CI Emergency Pooled Funding REPORTING Format

1. CARE office: CARE Afghanistan
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4. Contact position: Program Advisor
5. Name of the emergency: Afghanistan Drought, COVID-19 and Conflict Emergency
6. Duration of the proposal (years): 1st October, 2021 and End date: 30th April 2022 (7 Months)
7. Total amount contracted ($): $409,032
8. Total amount spent ($): $409,032

1. Summary:

CI EPF SUMMARY	RESPONSE
Did the response funded by the CI EPR address an urgent humanitarian need?	**Yes**
Please provide the key lesson learnt and key achievement from this response.	All possible efforts were made to execute the planned tasks and activities as per the plan and fund allocation, however we had to bring some changes in approaches and brought required adjustments to reach needy peoples and target population. **Lessons Learned:** 1- **Cash support allocation/budget** (for referral of poor and complicated cases that were not possible to treat by MHNT in field, and usually needed short term hospitalization, diagnostic services and on spot transportation cash) payment, documentation and follow up is not possible by existing MHNT staff due to their load of daily work. If we want to keep this cash support for referral, **which is needed**, **additional staff need to be assigned** for regular cash receiving from office, paying to eligible/complicated/emergency patients in field, follow up with referral HFs and documentation. 2- **In remote and hard-to-reach areas,** sometimes local communities **cannot provide proper free space** (at least two rooms with waiting area) for MHNT staff service delivery and clients. We need to have specific fund allocation for tents/temporary shading facilities for each SDP in such cases. 3- Sometimes recruitment of competent local staff hiring remains a challenge and non-local staff especially **female employees cannot afford/find private accommodation** in remote areas. In such cases, we need to pay small amount for monthly house rent or organize their accommodation in a temporary field station (insulated containers). **Main Achievements:** 1- **Four MHNTs** with qualified and skilled staff and equipped with all required medicines, medical supplies and equipment were successfully

	deployed to targeted areas in Ghazni, Herat & Balkh as per project plan to deliver health & nutrition services with details and figures given below with details. 2- **Multi-Purpose Cash Support** (MPCA) to **391 households/families** of malnourished child/mother in Herat & Ghazni province with further details given below (the underspend amount of referral cash, as mentioned above, was shifted to this vital activity considering existing humanitarian need of poor and vulnerable families).
Please provide the % of the EPF funds spent that were channeled to local/national partner.	NA
What was the total number of people reached **the month of completion of the CI EPF** with the CI EP funding. Please ensure your information is disaggregated by sex and age.	The project target population/beneficiaries were **14,013** individuals (including 5,561 females, 5,720 males, 1,366 girls U5, 1,366 boys U5) and CARE has reached more than the mentioned target. Details of the population reached through PHC, Nutrition, Immunization, Psychosocial counselling, GBV support and SRH services are given below with details; - CARE reached to **14,475** clients through **PCH & SRH OPD consultation** services (see table 1 & 5 for details). - **8,777** individuals were screened for **COVID-19** (see table 2 for details). - **SAM & MAM** services were provided to **6,148** under five children (see table 3 for details). - **1,940** children and women **were immunized** (see table 4 for details). - **IYCF counselling** were received by **1,143** pregnant and lactating women (see table 5 for details). - CARE provided **psychosocial counselling** services to **548** clients (see table 6 for details). - **324** eligible clients were given **dignity kits** and **244** women were given awareness regarding **GBV and child protection** (see table 7 for details). - **Health education** sessions were organized for **798** individuals on various topics (see table 8 for details). All tables for details are given in **Annex-01** at the end of this paper.
What was the overall total number of people reached (including with other funding) **by the emergency response the month of completion of the CI EPF** – please ensure your information is disaggregated by sex and age.	Detailed above
Please clarify the % of affected people reached at this stage of the response.	**100%**

2. Narrative:

a) Project Overview:

- Summary description of the CI EPF response

Under this emergency response project, our main objective was to provide quality basic life-saving, gender-responsive primary health care and nutrition services, including treatment of common diseases, maternal and new-born care, child health and immunization, trauma care, nutrition, health response to GBV and mental health, psychosocial counselling services to target population in Herat, Ghazni & Balkh provinces. In each target province under the grant, IDPs and vulnerable host communities were identified and selected in close coordination with key stakeholder (Provincial Public Health Directorate and BPHS Implementer NGO) particularly those who were lacking access to required interventions/services and lived far away from existing fixed health centers. Catchment area populations for each MHNT were calculated and defined and a SDP (service delivery point) was established for regular service delivery each week. Each SDP covers an average population of 1500-2000 and each MHNT had 5-6 SDPs depending on local context and accessible target population/communities.

