RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

PAKISTAN

RAPID RESPONSE

DROUGHT

2019

19-RR-PAK-33969

RESIDENT/HUMANITARIAN COORDINATOR	**NEIL BUHNE**

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	10 December 2019
The After-Action Review was conducted on 10 December at the national level with CERF programme managers / focal points and sectoral coordinators from UN agencies and joined by OCHA and programme staff at the provincial offices, Karachi and Quetta through skype. Prior to this CERF lesson learned, its added value and challenges were discussed in the Inter-sectoral coordination meeting in Karachi on 5 December and through email in Quetta. The inputs collated represented views of partners, Government departments and respected sectors.	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes ☒ No ☐
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒ No ☐

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF funds were indeed instrumental in empowering the agencies to initiate immediate lifesaving activities and concomitant to this, it presented the government the prospect to work towards long term solutions on drought emergencies for the country. The CERF funding ascertained its effectiveness through complementarity espoused with Pakistan Humanitarian Pooled Funding (PHPF) for effective coverage through integrated sector approach. The sectors also maintained close working collaboration for the benefit of, and at the same time ensure accountability to the affected population.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**156,540,000**
FUNDING RECEIVED BY SOURCE	
CERF	10,280,648
COUNTRY-BASED POOLED FUND (if applicable)	6,500,234
OTHER (bilateral/multilateral) (includes funding inside and outside the response plan)	19,485,372
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**36,266,254**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	19-RR-FAO-002	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	2,500,000
UNFPA	19-RR-FPA-003	Protection - Sexual and/or Gender-Based Violence	518,201
UNFPA	19-RR-FPA-004	Health - Health	371,263
UNICEF	19-RR-CEF-009	Health - Health	377,443
UNICEF	19-RR-CEF-010	Nutrition - Nutrition	725,371
UNICEF	19-RR-CEF-011	Water Sanitation Hygiene - Water, Sanitation and Hygiene	948,619
WFP	19-RR-WFP-007	Food Security - Food Assistance	2,500,000
WFP	19-RR-WFP-008	Nutrition - Nutrition	1,500,015
WHO	19-RR-WHO-006	Health - Health	631,788
WHO	19-RR-WHO-007	Nutrition - Nutrition	207,948
TOTAL			**10,280,648**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	
Funds transferred to Government partners*	221,587
Funds transferred to International NGOs partners*	144,466
Funds transferred to National NGOs partners*	338,819
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**704,872**
TOTAL	**10,280,648**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

Pakistan has experienced an increase in the frequency and severity of drought due a rise in temperatures, adverse effects of El Nino and a decrease in rainfall during the monsoon season. As per the Pakistan Meteorological Department (PMD), severe drought-like conditions have emerged over much of southern Pakistan, with an expectation for further deterioration over the next 4 years. In 2018 Pakistan received reduced rainfall during the monsoon season (May to August), with Sindh 69.5 per cent below average, and Balochistan 45 per cent below. This has resulted in acute shortages of water, food and fodder. The Government of Pakistan estimates some 5million people are affected by the drought in 26 districts in Sindh and Balochistan. The Government of Sindh declared some southeast and western districts as calamity hit areas and initiated food distributions. In Balochistan, the government also declared a nutrition and drought emergency across the entire province. Despite government relief operations, a significant number of affected areas remained in need. Pastoral communities had to adopt coping strategies of distress-selling of livestock, abandoning their primary assets, or migrating along with their livestock to other districts. With a reduced resilience, these drastic coping mechanisms severely compromised the wellbeing of children and women. To assess the situation, a multi-sector needs assessment was carried out in Sindh by the Natural Disaster Consortium (IOM, FAO, UNICEF, WFP, WHO, HANDS and ACTED- with the technical support of WFP and WHO) in October 2018 that confirms 71 per cent of households are moderately or severely food insecure with 32 per cent severely food insecure. Food consumption is either poor or borderline, and findings suggest that the drought has caused an overall 34 per cent reduction in crop cultivation.

The National Nutrition Survey (NNS) 2018 in Sindh, has revealed alarming findings regarding food security and severe malnutrition among children under five and a lowered life expectancy among pregnant and lactating women. Evidence suggests that malnutrition rates among children are as high as 29.1 per cent which is nearly double the emergency threshold. In Balochistan, the malnutrition rate among children under five, as well as pregnant and lactating women is alarmingly high. The global acute malnutrition among children under five is reported as 18.6 per cent while malnutrition among pregnant women is 37 per cent. Overall, the acute malnutrition rate in 20 per cent in women and children in Balochistan. The National Disaster Management Authority (NDMA), on the direction of the President of Pakistan, has issued a detailed report analyzing the current drought situation and recommended a two-tier approach to combat it through immediate short-term humanitarian action, along with complementary long-term development measures. Food security and agriculture, nutrition, health, WASH, education, and women and child protection were identified as key response priorities.

The Pakistan Humanitarian Country Team agreed to provide support to the government to ensure effective humanitarian assistance to the affected communities in a timely manner, with the expectation that development actors will formulate a plan to address longer term structural issues. Joint Government-led humanitarian coordination mechanisms have recently been established for coordination of Working Groups, each co-led by its corresponding line ministries and UN sector lead agencies, at both the national and provincial level, and supported by inter-sectoral platforms.

The HCT response was in line with the government identified priority sectors of food security and agriculture, health, nutrition, women and child protection, and WASH. The government of Sindh declared calamity hit areas and initiated a response by

distributing wheat to assist with the food security of the affected population. In Balochistan, the government declared a nutrition and drought emergency across the entire province. NDMA is advocating for an immediate and proactive approach and is formulating a comprehensive national strategy to effectively mitigate the adverse effects of drought. The strategy will include a multi-sector consolidated situation analysis as well as recommendations for the future course of action by PDMAs, District Disaster Management Authorities (DDMAs), and line departments in drought affected areas to ensure appropriate support. All interventions will ensure effective coordination between the humanitarian, development and government partners to safeguard achievements made within the short-medium term to longer-term solutions.

3. PRIORITIZATION PROCESS

There was a wide-ranging deliberation at the national level between the HCT and National Disaster Management Authority (NDMA) where a consensus was reached on key priority sectors and geographical areas to be covered by CERF at the UN-NDMA Strategic Forum in Islamabad. At the core of the prioritization process, were the outcomes of two needs assessments conducted by members of the Natural Disaster Consortium (NDC) in Sindh (Oct 2018) and Balochistan (Jan 2019) to guide stakeholders on the overall impact of drought. This led to the development of drought response plan targeting 2.1 million out of 5 million drought affected people in 8 districts in Sindh and 18 districts in Balochistan.

The findings from the two NDC led assessments were used as an evidence base for prioritization of CERF and PHPF in addressing three key objectives i.e. augment government efforts to provide immediate, life-saving assistance and life –sustaining assistance; support the restoration of livelihoods through resilience building activities and support the government to develop long-term strategy to address the impact of the drought.

Both Sindh and Balochistan have high prevalence rates of poverty and food insecurity. The incidence ofmultidimensional poverty is 43 per cent in Sindh and 71 per cent in Balochistan (Multidimensional Poverty Index, 2015). The incidence is even higher in rural areas; 76 per cent in Sindh and 85 per cent in Balochistan. The Integrated Phase Classification (IPC) for chronic food insecurity analysis conducted for 18 districts in Sindh (2017) found that 72 per cent of the population in 18 districts experienced at least one type of chronic food insecurity (mild, moderate, or severe). The IPC Acute Food Insecurity Analysis for four drought-prone districts in Sindh (Tharparkar, Umerkot, Jamshoro and Sanghar) found that 50 per cent of the population in these 4 districts were in IPC phase 3 or 4 (crisis/emergency).

Some 3 million people in Sindh Province of Pakistan are directly affected by the drought. There is a severe shortage of water and poor access to sanitation. The current severe acute malnutrition level in Tharparkar is 22.7% which is above the emergency threshold of 15% (National Nutrition Survey 2018, unpublished). Access to health facilities is extremely poor due to long distances (avg. 19.8 km), the high cost of transport to the health facility, poor road infrastructure and a lack of transport facilities. This is further compounded by the poor socioeconomic situation of the population. There is an acute shortages of lifesaving medicines at health facilities and a general lack of essential medical equipment.

In Balochistan, an estimated 2 million people have been affected by the ongoing drought. Some 670,000 children under 5 years and 370,000 pregnant and lactating women are in dire need of health services (PDMA, 2018). The average distance to reach heath facilities is 30kms. The per capita OPD utilization in 2018 is 0.4 which is far below the acceptable range of 1 to 1.2, implies that only 40 per cent of the population access health care services (DIHS, 2018). Some 73 per cent of cases who attend OPD are suffering from communicable disease. There is a high suicide rate among women attributed to the acute drought crisis (NDMA, October-November 2018).

The drought response plan also aimed at ensuring that girls and boys less than five years of age and women with acute malnutrition in drought affected areas have access to appropriate acute management services. Extreme poverty, persistent lack of access to services and basic necessities and increased risk to trauma and stress are heavily impacting the wellbeing of 1,138,714 women and 910,972 children aged between 0 and 18 years in the drought-affected districts. In some situations, girls,

boys, including adolescents and children with disabilities, given their inherent vulnerabilities, may also be at risk of other forms of neglect and exploitation.
The focus of CERF was to ensure immediate access to services and provisions of life saving assistance to the affected population within the selected districts within the two provinces, and to capitalize on impact through concerted efforts and complementarity with Pakistan Humanitarian Pooled Fund. The prioritization process was guided by the development of clear and immediate priority needs of each of the designated sectors of Food Security, Health, Nutrition, WASH and Women and Child protection.
The HCT was mindful of developing a clear focus for the limited CERF allocation and targeted the funds on a focused number of the most vulnerable districts within the two provinces based on government advise for effective outcomes.

The HCT concurred to prioritize the government identified sectors and reviewed the overall needs and budget of each of the sectors and agreed to allocate funds accordingly. As per UN-NDMA strategic forum decision, the CERF funds were earmarked to support two districts in Baluchistan (Killa Abdullah and Chagai) (Umarkot and Tharparkar) in Sindh. The HCT also took cognizance of the ongoing support by PHPF and agreed to ensure effective complementarity between CERF and PHPF to make the best use of the limited resources.

The HCT agreed to support Government priorities through ensuring Accountability to Affected Populations (AAP), Protection of Sexual Exploitation and Abuse (PSEA) as well as respecting Core Humanitarian Standards. The HCT advocated for the sectors to maintain a protection lens in all the activities funded by CERF and PHPF.

4. CERF RESULTS

The CERF funding came at a time when there was no government funding and mechanisms for government response and support from major donors was limited. Furthermore, the integrated approach helped to develop positive operational linkages amongst partners thus ensuring effective use of limited resources.
The joint project of FAO distributing agricultural inputs, including diversified crops, and WFP rehabilitating of infrastructure including irrigation channels are expected to have long-term positive impact on Food Security in the areas of intervention. The livestock department providing complementary de-worming and vaccination services also helped in bridging the gap between the affected population and the government departments.
Nutrition partners (UNICEF, WFP and WHO) worked together in partnership with the Department of Health and resulted in synergistic capacity building of government health staff and ensured a better chance of longer-term continuity of nutrition interventions. By using the same government implementing partner, with a common technical advisor the agencies believed they developed an improved level of trust they think will prove invaluable in future implementation.

Pakistan was allocated $10.3 million under the CERF rapid Response window to enable Humanitarian Country Team to support the government in responding to drought emergencies in Baluchistan and Sindh Provinces. Support through CERF aimed at addressing immediate and severe needs in Food Security, Health, Nutrition, WASH, and women and Child protection on a priority basis.

This funding stream has enabled humanitarian partners in providing lifesaving services to 2.1 million people. The Food Security (FS) component covered some of the identified needs through government social safety nets by providing unconditional cash transfer programme to improve the food consumption of affected families. WFP will also support extremely vulnerable communities to improve their livelihood assets at household level. These include, household-level assets rehabilitation like underground water tanks, construction of grain storage facilities and other small-scale structures.

5. PEOPLE REACHED

FAO distributed 78,246 bags of animals' compound feed among 8,694 beneficiaries in eleven UCs in Gulistan and Dobandi Tehsils; vaccinated 50,000 large ruminants with FMD vaccination, and 300,000 small ruminants with PPR vaccination. In overall, it also provided critical support in water structures repair/rehabilitation of irrigation infrastructure through Cash for Work activities.

The WASH sector interventions aimed at increasing access to improved WASH services, with a focus on safe drinking water, and through their intervention managed to reach a total of 30,399 people (7,5967 women, 7,907 men and 14,896 children (7,597 girls and 7,299 boys) benefitted with provision of safe drinking water through rehabilitation of 12 drinking water systems in district Killa Abdullah. An additional 170,000 people (44,217 women, 42,483 men and 83,300 children (42,483 girls and 40,817 boys) benefitted through provision of WASH services in 07 target health care facilities in district Killa Abdullah while 186,005 people (48,380 women, 46,483 men and 91141 children (46,482 girls and 44,660 boys) were reached through health and hygiene messages. In addition, 170,000 people (44,217 women, 42,483 men and 83,300 children (42,483 girls and 40,817 boys) reached through health and hygiene messages in catchment area within the same district. The sector also installed 150 (300 gallon) water tank, 21,790 10-liter jerry cans, and 64,000 aqua tabs distributed benefiting approx. 26,572 households through CERF.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Internally displaced persons	0	0
Other affected persons	412,410	422,574
Total	**412,410**	**422,574**

[1] *Best estimates of the number of people directly supported through CERF funding by category.*

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE[2]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	109,124	112,464	99,556	91,266	**412,410**
Reached	111,813	115,236	102,011	93,514	**422,574**

[2] *Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).*

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES) [3]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted**)**	348	720	202	182	**1,488**
Reached (Out of the total reached**)**	N/A	N/A	N/A	N/A	**N/A**

[3] *Best estimates of the number of people with disabilities directly supported through CERF funding.*

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)[4]					
By Cluster/Sector (Planned)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Health - Health	14,035	64,291	72,436	71,671	**222,433**
Nutrition - Nutrition	0	18,000	14,566	14,334	**46,900**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	45,500	47,250	40,250	42,000	**175,000**
Protection - Sexual and/or Gender-Based Violence	3,000	36,000	2,000	4,100	**45,100**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	80,042	72,049	42,159	37,950	**232,200**
Food Security - Food Assistance	109,124	112,464	99,556	91,266	**412,410**

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)[4]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Health - Health	14,035	27,213	42,300	40,034	**123,582**
Nutrition - Nutrition	1,221	31,585	24,060	24,398	**81,564**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	82,948	86,331	73,561	76,558	**319,399**
Protection - Sexual and/or Gender-Based Violence	7,651	25,345	8,683	7,198	**48,877**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	94,234	84,825	49,635	44,679	**273,372**
Food Security - Food Assistance	111,813	115,236	102,011	93514	**422,574**

[4] *Best estimates of the number of people directly supported through CERF funding by sector.*

6. CERF'S ADDED VALUE

a) Did CER funds lead to a <u>fast delivery of assistance</u> to people in need?

YES ☒ PARTIALLY ☐ NO ☐

Health: One of the major problems in the project areas, was scarcity of resources in terms of medicines and medical equipment. With the CERF funding not only these resources were provided but integration of services were also done. For instance, in a single health facility in one of the disturbed areas i.e., Segei, PHC services were integrated with the MNCH, immunization and nutrition services were provided. Interventions like these from CERF funding led to fast delivery of assistance to people in need.

Agriculture: The critical needs of the drought-affected communities were confirmed in affected districts of Sindh and Balochistan in October/November 2018 and December2018/January 2019.The food security cluster response plan was formulated in January 2019, funds mobilization efforts were initiated whereas the CERF funds were allocated in March 2019. By that time, the affected communities had already incurred substantial losses particularly to their productive assets (livestock) and crop. An early action and immediate allocation of funds at the on-set of the drought would have minimized losses and dependency of vulnerable households on negative coping strategies. In comparison with FAO' other funding sources, CERF and OFDA funds were made available almost at the same time. The

other donors funds (such as DFID" Multi-Year Humanitarian Program to the National Disaster Consortium) were relatively faster as the budget was pre-allocated.

GBV: The CERF response in case of 2019 drought response was the only response provided through any external source. It mobolised UN agencies and partners including government and non-government organizations on ground to be in the field and respond to the time critical needs of the local population. The transfer of funds, quick processing of funding proposals facilitated in the quick engagement of partners and service delivery at the field level. It also helped in gaining trust of the population which were approached earlier for needs assessment exercise jointly by government and UN. Further, the coordination mechanisms at national, provincial and district levels were activated on fast track modalities which further enhanced the process. In some cases, the already available packages with UN and partners were diverted to respond to the population in need with commitment from CERF

b) Did CERF funds help respond to time-critical needs?

YES ☒ PARTIALLY ☐ NO ☐

Health: One of the components in CERF Project was accessing the population, otherwise not covered by any HF, through outreach teams. There were 6 outreach teams equipped with basic medical equipment, required medicines and supplies to respond the need of community on timely basis. Moreover, the patients accessing the HFs were also entertained in a timely manner, reason being filling the gaps by providing required medicines, equipment and supplies. Laboratories were another addition in the project HFs responding to time critical needs.

Agriculture: With the help of CERF funds, the food security cluster partners (FAO and WFP) were able to respond to the time-critical needs of the vulnerable population. Without this support, the food security and nutrition situation of the assisted households would have further deteriorated. For instance, FAO' compound feed package and vaccination support for livestock were provided during the lean period and contributed to further depletion of these productive assets. Likewise, the joint efforts of FAO and WFP for rehabilitation of critical community water/irrigation structures resulted in ensuring availability of water at the community level for different consumption needs while simultaneously providing cash support to the vulnerable households through cash for work modality.

GBV: The needs assessment exercises by NDC and UNFPA/UNICEF showed high level of needs among the communities in terms of food security and protection needs. The assessment exercises showed increase in child marriages, increased stress level among local population including young boys and girls, and increased number of suicides in case of district Tharparkar. A large number of men had to migrate to other districts in search of livelihoods leaving women, girls and elderly in vulnerable situation. Furthermore, health issues were on rise and with poor heath infrastructure, there was potential increase of serious health issues particularly reproductive health issues among women. The CERF funds in this situation, especially when this was the only support provided in this time critical situation, responded to the time critical needs of the local population. These were particularly essential to respond to increase in protection issue among women, young boys and girls.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

Health: Under the CERF funding more than one agency were involved in provision of services to the local communities. There existed a strong coordination amongst all the stakeholders working under CERF umbrella and regular meetings were held to promote integration of services in order to achieve the reciprocated goals/ objectives. Organizations with different specialities working in different sectors integrated their services on a single platform for an effective service provision.

Agriculture: The CERF funds provided excellent opportunity to establish strong coordination mechanism between different stakeholders in the form of Food Security and Agriculture Working Group. FAO /WFP lead the FSAWG both at federal and provincial level for coordinated response. Nevertheless, coordination gaps were evident at different level from the beginning of the CERF response. For instance, there was coordination gap between federal and provincial disaster management authorities and between intra provincial line departments due to their bureaucratic procedures. In order to mitigate the inter-departmental coordination gap, FAO had appointed a staff member at the PDMA Balochistan level for improved information sharing. It is also important to highlight that the CERF funds provided an opportunity to establish strong partnership between the cluster leads (i.e. FAO & WFP) that resulted in efficient utilization of CERF funds.

GBV: The coordination mechanism improved at various levels. At national level, Gender and Child Cell in National Disaster Management Authority was activated to engage with national level partners to respond to the protection issues of women and children in drought affected areas. Further, provincial level ICCM and women and child working groups were activated to engage with provincial government and non-government partners to respond to the needs in a coordinated and effective and efficient manner. At field level, number of partners coordinated efforts to respond to the needs of the affected population in an effective manner to ensure better impact and results. In this

regard, UNFPA and WHO coordinated to at health facility levels to integrate general health issues with Reproductive health and Mental health and Psyco Social Support Services (MPHSS). These services were also extended to our reach facilities. WFP also integrated their nutrition packages to these components.

d) Did CERF funds help improve resource mobilization from other sources?

YES ☒ PARTIALLY ☐ NO ☐

Health: The strong coordination mechanism ultimately led to improved resource mobilization of the organizations working under the CERF initiative. For instance, WHO with its focus on enhanced PHC provision to the local communities integrated its services with UNFPA, which was working on the provision of SRH and BEmONC services and both of these agencies used the platform from a PPHI managed HF.

Agriculture: Following kick-start of CERF emergency response in project target areas, FAO was able to mobilize funds from internal and external sources. As of to-date, FAO has programmed around USD 1.8 million in the drought affected districts of Sindh and Balochistan. FAO has also been successful in persuading the drought vulnerabilities to the development donors such the European Commission and is negotiating a project worth EURO 3 million for Sindh drought affected areas.

GBV: CERF funding did not mobilize other resources very effectively as government did not make humanitarian appeal therefore other donors did not come in with funding assistance. However, government was mobilised to invest their human and financial resources.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Agriculture: The government' emergency response in drought situation was limited to provision of 50 kg wheat bag/affected households while government lacked resources to meet the emergency livelihood protection needs. CERF' value addition is evident from the focus on protection of productive assets (i.e. livestock) which are among the main source of livelihood for drought-affected communities, as well as complimenting the government and other donors' response efforts.

