TOTAL ALLOCATION



#### Analysis

In 2020, the AHF continued to increase its staffing level to achieve compliance with CBPF guidelines and HC/AB requests. The 2020 direct-cost plan facilitated the AHF's compliance with staffing guidelines. By December 2020, the HFU was staffed by eight national and four international staff. The HFU achieved gender-balance in 2019 and is committed to supporting OCHA's strategy on gender and geographical representation of international staff.

#### Follow up actions

The AHF will complete pending recruitment processes as soon as possible and further adjust staffing levels, depending on changes in the humanitarian context or donor support.

### 16 Efficient management

CBPF management is compliant with management and operational standards required by the CBPF Global Guidelines.

#### Target

The AHF has an up-to-date and compliant Fund Operational Manual and respective frameworks in place, including the Common Performance and Risk Management Framework. The AHF Annual Report is compliant with OCHA global guidance and all required reporting mechanisms are in place and compliant.

#### Results

The first AHF Operational Manual was released on 11 December 2018 after being endorsement by the AHF Advisory Board. The AHF uses all format and templates prescribed for all CBPFs, including for annual reports.

#### Analysis

The AHF Operational Manual was further operationalized throughout 2020 and revised. The AHF conducted four Advisory Board meetings in 2020 and kept Board members informed on the Fund's progress also via individual updates and information.

#### Follow up actions

It is important that the Fund continues to exceed minimum compliance and reporting standards.

## PRINCIPLE 5

## ACCOUNTABILITY AND RISK MANAGEMENT

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures

**17 Accountability to Affected People (AAP)**

CBPF-funded projects have a clear strategy to promote the participation of affected people.

**Target**

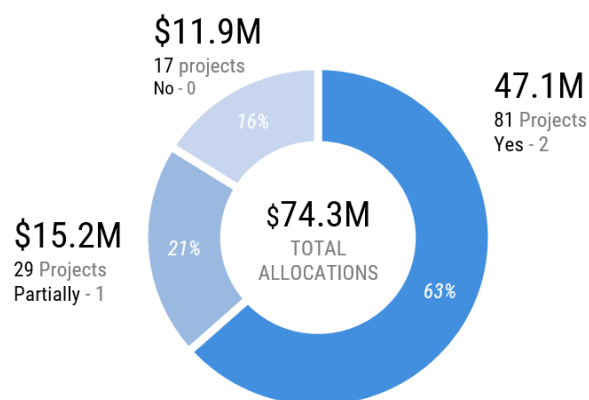
The AHF and its implementing partners achieve AAP and PSEA objectives as per respective policies and guidelines. The Fund itself and AHF-funded projects are managed responsibly in compliance with respective policies and guidelines. AHF partners are required to include AAP and PSEA strategies in their project proposals. Proposals are peer-reviewed, including by AAP and PSEA experts. Partners are required to ensure community participation throughout the project life cycle and to establish project-appropriate feedback and complaint mechanisms.

**Results**

The AHF funded AAP-dedicated projects over the past two years and AAP is reflected in project proposals, as well as progress and final reports. Partner AAP plans are captured in prioritization scorecards, and integrated throughout the programme cycle, including in field monitoring visits.

Partners are legally required (via grant agreements) to report any and all cases of SEA. All (127) projects approved in 2020 include activities that promote AAP and mechanisms to receive beneficiary feedback and enhance community participation. During field visits, AHF Monitoring Officers assessed partner AAP approaches. The visits and reports confirmed that partners had context-appropriate mechanism in place to ensure AAP and respond to beneficiary feedback. AHF reports analysed respective AAP achievements. Whenever areas for improvement were identified, partners were advised accordingly.

## ACCOUNTABILITY TO AFFECTED PEOPLE



**2** The project includes the provision of accessible and functioning feedback and/or compliant mechanisms for beneficiaries.

**1** The project partially includes the provision of accessible and functioning feedback and/or compliant mechanisms for beneficiaries.

**0** The project does not include the provision of accessible and functioning feedback and/or compliant mechanisms for beneficiaries.

**Analysis**

The AHF monitoring and reporting format analyses respective achievements and shortcomings. While respective AHF processes are compliant with CBPF guidelines, the Fund makes additional efforts to ensure that all AHF-funded projects have AAP and PSEA processes at their core. AHF partners are ultimately responsible for project-level activities and outputs, and for reporting accurately on results. It is the role of the AHF to confirm that project targets are achieved. The improved monitoring ability of the AHF has already shown noticeable improvements in 2020.

**Follow up actions**

The AHF continues to ensure that AAP and PSEA processes are at the centre of all funded projects. The AHF will follow respective guidelines and policies, conduct frequent information sessions for partners and incorporate expert guidance in all relevant areas of fund operations.



## PRINCIPLE 5

## ACCOUNTABILITY AND RISK MANAGEMENT

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures.

## 18 Accountability and risk management for projects

CBPF funding is appropriately monitored, reported and audited.

## Target

All AHF-funded projects are monitored in a timely manner using the most appropriate and context-sensitive modalities.

## Results

As planned and required (based on the 2020 AHF Monitoring Plan), the target was to monitor 90 projects by 31 December 2020. The AHF monitored 110 projects (including 70 projects which required monitoring as per OM) in 2020 which is representing 122 per cent of the target. Out of these, 56 projects started in 2019 and 54 in 2020.

The Fund conducted 58 out of 63 financial spot-checks required by the AHF operational modalities on time, 5 slightly delayed due to operational reasons. 15 additional financial spot checks were conducted at the discretion of the Fund Manager (authorization based on provisions in the AHF Operational Manual), overall exceeding minimum requirements.

Fifty-seven out of 67 (85 per cent) final financial reports, and 59 out of 63 (94 per cent) of all final narrative reports were submitted by partners and approved by the HFU on-time.

The AHF maintains audit contracts with Sammon & Co. (BDO Jordan) arranged through a global CBPF long-term agreement. By the end of 2020, audit field-level work was completed for 48 out of 49 projects required to be audited. One project audit was not conducted due to project suspension related to partner compliance matters. 8 audit reports were cleared by CBPF finance, 33 were finalized by the HFU and submitted to CBPF finance, and seven audit reports are being finalized by the auditor for projects associated with compliance matters (which require further measures).

## Analysis

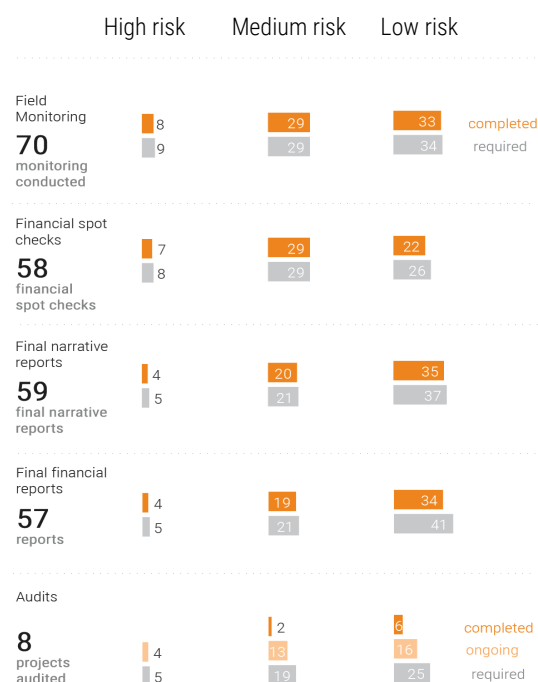
In order to enable context-appropriate risk management during the Covid-19 pandemic, the AHF had to rapidly scale-up and modify its monitoring capacity. The AHF developed dedicated monitoring SOPs based on feedback provided by AHF partners, headquarters and the newly released CBPF Monitoring Toolkit, as well as lessons-learned by CBPF's in similar contexts. The SOP and toolkit was endorsed by the AB and shared with all IPs. In 2019, the AHF recruited four national Field Monitoring Officers (all female) that are based in the four main OCHA regional offices of Kabul, Nangarhar, Kandahar and Hirat. Under the direct supervision of the Fund Manager, the team is managed and supported by a National Officer based in Kabul.

The AHF was able to use appropriate and context-sensitive approaches in meeting its monitoring targets. Direct field site monitoring visits were the primary method used to monitor AHF-supported projects. However, due to COVID-19 restrictions, field staff monitoring visits decreased significantly in 2020. The AHF used alternative monitoring modalities to achieve set targets, and projects were monitored appropriately. AHF-funded projects in hard-to-reach districts often continued to be monitored by Remote Call Monitoring (RCM). In March 2020, Third-Party Monitoring (TPM) was outsourced to Momin Royal Consultancy Services Company (MRCSC). By using various monitoring modalities, the AHF's monitoring coverage improved significantly.

## Follow-up actions

Implementation of TPM started in March 2020. The AHF will keep stakeholders informed and provide frequent progress updates to the Humanitarian Coordinator and Advisory Board. The AHF will continue close collaboration with OCHA's Oversight, Compliance & Fraud Management Unit (OCU). AHF employed a dedicated Risk Management Officer in 2020 who routinely liaise with OCU. The HFU will ensure continuity of LTAs for audit services in order to conduct these as per audit plans and mitigate potential risks. The AHF aims to increase process compliance and completion rates to 100 per cent.

## PROGRESS ON RISK MANAGEMENT ACTIVITIES



## PRINCIPLE 5

## ACCOUNTABILITY AND RISK MANAGEMENT

## 19 Accountability and risk management of implementing partners

CBPF funding is allocated to partners with demonstrated capacity.

## Target

All AHF processes and funding decisions consider and address risks as outlined in the AHF Risk Management Framework. The AHF Risk Management Framework is up-to-date and revised at least annually. Partner risk levels inform AHF funding decisions. Partner risk levels are revised according to the partner performance index (PI) and all AHF processes are in full compliance with AHF operational modalities.

