

**PAKISTAN
RAPID RESPONSE
WINTER EMERGENCY
2020**

20-RR-PAK-41273

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

GUIDANCE (delete when completed): Prepare this section as the last step of the reporting process.

Please indicate when the After-Action Review (AAR) was conducted and who participated.

15 January 2021
18 March 2021

The After Action Review was conducted in two parts with the HCT, sector coordinators, agency CERF programme staff at the national level and provincial CERF focal points in separate meetings.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was 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

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF funding made available for the winter response was welcomed for its dual support to the targeted population during winter emergency and the COVID-19 health crisis last year. The funding supported life-saving activities, in hard-to-reach areas of Pakistan Administered Kashmir (PAK) made inaccessible due to snow and avalanches. CERF interventions, implemented for the first time in PAK, improved the overall food security, nutrition and health indicators of families who faced secondary effects of the pandemic. Although the programmes experienced some challenges in implementation and monitoring, they ably served vulnerable communities in remote and underserved districts of Balochistan complementing partners and government response. Combined efforts of food security and health had significantly increased food consumption and food diversity scores, reducing food insecurity and malnutrition. Primary beneficiaries of the response were women who were either pregnant and/or lactating and / or had children in their first 1,000 days.

CERF's Added Value:

CERF played a central role in providing quick and uninterrupted relief assistance to areas that were hard to reach due to snow and landslides in Balochistan and Pakistan Administered Kashmir (PAK) through the support of partners and volunteers. WFP with almost two third of the total funding received from CERF has started food assistance initially from its own reserves and as CERF funding was disbursed, made use of the mechanism to utilize the resources efficiently. Implementing agencies had experienced an increase in their coordination with the government to reach more beneficiaries with complementary health (WHO) and livestock support (FAO). For instance, this includes timely provision of inputs (kitchen gardening seeds, basic gardening tools, poultry packages coupled with nutrition-sensitive messages) for the season, without which the affected households would have had no option but to resort to negative coping strategies (skipping meals, distress sale of livestock, borrowing) to meet food and nutrition security requirements. Agencies further provided appropriate and timely information to affected populations on complaints procedures, goals and objectives of the project, time duration and assistance packages while keeping government in the loop. FAO also provided opportunities to the affected populations in prioritized villages to participate in selection and identification of the most vulnerable farming households. Concerted efforts were made to ensure that the distribution points were accessible to women beneficiaries, and appropriate arrangements were made for women at all distribution points by adhering to local norms and COVID-19 SOPs. WFP and FAO also monitored the satisfaction, access and benefits of the assistance provided to both women and men beneficiaries while simultaneously documenting lessons learnt for incorporation in future projects/programs. Existing health facilities were strengthened for provision of sexual and reproductive health (SRH) services. Women who were unable to reach health facilities due to access, cultural and other barriers in the districts, were availed the services through mobile outreach health camps.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹:

In this allocation, gender and protection remained key priorities in the response. To prevent and mitigate risks minimum standards of GBV and PSEA were integrated into humanitarian actions. As a starting point, agencies sensitized the local community on the purpose, objectives, targeting criteria and implementation modality in a participatory manner. Special emphasis was made on provision of assistance in a dignified manner, including selection of distribution nearest to the beneficiaries, neutral location to avoid attachment of political or ethnic affiliations and easily accessible for men/women/children and others along with separate infrastructure set-up and female staff available to assist women. In the context of COVID-19, the agencies developed specific Standard Operating Procedures (SOPs) to implement the response in a sensitive way. WFP and UNFPA delivered exclusive sessions on protection of marginalised communities during the orientation workshop. Detailed discussion on “do no harm” according to different cultural contexts were carried out to ensure that the teams of the cooperating partners were fully aware of and capable enough to ensure the protection of affected population. The health services extended through static and mobile camps were accessed by women and girls with priority ensuring compliance to local culture and trends. It was further ensured that all the services provided to the community were with informed consent of men and women and lead community gatekeepers. This way the principles of do no harm were followed throughout and at every step. The services were provided after extensive counselling sessions informing men and women on the advantages and long-term positive impacts of the SRH and family planning services. The community support groups were present to provide the support as per cultural and social dynamic to the affected person.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	32,120,000
CERF	3,000,016
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	1,416,446
Total funding received for the humanitarian response (by source above)	4,416,462

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
FAO	20-RR-FAO-018	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	800,000
UNFPA	20-RR-FPA-021	Health - Health	100,000
WFP	20-RR-WFP-022	Food Security - Food Assistance	1,950,002
WHO	20-RR-WHO-021	Health - Health	150,014
Total			3,000,016

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Total funds implemented directly by UN agencies including procurement of relief goods	2,843,328
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	11,489
Funds sub-granted to national NGO partners*	145,199
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	156,688
Total	3,000,016

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

GUIDANCE (delete when completed): This paragraph of **max. 350 words** should provide an overview of the humanitarian situation this allocation responded to.