GBV: It highlighted number of issues prevailing in these areas through its needs assessment exercises and field level operations such as high rate of suicides in Tharparkar among women, reproductive health issues and maternal and neo natal issues. UNFPA through its other resources is trying to continue its support in these areas.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Key Challenges	Lessons learned	Suggestion for follow-up/improvement
Availability of Technical Human Resource at Secondary Level to manage the CMAM programme as per standard protocols	Ensured training packages for health care staff to use of available resource through task shifting strategies	Staff trained for the purpose must be retained on the sites to ensure continued service delivery
Very low referral from community to PHC and Secondary level.	Weak coordination effected the enrolment of Severe malnourished children from community to PHC facilities and secondary health level.	Development of integrated PHC programs and effective referral pathways.
Scattered areas	Scattered areas and long distance effected to ensure the follow-up of registered beneficiaries	CMAM sites should be established in the high populated areas with access
Limited funds to support the weak Health Systems for sustainability in continuing emergency and development contexts for CMAM Program in districts	Resource mobilization for long term support health system development is crucial and should be taken concomitantly with emergency interventions	Advocacy with the government for resources to be earmarked for post emergency sustainability of the intervention through health system approach

Weak linkages of PHC to Secondary Health Care level for effective referrals	CMAM Program cannot be run optimally without effective linkages between the various health care tiers i.e. community, PHC facilities and secondary health care hospitals where SAM- C cases are referred and treated	Development of integrated PHC programs and effective referral pathways are crucial aspect of the health system to ensure
Long distances and low socio-economic resulting in low referral rates to Nutrition Stabilization Centres	Facilitated referrals could be one of the options for critical patient's family to ensure the referrals end up at the referring facility. Preventive nutrition programs at community level could be initiated, linking CCT and insurance programs, too.	Facilitated referrals and correct selection of facilities for services while considering health seeking behaviors and provision of required support arrangements (transport, meals at referral facility and minimal financial support).
Inadequate human resource at Secondary Level to support specialized care for management of SAM cases and optimal running of Nutrition Stabilization Centers	Capitalizing on available human resource optimize the implementation. This has implications for customize training packages for health care staff to ensure best use of available resource through task shifting strategies	Task sharing and shifting is imperative. Advocacy for transfer and posting policy to ensure deployment of right person at right place is important. Staff trained for the purpose must be retained on the sites to ensure continued service delivery
The project locations specially Balochistan had security concerns while due to long distances from city centres. It was hard to find and place qualified staff in the field. The UNFPA IPs had to find innovative ways to retain good staff in the field by giving them additional incentives. Unavailability of female health care providers, LMO/LHV/CMW and GBV skilled service providers is among major stumbling block that the implementing partners (PPHI and TRDP) faced in the implementation of SRH activities in Killa Abdullah and Tharparkar. The recruitments process was initiated immediately after formal agreement was signed between UNFPA and its IPs however, IPs were able to recruit only 55% of the required female health care providers. Both IPs had to adopt alternative options for recruitment including re-advertisements, head hunting, and deployment of candidates from other districts to fulfil HR requirements; Further both organizations had to offer lucrative salaries to attract technical human resource. The IPs have arranged accommodation for staff deployed from other districts on temporary basis. Currently available medical teams will conduct extra outreach activities till the time additional human resource will engaged.		CERF needs to be more flexible with the budget planning while working in emergency context, especially in security risk or culturally conservative areas where access to women or women mobility is restricted. These issues not only have financial implications but also achieving targets within given timeline.
I/NGOs had to obtain multiple layers of clearances and approvals from government to	Due to limited coordination mechanisms within the government	UNFPA has invested a lot of time and resources in building capacities of

implement projects in the field including registration with Economic Affair Division and No Objection Certificate for every project from district government, which is routed through different government entities such as Provincial Disaster Management Authority (PDMA) and relevant line departments. This process causes delays in initiating projects at the field level; UNFPA is limited to select partners from among the list of I/NGOs which have received clearance from Economic Affairs Division, Government of Pakistan. This list may not necessarily include the most relevant organizations with skills and capacity in GBV prevention and response. Therefore, UNFPA has to invest additional efforts in building IPs' capacities in terms of guiding them key project focus areas, support in IEC material development, supportive supervision of project implementation, monitoring and reporting; Coordination mechanism amongst the government departments is weak and sometimes non-existent which resulted in additional efforts by the IPs to consult and coordinate with all relevant departments and bring them to one table to support the coordinated delivery of the project. Government engagement is essential for continuation of support to target groups. Government line departments with mandate in GBV and SRH do not have sufficient service delivery capacities to be engaged for a short duration project such as CERF. However, their ownership of the project interventions is essential for continuation of support to target groups; Lack of acceptance towards NGOs and GBV and SRH activities by the local communities due to various misconceptions, has caused many difficulties for the project staff in the field impacting the progress of activities.	department, UNFPA IPs (PPHI & TRDP) have to put extra efforts in leading the coordination meetings at district level.	partners including Implementing partners and relevant government organization to ensure quality of service delivery to the target community especially the ones which have registration with EAD; Strength provincial and district level coordination mechanism; Continued investment in capacity development of Partners including government and NGOs; Invest in local champions; Some community leaders are engaged as volunteers for facilitating SRH/GBV sessions in the community to create ownership and develop alliance with local communities.
Time period of six months to implement in the given context of drought was short.	Under given working modalities and bureaucratic procedures at the provincial level, additional 2-3 months were necessary for completion of the projects. Procurement from international market should not be either included in the project activities or these should be initiated well before the proposed field activities. It takes very long to bring the items	Agencies felt that the initial stages for execution such as procurement, approval of NoCs, hiring staff for the project was time consuming, considering that humanitarian response was channelled in most of the areas either for first time or after a gap of several years. For example, NOC needs to be expedited by the concerned District authorities.

	from international market to project site.	
Bureaucratic procedures	Agencies during implementation realized that they required timely facilitation from the government on approvals/exemptions such as import permissions, tax exemptions, lack of which caused delays.	To advocate with government at all levels, the urgency of the response and challenges faced in implementation.
Government in the coordination role	HR issues with line department are very common. Due to fear of litigation, government departments are reluctant from initiating any contract-based hiring. It delays the initiation of project activities or hampers the quality of work. Third party solution should always be sought initially.	

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
N/A	N/A	N/A

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-FAO-002 – FAO

1. Project Information			
1. Agency:	FAO	**2. Country:**	Pakistan
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	**4. Project Code (CERF):**	19-RR-FAO-002
5. Project Title:	Critical support to ensure food security and agriculture-based subsistence livelihoods of drought affected population in Balochistan and Sindh provinces of Pakistan		
6.a Original Start Date:	06/02/2019	**6.b Original End Date:**	05/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	05/11/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 86,100,000
	b. Total funding received for agency's sector response to current emergency:	US$ 3,349,933
	c. Amount received from CERF:	US$ 2,500,000
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance
Through the CERF RR grant, the project assisted **43,880 vulnerable drought affected families in Balochistan (**34,540 HHs in District Killa Abdullah) **and** 9,340 HHs were assisted in District Tharparkar, Sindh. Through the grant, FAO Pakistan provided animal feeding support to 18,071 (HHs) drought affected families in Balochistan and Sindh. (This package benefitted 2,683 female-headed HHs in Sindh, while in Balochistan 1,746 female-headed HHs received the package). Each family was provided a comprehensive package of 315 kg concentrated animal feed sufficient to protect their core livestock assets and livestock-based livelihood for at least three months of the lean season. Livestock assets of the 30,000 families were protected against lethal diseases prevalent in the District Killa Abdullah. The project rehabilitated the 35 water-harvesting structures 25 in Sindh and 10 in Balochistan. Through rehabilitation of water structures, 2256 HHs (including 592 female beneficiaries) in District Tharparkar and 700 HHs in District Killa Abdullah benefitted. Essential material were procured by FAO for water harvesting structures while 700 skilled and un skilled workers from communities were engaged through cash for work activities. Similarly, conditional cash grants were provided to 1,200 female beneficiaries of kitchen gardening in District Killa Abdullah. It was initially planned to provide with in-kind support to the women beneficiaries but due to unavailability of the certified vender for the said procurement, the modality was changed.

Furthermore, in District Killa Abdullah 200 HHs received 25 kg Maize seed (including 48 female beneficiaries) while wheat seed and fertilizer package was distributed amongst 2,440 HHs (including 29 female beneficiaries) for upcoming *Kharif* season. Each household received 50 kg wheat seed, 100 kg urea fertilizers and 50 kg DAP. Extension Departments of the targeted areas organized awareness sessions with support of FAO for the project beneficiaries on proper utilization of inputs and climate smart agriculture.

3. Changes and Amendments

Initially FAO envisaged providing animal feeding support to 12,081 families. Competitive bidding, fluctuation in dollar rate, combined with favourable timing of procurement resulted in considerable savings under the expendable procurement. The residual funds were therefore utilized to support additional 5,990 poor and vulnerable families, who needed additional support to sustain their livelihoods, productive assets and household nutrition and food security.

The project-involved provision of crops seed (maize and millet) to 3,000 families and fodder seed (guar, sorghum, and Rhodes grass) to 3000 families (HHs) and assorted vegetable seeds to 2,500 female-headed families (HHs). Tendering process was launched twice for procuring the requisite varieties of seed (millet, sorghum, and Rhodes grass and guar seeds). However, FAO' efforts to procure drought tolerant seed varieties remained futile due to unavailability of the requisite certified seed verities in local market and absence of the requisite seed varieties stock in sufficient quantity with the government research institutes (such as National Agriculture Research Council, Arid Zone Agriculture Research Institute). Consequently, after consultation with the government line department; FAO decided to reprogram the budget allocated for aforementioned crop and fodder seed varieties to procure staple crop seeds (wheat) and fertilizer (considering the local cropping calendar) for drought-affected population as per their need; to resume their agricultural activities for upcoming season in Killa Abdullah (Balochistan). Similarly, conditional cash grants were provided to 1,200 beneficiaries of kitchen gardening in District Killa Abdullah. It was initially planned to provide with in-kind support to the women beneficiaries but due to unavailability of the certified vender for the said procurement, the modality was changed.

Prevalent security situation in Balochistan remained a continuous challenge, hampered the identification of irrigation channels and subsequent finalization of design and BoQs on time. This badly affected the physical rehabilitation work.

Number of animal vaccinated increased from 210,000 to 300,000 due to an outreach vaccination campaign in two Tehsils of Qilla Abdullah that benefitted 30,000 HHs (on average 10animals/HHs). The project envisaged to support 15,000 HHs in Sindh and 15,000 HHs in Balochistan. However, in District Tharparkar all animals were vaccinated against PPR under DFID funded project "Multi Year Humanitarian Programme". Therefore, the target allocated for Sindh was shifted to Balochistan where each household possess 10animals on average.

Collectively these factors contributed to delays and affected the smooth execution of the activities. As a result, 'no cost extension (NCE)' was requested to complete aforementioned activities, including effective utilization of cost savings. Considering the circumstances, the NCE was approved till November 5, 2019.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	80,042	72,049	42,159	37,950	**232,200**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	384	346	202	182	**1,114**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	94,234	84,825	49,635	44,679	**273,373**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	180	132	87	81	**480**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	FAO reached 273,372 beneficiaries, which is 17.8% more than the planned target of 232,200. The reason for over-achievement is due to increased number of the households benefitted from animal compound feed and animal vaccination, which enabled the project to reach more beneficiaries than anticipated.

4. CERF Result Framework	
Project Objective	The project will ensure a response to time-critical requirements of vulnerable families, to protect their livestock assets and mitigate more damages to their critical livestock-based livelihood assets

Output 1	Critical support to protect the livestock assets of drought affected families in Balochistan and Sindh			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of Households benefitted from animal feeding and health support	12,081 HHs	18,071 HHs[1]	Verified databases, Post distribution monitoring reports
Indicator 1.2	Number of Households benefitted from animal health support	30,000 HHs	30,000 HHs	Reports from the livestock department, Verified databases
Indicator 1.3	Quantity of concentrated animal feed procured and distributed	3,806 MT	5,692.65 MT	Verified databases, Post distribution monitoring
Indicator 1.4	Quantity of fodder seed (Sorghum and Guar) procured and distributed	20 MT Sorghum and 30 MT Guar	0	
Indicator 1.5	Quantity of Rhodes grass seed procured and distributed	2 MT	0	
Indicator 1.6	Number of animal vaccinated and dewormed	210,000	300,000	Line departments report, Verified databases, FAO field visit report

[1] 8,731 HHs in Balochistan and 9,340 HHs in Sindh benefitted from animal feeding.

Indicator 1.7	Quantity of PPR vaccines and injectable dewormers procured and administered to small ruminants	210,000 doses	300,000 doses	Letter of Agreement, Verified databases, Post distribution monitoring
Indicator 1.8	Quantity of FMD vaccines and injectable dewormers procured and administered to livestock	270,000 doses	270,000 doses	Letter of Agreement, Verified databases, Post distribution monitoring
Explanation of output and indicators variance:		The following variances were observed from original project document: – The number of animal beneficiaries increased from 12,081 Households to 18,071 so the quantity of feed procured increased; – The project-involved provision of fodder seed (guar, sorghum, and Rhodes grass) **to 3,000 families**. Fund allocated for Fodder seed (20 MT Sorghum and 30 MT Guar) was diverted to procure crop alternate seeds suitable for the specific geographic location in Balochistan for upcoming *Rabi* season; – Number of animals vaccinated increased from 210,000 to 300,000. **Reason for variance:** Competitive bidding, fluctuation in Dollar rate, combined with favourable timing of procurement resulted in considerable savings under the expendable procurement for animal compound feed. Furthermore, fund allocated for homestead gardening packages was diverted to procure animal compound feed. It was prerequisite to procure Federal Seed Certification and Registration Department (FSCRD) certified seed for the project target areas. However, due to unavailability of FSCRD certified seed for vegetable in local market the funds were diverted to procure animal compound feed. The residual funds were therefore utilized to support further 5,990 poor and vulnerable families, who needed additional support to sustain their livelihoods, productive assets and household nutrition and food security. Number of animal vaccinated increased from 210,000 to 300,000 due to an outreach vaccination campaign in two Tehsils of Qilla Abdullah that benefitted 30,000 HHs (on average 10 animals/HHs). The project envisaged to support 15,000 HHs in Sindh and 15,000 HHs in Balochistan. However, in District Tharparkar all animals were vaccinated against PPR under DFID funded project "Multi Year Humanitarian Programme". Therefore, the target allocated for Sindh was shifted to Balochistan where each household possess 10 animals on average.	

Activities	**Description**	**Implemented by**
Activity 1.1	Identification of beneficiaries for livestock inputs (Concentrated animal feed, fodder crop seeds and vaccination)	FAO
Activity 1.2	Procurement of livestock inputs (Concentrated animal feed, fodder crop seeds	FAO
Activity 1.3	Distribution of livestock inputs (Concentrated animal feed, fodder crop seeds to the selected beneficiaries	FAO
Activity 1.4	Procurement of vaccines to for large and small ruminants	FAO
Activity 1.5	Vaccination of livestock 60,000 large and 150,000 small ruminants	Livestock Department of target areas

Output 2	3,600 drought affected small-scale farmers have had access to staple and highly nutritive diversified food			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 2.1	Number of households supported with *Kharif* seeds for staple cereal crops (Maize)	3,000	200	Verified databases, FAO field team verification of activities, Post Distribution Monitoring
Indicator 2.2	Quantity of maize seed procured and distributed	37.5 MT	5 MT	Verified databases, Post Distribution Monitoring
Indicator 2.3	Quantity of millet seed procured and distributed	30 MT	0	N/A
Indicator 2.4	Quantity of Homestead Gardening Packages procured and distributed	2,500	0[2]	N/A
Indicator 2.5	Number of households supported with *Rabi* seeds (Wheat)	*Added through reprogramming*	2,440 HHs	Verified databases, Post distribution monitoring reports
Indicator 2.6	Quantity of wheat seed procured and distributed	*Added through reprogramming*	122 MT	Verified databases, Post distribution monitoring reports
Indicator 2.7	Quantity of fertilizers procured and distributed	*Added through reprogramming*	244 MT (Urea) 122 MT (DAP)	Verified databases, Post distribution monitoring reports
Explanation of output and indicators variance:		The project-involved provision of crops seed (maize and millet) to 3,000 families and fodder seed (guar, sorghum, and Rhodes grass) **to 3,000 families** (HHs). Tendering process was launched twice for procuring the requisite varieties of seed (millet, sorghum, and Rhodes grass and guar seeds). However, FAO' efforts to procure FSCRD certified seed drought tolerant seed varieties remained futile due to due to unavailability of the requisite certified seed verities in local market and absence of the requisite seed varieties stock in sufficient quantity with the government research institutes (such as National Agriculture Research Council, Arid Zone Agriculture Research Institute). Consequently, after consultation with the government line department; FAO decided to reprogram the budget allocated for aforementioned crop and fodder seed varieties to procure staple crop seeds (wheat) and fertilizer (considering the local cropping calendar) for drought-affected population as per their need; to resume their agricultural activities for upcoming season in Killa Abdullah (Balochistan). As a result, maize package of 25 kg (5 MT) was distributed amongst 200 beneficiaries while 2,440 HHs received wheat and fertilizer package for upcoming season. Similarly, conditional cash grants were provided to 1,200 beneficiaries of kitchen gardening in District Killa Abdullah. It was initially planned to provide with in-kind support to the women beneficiaries but due to unavailability of the certified vender for the said procurement, the modality was changed.	

Activities	**Description**	**Implemented by**
Activity 2.1	Identification of 3,600 beneficiaries' households for crops inputs (maize seed, fertilizers and vegetable kits)	FAO
Activity 2.2	Procurement and distribution of maize seed and urea and DAP fertilizers in Balochistan	FAO
Activity 2.3	Procurement and distribution of millet seed in Sindh	N/A
Activity 2.4	Procurement and distribution of 2,500 Homestead Gardening Packages	N/A

[2] Conditional cash grants were provided to 1,200 beneficiaries of kitchen gardening in District Killa Abdullah.

Output 3	Irrigation infrastructure repaired for water conservation			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of critical water structures repaired /rehabilitated	35	35	FAO field team reports Technical reports, Monitoring visit
Indicator 3.2	Number of HHs supported through persons engaged in Cash for Work activities	700	700[3]	Cash transfer through service provider, Technical reports, Monitoring visit
Indicator 3.3	Number of HHs using water from improved irrigation infrastructure	2,500	4,031	FAO field team verification of activities, Technical reports, Monitoring visit
Explanation of output and indicators variance:		Outputs achieved as per planned targets. However, 4,031 HHs are using water from improved irrigation infrastructure, which is 61% more than the planned target of 2500 HHs. The reason for over-achievement is congested population in the areas where water structures were rehabilitated.		

Activities	**Description**	**Implemented by**
Activity 3.1	Identification of depleted water sources / structures	FAO
Activity 3.2	Identification of target areas and beneficiaries	FAO
Activity 3.3	Procurement and distribution of material for repair/rehabilitation of water sources / structures	FAO
Activity 3.4	Repair of 35 water structures	FAO

5. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Project designing phase:
Targeted communities were involved in all phases of project implementation, to satisfy the needs and expectations of the affected communities. A through and comprehensive assessment was carried out by FAO to analyse the vulnerabilities in the intervention area and identify the need of the affected communities through beneficiary interview, focus group discussions and recommendations of line departments working in the project target areas. Multi-layered targeting criteria was adopted to select the geographical location to ensure inclusive assistance is provided to the most vulnerable communities. Communities were briefed on village selection criteria through broad-based community meetings conducted at the village level and beneficiary selection criteria were discussed. A community-based participatory planning approach was adopted during the selection of the activities. As a result, the community's inputs and needs were considered as a part of the project.

Project implementation phase:
FAO adopted participatory approach for beneficiaries' selection to ensure transparency of the process. A thorough community consultation process was adopted with project beneficiaries and affected communities to express their opinions for smooth implementation of the project. Centralized, easily accessible and neutral distribution points were selected according to the needs and aspiration of the targeted population to guarantee safety, dignity and integrity of the beneficiaries. Complaint mechanisms was established to ensure all community members can present their opinions, complaints and suggestions. Both genders were given equal opportunity to participate in the meeting and share their valuable inputs. In line with the standard operating procedures, beneficiaries were informed of the beneficiary selection

[3] 500 HHs in Sindh and 200 HHs in Balochistan

criteria and details of the inputs and complaint number were shared through branding/packaging and visibility material. FAO guaranteed to procure the highest possible quality inputs against the technical specifications determined by the organization's technical units following internal procurement processes. For better transparency, the quality control of procured inputs were done through independent inspection/superintendence agency (Baltic control).

Project monitoring and evaluation:
As a standard approach, multi-layer monitoring mechanism was adopted by FAO with a focus on upward and downward accountability. The main monitoring/ reporting tools that were adopted at field level were:

- Activity implementation monitoring, schemes/targeting verification, cash disbursement monitoring and pre-post-distribution monitoring where possible by FAO monitoring staff.
- Post-distribution surveys based on physical verification and on beneficiary interviews.
- Beneficiary feedback mechanism served as a second and very strong monitoring layer through which communities reported their concerns.

