Project Number: 201024 | Project Category: Single Country EMOP Project Approval Date: October 19, 2016 | Planned Start Date: October 15, 2016 Actual Start Date: October 15, 2016 | Project End Date: July 14, 2017 Financial Closure Date: N/A

> Contact Info Brian Gray brian.gray@wfp.org

Country Director Mick Lorentzen

Further Information http://www.wfp.org/countries SPR Reading Guidance

Food and nutrition assistance to vulnerable returnees and refugees in Eastern Afghanistan and people displaced by conflict

SCOV

Standard Project Report 2016

World Food Programme in Afghanistan, Islamic Republic of (AF)



Table Of Contents

Country Context and WFP Objectives

Country Context Response of the Government and Strategic Coordination Summary of WFP Operational Objectives

Country Resources and Results

Resources for Results Achievements at Country Level Supply Chain Implementation of Evaluation Recommendations and Lessons Learned

Finding a way in — overcoming access constraints

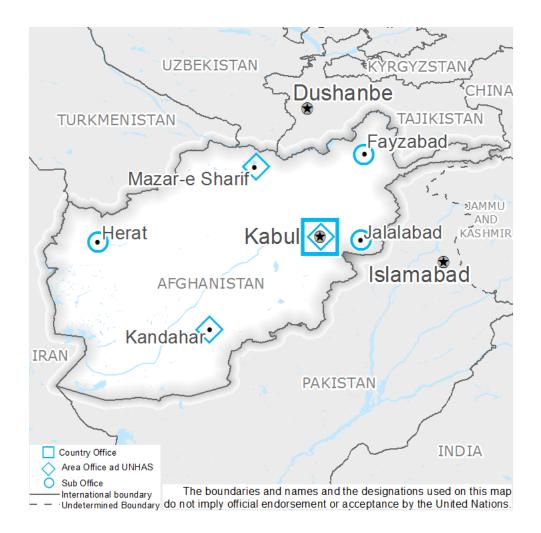
Project Objectives and Results

Project Objectives
Project Activities
Operational Partnerships
Performance Monitoring
Results/Outcomes
Progress Towards Gender Equality
Protection and Accountability to Affected Populations
SCOPE Rollout: Helping humanitarians to better manage beneficiary information

Figures and Indicators

- Data Notes
- Overview of Project Beneficiary Information
- Participants and Beneficiaries by Activity and Modality
- Participants and Beneficiaries by Activity (excluding nutrition)
- Nutrition Beneficiaries
- **Project Indicators**
- Resource Inputs from Donors





Country Context

After decades of war, and with ongoing conflict, Afghanistan ranks 171 out of the 188 countries in the Human Development Index of the United Nations Development Programme (UNDP) for 2015. Afghanistan is a food-deficit country that relies on imports to meet national consumption needs. The long term complex emergency in Afghanistan is characterised by political and economic uncertainty alongside a dire security situation. The presidential elections in April 2014 resulted in political tensions that continue to threaten the National Unity Government. The country also experienced severe economic deterioration as a result of the loss of revenue from foreign military disengagement, and an ambitious return strategy which failed to secure large-scale remittances. This economic deterioration resulted in both 2015 and 2016 being characterised by the highest levels of in-country insecurity and military confrontation. This reality has been exacerbated by a period of political turnoil that resulted in a delay of the 2016 provincial elections.

According to the 2014 Afghanistan Living Conditions Survey (ALCS), 3.4 million people are severely food insecure, which represents 12 percent of the total population. Another 5.9 million people (21 percent) are moderately food insecure, in a situation where they cannot sustainably cope with regular and repeated shocks – both natural and human-induced. Poor infrastructure, limited livelihood opportunities, food under utilisation, prevailing insecurity and intermittent market access continue to negatively impact household food security.

In terms of gender, the 2015 United Nations Development Programme (UNDP) Gender Inequality Index ranks Afghanistan as one of the most gender unequal countries globally. For example, gender inequity remains a major concern in education. According to the ALCS, the disadvantage of girls and women compared to boys and men is



reflected in a low school-life expectancy (5.6 against 9.5 years of expected education), low literacy rates (19 percent for adult women and 37 percent for female youth, against 49 and 66 percent for male adults and youth, respectively), and low attendance ratios for all levels of education (45 against 62 percent in primary education, 27 against 47 percent in secondary education and 5 against 13 percent in tertiary education).

Also, gender-based violence is a pervasive problem in Afghanistan. It stems from complex inequalities and cultural practices which, when aligned with poverty and lack of awareness, subordinate women to men and prevent them from acting on or receiving support. Studies by the United Nations Population Fund (UNFPA) suggest that 87 percent of Afghan women experience at least one form of physical, sexual or psychological violence, and 62 percent experience multiple forms, in their lifetime.

Food utilisation is generally poor as a result of inadequate access to improved water and sanitation services and inappropriate young child feeding practices. According to the Afghanistan National Nutrition Survey (2013) the prevalence of all types of malnutrition is high (wasting is 9.5 percent, stunting 40.9 percent and underweight 25 percent) in children 0–59 months, which further compounds the food security situation. More than a quarter of all provinces (9 out of 34) have acute malnutrition rates above 15 percent, thus classifying them as being at emergency levels. The pregnancy-related mortality ratio in Afghanistan based on sibling histories was estimated to be 327 per 100,000 births for the seven years preceding the Afghanistan Mortality Survey (AMS) 2010. This means that for every 1,000 live births, it is estimated that about three women die during pregnancy, in childbirth, or in the two months after delivery.

Despite the successes of the North Atlantic Treaty Organization (NATO) Warsaw Summit on Afghanistan in July 2016, and the Brussels Conference on Afghanistan in October 2016, where the international community pledged USD 15.2 billion in assistance for 2017-2020 for Afghanistan, the widespread consensus was that the political and security situation is not improving and may indeed be deteriorating. The international community continues to work with the Government to make major advances in reducing corruption so that donors can commit further.

In July 2016, the number of newly arriving undocumented Afghan returnees from Pakistan to eastern Afghanistan increased dramatically from an average of 10-15 families a day to around 300-400 families a day by the end of August. As a result of the application of stricter policies from the Pakistan Government towards both undocumented and documented refugees (those with the proof of registration cards (PoR)), accompanied by reports of intimidation and harassment, it is estimated that up to 263,000 undocumented returnees and 363,000 documented refugee returnees arrived in Afghanistan by the end of 2016. The sudden increase in returns took place against a backdrop of sustained high levels of conflict-induced internal displacement, with more than 400,000 newly internally displaced persons recorded across the country.

Response of the Government and Strategic Coordination

WFP Afghanistan began to support the process of the Afghanistan Zero Hunger Strategic Review in 2016. With support from the WFP Executive Director and the Regional Director for Asia and the Pacific, the former Vice President of Afghanistan agreed to be the Lead Convener. The Advisory Committee was convened in late November to launch the Review with the final report expected by May 2017.

The Afghanistan Food Security and Nutrition Agenda (AFSANA) was prepared with support from the Food and Agriculture Organization of the United Nations (FAO), the United Nation's Children's Fund (UNICEF) and WFP in 2012, but has not yet been signed by the President because of the lack of an operational strategy, implementation plan and budget. The AFSANA contains a policy statement by the Government, reaffirming its commitment to address the multiple determinants of hunger and malnutrition in a coordinated fashion; a comprehensive framework with a specific goal and targets, strategic priorities and fields of action; and coordination structures needed to overcome the interrelated challenges of food and nutrition insecurity.

The goal of AFSANA is to ensure that no Afghan suffers from hunger and every Afghan is well-nourished at all times. The strategic objectives are to: (i) assure the availability of sufficient food for all Afghans; (ii) improve economic and physical access to food, especially for vulnerable and food-insecure population groups; (iii) ensure a stable food supply over time and in disaster situations; and (iv) promote better diets and adequate food utilisation particularly by women and children.

There is agreement amongst key stakeholders in the Government and the United Nations that the Strategic Review will help to activate the AFSANA which will, become the foundation for operationalising the Strategic Review recommendations.

The current United Nations Development Assistance Framework (UNDAF) (2015-2019) is comprised of six pillars, of which WFP has added value to assist the Government in three: equitable economic development – support to



rural livelihoods and community asset creation; provision of social services on an equitable basis – programmes to treat moderate acute malnutrition of children and pregnant and lactating women are implemented through the Government's basic package of health services programmes at clinics across the country; and securing social equity and investing in human capital – vocational skills training to enhance workforce participation and school feeding that invests in the future of school-age children.