## Results

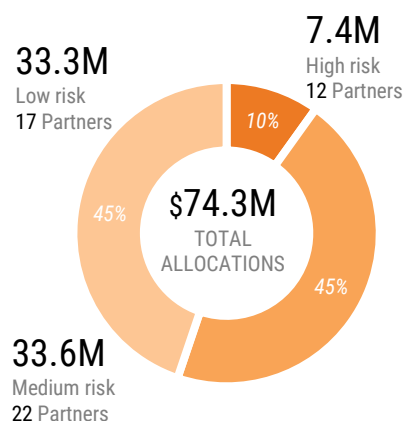
The AHF conducted 26 capacity assessments. This includes 3 new and 23 revised capacity assessments.

Partner risk levels informed the proposal development and the funding level and assurance measures applicable to projects. Partners' risk levels were revised based on their performance index. The AHF operational modality was applied to provide guidance to implementing partners.

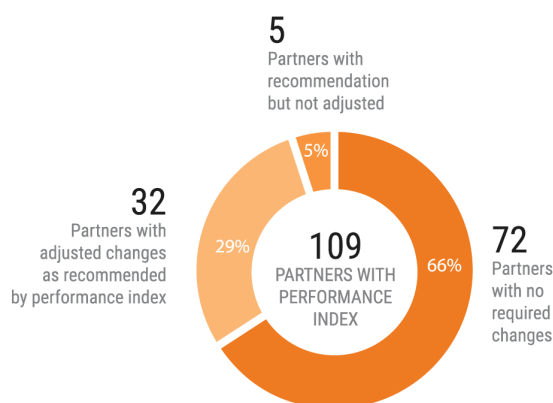
AHF-supported projects were prioritized in consultation with clusters and funding was provided to the implementing partners with the highest capacity to implement projects through an inclusive and coordinated process.

AHF processes are compliant with and exceed global minimum requirements for CBPF's.

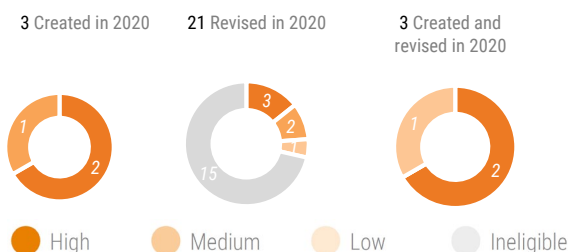
## IMPLEMENTATION BY PARTNER RISK LEVEL TYPE



## UPDATED RISK LEVEL BASED ON PERFORMANCE INDEX



## 27 CAPACITY ASSESSMENTS CONDUCTED IN 2020



1 Capacity assessment is created and conducted in 2020  
 2 Capacity assessment is only revised in 2020, regardless of what year it was created  
 3 Capacity assessment is created, conducted and revised in 2020

**PRINCIPLE 5****ACCOUNTABILITY AND RISK MANAGEMENT****Analysis**

At the end of January 2021, the AHF had 92 AHF eligible partners (37 NGOs, 46 INGOs, 1 Red Cross/Red Crescent and 8 UN). Fifty-one partners (7 UN, 32 INGO, 11 NNGO and 1 Other) received AHF funding in 2020. Three new capacity assessments and two -capacity re-assessments of NGOs were conducted. Twenty-one capacity assessments were updated/revised, and 12 new due diligence reports were approved. As per the AHF's operational manual, partners that have not implemented an AHF-funded project for more than three consecutive years are required to undergo a new capacity assessment.

The AHF actively supports localization, Grand Bargain and World Humanitarian Summit commitments aimed at including national partners into the humanitarian response in Afghanistan. The AHF supports the FCDO (previously DFID)-funded Twinning Programme, managed by ACBAR, which supports potential partners' understanding and use of AHF processes and tools.

The number of capacity assessments conducted in 2020 resulted in an increase in the number of national partners. Supporting these partners (by building their capacity to implement AHF-funded projects in full compliance with

respective guidelines and policies) is a priority for the AHF. In 2020, the Fund facilitated regular clinics for ACBAR Twinning partners, as well as other national and international NGOs on developing proposals and budgets, as well as providing training on the GMS.

Following multiple temporary suspensions of partner eligibilities due to partner compliance issues, several NNGO partners were not able to receive AHF funding in 2020. The AHF made significant efforts (together with ACBAR and Clusters) to compensate, by for example increasing the total number for eligible NNGO partners and by providing dedicated support to first-time NNGO partners.

**Follow up actions**

The AHF will continue supporting all partners and conduct capacity assessments of potential national and international NGOs. The performance index is being reviewed regularly so that partner risk levels are adjusted accordingly.

The Fund will continue to pursue the OCHA global approach towards localization and commitments from the Grand Bargain and World Humanitarian Summit. The AHF benefits from OCHA HQ guidance and experiences of other CBPFs that operate in similar contexts.

## PRINCIPLE 5

## ACCOUNTABILITY AND RISK MANAGEMENT

## 20 Accountability and risk management of funding

Appropriate oversight and assurances of funding is channeled through CBPFs.


## Target

Full compliance with CBPFs standard operating procedures (SOPs) on fraud management. The AHF Risk Management and Accountability Framework is up-to-date, revised as needed and fit for purpose. Fraud, corruption and diversion cases are processed in compliance with CBPF global guidelines and the procedures prescribed by the AHF operational manual. Staff and partners are trained in CBPF risk management protocols and are informed about AHF procedures. The AHF informs the Humanitarian Coordinator, the AHF Advisory Board, the UN Country Team based on agreed principles for information sharing of formal (forensic) investigations and cases of potential fraud involving implementing partners. The AHF provides updates on the new and ongoing cases of concern to the Board as part of regular meetings, at least four times each calendar year. The Fund is committed to continuous learning and improving its risk management modalities.

## Results

- In 2020, there were 8 new compliance-related incidents reported, out of which 2 were identified later as serious compliance cases. The incidents were detected through several assurance mechanisms, including performance and compliance monitoring, financial controls, partners' self-reporting and information received through confidential feedback. Most new cases were registered in the last quarter of the year, when the AHF established a new position dedicated to Risk Management and Compliance and thereby significantly improved its capacity to detect and pursue compliance issues
- As of 31 December 2020, 14 cases and one incident remained under review. 14 partners were temporarily suspended; 6 cases were resolved, and the eligibility status of respective partners involved was restored.
- As per global SOPs, donors were informed both at capital and country-level during the different stage of the process.
- Additional tools have been developed for consolidation and analysis of compliance-related information received from different sources.

 4  
Reported incident

 15  
On going cases  
(14 cases/1 incident)

**Reported incidents:** # of incidents/cases (allegation, suspected fraud, confirmed fraud, theft, diversion, looting, destruction, etc.) reported by HFU to OCU in 2020, either open or closed).

**Ongoing cases:** # of incidents and cases for which measures (assurance measures, inquiry, settlement etc.) were still ongoing as of 31.12.2020).

## Analysis

The HFU utilizes all accountability measures available to CBPF's to identify any issues related e.g. to diversion and/or mismanagement of provided funds and resources. For new partners, a thorough capacity assessment is performed to ensure their institutional, financial and technical capacity to implement AHF funded projects. For existing partners, the HFU applies field monitoring visits, financial spot checks, audits and project reports to assess the performance of its implementing partners.

The HFU has direct communication channels with beneficiaries and other stakeholders to enable their reporting of any possible non-compliance of AHF-funded programs.

In 2020, HFU increased conducting field visits and financial spot-checks to enhance monitoring of the AHF-funded projects and to ensure partners are compliant with CBPF requirements. In addition, narrative and financial reports followed by audits created an additional level of scrutiny in order to determine accuracy, quality and consistency of all information. Overall, the assurance measures incl. audits, financial spot-checks, field monitoring and reports are fully interlinked.

Due to travel restrictions imposed by the COVID-19 pandemic, the HFU frequently used third-party visits to monitor the projects.

## Follow up actions

The HFU will continue to ensure that all instances of potential non-compliance are proactively pursued based on CBPF SOPs on risk and fraud management.

The AHF will further scale-up the provided fraud awareness and prevention trainings for implementing partners, clusters and HFU staff.

The HFU will continue to maintain dedicated monitoring staff capacity to verify information and to keep close contact with beneficiaries, communities and all other stakeholders.

## AHF 2020 ANNUAL REPORT

# ACHIEVEMENTS BY CLUSTER

This section of the Annual Report provides a brief overview of the AHF allocations per cluster, targets and reported results, as well as lessons learned from 2020.

The cluster level reports highlight indicator achievements against planned targets based on narrative reports submitted by partners within the reporting period, 1 February 2020 to 31 January 2021. The achievements indicated include reported achievements against targets from projects funded in 2016 (when applicable), 2017, 2018, 2019 and/or 2020, but whose reports were submitted between 1 February 2020 and 31 January 2021. The bulk of the projects funded in 2020 are still under implementation and the respective achievements against targets will be reported in the subsequent AHF reports.

## ACHIEVEMENTS BY CLUSTER

# EDUCATION



### CLUSTER OBJECTIVES

**Objective 1:** Children access alternative learning opportunities that promote their protection and wellbeing.

**Objective 2:** School-aged girls and boys affected by shocks have access to quality, basic education in a safe learning environment.

**Objective 3:** Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children.

### LEAD ORGANISATIONS

UNICEF, Save the Children

#### Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$1.5M</b>	<b>3</b>	<b>3</b>
<b>TARGETED PEOPLE</b>	<b>WOMEN</b>	<b>MEN</b>
	<b>3,023</b>	<b>3,403</b>
<b>171,585</b>	<b>GIRLS</b>	<b>BOYS</b>
	<b>80,610</b>	<b>84,549</b>

While the education system was significantly disrupted by COVID-19 in 2020, it faced challenges even before the outbreak. Girls' education has been disproportionately affected by the protracted crisis, cultural limitations, and now COVID-19. The EiEWG identified that school closures and the socio-economic impact of the pandemic have left more children in need of EiE assistance.