Technical monitoring reports.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

For successful implementation of the project, FAO collaborated closely with the concerned stakeholders including government line departments, Food Security Cluster, Directorate of Livestock and Dairy Development Balochistan and Sindh, District Administration and Irrigation Departments of the target areas. FAO also collaborated with the National Disaster Management Authority, Provincial Disaster Management Authority Balochistan and other relevant government counterparts at Federal and Provincial level as well as national and international NGOs to attain synergies with other actors; avoid duplication of efforts thereby achieving greater aid effectiveness. For implementation of the technical activities, FAO signed contractual agreements with Directorate of Livestock and Dairy Development Balochistan.

Tribal system exist in Balochistan. Beneficiaries were identified through a participatory appraisal process involving existing clan called Zai or Khel. Community meetings were organized with Tribe based Jirgas (a community based administrative setup) involving tribal elders in order to identify the vulnerable areas. Jirga's traditionally have neither leaders nor chairpersons. Decisions are reached only through consensus. The tribal Jirga's were engaged throughout the project implementation, from identification of vulnerable beneficiaries to the monitoring of the activities. Jirga elders kept close liaising with district administration and line departments for smooth execution of the planned interventions.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

FAO continuously supported vulnerable communities for protecting their livelihood assets and foods security situation. Under CERF project, target communities were mobilized through field- tested social mobilization approaches. Social mobilization staff held regular meetings with the communities to ensure that they are meeting the needs of the target communities in an appropriate manner. Communities were oriented on the project details (i.e project goal, activities planned, village selection criteria and beneficiary selection criteria).

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

For CERF funded project a specific complaint and feedback mechanism was established so that the beneficiaries can raise issues anonymously with the project staff. This complaint and feedback system was channelled through a telephone number, listed on the program standards posters, displayed at different distribution points and was printed on all inputs provided by FAO.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

FAO applies a zero-tolerance policy, as do all the other UN agencies and international organizations, towards sexual exploitation and abuse and does not tolerate harassment of any kind. In delivering support FAO ensure to protect project beneficiaries and the communities from any risk including that of sexual exploitation and abuse. The principles of integrity, professionalism, respect for human rights and the dignity of all the human beings underpin FAO's commitment to preventing and addressing acts of sexual exploitation and abuse (SEA).

Any other comments (optional):

N/A

6. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
Yes, CTP is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
CFW	US$ 10,093	Sector-specific	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Conditional	Unrestricted
Condition Cash Grant (CCG)	US$ 53,256	Sector-specific	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Conditional	Unrestricted

Supplementary information (optional):

Under CERF Funding FAO rehabilitated and constructed 35 water structures through cash for work modality in Sindh and Balochistan. 25 structures were constricted in Tharparkar (Sindh) and 10 structures in Killa Abdullah (Balochistan). 700 skilled and unskilled labour were involved in the rehabilitation work and constructed 35 water structure in both districts. Payment was made through WFP payment system (Financial Service Providers). UN-to-UN agency agreement was signed for the payment of cash and voucher assistance beneficiary's payments. Local administration provided security for the premises where beneficiaries assembled to receive cash as a result cash disbursement process was managed properly.

The conditional cash grants were provided to 1,200 female beneficiaries of kitchen gardening in District Killa Abdullah. It was initially planned to provide in-kind support to the women beneficiaries but due to unavailability of the certified vender for the said procurement the modality was changed as the market is fully function in the area, and beneficiaries can easily access the inputs. Orientation sessions on the kitchen gardening and good agricultural practices were given to beneficiaries. The same transfer modality of WFP's FSP was used through amendment in the UN-to-UN agency agreement for the Cash and Voucher Activities (CVA) payments.

7. Evaluation: Has this project been evaluated or is an evaluation pending?

No formal project evaluation is planned under CERF project due to financial constraints. However, if required, with support of communication and monitoring unit both agencies can produce case studies highlighting the impact of the executed interventions on the lives of the vulnerable communities, contributing towards food security and increasing livelihood opportunities.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.2. Project Report 19-RR-FPA-003 – UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Pakistan
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	**4. Project Code (CERF):**	19-RR-FPA-003
5. Project Title:	Multi-sectoral GBV prevention and response services for women and girls in drought affected areas of Baluchistan and Sindh		
6.a Original Start Date:	21/02/2019	**6.b Original End Date:**	20/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	20/10/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 524, 700
	b. Total funding received for agency's sector response to current emergency:	US$ 524, 700
	c. Amount received from CERF:	US$ 518,201
	d. Total CERF funds forwarded to implementing partners	**US$ 107, 140**
	of which to:	
	Government Partners	US$ 12,000
	International NGOs	US$ 0
	National NGOs	US$ 95,140
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The project facilitated availability of survivor centred GBV prevention, mitigation and response services in drought affected districts of Tharparker in Sindh and Killa Abdullah in Balochistan by setting up 5 Women Friendly Health Spaces, against the target of 4, and 4 mobile outreach teams to extend GBV information and Mental Health and Psycho-social Support Services (MPHSS) to 35, 733 women and girls. Further, 32,718 (women and girls) and 3816 (men and boys) were sensitized on GBV issues and available GBV services including referrals, achieving 89% of the target. The support further included 16,400 dignity kits against the target of 21,000, which were distributed among women attending MHPPS awareness raising sessions in WFHSs. The service delivery was further supported and coordinated by federal and provincial level women and Child Protection-Working Groups which provided strategic support to project. The GBV services provided to women, girls, boys and men responded to and contributed to mitigation of number of protection issues, exacerbated by the drought conditions including child marriages, increase in aggressive behaviours among young girls and boys and high rate suicides among women (NDC and UNFPA assessment reports). The project was implemented between the period of February to October 2019.

3. Changes and Amendments

The CERF project was given no cost extension in August 2019, without any change in the targets due to overall low implementation. The low implementation rate was slow due to challenges experienced in the field including security and obtaining No Objection Certificate from the Government by the selected IPs (its government laid down procedure which has to be abide by to work at the district/provincial level). The IPs needed NOC from Economic Affair Division at federal level, Provincial Disaster Management Authority and District Administration, especially in district Tharparkar which is bordering with India. This process took at least one month for IPs to be allowed to work in the field. There were number of security related issues experienced during this time including attack on polio workers in Balochistan and Killa Abdullah which hampered the pace of project implementation. The security situation and fear among the field staff,

delayed initiation of project activities. Another challenge was availability of qualified female staff in remote areas like Tharparkar and Killa Abdullah. These districts are culturally conservative with strict social norms; hence it was difficult to find local qualified females who were also willing to work in their native areas. The project had to hire staff from other districts on high salary packages with provision of safe and secure accommodation. Access to local women and girls was one challenge and working on sensitive issue such as GBV was another, especially in district Killa Abdullah. The project partners had to spend some time on social mobilization to develop rapport with local communities and engage local elders and influential to gain their support. In some cases, the project partners hired staff from local communities with social influence by virtue of their role as teacher or community elder. The newly hired staff was not necessarily trained in GBV. The project provided detailed orientation and trainings to the newly inducted staff on GBV and on the project strategy. The project took some time in the field to get operational due to these factors. With the approval of CERF secretariat, the project got no cost extension for the period of one month until October 20, 2019.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	3,000	36,000	2,000	4,100	**45,100**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	80	720	40	80	**920**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	7,651	25,345	8,683	7,198	**48,877**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	32	49	29	17	**127**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The project reached all targets approximately in all indicators with no significant variance.

5. CERF Result Framework	
Project Objective	Ensure immediate availability of, and access of women, and young people to multi-sectoral survivor-centered GBV prevention and response services and information in drought affected districts in Baluchistan and Sindh

Output 1	Increased availability of survivor centred GBV prevention, mitigation and response services in selected districts			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# Women Health Friendly Spaces and outreach teams providing psychosocial support services and GBV information	4 Women Friendly Health Spaces and 4 outreach teams	5	UNFPA data base, IP progress reports and pictures from the field.
Indicator 1.2	# of women and adolescent girls receiving GBV information and psychosocial support services	40,100 women and girls	35,733	As above
Indicator 1.3	# of GBV reported cases and clients presenting mental health problems provided with medical, psychosocial support and referral assistance	100% of reported caseload (estimated 800 cases)	89 % (713 cases)	as above
Indicator 1.4	# of women receiving dignity kits	20,400 (50% of the total target beneficiaries)	16,400 (45 % of the target beneficiaries)	as above
Explanation of output and indicators variance:		The project locations specially Balochistan had security concerns while due to long distances from city centres, it was hard to find and place qualified staff in the field. The UNFPA IPs had to find innovative ways to retain good staff in the field by giving them additional incentives. The interruptions in staff availability caused output variance against project targets. UNFPA procured lower number of dignity kits compared to the planned number as there was increase in USD rates in the country at the time of procurement and UNFPA had to remain within the budget lines.		

Activities	**Description**	**Implemented by**
Activity 1.1	Establishment and operationalization of GBV case management teams in seven health facilities (4 WHFS and additional health facilities)	National NGOs including Thardeep Rural Development Program in two tehsils of district Tharparkar, Sindh (Nagarparkar and Chachro) and Rehnuma-Family Planning Association of Pakistan (FPAP) in Tehsil Mithi (Tharparkar) and two tehsils of district Killa Abdullah in Balochistan
Activity 1.2	Establishment of 6 Mobile Service Units (MSUs) to provide women of reproductive age where there are no BHUs and their communities with information and mental health and psychosocial support.	Same as above.
Activity 1.3	Setting up of 4 WFHSs	5 WFHS were set up including 3 in each tehsil of district Tharparkar, Sindh (1 by FPAPA and 2 by TRDP). 02 Women Friendly Health Spaces (WFHS) were set up in two tehsils of district Killa Abdullah in Balochistan
Activity 1.4	Provision of mental health and psychosocial support (MPHSS) services	Psychologists were hired by both Implementing partners FPAP and TRDP who extended Mental Health and psycho-social Support Services (MHPSS)
Activity 1.5	Establishment and operationalization of Mobile GBV Case Management Teams	Both FPAP and TRDP had field-based staff including social mobilizers, Lady Health Visitors (LHVs) and psychologists which extended services as mobile GBV case management teams.

Activity 1.6	Provision of mobile and static GBV case management services	Field Teams (including psychologist, LHVs ad Social Mobilizers) hired by both Implementing partners were provided project orientation while FPAP conducted detailed trainings for their teams on GBV to equip them to provide quality GBV service
Activity 1.7	Provision of dignity kits	dignity kits were distributed among women who attended awareness raising sessions in 5 Women Friendly Health Spaces set up under the project. The number of kits were equally distributed among 5 facilities.
Activity 1.8	Setting up and operationalization of daily recording of mental health patients and GBV cases in all service delivery points	A detailed training in information management was provided to Implementing Partners staff and assisted in setting up system at service delivery points.

Output 2	Increased awareness among women and girls and men and boys in drought affected districts on different forms of GBV and available services for survivors			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of women and adolescent girls sensitized to GBV issues and available GBV services including referral and provided with psychosocial support services	36,000 Women of Reproductive Age, 4,100 adolescent girls,	32,718 [25,483 W, 7,235 G]	UNFPA data base, IP progress reports and pictures from the field.
Indicator 2.2	# of men and boys attending psychosocial support activities	2,000 boys, 3000 men	3,816 [1,121 M, 2,695 B]	Same as above
Indicator 2.3	# of mobile outreach teams established to conduct regular GBV awareness raising sessions	4 Mobile Outreach teams	4	Same as above
Explanation of output and indicators variance:		The project has achieved 90 % target on GBV services for women and girls while 76% for men and boys. The variance in indicators is due to challenges associated with distances in the local communities and conservative cultural backgrounds. However, the project has achieved more than the targets on access to girls (+56%) and boys (+74%) which is a positive indicator that youth is more receptive to GBV issues compared to men and women. On more than the target in the awareness raising sessions where community mobilization and outreach services ensured access to larger number of population.		

Activities	**Description**	**Implemented by**
Activity 2.1	Conduct of GBV sessions in WFHSs with provision of dignity kits	TRDP and R-FPAP
Activity 2.2	Setting up of Mobile Help desks	TRDP and R-FPAP
Activity 2.3	Provision of MPHSS and information services and referral support through MPHSS Help desks	TRDP and R-FPAP
Activity 2.4	Distribution of user friendly GBV pamphlets during outreach campaigns with provision of dignity kits	TRDP and R-FPAP

Output 3	Increased awareness among women and girls and men and boys in drought affected districts on different forms of GBV and available services for survivors			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# of Women and Child Protection Working Groups (WCP-WGs) established and functional	2 WCP-WGs	3	Notifications for working group, ToRs and meeting minutes
Indicator 3.2	GBV referral pathway is in place and functional	1 GBV Referral Pathway for Balochistan and Sindh	Pathway in place.	IP progress reports.
Indicator 3.3	% of cases referred to specialized services	At least 75% of cases referred are monitored and reported	32 number of cases	IP progress reports
Explanation of output and indicators variance:		Project was able to achieve the planned targets. The project established 3 WCP-WGs at national and two provincial levels. The project was able to establish stakeholder's coordination mechanism at the provincial and districts level and oriented them on the referrals and some mechanism was established. However, it needed longer time inputs to get the referral mechanism more effective and functional.		

Activities	**Description**	**Implemented by**
Activity 3.1	Establishment and operationalization of provincial or district WCP-WGs	NDMA and PDMAs (Balochistan and Sindh)
Activity 3.2	Establishment and operationalization of GBV referral pathway	TRDP and FPAP
Activity 3.3	Conduct of regular inter-agency coordination meetings in two provinces	Sindh and Balochistan

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The assessment process conducted by government jointly with UN agencies helped in the identification of most vulnerable an affected district and tehsils. Further assessments by project IPs helped in the identification of most vulnerable groups for project support.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Inter Cluster Coordination Mechanism and Women and Child Protection Working Groups under the Provincial Disaster Management Authorities with representation from district level stakeholders including government and non-government organizations. This mechanism was further supplemented by assessment survey findings.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The IP selection process in UNFPA is very stringent where their past track record, policies and procedures including financial, ethical principles are checked. Further, UNFPA only enters into partnerships with Organizations which have allowed to work status from the government, which provided based on their track record.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

- Dignity kits distributed among the beneficiaries had complaint number, if there were complaints;
- Project staff conducted regular monitoring visits and met with the beneficiaries to ensure that project was implemented following ethical principles;
- CERF monitoring mission led by OCHA further checked into procedures.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

Partners were briefed on the SEA and complaint mechanism

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3. Project Report 19-RR-FPA-004 – UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Pakistan
3. Cluster/Sector:	Health – Health	**4. Project Code (CERF):**	19-RR-FPA-004
5. Project Title:	Safeguarding women and girls in drought affected areas in Pakistan		
6.a Original Start Date:	21/02/2019	**6.b Original End Date:**	20/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	20/10/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	524, 700
	b. Total funding received for agency's sector response to current emergency:	N/A
	c. Amount received from CERF:	US$ 371,263
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The project with the funding support from CERF aimed at ensuring access of married women of reproductive age group to Basic Emergency Obstetric and Neonatal Care (BEmONC) services with referral for Comprehensive EmONC. Prevention and management of sexually transmitted infections (STI), family planning and psychological first aid/psychosocial support services were integrated with MNCH services. To overcome services availability related issues, UNFPA supported six primary health care facilities of Balochistan People's Primary Health Care Initiative and two health facilities of the Department of Health in Tharparkar Sindh. Distance related access issues were addressed through provision of mobile medical teams (Six in Killa Abdulla Balochistan and two in Tharparkar, Sindh).
UNFPA integrated GBV and psychosocial support services at supported static health facilities and mobile medical teams. The Emergency Maternity Clinics were established in refurbished "Hubs" with female medical staff, equipment and essential supplies which performed lifesaving interventions to women with obstetric complications. The teams also provided services to women for SRH related complicated which included syndromic case management on STIs. Married women of reproductive age group received information and awareness on SRH, GBV and mental health related illnesses. During the community outreach sessions and at service delivery points, eligible women received dignity kits, clear delivery kits, newborn baby kits. With all supported health facilities and through community outreach teams, UNFPA reached to approximately 42,342 direct beneficiaries with SRH and GBV services, of which, number of women beneficiaries were 27,213, men were 5445. Around 4973 girls and 4711 boys were among these beneficiaries. During the project period, women beneficiaries also received around 16500 dignity kits, 2300 clean delivery kits and an equal number of newborn baby kits.
At provincial level, UNFPA was actively engaged in health working group and shared progress updates, challenges and lessons learned.

3. Changes and Amendments

The CERF funded SRH project was not amended. Although, the project started one month late due to challenges, such as, late initiation of the project, health care provides recruitment for remote drought affected Districts (Killa Abdulla and Tharparkar), due to security reasons and cultural preferences for home deliveries resulted in under achievement of certain targets.

Challenges:
One of the biggest challenges during implementation of CERF project was the unavailability of technical staff, especially female healthcare providers, in Killa Abdullah and Tharparkar. Female health care providers were not willing to go Killa Abdulla due to security and cultural reasons. UNFPA invested in renovation of accommodation area in the vicinity of selected health facilities to accommodate health care providers from other districts. Moreover, staff were facilitated with free food, accessories, transportation arrangement to ensure their retention.
The other challenge that frequently hampered targets achievement was unstable security situation of Killa Abdullah District, which is bordering with Afghanistan and has the worst law and order situation. During the project period, incidences like target killing of polio workers and bomb blasts in the catchments of project's resulted in intermittent breaks. Some health care providers from other district resigned due to fear and panic created by killing of polio workers and bomb blasts. Thus, in order to avoid any untoward incidence with project staff, movement to and from the field was controlled and coordinated with district administration and law enforcement agencies.
Further, Killa Abdullah is one of the districts in Balochistan, where misperceptions on NGOs roles are widely prevalent. In the past, there are some recorded episodes of protests against NGOs. Project outreach staff frequently encountered some unsolicited remarks and behaviours from locals. However, meetings with local influential groups, religious scholars and tribal heads; and briefing them about the project activities/ services were some useful remedies.

In District Tharparkar, challenges were mostly related to No Objection Certificate for Nagarparkar Tehsil. The area is located at the border with India, and therefore, NoC requirements are in place which has restricted civil society constituent thus hard to engage capable organizations for service delivery. In Nagarparkar and Chachro, population is thinly spread with access related issues due to fragile road infrastructure. This also limited access to far flung areas.
In midst of all these challenges, UNFPA was able to conduct 64% of the targeted deliveries at supported static health facilities and 68% married women of reproductive age group received family planning services. UNFPA through its IPs reached to around 17896 women with Information on SRH, GBV and mental health which is many folds higher than targeted.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health – Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	2,000	24,000	2,000	4,000	**32,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	**N/A**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health – Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**

Other affected persons	5,445	27,213	4,711	4,973	**42,342**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	38	105	25	15	**183**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework

Project Objective	Immediate access of pregnant and lactating women and their newborns to life – Saving maternal and newborn morbidity and morbidity based on the Minimum Initial Service Package for Sexual and Reproductive Health in Crises

Output 1	Married women of reproductive age group received Basic Emergency Obstetrics and Newborn Care Services/emergency reproductive health services in targeted districts of Sindh and Balochistan.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of normal deliveries conducted at static and caravan/mobile health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	2,682	1,715	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Indicator 1.2	# of complicated pregnancies treated/managed at static and caravan/mobile health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	402	67	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Indicator 1.3	# of newborns received appropriate care at birth (Kangaroo Mother Care, Colostrum feeding, umbilical cord care) at static and caravan/mobile health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	2,682	783	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Indicator 1.4	# of married women of reproductive age group received family planning services for spacing and for limiting.	6,147 (for 22% CPR)	4,213	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Indicator 1.5	# of women of reproductive age group (including adolescent girls) received care for sexually transmitted infections.	100% of women patients presenting symptoms are provided with treatment[4]	349 cases were identified with STIs and received treatment.	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Explanation of output and indicators variance:		The project locations, both in Balochistan and Tharparkar were associated with number of risks and challenges, which include, unstable security, thinly spread population, cultural preferences and sensitivities and cumbersome administrative procedures to obtain NoCs. These risks and challenges resulted in project start-up delays and thus under achieving targets. However, UNFPA		

[4] Setting an absolute number for the target is difficult since these are walk-in patients.

	IPs found innovative ways to retain good staff in the field by providing them accommodations and other additional incentives. Distance related challenges were overcome through engaging more mobile outreach teams.

Activities	Description	Implemented by
Activity 1.1	Establish/strengthen static service delivery points (PPHI-BHUs)/ Caravan/Mobile service delivery units with trained health care human resource for providing Basic Emergency Obstetrics and Newborn Care Services.	Eight Static Health Facilities (Two in District Tharparkar and Six in District Killa Abdulla) and eight mobile medical teams (Two in District Tharparkar and Six in District Killa Abdulla) were received optimum support which included more than 40 trained health care providers.
Activity 1.2	Provide medicines/supplies/instruments for static service delivery points (PPHI BHUs)/ Caravan/Mobile service units delivery points for providing Basic Emergency Obstetrics and Newborn Care Services.	All selected health facilities received essential SRH medicines and medical equipment to provide Basic Emergency RH Services. Moreover, each health facility also received UNFPA essential reproductive health (ERH) kits.
Activity 1.3	Provide commodities/medical supplies/medicines to static service delivery points/Caravans/mobile health services for providing FP and STI services.	All selected health facilities received family planning commodities. Some ERH Kits had medicines available for STIs treatment.
Activity 1.4	Establish linkages between community-based care providers, BHUs, MSUs and hub (RHC) for managing referrals.	Each outreach mobile team was connected with Hubs (upgraded health facility for provision of 24/7 basic emergency obstetric care services) For complicated cases, onward referral to nearby secondary care health facility was established.