For disaster risk reduction (DRR), WFP is in the process of expanding joint programming with partner United Nations agencies. To bring coherence to DRR programming at the interagency level, WFP has established and leads the DRR Working Group under the United Nations Country Team (UNCT). Asset creation for the most shock-prone and frequently food-insecure districts and communities has benefited from expanded strategic partnerships and joint programmes with the United Nations Environmental Programme (UNEP), FAO, the United Nations Development Programme (UNDP), the Ministry of Rehabilitation and Rural Development, the Ministry of Agriculture, Irrigation and Livestock, and the National Environmental Protection Agency.

WFP is the co-lead with FAO for the Food Security and Agriculture cluster under the Humanitarian Country Team and is an active member of the Nutrition Cluster. Humanitarian food security and nutrition activities are included in the Humanitarian Response Plan which is reviewed annually.

In 2016, emphasis has been put on knowledge exchange and capacity development in support of a Strategic Grain Reserve project, for which WFP has been in close coordination with the Ministry of Agriculture, Irrigation and Livestock.

Summary of WFP Operational Objectives

In 2016, the country office initiated budget revisions to its PRRO and special operations to realign them with the evolving situation and to be a more efficient partner of the Government through engagement with line ministries and United Nations counterparts. WFP strengthened partnerships with humanitarian and development actors, particularly with other United Nations agencies towards Delivering as One with the goal of achieving zero hunger in line with Sustainable Development Goals (SDGs) 2 and 17.

Protracted Relief and Recovery Operation: PRRO 200447 (2014-2018), approved budget USD 764 million, responded to the food security and nutritional needs of severely food-insecure people in Afghanistan. Assistance included general distributions (food and/or cash-based transfers) for internally displaced persons (IDPs), returnees, refugees, and those affected by conflict, natural disaster and economic stress; nutrition programmes through targeted supplementary feeding; school take-home rations; disaster risk reduction and asset creation, and vocational training activities. Under its Purchase for Progress (P4P) programme, WFP increased production and productivity, and promoted market development for smallholder farmers through the local purchase of fortified wheat flour.

Emergency Operation: IR-EMOP 201023 (September-November 2016), approved budget USD 1.3 million, allowed WFP to respond to the immediate food needs of the first large influx of Afghan refugee returnees from Pakistan, and also allowed for the necessary preparations and assessment to take place, which paved the way for an EMOP.

Emergency Operation: EMOP 201024 (2016-2017), approved budget USD 67 million, met the immediate food needs of documented and undocumented returnees as well as an unusually high number of conflict-affected IDPs, especially during the winter months of 2016. The EMOP also provided monthly food support to refugees from Pakistan who have settled in eastern Afghanistan.

Special Operation: SO 200635 (2014-2018), approved budget USD 14 million, provided support to the development of a Strategic Grain Reserve (SGR). The special operation was prepared in order to: 1) provide emergency food assistance to transitory food-insecure households; 2) support communities and farmers with storage facilities; 3) assist producers to secure fair prices at harvest times; and 4) contribute to domestic food price stabilisation. In order to achieve those objectives, the SGR special operation, P4P and PRRO projects work in tandem with the Government. In 2016, the WFP approach to SGR support was re-targeted in agreement with the Government, to focus on strategic grain mechanisms and budgets (capital to buy wheat grains and cover running costs).

Special Operation: SO 200870 (2016-2017), approved budget USD 33 million, enabled the United Nations Humanitarian Air Service (UNHAS) has been providing safe and reliable passenger and cargo air services to the entire humanitarian community and remains the only service that provides an extensive air network in Afghanistan.

Trust Fund (2014–2017), approved budget USD 12 million, which began in December 2014 when WFP and the Republic of Korea's Ministry of Foreign Affairs signed a Letter of Understanding under which the Ministry would



provide USD 12 million through WFP to manage the activities of a United States-based non-governmental organization, Nutrition and Education Initiative, aimed at developing the soybean industry in Afghanistan. This project has since been implemented under the WFP P4P umbrella. In 2016, the activities were geared to develop further the soybean value chain by focusing more on processing and transformation and market sector developments, while continuing to support smallholder soybean farmers.



Country Resources and Results

Resources for Results

The extensive increase in global humanitarian needs caused by outbreaks of various humanitarian crises in many parts of the world impacted the funding level of operations in 2016, which remained at unexpectedly low levels compared with the trends from previous years. This was especially true for the PRRO, which received less than half of the approved budget requirements for the year.

The launch of the EMOP, which had relatively better funding, had a somewhat adverse effect on the funding situation of the PRRO. Despite a substantial increase in the number of people requiring WFP assistance, the total funding available for Afghanistan remained limited. As a result, WFP prioritised nutrition activities, reduced ration sizes and further targeted the most vulnerable beneficiaries (this included up to 50 percent reduction in natural disaster and conflict-affected beneficiaries for two months, and a suspension in non-lifesaving activities, such as vocational skills training). These mitigation measures were for a limited period of time so as to better manage available resources, but such sporadic interruptions in WFP's interventions threaten to reduce the overall positive effect in Afghanistan.

Given the poor resourcing situation, WFP Afghanistan undertook a series of cost reduction actions: merging the country and Kabul area offices into a single compound, relocating the Kandahar and Mazar area offices in the warehouse compounds; and reducing fuel usage. As a result, the fixed costs for offices, warehouses and staff accommodations were reduced while fuel usage for vehicles and generators also decreased. In addition, thanks to appropriate office asset management practices, WFP was able to reuse office assets for the newly launched EMOP.

Human resources were managed through a structure and staffing review that was conducted in the middle of the year. The review resulted in a reduction in the overall number of staff from nearly 500 to 440 at the end of the year. Apart from a significant reduction in international staff positions, the greatest reduction in staff was in the area of logistics as a result of the decrease in cargo handling. At the same time, the number of drivers and support staff was reduced in Kabul as a result of consolidating the office and international staff residences into one location.

During the year, WFP explored possibilities to attract contributions from new potential donors. At the same time, the country office actively tried to assist donor organizations in humanitarian policy development at the country level. In addition, the country office continued consultation with various international organizations that could become partners in the future. These discussions aimed to create synergies among assisting agencies such as establishing a common database and sharing knowledge and new technologies for more coordinated assistance. These efforts are expected to lead to a positive funding trend in 2017.

Both current and newly acquired multi-year contributions greatly supported the operation during this period of funding shortage. The assurance of continuous funding through multi-year contributions helped WFP improve programme planning and provide timely food assistance. The need for longer term assistance is expected to grow in the coming years as the importance of the humanitarian development nexus is increasingly emphasized.

During the reporting period, budget revisions were approved for PRRO 200447, Special Operation 200635 and Special Operation 200870. For the PRRO and Special Operation 200870, the projects were extended in time, and budgets were increased. For Special Operation 200635, the timeline was extended only a few months while the budget was decreased.

Achievements at Country Level

WFP Afghanistan reached 3.5 million food-insecure and undernourished people in 2016, which was 96 percent of the plan as a result of operational and funding constraints.

The use of cash-based transfers (CBT) was expanded with the total transfer amount being 2.5 times larger than in 2015, which still represents a small share of the PRRO portfolio. WFP increased the number of service providers from one to four in order to cover different parts of the country and used different delivery mechanisms such as cash, electronic voucher and pre-paid cards. The joint CBT feasibility assessment was done in close collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's fund (UNICEF) and the Office for the Coordination of Humanitarian Affairs (OCHA). The improved coverage, system and knowledge will be a great asset to future CBT expansion in Afghanistan.



The corporate SCOPE platform (WFP's digital platform for beneficiary and transfer management) was launched through the EMOP in late 2016 but with a focus on registration only by the end of the year. Direct cash distributions were piloted in four locations of the country at the end of 2016 in order to plan for a scale-up in 2017. WFP's strategic expansion of cash-based transfer modalities has been aligned with the Government's prioritisation of more market-based responses. As the Ministry of Labor, Social Affairs, Martyrs and Disabled, supported by the World Bank's Safety Net and Pensions Support Project (piloting unconditional cash transfer interventions), is starting to consider the development of social protection/safety nets programmes, WFP will support the strengthening of its capacities in this field with conceptual and technical support.