The language prepopulated in green below is taken from the [allocation module](#) on the CERF website where it was published following the approval of the application. Please **update** this paragraph wherever you see fit and note that this overview will again be **posted on the CERF website** upon the clearance of this report.

Due to snowfall, avalanches and heavy rain between 31 December 2019 and 13 January 2020, 107 people died, and 107 people were injured across Pakistan. In total, 1.7 million people have been affected. People in the affected areas are prone to the harsh living conditions resulting from uncleared snow, multiple mini avalanches and mud slides, as well as below-normal extreme cold temperatures. In Pakistan Administered Kashmir (PAK), the authorities declared three out of the ten districts as affected with Neelum district being the worst affected. Partners reported around 12,500 families (80,000 individuals) across four union councils in Neelum district as having been severely affected. The highest number of deaths (79) and injured persons (63) were reported mainly due to collapse of mud houses from heavy snow and avalanches. Upper parts of Neelum were totally disconnected from the rest of the district. It was reported that the district headquarters hospital, had been facing a severe shortage of medicines due to limited access. In Gilgit Baltistan, heavy snowfall triggered avalanches and land sliding affecting almost the entire 200,000 people of Astore district. Following the 13 January 2020 snowfall, almost half of Balochistan province was affected. More than 1,000 houses have been destroyed. Access due to closure of roads remained the main challenge for rescue operations carried out jointly by the Government and Pakistan Army. A state of emergency was declared by the provincial government of Balochistan in 11 districts on 13 January 2020 and an additional four districts were identified as affected. According to district authorities, this snowfall was the heaviest recorded since 1996.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the Emergency Relief Coordinator allocated \$3 million from CERF's Rapid Response Window for life-saving activities. The emergency response had been designed considering the limited funds allocated to this cold wave emergency by donors, limited financial means of the government in comparison with the scale and needs on the ground as well as limited coping capacities of the affected communities, mostly located in far remote and hard to reach areas.

With this funding, FAO provided Integrated Household Food Systems support (kitchen gardens, poultry production and nutrition education) benefitting 22,080 people and livestock health support i.e. 41,806 animals (approximately 70% sheep and 30% goats) health checked, de-wormed and vaccinated, benefitting 35,944 people. WFP, upon request of the host government, provided emergency relief food assistance in 11 affected districts of Balochistan province (Ziarat, Harnai, Quetta, Killa Saifullah, Pishin, Killa Abdullah, Zhob, Kalat, Mastong, Sikandarabad & Loralai districts) and Neelum valley inside Pakistan Administered Kashmir (P.A.K). WFP provided lifesaving food assistance to 96,000 vulnerable individuals in close coordination with the relevant government administration. WFP established village development committees (VDCs) which helped in identifying the most vulnerable households and provided additional support for the timely implementation of project activities. These committees were found useful in communication with the affected population, in identification of food storage points, and in the mobilization of registered households for collection of food commodities. The post distribution monitoring results revealed that a total of 87% assisted households had an acceptable food consumption score.

WHO supported essential health services while UNFPA ensured access of women of reproductive age, in particular pregnant and lactating women, to reproductive health services. As the result of health facility strengthening and mobile outreach activities, UNFPA reached 16,023 beneficiaries with SRH services including ante-natal care, postnatal care, distribution of clean delivery kits and services for sexually transmitted infection/HIV. Women who were unable to access the remote health facility, or due to other access barriers were reached out by the IP outreach teams through mobile health camps.

People Directly Reached:

Through IEHKs, health (WHO, UNFPA) reached 200,000 direct beneficiaries in districts of Balochistan in accordance with the original targets. Food Security (WFP, FAO) reached 96,000 direct beneficiaries in districts of Balochistan and Pakistan Administered Kashmir (PAK). While the highest number of beneficiaries are considered, 200,000 to avoid overlap, the beneficiary figures (implemented by WFP) in districts of PAK are distinct and can be added to the overall reached figure. So CERF allocation reached more than 200,000 beneficiaries above its original target.

People Indirectly Reached:

Health - In the selected areas of Kalat and Pishin districts, around 75,732 people were affected by the heavy rains and snowfall. UNFPA strengthened 12 health facilities for improved services delivery and conducted community outreach to reach communities living far away from the health facilities. Moreover, UNFPA organized community-based information and awareness raising sessions which also included IEC material distribution. Thus, every single person living in the catchment population had received benefit from this project either directly or indirectly. 16,023 people are community men, women, adolescent boys and girls who received direct support through SRH services including Family Planning, MHPSS etc, whereas the remaining 59,709 are project indirect beneficiaries, including host communities, SRH and GBV service beneficiaries, and young people.