Output 2	Women referred for Comprehensive Emergency Obstetrics and Newborn Care Services/emergency reproductive health services in targeted districts of Sindh and Balochistan.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of pregnant women referred for C-Section to Hub providing Comprehensive Emergency Obstetrics and Newborn Care Services (CEmONC).	598-898	35	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Indicator 2.2	# of pregnant women referred for treatment of complicated cases of pregnancy to hub/CEmONC center.	598	340	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Indicator 2.3	# of newborns referred to hub/CEmONC center, for treatment of newborn illnesses.	199-398	114	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Indicator 2.4	# of women referred to hub/CEmONC center, for treatment of complicated cases of abortion/family planning side effect/STIs	800-1200	201	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field.
Explanation of output and indicators variance:		The project locations, both in Balochistan and Tharparkar were associated with number of risks and challenges, which include, unstable security, thinly spread population, cultural preferences and sensitivities and cumbersome administrative procedures to obtain NoCs. These risks and challenges resulted in project start-up delays and thus under achieving targets. However, UNFPA IPs found innovative ways to retain good staff in the field by providing them accommodations and other additional incentives. Distance related challenges were overcome through engaging more mobile outreach teams.		

Activities	Description	Implemented by
Activity 2.1	Deploy health care human resource at referral points (DoH-Rural Health Center) for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management.	40 trained health care providers were deployed to provide SRH and mental health & Psychosocial Support Services at static health facilities and through mobile outreach teams
Activity 2.2	Equip referral points (DoH-Rural Health Center) with medicines/supplies/instruments for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management.	Two hospital in Tharparkar and one in Balochistan were provided essential reproductive health kits for providing comprehensive emergency obstetric care services.
Activity 2.3	Arrange Transport/ambulances or referral of complicated cases of pregnancy/delivery.	2 Ambulances were repaired to assist with referrals but it was not possible for 2 ambulances to cover 2 tehsils of the project district, in circumstances where there is law and order situation, huge distances and poor road infrastructures.
Activity 2.4	Establish Communication system between the point of referral to referred health centres.	A referral mechanism, which included referral of pregnant women from the community by lady health workers and community midwives for consultation and safe delivery at mobile and static health facility introduced. For referral of complicated cases or pregnancy and other reproductive health issues, selected/supported health facilities and outreach teams were connected with secondary care hospitals. Follow up on downward referral also included arrangements at community level and facility level.

Output 3	Pregnant women informed/ made aware on safer home deliveries when access to health facility is not possible due to cultural/other reasons.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# of pregnant women with provided with clean delivery kits for safer births	2,682	842	UNFPA data base, IP progress reports and pictures from the field
Indicator 3.2	# of visibly pregnant women with information on safer delivery/newborn cord care/colostrum feeding.	2,146	17,896	UNFPA data base, IP progress reports and pictures from the field
Indicator 3.3	# of women referred to nearest static health facility (PPHI BHU)/Caravan/Mobile service unit for ANC/PNC/FP/STIs management.	2,682	505	UNFPA data base, IP progress reports and pictures from the field
Explanation of output and indicators variance:		UNFPA procured lower number of delivery kits compared to the planned number as there was increase in USD rates in the country at the time of procurement and UNFPA had to remain within the budget lines. Moreover, there were budgetary constraints as well.		

Activities	Description	Implemented by
Activity 3.1	Distribution of clean delivery kits among community-based birth attendants/community midwives.	892 visibly pregnant women received clean delivery kits
Activity 3.2	Distribution of clean delivery kits/Hygiene kits/new born kits among visibly pregnant women.	16400 women received dignity kits whereas 2120 newborn baby kits were distributed among visibly pregnant women
Activity 3.3	Establish referral system for referral of visibly pregnant women seeking management for complicated cases of pregnancy and delivery.	A referral mechanism, which included referral of pregnant women from the community by lady health workers and community midwives for consultation and safe delivery at mobile and static health facility introduced. For referral of

		complicated cases or pregnancy and other reproductive health issues, selected/supported health facilities and outreach teams were connected with secondary care hospitals. Follow up on downward referral also included arrangements at community level and facility level.

Output 4	Strengthened inter-agency coordination on Minimum Initial Services Package (MISP)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	# of organizations delivering health services that received technical and operational support for rolling out MISP interventions	4 (PPHI, TRDP DOH)	4	Health working group coordination meeting minutes. UNFPA field monitoring reports
Indicator 4.2	# of inter-agency RH WG meetings held and follow up actions documented and reported.	4	4	Health working group coordination meeting minutes. UNFPA field monitoring reports
Indicator 4.3	Availability of inter-agency SoPs on MISP implementation	1	1	Inter-agency SoPs on MISP available
Explanation of output and indicators variance:		Project was able to achieve the planned targets		
Activities	**Description**		**Implemented by**	
Activity 4.1	Health cluster appoints a lead organization/person for managing/coordination/reporting on MISP interventions.		Health working group appointed UNFPA to take lead in managing, coordinating and reporting MISP interventions	
Activity 4.2	Holding of regular coordination meetings for providing technical and operational support to all organization involved in delivering health services.		In working group coordination meetings and at sectoral level joint coordination meetings, UNFPA updated progress, shared challenges and lesson learned for MISP implementation	
Activity 4.3	Orientation of all health cluster partners on SoPs of MISP Implementation		UNFPA conducted orientation on MISP for health Sector Working Group and during inter-sectoral coordination meetings.	

Output 5	Women of reproductive age group and adolescent girls have access to integrated Mental Health and Psychosocial Support services/Psychological first aid at RHCs/BHUs/WHFS			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 5.1	# of women received psychological first aid to the nearest PPHI BHU/Caravan/Mobile Health	598-800	2646	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field
Indicator 5.2	# of women referred for advanced cases of mental health.	400	71	Health Facility DHIS Data, UNFPA data base, IP progress reports and pictures from the field
Explanation of output and indicators variance:		2646 women received information and counselling on psychosocial/mental health issues at static health facilities and during community outreach sessions. The target is overachieved. However, referral for advance mental health issues was underachieve reason being no/ less understanding and importance of psychological issues for the locals.		
Activities	**Description**		**Implemented by**	

Activity 5.1	Psychological first aid/mental health psychosocial support centres established at hub/RHC/WFHS	Mental health information dissemination and counselling were conducted through all selected Eight Static Health Facilities (Two in District Tharparkar and Six in District Killa Abdulla) and eight mobile medical teams ((Two in District Tharparkar and Six in District Killa Abdulla)
Activity 5.2	Deploy human resource for screening and provision of PFA	Two psychologists were engaged in Killa Abdulla for providing psychological first aid services whereas one psychologist was engaged in District Thararkar. These psychologists were supported by trained social mobilizers for information dissemination and screening for mental health/psychosocial issues.
Activity 5.3	Conduct sessions on mental health and psychosocial support to walk in and community outreach clients	2646 women received information and counselling on psychosocial/mental health issues at static health facilities and during community outreach sessions.
Activity 5.4	Establish linkages for referral of advance cases on mental health	Advance cases of mental health were referred to only tertiary care hospital in Quetta located at travel distance of 3 hours whereas, in Tharparkar referral for advances cases were linked with a psychiatrist at district level.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The assessment process conducted by government jointly with UN agencies helped in the identification of most vulnerable an affected district and tehsils. Further assessments by project IPs helped in the identification of most vulnerable groups for project support.
The involvement of the local groups in designing of the project was at minimum, though the demands and feedbacks were incorporated. Whereas, crisis affected people involvement in implementation and monitoring was ensured. For instance, the selection of the outreach locations to carry out the project activities or medical camp were done in coordination with the local groups. Cross monitoring of the project staff and outreach activities were done by the already established Community Support Groups (CSGs) in the catchment areas of health facilities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Inter Cluster Coordination Mechanism and Health Working Groups under the Provincial Disaster Management Authorities with representation from district level stakeholders including government and non-government organizations.
The concepts/ mechanisms of engaging and involving local communities through creation of support groups were implemented to monitor and assist in project activities. Issues such as acceptability of the project by the local masses had to be dealt through meeting with the tribal elders, political figures and other notables of the areas and provision of dignity kits/ new-born baby kits helped out.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

N/A

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

- Dignity kits distributed among the beneficiaries had complaint number, if there were complaints;
- Project staff conducted regular monitoring visits and met with the beneficiaries to ensure that project was implemented following ethical principles;
- CERF monitoring mission led by OCHA further checked into procedures.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

Partners were briefed on the SEA and complaint mechanism

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

8.4. Project Report 19-RR-CEF-009 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Pakistan
3. Cluster/Sector:	Health	**4. Project Code (CERF):**	19-RR-CEF-009
5. Project Title:	Emergency health assistance for mothers, new-born and children in the drought affected districts of Sindh (Tharparker) and Balochistan (Killa Abdullah)		
6.a Original Start Date:	15/02/2019	**6.b Original End Date:**	14/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	14/11/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 4,831,122
	b. Total funding received for agency's sector response to current emergency:	US$ 984,243
	c. Amount received from CERF:	US$ 377,443
	d. Total CERF funds forwarded to implementing partners	**US$ 71,515**
	of which to:	
	Government Partners	US$ 71,515
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF grant, UNICEF and its partners ensured provision of quality Maternal New-born Child Health (MNCH) services with 24/7 Basic Emergency Obstetric and New-born Care (BemOC) in 12 targeted health facilities of Killa Abdullah and Tharparkar districts. The project reached 181,980 pregnant & lactating women (PLW) and CBAs for health education whereas 15,675 women were provided antenatal care (ANC) and 4,294 deliveries were safely conducted. These services were provided to drought affected and already marginalized population in Killa Abdullah and Tharparkar districts of Pakistan in spite of very challenging situation.

3. Changes and Amendments

The project was awarded a three-month extension. The main reason for the extension was the delay in the project implementation which was due to below bottlenecks:

1. Supplies were procured in a timely manner but there is a significant delay in the release of offshore supplies which are still on hold at the port due to change in guidelines for issuance of End User Certificate where clearance is now given by the Ministry of Foreign Affairs.
2. Frequent change in the implementation modality by the Government was another reason which led to significant delays in initiation of implementation. This was particularly problematic in Sindh since the Government initially wanted to hire staff through its own system. Once all the arrangements were complete, the Government requested UNICEF to hire staff through third party to avoid any possible political interference which could cause further delays.
3. Non-availability of skilled staff, particularly female, for health facilities in these hard to reach affected areas is another great challenge.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	40,291	70,436	67,671	**178,398**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	**N/A**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	15,680	42,300	40,034	**98,014**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	**N/A**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	There is a shortage of skilled human resource in Killa Abdullah district which delayed deployment of human resource and implementation of project activities. District Health Management team with the support of People Primary Health Initiative (PPHI) and Director General (DG) Health Services office managed to deploy the skilled staff after a delay of six months. Additionally, there were some delays in the delivery of equipment for BemOC centers.

5. CERF Result Framework	
Project Objective	To ensure that women and children living in Tharparkar (Sindh) and Killa Abdullah (Balochistan) have access to basic health services and information through implementing facility and community-based interventions

Output 1	40,291 of the targeted pregnant women receive Antenatal care through Skilled Birth Attendants (SBA)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 1.1	No. of pregnant women received ANC Care through SBA's.	40,291 [Tharparkar=21,101 and Killa Abdullah=19,820]	Killa Abdulla 10,382 Tharparkar: 5,293 Total: 15,675	District Health Information System (DHIS)
Indicator 1.2	No. of pregnant women vaccinated against tetanus.	40,291 [Tharparkar=21,101 and Killa Abdullah=19,820]	Killa Abdullah 10,382 Tharparkar: 7,187 Total: 17,569	DHIS
Indicator 1.3	No. of Deliveries conducted by SBA's	16,368 [Tharparkar = 8440 K Abdullah= 7928]	Killa Abdullah 2,184 Tharparkar: 2,110 Total: 4,294	DHIS
Explanation of output and indicators variance:		There were significant delays in deployment of skilled human resource and delivery of supplies and equipment which adversely impacted target achievement. Availability of skilled human resource (HR) in these districts and slow government processes were the main reasons for delay in deployment of HR while government's lengthy procedures for clearance of supplies from Ministry of Foreign Affairs (MOFA) and Customs resulted in late delivery of supplies and equipment.		

Activities	**Description**	**Implemented by**
Activity 1.1	Establishment/operationalization of 01 Comprehensive Emergency Obstetric and Newborn Care CEmONC [Tharparkar]	Health Department Balochistan & Sindh
Activity 1.2	Establishment and operationalization of 12 Basic emergency obstetric and newborn care BEmONC sites [Tharparkar=7 and K Abdullah=05]	Health Department Balochistan & Sindh
Activity 1.3	Provision of supplies to implementing partner (DoH Sindh) for onward distribution to the targeted beneficiaries.	Health Department Balochistan & Sindh
Activity 1.4	Provision of Maternal, Newborn and Child Health (MNCH) services to the women and children in the target areas	Health Department Balochistan & Sindh

Output 2	Pregnant women and newborns with complications referred for comprehensive EmONC/Sick Newborn Care to the district headquarter hospitals in Mithi and Chaman			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	No. of pregnant woman referred for the comprehensive EmONC services	[Killa Abdullah: 1189, Tharparkar: 1266]	Killa Abdullah 966 Tharparkar: 344 Total 1,310	Hospital Data
Indicator 2.2	No. sick newborns referred to the Sick Newborn Care Units	[Killa Abdullah: 951, Tharparkar: 1012]	Killa Abdullah 634 Tharparkar: 564 Total: 1,198	Hospital Data
Explanation of output and indicators variance:		UNICEF and its government counterparts faced delays in initiation of the project as there was a shortage of skilled staff particularly females for health facilities in hard to reach areas. Additionally, the changes in the implementation modality particularly in Sindh was another reason which led to significant delay in hiring of staff and implementation of activities in the field.		

Activities	**Description**	**Implemented by**
Activity 2.1	Support to the CEmONC/SNBCUs in terms of skilled human resource, equipment, minor repair	Health Departments of Sindh and Balochistan

Activity 2.2	Establishment of strong referral mechanism from health sites/communities to the CEmONC/SNBCUs in the targeted districts	Health Departments of Sindh and Balochistan

Output 3	Child-Bearing Age (CBA's) women receive health and hygiene messages through social mobilizers and facility-based health workers.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	No of CBAs Health & Hygiene messages	40,291 [Tharparkar=21,101 and Killa Abdullah=19,820] 232,730	Killa Abdullah 91,216 Tharparkar: 90,764 Total: 181,980	LHWs MIS
Indicator 3.2	No. of PLWs received Iron Folic Acid for control of micronutrient deficiencies/anaemia	40,291 [Tharparkar=21,101 and Killa Abdullah=19,820] 87,040 CBAs	Killa Abdullah 23,286	LHW MIS
Indicator 3.3	No. of Pregnant women received clean delivery and new-born kits1	16,368 [Tharparkar = 8440 K Abdullah= 7928] Clean Delivery Kits (CDK)- 6,500 PWs New-born Kits (NBKs)– 4,500 PWs	Killa Abdullah: CDK: 3,250 NBK: 1,913 Tharparkar: CDK: 3,500 NBK: 2,500 Total: CDKs: 6,750 NBKs: 4,413	Health Facility data
Explanation of output and indicators variance:		Even through supplies were procured in a timely manner, significant delays were encountered in release of offshore supplies which were held at the port due to changes in the guidelines for issuance of End User Certificate from Ministry of Foreign Affairs and customs clearance. Moreover, delay in hiring of skilled human resource also factored in low achievement.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement of life-saving commodities (New-born Kits, Clean Delivery Kits, Iron Folic Acid tablets)	Health Departments of Sindh and Balochistan
Activity 3.2	Distribution of Life saving commodities (New-born Kits, Clean Delivery Kits, Iron Folic Acid tablets)	Health Departments of Sindh and Balochistan
Activity 3.3	Organization and conduction od health/hygiene sessions	Health Departments of Sindh and Balochistan

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Communities in both districts were involved during the assessment phase and based on their recommendations and in consultation with the Government counterparts, health facilities were selected for provision of health services in the drought affected areas. Additionally, UNICEF closely coordinated with UNFPA and WHO to avoid duplication of activities in the targeted districts.

During the project implementation stage, active participation and involvement of communities was ensured through the nutrition sector social mobilizers, lady health workers and community elders. In Tharparkar, communities also provided accommodation facilities to female

staff, as there are no housing facilities in or near district hospitals. The Deputy Commissioner and the DoH has committed to scale up the services and build lodging facilities for health staff.

For the monitoring of the activities, UNICEF used a multi-layered mechanism with focus on upward and downward approach. Where possible, UNICEF staff (both national and international) monitored the activities and based on the findings of the monitoring missions, corrective measures were taken. UNICEF's third-party monitors regularly visited the health facilities to ensure provision of health services in the targeted districts. Government partners in both Tharparkar and Killa Abdullah regularly visited the health facilities as district health department and Deputy Commissioner was kept informed about the intervention and highest-level engagement of department of health was ensured. In Sindh, the Honourable Minister of Health herself visited health facilities and inaugurated two health facilities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Communities were engaged through influential residents and Lady Health Workers (LHWs) were well informed of the availability of services. Services were introduced through social mobilizers and LHWs who also facilitated referral of clients.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Relevant information was disseminated to the communities through awareness sessions by social mobilizers and government LHWs.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

Any complaints were dealt by each facility's official in-charge on day to day basis.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

The United Nations promotes an ethical organizational culture based on its shared values of independence, loyalty, integrity, accountability, transparency and respect as well as core ethical principles. These core values and principles are applicable on all UN personnel including UN staff, volunteers or employees of non-UN entities or individuals who have entered into an agreement with the UN.

UNICEF and its partners follow the policies and mandatory courses shared below:

- E-training on Prevention of Sexual Exploitation and Abuse of Authority (PSEA) is mandatory for all staff members.
- Adherence to the Policy Against Fraudulent and Prescribed Practices is a mandatory course for staff.
- As a strong proponent of child's rights, UNICEF has a Child Safeguarding Framework in place to protect and safeguard children from any kind of harm.
- In order to qualify for a UN contract as a downstream partner, applicants are required to adhere to the UN's anti-fraud policy.
- UN partner agencies have and will be arranging orientations for downstream partners, to be followed by compliance check as part of monitoring visits and spot checks.

Office of Internal Audit and Investigations (OIAI) is entrusted with the responsibility of providing investigation services to UNICEF. The offices have established a reporting mechanism to ensure that persons wishing to report SEA and SH may do so at any time, free of charge, and confidentially.

All NGO/CSO partners have to sign a Programme Cooperation Agreement (PCA) which stipulates that the partner has to ensure "special measures for protection from sexual exploitation and sexual abuse". The partners are also required to sign a partner declaration form and code of conduct. UNICEF also conducts orientation sessions on Prevention of Sexual Exploitation and Abuse of Authority for its NGO/CSO and Government implementing partners.

Any other comments (optional):

N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned under the project.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.5. Project Report 19-RR-CEF-010 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Pakistan
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-CEF-010
5. Project Title:	Severe acute malnutrition management services for children under five and pregnant and lactating mothers in Balochistan and Sindh provinces		
6.a Original Start Date:	14/02/2019	**6.b Original End Date:**	13/08/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 50,660,000
	b. Total funding received for agency's sector response to current emergency:	N/A
	c. Amount received from CERF:	US$ 725,371
	d. Total CERF funds forwarded to implementing partners	**US$ 127,248**
	of which to:	
	Government Partners	US$ 63,355
	International NGOs	US$ 0
	National NGOs	US$ 63,893
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this grant, UNICEF and its partners in Sindh and Balochistan screened 47,652 children aged 6-59 months (girls: 23,592; boys: 24,060) by using MUAC tape to assess their acute malnutrition status. 3,685 severely malnourished children (girls: 2,125 and boys: 1,560) were identified as severely malnourished and were admitted in the outpatient treatment program (OPT) where they received treatment. The project also provided 16,698 children 6-59 months old (8,313 girls, 8,385 boys), 17,117 PLWs and 806 adolescence girls with multiple micronutrient (MM) supplements for the prevention and treatment of micronutrient deficiencies. 186 community support groups were established during the implementation period, out of which 108 were mother support groups and 78 were father support groups. 20,818 mother/caretakers of girls and boys were counselled on optimal maternal, infant and young child nutrition (MIYCN) practices in both Sindh and Balochistan, where beneficiaries were reached through engagement of community support groups. Furthermore, a total of 31 static and 07 mobile nutrition sites were established and made functional during the implementation period.
Total of 81,564 people (women: 31,585, men: 1,221, girls: 24,398, boys: 24,060) have been assisted through the CERF grant during the project life cycle in districts Tharparkar and Killa Abdullah of Sindh and Balochistan provinces respectively.