To improve targeting, the food security partners such as the Food and Agriculture Organization of the United Nations (FAO), the Food Security and Agriculture Cluster, and the Ministry of Agriculture, Irrigation and Livestock have enhanced their engagement so as to improve the quality of data and assessments and have integrated their information systems to support decisions on targeting and response options, especially for medium-term and long-term food security interventions. This was achieved through applying extensive analysis using the latest multiple data sets and updated methodologies such as the Afghanistan Living Conditions Survey (ALCS), Integrated Context Analysis (ICA), Seasonal Food Security Assessment (SFSA), and the Integrated Food Security Phase Classification (IPC).

In the last quarter of the year, WFP piloted the use of remote data collection, through the mobile vulnerability analysis and mapping (mVAM) application, in order to monitor local food market conditions and conduct rapid assessments in eastern Afghanistan to gather information on the returnees and IDPs. It was also used for a rapid assessment of remote areas in the northern part of the country that were affected by conflict and winter weather (snow). The use of mVAM for monitoring activities will be expanded in 2017.

With the support of key donors, WFP purchased locally fortified wheat flour from commercial millers who were supported through the Afghanistan P4P programme on national fortification. Millers are required to source 40-50 percent of their wheat from local smallholder farmers. These millers were already involved in the national fortification programme as part of WFP's support to Afghanistan's National Nutrition Strategy to fortify flour for sale on the public markets with an aim to reduce micronutrient deficiency. As part of this programme, 27 large-scale flour millers around the country received training and equipment for fortification. In addition, a WFP food technologist conducted training on food safety systems such as the Good Manufacturing Practice and the Hazard Analysis and Critical Control Point for millers enrolled in the programme. In order to increase awareness of the benefits of consuming fortified foods, the P4P unit supported the Ministry of Public Health to develop a communication and media campaign that was launched in the fourth guarter of 2016 in several provincial capitals. Additional support to the Ministry of Public Health was provided to establish national food safety standards and quality control protocols and to build their capacity for quality control and certification of locally produced foods. For instance, six food quality laboratory technicians were trained in basic food quality analysis and the necessary laboratory equipment were also provided. The Ministry is now capable of undertaking basic analysis for food quality and safety control, including micronutrient analysis (vitamin A and iron content), food composition analysis (protein, fiber, fat moisture and ash content) as well as some microbiology analysis.

The MAM treatment programme achieved its set targets with the exceptions of default rate and the reasons for this are explained under the section on results/outcomes. This achievement was made possible because the Public Nutrition Department of the Ministry of Public Health coordination structure included the Integrated Management of Acute Malnutrition (IMAM) working group, which provides political and policy direction to ensure that the sector is working towards achieving the basic package of health services (BPHS). The Ministry of Public Health BPHS cooperating partners received the Public Nutrition Department endorsed training on the management of acute malnutrition and on food management and handling. The cooperating partners also received, and are using, the IMAM field guide which was prepared y the IMAM working group based on the national IMAM protocol. All IMAM, including MAM, monthly statistical information is stored in a database housed at the Public Nutrition Department.

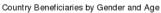


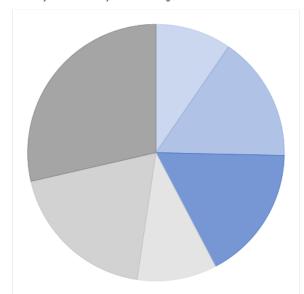
Beneficiaries	Male	Female	Total	
Children (under 5 years)	335,194	351,910	687,104	
Children (5-18 years)	553,130	667,660	1,220,790	



Children (under 5 years) Children (5-18 years) Adults (18 years plus) Children (under 5 years) Children (5-18 years) Adults (18 years plus)

Beneficiaries	Male	Female	Total	
Adults (18 years plus)	594,353	1,001,834	1,596,187	
Total number of beneficiaries in 2016	1,482,677	2,021,404	3,504,081	









Project Type	Cereals	Oil	Pulses	Mix	Other	Total	
Single Country EMOP	3,264	241	183	5	14	3,706	



Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Single Country IR-EMOP	464	34	32	-	2	533
Single Country PRRO	54,082	7,698	6,687	1,439	462	70,367
Total Food Distributed in 2016	57,810	7,974	6,902	1,444	477	74,607

Solution Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country EMOP	143,878	-	-
Single Country PRRO	-	6,140,637	-
Total Distributed in 2016	143,878	6,140,637	-

Supply Chain

As a result of WFP's decision to use fortified wheat flour instead of grain in all food baskets, the amount of fortified wheat flour purchased locally increased significantly in 2016, thus increasing market supply demand from local smallholders and sellers. This increase was achieved by maintaining a commercial partnership with a national network of mills in Kabul, Herat, Jalalabad and Mazar-e-Sharif, developed to provide a stimulus to an important sector of the national economy.

WFP procured the majority of the food locally, mainly fortified wheat flour which represented 69 percent of the food basket in 2016, while 29 percent of food received in the country came from in-kind contributions or purchases from international markets. Only 2 percent was purchased regionally from Pakistan, Kazakhstan and Tajikistan. Local purchases enabled WFP to respond to critical programme needs and winter pre-positioning with cost-effective purchases and short lead times. From an operational point of view, WFP Afghanistan drew significant benefits from these local purchases of wheat flour in terms of cost-effectiveness and reduced lead time when compared with that of international/regional purchases.

Following last year's improvement of the food supply chain in the southern corridor through Pakistan (Karachi Port) covering over 30 percent of WFP project food requirements, the Spinboldak transshipment warehouse (inside Afghanistan) was established. It is used to store and dispatch food in the western part of the country covered by Kandahar and Herat offices while the Jalalabad storage space was reinforced (10,000 mt storage capacity) to store and dispatch food for the eastern part of the country covered by Jalalabad, Kabul, Mazar and Faizabad offices.

WFP opened the northern corridor through Kazakhstan, Tajikistan and Uzbekistan in an effort to mitigate risks incurred by using only the Pakistan corridor, which eventually shortened the lead time for some commodities such as pulses. In addition, WFP Afghanistan agreed with WFP Tajikistan on the modality to serve the northern part of Badakhshan province from Tajikistan. For this purpose, cargoes were procured internationally and shipped through the Riga port in Latvia to Dushanbe in Tajikistan to cover winter pre-positioning for the northeastern region (Badakhshan districts). This mountainous area is not accessible from Afghanistan during the winter period. The food supply throughout the northern corridor represents only 1 percent of the overall food received in the country in 2016 under the PRRO. However, this corridor can scale up deliveries in case the Pakistan corridor encounters obstructions.

In order to urgently serve the needs of beneficiaries under the emergency response in the eastern provinces, assorted food items were borrowed from the PRRO for the IR-EMOP 201023, and also for the EMOP 201024, of which certain amounts have been repaid.

WFP continued to use both its own fleets and commercial transport companies for food deliveries. The usage of WFP's fleets remained at about the same level (35 percent) as in 2015. These fleets were concentrated mainly on



routes which required specialised vehicles because of difficult terrain, and were also used for relatively small tonnage deliveries to avoid high costs for the commercial companies.

Insecurity remained a challenge for food deliveries across the country in 2016, resulting in higher costs when routes had to be changed or food deliveries was kept on hold until movement restrictions were lifted.

Post-delivery losses in 2016 were minimal. The majority of incurred losses was caused by food diversions by anti-government elements in many insecure areas of Afghanistan. Better identification of safe transport routes through WFP access teams in the field offices and the contracting of high-performing transporters will be part of the continuous effort to minimise future losses.

With regard to the support for the entire humanitarian community in the country, as a lead agency for the Logistics Cluster, WFP continued providing storage and transport services to the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and the International Organization for Migration (IOM) as well as several NGOs, at full cost recovery through service-level agreements. Such cost recovery efforts amounted to USD 410,500 in 2016.

WFP pre-positioned assorted food items for over 188,000 beneficiaries in 60 priority districts in eight provinces between October and December 2016 in order to ensure that the required food was available for distribution to the beneficiaries in the areas that were likely to become inaccessible during the winter.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
High Energy Biscuits	121	-	121
lodised Salt	2	509	511
Micronutrition Tablets	-	19	19
Ready To Use Supplementary Food	-	1,778	1,778
Split Peas	-	5,946	5,946
Vegetable Oil	-	3,611	3,611
Wheat Flour	66,055	230	66,285
Wheat Soya Blend	-	1,909	1,909
Total	66,178	14,002	80,180
Percentage	82.5%	17.5%	

Implementation of Evaluation Recommendations and Lessons Learned

The mid-term operation evaluation of the PRRO, which was concluded in late 2015, provided nine recommendations in programmatic and operational areas, pertinent to the operational and political context of Afghanistan. The evaluation offered a timely validation of the appropriateness of the WFP Afghanistan programme portfolio and strategic direction.