In 2020, the AHF supported the EiEWG to provide schools and CBEs with WASH support (hand washing facilities, soap and clean drinking water), reusable Personal Protection Equipment (PPE) and self-learning materials.

The AHF allocation of \$1.5 million to EiEWG represented 2 per cent of the HRP funding requirements for this category (\$68 million) and 19.5 per cent of the overall funding received (\$7.7 million).

The AHF supported the implementation of 3 EiEWG projects through 3 partners which planned to reach 0.17 million people, representing 19 per cent of the number of people planned to be reached (0.9 million people) in the HRP.

#### Results reported in 2020

ALLOCATIONS	PROJECTS	PARTNERS	PEOPLE TARGETED		Targeted	Reached
2019	<b>\$3.4M</b>	<b>5</b>	<b>40,329</b>	Women	2k	3k
				Men	2	10
			PEOPLE REACHED	Girls	18	20
			<b>58,489</b>	Boys	17	26

## 44 ACHIEVEMENTS BY CLUSTER

OUTPUT INDICATORS		TARGETED	ACHIEVED	per cent
# of children (g/b) enrolled and benefited from access to learning spaces (CBE, ALC, TLS, Classroom)	Women	0	0	0
	Girls	15,759	16,100	102%
	Men	0	0	0
	Boys	17,009	23,624	139%
# of home-based learning packages distributed to students	Women	0	0	0
	Girls	1,090	1,086	100%
	Men	0	0	0
	Boys	2,153	2,157	101%
# of school-aged children (b/g) benefiting from teaching and learning materials (student kits, teaching kits, classroom kits).	Women			
	Girls	17,245	13,777	80%
	Men			
	Boys	17,796	21,264	119%
# of teachers (f/m) recruited.	Women	353	196	56%
	Girls			
	Men	280	442	158%
	Boys			

OUTPUT INDICATORS	TARGETED	ACHIEVED	per cent
# of TLS (CBE, ALC, TLS) and classroom established and maintained.	543	548	101%
Number of teachers (f/m) trained on EiE	903	803	89%
# of community members (including school management shuras) sensitized on the importance of EiE.	3,020	3,037	101%
# of teachers, SMS members, parents and students who have received COVID-19 awareness messages	7,076	7,076	100%
# of hygiene kits distributed to students and teachers	3,338	3,338	100%



## ACHIEVEMENTS BY CLUSTER

## COMMON SERVICES



## CLUSTER OBJECTIVES

**Objective 1:** The coordination structure is fit for purpose and facilitates a timely and effective response to people in need.

**Objective 2:** Provide efficient air services to UN agencies, NGOs, diplomats and donor representatives in Afghanistan.

## LEAD ORGANISATION

OCHA

## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$9.2M</b>	<b>3</b>	<b>3</b>
<b>TARGETED PEOPLE</b>	<b>WOMEN</b>	<b>MEN</b>
	<b>11,876</b>	<b>59,586</b>
<b>76,662</b>	<b>GIRLS</b>	<b>BOYS</b>
	<b>1,300</b>	<b>3,900</b>

The AHF's support to Coordination and Common Services allowed UNHAS to maintain its regular daily domestic operations and provide reliable access across the country for aid organisations to send staff on essential missions. The AHF also allocated funds to support an international air bridge between Kabul and Doha, Qatar, during the months when commercial airlines suspended their flights to Afghanistan due to COVID-19 related travel restrictions. This air bridge ensured reliable entry and exit to and from Afghanistan for personnel working with UN agencies, NGOs and diplomats.

With the onset of the pandemic, it was recognized that existing in-country medical facilities were unable to provide an adequate level of specialist medical care for seriously affected humanitarian workers, especially international humanitarian personnel from NGOs, diplomatic missions and the UN. The AHF allocated funding to provide an Intensive Care capacity to treat humanitarian personnel affected by COVID-19, in absence of capacity by the national health system. The facility became operational in early 2021. This funding supports the continuation of humanitarian services throughout Afghanistan.

The AHF allocation of \$9.2 million to Coordination and Common Services represented 23 per cent of the HRP funding requirements for this category (\$39.9 million) and 52 per cent of the overall funding received (\$17.7 million).

## Results reported in 2020

Allocations Reported in 2020						Targeted	Reached		
Allocations		Projects	Partners	People Targeted					
2020	\$3.7M	1	1	2,300		Women	0.5k	0.5k	
						Men	2	2	
				PEOPLE REACHED	2,634		Girls	0	0
							Boys	0	0

## OUTPUT INDICATORS

		TARGETED	ACHIEVED	per cent
Number of passengers transported against planned quantities	Women	490	538	109%
	Girls	0	0	0
	Men	1,810	2,090	115%
	Boys	0	0	0

## ACHIEVEMENTS BY CLUSTER

### FOOD SECURITY & LIVELIHOODS



#### CLUSTER OBJECTIVES

**Objective 1:** Shock affected people (IDPs, returnees, refugees, natural disaster affected, people affected by COVID-19 and seasonally food insecure IPC phase 3 and 4 people) of all ages have a minimum household food consumption score of above 42.5

**Objective 2:** Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition.

#### LEAD ORGANISATIONS

FAO, WHH

#### Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$10.9M</b>	<b>20</b>	<b>16</b>
<b>TARGETED PEOPLE</b>	<b>WOMEN</b>	<b>MEN</b>
	<b>119,259</b>	<b>116,003</b>
<b>519,137</b>	<b>GIRLS</b>	<b>BOYS</b>
	<b>143,003</b>	<b>140,872</b>

According to the September 2020 IPC analysis, Afghanistan has the second highest number of people in IPC 4 (emergency) in the world – 5.5 million people – through until March 2021.

AHF funding supported FSAC partners to provide immediate life-saving in-kind and cash-for-food support to vulnerable families

In 2020 the AHF allocation of \$10.9 million to FSAC represented 3 per cent of the HRP funding requirements for this category (\$370 million) and 6.6 per cent of the overall funding received (\$163.5 million).

The AHF supported the implementation of 20 FSAC projects through 16 partners, which planned to reach 0.5 million people, representing 5 per cent of the number of people planned to be reached with food and livelihoods assistance (9.8 million people).

9.5 million people received food and agriculture-based livelihood assistance against a total target of 9.8 million people. Lifesaving food assistance was provided to 7.46 million people and livelihood protection assistance was delivered to 2.14 million people.

#### Results reported in 2020

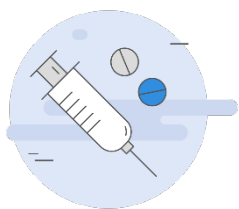
ALLOCATIONS		PROJECTS	PARTNERS	PEOPLE TARGETED		Targeted	Reached	
2019	\$4.4M	8	7	573,362		Women	137k	119k
						Men	154	139
2020	\$1.1M	2	2	PEOPLE REACHED		Girls	141	174
						Boys	141	183
				614,449				

OUTPUT INDICATORS		TARGETED	ACHIEVED	per cent
Number of people receiving cash transfers for food/agricultural inputs	Women	23,682	23,172	113%
	Girls	31,529	33,247	108%
	Men	26,163	24,437	115%
	Boys	31,740	33,691	112%
Number of natural disaster-affected people receiving livelihoods assistance	Women	35,602	45,957	129%
	Girls	25,824	40,364	156%
	Men	38,147	54,149	142%
	Boys	41,368	56,764	137%
# floods affected people receiving assistance	Women	25,573	34,325	134%
	Girls	15,672	19,663	125%
	Men	28,610	35,344	123%
	Boys	31,302	35,085	112%

OUTPUT INDICATORS		TARGETED	ACHIEVED	per cent
Number of people affected by natural disasters who received assistance.		247,033	483,603	196%
Number of targeted households supported with agriculture inputs. (wheat seed, DAP and Urea ):		113,393	87,656	100%
Men and women who are satisfied with their crop germination (target minimum 85%)		58,547	49,127	84%

## ACHIEVEMENTS BY CLUSTER

## HEALTH



## CLUSTER OBJECTIVES

People suffering from conflict-related trauma injuries receive life-saving treatment within the province where the injury was sustained.

**Objective 2:** Additional FATPs are accessible to treat people with traumatic injuries.

## LEAD ORGANISATION

WHO

## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$13.2M</b>	<b>28</b>	<b>16</b>
TARGETED PEOPLE	WOMEN	MEN
<b>2,184,125</b>	<b>714,055</b>	<b>672,673</b>
	GIRLS	BOYS
	<b>393,356</b>	<b>404,041</b>

With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan are facing extreme consequences from the COVID-19 pandemic.

The AHF was one of the first CBPFs to respond to the COVID-19 pandemic by launching an allocation of \$1.5 million in February 2020. This kick-started funding for critical COVID-19 needs tied to the initial three-month COVID-19 Multi-Sector Humanitarian Country Plan.

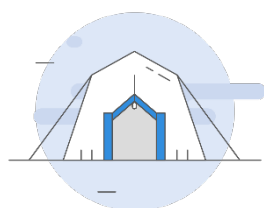
The AHF allocation of \$13.16 million to the Health Cluster represented 7.7 per cent of the overall Health requirements in the HRP (\$171 million) and 24 per cent of the total Health funding received (\$55.5 million). This supported the implementation of 28 Health projects through 16 partners targeting 2.2 million people, supporting 34 per cent of the 7 million people planned to be assisted with health responses under the HRP.