3. Changes and Amendments

In consultation and agreement with Provincial Nutrition Directorate, Government of Balochistan and implementing partners, the total number of OTP sites were increased from 23 to 38. This change was instrumental not only in increasing the coverage of nutrition services to mothers and children in the far-flung areas of Killa Abdullah but also in achieving the overall results. The increase in sites had no financial implications on the budget.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Nutrition – Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	18,000	14,566	14,334	**46,900**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	**N/A**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	1,221	31,585	24,060	24,398	**81,564**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	**N/A**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The additional mobile teams, recruitment and engagement of community workers, mass screening campaign through community workers including lady health workers (LHWs) and Community resource persons (CRPs) resulted in more progress against the set targets in program document. Furthermore, adolescent girls were also targeted through provision of MM supplements. Fathers were engaged in social and behaviour change communication (SBCC) activities through establishment of more father support groups (01 target vs 78 achieved) than planned under the project.

5. CERF Result Framework	
Project Objective	Improved equitable access to integrated lifesaving nutrition services for 28,900 children (Girls: 14,334; Boys: 14,566) less than five years of age and 18,000 pregnant and lactating women in district Tharparkar and Killa Abdullah.

Output 1	28,900 children (Girls: 14,334; Boys: 14,566) under five years of age with acute malnutrition access appropriate management services in district Tharparkar and Killa Abdullah			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of children 6-59 months screened for acute malnutrition using MUAC.	Total children: 28,900 - Tharparkar 13,500 and Killa Abdullah 15,400 (Girls: 14,334; Boys: 14,566)	Total children screened: 47,652 (Girls: 23,592; Boys: 24,060) Tharparkar: 34,166 (Girls: 16,836; Boys: 17,330) Killa Abdullah 13,486 (Girls: 6,756; Boys: 6,730)	Screening record registers. Monitoring reports & checklists. NMIS. Standardized quarterly progress report.
Indicator 1.2	# of severely acute malnourished girls and boys enrolled in OTP Program	Total children: 3,994 - Tharparkar: 1,686 (Girls: 816; Boys: 870), Killa Abdullah: 2,308 (Girls: 1,177; Boys:1,131)	Total Children: 3,685 (Girls: 2,125; Boys 1,560) Tharparkar: 1,754 children (Girls: 1021; Boys: 733). Killa Abdullah: 1,931 (Girls: 1104; Boys: 827)	OTP registers. NMIS data base. Standardized quarterly progress report.
Indicator 1.3	# of static/mobile nutrition sites established and functional	Total 23 sites (Tharparkar 8 + Killa Abdullah 15)	Total 31 static and 07 mobile nutrition sites established and made functional. Tharparkar: 12 (06 static; 06 mobile) Killa Abdullah: 25 (24 static, 01 mobile)	Nomination letter by District Health Officer (DHO) NMIS Standardized quarterly progress report
Explanation of output and indicators variance:		To achieve the planned target of screening of children (6 to 59 months) in due course of time, it was discussed and agreed upon with the Provincial Nutrition Directorate, Government of Balochistan and implementing partner to increase the number of OTP sites from 23 to 38. This change was instrumental not only in increasing the coverage of nutrition services to mothers and children in the far-flung areas of Killa Abdullah but also in achieving the result. The increase in sites had no financial implications on the budget. The implementation of activities was further delayed in Killa Abdullah due to low capacity of Government counterpart and shortage of female staff at field level and as a result, UNICEF was able to treat only 84% of target children in Killa Abdullah.		

Activities	**Description**	**Implemented by**
Activity 1.1	Establish 23 outpatient nutrition sites (static/mobile)	Tharparkar: UNICEF through HANDS Pakistan and in collaboration with Nutrition Support Program and Health Department, Sindh Killa Abdullah: UNICEF through Department of Health, Govt of Balochistan

Activity 1.2	Procurement of nutrition commodities (RUTF, Iron Folic Acid, Multi-micronutrient supplements) to Nutrition Support Program	UNICEF procured supplies (RUTF, Micronutrient Powders, Micronutrient tablet, Iron Folic acid, Deworming tablets and weight machine and MUAC tape)
Activity 1.3	Provision of nutrition supplies to implementing partners	UNICEF provided supplies to its IPs.
Activity 1.4	Screening of children using MUAC through door to door campaign and at health facilities/nutrition sites This activity will be done by the district health department in Balochistan Children (6-59 months old) will be assessed for their nutritional status using MUAC. Those having acute malnutrition will be referred to nearby nutrition sites for treatment. Children with medical complications will be referred to Stabilization Centre.	In Sindh, the screening activity was implemented by HANDS Pakistan through community outreach workers, and Marvi groups (volunteers). In Balochistan, the project activities were implemented by the District Health Department and its staff and volunteers.
Activity 1.5	Identification and registration of severely acute malnourished girls and boys in the Outpatient Therapeutic Feeding program. These activities will be implemented at static health facilities and through mobile units Children with MUAC <11.5 cm will be enrolled in OTP program for minimum of two month and treated with RUTF and antibiotics	Tharparkar: UNICEF through HANDS Pakistan and in collaboration with Nutrition Support Program and Health Department, Sindh Killa Abdullah: UNICEF through Department of Health, Balochistan.

Output 2	Mothers/caretakers in targeted communities access skilled support for appropriate maternal, infant and young child nutrition (MIYCN) practices, with emphasis on; early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding practices, healthy nutrition and improved hygiene practices through effective Behaviour Change Communication with appropriate IEC material			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of nutrition sites providing skilled support for promotion of appropriate MIYCN practices	Target = 23 nutrition sites with at least three Mother Support Groups (MSGs) and one Father Support Group (FSG) per nutrition site.	Under the project, 38 (31 static and 7 mobile) nutrition sites were established and made function. Infant & Young child feeding (IYCF) nutrition corners were established at all 31 static nutrition sites. A total of 186 support groups were established during the implementation period, out of which 108 were mother support groups (MSG) and 78 were father support groups (FSG). Tharparkar: six static sites and six mobile sites; 126 support groups (63 MSGs and FSGs) were formed. Killa Abdullah: 24 static and one mobile site; 60 support groups (45	NMIS Standard quarterly progress report Record registers Attendance sheets

			MSGs and 15 FSGs) were formed.	
Indicator 2.2	# of mothers/caretakers of girls and boys counselled on optimal MIYCN practices	Target= 15,000 pregnant women lactating women	Total of 20,818 mothers/caretakers of girls and boys were counselled on optimal MIYCN practices in both locations, where beneficiaries were reached through engagement of community support groups (MSG and FSG), LHV or CMWs. In Tharparkar Sindh; 12,185 mothers/caretakers (Female: 11,371; Male: 814) were counselled on optimal feeding practices. In Killa Abdullah, 8,633 mothers/caretakers (8,042 women and 591 men) were counselled.	Standard quarterly progress report. Record registers Attendance sheets
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Formation and capacity building of mother support groups (MSGs) comprising of grandmothers and PLWs and Lady Health workers	Tharparkar: UNICEF through HANDS Pakistan and in collaboration with Nutrition Support Program and Health Department, Sindh Killa Abdullah: UNICEF through Department of Health, Balochistan
Activity 2.2	Regularly conduct sessions on nutrition, hygiene and health promotion in the 23 nutrition sites and catchment communities	Tharparkar: UNICEF through HANDS Pakistan and in collaboration with Nutrition Support Program and Health Department, Sindh Killa Abdullah: UNICEF through Department of Health, Balochistan.

Output 3	Targeted communities are provided with multi-micronutrients supplements for prevention and treatment of anaemia and other micronutrient deficiencies			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# of girls and boys under five year of age who are provided with multiple micronutrient powder (MNP) for home fortification of complementary foods	Tharparkar: 9,240 children - Girls: 4,472; Boys: 4,768 Balochistan: 9,934 children – Girls: 5,066; Boys: 4,868	16,698 children 6-59 months (8,313 girls, 8,385 boys) were provided with multiple micronutrient powder (MNP) for home fortification of complementary foods.	NMIS Quarterly report Record registers

			In Tharparkar; 15,664 children (7,724 girls, 7,940 boys) In Killa Abdullah; 3306 (1918 girls and 1388 boys).	
Indicator 3.2	# of pregnant and lactating women provided with multiple micronutrient tablets and/or Iron Folic Acid for prevention and treatment of micronutrient deficiencies[5]	PLW = 18,000 (8,000 Sindh, 10,000 Balochistan)	Total of 17,117 PLWs received multiple micronutrient tablets (MMT) and/or iron Folic acid (IFA) for prevention and treatment of micronutrient deficiencies In district Tharparkar Sindh, 12,796 PLWs. In district Killa Abdullah Balochistan, 4,321 PLWs.	NMIS Quarterly report
Explanation of output and indicators variance:		In Killa Abdullah, the multi-micronutrient supplements and Iron folic acid tablets were not available in existing stock of UNICEF, and the new stock for the project arrived late as they were procured offshore. Therefore, the target for Killa Abdullah for MMT/IFA were not achieved on time. However, the supplies provided by UNICEF will be distributed in the target groups.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement and timely provision of multiple micronutrients supplements (MMS) and Iron Folic Acid (IFA) for use by children and PLW	For both districts, UNICEF procured the supplies offshore and provided to implementing partners. Tharparkar: UNICEF through HANDS Pakistan and in collaboration with Nutrition Support Program and Health Department, Sindh Killa Abdullah: UNICEF through Department of Health, Balochistan
Activity 3.2	Provision of multi-micronutrient supplements and IFA for use by children and PLW.	Tharparkar: UNICEF through HANDS Pakistan and in collaboration with Nutrition Support Program and Health Department, Sindh Killa Abdullah: UNICEF through Department of Health, Balochistan
Activity 3.3	Identification and registration of 19,174 children (Tharparkar: 9,240 children - Girls: 4,472; Boys: 4,768 and Balochistan: 9,934 children – Girls: 5,066; Boys: 4,868) and 18,000 pregnant and lactating women for receiving multi-micronutrient supplements (MMS)	Tharparkar: UNICEF through HANDS Pakistan and in collaboration with Nutrition Support Program and Health Department, Sindh Killa Abdullah: UNICEF through Department of Health, Balochistan

[5] Nutrition and health teams are working in close coordination to avoid any duplication in providing the multiple micronutrient tablets and/or Iron Folic Acid to PLW beneficiaries. It should also be noted that, as nutrition programming has targeted approach, number of its benefactrices of the said segment are far less than that of health programming.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

As guided by the drought nutrition response plan, the areas of interventions were selected on vulnerability basis, therefore the marginalized groups were indirectly involved in the design phase. Furthermore, the lifesaving nutrition response was jointly implemented by HANDS in district Tharparkar, in collaboration with WFP and DoH. Mother and Father support groups from local communities were engaged, trained and involved on regular activities of implementation. UNICEF provided an integrated package of services (WASH and Nutrition) in targeted geographic locations.
In Killa Abdullah, all the activities were implemented by the DoH at district level with the support and guidance from the Provincial Nutrition Directorate. Mother and father support groups were also engaged, trained and involved in regular program activities implementation. All nutrition related activities were closely monitored through Department of Health and district nutrition focal points based at DHO office. Also, UNOCHA conducted a joint monitoring of CERF funded activities in Killa Abdullah in July 2019. Moreover, UNICEF provincial & national Nutrition teams and third-party monitoring firms conducted regular visits to implementing sites in both Tharparkar and Killa Abdullah.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

In district Tharparkar; the existing health facilities were strengthened through recruitment and training of additional staff especially female, while community outreach component strengthened through recruitment of female Marvi Workers, Community resource persons (CRPs) and existing LHWs deployed by the Govt of Sindh. LHWs engaged under the project belonged to the same communities and were well versed with the local context and fully accountable to the healthcare system at local level.

The agreed implementation strategy in Balochistan was that all activities will be imparted using the existing Government owned health facilities (DHQ, RHCs, BHUs and Health houses) and for sustainability purpose the existing staff will be used at facility level. Complementarity and coordination were done with the People's Primary Healthcare Initiative (PPHI) and LHW program and the social mobilizers also played a key role in the implementation of this program at the community level vis-à-vis referral and follow up of identified SAM children.

Apart from the regular national/local mechanism, the local community was engaged through establishment of mother and father support groups in these areas, where they were trained, and regular meetings and sessions were conducted with these groups to build their capacity regarding MIYCN practices and MUAC screening.

The implementation of activities under CERF grant was closely coordinated and monitored through Department of Health, of the Provincial Governments of Sindh and Balochistan, UNICEF, WFP and a third-party monitoring firm.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The implementing partner HANDS Pakistan was selected after a competitive process which includes clear declaration of CSO mandate supporting gender equality, no harm principal, concurrence with CRC and prevention of SEA.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Third party Field monitoring (TPFM) and joint field visits supported the subject mechanism. The findings of TPFM were shared on fortnightly basis and actions were taken to mitigate the challenges.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

The United Nations promotes an ethical organizational culture based on its shared values of independence, loyalty, integrity, accountability, transparency and respect as well as core ethical principles. These core values and principles are applicable on all UN personnel including UN staff, volunteers or employees of non-UN entities or individuals who have entered into an agreement with the UN.

UNICEF and its partners follow the policies and mandatory courses shared below:

- E-training on Prevention of Sexual Exploitation and Abuse of Authority (PSEA) is mandatory for all staff members.
- Adherence to the Policy Against Fraudulent and Prescribed Practices is a mandatory course for staff.
- As a strong proponent of child's rights, UNICEF has a Child Safeguarding Framework in place to protect and safeguard children from any kind of harm.
- In order to qualify for a UN contract as a downstream partner, applicants are required to adhere to the UN's anti-fraud policy.
- UN partner agencies have and will be arranging orientations for downstream partners, to be followed by compliance check as part of monitoring visits and spot checks.

Office of Internal Audit and Investigations (OIAI) is entrusted with the responsibility of providing investigation services to UNICEF. The offices have established a reporting mechanism to ensure that persons wishing to report SEA and SH may do so at any time, free of charge, and confidentially.

All NGO/CSO partners have to sign a Programme Cooperation Agreement (PCA) which stipulates that the partner has to ensure "special measures for protection from sexual exploitation and sexual abuse". The partners are also required to sign a partner declaration form and code of conduct. UNICEF also conducts orientation sessions on Prevention of Sexual Exploitation and Abuse of Authority for its NGO/CSO and Government implementing partners.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation planned.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.6. Project Report 19-RR-CEF-011 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Pakistan
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-RR-CEF-011
5. Project Title:	WASH Interventions in Priority Drought Affected Districts of Sindh and Balochistan, Pakistan		
6.a Original Start Date:	14/02/2019	**6.b Original End Date:**	13/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	13.10.2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 14,000,000
	b. Total funding received for agency's sector response to current emergency:	N/A
	c. Amount received from CERF:	US$ 948,619
	d. Total CERF funds forwarded to implementing partners	**US$ 199,940**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 144,466
	National NGOs	US$ 55,474
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Under the CERF grant, UNICEF reached 319,399 (119,000 in Sindh and 200,399 in Balochistan) people (82,948 men, 86,331 women, 73,561 boys and 76,558 girls) by increasing access to WASH services. Under these services, UNICEF rehabilitated 17 existing non-functional communal water supply schemes (5 in Sindh and 12 in Balochistan) for increased access to safe drinking water covering catchment population of 122,399 people (Sindh: 92,000 and Balochistan: 30,399). Water quality tests were conducted on all the rehabilitated schemes and were handed over to Public Health Engineering Department (PHED). 17 Water Management Committees (WMCs) were established for Operation and Maintenance (O&M) and sustainability.

Non-functional WASH facilities at 13 health centers were assessed in close coordination with UNICEF health section and District Health Offices (DHO). Around 197,000 (170,000 in Killa Abdullah and 27,000 in Tharparkar) people benefitted from the rehabilitation of WASH facilities in the health centres which included repair of existing toilets, provision of water supply schemes, provision of handwashing facility and rehabilitation of labour rooms.

Some 280,895 people (Sindh: 94,890 and Balochistan: 186,005) were reached with hygiene promotion messages on hand washing at critical times and safe water systems. NFIs which included 42,818 jerrycans (10 litre capacity each) and 334 communal water storage tanks and 320,000 water purification tablets were distributed.

3. Changes and Amendments

Original project completion date was 13 August 2019, UNICEF requested two months no cost extension which was approved by CERF secretariat and project completion date was extended to 13 October 2019. Following were the reasons for the no cost extension:

- The government requested for support in drought response but delayed declaring the emergency. As such the approvals and coordination was not very forthcoming. It was taken as business as usual and no urgency was shown in decisions by government.

- As per the guidelines by government of Pakistan, each project needs to have NOC issued by the Deputy Commissioner, who in turn is dependent on the clearance of Social Welfare Department, respective line departments, law enforcement agencies and is reviewed in district level committees before the NOC is issued by the District Commissioner. This complex process delayed the issuance of NOC to the implementing partner.

There is over achievement in number of beneficiaries for water supply schemes and WASH facilities at health centres. The over achievement is due to following reasons:

- Water supply schemes rehabilitated in Tharparkar (Sindh) served a larger community than expected, hence the number of beneficiaries reached with rehabilitation is higher than the target figures.
- The catchment population of health and nutrition care facilities rehabilitated in Killa Abdullah was much larger than the planned figure, resulting in over achievement of targets.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	45,500	47,250	40,250	42,000	**175,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	**N/A**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	82,948	86,331	73,561	76,558	**319,399**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	**N/A**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Water supply schemes (WSS) rehabilitated in Tharparkar served a larger community than expected, hence the number of beneficiaries reached with rehabilitation is higher than the target figures. In a similar way the catchment population of health and nutrition care facilities rehabilitated in Killa Abdullah was much larger than the planned figure, resulting in over achievement of targets.

5. CERF Result Framework	
Project Objective	The overall objective of the WASH project will be to increase access to WASH services, with a focus on safe drinking water, for the populations of the affected areas of the target districts.

Output 1	Increase access to safe drinking water for the affected population			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people with access to safe drinking water	75,000	Total:122,399 Tharparkar: 92,000 Killa Abdullah: 30,399	Weekly construction report by TPFM, Partner weekly report Completion certificates
Indicator 1.2	Number of water supply schemes installed and/or made operational	31	Total: 17 Tharparkar: 5 Killa Abdullah:12	Completion certificates
Indicator 1.3	Number of people with access to safe drinking water through water tankering	15,500	0	N/A
Explanation of output and indicators variance:		The cost of the water supply schemes rehabilitated in Tharparkar was high as the only viable option was the installation of reverse osmosis (RO) plants along with other activities. Within the available budget, only five schemes were targeted that served a large community. Activity for water tankering was not undertaken as there was no need for this activity. Funds for this activity were utilized for rehabilitation of water supply system.		

Activities	**Description**	**Implemented by**
Activity 1.1	Technical verification/design of water supply schemes	Tameer Khalaq Foundation (Third Party Field Monitors) and PHED
Activity 1.2	Rehabilitation/installation of water supply schemes, including water storage tanks where required to support increase communal level water storage	Hydro Pak International for rehabilitation of water supply schemes and Muslim Aid Pakistan and HANDS for distribution of storage tanks procured by UNICEF.
Activity 1.3	Distribution of household water treatment options/safe water storage NFIs (including jerry cans/plastic buckets, water treatment options)	Muslim Aid Pakistan and HANDS
Activity 1.4	Water tankering	N/A
Activity 1.5	Water quality testing of all the rehabilitated and new water supply systems and handpumps along with water points used for water tankering and residual chlorine in water tanks.	PHED, Muslim Aid Pakistan and Hydro Pak

Output 2	Ensure access to WASH services at nutrition/health service centres, including access to safe drinking water, sanitation and health and hygiene messages for populations seeking nutrition/health services.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of people benefitting from WASH Services at health/nutrition service centres	100,000	Total: 197,000 Thaparkur: 27,000 Killa Abdullah: 170,000	Weekly construction report by TPFM, Partner weekly report Completion certificates
Indicator 2.2	Number of people benefitting from hygiene promotion messages at health/nutrition service centres	75,000	Total: 147,838 Tharparkar: 27,000 Killa Abdullah: 120,838	Partner report

Indicator 2.3	Number of health facilities/centres with WASH facilities rehabilitated/installed	10	Total: 13 Tharparkar: 6 Killa Abdullah: 7	Completion certificates
Explanation of output and indicators variance:		The catchment population of health and nutrition care facilities rehabilitated in Killa Abdullah was larger than the planned figure, resulting in over achievement of targets.		