Actions implemented during 2016 as per the nine evaluation recommendations were as follows:

- 1. Prioritisation and targeting of activities—In response to reduced funding, programme activities in the approved PRRO budget revision were re-prioritised and the number of priority districts was reduced by more than half.
- Development of an exit strategy—The exit strategy is under development through the ongoing Afghanistan National Zero Hunger Strategic Review and Country Strategic Plan (CSP) process.



- ^{3.} Gender considerations—Women's involvement in asset creation increased in 2016 as a result of specifically designed activities for women, such as mushroom or pickle production and nursery; in partnership with the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), WFP began work on a plan to introduce the safe markets model in 2017; and new gender indicators were developed and used as work began to improve the gender focus of skills training programmes.
- 4. Purchase for Progress (P4P) activities within the PRRO—Integration of P4P began in the second half of 2016 with full integration expected in the first quarter of 2017.
- 5. Working as One with UN partners—Some work was done in the area of joint and collaborative programming with United Nations partners, though actual delivery as one is yet to be achieved. Regarding joint programmes, WFP and the Food and Agriculture Organization of the United Nations (FAO) have selected the Samangan province of the northern region for a joint programme on building resilience among communities through the implementation of disaster risk reduction activities. The initial surveys were completed and both agencies agreed on the nature, scope and timeframe of the work. Technical and operational support to operationalise the Afghanistan Food Security and Nutrition Agenda (AFSANA) was included in the UNDAF action plan for 2016 as joint activities by WFP, FAO and the United Nations Children's Fund (UNICEF), and collaborative efforts continue.
- ^{6.} Expanding funding opportunities—Towards the fourth quarter of 2016, WFP was expanding its donor base as a way to mitigate against reduced funding from the traditional donors in the future.
- 7. Use of Programme Assistance Team—WFP benefited from the internal audit recommendations in 2015 on the use of third party monitors which provided guidance for the way forward. Their performance is monitored and evaluated on an annual basis and their contracts were adjusted accordingly.
- 8. Improved communication with beneficiaries and communities—There was progress towards improving communication with beneficiaries, partners and field-based staff through the nutrition media campaign under P4P and strengthened engagement with the local authorities and communities in asset creation activities. WFP has improved its collaboration with the community development councils in the provinces to strengthen women's involvement in designing and implementing gender-sensitive asset creation such as home gardening and home-based nurseries. The compliance unit proactively monitored hotline calls and the issues raised by the beneficiaries through the calls were discussed and followed up in a monthly compliance committee meeting.
- 9. Data management—During 2016, the Country Office Tool for Managing (programme operations) Effectively (COMET) was rolled out in Afghanistan and used for programme management, capturing and reporting of programme data, as well as reconciliation with commodity movements captured under the Logistics Execution Support System (LESS). WFP plans to launch improved technology for mobile data collection and analytics (MDCA) in 2017, a newly developed data management system developed in the WFP regional bureau for Asia and the Pacific.

Motivated by the need to monitor 'people on the move' under the new EMOP, and supported by the vulnerability analysis and mapping (VAM) team in Rome and the regional bureau, WFP Afghanistan piloted the use of the mobile VAM (mVAM) application for rapid food security and market assessments, enabling WFP to assist people in hard-to-reach areas, especially women. WFP continues to conduct mVAM surveys to monitor the market feasibility and functionality for cash-based interventions, and monitoring and emergency assessments of IDPs and returnees. The first mVAM pilot survey was conducted in October 2016 and by the end of the year, three rapid assessments were conducted in the conflict-affected districts in Faryab and Kunduz; one market monitoring survey in the capitals of Farah, Helmand, Kandahar and Urozgan provinces; and three assessments monitoring the food security and market situation in Laghman, Kunar and Kabul provinces, all areas with a high number of internally displaced persons (IDPs) and returnees. The mVAM pilot was successful in terms of its relevance, accuracy and, most importantly, timeliness, as it informed emergency responses of both WFP and the humanitarian community.

In an environment characterised by increasing insecurity, accessing beneficiaries at the time when assistance is needed the most will continue to be a major challenge for WFP Afghanistan. In 2016, with facilitation from WFP global headquarters and the International Committee of the Red Cross in Geneva, the country office conducted training for all of its access teams. This training resulted in the introduction of a systematic approach to manage access issues coupled with timely assessment of risks and management decision-making. This new approach improved WFP's reach to beneficiaries and credibility with partners and local authorities. In addition,cash-based transfers were deployed successfully on a number of occasions to overcome physical challenges of moving food, particularly in areas where markets continued to function despite the clashes and siege of population centres. These programmatic tools still need to be systematically used to overcome access constraints with forward planning to include contingency purposes.



Finding a way in — overcoming access constraints

Insecurity across the country remained a challenge for WFP programme delivery in 2016. The most insecure provinces with a high programme concentration included Helmand and Uruzgan provinces in the south, Kunduz and Baghlan in the north, Farah, Faryab and Badghis in the west, Khost, Paktya, Ghazni and Paktika in the southeast, the province of Ghor in the center of the country and Badakhshan in the northeast.

WFP Afghanistan foresaw the effect of insecurity at the launch of the PRRO late in 2013, when it was clear that the withdrawal of the NATO forces in 2014 would create a security vacuum in some parts of the country. In 2016 alone, some 15 districts across the country became totally inaccessible for WFP's partners, resulting in temporary or total suspension of food assistance, most notably nutrition and school meals programmes.

In order to adopt and overcome obstacles caused by insecurity and continue delivering the programme, WFP took the following additional measures:

- 1. Organizational change to tackle access issues—Measures in this respect included the formation and strengthening of field offices access negotiation teams, consisting of staff from programme, logistics and security functions. Similarly, the country office access working group was re-organized. In the new structure, the WFP Country Director is leading the effort to provide timely decisions and support for field offices. Also, terms of reference were developed for both groups to enable clear and timely directions.
- 2. Capacity development in access negotiation—In collaboration with WFP's global headquarters and a consultant from the International Red Cross Commission, a two-day formal training on access negotiation approaches was provided to 25 staff from the access negotiation teams of both the country office and field offices. The training aimed to equip frontline and other staff in the country office with a better understanding of how to approach access issues in a structured way, including tactical tools to maintain momentum in access negotiations for the longer term.
- 3. Adaptation of programme modalities—Programme modalities such as cash-based transfers were deployed to meet food needs, particularly in isolated areas where roads were blocked preventing food convoy movement, but where there were still functioning markets. The direct cash modality was also introduced to augment programme tools to circumvent physical access constraints and meet the food needs of beneficiaries in a timely manner;
- 4. Cooperation with third party monitors—In order to assess situations of food insecurity and ensure the accountability of WFP activities, WFP explored opportunities to cooperate with third party agents to conduct assessments and monitoring, and liaising with local authorities, especially in areas where WFP staff could not visit because of security constraints.

In summary, in 2016, the extreme challenges of accessibility resulted in the non-delivery or delay of WFP food assistance for 293,000 beneficiaries among the targeted 3.7 million beneficiaries. In terms of the volume of food, deliveries of 4,500 mt out of the total programmed quantity were either delayed or cancelled.



Project Objectives and Results

Project Objectives

Over one million people were on the move within Afghanistan and across borders by the close of 2016. This included newly displaced and newly returning Afghans, many of them requiring humanitarian assistance. In September 2016, the United Nations launched a Flash Appeal to meet the immediate needs of these vulnerable people.

In line with the United Nations Flash Appeal and through the nutrition and food security clusters, WFP Afghanistan responded to these increased needs by launching an emergency operation (EMOP) for nine months, from October 15, 2016 through July 14, 2017. This EMOP ensures that needs of the beneficiaries are met through the harsh winter months and into the warmer season. The protracted relief and recovery operation (PRRO) 200447 already supports a number of internally displaced persons (IDPs), but the focus of the EMOP is specific to meeting immediate needs emerging from this particular crisis.

The EMOP is in line with WFP Strategic Objectives 1 and 4 and consistent with Sustainable Development Goals (SDGs) 2: Zero Hunger and 17: Partnerships for the Goals, with linkages to SDG 5: Gender Equality.

