



This note sets out the methodology and quality assurance processes behind the FCDO Afghanistan ODA Results publication. There are also two annexes setting out the results indicator definitions and a glossary with key terms.

Purpose and scope of the Afghanistan Results publication

1. Results estimates are figures that have been collected from implementing partners to provide an indication of activities and outputs from Afghanistan Official Development Assistance (ODA) programmes.
2. The Afghanistan Monitoring, Evaluation and Learning (MEL) team within FCDO has created a standardised method for capturing the results achieved in Afghanistan, using a set of results indicators which all partners are required to report against.
3. Data is collected annually in April/May from implementing partners receiving UK ODA funding, covering the previous 12 months (i.e. previous financial year). The MEL team within FCDO quality assures data received from partners and aggregates the data to estimate the impact of FCDO funding.
4. These results represent a conservative estimate and are an 'at least' measure, due to precautions implemented to avoid double counting beneficiaries (see aggregation section below). As a result, the total number of FCDO Afghanistan beneficiaries cannot be fully captured.

Results indicators

5. The results indicators (Annex B) cover various thematic areas such as Humanitarian, Health and Water & Sanitation. They can be grouped into two categories:

People reached: this counts the number of people that have received support; this could be in the form of cash, food or health consultations. These types of indicators are measured on a unique beneficiary basis which means each beneficiary is only counted once per result, regardless of how many times they receive assistance.

An example of a “People reached” indicator is the “Number of people reached with humanitarian assistance”.

There is one exception to this definition which is the “Number of people that receive health education / promotion / awareness sessions” results, where partners could be capturing the same person more than once.

Number of items distributed, or services provided: this counts the total number of items or services provided regardless of whether the same person has been reached with the distribution/services.

For example, if a beneficiary was reached with two cash transfers over the year, they would be counted once against “Number of people reached with cash/voucher transfers” but both transfers would be counted against “Number of cash/voucher transfers”.

6. Results must not be summed together; there is overlap between the results. For instance, if a beneficiary receives food aid and receives access to safe drinking water, they would be captured in both results.
7. Some humanitarian interventions such as cash/voucher transfers and food aid benefit the direct recipient’s whole household, for instance the cash can be used to purchase food and non-food items which will be accessed by the full household. In these cases, a household size of 7 has been assumed¹ when calculating the total beneficiary numbers.
8. The headline humanitarian indicator “Number of people reached by humanitarian assistance” captures unique beneficiaries across multiple other indicators – Health, Cash/Vouchers, Food, WASH and Nutrition to give an indication of total humanitarian reach. If a beneficiary has received both food aid and WASH support, they would only be counted once within the humanitarian result but would be counted in both the Food Aid and WASH separate results.
9. These indicators will be regularly reviewed and refined based on lessons learned from previous year’s collection and third-party monitoring and evaluations, to maintain their relevance and usefulness. New indicators may be added or removed based on changes in programme objectives.
10. Disaggregation plays a critical role in tracking programme effectiveness and understanding the diversity of beneficiary reach. Partners are required to provide indicator data disaggregated by sex, disability, age, and geographic region (province), where appropriate and relevant (see disaggregation section).

Data collection and quality assurance

11. Implementing partners are requested to submit their results data using a structured Excel template. Given the sensitivity of some data, protecting it from unauthorized access is a top priority. While various third-party platforms are available for data collection, the Excel-based approach ensures greater control and security.
12. Before the reporting cycles (as outlined in paragraph 3), a partner consultation workshop is conducted to communicate the purpose and processes of the reporting.
13. A detailed guidance document accompanies the template providing clear instructions on data entry, key definitions such as unique beneficiaries, and methods for aggregating results across different geographical areas. This guidance improves the accuracy and reliability of the data.
14. The results data represents contributions from multiple partners. The majority of data is secondary and is provided directly by implementing partners, often from

¹ Household size of 7 is a commonly applied assumption in Afghanistan, for example see [UNDP Socio-Economic Outlook 2023](#)

their existing monitoring and evaluation management information and/or existing programme result frameworks.

