Foreign, Commonwealth & Development Office

FCDO Afghanistan ODA Results: Methodology note

This note sets out the methodology and quality assurance processes behind the Foreign, Commonwealth, Development Office (FCDO) Afghanistan Official Development Assistance (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 a standalone snapshot of activities and outputs from Afghanistan Official Development Assistance (ODA) programmes for a specific period.
2. They are not intended to support direct comparisons with previous years, as humanitarian needs and the response provided can change over time. The results are also not directly comparable across years due to changes in the mix of programmes, delivery partners and type of assistance provided.
3. Different types of assistance vary in their reach, depth of support and resource requirements. For example, a one-off cash grant to an Afghan returnee compared to sustained support for more productive agriculture.
4. 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.
5. Data is collected annually in April/May from implementing partners receiving UK bilateral ODA funding, covering the previous 12 months (i.e. previous financial year). All partners in scope submit data. The MEL team within FCDO quality assures data received from partners and aggregates the data to estimate the impact of FCDO funding.
6. 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

7. 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 due to the nature of the interventions.

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

For example, if a beneficiary was reached with two food assistance packages over the year, they would be counted once against “Number of people reached with in-kind food assistance” but the weight of both food packages would be counted against “Number of metric tonnes of food distributed.”

8. 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.

9. 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 assumed[1] when calculating the total beneficiary numbers.

10. The headline humanitarian indicator “Number of people reached by humanitarian assistance” captures unique beneficiaries across multiple other indicators – Health, Cash/Vouchers, Food Aid, WASH, Nutrition, Safety, Resilience and Wellbeing and Livelihood, Agriculture and Climate 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.

11. 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. See Annex B to understand the improvements and additions to indicators for the 25/26 period.

12. 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).

[1] Household size of 7 is a commonly applied assumption in Afghanistan, for example see UNDP Socio -Economic Outlook 2024, that uses Whole of Afghanistan Assessment data

Data collection and quality assurance

13. Implementing partners are requested to submit their results data using a structured spreadsheet template. Given the sensitivity of some data, protecting it from unauthorised access is a top priority. While various third-party platforms are available for data collection, the spreadsheet-based approach ensures greater control and security.

14. Before the reporting cycles (as outlined in paragraph 5), a partner consultation workshop is conducted to communicate the purpose and processes of the reporting.

15. 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.

16. The results data represents contributions from multiple partners. The majority of data is secondary and is provided directly by implementing partners, often from their existing monitoring and evaluation management information and/or existing programme result frameworks.

17. In addition, estimates of the impact of FCDO un-earmarked contributions to country pooled funds and appeals (AHF and ICRC) 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).

18. 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.

19. The Afghanistan Resilience Trust Fund (ARTF) results have not had a UK share applied as the results were achieved through a combination of donor contributions to ARTF and resources from the International Development Association (IDA). UK contributes both to ARTF and IDA. A methodology for calculating an overall UK share is not currently available.

20. 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.

21. 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.

22. 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.

23. 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 partners' 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.

24. 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. See upcoming developments and improvement section for detail.

Aggregation

25. 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 is 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 total metric tonnes from food aid distributed.

26. 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 27 for an example of this.

27. 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

28. 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).
29. 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.

30. 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.
31. Age disaggregation is collected for the majority of "People reached" results.

Women & girls commitment methodology

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

33. This is assessed by calculating the proportion of total people reached that were women and girls for each individual partner[2]. 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%

34. 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 will be "Number of people reached by humanitarian assistance", while the "essential health" indicator tends to have a higher proportion of women and girl beneficiaries.

35. In 24/25, the 50% target was met. 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.

[2] ARTF is not included as it is not possible to calculate a UK share, see paragraph 17 for more detail

Ethical and sensitivity considerations

36. Ensuring ethical considerations and data confidentiality is a key priority. In line with FCDO statistics: statement on disclosure control, figures have been rounded down to the nearest 1000, and partner names and some disaggregation have been suppressed.

Upcoming development and improvements

37. As the results collection process has become more established and implementing partners more familiar with the reporting definitions and methodology, we have seen continued improvements in the quality, confidence and granularity of the data provided. Considering this, we will review the methodology used for aggregation and other calculations involved ahead of the next publication and will consider refinements to some sector indicators to better align with future programme delivery.

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.

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.

Disaster Risk Reduction: activities aimed at helping people and communities prepare for and reduce the impact of disasters. This includes preventing new risks, reducing existing risks, and managing unavoidable risks with the aim to strengthen resilience.

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, education, safety, resilience and wellbeing support, agriculture and livelihood support, nutrition and water and sanitation in a protracted humanitarian crisis such as Afghanistan are also described as humanitarian assistance.

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).

Province: One of Afghanistan's 34 first-level administrative divisions below national level, used as a geographic disaggregation for reporting the location of beneficiaries and programme activities. Provinces are made up of multiple districts.

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.