## Results reported in 2020

ALLOCATIONS	PROJECTS	PARTNERS	PEOPLE TARGETED		Targeted	Reached
2019	<b>\$1M</b>	<b>1</b>	<b>111,360</b>	Women	26k	31k
				Men	32	29
2020	<b>\$0.3M</b>	<b>1</b>	<b>PEOPLE REACHED</b>	Girls	26	28
			<b>115,609</b>	Boys	28	28

OUTPUT INDICATORS		TARGETED	ACHIEVED	per cent	OUTPUT INDICATORS	TARGETED	ACHIEVED	per cent
Number of people benefiting from Inter-Agency Emergency Health KITs (basic and supplementary modules)	Women	125,00	125,000	100	% of victims who receive life-saving trauma care within the province where the injury was sustained.	40	40	100%
	Girls	75,000	75,000	100				
	Men	225,000	225,000	100	Number of IPD SAM units equipped with milk preparation kits	10	11	91%
	Boys	75,000	75,000	100				

## ACHIEVEMENTS BY CLUSTER

EMERGENCY SHELTER  
& NON-FOOD ITEMS

## CLUSTER OBJECTIVES

**Objective 1:** Ensure affected population groups (IDPs, returnees, refugees, conflict-affected non-displaced and natural disaster-affected people) of all ages affected by COVID-19 and /or any other new emergencies have access to adequate shelter and NFI assistance.

**Objective 2:** Vulnerable IDP, returnee, refugee and non-displaced conflict and natural disaster-affected women, men and children of all ages are protected through the provision of transitional shelter aimed at building their resilience and preventing recovering communities from slipping back into humanitarian need.

## LEAD ORGANISATIONS

UNHCR, IOM

## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$11.7M</b>	<b>26</b>	<b>15</b>
TARGETED PEOPLE	WOMEN	MEN
<b>236,885</b>	<b>51,825</b>	<b>49,652</b>
	GIRLS	BOYS
	<b>67,070</b>	<b>68,338</b>

ES-NFI partners used AHF funding to distribute emergency shelter kits and/or materials to displaced people and to rehabilitate, repair or upgrade existing shelters that were in poor condition. Standard NFI kits were distributed where needed.

The ES-NFI response was delivered through a combination of in-kind as well as cash and voucher modalities. In 2020, cash assistance constituted 30 per cent of the overall ES-NFI response under the HRP. Cash was predominantly used in shelter repair, rental support, and winterization programmes.

The AHF allocated \$11.8 million to the ES-NFI Cluster, representing 9.6 per cent of the Cluster's funding requirement in the HRP (\$122.9 million) and 55 per cent of the funding received (\$21.5 million). The AHF supported the implementation of 26 ES-NFI projects through 15 partners targeting 236,885 people, which represent 66 per cent of the overall number of people planned to be reached with ES-NFI assistance in the HRP (1.4 million people).

## Results reported in 2020

ALLOCATIONS	PROJECTS	PARTNERS	PEOPLE TARGETED		Targeted	Reached
2018	<b>\$0.25M</b>	<b>1</b>	<b>457,747</b>	 Women	103k	96k
				 Men	92	87
2019	<b>\$14.6M</b>	<b>22</b>	<b>409,506</b>	 Girls	129	113
				 Boys	134	114

OUTPUT INDICATORS		TARGETED	ACHIEVED	per cent
Number of people receiving cash-based assistance for winterization (heating, shelter repair)	<i>Women</i>	11,089	11,557	104%
	<i>Girls</i>	13,696	17,014	124%
	<i>Men</i>	10,982	9,978	91%
	<i>Boys</i>	13,982	16,400	117%
Conflict-affected women, men and children receiving winterization assistance who express satisfaction about this support.	<i>Women</i>	5,862	4,354	74%
	<i>Girls</i>	9,306	6,946	75%
	<i>Men</i>	4,644	3,089	67%
	<i>Boys</i>	9,868	7,668	78%
Number of people receiving the winterisation standard package for insulation.	<i>Women</i>	62,810	63,472	101%
	<i>Girls</i>	80,512	75,710	94%
	<i>Men</i>	58,381	58,611	100%
	<i>Boys</i>	82,022	76,496	93%

OUTPUT INDICATORS	TARGETED	ACHIEVED	per cent
Number of people whose shelter was upgraded, allowing for safer and more dignified living conditions.	42,085	44,501	106%
Number of people receiving basic household items (NFI) to meet their immediate needs.	36,031	35,254	98%

Zufonun's daughter, Sameha, who is only three years old, has learnt to wash her hands on her own  
Credit: OCHA



## Preventing diseases by providing water, sanitation and hygiene among displaced people

Two years ago, fierce fighting broke out at night between Afghan National Security Forces and a non-state armed group in Zufonun's village in Ghor province. Zufonun said that she grabbed her four children and fled as the bombing was going on. On that night, her husband was invited to dinner by his relatives, and she has not seen him since. She has no idea whether her husband is alive. Zufonun, 45, lives in a mud house in a site for internally displaced people (IDPs) in Hirat. She reminisces about her past and the green farming lands that provided her family with a good income.

Despite her situation, Zufonun has been trying to keep her small muddy house clean and ensure that her children are living in hygienic conditions. "Although I tried my best to care for my children's hygiene, my children got sick because of the inadequate living space with not enough facilities," said Zufonun.

As part of the "Water, Sanitation and Hygiene Winterization Project", funded by the Afghanistan Humanitarian Fund, World Vision Afghanistan distributed 13,673 hygiene kits to the most vulnerable families in IDP sites in the Shahrak-e-Sabz, Rekreshan and Kohdestan sites in Hirat province. The kits consist of jerry cans, a bucket, a water pitcher, towels,



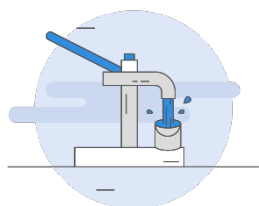
toothbrushes, toothpaste, soap, a soap case, and sanitary items for women.

Zufonun's daughter, Sameha, who is only three years old, has learnt to wash her hands on her own. Zufonun said she is glad that she now has hygiene items to enable her children to be clean. "These hygiene kits minimized one of the burdens from my shoulders. I am very happy that I can keep my children clean. We fetch clean water using a clean jerry, and my children can wash their hands and faces with soap," said Zufonun. "From the time these kits were distributed to families in the IDP site, I noticed that people were less likely to get sick, especially children, which also decreased our need to go to the doctor."



## ACHIEVEMENTS BY CLUSTER

## WATER, SANITATION &amp; HYGIENE



## CLUSTER OBJECTIVES

**Objective 1:** Affected people have access to COVID-19 tailored water, sanitation and hygiene services, facilities and supplies they need.

**Objective 2:** WASH assistance is delivered to women, men, boys and girls living in hard-to-reach areas and overcrowded settlements.

**Objective 3:** Vulnerable people have access to safe drinking water system supporting handwashing promotion led by development networks.

**Objective 4:** WASH comprehensive package of resilient services is delivered to women, men, boys and girls living in hard-to-reach areas and overcrowded settlements.

## LEAD ORGANISATIONS

UNICEF, DACAAR, MRRD

## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$9.8M</b>	<b>17</b>	<b>12</b>
TARGETED PEOPLE	WOMEN	MEN
<b>981,552</b>	<b>257,255</b>	<b>226,499</b>
	GIRLS	BOYS
	<b>246,097</b>	<b>251,701</b>

AHF funding provided WASH responses to the COVID-19 outbreak. These included pre-positioning of key supplies (soaps, buckets with taps, chlorine drums, sprayers, household water treatments, and latrine slabs etc.); provision of handwashing facilities; scaling up messaging on handwashing at the community level; spraying of chlorine and waste management in the most at-risk public places and institutions; and provision of safe drinking water, including construction and rehabilitation of water points/systems and sanitation facilities.

The AHF allocated \$9.8 million to the WASH Cluster in 2020, representing 6 per cent of the overall WASH requirements in the HRP (\$152.2 million) and 44 per cent of the WASH overall funding received (\$22.2 million).

The AHF supported the implementation of 17 WASH projects through 12 partners targeting 1 million people, who represent 26 per cent of the 3.8 million people targeted to receive WASH assistance throughout the year.

## Results reported in 2020

ALLOCATIONS		PROJECTS	PARTNERS	PEOPLE TARGETED		Targeted	Reached
						Women	<div>132k</div> <div>146k</div>
2018	\$1.5M	1	1	623,107		Men	<div>128</div> <div>137</div>
2019	\$3.4M	5	4	PEOPLE REACHED		Girls	<div>183</div> <div>183</div>
2020	\$2.4M	3	2	652,372		Boys	<div>180</div> <div>186</div>

OUTPUT INDICATORS		TARGETED	ACHIEVED	per cent
Number of affected people receiving hygiene kits and hygiene promotion as per cluster standard	<i>Women</i>	158,157	151,234	96%
	<i>Girls</i>	224,470	228,583	102%
	<i>Men</i>	150,108	140,578	94%
	<i>Boys</i>	221,139	229,847	104%
Number of affected people receiving water assistance as per cluster standard		117,147	155,613	133%
Number of people having access to improved sanitation facilities		109,377	139,149	127%

## ACHIEVEMENTS BY CLUSTER

# NUTRITION



### CLUSTER OBJECTIVES

**Objective 1:** Decline in GAM among IDP, returnee, refugee and non-displaced, conflict-affected children under age 5 and a decline in PLW suffering from acute malnutrition.

**Objective 2:** Prevention of deterioration in acute malnutrition among the most vulnerable and at-risk groups, including children under age 5 and PLW, through counselling on maternal, infant and young child nutrition programs.

### LEAD ORGANISATIONS

UNICEF, ACF

#### Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$8.0M</b>	<b>16</b>	<b>8</b>
<b>TARGETED PEOPLE<sup>1</sup></b>	<b>WOMEN</b>	<b>MEN</b>
	<b>104,569</b>	<b>73,281</b>
<b>430,343</b>	<b>GIRLS</b>	<b>BOYS</b>
	<b>128,279</b>	<b>124,214</b>

AHF funding enabled partners to deliver life-saving emergency nutrition response for the most vulnerable and at-risk groups in prioritized locations through static and mobile nutrition teams. The key nutrition response activities supported by AHF funding are: procurement and delivery of core nutrition supplies (RUTF, RUSF, Therapeutic Milk [F-75 and F-100] and Resomal); treatment of SAM and MAM among children under age 5 and PLW; provision of counseling services on maternal, infant and young child feeding practices; and rapid nutrition assessment in hotspot locations.