15. In addition, estimates of the impact of FCDO un-earmarked contributions to country pooled funds, trust funds and appeals are calculated (see glossary in Annex A). These are based on applying the UK share of the overall funding provided to the fund/appeal, to the results collected and disseminated by the fund/appeal. These result indicators will not directly match the FCDO core indicators (Annex B), but do broadly align to key thematic areas such as Nutrition, Water, Sanitation and Hygiene etc. These estimates are based on calendar year results (unlike the results collected directly from other partners).
16. The Afghanistan Humanitarian Fund (AHF) results have had a “maximum methodology” applied which means there is no overlap in the number of beneficiaries reported under each type of assistance.
17. Ensuring high-quality data is essential for generating reliable results. To minimise errors and enhance data integrity, several validation measures are in place. These quality assurance checks include:
 - Upon receiving the data, the data is evaluated against established definitions and methodologies—such as the identification of unique beneficiaries—to ensure accuracy, consistency, and reliability. Any identified errors or discrepancies are promptly addressed by contacting the relevant partners for clarification.
 - Meetings with partners to fully understand the data return and any data discrepancies where necessary.
 - Comparison to partners project results frameworks, questioning inconsistencies.
18. Quality assurance is carried out by analysts including members of the Government Statistics and Social Research professions. Findings from quality assurance checks are recorded via a quality assurance tracker.
19. Third-party monitoring is used to verify delivery and establish that partners have robust data collection practices in place. The Assurance and Learning Programme was established by FCDO in 2022 to strengthen oversight of the delivery of UK-funded aid in Afghanistan by providing independent third-party monitoring and portfolio monitoring, evaluation and learning.
20. Due to the operating context in Afghanistan, it is not always possible to collect, or quality assure, all data and disaggregated data to the desired standards. FCDO’s reliance on partner’s data systems and the challenging environments in which our partners operate limits FCDO’s control over underlying data quality. Therefore, guaranteeing accuracy and completeness of results estimates is extremely difficult. FCDO is working with partners with a view to improve the quality and the availability of disaggregated data over time.
21. The annual results commission is a recent development, as implementing partners continue to become more familiar with the definitions and methodology, we expect to see continued improvement in the confidence and granularity of data provided and used in results publications.

Aggregation

22. Once data is quality assured and finalised, implementing partners' data is aggregated together to obtain estimates of FCDO's total reach – these are the figures used within the publication. To ensure that each beneficiary is only counted once in a result, different approaches are used:

- a) People reached results – more than one partner reporting: the data (including gender disaggregation) from the implementing partner with the largest reach in each province was included in the aggregated total. Province totals are then summed together. For example, total people reached through humanitarian assistance was calculated in this way.
- b) People reached results – just one partner reporting: result definitions already require partners to adjust for double counting within their own beneficiaries; therefore, a single partner's data can be used without adjustment.
- c) Distribution/items results: – these results aim to capture all items/transfers distributed; therefore, partner data is summed together with no double counting considerations needed e.g. number of births attended or number of cash transfers distributed.

23. If an implementing partner's data is used within a results indicator, this includes the partner's disaggregation of gender and age too. See paragraph 24 for an example of this.

24. Please see an illustrative example of aggregation method below:

Calculating the number of people reached with humanitarian assistance in province X

In province X, partners have submitted this data

Partner	# people reached with humanitarian assistance	# of women & girls reached with humanitarian assistance
A	1,000	400
B	500	375
C	900	500

Following the methodology we would include Partner A data (1000 people of which 400 were women & girls) within the aggregated total, and Partner B and Partner C would be excluded. Figures across provinces would then be summed together (including gender and age).

Disaggregation

25. Sex disaggregation is mandatory for all the "People reached" results data. This data is essential for calculation of FCDO's performance against the 50% women and girls reach commitment (see next section).

26. Disability data helps us understand the extent to which vulnerable populations are reached through different interventions. Partners take different approaches to gathering information on disabilities:

- Direct Surveying: Some partners ask all beneficiaries directly using the Washington Group Questions or a similar set of questions.
- Representative Sampling: Others conduct surveys on a representative sample of beneficiaries across provinces, again using the Washington Group Questions or comparable tools. The sample produces a disability prevalence which can be applied to the whole population of beneficiaries.
- Self-Declaration and Observation: In some cases, disability data is gathered through self-declaration during health interventions, supplemented by direct observation by frontline workers to assess functional limitations.

Some partners are unable to provide disability disaggregation but have plans to capture disability in future years.

27. The disability disaggregation is based on data from the partner with the largest reach of people with disabilities to avoid double-counting. The disability figure provided in our publication is an “at least” estimate; the total number of people with disabilities reached with Afghanistan ODA could be much higher.

28. Age disaggregation is collected for the majority of “People reached” results.

Women & girls commitment methodology

29. FCDO has made a commitment that 50% of the beneficiaries reached with UK ODA in Afghanistan are women and girls.

30. This is assessed by calculating the proportion of total people reached that were women and girls for each individual partner. This proportion is calculated based on each partners’ result with the largest reach, to minimise double counting. An average is then calculated across partners weighted by the size of the partners reach. This approach means that the partners with the largest number of beneficiaries have the largest influence on the average. An example of this calculation is below:

Partner	Largest Indicator - # people reached	# of women & girls (W&G) reached	% of W&G	Reach weighting	Weighted average
A	1,000	400	40%	0.42	17%
B	500	375	75%	0.21	16%
C	900	500	56%	0.38	21%