Activities	**Description**	**Implemented by**
Activity 2.1	Installation of WASH facilities in Health / Nutrition centres prioritized for drought response. This includes: 1. Provision of segregated toilets for male and female patients; 2. Provision of drinking water; 3. Provisioning of handwashing stations and soap in health facilities; 4. Promoting the solid waste management through appropriate segregation and disposal.	Killah Abdullah: Nayab Kokar Construction Co Tharparkar: ASR Traders and Builders.
Activity 2.2	Social mobilisation and hygiene promotion, delivery of inter-personal communication messages	Social mobilization was done through CSO partners Muslim Aid Pakistan and HANDS.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Community voices were ensured in all stages of project cycle from planning and design, implementing and monitoring. The list provided by PHED and health department for rehabilitation of water supply schemes and WASH facilities in health centers was verified at community level, design and scope of work discussed with community and relevant government officials' and changes were made as required by target beneficiaries. Villages WASH committees (VWCS) (one in each target village representing participation of men and women groups), were formed, and were made responsible for coordination at village level for all the WASH interventions including rehabilitation of water supply schemes. The VWC members were also involved during the installation of the machinery and equipment. VWC members were further trained on the Operation and Maintenance (O&M) of the schemes.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

UNICEF ensured the participation of all segments of the community in the design and implementation and this was done through culturally sensitive engagement of women, men, girls and boys through appropriate mobilisers – both male and female.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The beneficiaries were informed about the organisation and its work as well as mandate during the response at the start of the intervention through community meetings. The Government partner was informed of the project at the start through an inception workshop. Throughout the implementation, UNICEF and its implementing partners closely coordinated with the Government counterparts and communities.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐

The implementing partners had a complaint response mechanism in place, like the display of the cell numbers for lodging any complaint. Furthermore, the third-party field monitors were on ground to observe and record any grievance.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

The United Nations promotes an ethical organizational culture based on its shared values of independence, loyalty, integrity, accountability, transparency and respect as well as core ethical principles. These core values and principles are applicable on all UN personnel including UN staff, volunteers or employees of non-UN entities or individuals who have entered into an agreement with the UN.

UNICEF and its partners follow the policies and mandatory courses shared below:

- E-training on Prevention of Sexual Exploitation and Abuse of Authority (PSEA) is mandatory for all staff members.
- Adherence to the Policy Against Fraudulent and Prescribed Practices is a mandatory course for staff.
- As a strong proponent of child's rights, UNICEF has a Child Safeguarding Framework in place to protect and safeguard children from any kind of harm.
- In order to qualify for a UN contract as a downstream partner, applicants are required to adhere to the UN's anti-fraud policy.
- UN partner agencies have and will be arranging orientations for downstream partners, to be followed by compliance check as part of monitoring visits and spot checks.

Office of Internal Audit and Investigations (OIAI) is entrusted with the responsibility of providing investigation services to UNICEF. The offices have established a reporting mechanism to ensure that persons wishing to report SEA and SH may do so at any time, free of charge, and confidentially.

All NGO/CSO partners have to sign a Programme Cooperation Agreement (PCA) which stipulates that the partner has to ensure "special measures for protection from sexual exploitation and sexual abuse". The partners are also required to sign a partner declaration form and code of conduct. UNICEF also conducts orientation sessions on Prevention of Sexual Exploitation and Abuse of Authority for its NGO/CSO and Government implementing partners.

Any other comments (optional):

N/A

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programming (CTP)?

Planned	Achieved
No	Choose an item.

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):
N/A

8. Evaluation: Has this project been evaluated or is an evaluation pending?

	EVALUATION CARRIED OUT ☐

Evaluation was not part of the project.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.7. Project Report 19-RR-WFP-007 – WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Pakistan
3. Cluster/Sector:	Food Security - Food Assistance	**4. Project Code (CERF):**	19-RR-WFP-007
5. Project Title:	Provision of Life Saving Food Security Support to Drought Affected Communities in Balochistan and Sindh Provinces of Pakistan		
6.a Original Start Date:	07/02/2019	**6.b Original End Date:**	06/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	15/11/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 2,500,000
	b. Total funding received for agency's sector response to current emergency:	US$ 2,500,000
	c. Amount received from CERF:	US$ 2,500,000
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

To respond to drought in Tharparkar Sindh, WFP launched a humanitarian cash-based Shock-Responsive Social Protection Project to mitigate food insecurity in affected areas in collaboration with Benazir Income Support Programme (BISP). A total of 61,275 most vulnerable and drought affected households living in extreme poverty, covered by BISP's unconditional cash transfers were assisted in Tharparkar Sindh. Targeted households received a humanitarian cash top-up of PKR 4,000 per household (PKR 2,000 from CERF grant and remaining amount from other donors) to fill the income gap (income deficit during drought) of the affected households and helping them to meet their basic food needs in a short term to a certain level or at least to the level prior to drought to cover their anticipated hunger gap.

In addition, WFP implemented a conditional livelihood programme through cash-based transfers in the drought affected district Killa Abdullah with the support of the resources provided under this CERF UFE grant. The objective of this programme was to address critical food consumption needs of 9,145 families affected by the drought prevalent in the region. Under this project, CERF resources were utilized to assist 54,924 people. The response enabled beneficiary households to revive the most critical small-scale community physical infra structures including water, agriculture and irrigation to address human and livestock water consumption needs. The project was implemented in conjunction with FAO response in the region, focusing on agriculture and livestock.

Under this conditional livelihood support activity, 6,588 participants were men. They were engaged in structural schemes like rehabilitation of irrigation channel, water pond, link road, Karez Schamini (underground irrigation channel) building, construction of protection wall etc. Women-focused capacity building activities were also part of this programme. These included trainings on food preservation, fuel efficient stove making and kitchen gardening. These trainings were attended by 3,476 women. Each targeted household was assisted with a total of PKR 9,500 per cycle under conditional livelihood Programme.

3. Changes and Amendments

For Balochistan CERF funding, the food-based transfer modality was originally planned to be employed for targeted drought affected families. Due to delay in allocation of wheat by the Government of Pakistan, WFP decided to change the modality from food to cash in order to ensure timely response. Therefore, WFP conducted a cash feasibility assessment in the targeted areas and based on the assessment results / recommendations it was proposed to shift the assistance modality from food to cash. The CERF Secretariat approved WFP request to change the modality from food to cash in June 2019.

Originally, WFP planned two cycles of implementation under its conditional cash assistance that aimed to target around 5,715 most vulnerable families. However, with the change in transfer modality, WFP completed three rounds of asset creation activities under this response. Cumulatively WFP supported 9,145 activities under this intervention. By the cut-off date i.e. 8th October 2019, 100 percent on-ground activities were completed, and cash was disbursed to only 89 percent of the beneficiaries. This was due to multiple reasons, including the volatile security situation in the region, limitations to carry and move cash, widespread targeted areas and lack of connectivity impeding biometric verification. Therefore, a no-cost extension was requested from CERF. Keeping in view the interest of local community, one-month i.e. 15th November 2019, extension was granted to complete the remaining cash disbursement.

For the unconditional cash transfer intervention, the originally 63,000 households were planned number to be supported under this this response. However, the total number of BISP's active beneficiaries in the targeted areas were 61,275. These beneficiaries were provided two rounds of top-up support. After the completion of these two rounds, WFP had a small unspent balance of under this CERF grant, as the shock response project was supported by multiple humanitarian donors. This unspent balance was utilized to provide 1,725 households an additional round of support. These households were provided PKR 1,000 under this additional round of assistance. This support was also provided to the remaining beneficiaries, through contributions from other donors.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CEF FUNDING (PLANNED)

Cluster/Sector	Food Security - Food Assistance				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	109,124	112,464	99,556	91,266	**412,410**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	**N/A**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Food Assistance				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	111,813	115,236	102,011	93,514	**422,574**

Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	**N/A**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The project targeted 63,000 households in Tharparkar. However, the actual active beneficiary database of BISP had 61,275 households enrolled in it. These households were provided two rounds of assistance under this CERF funded response. In addition, 1,725 households out of these were also provided a third round of assistance, while the remaining enrolled households were aided through support from other donors.

5. CERF Result Framework

Project Objective	The overall objective of the project is to avert humanitarian crises in the drought affected areas of Balochistan and Sindh by providing time critical and life-saving assistance to the affected households.

Output 1	Most vulnerable households supported with unconditional cash assistance to improve their food consumption levels			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Percentage reduction in the households having poor and borderline food consumption[6]	50%[7] (28,180 HHs)	As planned	WFP report
Indicator 1.2	Number of beneficiary households receiving cash assistance as a percentage of planned in a timely manner	63,000	As planned	WFP report
Indicator 1.3	Amount of cash disbursed as percent planned for the project	US$900,000	As planned	WFP report
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Implementation arrangement with BISP and partners selection	WFP & BISP
Activity 1.2	Identification and enrolment of targeted BISP beneficiaries in WFP's database system	WFP & BISP
Activity 1.3	Establishment of cash disbursement arrangement	BISP
Activity 1.4	Coordination with other stakeholders	WFP
Activity 1.5	Cash disbursement to eligible beneficiaries	BISP
Activity 1.6	Monitoring of registration and disbursement process	WFP & BISP
Activity 1.7	Consolidation and reporting	WFP & BISP

Output 2	Households having malnourished family members supported with conditional food assistance.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of households having malnourished family members provided food assistance to meet their immediate food needs	5,715	9,145	Payment list of beneficiaries

[6] This indicator will be reported for both outputs

[7] Currently 82 percent population has poor and borderline food consumption levels

Indicator 2.2	Quantity of food distributed against planned/	1,589 MT	As planned	WFP report
Indicator 2.3	Number of critical water structures restored against planned	10-20 (need based)	1,425	WFP report
Explanation of output and indicators variance:		Due to the change in modality HH number increased.		

Activities	**Description**	**Implemented by**
Activity 2.1	Selection of cooperating partners	WFP
Activity 2.2	Coordination arrangement with relevant stakeholders	WFP/PDMA
Activity 2.3	Social mobilization to prioritise villages	WFP/BRSP
Activity 2.4	Selection and registration of beneficiaries	WFP/BRSP
Activity 2.5	Prioritization of water structures for rehabilitation	WFP/BRSP/PDMA
Activity 2.6	Preparation of BOQs	WFP/BRSP/Community
Activity 2.7	Material procurement	BRSP
Activity 2.8	Activity implementation	BRSP/Community
Activity 2.9	Food distribution/ cash disbursed	WFP/BRSP
Activity 2.10	Monitoring	WFP/PDMA/Community line department
Activity 2.11	Reporting / consolidation	WFP/BRSP

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Accountability to affected population is well defined in WFP corporate tools and integrated across all WFP operations in Pakistan. The cross-cutting indicators relating to gender, protection and accountability are part of WFP's approved logical framework. The project was designed based on various multi-sectoral assessments, which required door-to-door visits and recorded the views/needs of affected population. In the case of Food Assistance for Assets, activities like rehabilitation of irrigation channel/water pond/ link road, construction of fuel-efficient stoves, capacity building on kitchen gardening were planned based on the community needs, interests, cultural values and norms.
In Sindh, the project was implemented in collaboration with the Government's social safety net system as its programmes are based on the national socio-economic registry. Beneficiaries were involved in the programme design process through interviews and focus group discussions.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

This project followed WFP's Food Assistance for Assets guidance manual, including the application of a 3-pronged approach and fostering participation by a wide-range of community representatives. In mobilizing beneficiaries, WFP worked with its cooperating partners to engage deserving households through community based participatory approaches, encouraging women to participate in activity design. Based on this community based participatory approach, Village Development Committees (VDCs) were formed for activity implementation. As per the cultural norms of the targeted communities, broad based community meetings were organized at the time that the project was being designed. Partner organizations were tasked to assess needs as per programme objectives. Based on the results of community groups meetings the activities were determined and discussed prior to the commencement of work at community level.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WFP makes sure that beneficiaries are well informed about WFP, its projects in the area and its dynamics in order to ensure transparency and accountability to the affected population. During project implementation phase, communities were oriented on the programme modalities, partners, eligibility criteria for assistance and duration.
WFP also ensured that project systems and mechanisms were in place to communicate with the organization regarding its operations or people. Posters illustrating key messages on the assistance were placed at the cash distribution points and shared with communities in large. Village development communities and BISP beneficiary committees also served the purpose of communicating the right information about the project at the beneficiary level. Pictorial information was displayed to ensure easy access to information, regardless of beneficiaries' literacy status.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

WFP has established a Beneficiary Feedback Mechanism (BFM) which serves as a direct line of communication between the communities and WFP to ensure transparency and accountability. The mechanism allows communities to monitor and report any issue related to WFP operations, hence a range of sensitive issues are directly registered by the focal person in the country office in the online database system and accordingly tracking of each issue is ensured until it is followed up and closed. As per the standard operating procedures of the BFM, WFP is accountable to the communities to follow-up on each report issue and report back to them about conclusion/action taken.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

WFP follows IASC principles on the issue of sexual exploitation and sexual abuse in humanitarian crisis and other operations and ensures that all the beneficiaries are treated with dignity, respect and proper standard of behaviour are in place. It follows the "Do No Harm" guidelines when working with communities. Community and household power dynamics were also carefully assessed while planning and designing the implementation. Beneficiary feedback hotline serves dual purpose and it takes feedback and complaints regarding operations including SEA. While selecting implementing partners, WFP makes sure that mechanisms are in place for reporting SEA related issues. Every partner is bound to provide PSEA information on the WFP template before actual implementation. WFP monitors SEA through its monitoring and evaluation process which is a continuous process throughout the programme lifecycle. In addition to field visits, details of the beneficiary feedback mechanism were shared with targeted communities and banners were placed in project areas to enable beneficiaries and local communities to share their feedback and complaints including SEA with WFP. During the implementation of activities, no such issue or complaint was received/ recorded.

Any other comments (optional):

N/A

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
Yes, CTP is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
CFW	900,000	Sector-specificSector-specific	Food Security - Food AssistanceFood	Conditional	Unrestricted

			Security - Food Assistance		
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
N/A	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.8. Project Report 19-RR-WFP-008 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Pakistan
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-WFP-008
5. Project Title:	Community-based Management of Acute Malnutrition services for children and pregnant and lactating mothers in two districts of Sindh and Baluchistan		
6.a Original Start Date:	14/02/2019	**6.b Original End Date:**	13/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	13/11/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 50,660,000
	b. Total funding received for agency's sector response to current emergency:	US$ 2,500,000
	c. Amount received from CERF:	US$ 1,500,015
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this grant, WFP implemented its nutrition support Community Based Management of Acute Malnutrition (CMAM) in two targeted districts, Tharparkar in Sindh province, and Killa Abdullah in Balochistan. The CERF supported response was implemented between February 2019 to November 2019.

WFP and its partners initiated the project by screening 48,450 children aged 6-59 months (girls: 24,321; boys: 24,129) and 27,730 Pregnant and Lactating Women (PLW) by using a Mid-Upper Arm Circumference (MUAC) tape to assess their nutritional status. As a result of this process, 19,772 children (girls: 10,054 and boys: 9,718) were identified as moderately acute malnourished and 19,433 PLW were found to be acutely malnourished. These vulnerable women and children were admitted in the Targeted Supplementary Feeding (TSFP) component of the CMAM program and provided specific locally developed and produced supplementary nutritious foods as treatment. 31 static and 17 mobile nutrition sites were established and made functional during the implementation period. Cumulatively, 81,564 people (women: 31,585, men: 1,221, girls: 24,398, boys: 24,060) have been assisted through the CERF grant

To ensure quality of implementation, a series of orientation sessions on CMAM protocols, warehouse and inventory management and GIS mapping were conducted under the leadership of health department. Cumulatively 367 (Female: 166, Male: 201) staff from the Government and partner organizations were engaged in these training sessions.

In order to enhance participation and ownership of the targeted communities, 186 community support groups were established during the implementation period. Out of these 108 were mother support groups and 78 were father support groups. Through the support of these groups, WFP was able to counsel 39,205 mother/caretakers of girls and boys and PLW on optimal Maternal, Infant and Young Child Nutrition (MIYCN).

3. Changes and Amendments

There was no major change or deviation from the agreed activities approved for the implementation of CMAM services under this response.
Due to operational delays suffered at the early stages of implementation in both targeted provinces(hiring of staff by health department, establishment of CMAM sites and supply chain mechanisms) a no cost extension was requested and approved by CERF in order to ensure effective and efficient program delivery to achieve the desired objectives and to provide maximum cure exits to the registered beneficiaries. This additional time enabled WFP to ensure the maximum enrolment of malnourished children and PLW and to provide maximum stay to the remaining enrolled beneficiaries in the program. This helped WFP in achieving the requisite completion rate thereby contributing to the high percentage of beneficiaries who were cured as a result of this response. (The main reason behind over achievement is proactive screening and timely identification of the intended beneficiaries coupled with carpet screening and establishment of mobile clinics in order to increase access and coverage) As a result, the completion rate and cured rate of this programme was above the prescribed SPHERE standards for the CMAM programme.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	9,890	8,476	8,820	**27,186**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	156	134	139	**429**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	19,433	9,718	10,054	**39,205**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	**N/A**

In case of significant discrepancy between figures under planned and reached people, either in the total	The active combination of mobile and static teams for CMAM sites, WFP was able to cover areas that were covered by lady health workers (LHWs) and also those that were not covered by them. Furthermore, the engagement of community workers for the mass screening campaign and carpet screening including lady health workers (LHWs), Marvi workers and

numbers or the age, sex or category distribution, please describe *reasons:*	Community resource persons (CRPs) resulted in increased engagement and sensitization of the targeted communities. This resulted in the identification and treatment of a higher number of women and children that were proposed under this response. Furthermore, the set targets were based on only 50% coverage, but the influx of beneficiaries increased with the passage of time. Being lifesaving intervention, the field staff involved in CMAM implementation continued the identification and enrolment process of malnourished children and PLW at the CMAM sites. The enrolled beneficiaries who have not graduated at the time of completion of CERF timeline will continue their treatment with the support of other available funding source provided to the targeted areas to ensure sustainability.

5. CERF Result Framework

Project Objective	Improve equitable access to essential integrated lifesaving nutrition services for 17,296 children less than five years of age and 9,890 pregnant/lactating Women in priority districts Tharparker and Kila Abdullah of Sindh and Baluchistan in 6 months.

Output 1	A total of 17,296 Girls and boys less than five years of age and 9,890 PLW with acute malnutrition in Tharparker and Kila Abdullah, targeted districts of Sindh and Baluchistan access appropriate acute malnutrition management services i.e. MAM services under CMAM			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of moderately acute malnourished girls and boys and pregnant/lactating women accessing specialized ready to use supplementary food/ Achamum (RUSF) and Mamta from WFP supported Targeted supplementary feeding program	17,296 children (Girls = 8,820 and Boys = 8,476) PLW= 9,890	Total: 19,772 children (Girls = 10,054 and Boys= 9718 PLW= 19,433 <u>Tharparkar:</u> 10,218 children (Girls: 5,097; Boys: 5,121) PLW= 8,142 <u>Killa Abdullah:</u> 9,554 children (Girls:4,597; Boys: 4,957) PLW= 11,291	Screening record registers. Monitoring reports & checklists. NMIS.
Indicator 1.2	# Specialized Nutritious Food procured and distributed in timely manner amongst the targeted MAM children age 06 to 59 months and pregnant & lactating women (PLW) in the targeted areas (AchaMum: 156 Metric tons and Mamta: 178 Metric tons)	334 MT of RUSF and LNS	321 MT of RUSF and LNS	TSFP registers. NMIS data base.
Indicator 1.3	# of ToT and other formal orientations for existing health and CSO staff to implement CMAM will be orgainzed for quality implementation	Two ToTs and refreshers as per need	2 ToTs on CMAM, 8 refresher training on TSFP and 3 sessions of warehouse management.	reports, attendance sheet
Explanation of output and indicators variance:		To accomplish the planned targets under this response, a series of consultations were conducted to chalk out line of actions with the Nutrition Working Group, Provincial Nutrition Directorate and Nutrition Support program		

	of the Government of Baluchistan and Sindh respectively. In addition, WFP increased the number of treatment sites, both mobile and static. This coupled with the increased awareness through community workers and the provision on-the-job training and orientation to the staff was instrumental in increasing the coverage of nutrition services to mothers and children in the far-flung areas of Killa Abdullah and Tharparker. This increased coverage enabled WFP to reach a greater number of women and children under this response than was originally anticipated. Throughout the project implementation, enrolment of new beneficiaries into the programme continued. The beneficiaries that were still undergoing treatment at the time of conclusion of this CERF funded response, continued to be supported through resources from other donors. This is why WFP has significantly overachieved its planned number of beneficiaries.

Activities	Description	Implemented by
Activity 1.1	Establishment/operationalization of 20 Targeted supplementary feeding services integrated with OTP	WFP implemented its activities through the Nutrition Support Program and Health Departments in both Sindh and Baluchistan
Activity 1.2	Timely procurement of specialized nutritious food i.e. Ready to Use supplementary food and LNS (Acham Mum and Mamta) to treat and manage malnourished chdilren and PLWs[8].	WFP procured locally produced specialized nutritious food i.e. Ready to Use Supplementary food (Acha Mum) and Lipid based nutrient supplement (Mamta) to treat and manage moderately acute malnourished children and acutely malnourished PLW
Activity 1.3	Timely supply of specialized nutritious food i.e. Ready to Use supplementary food and LNS (Acham Mum and Mamta) supplies to DoH Sindh & Baluchistan and CSOs for quality implementation	WFP provided SNF supply to the Nutrition Support Program in a timely manner in order to ensure quality implementation of planned activities.
Activity 1.4	Provision of Acha mum and Mamta to implementing partner (DoH Sindh and Baluchistan) for onward distribution to the targeted beneficiaries.	WFP provided SNF supply to the Nutrition Support Program in a timely manner in order to ensure quality implementation of planned activities.
Activity 1.5	Identification and registration of moderately acute malnourished 17,296 girls and boys) and PLW 9,890 in the targeted supplementary feeding program	The Nutrition Support Program, Department of Health in Sindh and Baluchistan through its partners have managed to identify and register 19,772 of moderately acute malnourished children and 19,433 PLW in program
Activity 1.6	Oragnize ToT and refresher sessions on CMAM for partners to implement CMAM	WFP in collaboration with Nutrition Support Program has organized a series of orientation sessions including 2 ToTs for the staff responsible for direct implementation

Output 2	Mothers/caretakers in targeted communities' access skilled support for appropriate maternal, infant and young child nutrition (MIYCN) practices, with emphasis on; early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding practices, healthy nutrition and improved hygiene practices through Behaviour Change Communication.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of nutrition sites (OTP+ TSFP services) providing skilled support for promotion of appropriate MIYCN practices.	Target = 20 nutrition sites and 20 Mother Support Groups (MSGs)	Under the project, 48 nutrition sites were established at Health facilities and health houses. Infant & Young	Registration records, NMIS reports etc.