During the inception phase, all required medical and non-medical items were supplied from CARE Kabul Office to all project sites in above mentioned provinces for 4 MHNTs including recruitment and deployment of skilled and competent staff for each MHNT. Before commencement of field operation and service delivery sessions, all MHNTs staff were trained/oriented regarding different planned activities and technical aspects of the project and were equipped with required technical, management and coordination related information and skills. All project activities were undertaken as per project work plan except limited distribution of cash payment for referral services of urgent and complicated cases with alternative service approach mentioned above.

b) Project Results:

- ***Results against response goal and objectives for the CI EPF.***

Result (as per LFA)	Indicators as in Donor Logframe	Overall Target	Girls	Boys	Women	Men	Total Achievement	Final Achievement	Remarks
Output 1.1: 2 Mobile health and nutrition teams established and equipped	# of the affected community dwellers accessed lifesaving treatment of common illnesses	14013	1496	1539	8720	2720	**14475**	**103%**	
Output 1.2: Provision of gender responsive lifesaving primary health care services, GBV and COVID 19 services to emergency affected people	% of women and men of reproductive age who have access to SRHR services	60%			92%		**0.92**	**153%**	For the denominator we considered 20% for total population an reproductive age
	# of GBV cases attended to b MHTs	92			48	3	**51**	**55%**	Due to changes in political status of country record of GBV cases reduced and the team were abled to provide support to limited

									number of victims
Output 1.3: Provision of routine childhood immunization services target populations	# of children immunized among the affected communities:	1584	420	437	1083		**1940**	**100%**	
Output 1.4: Provision of IYCF, nutritional counselling, screening and services to pregnant and lactating women and children	# of children and PLWs screened and care givers received IYCF counseling	1848	1060	905	1143		**3103**	**168%**	
	# of children treated for MAM	981	3078	2693			**5771**	**588%**	Target was not set in proposal, we set it based on the current practice and records of MoPH
	# of children treated for SAM,	560	218	159			**377**	**67%**	Target was not set in proposal, we set it based on the current practice and records of MoPH
	# of children with SAM referred	10			2	1	**3**	**30%**	Target was not set in proposal, we set it based on the current practice and records of MoPH
Output 1.5: Provision of IYCF, nutritional counselling, screening and services to pregnant and lactating women and children	# of CHW/CHV trained=20	20			18	4	**22**	**110%**	Project deployed 4 MHTs, each MHT has one male medical doctor and the remaining are female
	# of HHs with malnourished children that received MPCA-550	550			288	103	**391**	**71%**	Apart of the amount for this indicator were distributed among BNF as cash for health-record is available for all 3 provinces

- ***CI EPF Activities completed (comment also on activities planned but not completed) reflecting the different needs of men, women, boys and girls.***

  Most of the project activities have been carried out during the project duration except the following ones;
  - Cash payment/support for emergency and complicated cases: There is great need for this support particularly for referral cost of certain cases like women and children with complications, emergencies of those who needed diagnostic or short IPD services. But we could not fully execute this activity with existing staff of the MHNT as this need additional staff or exclusive support from admin/PQ colleagues to distribute cash, follow required supporting documents and ensure transparency/accountability as per the organization procedures.
  - Although we did not have specific indicator or scheduled activity for safe home-based delivery or implementation of modern family planning long acting methods, but sometimes there is need for it and need to have proper arrangement and resource allocation in future.

- ***Activities with partners.***

  The project is directly implemented by CARE in coordination with other NGOs, local communities and authorities.

- ***Number of beneficiaries reached by the CI EPF project. (SADD)***

Explained in the table below:

Province	Female	Male	Girls-U5	Boys-U5	Total
Herat	1023	562	345	368	**2298**
Balkh	5897	1563	948	984	**9392**
Ghazni	1800	595	203	187	**2785**
Total	**8720**	**2720**	**1496**	**1539**	**14475**

- ***Achievements against the core sector implemented during the CI EPF response and lessons learnt.***

  Mentioned in section 1/ Summary with figures and details.