Food Security - Under the IHFS activity, the project indirectly benefited 110,400 people. Each direct beneficiary household was provided with equipment for and trained on, kitchen gardening, poultry production and nutrition, and it was expected that around five households within the vicinity of each beneficiary household will benefit through spill over effects by seeing the positive impacts of the project intervention on the beneficiary households. In total 13,800 households were reached indirectly in this manner. Furthermore, the project established 120 model kitchen gardens, which were being run by women trained by the project, to provide beneficiary households as well as community members with a practical example of good agricultural and animal husbandry practices and to share experiences and provide support where needed. Furthermore, it was anticipated that nearby flock owners or herding households in the vicinity of the 293 beneficiary households of the animal health camp activity would benefit indirectly. In total of 879 households (around 7,032 individuals) benefitted indirectly. In addition, around 12,600 households (100,800 people) in the vicinity of the 4,200 beneficiary households of the veterinary kits activity will benefit indirectly by linking up with the Livestock Department for animal health care services after seeing the benefits of animal health care for the project beneficiary households.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	54,689	56,201	28,526	29,720	169,136	18,762	19,280	9,786	10,196	58,024 ²
Food Security - Food Assistance	22,570	23,453	24,500	25,477	96,000	22,570	23,453	24,500	25,477	96,000
Health – Health	46,596	48,200	50,398	54,806	200,000	46,596	48,200	50,398	54,806	200,000
Total	46,596	48,200	50,398	54,806	200,000	46,596	48,200	50,398	54,806	200,000

² Change in targetted figures are reflected due to FAO's reprogramming request submitted to and approved by CERF Secretariat.- Reference: 20-RR-FAO-018 ; also explained in project summary section,

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	200,000	200,000
Total	200,000	200,000

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned		Reached	
	Planned	Reached	Planned	Reached
Women	46,596	46,596	260	2,145
Men	48,200	48,200	210	2,229
Girls	50,398	50,398	200	2,326
Boys	54,806	54,806	260	2,420
Total	200,000	200,000	930	9,120

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-FAO-018

1. Project Information			
Agency:	FAO	Country:	Pakistan
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	CERF project code:	20-RR-FAO-018
Project title:	Critical support for the restoration of agriculture-based livelihoods of the cold wave emergency affected smallholder farmers in Balochistan and Pakistan Administered Kashmir		
Start date:	17/04/2020	End date:	16/01/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 8,000,000
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		US\$ 769,000
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		
	Amount received from CERF:		US\$ 800,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, FAO supported 2,805 households, particularly focusing on households with pregnant and/or lactating women, with Integrated Household Food System (IHFS) out of which 2,760 households were supported through the provision of kitchen gardening packages, with each package including 800g of seed (100g of carrot, 100g of french bean, 100g of gourd, 100g of onion, 100g of okra, 100g of radish, 100g of spinach and 100g of turnip), and all 2,805 households were each provided 10 poultry birds (8 egg-laying hens and 2 roosters per household). In total 2,208 tonnes of seed and 28,050 poultry birds were distributed. The inputs were combined with farmer field school (FFS) trainings on kitchen gardening and poultry production (with fencing material where required) and an experiential nutrition education programme. The project also established 120 model kitchen gardens along with the provision of solar drying units in each model kitchen garden. The model kitchen gardens were each fitted with drip irrigation systems, with a total of 120 drip irrigation kits installed. Furthermore, 50 community water facilities to irrigate the model kitchen gardens were established. The project also supplied 16 veterinary kits for use in district veterinary hospitals benefiting around 4,200 households. Moreover, the project carried out veterinary health checks and de-wormed and vaccinated 41,806 animals (sheep and goats) belonging to 293 households. The animals were

vaccinated against contagious caprine pleuropneumonia and enterotoxemia during the animal health camps in collaboration with the Livestock and Dairy Development Department, Balochistan.

The project supported a total of 58,024 people in the districts of Zhob, Loralai, and Barkhan by focusing on food security and nutrition to cope with the negative effects of the cold wave emergency in Balochistan Province, Pakistan. The project was carried out from 17 April 2020 to 16 January 2021.

3. Changes and Amendment

The project initially planned to provide conditional cash grants to be used for the local purchase of vegetable seeds and fencing material, and it also planned basic orientation session in kitchen gardening. This activity was replaced with the IHFS activity because beneficiaries in remote and underserved districts in Balochistan did not have access to quality inputs in the local markets as a result of the effects of the COVID-19 pandemic.

The number of women who received IHFS support through FFS increased from 2,436 to 2,805 by utilizing funds accrued through cost-savings. Likewise, 120 model kitchen gardens were established instead of 116. Competitive bidding and fluctuation in the exchange rate with USD combined with favorable timing of procurement resulted in considerable savings under the expendable procurement budget. As a result, 50 community water structures were established instead of 10.