The AHF allocated \$8 million to the Nutrition Cluster, which represented 7 per cent of the overall funding requirement for the cluster (\$114.6 million) and 23 per cent of the funding received (\$34.9 million).

The AHF supported the implementation of 16 Nutrition projects through eight partners targeting 430,343 people, representing 30 per cent of the people planned to be reached with Nutrition assistance (2.4 million people).

Women and children accounted for 77 per cent of people targeted for assistance, due to the focus of nutrition interventions on the most vulnerable children and pregnant and lactating women.

#### Results reported in 2020

ALLOCATIONS		PROJECTS	PARTNERS	PEOPLE TARGETED		Targeted	Reached	
2019	\$9M	5	2	187,054		Women	36k	33k
						Men	0	0
2018	\$1.1M	1	1	PEOPLE REACHED		Girls	80	87
						Boys	71	72

OUTPUT INDICATORS		TARGETED	ACHIEVED	per cent
Number of boys and girls (6-59 months) with MAM admitted in OPD-MAM programme.	<i>Women</i>			
	<i>Girls</i>	26,244	28015	107%
	<i>Men</i>			
	<i>Boys</i>	27,366	24,426	89%
Number of boys and girls 6-59 months with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) enrolled in therapeutic feeding programmes	<i>Women</i>			
	<i>Girls</i>	50,976	55,045	108%
	<i>Men</i>			
	<i>Boys</i>	42,010	45,328	198%
Number of ready to use therapeutic food (RUTF) cartons procured and distributed		69,147	75,893	110%
Number of pregnant and lactating women (PLW) enrolled in targeted supplementary feeding programmes (TSFP)		36,320	33,135	91%
Number of BPHS clinics supplied with ready-to-use therapeutic foods (RUTF)		1040	1062	102%

## ACHIEVEMENTS BY CLUSTER

# PROTECTION



### CLUSTER OBJECTIVES

**Objective 1:** Civilian casualties from explosive devices are reduced.

**Objective 2:** Impact of armed conflict and natural disasters on civilians and civilian facilities is reduced.

**Objective 3:** An appropriate coordinated response provides necessary protection assistance to affected communities and people, including children, in a timely manner.

**Objective 5:** Displaced communities are able to claim HLP rights and/or possess HLP;

**Objective 6:** Community-based protection systems are strengthened to reduce community vulnerabilities

### LEAD ORGANISATIONS

UNHCR, NRC,

#### Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$10M</b>	<b>31</b>	<b>21</b>
<b>TARGETED PEOPLE</b>	<b>WOMEN</b>	<b>MEN</b>
	<b>293,705</b>	<b>232,553</b>
<b>949,614</b>	<b>GIRLS</b>	<b>BOYS</b>
	<b>217,879</b>	<b>205,477</b>

The AHF allocation enabled protection partners to undertake protection monitoring, case identification and referral; provide psychosocial support, individual protection assistance and case management; enhance the prevention of and respond to protection violations; provide multi-sectoral GBV services; strengthen GBV referral pathways and community mobilization to prevent and respond to GBV; distribute dignity kits; conduct capacity-building and awareness-raising; provide Explosive Ordnance Disposal, Explosive Ordnance Risk Education and survey activities; provide victim data collection and victim referral activities; support land clearance in target areas settlement; advocate to strengthen HLP rights for at-risk settlements; provide legal awareness, counselling and legal assistance to displacement affected populations; sensitize on Covid-19 facts to prevent spread; provide COVID-19 specific hygiene materials (soap, masks, gloves, sanitizers etc.); monitor the adoption of negative coping mechanisms fuelled by COVID-19; develop CP-focused IEC materials; provide MHPSS; conduct interim care and identification, documentation, conduct tracing and reunification (IDTR) for Unaccompanied and Separated Children (UASC); provide winterization support for two MoLSA interim care facilities in Kabul; and provide winter kits.

The AHF allocated \$10 million to the Protection Cluster, representing 11 per cent of the overall Protection funding requirements in the HRP (\$91.8 million) and 19 per cent of funding received (\$52 million).

The AHF supported 31 protection projects through 21 partners which reached 1 million people, representing 52 per cent of the people planned to be reached with Protection assistance in the HRP (2.3 million).

#### Results reported

				PEOPLE TARGETED			Targeted	Reached	
ALLOCATIONS		PROJECTS	PARTNERS						
2016	\$0.3M	1	1	346,457		Women	<div>92k</div>	<div>96k</div>	
2018	\$0.5M	1	1	PEOPLE REACHED		Men	<div>77</div>	<div>84</div>	
						Girls	<div>89</div>	<div>103</div>	
2019	\$1.4M	6	6		381,577		Boys	<div>88</div>	<div>99</div>
2020	\$1.2M	4	4						

OUTPUT INDICATORS		TARGETED	ACHIEVED	per cent
GBV survivors receiving multi-sectoral assistance	<i>Women</i>	3,350	3,350	100%
	<i>Girls</i>	1,950	1,950	100%
	<i>Men</i>		-	
	<i>Boys</i>	200	200	100%
Number of targeted girls, boys, IDP and returnee women benefiting from age- and gender sensitive psychosocial and case management activities	<i>Women</i>	1,000	4,021	400%
	<i>Girls</i>	16,550	15,470	93%
	<i>Men</i>	500	3,804	761%
	<i>Boys</i>	15,300	16,339	107%
Number of children reached at the child friendly spaces	<i>Women</i>			90%
	<i>Girls</i>	4,400	8,392	191%
	<i>Men</i>			84%
	<i>Boys</i>	3,600	7,830	217%
Number of mine/ERW risk education recipients		9,583	19,082	199%
Number of people benefiting from Community-Based Protection initiatives		24,000	38,832	162%
Number of vulnerable conflict affected girls and boys assisted with direct child protection support activities		3,750	7063	188%

## AHF 2020 ANNUAL REPORT

# ANNEXES

Annex A	About the Afghanistan Humanitarian Fund
Annex B	Allocations by recipient organizations
Annex C	AHF-funded projects
Annex D	AHF advisory board
Annex E	Acronyms and abbreviations



## ANNEX A

# ABOUT THE AFGHANISTAN HUMANITARIAN FUND

## AHF Basics

The Afghanistan Humanitarian Fund (AHF) is a country-based pooled fund (CBPF) established in 2014, designed to support swift, principled humanitarian action in Afghanistan. The AHF enables timely allocation and disbursement of donor resources to address the most critical humanitarian needs identified in the Afghanistan HRP. It supports in-country relief organisations to reach the most vulnerable people and aims to ensure maximum impact with limited resources. The core principles are:

- Inclusive and promoting partnerships: Funds are directly available to a wide range of relief partners.
- Timely and flexible: It supports the delivery of an agile response in a fluid emergency.
- Efficient and accountable: It minimizes transaction costs and provides transparency and accountability. Recipient organisations are thoroughly evaluated, and relief projects are monitored with regular reporting on achievements.

The AHF is distinguished by its focus, flexibility and its ability to boost response through targeted allocations as well as to strengthen humanitarian coordination and leadership in Afghanistan. Like all CBPFs, the AHF is designed to complement other humanitarian funding sources such as bilateral funding and the Central Emergency Response Fund (CERF).

## What does the AHF fund?

The AHF funds activities that have been prioritized as most urgent and strategic in order to address critical humanitarian needs in close alignment with the Afghanistan HRP. It funds interventions to support immediate response to sudden-onset crises or rapidly deteriorating humanitarian conditions in the country.

The AHF enables the provision of timely, coordinated, principled assistance to save lives, alleviate suffering and maintain human dignity. AHF allocate funding based on identified humanitarian needs and priorities at the country level in line with the Humanitarian Programme Cycle (HPC). To avoid duplication, the AHF ensures a complementary use of available humanitarian resource.

It contributes to improving needs assessments, enhance the HRP as the strategic planning document for humanitarian action, strengthen coordination mechanisms, in particular the cluster system, and improve accountability.

## Who can receive AHF funding?

The AHF is inclusive and promotes partnerships. Funds are directly available to a wide range of relief partners. These partners include national and international NGOs, UN agencies and Red Cross/Red Crescent organisations. Recipient organisations are thoroughly assessed, and projects are monitored with regular reporting on implementation and achievements. NGOs undergo eligibility and capacity assessments to ensure they have the necessary structures and capacity to meet the Fund's robust accountability standards and efficiently implement humanitarian activities in Afghanistan.

## Who sets the Fund's priorities?

The UN Humanitarian Coordinator, in consultation with the AHF Advisory Board (AB), informed by the Inter-Cluster Coordination Team (ICCT), decides on the highest priority needs to be funded. Cluster leads work with their cluster members to define cluster-specific priorities per geographical areas, which are then addressed in AHF allocation strategies.

## How are projects selected for funding?

The AHF uses two grant allocation modalities:

**1. Standard Allocations:** to enable projects included in the HRP, based on strategies that identify highest priority needs and are underpinned by vulnerability data and needs analysis. Project proposals are assessed and vetted through cluster review committees before they are recommended to the AHF AB for endorsement, and approval by the UN Humanitarian Coordinator.

**2. Reserve Allocations:** to enable rapid, prioritized and flexible allocation of funds primarily in the event of unforeseen, underfunded emergencies, to kick-start responses or to address critical response gaps. Though Reserve Allocation processes are fast-tracked to enable urgent disbursement, all project proposals are vetted through cluster review committees and then recommended to the AHF AB for endorsement, and approval by the UN Humanitarian Coordinator.