Total weighted average: 54%

31. The methodology effectively reflects women and girls reach by weighting partner data according to overall reach size. However, it should be noted that there are some potential limitations to this method; for example, the accuracy of this approach depends on consistent sex-disaggregated data across partners, plus there is a risk of double counting beneficiaries across partners' data. On the other hand, using a single indicator per partner may underrepresent some beneficiaries, for instance most partners highest reach indicator was "Number of people reached by humanitarian assistance", while the "essential health" indicator tends to have a higher proportion of women and girl beneficiaries.
32. In 23/24, a similar results collection was conducted (for the first time); against the weighted average methodology described above, the 50% target was met. In 21/22 and 22/23, there was no central results collection. The 50% target was assessed using the disaggregated results achieved for each partner under the humanitarian programme which was central to our immediate response – against that method the target was met.

Ethical and sensitivity considerations

33. Ensuring ethical considerations and data confidentiality is a key priority. In line with [FCDO statistics: statement on disclosure control](#), figures have been rounded to the nearest 1000 and partner names have been suppressed.

Annex A: Glossary

Aggregation: the process of combining data from multiple implementing partners to calculate the total result for all FCDO ODA programmes.

AHF: Afghanistan Humanitarian Fund (AHF) is a country pooled fund which is co-ordinated by the Office of Co-ordination of Humanitarian Affairs (OCHA).

ARTF: the Afghanistan Resilience Trust Fund (ARTF) is a trust fund managed by the World Bank. Trust funds receive financial contributions from multiple donors combining them into a single fund, with the aim to improve the coordination of basic human needs assistance.

Basic Human Needs (BHN): indispensable goods and services essential for human survival and well-being – such as shelter, food, water and health care.

Beneficiary: an individual receiving support or services provided through FCDO-funded programmes in Afghanistan.

Cash/voucher: a form of humanitarian aid where recipients receive cash or vouchers to buy goods and services locally.

Humanitarian assistance: the provision of emergency assistance or preventative support with the aim to save lives, alleviate suffering and protect dignity during and after crises – whether triggered by natural disaster, conflict or displacement. Essential health, nutrition and water & sanitation in a protracted humanitarian crisis such as Afghanistan are also described as humanitarian aid and included in the headline result.

Implementing Partner: an organisation responsible for delivering aid and services on the ground on behalf of donors.

ICRC: The International Committee of the Red Cross (ICRC) is a neutral, independent, and impartial humanitarian organisation whose mission is to protect the lives and dignity of victims of armed conflict and other situations of violence. The ICRC also works to prevent suffering by promoting and strengthening international humanitarian law.

ODA: Official Development Assistance (ODA) is an internationally agreed measure of resource flows to developing countries and multilateral organisations, which are provided by official agencies (e.g. the UK Government) or their executive agencies, where each transaction meets the following requirements:

- It is administered with the promotion of the economic development and welfare of developing countries as its main objective; and
- It is concessional, including grants and soft loans.

ODA is measured according to the standardised definitions and methodologies of the Organisation for Economic Cooperation and Development's (OECD) Development Assistance Committee (DAC).

Results: figures that have been collated from a set of programmes to provide an indication of our activity in Afghanistan. Results are defined as the outputs, outcomes or impacts of development interventions. The results in this publication are outputs describing the support and services which result from FCDO's Afghanistan ODA programmes.

Unearmarked contribution: funding to an organisation where the donor has not specified that it must be spent on a specific activity or purpose. This enables greater flexibility, allowing partners to respond quickly to emerging crises or shifting priorities in terms of where needs are greatest.

Unique beneficiary: a unique individual that is only counted once within a partner intervention, within an indicator even if they receive multiple interventions.

UNOCHA: Office for the Coordination of Humanitarian Affairs is a United Nations agency focused on the co-ordination of crisis response, facilitating needs analysis and mobilised international humanitarian assistance.

WASH: Water, Sanitation, and Hygiene (WASH), these interventions are focused on improving access to clean and safe water, safe disposal of waste and minimising environmental contamination and personal hygiene, all contributing towards preventing illness.

Washington Group Questions: a standardised data collection tool designed to identify whether someone has a disability. The set of questions are the best practice approach to collecting disability data. They promote inclusive and sensitive data collection, the results are internationally comparable and easy to use and understand.

Winterisation: Support for vulnerable populations to survive cold weather conditions. This may include heaters and fuel, winter clothing, blankets or quilts.