The specific objectives are as follows:

- Respond to the food security and nutrition needs of refugee returnees and undocumented returnees, conflict-affected IDPs, and refugees (SO 1);
- Prevent malnutrition in children aged 6-23 months from undocumented returnee households and treat moderately malnourished children aged 6-59 months and pregnant and lactating women (PLW) (SO 4).

The main objectives of the treatment of moderate acute malnutrition in children aged 6–59 months especially during an emergency are: i) reduction of the percentage of severe acute malnutrition in the target group and ii) reduction of under 5 mortality rates. The programme also targeted acutely malnourished PLW by providing them with nutritious supplementary food to improve pregnancy outcomes and promote exclusive breastfeeding.

S Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	522,400
Direct Support Costs	9,050,823
Food and Related Costs	15,427,447
Indirect Support Costs	4,369,758
Cash & Voucher and Related Costs	37,424,452
Total	66,794,880

Project Activities

Strategic Objective 1: Save lives and protect livelihoods in emergencies

Outcome: Stabilised or improved food consumption over assistance period for targeted households and/or individuals.

Activity: General distribution (GD).

WFP Afghanistan provided life-saving food assistance through general distributions (GD) and cash-based transfers (CBT) to undocumented returnees, documented refugee returnees, newly affected internally displaced persons (IDPs), and refugees from Pakistan. The initial provision of food to vulnerable undocumented returnees was



appropriate as they were travelling with very few possessions and were new to the location. The reason that fewer than planned beneficiaries were reached is that, beginning in September 2016, the flow of undocumented returnees from Pakistan slowed significantly, and about half of the planned number of people to be assisted, entered Afghanistan.

After three months of initial food assistance, WFP planned to provide cash assistance through the SCOPE platform, a beneficiary and transfer management system. Although not initially planned, CBT was indicated as a viable option by a rapid market assessment in Nangarhar province which also recommended that markets and market prices should continue to be monitored.Vulnerable documented refugee returnees would receive WFP support only after three months, as they had initially received a USD 400 per person cash grant from the Office of the United Nations High Commissioner for Refugees (UNHCR) on their arrival at the UNHCR encashment centre.

WFP Afghanistan's introduction of SCOPE was part of a global rollout, to more efficiently and effectively register beneficiaries, manage distributions (cash, vouchers and in-kind food), and generate information for monitoring and evaluation and reporting. A SCOPE assessment was carried out and the implementation plan was prepared in September 2016. WFP also successfully piloted the use of remote data collection, through the mobile vulnerability analysis and mapping (mVAM) application. The mVAM was used to monitor local food market conditions, ensure that markets were able to support the cash assistance programme, and facilitate the adjustment of programmes based on evolving market conditions.

Cash distribution was first piloted by WFP Afghanistan in October 2016, targeting 300 households in Helmand province, 200 households in Herat, 160 in Kabul city and 150 in Laghman province. Subsequent analysis showed that cash distribution was: i) more cost-effective as compared to in-kind food assistance in the certain areas, ii) feasible in Afghanistan's well-developed and integrated urban markets and iii) preferred by targeted recipients as cash provided beneficiaries with the choice and dignity to meet their food needs with locally preferred food items.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger.

Outcome: Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-age children.

Activity: Treatment of moderate acute malnutrition (MAM).

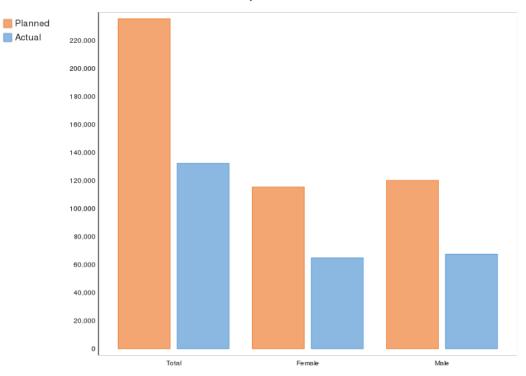
The treatment of MAM programmes through targeted supplementary feeding in six districts of Nangarhar province, one district of Kunar province and one district of Laghman province were reinforced to respond to increased cases of malnutrition among the new arrivals.

Major activities included screening children and pregnant and lactating women (PLW) for acute undernutrition, referral and admission into the programme, and subsequent assessment of improvements in their nutritional status. Children with MAM admitted into the programme received ready-to-use supplementary food (RUSF), *Acha Mum*, and changes in their nutritional status were monitored on a bi-weekly basis until they reached the target mid-upper arm circumference (MUAC) or weight before being discharged. Children whose status was static or deteriorating were referred for appropriate medical or therapeutic treatment. Pregnant and lactating women received a mix of basic fortified food items (wheat flour, pulses, vegetable oil, iodised salt and micronutrient tablets) on a monthly basis and were discharged from the programme when their infant reached six months of age. Special attention was given to counsel the PLW and caregivers of children admitted to the programme on infant and young child feeding practices for the length of time they were in the programme.

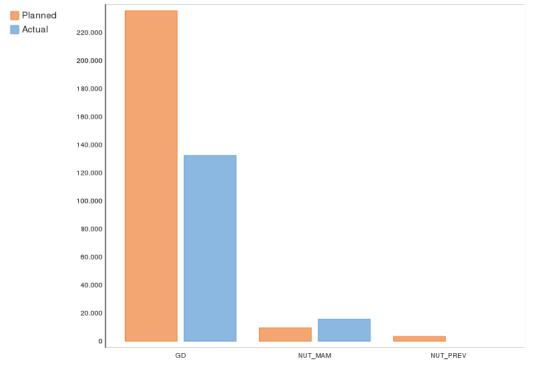
Activity: Prevention of acute malnutrition

To prevent a peak in the incidence of acute malnutrition during the displacement and settlement of the returnees in the six targeted districts of Nangarhar province, WFP planned to implement a prevention of acute malnutrition programme through blanket supplementary feeding, targeting all children aged 6-23 months from the most vulnerable households regardless of their nutritional status. The specialised nutritious food (SNF), *Wawa Mum*, was included in the general distribution (GD) food basket for vulnerable households with children aged 6–23 months to ensure that there was appropriate complementary food for young children. The SNF arrived in Afghanistan in December, with actual distribution starting in January 2017. The delay in arrival of *Wawa Mum* to Afghanistan was as a result of the demand on the Pakistan-based suppliers from both sides of the border. For this reason, the lead-time was increased up to six months, a significant change from 6 to 7 weeks, which was WFP's anticipated lead time for the previous three years. Also, in the last quarter of 2016 and early 2017, supplies from Pakistan were not enough to meet the requirements of the two countries. WFP Afghanistan resorted to purchasing some of the RUSF from international sources, for which the procurement and transportation lead time reached up to four months.

Annual Project Beneficiaries

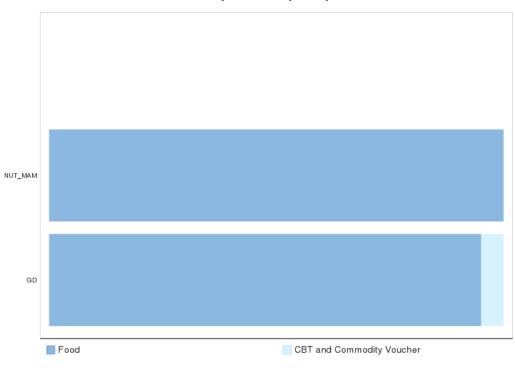


Annual Project Beneficiaries by Activity



GD: General Distribution (GD) NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition NUT_PREV: Nutrition: Prevention of Acute Malnutrition

Modality of Transfer by Activity



GD: General Distribution (GD) NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition



Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
lodised Salt	50	13	26.9%
Micronutrition Tablets	0	0	29.6%
Ready To Use Supplementary Food	33	5	15.1%
Split Peas	714	183	25.6%
Vegetable Oil	725	241	33.3%
Wheat Flour	9,782	3,264	33.4%
Total	11,305	3,706	32.8%

Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

Modality	lodality Planned (USD)		% Actual v. Planned
Cash	-	143,878	-
Total	-	143,878	-



Operational Partnerships

In accordance with a Letter of Agreement between the International Organization for Migration (IOM) and WFP, IOM continued to identify and register the most vulnerable undocumented returnees and distribute WFP emergency food assistance. In order to scale up the operation immediately, WFP established partnerships with 14 national and international non-governmental organizations (NGOs) which enabled WFP to reach vulnerable communities across the country to respond to the food security and nutrition needs of children, women and men in a timely manner.