[8] WFP will likely use available resources to kick start activities after confirmation of the fiunding and replinsh it once funds are actually recived, however it takes two months to procure supplies.

			child feeding (IYCF) services were also provided in these treatment sites. During the implementation period, a total of 186 support groups were established in collaboration with UNICEF and health department. Out of these 108 were mother support groups (MSG) and 78 were father support groups (FSG). Tharparkar: 08 mobile and static sites Killa Abdullah: 40 mobile and static sites	
Indicator 2.2	# of mothers/caretakers of girls and boys (0-23 months) counselled on optimal MIYCN practices (UNICEF + WFP + WHO)	Target= 26408 pregnant and lactating mothers/caretakers of children (0-23 months)	Total of 39,205 mothers/caretakers of girls and boys and pregnant women were counselled on optimal MIYCN practices in both locations. The beneficiaries were reached through engagement of nutrition staff at the CMAM sites, and other community workers at the community level.	Attendance sheets, record registers.
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Regular conduct of Nutrition awareness and hygiene promotion sessions in communities through Govt. LHWs/LHVs and community volunteers focusing on the pregnant and lactating women for improving “Maternal Infant & Young Child Nutrition and care practices”	WFP through support of Nutrition Support program and Nutrition Directorate ensured regular provision of awareness sessions to the targeted communities. This was done with the support of the staff of the Government health departments and that of the partner Non-Government Organizations (NGOs).
Activity 2.2	Counselling and referral services provided by the LHWs and LHVs on issues relating to breastfeeding, complementary feeding, proper use of nutrition supplies and follow-up visits in TSFPs	WFP provided referral and counselling support through the Nutrition Support program and Nutrition Directorate of Health Department, Sindh and Baluchistan

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Accountability to affected population is well defined in WFP corporate tools and is integrated across all WFP operations in Pakistan. The relevant cross-cutting indicators relating to gender, protection and accountability are part of WFP approved logical framework. The project is designed based on the drought nutrition response plan and the areas of interventions were selected on vulnerability basis/malnutrition status. Therefore, the marginalized groups were indirectly involved in the design phase. Furthermore, the lifesaving nutrition response was jointly implemented by the health departments in district Tharparkar and Kila Abdullah, in collaboration with UNICEF and WHO. Mother and Father support groups, community volunteers from local communities were engaged, trained and involved in routine activities of implementation.
All nutrition related activities were closely monitored through a multi-layer monitoring approach involving Department of Health and district nutrition focal points based at DHO office. Regular joint monitoring was conducted by UNCEF, WFP and WHO focal points. In addition, UNOCHA also conducted joint monitoring of CERF funded activities in Tharparker and Killa Abdullah. UNICEF provincial & national nutrition teams and third-party monitoring firms conducted regular visits to implementing sites in both Tharparkar and Killa Abdullah.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

In district Tharparkar and Killa Abdullah; the existing health facilities were strengthened through recruitment and training of additional staff. Special attention was awarded to the recruitment and training of female staff. The community outreach component was strengthened through recruitment of female Marvi Workers, Community resource persons (CRPs) and existing LHWs deployed by provincial Governments. The LHWs engaged under the project belonged to the same communities and were well-versed with the local context. In addition, they were accountable to the healthcare system at local level, thus ensuring maximum support and ownership from their end.

The agreed implementation strategy in Baluchistan was that all activities will be imparted using the existing Government owned health facilities and the existing staff will be used at facility level in order to ensure the sustainability of the project. Complementarity and coordination with the People's Primary Healthcare Initiative (PPHI), the LHW program and the social mobilizers also played a key role in the implementation of this program at the community level vis-à-vis referral and follow up of identified MAM children and malnourished PLW.
Apart from the regular national/local mechanism, the local community was engaged through establishment of mother and father support groups in these areas. The members of these committees were trained, and regular meetings and sessions were conducted to build their capacity on MIYCN practices and MUAC screening. The implementation of activities under this CERF grant was closely coordinated and monitored through Departments of Health of the Provincial Governments of Sindh and Baluchistan, UNICEF, WFP and WHO.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WFP makes sure that the beneficiaries supported under this response were well informed about WFP, its projects in the area and its dynamics in order to ensure transparency and accountability to the affected population. During project implementation phase, the communities were oriented on the programme modalities, eligibility criteria for assistance, duration and frequency of the project and systems and mechanisms in place to communicate with the organization. Key messages regarding the nutrition program were also provided and shared with the communities both at health facility and at community level. Community workers and community volunteers also serve the purpose of communicating the right information about the project to the beneficiaries. Pictorial information was also displayed at the CMAM sites in order to ensure easy access to information, regardless of beneficiaries' literacy status.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

WFP has a well-established Beneficiary Feedback Mechanisms (BFM) in place which serves as a direct line of communication between the communities we serve and WFP to ensure transparency and accountability. The mechanism allows communities to report any issue related to WFP operations. Hence a range of programmatic and other sensitive issues are directly registered at by the BFM focal person – who is based in the country office in Islamabad – in the BFM database. The issues are than forwarded to the relevant units to take

necessary actions to address them. The tracking of each issue is ensured until it is fully resolved and closed. As per the Standard Operating Procedures (SOPs) of this system, WFP is accountable to the communities to follow-up on each reported issue and report back to them on conclusion/actions taken.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

The United Nations promotes an ethical organizational culture based on its shared values of independence, loyalty, integrity, accountability, transparency and respect as well as core ethical principles. These core values and principles are applicable on all UN personnel including UN staff, volunteers or employees of non-UN entities or individuals who have entered into an agreement with the UN. WFP follows IASC principles on the issue of sexual exploitation and sexual abuse in humanitarian crisis and other operations and ensures that all the beneficiaries are treated with dignity, respect and proper standards of behaviour are in place. It follows "Do No Harm" Guidelines when working with communities. Community and household power dynamics are carefully assessed while planning and designing the implementation.
Beneficiary feedback hotline serves dual purpose and it takes feedback and complaints regarding operations including SEA. While selecting an implementing partner, WFP also make sure that mechanisms are in place for reporting SEA related issues. Every partner organization is bound to provide Protection and Sexual Exploitation and Abuse (PSEA) information on the WFP template before being selected.
WFP monitors SEA through its monitoring and evaluation process which is a continuous process throughout the programme lifecycle. In addition to field visits, the details of beneficiary feedback mechanism are shared with targeted communities and banners are placed in project areas to enable beneficiaries and local communities to share their feedback and complaints including SEA with WFP. SEA issues, when raised are treated with the utmost confidentiality and all possible measures to ensure the protection of the person raising the concern. Investigation and resolution of such issues is awarded top priority and dealt with by the senior management of the organization. During the programme implementation, no such issue or complaint was received/ recorded

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.9. Project Report 19-RR-WHO-006 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Pakistan
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-006
5. Project Title:	Delivering essential life-saving health interventions for the drought affected population in Tharparkar (Sindh) and Killa Abdullah (Baluchistan)		
6.a Original Start Date:	19/02/2019	**6.b Original End Date:**	18/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	18/11/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 6,500,000
	b. Total funding received for agency's sector response to current emergency:	US 800,000
	c. Amount received from CERF:	US$ 631,788
	d. Total CERF funds forwarded to implementing partners	USD$ 124,312
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 124,312
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The CERF Project under the umbrella of WHO funding revolved around the interventions to overcome the accessibility issues, linked to distances, and filling the gaps in provision of PHC services.

To get proper structure of health facilities in the drought affected districts, a rapid assessment of district health needs and resources in the drought affected districts of Sindh and Balochistan was carried out under the technical support of WHO in an effort to measure the impact of the drought. To accomplish this task, a pretested data collection tool (questionnaire) was used by covering all key components of the public healthcare delivery system. This includes district catchment population and demography; status of health infrastructure (HR and services) and its accessibility; top 10 diseases and their priorities; major causes of <5 and school age (5-14 years) children morbidity and mortality; and standard protocols for treatment and logistics (drugs/equipment and supplies).

For the purpose, the catchment population of the HFs under PPHI management were covered by strengthening the static health facilities of PPHI with human resource, availability of general medicines/ supplies for PHC (through WHO), setting up laboratory services for basic tests (through WHO) and through setting up referral mechanism for complicated cases (through PPHI). For the population not covered through the HFs, the distance related accessibility issues were addressed through conducting outreach activities and medical camps to remote communities in two (02) identified priority tehsils of district Killa Abdullah. Through the CERF RR grant, WHO provided services to 76,272 affected people including 14,035 men, 21,051 women, 21,005 boys, 20,181 girls. In addition, 366 persons with disabilities including 101 men, 67 women, 101 boys and 97 girls also benefitted from the project. Families of people who received health services through this project and the residents of the villages indirectly benefitted from services provided through mobile outreach between 1 July 2019 and 31 Dec 2019.

The project integrated the social mobilization and psychological support services aimed at primary healthcare and promoting the healthy behaviour/ attitude in the population. The service package of the CERF project supported by WHO included:

- PHC services through fixed BHUs and 6 mobile units;

- Provision of medicines to the health facilities in Killa Abdullah other districts through 25 Health Kits. Out of the total procurement, 12 kits were provided to PPHI DSU Killa Abdullah for onward provision and utilization in the HFs, outreach activities and medical camps and the remaining 13 kits were provided to the WHO for onward supply to different districts, facing medicine shortage.
- Provision of PPE Kits to the healthcare providers of the high-risk district in terms of CCHF, especially during and after the Eid ul Adha period;
- Decrease morbidity and mortality of diseases by detecting alert and response through IDSR;
- Training of HCPs on CCHF, Leishmaniasis, Dengue and other communicable diseases;
- Training on SRH for LMOs and related HCPs;
- Training on integration of NCD in PHC.

3. Changes and Amendments

No change or amendment to the planned activities

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	14,035	21,051	21,005	20,181	**76,272**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	101	67	101	97	**366**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	14,035	21,051	21,005	20,181	**76,272**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	**N/A**

In case of significant discrepancy between figures under planned and reached people, either in the total	No significant discrepancy between figures under planned and reached people.

numbers or the age, sex or category distribution, please describe reasons:	

5. CERF Result Framework	
Project Objective	Increase access to essential lifesaving health intervention including monitoring of the health status and responding to disease upsurge in the drought affected population in Tharparkar in Sindh and Killa Abdullah in Balochistan province. Enhance protection of affected communities from preventable illnesses, by improving WASH/EH services in healthcare facilities, and through water quality surveillance and disinfection in two districts by targeting 5000 direct beneficiaries.

Output 1	Drought affected population in Tharparkar in Sindh and Killa Abdullah in Balochistan province accesses essential lifesaving health intervention including access to mental health care.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Proportion of planned mobile clinic conducted in the two districts	384 (100%)	172 outreaches	Monthly reports
Indicator 1.2	Proportion of planned IAEH Kits distributed	10 (100%)	10 (100%)	End User Certificate
Explanation of output and indicators variance:		Insecurity impacted on access to the population in the planned outreach sites.		

Activities	**Description**	**Implemented by**
Activity 1.1	Identify and engage mobile team members	DHO Tharparkar, Sindh PPHI - Balochsitan
Activity 1.2	Conduct Mobile Health clinics	DHO Tharparkar, Sindh PPHI and DHO Killabdullah - Balochistan
Activity 1.3	Procure IAEH kits, ARI kits, and additional medical supplies and equipment	Procured by WHO Country Office
Activity 1.4	Distribute IAEH kits, ARI kits, and additional medical supplies and equipment	DHO Tharparkar, Sindh DSM PPHI & DHO Killabdullah, Balochistan
Activity 1.5	Print and distribute treatment guidelines. Mentor health workers on the use of treatment guidelines. Monitor implementation of the guidelines	Printed by DG Office and distributed by DHO Tharparkar Printed by WHO WCO and PPHI in Balochistan
Activity 1.6	Procure medicines for mobile teams	WHO Country Office
Activity 1.7	Identify and engage community mobilizers/LHW	DHO Tharparkar, Sindh PPHI – Balochistan,
Activity 1.8	Provide community mobilizers/LHW with health education materials.	DHO Tharparkar, Sindh PPHI – Balochistan,
Activity 1.9	Support activities of community mobilizers/LHW	DHO Tharparkar PPHI – Balochistan & DHO Killabdullah

Output 2	Mothers/caretakers in targeted Facilities access skilled support for appropriate maternal, infant and young child nutrition (MIYCN) practices, with emphasis on; early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding practices, healthy nutrition and improved hygiene practices through Behaviour Change Communication and Positive Deviance approaches			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Proportion of health facilities providing weekly reports of the disease trends (36 health facilities)	80%	80%	IDSR implementation report

Indicator 2.2	Case fatality rates for Pneumonia (case numbers to be reported in the narrative report if available)	<1%	<1%	IDSR implementation report
Indicator 2.3	Case fatality rate for diarrhoea (case numbers to be reported in the narrative report if available)	<1%	<1%	IDSR implementation report
Explanation of output and indicators variance:		No indicator variance. Health facilities and focal points were identified, 1 provincial level ToT was completed and IDSR started in target districts and working very successfully.		

Activities	**Description**	**Implemented by**
Activity 2.1	Identify and engage surveillance focal persons in 36 sentinel sites. Mentor and provide surveillance tools.	WHO Country Office
Activity 2.2	Collecting, compiling, transmitting and analysis of weekly OPD data from sentinel health facilities	WHO Country Office
Activity 2.3	Supporting disease outbreak investigations including strengthening of selected laboratory capacities through mentoring of health worker, provision of laboratory equipment and supplies (RDT, reagents, specimen transport medium)	WHO Country Office
Activity 2.4	Dissemination of health status (surveillance) data	WHO Country Office
Activity 2.5	Provision of medicines and medical supplies during disease outbreak including strengthening of the laboratory	WHO Country Office

Output 3	Waterborne diseases surveillance and identification of communities facing greatest health risks from water borne diseases identified and appropriate response mechanisms put in place.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# water quality tests conducted per week by service providers	Sindh: 5 water supply sources/week Balochistan: 10 water supply sources/week	Sindh: 5 Balochistan: 25	Lab reports
Indicator 3.2	# water testing improvement equipment / supplies distributed	Sindh: 10 Balochistan: 5	Sindh: 10 Balochistan: 0	Bill of equipment procured and distribution list
Indicator 3.3	# of beneficiaries reached in response to water borne diseases alert/outbreaks by providing aquatabs and handwashing soaps	2,606 (including men, women, children and people with disabilities) Baloch	Sindh: 2,500 Balochistan: More then 15000	Distribution list
Indicator 3.4	# of beneficiaries reached through hygiene promotion sessions	2,000 women and 500 men	Sindh: 600 Balochistan: more than 10000 through PPHI social mobilization team	Reports and pictures
Explanation of output and indicators variance:		Sindh: Due to delay in approval and transfer of funds among government depts.		

Activities	**Description**	**Implemented by**

Activity 3.1	Conduct regular water quality surveillance affected areas, and routinely disseminate microbial water quality results and trends with all WASH partners;	DHO Tharparkar, Sindh PPHI Balochistan
Activity 3.2	Monitor the environmental health conditions (safe water surveillance, sanitary and hygiene conditions)	DHO Tharparkar, Sindh PPHI Balochistan and DHO Killabdullah
Activity 3.3	Support water borne diseases alert response, through water quality testing, disinfection and hygiene promotion	DHO Tharparkar, Sindh PPHI Balochistan and DHO Killabdullah
Activity 3.4	Support water supply service providers in water quality monitoring, through the provision of basic water physio-chemical testing, including water testing kits, supplies and reagents; including water disinfection chemicals; in-order to prevention or control water related diseases outbreaks	DHO Tharparkar, Sindh PPHI Balochistan and DHO Killabdullah

Output 4	Healthcare facilities water, sanitation and infectious diseases control systems of critical units of the health facility are improved where such services are below required standards, with a focus on health facilities serving affected communities, including referral healthcare facilities.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	# of health care facilities provided with waste segregation and infection control supplies/equipment	2 health facilities	Sindh: 2 Balochistan: 16 IPC Items	WHO report
Indicator 4.2	# of staff trained on health care waste management and infection control practices	50 health care staff (male and female)	Sindh: 25 Balochistan: 50	Training records
Indicator 4.3	# of health facilities providing EH services with improved water quality and good hygiene aiming at protection against hospital acquired infections	2 health facilities	2 health facilities in Sindh	WHO report
Explanation of output and indicators variance:		The IPC needs of a higher number of facilities was observed and addressed through the CERF funds support		

Activities	**Description**	**Implemented by**
Activity 3.1	An overall assessment of the drought affected community's health facilities water supply, sanitation and hygienic situation	DHO Tharparkar, Sindh PPHI Balochistan and DHO Killabdullah
Activity 3.2	Provision of hygiene and healthcare infection control education materials (messages, pamphlets, brochures etc.) Adequate detailed information regarding the hazardous nature of waste material to persons responsible for its handling, transport, treatment, storage or disposal will be provided;	DHO Tharparkar, Sindh PPHI Balochistan and DHO Killabdullah
Activity 3.3	Hazardous wastes handling staff will be provided with appropriate safety devices such as safety masks, goggles, hand gloves, and boots; Adequate Occupational Health and Safety (OHS) standards will be introduced at facilities handling hazardous wastes	DHO Tharparkar, Sindh PPHI Balochistan and DHO Killabdullah
Activity 3.4	Provision of soaps, detergents and other health facility disinfectant chemicals, to improve overall hygienic conditions and infection control mechanisms of the critical units of the health facility; Equipment, hand tools and other supplies (waste bins of different sizes, brooms etc) needed for the collection,	DHO Tharparkar, Sindh PPHI Balochistan and DHO Killabdullah

	transport and safe disposal of healthcare waste will be provided	

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The identification and selection of the direct beneficiaries was guided by CERF lifesaving criteria and Leave No One Behind principles. The vulnerabilities of the target population i.e. women, newborn, children <5 years, Boys and Girls was identified through the assessments carried out to determine needs. Specific attention was given to that the most vulnerable segments needs are included. It included focus group discussions with these vulnerable segments through mechanisms already present on ground. The assessments clearly brought forward the dismal state of health affairs in the two target districts to cater for the needs of women, children and elderly who were unable to get the required services due to poor access, absence of relevant health staff to deliver relevant health services, poor immunization coverage, and lack of medicines and supplies. Women and children were particularly at risk of increased morbidity and mortality due multiple risk factors prevalent in the areas such as scarce and low quality RMNCAH services, inadequate immunization services, prevalent malnutrition above emergency threshold, lack of access to clean water and prevalent poor sanitation and hygiene, and led to the particular design of interventions which will target these vulnerable groups. The project activities were carefully designed taking inconsideration of the above and the capacities available on ground to deliver. The beneficiaries were carefully registered through LHWs/LHVs of the area who informed the target communities about the project interventions and its benefits. The community was also encouraged to provide feedback on the interventions for improvement of services and encouraged to register complaints with their respective LHW and/or health facility for remedial action. Similarly, a village committee in the catchment health facility under the chairmanship of the Health Facility incharge was also constituted that remained in contact with the district health administration for any remedial actions on the interventions.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

As mentioned in above section, the Peoples Primary Health Care Organization in Balochistan, which is a government counterpart on implementing Primary Health Care on behalf of government in Balochistan, the district health offices in the target districts were encouraged and partnered with for the needs assessment, implementation and monitoring of the project. The resources available at their disposal, such as Lady Health Workers, Lady Health Visitors and community volunteers provided excellent opportunity to reaching out to the most vulnerable segments such as women, children, elederly and disabled to document their needs during the needs assessment, project design and implementation, who enjoyed access and good repute during the implementation of the project through out.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The WHO country office, WHO provincial office, the local government at both provincial office and the two targeted districts provided information to the affected population on what WHO is and the principles it adheres to. The District Health Offices in the target districts and the Peoples Primary Health Care Organization in Balochistan, which is a government counterpart on implementing Primary Health Care on behalf of government in Balochistan, with their resources such as Lady Health Workers, Lady Health Visitors and community volunteers provided excellent opportunity to reaching out to the most vulnerable segments such as women, children, elederly and disabled to spread a word about the project, its specific activities and target groups and the mode of delivery was communicated. The health facilities in the target districts catchment areas had a health committee headed by the incharge of the health facility and is composed of the notables of the target community, participated and were made aware of the project and its objectives and specific deliverables. Feedback was also received from them through the same mechanism and necessary actions were taken on the grievances to improve the quality of services.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

The department of health and the PPHI Balochistan were the main implementing partner of this project. Both use community engagement as a powerful tool for gaining community confidence and involvement. There are health committees established in all health facilities which is been headed by the Medical Officer Incharge of the Health Facility and is participated by the notables of the catchment population which was also the target population of the project. The committee holds monthly review meetings as a routine and particular attention was given for the project implementation that no meeting is missed. This meeting provided opportunity for the beneficiaries to raise their voices and point out any deficiency in the project, which were to be immediately redressed through the internal mechanisms and also support from WHO was extended. Rigorous monitoriting was also carried out by WHO technical officers based in the Provincial Offices of Sindh and Balochistan, who provided support to the implementing partners during these visits to address any shortfalls and complaints. Complaint box was established in all health facilities where PPHI is implementing WHO health projects. The box was opened on weekly basis and complains addressed. In addition, complains that were delivered directly to WHO offices at both national and provincial level were handled expeditiously at those levels.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes☒ No ☐

The implementing partners i.e. the Districts Health Offices and the PPHI were specifically briefed upon and a special orientation was arranged for them through the WHO sub offices technical staff so that the implementing partners are sensitized and encouraged to report. However, no such incident took place and the project was smoothly implemented.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No. This project will be evaluated as part of other WHO country projects.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.10. Project Report 19-RR-WHO-007 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Pakistan
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-WHO-007
5. Project Title:	Acute malnutrition management including inpatient treatment for children and pregnant and lactating mothers in two districts of Sindh and Balochistan		
6.a Original Start Date:	19/02/2019	**6.b Original End Date:**	18/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	18/10/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 50,660,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,035,676.9
	c. Amount received from CERF:	US$ 207,948
	d. Total CERF funds forwarded to implementing partners	**US$ 74,717**
	of which to:	
	Government Partners	US$ 74,717
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF EFU grant, WHO and its partners established 2 NSCs in Balochistan and Sindh (One per district) and provided required nutritional supplies and equipment's for managing Acutely Malnourished children with complication. During the project period total 561 children (258 boys and 303 gilrs) with complication have been treated, total Children benefited from OTP services are 658 including (339 Girls and 319 boys), 11756 mothers/caretakers counselled on MIYCN, 51 Health Care Providers (HCPs) trained on IYCF and 78 HCPs trained on NS/OTP protocols. Meanwhile total 233 disable person including (12 men, 165 women, 31 boys and 25 girls) also benefited from services provided in these stabilization centres.