Annex B – Result Indicators Definitions and Scope

Indicator	Definition
Number of people reached with humanitarian assistance.	This indicator counts the total number of people who have received support through humanitarian assistance — such as clean water & hygiene, food, nutrition support, shelter, basic household items (Non-Food Items), essential health services or cash/voucher transfers to help meet their essential needs.
Number of beneficiaries receiving cash and/or vouchers.	This indicator counts the total number of people who have received cash or vouchers (prepaid coupon to buy only essential items from approved vendors) either in physical cash or digital cash to help them buy what they need. This includes both one-time payments and those given under certain conditions, such as cash transfers for Income Generation Activities (IGA). A person might receive cash/voucher support multiple times, but for this indicator, each person is only counted once.
Number of cash grants and/or vouchers distributed.	This indicator counts the number of cash payments or vouchers disbursed to help people meet basic needs like food, healthcare, shelter repairs, agriculture supplies, or winter heating/insulation. It counts the number of cash payments, not the number of people.
Number of people receiving in-kind food assistance.	This indicator counts the number of people receiving food assistance. A person might receive food assistance (for example food rations) support multiple times, but for this indicator, each person is only counted once.
Number of metric tons of food distributed.	This indicator counts the amount of food that has been procured and distributed to people in need. The amount is measured in metric tons.
Number of children receiving school meals.	This indicator refers to the total count of school enrolled children who receive food through school feeding programmes, which may include, meals, snacks, or take-home rations provided on a regular basis.
Number of children under 5 and pregnant and lactating women (PLW) reached by nutrition related interventions.	This indicator counts the number of children under five-years of age and pregnant or breastfeeding women who receive nutrition support. This includes treatment for malnutrition, vitamin supplements, or special food packages to help improve nutrition.
Number of metric tonnes (MT) of nutrition commodities procured and distributed.	This indicator measures the amount (in metric tonnes) of nutrition commodities procured and distributed. It includes vitamin supplements, special food for mothers and children, and everyday foods like iodised salt or flour with added nutrients.

Number of people reached with psychosocial support activities.	This indicator counts the total number of people who have received psychosocial and mental health support — such as being referred to counselling services or receiving support to cope with stress, trauma, or other challenges.
Number of people reached with essential health services.	This indicator counts the number people that have received essential health care services. This includes medial consultations, support for mothers and children, as well as services related reproductive health.
Number of emergency health kits distributed.	<p>This indicator counts the number of health kits such as boxes of medicines and supplies given to clinics and hospitals during emergencies. These kits help treat common illnesses, support mothers and children, and provide basic hygiene items.</p> <p>For example - Basic Health kits contain essential medicines, basic medical supplies, and first aid materials; they are for use in primary health care facilities. Maternal and Child Health Kits are tailored for pregnant women, mothers and children and may include prenatal vitamins, delivery kits, oral hydration salts, and nutritional supplements.</p>
Number of medical consultations provided.	This indicator counts the number of medical consultation (including both consultation for injuries (like from accidents or violence) and other general health problems. It includes treatment, check-ups (primary), to more advanced care in hospitals (secondary), and specialised treatments (tertiary). It covers maternal and child health and reproductive health services.
Number of births attended by skilled health personnel.	This indicator counts the number of births attended by trained health workers such as doctors, nurses, midwives, or community midwives, whether the birth takes place at a health facility or at home.
Number of people that receive health education / awareness sessions.	This indicator counts the number of people receiving health education and awareness information. These sessions can be focused on reproductive health, nutrition and mental health. It includes any activity/session that aims to support people/targeted groups in order to change their behaviour. The activities/sessions can be delivered in many ways including radio messages, group discussions or TV shows.

Number of individuals accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene.	This indicator counts the number of people reached by providing safe drinking water at the community level. This can include handpumps, boreholes, and the construction or repair of wells, as well as the upgradation and extension of water supply systems, infrastructure and networks. It could also include chlorination, household water treatment and delivering water by truck (vehicle) as a last resort.
Number of people accessing improved sanitation/hygiene facilities.	This indicator counts the number of people who have access to improved sanitation and hygiene facilities. This can include providing basic sanitation and environmental sanitation (keeping public spaces clean) to help prevent Acute Watery Diarrhoea (AWD) and other disease outbreaks. It also can include setting up emergency latrines and bathrooms that are suitable for women and girls and may include distributing dignity kits for women and girls.
Number of people reached to increase their awareness of the risk of harm from explosive ordnance.	This indicator counts the number of people reached through Explosive Ordnance Risk Education (EORE). The aim is to help at risk communities learn how to identify dangerous items, understand the associated risks, stay safe, and know how to report these hazards to the relevant authorities, thereby reducing the risk of injuries and improving overall safety and security. People may be reached through face-to-face sessions, media campaigns, or training sessions for those who will train others.
Area (sqms) of land safely released from a risk of explosive ordnance.	This indicator shows the land area released from risk of explosive ordnance. Land released is a combination of land cleared, reduced and cancelled. The area is measured in square meters (sqm).