In the initial stage of the EMOP, WFP partnered with a national NGO, Coordination for Humanitarian Affairs (CHA), to support SCOPE registrations in the field. CHA staff were trained in the use of SCOPE by WFP experts. This training was supplemented through central support from dedicated staff in the Kabul country office.

The Ministry of Refugees and Repatriations was responsible for coordinating the humanitarian response to this emergency. They coordinated with local authorities, government ministries, United Nations agencies, NGOs, community-based organizations and civil society. WFP worked closely with the Ministry of Refugees and Repatriations and other United Nations agencies including the Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and IOM to assist internally displaced persons (IDPs), returnees, and refugees. WFP signed an agreement with the Ministry of Refugees and Repatriations with the aim to enhance existing collaboration and coordination, including the use of SCOPE for the registration of returnees and IDPs. Both WFP and the Ministry of Refugees and Repatriations also agreed to facilitate coordination of data and information for IDPs, returnees and refugees receiving WFP assistance. Documented and undocumented returnees, who had already been registered by UNHCR and IOM respectively, were to be imported into the SCOPE system on a rolling basis. To this end, a beneficiary data sharing and protection agreement was planned to be signed by WFP, IOM and UNHCR.

Through a United Nations refugees and returnees working group, led by UNHCR and IOM, WFP ensured that it was working in support of other United Nations and NGO operations, especially in the eastern region. The working group also provided an opportunity to avoid gaps and overlaps.

To ensure that the humanitarian and development nexus was kept coherent and that any recovery work was aligned with Afghanistan's wider development plan, WFP engaged both humanitarian and development partners, notably the donor community, e.g., the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and the European Commission's Directorate-General for International Cooperation and Development (DG DEVCO), in discussion on humanitarian and development funding pots.

The treatment of moderate acute malnutrition (MAM) programme for children aged 6–59 months and PLW was implemented by the Ministry of Public Health and Basic Package of Health Services (BPHS) Partners under the Integrated Management of Acute Malnutrition (IMAM) approach, in collaboration with the nutrition cluster led by the United Nations Children's Fund (UNICEF). The National Guideline for IMAM was developed as a tool to assist health workers in the assessment and appropriate management of services and/or counselling for the treatment of both MAM and severe acute malnutrition (SAM). The BPHS package was adapted for the needs of the Afghan population and was designed to tackle the priority areas of maternal and newborn health, child health, public nutrition, and communicable diseases. The package had a semi-hierarchical structure with a health post at the bottom, followed by a health sub-centre, a basic health centre, a comprehensive health centre, and then the district hospital at the top, each designed to cover a specific section of population. The partnership was formalised through a field-level agreement signed between WFP and the three BPHS cooperating partners. The programme was implemented in three provinces, Nangarhar, Kunar and Laghman.

Performance Monitoring

The operational context of Afghanistan is heavily linked to issues around access. Taking into account the prevailing operational (security) context, and the complex nature of the mass returns from Pakistan, with further displacements/movements expected before they settle in a new location, WFP piloted mobile vulnerability analysis and mapping (mVAM), for monitoring populations on the move. Monitoring was conducted through a call centre, with the possibility to be incorporated into the WFP beneficiary feedback hotline.

All the operators in the mVAM call centres were women; women operators were more easily able to speak to both male and female respondents, enabling WFP to reach women beneficiaries without having to speak to them face-to-face. Efforts were made to collect mobile numbers of female household members, and the operators requested permission from male respondents to speak to a woman in the household. The mVAM application was also used to collect household food security information from female household members.



Food and cash assistance was monitored by WFP field staff in accessible areas, and third party monitors or programme assistance teams (PATs) in areas with restricted access. Joint monitoring of nutrition activities with the United Nations Children's Fund (UNICEF) is planned, which will examine further the intra-family dynamics and relevant aspects in relation to prevention of acute malnutrition.

Because access and insecurity is a challenge for WFP and at times also for partner organizations, WFP contracted PATs to provide data collection and monitoring. WFP provided the PATs with an in-depth orientation and training, including a detailed briefing on the operational and ethical standards of the United Nations Code of Conduct, to ensure quality implementation.

The risks of third party monitoring were of primary concern for WFP, especially given issues around corruption, theft and protection. For this reason, WFP carried out a robust partner screening and evaluation process that included assessing their involvement with local authorities, oversight from the WFP compliance unit, and review of their legal status and reputational issues.

Standardised reporting formats and checklists were developed for WFP staff, counterparts and PATs to collect and consolidate output data and monitor the implementation of food assistance activities. The data collected were aggregated at area office/sub-office level, allowing WFP programme officers to check on progress made towards the achievement of results at the output level, such as number of beneficiaries reached and the amount of food distributed.

In addition to this, WFP Afghanistan heavily invested in accountability systems, such as the creation of a beneficiary complaint and feedback mechanism, whereby beneficiaries, partners, or anybody else can call the direct line to provide confidential feedback, comments or complaints.

Results/Outcomes

In 2016, WFP provided life-saving food and cash-based transfers (CBT) assistance to 132,000 beneficiaries including vulnerable undocumented returnees, conflict-affected internally displaced persons (IDPs), and Pakistani refugees. Approximately, 2,400 children aged 6-59 months with moderate acute malnutrition (MAM) received ready-to-use supplementary food (RUSF) and 5,300 pregnant and lactating women (PLW) received a mixed basket of basic fortified foods. About 5 percent of life-saving assistance was provided through CBT.

Overall, WFP assisted more IDPs and fewer returnees than planned. This is because at the initial stage of the crisis, returns declined in line with seasonal trends during winter, starting in December. The conflict battlegrounds moved closer to the large districts and city centres, such as Kunduz, Helmand, Uruzgan and Farah, resulting in a huge influx of IDPs, to which WFP responded.

Food assistance under this emergency operation was provided by borrowing available food stocks (3,740 mt of assorted food items) from PRRO 200447, allowing WFP to meet the most urgent food needs.

Strategic Objective 1: Save lives and protect livelihoods in emergencies.

Outcome: Stabilised or improved food consumption over assistance period for targeted households and/or individuals.

Activity: General distribution (GD).

The food consumption score is a proxy for household food security, using a combination of food diversity and frequency weighted by the relative nutritional importance of different food groups. The results from post-distribution monitoring (PDM) showed that on average, 19 percent of the households had poor food consumption, which was worse than that of the base value (16 percent). The main reasons for this result are: i) the base value was measured through PDM in December 2015 under the PRRO before the influx of IDPs and returnees; and, ii) although the EMOP intervention period coincided with the second harvest season, many of the IDPs and returnees lacked basic necessities when they arrived at the new or temporary settlements.

Given the short period of project implementation in 2016, follow-up monitoring of this indicator in 2017 could be expected to reflect any changes in the food consumption score.

The household dietary diversity score is defined as the number of unique foods consumed (i.e. of different food groups) by household members over a given period (typically the past 24 hours) and has been validated as a useful approach for measuring household food access. The household dietary diversity score of 4.9 (as indicated in the table on page 26-27) exceeded the target score of 4.5. Timely food assistance helped EMOP beneficiaries to improve their dietary diversity. In addition, there was adequate diversity of available foods in the markets since October and November were part of the second harvest season. Also most of the returnees were based in the eastern region where there was availability of vegetables and other foods that contributed to their household dietary

wfp.org

diversity.

Strategic Objective 4: Reduce undernutrition and break the inter-generational cycle of hunger.

Outcome: Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-age children.

Activity: Treatment of moderate acute malnutrition (MAM).

The procurement of specialised nutritious foods took longer than anticipated and hence the actual treatment of MAM among children aged 6–59 months only started in November. Two months of MAM treatment programme implementation was not enough time for the performance indicator, including coverage, to reflect programme performance, so it was not reported. However, in those two months, nearly 2,400 children aged 6–59 months with MAM and 5,300 PLW were enrolled in the treatment programme. WFP reached 176 percent of planned PLW. Planning figures had been based on population figures, which were actually lower than the real figures, so the number of PLW reached was within the acceptable range.

The specialised nutritious food (*Wawa Mum*) for the prevention of malnutrition for children aged 6-23 months, arrived in December and consequently actual distribution started in January 2017.