- ***Delays and challenges encountered.***

  There were no specific or considerable delays in project scheduled activities except a bit delay of deployment of few MHNTs staff to target areas during the initial stage of the project due to lack of competent and skilled personnel from the same communities. However, there some practical challenges during the project implementation phase that include;
  - Lack of proper/enough space in the target communities for all MHNT staff and daily clients as most of the local communities have very limited number of rooms/houses for their own use/accommodation.
  - For certain SRH services like safe delivery and insertion of modern/long acting family planning devices, there is need for a safe and separate room which is usually not possible at the community level.
  - Overnight stay for MHNT staff particularly for female staff in the field has been a big concern (it would be better to have resource allocation for it in coming considering local context and MHNT scope of work).

c) Cross-cutting themes and principles:

- ***Staff and partner safety and security – were there any key issues, lessons learnt, recommendations***

  There was not any issue with the staff security and safety and the project was implemented smoothly as planned.

- ***Gender Marker and analysis. How did this inform your gender-sensitive activities and outcomes - please share an update on how you implemented the gender-specific activities & key lessons learnt.***

  During the project design and implementation, the gender issue was strongly considered to have more female health providers to support women and children. Out of 5 people in one MHNTs an average 3-4 staff are female including midwife, psychosocial counsellor, nutrition counsellors and some vaccinators. More than 80% of the project beneficiaries reached were female and children. The activities and services were mainly focused on the women and children health and nutrition with specific focus on GBV prevention and support to the survivors. Moreover, dignity kits, delivery kits, hygiene kits, PPE kits were distributed to GBV survivors/at risk of and other vulnerable groups. Specific GBV support services such as holding awareness raising sessions on GBV prevention, individual and group counselling were also provided.

- ***Working with local/national partners – in what ways did you identify and build upon existing local resources and capacities as part of the response? Did you work with national/local partners in the response: mechanisms (existing, new), if yes please explain success and challenges, if not why not?***

  Although we did not have formal joint contractual arrangement with partners for implementation of the project, however we had close working coordination with existing international, national and public health authorities at provincial and local level. This is worth mentioning that we received nutrition commodities from WFP & UNICEF and routine immunization services related items (vaccines, cold chain items, reporting formats etc.) from provincial EPI management team (PEMT).

- ***Coordination and joint response – key CARE efforts and contributions, constraints & opportunities, lessons***

  CARE existing resources available at provincial level in its sub offices play an important role in executing, coordination, monitoring and procurement/supply of required project needs. As we did not have specific additional staff under this project for field level management, undertaking new projects tasks remain a challenge and sometimes limitation/constraint for on time response for recruitment, procurement or required technical support to field activities.

- ***Advocacy & communications: key outputs and outcomes***

  CARE has worked with targeted communities and CSOs to enable them how to advocate for human and women rights and child protection. The advocacy messages were passed by the local community mobilizers hired by CARE for each SDP of all the target communities.

d) Accountability:

- ***Please share your success, results achievements and challenges in the application of CARE's humanitarian accountability framework. Please share examples of feedback received during the implementation.***

  The CARE Afghanistan's program quality unit was involved in the monitoring of project interventions. PQ shared the Feedback and Complaint Mechanism of country office with the beneficiaries which are included in distribution of brochures, and hot line numbers. In addition to that the project team were oriented on the mechanisms and procedures. During the life of project, some feedback was received from the beneficiaries who were satisfied for the services but requested continuation of services in their living areas considering no/limited health facilities. No serious complaints received from the beneficiaries' sides to be addressed by relevant team.

- ***Please share how you dealt with PSEA during this response. Any key issues or reports.***

  CARE has PSHEA policy focused on awareness raising of the staff, complaint and reporting mechanisms. Also, hotline numbers and other communication means are provided for reporting of such cases.

There was not any case reported during the project implementation.