Annex B – Result indicators definitions and scope

Indicator	Definition	New for 25/26 publication
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), safety, resilience and wellbeing support, education, Livelihoods/Agriculture support, essential health services or cash/voucher transfers to help meet their essential needs.	
Number of people reached with emergency food assistance (in-kind and cash/vouchers)	This indicator counts the number of people reached with the distribution of emergency life-saving food assistance – including both cash/voucher transfers and in-kind food If an individual received both in-kind food and cash for food, they are only counted once in this indicator.	Yes
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.	
Total financial value of cash/voucher transfers[3]	This indicator calculates the total value of cash payments or vouchers disbursed to help people meet basic needs like food, healthcare, shelter repairs or winter heating/insulation. The value only reflects the net amount received by beneficiaries and excludes any overhead costs. Partners' reported the figures in USD where available. In cases	Yes

[3] This indicator replaces "Number of cash grants and/or vouchers distributed" that was used in 24/25. Measuring the financial value gives a deeper understanding of the cash/vouchers delivered compared to the number of transfers.

	where Afghanis or GBP were provided an average 2025 Afghanis to USD exchange rate was applied. Therefore, this figure is described as approximate in the publication.	
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 tonnes (MT) 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 tonnes.	
Number of children receiving school meals.[4]	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 safety, resilience and wellbeing support	This indicator counts the number of people reached with safety, resilience and wellbeing support. This can include psychosocial and mental health support, activities that promote the wellbeing, safety and resilience of women and girls, child protection services, and legal assistance to help vulnerable people, including returnees and displaced populations, access documentation, services and their rights.	Yes
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.	

[4] No results were reported for Number of children receiving school meals in 25/26

Number of children and youth reached with child protection support.	This indicator counts the number of beneficiaries reached with child protection support e.g. referrals to specialist child protection mental health services and case management, child friendly spaces. Children are those under 18 years old and Youth are 15-24 years old (as defined by the UN).	Yes
Number of people receiving basic household items / NFIs or winterisation kits to meet their immediate needs, including through cash for NFIs and winterisation.	This indicator counts the number of beneficiaries of Non-Food Items (NFIs) including winterisation and basic household items such as clothing, bedding, kitchen equipment. This indicator captures both in-kind NFIs and cash for NFIs.	Yes
Number of relief packages (non-food item and winterisation kits) distributed.	This indicator counts the total number of relief packages distributed to beneficiaries.	Yes
Number of people reached with essential health services.	This indicator counts the number of people that have received essential health care services. Essential health services can include emergency health kits, medical consultations, birth attendance, vaccines, maternal and newborn care and reproductive health services.	
Number of vaccine doses administered to children.	This indicator counts the number of vaccine doses administered to children, contributing towards basic immunisation. This indicator does not count the number of children receiving vaccinations.	Yes
Number of emergency health kits distributed.	This indicator counts the number of health kits such as boxes of medicines and supplies given to clinics and hospitals during emergencies. 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.	
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 health workers trained.	This indicator measures the number of health workers trained, this includes doctors, nurses, auxiliary nurses, vaccinators, community health workers.	Yes
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 people reached with reproductive, maternal and newborn health (RMNH) services.	This indicator measures the number of unique beneficiaries reached with reproductive, maternal and newborn services. This includes, but is not limited to: • Antenatal Care (ANC) services, including routine pregnancy monitoring and screening for complications • Skilled birth attendance and safe delivery services • Postnatal Care (PNC) for mothers and newborns • Emergency Obstetric and Newborn Care (EmONC) services and referrals • Essential newborn care, including neonatal resuscitation and immediate post-delivery care • Maternal and newborn health counselling, including birth preparedness and complication readiness	Yes
Number of people benefiting from water, sanitation and hygiene assistance	This indicator measures the number of people reached through WASH activities that, for example, improve safe water access and provide basic sanitation facilities and hygiene kits.	Yes

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 upgrading 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 children supported to access education.	This indicator counts the number of children supported to access education this includes access to lessons, materials and improved facilities.	Yes
Number of teaching and learning materials distributed.	This indicator measures the total number of teaching and learning materials distributed to support access to education. Teaching and Learning materials include, but are not limited to: student kits, teaching kits, classroom kits and textbooks.	Yes
Number of teachers supported.	This indicator measures the number of teachers supported, for example this could include teachers supported with training.	Yes
Number of people reached with livelihoods support including Agriculture.	This indicator measures the number of people reached with livelihoods support including Agriculture. Livelihoods interventions seek to improve the ability of individuals to sustainably produce more and better food for their own consumption (agricultural livelihoods in rural areas), and/or to earn a living wage (e.g. selling surplus agricultural produce, temporary or permanent employment opportunities, training, small enterprise development, value chain developments).	Yes

	Agricultural interventions include provision of goods and services such as, but not limited to, seeds, tools, fertilisers, livestock, vegetable kits, horticulture packages, livestock care/vaccines, long-lasting storage, equipment for production of agriculture inputs at community level, micro-enterprise grants, cash for assets, and value chain support or technical assistance on sustainable and profitable agriculture.	
Number of people supported to better adapt to the effects of climate change	This indicator follows International Climate Finance KPI 1 methodology. The indicator counts the number of people who have been supported to prepare and equip to adapt to the effects of climate change. This includes long-term changes in weather patterns (e.g. climate variability), as well as increasing frequency and severity of extreme weather events.	Yes
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 metres (sqm).	