Progress Towards Gender Equality

Over the course of the EMOP, WFP and its partners addressed gender-based inequality through systematic consultations with communities, local administrations and women *shuras* in order to involve women in decision-making, project design and implementation. These efforts are expected to be reflected positively in the gender cross-cutting indicators in 2017.

WFP Gender Policy 2015-2020 required the expedited application of Inter-Agency Standing Committee (IASC) Gender Marker principles in the design and planning of the interventions. All WFP operations in Afghanistan, including this EMOP, now incorporate the IASC Gender Marker, and have successfully achieved a rating of 2A/2B. This has been further detailed in a field-level agreement (FLA) signed with each of WFP's cooperating partners as well as in a cooperating partner proposal template for all activities.

WFP involved returnees and local communities in the planning and implementation of the emergency response through the formation of food assistance committees and the use of a more comprehensive system of information sharing in terms of rations and targeting criteria. For particular issues related to gender, WFP has a gender strategy and framework that includes programme guidance regarding female participation in design, implementation, targeting and monitoring.

To ensure women's concerns were properly understood, WFP provided mobile phones to contact women as well as identified a respected woman in the community to collect information on behalf of WFP. In consultation with women beneficiaries, female-friendly distribution sites appropriate to the Afghanistan context were designed and established during the emergency response.

There is still a way to go when it comes to directly engaging women beneficiaries on the ground through female monitors, and their proportion remains low. This issue is being addressed on a number of levels. Meanwhile, WFP has been successful in having a good representation of women SCOPE registrars.

One way WFP addressed gender balance in the field was to require cooperating partners to submit a strong gender justification when negotiating agreements. WFP has worked on a number of initiatives with United Nations Entity for Gender Equality and the Empowerment of Women(UN Women), including piloting an internship programme for female graduates, and has now integrated this initiative into its regular human resources work, allowing WFP to create an ever-expanding pool of talented, experienced female Afghan candidates.

Protection and Accountability to Affected Populations

Pakistan has hosted Afghan refugees for more than three decades, throughout the many conflicts Afghanistan has witnessed in this period. In Pakistan, millions of Afghans could raise their families, seek economic opportunities, send their children to school and access basic services. Pakistan, which is not a signatory to the Refugee Convention of 1951 nor the Additional Protocol of 1967, was home to the largest Afghan refugee population worldwide for many years, with the largest overall refugee population until 2014. However, deteriorating political relations coupled with an increase in insecurity in Pakistan, led to government directives aiming at abruptly reducing



the number of Afghans living in the country.

Of the 1.5 million documented and 1 million undocumented Afghan refugees living in Pakistan at the start of 2016, nearly 600,000 had returned to Afghanistan by the end of the year, not necessarily voluntarily or in conformity with international law. Recent studies on the mass return of Afghans from Pakistan show worrying levels of contravention of international normative frameworks. Many Afghan returnees report high levels of violence and abuse by community members and government authorities, media campaigns threatening deportation, police raids, arbitrary detention, exclusion of children from schools, and ostracization from community life.

Through its protection and accountability to affected populations (AAP) lens, WFP ensured that all returnees, refugees and internally displaced persons (IDPs) served, knew their entitlements and understood the complaints mechanism, thereby reaching the accountability target under the EMOP (99 percent reached). This achievement can be attributed to strong community awareness building efforts by WFP and cooperating partners, and increased direct contact with communities as a result of the WFP access strategy.

The majority of WFP participants (both men and women) reported that they had not experienced any safety issues when travelling to/from programme sites, an indication that WFP had put in place strong safety mitigation measures to create a safe environment for WFP beneficiaries.

To avoid a protracted emergency, WFP is ensuring that this emergency operation does not last longer than 12 months (the operation is currently foreseen to last nine months, with an option to extend further into 2017). WFP's existing support infrastructure, through a protracted relief and recovery operation, will provide longer-term livelihood support to the remaining number of vulnerable people on the move from July 2017 onwards.

WFP has enlisted the support of a dedicated protection and AAP specialist, who is leading the country office in conducting regular consultations with beneficiaries to receive their inputs and keep them informed of the transition from general distribution to targeted livelihood support when the emergency operation ends, keeping the Government involved during every step of the process. The Humanitarian Country Team (HCT) has assembled a protection working group for the emergency response, in which the WFP AAP specialist participates. WFP plans to conduct a review of livelihood interventions that will provide recommendations and strategic direction for livelihood activities for the coming years.

SCOPE Rollout: Helping humanitarians to better manage beneficiary information

WFP has introduced its corporate beneficiary registration and transfer management system, SCOPE, in Afghanistan. WFP is looking to SCOPE to better manage its humanitarian response to the influx of Afghan returnees from Pakistan, internally displaced persons (IDPs) and those affected by other emergencies in Afghanistan.

A basic laptop, fingerprint scanner and webcam are being used to register beneficiaries; fingerprints are collected to prevent fraud (registering several times for assistance). Beyond registration, SCOPE is used to manage the transfer of entitlements (in-kind, cash or voucher) securely to beneficiaries.

In coordination with the Ministry of Refugees and Repatriation, the registration of undocumented returnees in SCOPE began in early November at Torkham Zero Point and the International Organization for Migration (IOM) transit centre, on the Eastern Afghanistan border with Pakistan. Despite insecurity and poor infrastructure, 4,425 households were registered in SCOPE by the end of 2016. Notably, the number of female registrants increased after the recruitment of two female registrars. New four-fingerprint scanners have replaced the old one-fingerprint scanner, thus reducing registration time.

To register IDPs and returnees who had already entered Afghanistan, WFP set up SCOPE registration stations in provincial offices of the Ministry of Refugees and Repatriation in the cities of Jalalabad (Nangarhar), Asadabad (Kunar) and Mihtarlam (Laghman). Responding to a request from the Ministry of Refugees and Repatriation, WFP also set up SCOPE registrations beyond the eastern region: Spin Boldak in the south; Islam Qala in the west; Milak in Nimroz province; Khost and Paktika provinces in the southeast. To ensure that everyone who needs WFP assistance receives it, wherever they are in the country, WFP and the Ministry of Refugees and Repatriation have created a communication campaign to encourage more unregistered returnees to be registered at the provincial offices.

Data protection and privacy is a fundamental part of WFP's operations. Beneficiary data are securely managed by WFP and are not shared with any unauthorised parties for other purposes. For this reason, WFP is negotiating



data-sharing agreements with both the Office of the United Nations High Commissioner for Refugees (UNHCR) and IOM, to ensure a coordinated response.

SCOPE has the potential to serve as a central platform to track and manage information for all returnees, IDPs and refugees in terms of both numbers reached and assistance provided. There is potential to allow the Government and the humanitarian community to share a common platform, providing insight and contributing to better programme design and reporting. This step could ensure a coherent and cost-effective humanitarian response to this crisis.

Figures and Indicators

Data Notes

Cover page photo © WFP/Azizullah Mohmmand.

Female members of returned families being registered with SCOPE in the Department of Refugees and Repatriation in eastern Jalalabad city.

Note on the table 'Nutrition Beneficiaries': The beneficiaries recorded under the category - Pregnant and Lactating Women (PLW) - represent recipients as well as household members, as the PLW received a half family ration each.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	120,105	115,395	235,500	67,491	64,845	132,336	56.2%	56.2%	56.2%
By Age-group:				1					
Children (under 5 years)	25,905	23,550	49,455	14,557	13,234	27,791	56.2%	56.2%	56.2%
Children (5-18 years)	44,745	42,390	87,135	25,144	23,820	48,964	56.2%	56.2%	56.2%
Adults (18 years plus)	49,455	49,455	98,910	27,790	27,791	55,581	56.2%	56.2%	56.2%
By Residence s	status:								
Refugees	17,850	17,150	35,000	14,116	13,563	27,679	79.1%	79.1%	79.1%
Internally displaced persons (IDPs)	19,126	18,375	37,501	42,926	41,242	84,168	224.4%	224.4%	224.4%
Returnees	83,130	79,869	162,999	10,449	10,040	20,489	12.6%	12.6%	12.6%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality



Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	235,500	-	235,500	125,889	6,524	132,336	53.5%	-	56.2%
Nutrition: Treatment of Moderate Acute Malnutrition	9,500	-	9,500	15,621	-	15,621	164.4%	-	164.4%
Nutrition: Prevention of Acute Malnutrition	3,333	-	3,333	-	-	-	-	-	-