3. Changes and Amendments

Is in added value WHO provided Human Resource support to the Govt. which was not committed in the original proposal. Also established NSC in Mithi Tharparkar as per Govt. request and due to difference in dollar-rupee exchange. Additionally, training and mentoring support was also provided to Human resource in Mithi, Tharparkar. As a result, beneficiaries covered were more than originally planned in proposal.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition – Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**

Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	2,000	302	304	**2,606**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	20	160	15	13	**208**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition – Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	11,756	577	642	**12,975**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	12	165	31	25	**233**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Is in added value WHO provided Human Resource support to the Govt. which was not committed in the original proposal. Also established NSC in Mithi Tharparkar as per Govt. request and due to difference in dollar-rupee exchange. Additionally, training and mentoring support was also provided to Human resource in Mithi, Tharparkar. As a result, beneficiaries covered were more than originally planned in proposal.

5. CERF Result Framework

Project Objective	Improve equitable access to essential integrated lifesaving nutrition services for children (304 girls and 302 boys) less than five years of age and 2000 pregnant/lactating Women in Tharparkar and Kila Abdullah Districts of Sindh and Balochistan in 6 months

Output 1	145 Girls and 144 boys less than five years of age in Sindh 159 Girls and 158 Boys in Balochistan and 2000 PLW with acute malnutrition in 02 targeted districts of Sindh and Balochistan access appropriate acute malnutrition management services			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of sick acutely malnourished girls and boys managed for underlying medical complications in the WHO-supported inpatient stabilization care centres	Sindh: Girls= 45, Boys= 44 and Balochistan Girls= 59, Boys= 58	Sindh: Girls= 246, Boys= 210 Balochistan Girls= 57, Boys= 48	Health Facility Data Record

Indicator 1.2	# of persons benefiting from functional outpatient therapeutic/targeted supplementary feeding sites	Sindh: Girls= 100, Boys= 100 and PLW= 700 Balochistan Girls= 58, Boys= 58 and PLW= 1180	Sindh: Girls= 264, Boys= 256 and PLW= 9,436 Balochistan Girls= 75, Boys= 63 and PLW= 2,320	Health Facility Data Record
Explanation of output and indicators variance:		N/A		

Activities	Description	**Implemented by**
Activity 1.1	WHO supported activities for inpatient stabilization care of sick acute malnourished children	Stabilization Centres successfully established in Tharparkar district of Sindh and Killa Abdullah district in Balochistan, in collaboration with DOH
Activity 1.2	Management of sick acute malnourished 145 Girls and 144 boys less than five years of age in Sindh, and 159 Girls and 158 Boys in Balochistan for underlying medical complications in the WHO supported inpatient nutrition stabilization centres	A total of 561 children ((258 boys and 303 girls) successfully treated in Sindh and Balochistan in WHO supported stabilization centres.

Output 2	Mothers/caretakers in targeted facilities access skilled support for appropriate maternal, infant and young child nutrition (MIYCN) practices, with emphasis on; early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding practices, healthy nutrition and improved hygiene practices through Behaviour Change Communication and Positive Deviance approaches			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of nutrition sites in Health Facilities (in SCs and extended OTPs) providing skilled support for promotion of appropriate MIYCN practices.	2 health facilities	2 NSCs, one each in Sindh and Balochistan established. Similarly, 2 extended OTP sites established within each NSC in Sindh and Balochistan.	Department of Health and Health Facilities Data
Indicator 2.2	# of mothers/caretakers of girls and boys (0-23 months) counselled on optimal MIYCN practices	2000 pregnant ladies and mothers/ caretakers of children (under 5 years)	A total of 11,756 mothers/caretakers of girls and boys counselled on optimal MIYCN, health & hygiene key messages	Department of Health and Health Facilities Data
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Trainings of HCPs on promotion of Infant & Young Child Feeding (IYCF), maternal nutrition promotion and health & hygiene counselling. A total of 02 trainings for the promotion of maternal, infant & child nutrition promotion will be conducted for HCPs, each of five days, and the number of target participants per training will be 20 individuals. Thus, a total of 40 Health Care Providers (HCPs) will be target trainees from 02 districts, who will further continue transmitting of recommended MIYCN messages to affected population of target districts.	2 IYCF trainings each of five days conducted participating 51 HCPs. Similarly, a total of 3 trainings conducted on NSC/OTP protocols, participating 78 HCPs in Sindh and Balochistan provinces.
Activity 2.2	Regularly conduct awareness sessions for mothers / caretakers of children (coming to SC and OTPs sites) on	The HCPs properly trained and involved for rendering of MIYCN, Health & Hygiene key messages in Sindh and

	nutrition, hygiene and health promotion in the WHO supported NSCs These will be awareness raising/counselling activities for mothers/caretakers of children. Estimated 2000 Women will be counselled on MIYCN, health & hygiene recommended messages, by HCPS in selected health facilities	Balochistan. A total of 11,756 mothers/caretakers were successfully counselled by trained staff in SC/OTP sites established in Sindh and Balochistan.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Based on the mission report conducted by National Disaster Management Authority in 2018 and joint WHO and Ministry of National Health Services and Coordination with Provincial Ministry of Health Balochistan in context of draught/nutrition emergency. The CERF proposal was designed in line with CERF lifesaving criteria and was focused on treatment of SAM children with complication under CMAM and as well as treatment of SAM children where there was no OTP services under in extended OTP approach. The strategy also included IYCF counselling in facilities and strengthening referrals within hospital.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The project was implemented under the overall leadership of UNICEF as sector lead in collaboration with department of Health Sindh and Balochistan as well as WFP. The project was complemented with other relevant sectors such as WASH and Health to capture the maximum need of drought effected people.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WHO has a very clear communication policy in respect to SAM children and their mothers. In this context health care providers are trained in WHO communication strategy along with the technical training of the management of SAM, on how to deal with the patients and their care takers. During IYCF sessions, there is a direct link of health care providers with affected community where all the community issues are catered with.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

N/A

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

N/A

Any other comments (optional):

N/A

7. Cash Transfer Programming	
7.a Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Formative evaluation was carried out throughout the course of project implementation and reports were generated. A clear analysis of performance indicators in Stabilization Centers was made. And every effort was made in terms of corrective measures. Indicators results were maintained inside the thresholds as per WHO sphere standards. Success stories were produced.	EVALUATION CARRIED OUT ☒
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
19-RR-FPA-003	Protection	UNFPA	GOV	12,000
19-RR-FPA-003	Protection	UNFPA	NNGO	95,140
19-RR-CEF-009	Health	UNICEF	GOV	71,515
19-RR-CEF-010	Nutrition	UNICEF	GOV	63,355
19-RR-CEF-010	Nutrition	UNICEF	NNGO	63,893
19-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	INGO	144,466
19-RR-CEF-011	Water, Sanitation and Hygiene	UNICEF	NNGO	55,474
19-RR-WHO-006	Health	WHO	NNGO	124,312
19-RR-WHO-007	Nutrition	WHO	GOV	74,717

ANNEX 2: Success Stories

FAO: Providing Relief to Smallholder Farmers and Livestock Owners

Tharparkar district, located in an arid, hyper arid zone of the country, is highly vulnerable to droughts and other climatic shocks. The area receives high solar radiation throughout the year while rainfall remains unpredictable with great variations in weather patterns.

For several decades, agriculture and livestock have been the main source of subsistence and livelihoods, however, a large segment of the population in the district comprises of either landless or small holders farmers. The geographic conditions of Tharparkar district favors livestock production and thus, livelihoods of many people depend on income from animal husbandry and marketing. The district harbors nearly 6.12 million livestock with small ruminants constituting more than 72% of the livestock resources of the district.

With severe poverty and marginalization across the district, economic resilience of drought-affected households is weak. In 2017-18, a severe drought resulted in shortage of both fodder and water resources for livestock which in turn resulted in loss of animal production, high incidence of morbidity and increased animal mortality. Additionally, prices of animals also went down abruptly due to lack of fodder and market disruption. The drought has taken its toll on livestock, leaving more than half of the population in need of support to meet the basic needs for their animals.

To cope with the adverse effects of drought, almost all cattle had to be shifted to adjacent barrage areas while small animals were kept in their places of origin – this led to high mortality in small ruminants. The drought also forced increased migration from rural to urban areas, placing additional pressures on declining food production.

“Lack of food and water for our animals severely affected the health of our animals. It had become difficult for us to continue buying animal feed which had become a major financial burden for us, however, these animals are all we have,” said Rano, a 49 years old widow and mother of 5 boys and 3 girls in village Champani Bheel.

Like many other women and men in her village, Rano and her family depended solely on livestock to sustain livelihoods. Each month she spent USD$ 12.90-16 to purchase feed for the animals which caused her to lose a major part of her savings.

To protect the core livestock assets of the poor vulnerable pastoralist communities, the Food and Agriculture Organization (FAO) of the United Nations with financial support under CERF allocation distributed animal feed amongst 18,071 (HHs) drought affected families in Balochistan and Sindh.

“The support from CERF and FAO have offered major relief for the stricken animals. The health and body conditions of our animals have improved,” said Rano with relief.

Through this support, the families affected by drought were able to protect their precious livestock assets for at least a 3-month lean period.

WFP: Drought Response in Balochistan (Killa Abdulla)

Balochistan’s Killah Abdullah district is one of the poorest and least developed areas of Pakistan. Not only is poverty pervasive in the district, but it is frequently hit by recurring droughts. The current dry spell has left majority of the population reeling from a shortage of food and water – forcing them to sell their livestock and farming tools for cash to fulfil their immediate needs.

‘Abdul Khaliq’, a resident of Killah Abdullah says:

“When the drought hit Baluchistan two years ago, everything changed for me. I lost everything. I used to own a small piece of land and a few goats. This was my only source of income. Even worse, the local karez (local irrigation system) dried up, meaning no water for my crops. No crops meant no food for my goats. Being unable to feed my animals, I was left with only two choices -to let them starve or to sell them. I chose to sell them for some quick money. I could not even ask my family and friends for help because everyone was struggling. We tried many times to restore the karez, but we could never gather enough money.

Just when I was about to give up all hope, Balochistan Rural Support Programme (BRSP) and WFP showed up to help our village. They brought everyone together and helped us to restore the karez. BRSP provided us with stones, cement and other construction supplies. At the same time, WFP even paid us for the labor we put in – we all received PKR 9,500 each for 12 days of work. The money was very

useful. I used it to buy food and other necessities for my family. Although, it's the restored karez that has been the real blessing! Access to water has brought life to my barren land again. Inshallah (God willing), I'll soon buy some goats and get my old life back!"

This programme has not only helped Abdul Khaliq but has brought a positive change in the lives of many others in Balochistan.

UNICEF: "A drop of water is worth more than a sack of gold to a thirsty man"

Balochistan Province remained prone to many natural disasters which include earthquakes, floods and drought in the past two decades. Since 2013, the province has been receiving only a quarter of the expected rainfall leading to a severe drought in 2018. The government of Pakistan declared the drought a national disaster in 18 districts of the province during the first quarter of 2019.

One of the most hit districts was Killa Abddullah where Norak Sulemamn Khail village under Union Council Gulistan suffered severe consequences of the consistent drought spells. The village has 330 households with an estimated population of 2800 people who had to part with their paltry allowances from manual labor to buy drinking water coming from as far as 18 KM. The persistent drought affected the community`s livelihoods activities which were mainly agriculture and livestock exacerbating the quality of life of people. The most affected were the children as was witnessed by increased number of children with severe acute malnutrition (SAM) thereby contributing to the high stunting rates recorded in the district. Unavailability of clean and safe water led to increased number of diarrheal diseases in the village which was also associated with increased stunting rates in the district. Households had to spend more money on medical bills worsening their vulnerability.

Figure 1: 30KV Solar system installed to pump water from 800 feet deep

UNICEF with funds from the Central Emergency Respond Fund (CERF) intervened and drilled an 800 feet deep borehole in Norak Sulemamn Khail village, installed a 30KV solar powered pumping system and rehabilitated 3200 feet of water supply main line, providing sustainable clean and safe drinking water to the residents of the. Extensive hygiene and nutrition promotion activities were conducted in the village to raise the awareness aimed at increasing adoption of positive WASH and nutrition behaviours.

Because of UNICEF intervention, community members have started to invest in productive livelihoods activities such as procurement of livestock using the resources which were channeled towards medical bills before. The reduction in the incidences of diarrheal diseases and SAM is now expected due to the availability of clean and safe water, adoption of positive WASH and nutrition behaviours and increased production of nutritious food. Overall, the quality of life of the people supported by UNICEF has improved.

Figure 2: Children happy to access water from the scheme during the

Upon receiving the first drop of clean water from the constructed water supply scheme, one community leader had this to say ***"A drop of water is worth more than a sack of gold to a thirsty man"***. Another female from the village expressed her happiness and appreciation to UNICEF for the support by saying***" UNICEF came to our village as a blessing and solved most of our problems we have experienced for a long time due to unavailability of water"***

UNICEF: Treatment of Severely Acute Malnutrition (SAM)

Ubaidullah, an 18 months old child, lives in Sukhbal village, Tharparkar with his parents and six siblings. He was brought to Tehsil Headquarters Hospital (THQ) Dhahli by his parents as he was not eating or drinking properly. The child also appeared younger than his age.

Figure 1: Measuring MUAC at the time of admission

The Nutrition Assistant at the THQ Hospital further probed the mother about Ubaidullah's dietary habits and found out that the mother had discontinued breastfeeding Ubaidullah due to insufficient milk and was giving him goat milk as a substitute. Lack of complimentary nutritious feeding, due to drought, further compromised Ubaidullah's health. Ubaidullah was diagnosed with SAM as his weight was 6 kg and mid-upper arm circumference (MUAC) was 11.3.

In September 2018, eight districts of Sindh province including Tharparkar were declared as drought affected areas. According to National Nutrition Survey 2018, prevalence of stunting, wasting and food insecurity rates are one of the highest in Tharparkar district which were further aggravated by the drought. In February 2019, with generous funding from Central Emergency Response Fund (CERF), UNICEF in partnership with Government counterparts provided SAM management services for children and mothers in drought affected areas of Balochistan and Sindh.

Under the project, Ubaidullah was admitted in the hospital and was given Ready to Use Food (RTUF). The Nutrition Assistant also counselled his parents particularly the mother on feeding and hygiene practices as well as breastfeeding position and attachment. The mother was encouraged to continue breastfeeding and on subsequent follow-up visits, Ubaidullah showed improvements. On his fourth visit to the THQ, his weight was 7.2 kg, with MUAC at 12.3. Ubaidullah's parents thanked the Nutrition Assistant for guidance and resources.

UNFPA: Establishing a Nutrition Stabilization Center at Taluka Hospital Chachro, Tharparkar

Background:
Increased number of children with malnutrition associated complications were being reported at district Tharparkar. The only Nutrition Stabilization Center at District headquarter Hospital Mithi was overburdened. On request of the Nutrition Support Program and District Health Officer Tharparkar, WHO proposed establishment of another NSC at Taluka Hospital Chachro. Space was provided by the hospital which was renovated through the project funding. An 8-bedded NSC was completely equipped with items in standard kit. Supplies of F-75, F-100 and Resomal were also provided. HR was provided and two important training on IYCF and management of SAM conducted for capacity building of NSC staff. NSC was made functional in September and services started. Number of beds can be increased in case of increased case load as space is available.

People reached:
While establishing NSC, community awareness was carried out throughout reach health services and people were informed about the availability of NSC services at Chachro. Caseload at NSC increased with passage of time. Graph below shows the increasing number of cases treated at NSC.

A child Rai Chand (mother Luchmi) was admitted to NSC, improved and discharged, followed up at OTP site. Mother of Luchmi said:

"*We were always worried and hopeless due to our child's illness and due to our low income sources we thought our child will not survive any more. But after getting special treatment our child recovered very quickly. Being a mother, I was always blamed my breast milk quality as the main cause behind my child's weakness and illness. But in addition to treatment, I was counselled by health worker about importance of breast milk and healthy supplementary cheap food as well. Now I agree that only breast milk and appropriate feeding can give strengthen to every child. I am very happy to see my child growing and I hope he will be completely normal in days ahead".*

Before

After

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Antenatal Care
BBC	BISP Beneficiary Committees
BEmONC	Baisc Emergency Obstetric and Newbron Care
BFM	Beneficiary Feedback Mechanism
BHUs	Basic Health Units
BISP	Benazir Income Support Programme
BRSP	Balochistan Rural Support Programme
CCT	Conditional Cash Transfer
CFW	Cash for work
CCG	Condition Cash Grant
CDK	Clean Delivery Kit
CMAM	Community-Based Management of Acute Malnutrition
CRC	Child Rights Convention
CRPs	Community Resource Persons
CSO	Civil Society Organisation
CTP	Cash Transfer Programming
CRPs	Community Resource Persons
CSO	Civil Society Organization
CVA	Cash and Voucher Activities
DHO	District Health Officer
DoH	Department of Health
DHIS	Distirct Health Information System
DHO	District Health Office
DHQ	District Headquarter
EPI	Expanded Program on Immunization
FSCRD	Federal Seed Certification and Registration Department
FSG	Father Support Group
FSP	Financial Service Providers
FTS	Financial Tracking Service
GIS	Geographic Information System
HCPs	Health Care Providers
HHs	Households
HR	Human Resource
HRP	Humanitarian Response Plan
IAEH kits	Emergency Health Kits
IDSR	Integrated Disease Surveillance & Response
IP	Implementing Partner
IYCF	Infant & Young Child Feeding
LHW	Lady Health Worker
LHV	Lady Health Volunteer
LNS	Lipid-based Nutrient Supplements
MAM	Moderate Acute Malnutrition
MIS	Management Information System
MIYCN	Maternal, Infant and Young Child Nutrition
MM	Multiple Micronutrient
MNCH	Maternal New-born Child Health

MNHSR&C	Ministry of National Health Services Regulation and Coordination
MOFA	Ministry of Foreign Affair
MSG	Mother Support Groups
MUAC	Mid-Upper Arm Circumference
NBK	Newborn Kit
NCDs	Non communicable Diseases
NMIS	Nutrition Management Information System
NOC	No Objection Certificate
NSC	Nutrition Stabilization Center
O&M	Operation and Maintenance
OTP	Outpatient Treatment Program
PCA	Partnership Contract Agreement
PDMA	Provincial Disaster Management
PHED	Public Health Engineering Department
PLW	Pregnant & lactating women
PNC	Postnatal Care
PPHI	People Primary Health Care Initiative
PSEA	Protection against Sexual Exploitation and Abuse
RHCs	Rural Health
RTUF	Ready to use food
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SOPs	Standard Operating Procedures
TOT	Training of Trainers
TPFM	Third party Field monitoring
TSFP	Targeted Supplementary Feeding Programme
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WMCs	Water Management Committees
VDC	Village Development Committee
VWCS	Villages WASH Committees