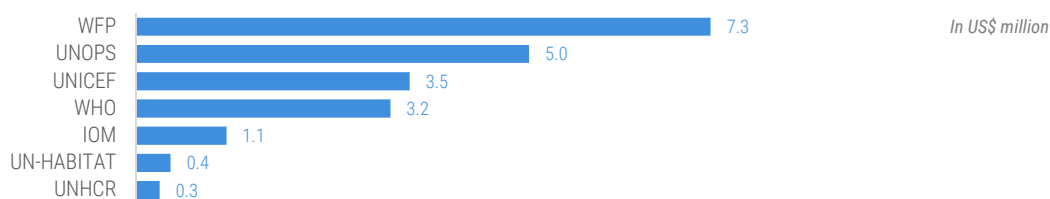
## Who provides the funding?

The AHF receives contributions from UN Member States and private and public donors.

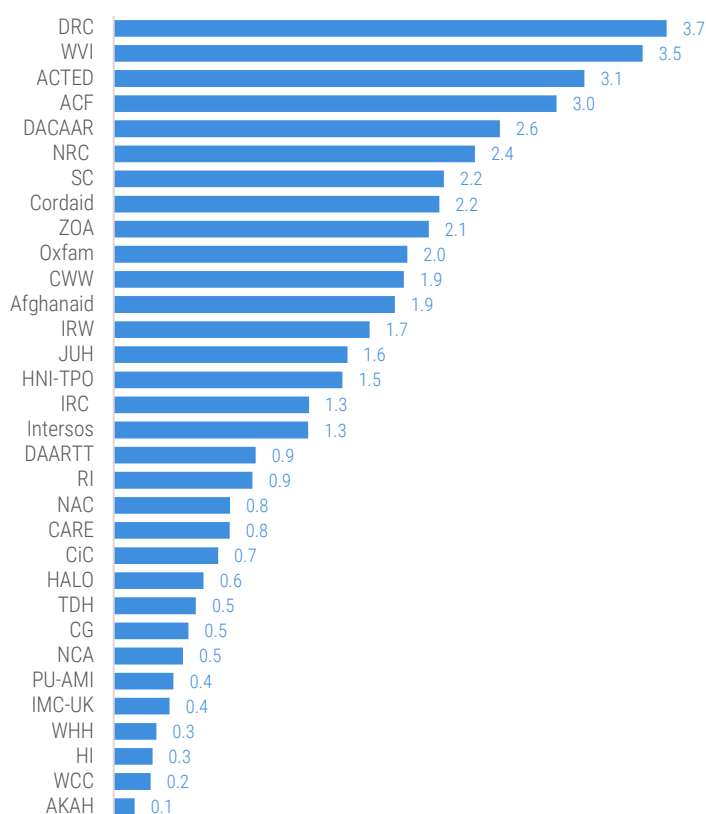
## ANNEX B

## ALLOCATIONS BY RECIPIENT ORGANIZATION

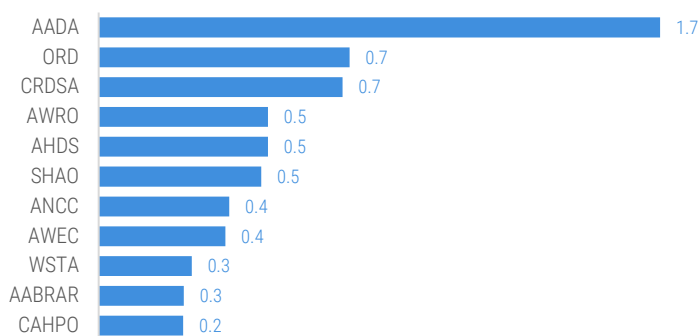
UNITED NATIONS 20.9M 28%



INTERNATIONAL NGOs 45.9M 62%



NATIONAL NGOs 6.13M 8%



IFRC (Other) 1.28M 2%



## ANNEX C

## AHF-FUNDED PROJECTS

#	PROJECT CODE	CLUSTER	ORGANISATION	BUDGET
1	AFG-20/3481/RA3/GBV/NGO/16084	Protection - GBV	AABRAR	\$251,203.90
2	AFG-20/3481/SA1/H/NGO/15113	HEALTH	AADA	\$686,302.28
3	AFG-20/3481/RA3/H-N/NGO/16057	HEALTH (49%), NUTRITION (51%)	AADA	\$671,618.49
4	AFG-20/3481/RA5/H/NGO/17227	HEALTH	AADA	\$300,337.53
5	AFG-20/3481/SA1/N-H/INGO/15071	NUTRITION (80%), HEALTH (20%)	ACF	\$400,000.00
6	AFG-20/3481/SA1/WASH/INGO/15080	WATER, SANITATION AND HYGIENE	ACF	\$391,709.00
7	AFG-20/3481/SA1/H/INGO/15104	HEALTH	ACF	\$400,000.00
8	AFG-20/3481/RA2/WASH/INGO/15750	WATER, SANITATION AND HYGIENE	ACF	\$700,000.00
9	AFG-20/3481/RA6/FSAC/INGO/17781	FOOD SECURITY AND AGRICULTURE	ACF	\$680,000.00
10	AFG-20/3481/RA6/N/INGO/17806	NUTRITION	ACF	\$388,000.00
11	AFG-20/3481/RA2/WASH/INGO/15741	WATER, SANITATION AND HYGIENE	ACTED	\$690,780.57
12	AFG-20/3481/RA3/FSAC/INGO/16077	FOOD SECURITY AND AGRICULTURE	ACTED	\$693,000.96
13	AFG-20/3481/RA5/EIE/INGO/17218	AFGHANISTAN EDUCATION IN EMERGENCIES WORKING GROUP	ACTED	\$355,645.21
14	AFG-20/3481/RA5/ESNFI/INGO/17289	EMERGENCY SHELTER AND NON-FOOD ITEMS	ACTED	\$225,000.04
15	AFG-20/3481/RA6/ESNFI/INGO/17711	EMERGENCY SHELTER AND NON-FOOD ITEMS	ACTED	\$689,645.50
16	AFG-20/3481/RA6/FSAC/INGO/17745	FOOD SECURITY AND AGRICULTURE	ACTED	\$492,651.30
17	AFG-20/3481/RA5/ESNFI/INGO/17223	EMERGENCY SHELTER AND NON-FOOD ITEMS	Afghanaid	\$519,999.89
18	AFG-20/3481/RA6/ESNFI/INGO/17720	EMERGENCY SHELTER AND NON-FOOD ITEMS	Afghanaid	\$699,912.94
19	AFG-20/3481/RA6/FSAC/INGO/17771	FOOD SECURITY AND AGRICULTURE	Afghanaid	\$660,033.01
20	AFG-20/3481/SA1/H/NGO/15252	HEALTH	AHDS	\$499,704.77
21	AFG-20/3481/RA5/ESNFI/INGO/17257	EMERGENCY SHELTER AND NON-FOOD ITEMS	AKAH	\$140,040.00
22	AFG-20/3481/RA5/FSAC/NGO/17252	FOOD SECURITY AND AGRICULTURE	ANCC	\$385,698.09
23	AFG-20/3481/RA5/EIE/NGO/17250	AFGHANISTAN EDUCATION IN EMERGENCIES WORKING GROUP	AWEC	\$373,915.03
24	AFG-20/3481/RA6/FSAC/NGO/17808	FOOD SECURITY AND AGRICULTURE	AWRO	\$499,916.84
25	AFG-20/3481/RA6/ESNFI/NGO/17700	EMERGENCY SHELTER AND NON-FOOD ITEMS	CAHPO	\$249,761.54
26	AFG-20/3481/RA3/H/INGO/16085	HEALTH	CARE	\$375,000.00
27	AFG-20/3481/RA5/H/INGO/17215	HEALTH	CARE	\$400,000.00