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	33,643	-	33,643	20,271	932	21,203	60.3%	-	63.0%
Nutrition: Treatment of Moderate Acute Malnutrition	5,000	-	5,000	7,692	-	7,692	153.8%	-	153.8%
Nutrition: Prevention of Acute Malnutrition	3,333	-	3,333	-	-	-	-	-	-

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
General Distrik	oution (GD)								
People participating in general distributions	23,550	10,093	33,643	14,206	6,997	21,203	60.3%	69.3%	63.0%
Total participants	23,550	10,093	33,643	14,206	6,997	21,203	60.3%	69.3%	63.0%



Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total beneficiaries	120,105	115,395	235,500	67,491	64,845	132,336	56.2%	56.2%	56.2%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	620	580	1,200	734	706	1,440	118.4%	121.7%	120.0%
Children (24-59 months)	400	400	800	490	471	961	122.5%	117.8%	120.1%
Pregnant and lactating women (18 plus)	-	3,000	3,000	-	5,291	5,291	-	176.4%	176.4%
Total beneficiaries	3,270	6,230	9,500	5,043	10,578	15,621	154.2%	169.8%	164.4%
Nutrition: Prev	Nutrition: Prevention of Acute Malnutrition								
Children (6-23 months)	1,700	1,633	3,333	-	-	-	-	-	-
Total beneficiaries	1,700	1,633	3,333	-	-	-	-	-	-

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up	
SO1 Save lives and protect livelihoods in emergencies					
Stabilized or improved food consumption over assistance period for targeted households and/or individuals					
FCS: percentage of households with poor Food Consumption Score					
AFGHANISTAN, Project End Target: 2017.07, Post Distribution Monitoring, Base value:	-				
2015.12, WFP programme monitoring, Post Distribution Monitoring, Latest Follow-up:					
2016.12, WFP programme monitoring, Post Distribution Monitoring	=4.00	16.00	-	19.00	



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score (female-headed)				
AFGHANISTAN, Project End Target: 2017.07, Post Distribution Monitoring, Base value:				
2015.12, WFP programme monitoring, Post Distribution Monitoring, Latest Follow-up: 2016.12, WFP programme monitoring, Post Distribution Monitoring	=4.00	16.00	-	19.00
FCS: percentage of households with poor Food Consumption Score (male-headed)				
AFGHANISTAN, Project End Target: 2017.07, Post Distribution Monitoring, Base value:				
2015.12, WFP programme monitoring, Post Distribution Monitoring, Latest Follow-up:				
2016.12, WFP programme monitoring, Post Distribution Monitoring	=4.00	16.00	-	19.00
Diet Diversity Score				
AFGHANISTAN, Project End Target: 2017.07, Post Distribution Monitoring, Latest				
Follow-up: 2016.12, WFP programme monitoring, Post Distribution Monitoring	>4.50	-	-	4.90
Diet Diversity Score (female-headed households)				
AFGHANISTAN, Project End Target: 2017.07, Post Distribution Monitoring, Latest				
Follow-up: 2016.12, WFP programme monitoring, Post Distribution Monitoring	>4.50	-	-	4.90
Diet Diversity Score (male-headed households)				
AFGHANISTAN, Project End Target: 2017.07, Post Distribution Monitoring, Latest				
Follow-up: 2016.12, WFP programme monitoring, Post Distribution Monitoring	>4.50	-	-	4.90
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 r children	nonths, pregna	nt and lactating	y women, and so	chool-aged
	nonths, pregna	nt and lactating	g women, and so	chool-aged
children	nonths, pregna	nt and lactating	y women, and so	chool-aged
children MAM treatment recovery rate (%)	nonths, pregna	nt and lactating 93.00	y women, and so	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base			y women, and so	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports			y women, and se	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%)			y women, and so	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base	>75.00	93.00	y women, and so	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports	>75.00	93.00	y women, and so	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment default rate (%)	>75.00	93.00	y women, and so - -	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports MAM treatment default rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly performance reports,	>75.00	93.00	y women, and se	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment default rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports	>75.00	93.00	y women, and se	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment default rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports	>75.00	93.00	y women, and so - - - -	chool-aged - - -
childrenMAM treatment recovery rate (%)MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reportsMAM treatment mortality rate (%)MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reportsMAM treatment default rate (%)MAM treatment default rate (%)MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, MAM treatment non-response rate (%)	>75.00 <3.00 <15.00	93.00 0.11 5.30	y women, and so	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, MAM treatment default rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Proportion of target population who participate in an adequate number of distributions	>75.00 <3.00 <15.00	93.00 0.11 5.30	y women, and so	chool-aged - - -
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment default rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, MAM treatment non-response rate (%)	>75.00 <3.00 <15.00	93.00 0.11 5.30	y women, and set - - - - - -	chool-aged - - - -
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports, MAM treatment default rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, SPR report 2015 Proportion of target population who participate in an adequate number of distributions MAM-CH/AFGHANISTAN, Project End Target: 2017.07, Applicale to BSFP only. CP monthly	>75.00 <3.00 <15.00	93.00 0.11 5.30	y women, and se	chool-aged
children MAM treatment recovery rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment mortality rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly progress reports, Base value: 2015.12, WFP programme monitoring, CP monthly progress reports MAM treatment default rate (%) MAM-CH/AFGHANISTAN, Project End Target: 2017.07, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, CP monthly performance reports, Base value: 2015.12, WFP programme monitoring, SPR report 2015 Proportion of target population who participate in an adequate number of distributions MAM-CH/AFGHANISTAN, Project End Target: 2017.07, Applicale to BSFP only. CP monthly progress reports	>75.00 <3.00 <15.00	93.00 0.11 5.30	y women, and se	chool-aged

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
AFGHANISTAN, General Distribution (GD), Project End Target : 2017.07, Base value : 2016.12	=40.00	54.00	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
AFGHANISTAN, General Distribution (GD), Project End Target : 2017.07, Base value : 2016.12	=30.00	16.00	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
AFGHANISTAN, General Distribution (GD), Project End Target : 2017.07, Base value : 2016.12	=30.00	30.00	-	-
Proportion of women beneficiaries in leadership positions of project management committees				
AFGHANISTAN, General Distribution (GD), Project End Target : 2017.07, Base value : 2016.12	=35.00	11.00	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
AFGHANISTAN, General Distribution (GD), Project End Target : 2017.07, Base value : 2016.12	=60.00	15.00	-	-

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
AFGHANISTAN, General Distribution (GD), Project End Target : 2017.07, Base value : 2016.12	=70.00	99.00	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
AFGHANISTAN, General Distribution (GD), Project End Target : 2017.07, Base value : 2016.12	=80.00	98.00	-	-

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services		
AFGHANISTAN, General Distribution (GD), Project End Target: 2017.07, Latest Follow-up: 2016.12	=20.00	18.00
Proportion of project activities implemented with the engagement of complementary partners		
AFGHANISTAN, General Distribution (GD), Project End Target: 2017.07, Latest Follow-up: 2016.12	=100.00	75.00

WFP

Resource Inputs from Donors

Resource Inputs from Donors

WFP

			Purchased i	n 2016 (mt)
Donor	Cont. Ref. No.	Commodity	In-Kind	Cash
Australia	AUL-C-00247-03	Iodised Salt	-	40
Australia	AUL-C-00247-03	Split Peas	-	315
Australia	AUL-C-00247-03	Vegetable Oil	-	426
Australia	AUL-C-00247-03	Wheat Flour	-	2,575
Belgium	BEL-C-00130-01	lodised Salt	-	11
Belgium	BEL-C-00130-01	Micronutrition Tablets	-	1
Belgium	BEL-C-00130-01	Ready To Use Supplementary Food	-	63
Belgium	BEL-C-00130-01	Vegetable Oil	-	519
Belgium	BEL-C-00130-01	Wheat Flour	-	970
Italy	ITA-C-00200-03	Vegetable Oil	-	222
Italy	ITA-C-00200-03	Wheat Flour	-	634
Norway	NOR-C-00341-01	Ready To Use Supplementary Food	-	12
UN CERF	001-C-01518-01	Wheat Flour	-	3,903
USA	USA-C-01276-01	lodised Salt	-	44
USA	USA-C-01276-01	Split Peas	-	910
USA	USA-C-01276-01	Wheat Flour	-	5,166
		Total	-	15,811