- ***Performance monitoring & management mechanisms in place, gaps and next steps. Including plans for AAR/RAR.***

  During the project implementation, the program quality team designed the required M&E tools to capture the data and project achievement. A detailed orientation session was conducted for the M&E team and relevant health team on the tools. The M&E team regularly had field visit of project interventions and provided the required support and inputs. During the visit the M&E team conducted interviews with beneficiaries regarding the provided services. The beneficiaries showed their satisfaction from the services and asked for continuation of provision of health services due to close out of health facilities in their residency. In addition, due to poverty they have a very limited access to health and other basic services.
  Considering the limitation in project budget it was not able to conduct any satisfactory survey such as assessment and AAR/RAR.

F. Programme Support

- ***Partnership programme support provided.***

  There is no formal partnership or contract agreement with any local partner, as CARE is directly implementing this project. However, close coordination and communication was maintained with key stakeholders on the ground

- ***Challenges and learning re programme support during project implementation.***

  Availability of proper space in remote and hard-to-reach areas to be used as SDP has been a challenge for MHNTs staff to conduct service delivery sessions. Most of the people are poor and don't have additional room/space within their homes to be used by our male and female staff for service delivery.
  Implementation of nutrition activities based on UNICEF/Ministry of Public Health recommendation is another challenge with existing MHNT structure (only one nutrition counsellor).
  MHNTs staff accommodation is another issue that needs to be addressed in future project planning particularly in remote areas where local competent and skilled staff cannot be recruited and there is need to allocate some budget for field level accommodation facilities.

G. Risk Management

- ***Please highlight any reputational risks linked to the project implementation or any other key issues to highlight risk management.***

  CARE has used mitigation measures for all types of possible risks to the project including: for risk related to staff safety and security, CARMU has comprehensive guidelines to support staff safety and security and all the staff is oriented on it. Moreover, there is tracking of the security incidences across all the CARE's targeted provinces as well as at national level.
  To reduce financial risk, specific procedures are in place on how to minimize financial risk through procurement from the pre-identified local vendors. Also, to reduce the use of cash transfer by staff through transfer by local money dealers.

E. Media/communication and storytelling.

- Links to key information provided during the implementation period

Figure 1: physician checks the paint- Ghazni- Ghazni center- Pashtoon Abad- February 2022

Figure 2: Health awareness raising session- Herat- PD 11- Abdul Abad- February 2022

Figure 3 cash distribution to mother and malnutrition children- Herat- 28 March 2022

Figure 4: Nutrition counselor checks the baby nutrition status- Herat- PD 6- Sofi Abad – March 2022

Annex-01: ***Details for Project Performance***

Table 1. Primary Health Care (PHC) Services

PHC Consultation Services	U5 Children		Adults (>5)		**Total**
	F	M	F	M	
PHC Consultations (OPD)	**8720**	**2720**	**1496**	**1539**	**14475**
Complicated Cases Referred	12	5	51	14	**82**

Table 2. COVID-19 Screening Services

Client Aage	F	M	**Total**	F	M	**Total**
Children (U5)	XXXXX	XXXXX	XXXXX	XXXXX	XXXXXX	**XXXXXX**
Adult (>5)	XXXXX	XXXXX	XXXXXX	6561	2216	**8,777**

Table 3. Nutrition Services for U5 Children & Pregnant & Lactating Women (PLW)

Nutrition Services Provided	U5 F	U5 M	**Total**	PLW
Children Admitted to **SAM** Program (screened & received RUTF)	218	159	**377**	XXXXX
Children Admitted to **MAM** Program (screened & received RUSF)	3,078	2,693	**5,771**	XXXXX
IYCF Counseling Given to PLW	XXXXX	XXXXX	XXXXX	**1,143**

Table 4: Routine Immunization Services for U5 Children & Women

Immunization Services	# Clients vaccinated	Remarks
0-11 months	821	Both male & female
12-23 months	36	Both male & female
Pregnant Women	394	Only Conceived women
Women of CBA	689	Only Child Bearing Age women

Table 5. Sexual Reproductive Health (SRH) Services

ANC	PNC	Family Planning	Delivery Care	**Total**
1237	267	963	114	**2,581**

Table 6. Psychosocial Support Services

Clients Received Psychosocial Counseling			Referral Cases		
Female	Male	Total	Female	Male	Total
462	86	548	48	3	51

Table 7. GBV & Child Protection Support

Dignity Kits Distributed	Female Received Awareness on GBV & Child Protection	Referral Cases
324	244	19

Table 8. Health Education (HE) Program

Local Community People Received HE Sessions		
Female	Male	Total
575	223	798