28	AFG-20/3481/RA5/ESNFI-FSAC/INGO/17208	EMERGENCY SHELTER AND NON-FOOD ITEMS (46%), FOOD SECURITY AND AGRICULTURE (54%)	CG	\$499,272.48
29	AFG-20/3481/RA3/CPIE/INGO/16083	Protection - CPIE	CiC	\$447,598.98
30	AFG-20/3481/RA6/CPIE/INGO/17703	Protection - CPIE	CiC	\$250,068.20
31	AFG-20/3481/SA1/ESNFI/INGO/15066	EMERGENCY SHELTER AND NON-FOOD ITEMS	Cordaid	\$462,925.86
32	AFG-20/3481/SA1/FSAC/INGO/15067	FOOD SECURITY AND AGRICULTURE	Cordaid	\$778,310.30
33	AFG-20/3481/RA5/FSAC/INGO/17210	FOOD SECURITY AND AGRICULTURE	Cordaid	\$299,995.79
34	AFG-20/3481/RA6/ESNFI/INGO/17706	EMERGENCY SHELTER AND NON-FOOD ITEMS	Cordaid	\$635,812.62
35	AFG-20/3481/SA1/GBV-CPIE/NGO/15132	Protection - GBV (40%), Protection - CPIE (60%)	CRDSA	\$450,000.27
36	AFG-20/3481/RA3/GBV/NGO/16105	Protection - GBV	CRDSA	\$270,000.06
37	AFG-20/3481/SA1/ESNFI/INGO/15073	EMERGENCY SHELTER AND NON-FOOD ITEMS	CWW	\$449,921.66
38	AFG-20/3481/RA5/WASH/INGO/17216	WATER, SANITATION AND HYGIENE	CWW	\$400,006.41
39	AFG-20/3481/RA5/ESNFI-FSAC/INGO/17217	EMERGENCY SHELTER AND NON-FOOD ITEMS (61%), FOOD SECURITY AND AGRICULTURE (39%)	CWW	\$671,387.60
40	AFG-20/3481/RA6/ESNFI/INGO/17702	EMERGENCY SHELTER AND NON-FOOD ITEMS	CWW	\$418,920.16
41	AFG-20/3481/RA5/ESNFI/INGO/17220	EMERGENCY SHELTER AND NON-FOOD ITEMS	DAARTT	\$470,498.26
42	AFG-20/3481/RA6/ESNFI/INGO/17707	EMERGENCY SHELTER AND NON-FOOD ITEMS	DAARTT	\$479,175.53
43	AFG-20/3481/SA1/WASH/INGO/15106	WATER, SANITATION AND HYGIENE	DACAAR	\$578,050.49
44	AFG-20/3481/RA2/WASH/INGO/15744	WATER, SANITATION AND HYGIENE	DACAAR	\$1,499,999.98
45	AFG-20/3481/RA5/WASH/INGO/17247	WATER, SANITATION AND HYGIENE	DACAAR	\$502,985.47
46	AFG-20/3481/SA1/ESNFI/INGO/15064	EMERGENCY SHELTER AND NON-FOOD ITEMS	DRC	\$271,791.03
47	AFG-20/3481/SA1/APC/INGO/15065	PROTECTION	DRC	\$300,000.00
48	AFG-20/3481/RA3/APC/INGO/16062	PROTECTION	DRC	\$336,315.12
49	AFG-20/3481/RA3/FSAC/INGO/16122	FOOD SECURITY AND AGRICULTURE	DRC	\$837,700.00
50	AFG-20/3481/RA5/ESNFI/INGO/17212	EMERGENCY SHELTER AND NON-FOOD ITEMS	DRC	\$450,000.06
51	AFG-20/3481/RA6/APC/INGO/17753	PROTECTION	DRC	\$500,000.00
52	AFG-20/3481/RA6/ESNFI/INGO/17777	EMERGENCY SHELTER AND NON-FOOD ITEMS	DRC	\$999,877.33
53	AFG-20/3481/SA1/APC/INGO/15137	PROTECTION	HALO	\$599,997.71
54	AFG-20/3481/RA3/H/INGO/16074	HEALTH	HI	\$259,000.01
55	AFG-20/3481/SA1/H-N-GBV/INGO/15090	HEALTH (57.19%), NUTRITION (21.4%), Protection - GBV (21.41%)	HNI-TPO	\$519,467.47
56	AFG-20/3481/RA3/H/INGO/16063	HEALTH	HNI-TPO	\$389,806.03

57	AFG-20/3481/RA5/H-APC/INGO/17230	HEALTH (61%), PROTECTION (39%)	HNI-TPO	\$619,844.32
58	AFG-20/3481/SA1/FSAC/INGO/15359	FOOD SECURITY AND AGRICULTURE	IFRC	\$833,170.80
59	AFG-20/3481/RA5/H/INGO/17219	HEALTH	IFRC	\$449,914.67
60	AFG-20/3481/RA5/H/INGO/17239	HEALTH	IMC-UK	\$373,623.26
61	AFG-20/3481/SA1/H-APC-GBV/INGO/15056	HEALTH (77.78%), PROTECTION (8%), Protection - GBV (14.22%)	Intersos	\$799,903.54
62	AFG-20/3481/RA5/H/INGO/17256	HEALTH	Intersos	\$499,839.03
63	AFG-20/3481/RA3/H/UN/16067	HEALTH	IOM	\$649,950.14
64	AFG-20/3481/RA3/CCS/UN/16109	COORDINATION AND COMMON SERVICES	IOM	\$500,000.01
65	AFG-20/3481/RA3/CPiE-GBV-APC/INGO/16076	Protection - CPiE (41.6%), Protection - GBV (30.75%), PROTECTION (27.65%)	IRC	\$830,180.04
66	AFG-20/3481/RA5/ESNFI/INGO/17264	EMERGENCY SHELTER AND NON-FOOD ITEMS	IRC	\$225,000.28
67	AFG-20/3481/RA6/CPiE/INGO/17701	Protection - CPiE	IRC	\$249,997.25
68	AFG-20/3481/RA3/H/INGO/16098	HEALTH	IRW	\$326,827.22
69	AFG-20/3481/RA3/GBV-CPiE/INGO/16102	Protection - GBV (50%), Protection - CPiE (50%)	IRW	\$484,591.77
70	AFG-20/3481/RA5/ESNFI/INGO/17231	EMERGENCY SHELTER AND NON-FOOD ITEMS	IRW	\$399,084.32
71	AFG-20/3481/RA5/CPiE-GBV/INGO/17232	Protection - CPiE (50%), Protection - GBV (50%)	IRW	\$499,987.46
72	AFG-20/3481/SA1/H/INGO/15084	HEALTH	JUH	\$481,843.68
73	AFG-20/3481/RA3/H/INGO/16056	HEALTH	JUH	\$529,951.31
74	AFG-20/3481/RA5/H/INGO/17207	HEALTH	JUH	\$549,999.47
75	AFG-20/3481/SA1/FSAC/INGO/15083	FOOD SECURITY AND AGRICULTURE	NAC	\$776,785.04
76	AFG-20/3481/SA1/WASH/INGO/15095	WATER, SANITATION AND HYGIENE	NCA	\$463,167.69
77	AFG-20/3481/SA1/HLP/INGO/15162	Protection - HLP	NRC	\$375,179.42
78	AFG-20/3481/RA5/ESNFI/INGO/17213	EMERGENCY SHELTER AND NON-FOOD ITEMS	NRC	\$599,999.96
79	AFG-20/3481/RA5/WASH/INGO/17214	WATER, SANITATION AND HYGIENE	NRC	\$400,000.00
80	AFG-20/3481/RA6/ESNFI/INGO/17708	EMERGENCY SHELTER AND NON-FOOD ITEMS	NRC	\$1,040,006.73
81	AFG-20/3481/SA1/ESNFI-APC/NGO/15081	EMERGENCY SHELTER AND NON-FOOD ITEMS (98%), PROTECTION (2%)	ORD	\$345,796.18
82	AFG-20/3481/RA5/ESNFI/NGO/17229	EMERGENCY SHELTER AND NON-FOOD ITEMS	ORD	\$395,033.30
83	AFG-20/3481/SA1/WASH/INGO/15082	WATER, SANITATION AND HYGIENE	Oxfam	\$494,678.05
84	AFG-20/3481/RA3/FSAC/INGO/16065	FOOD SECURITY AND AGRICULTURE	Oxfam	\$689,400.00
85	AFG-20/3481/RA3/GBV/INGO/16070	Protection - GBV	Oxfam	\$236,263.23
86	AFG-20/3481/RA5/FSAC/INGO/17234	FOOD SECURITY AND AGRICULTURE	Oxfam	\$293,209.39
87	AFG-20/3481/RA5/GBV/INGO/17246	Protection - GBV	Oxfam	\$248,930.78

88	AFG-20/3481/RA5/WASH/INGO/17209	WATER, SANITATION AND HYGIENE	PU-AMI	\$400,000.00
89	AFG-20/3481/SA1/H-WASH-GBV/INGO/15093	HEALTH (64%), WATER, SANITATION AND HYGIENE (14%), Protection - GBV (22%)	RI	\$928,075.00
90	AFG-20/3481/SA1/H-N/INGO/15100	HEALTH (56%), NUTRITION (44%)	SC	\$436,104.63
91	AFG-20/3481/RA3/N/INGO/16064	NUTRITION	SC	\$399,577.76
92	AFG-20/3481/RA3/APC/INGO/16073	PROTECTION	SC	\$256,324.21
93	AFG-20/3481/RA5/CPIE/INGO/17228	Protection - CPIE	SC	\$388,739.43
94	AFG-20/3481/RA5/EIE/INGO/17237	AFGHANISTAN EDUCATION IN EMERGENCIES WORKING GROUP	SC	\$726,203.18
95	AFG-20/3481/RA3/CPIE/INGO/16075	Protection - CPIE	SHAO	\$480,083.93
96	AFG-20/3481/SA1/APC/INGO/15079	PROTECTION	TDH	\$300,000.58
97	AFG-20/3481/RA3/APC/INGO/16068	PROTECTION	TDH	\$249,590.13
98	AFG-20/3481/SA1/HLP/UN/15360	Protection - HLP	UN-HABITAT	\$440,593.90
99	AFG-20/3481/RA5/APC/UN/17241	PROTECTION	UNHCR	\$299,999.85
100	AFG-20/3481/SA1/N/UN/15091	NUTRITION	UNICEF	\$1,000,005.27
101	AFG-20/3481/RA2/WASH/UN/15747	WATER, SANITATION AND HYGIENE	UNICEF	\$1,088,951.24
102	AFG-20/3481/RA3/N/UN/16123	NUTRITION	UNICEF	\$1,139,003.23
103	AFG-20/3481/RA6/N/UN/17791	NUTRITION	UNICEF	\$250,014.66
104	AFG-20/3481/RA4/CCS/UN/16532	COORDINATION AND COMMON SERVICES	UNOPS	\$4,995,976.23
105	AFG-20/3481/RA5/APC/INGO/17255	PROTECTION	WCC	\$246,594.34
106	AFG-20/3481/SA1/N/UN/15089	NUTRITION	WFP	\$900,005.91
107	AFG-20/3481/RA2/CCS/UN/15748	COORDINATION AND COMMON SERVICES	WFP	\$3,699,123.71
108	AFG-20/3481/RA3/FSAC/UN/16086	FOOD SECURITY AND AGRICULTURE	WFP	\$1,424,439.37
109	AFG-20/3481/RA3/N/UN/16118	NUTRITION	WFP	\$1,028,618.71
110	AFG-20/3481/RA6/N/UN/17809	NUTRITION	WFP	\$250,003.84
111	AFG-20/3481/RA6/FSAC/INGO/17796	FOOD SECURITY AND AGRICULTURE	WHH	\$285,000.15
112	AFG-20/3481/RA1/H/UN/15062	HEALTH	WHO	\$1,498,155.15
113	AFG-20/3481/SA1/H-N/UN/15336	HEALTH (75%), NUTRITION (25%)	WHO	\$664,246.42
114	AFG-20/3481/RA3/H-N/UN/16082	HEALTH (60%), NUTRITION (40%)	WHO	\$1,072,060.56
115	AFG-20/3481/RA6/ESNFI-FSAC/INGO/17743	EMERGENCY SHELTER AND NON-FOOD ITEMS (67%), FOOD SECURITY AND AGRICULTURE (33%)	WSTA	\$274,647.39
116	AFG-20/3481/SA1/H/INGO/15160	HEALTH	WVI	\$499,999.96
117	AFG-20/3481/SA1/WASH/INGO/15344	WATER, SANITATION AND HYGIENE	WVI	\$335,749.92
118	AFG-20/3481/RA2/H/INGO/15739	HEALTH	WVI	\$299,999.99
119	AFG-20/3481/RA2/WASH/INGO/15743	WATER, SANITATION AND HYGIENE	WVI	\$1,000,000.00
120	AFG-20/3481/RA3/N/INGO/16097	NUTRITION	WVI	\$600,000.00
121	AFG-20/3481/RA5/APC/INGO/17222	PROTECTION	WVI	\$299,996.48

122	AFG-20/3481/RA6/N/INGO/17747	NUTRITION	WVI	\$500,000.56
123	AFG-20/3481/SA1/ESNFI-APC-WASH/INGO/15070	EMERGENCY SHELTER AND NON-FOOD ITEMS (88%), PROTECTION (4%), WATER, SANITATION AND HYGIENE (8%)	ZOA	\$449,669.64
124	AFG-20/3481/SA1/WASH/INGO/15102	WATER, SANITATION AND HYGIENE	ZOA	\$670,472.66
125	AFG-20/3481/RA3/FSAC/INGO/16072	FOOD SECURITY AND AGRICULTURE	ZOA	\$300,600.24
126	AFG-20/3481/RA5/ESNFI/INGO/17211	EMERGENCY SHELTER AND NON-FOOD ITEMS	ZOA	\$385,014.68
127	AFG-20/3481/RA6/FSAC/INGO/17741	FOOD SECURITY AND AGRICULTURE	ZOA	\$299,952.39



## ANNEX C

## AHF ADVISORY BOARD 2020

STAKEHOLDER	ORGANISATION
Chairperson	Humanitarian Coordinator
NGO	Concern WorldWide (CWW)
NGO	Johanniter Unfall Hilfe (JUH)
NGO	Solidarity for Afghan Families (SAF)
UN	United Nations High Commissioner for Refugees (UNHCR)
UN	World Health Organisation (WHO)
UN	Food and Agriculture Organisation (FAO)
Donor	The Foreign, Commonwealth and Development Office (FCDO) Alternate: Germany
Donor	The Government of Sweden Alternate: Republic of Korea
Donor	Australian Government Department of Foreign Affairs and Trade (DFAT) Alternate: Canada
Observer	U.S. Agency for International Development (USAID) Alternate: European Civil Protection and Humanitarian Aid Operations (ECHO)
Observer	Agency Coordinating Body for Afghan Relief and Development (ACBAR)
Observer	The International Federation of Red Cross and Red Crescent Societies (IFRC) Alternate: Afghan Red Crescent Society (ARCS)
AHF Secretariat	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

## ANNEX E

## ACCRONYMS &amp; ABBREVIATIONS

<b>AAP</b>	Accountability to Affected Populations	<b>HCT</b>	Humanitarian Country Team
<b>AB</b>	Advisory Board	<b>HF</b>	Humanitarian Fund
<b>ACBAR</b>	Agency Coordinating Body for Afghan Relief and Development	<b>HFU</b>	Humanitarian Financing Unit (OCHA)
<b>ACF</b>	Action Contre la Faim	<b>HLP</b>	Housing Land and Property
<b>ACTED</b>	Agency for Technical Cooperation and Development	<b>HNI-TPO</b>	Health Net International-Transcultural Psychosocial Organisa-tion
<b>AFG</b>	Afghanistan	<b>HNO</b>	Humanitarian Needs Overview
<b>ALC</b>	Accelerated Learning Centers	<b>HQ</b>	Headquarters
<b>CBE</b>	Community Based Education	<b>HRDA</b>	Human Resource Development Agency
<b>CBPF</b>	Country-Based Pooled Funds	<b>HRP</b>	Humanitarian Response Plan
<b>CCS</b>	Coordination and Common Services	<b>HTR</b>	Hard-to-Reach
<b>CERF</b>	Central Emergency Response Fund	<b>ICCT</b>	Inter Cluster Coordination Team
<b>COAR</b>	Coordination of Afghan Relief	<b>IDP</b>	Internally Displaced Person
<b>CPF</b>	Common Performance Framework	<b>IED</b>	Improvised Explosive Device
<b>CRDSA</b>	Coordination of Rehabilitation & Development Services for Afghanistan	<b>IFRC</b>	International Federation of Red Cross and Red Crescent Societies
<b>CVWG</b>	Cash and Voucher Working Group	<b>IHL</b>	International Humanitarian Law
<b>CWW</b>	Concern World Wide	<b>IHRL</b>	International Human Rights Law
<b>DACAAR</b>	Danish Committee for Aid to Afghan Refugees	<b>IMC</b>	International Medical Corps
<b>DFAT</b>	Australian Government Department of Foreign Affairs and Trade	<b>INGO</b>	International Non-Governmental Organisation
<b>DICAC</b>	Development and Inter Church Aid Commission	<b>IOM</b>	International Organisation for Migration
<b>DRC</b>	Danish Refugee Council	<b>IPC</b>	Integrated Food Security Phase Classification
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Operations	<b>IRC</b>	International Rescue Committee
<b>EiE</b>	Education in Emergency	<b>IRW</b>	Islamic Relief Worldwide
<b>ERC</b>	Emergency Relief Coordinator	<b>IYCF</b>	Infant and Young Child Feeding
<b>ERW</b>	Explosive Remnants of War	<b>JUH</b>	Johanniter Unfall Hilfe
<b>ESNFI</b>	Emergency Shelter and Non-Food Items	<b>LCD</b>	Legal Civil Documentation
<b>FAO</b>	Food and Agriculture Organisation	<b>LTA</b>	Long-Term Agreement
<b>FCDO</b>	The Foreign, Common wealth and Development Office	<b>MAM</b>	Moderate Acute Malnutrition
<b>FCS</b>	Funding Coordination Section	<b>ME</b>	Mission East
<b>FFR</b>	Final Financial Report	<b>MHT</b>	Mobile Health Teams
<b>FSAC</b>	Food Security and Agriculture	<b>MOU</b>	Memorandum of Understanding
<b>FTS</b>	Financial Tracking System	<b>MPTF</b>	Multi-Partner Trust Fund
<b>GAM</b>	Gender and Age Marker	<b>NCA</b>	Norwegian Church Aid
<b>GBV</b>	Gender Based Violence	<b>NFI</b>	Non-Food Items
<b>GMS</b>	Grant Management Systems	<b>NGO</b>	Non-Governmental Organisation
<b>HAG</b>	Humanitarian Access Group	<b>NINGO</b>	National Non-Governmental Organisation
<b>HC</b>	Humanitarian Coordinator	<b>NRC</b>	Norwegian Refugee Council
		<b>OCU</b>	Oversight and Compliance Unit (OCHA)
		<b>OIOS</b>	Office of Internal Oversight Services
		<b>OPD</b>	Out Patient Department

<b>ORCD</b>	Organisation for Research and Community Development	<b>UNDSS</b>	United Nations Department of Safety and Security
<b>PFMB</b>	Pooled-Fund Management Branch (OCHA)	<b>UNFPA</b>	United Nations Population Fund
<b>PLW</b>	Pregnant and Lactating Women	<b>UNHABITAT</b>	United Nations Human Settlements Programme
<b>RA</b>	Reserve Allocation		
<b>RI</b>	Relief International		United Nations Humanitarian Air Service
<b>RRAA</b>	Rural Rehabilitation Association for Afghanistan	<b>UNHAS</b>	
<b>RUSF</b>	Ready-to-use Supplementary Food	<b>UNHCR</b>	United Nations High Commissioner For Refugees
<b>RUTF</b>	Ready-to-use Therapeutic Food	<b>UNICEF</b>	United Nations Children's Fund
<b>SAF</b>	Solidarity for Afghan Families	<b>UNMAS</b>	United Nations Mine Action Service
<b>SAM</b>	Severe Acute Malnutrition	<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>SC</b>	Save the Children		
<b>SO</b>	Strategic Objectives	<b>UNOPS</b>	United Nations Office for Project Services
<b>SOP</b>	Standard Operating Procedure	<b>US</b>	United States of America
<b>SRC</b>	Strategic Review Committee		U.S. Agency for International Development
<b>TLS</b>	Temporary Learning Space	<b>USAID</b>	
<b>TPM</b>	Third-Party Monitoring	<b>USD</b>	United States Dollar
<b>TRC</b>	Technical Review Committee	<b>WASH</b>	Water Sanitation and Hygiene
<b>TSFP</b>	Targeted Supplementary Feeding Programme	<b>WFP</b>	World Food Programme
<b>UK</b>	United Kingdom of Great Britain and Northern Ireland	<b>WHO</b>	World Health Organisation
<b>UN</b>	United Nations	<b>WOA</b>	Whole of Afghanistan
<b>UNAFP</b>	United Nations Agencies Funds and Programmes	<b>WVI</b>	World Vision International
<b>UNAMA</b>	United Nations Assistance Mission in Afghanistan	<b>ZOA</b>	ZOA Refugee Care
<b>UNDP</b>	United Nations Development Programme		



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