Due to the lockdown and essential health-related travel restrictions mandated by the Government of Pakistan to prevent the spread of the COVID-19, not all originally planned project activities could be implemented because goods and personnel could not be transported between provinces and between districts within provinces.

One of the originally planned activities under Output 2, namely the distribution of compound animal feed, was no longer required by the government. In addition, it was not possible to implement because of disruptions to the supply chain as a result of the effects of the COVID-19 pandemic. Improved animal health is a priority for the government in the project districts, as most people in these districts rely on livestock-based livelihoods for their survival. In lieu of the above-mentioned activity, an activity involving animal health camps were established with the support of the Livestock Department to de-worm, vaccinate and provide general health checks for sheep and goats.

The project initially planned to implement activities, including cash grants for kitchen gardening and in both Pakistan Administered Kashmir and Balochistan. However, FAO was not able to secure a 'No Objection Certificate' (NOC) for Pakistan Administered Kashmir, which is legally required for humanitarian agencies to operate in the province. Pakistan Administered Kashmir is a politically sensitive area adjacent to the Line of Control with India, and access to this area is often denied by the Government depending upon the prevailing political and military situation. Therefore, it was not possible to conduct project activities in Pakistan Administered Kashmir during project implementation. In consultation with the provincial government of Balochistan, in lieu of carrying out activities in Pakistan Administered Kashmir, it was proposed to expand the project areas to Loralai and Zhob Districts in Balochistan. These areas were also substantially affected by the winter cold wave and have been under-assisted. Though FAO was not able to secure a NOC for Pakistan Administered Kashmir, implementing partners could reach the area to distribute veterinary kits.

Due to the restrictions related to COVID-19 and the change in the target areas from Pakistan Administered Kashmir to additional districts in Balochistan, the project requested approval for a no-cost extension and reprogramming as per the below, which was granted by CERF on 22 October 2020.

	District	Original Activities		District	Amended Activities
1	Neelum (Pakistan Administered Kashmir)	Veterinary kits and cash grants for kitchen gardening	1	Neelum (Pakistan Administered Kashmir)	Veterinary kits distributed
2	Zhob	Veterinary kits and animal compound feed	2	Zhob	Integrated Household Food Systems, Veterinary kits and animal health camps
3	Loralai	Veterinary kits and animal compound feed	3	Loralai	Veterinary kits provided to the Civil Veterinary Hospital
			4	Barkhan	Integrated Household Food Systems and animal health camps

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	9,950	14,924	0	0	24,874	18,762	19,280	9,786	10,196	58,024
Total	9,950	14,924	0	0	24,874	18,762	19,280	9,786	10,196	58,024
People with disabilities (PwD) out of the total										
	263	270	137	143	813	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Under the IHFS activity, the project indirectly benefited 110,400 people. Each direct beneficiary household was provided with equipment for and trained on, kitchen gardening, poultry production and nutrition, and it is expected that around five households within the vicinity of each beneficiary household will benefit through spill over effects by seeing the positive impacts of the project intervention on the beneficiary households. In total 13,800 households will be reached indirectly in this manner. Furthermore, the project established 120 model kitchen gardens, which were being run by women trained by the project, to provide beneficiary households as well as community members with a practical example of good agricultural and animal husbandry practices and to share experiences and provide support where needed.

Furthermore, it was anticipated that around nearby flock owners or herding households in the vicinity of the 293 beneficiary households of the animal health camp activity would benefit indirectly. In total of 879 households (around 7,032 individuals) benefitted indirectly.

In addition, around 12,600 households (100,800 people) in the vicinity of the 4,200 beneficiary households of the veterinary kits activity will benefit indirectly by linking up with the Livestock Department for animal health care services after seeing the benefits of animal health care for the project beneficiary households.

6. CERF Results Framework

Project objective	Targeted farmers enabled to cope with the negative effects of the cold wave emergency in Balochistan and Pakistan Administered Kashmir				
Output 1	Improved availability of and access to a diverse, nutritious and continual supply of food				
Was the planned output changed through reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of women who received IHFS support through FFS	2,436	2,760	Attendance sheet back to office /activity report and M&E database	
Indicator 1.2	Percentage of households with improved food diversity score	70%	Survey conducted and results are available	Survey	
Indicator 1.3	Number of model kitchen gardens established	116	120	M&E database, signing sheets and back to office /activity report	
Indicator 1.4	Number of kitchen gardening seed, basic gardening tools and poultry packages distributed	2,436	2,805	M&E database, signing sheets and back to office /activity report and signing sheet	
Indicator 1.5	Number of community water facilities established	10	50	M&E database, signing sheet, and back to office /activity report	
Explanation of output and indicators variance:		The initially planned activities under Output 1 linked conditional cash grants to the local purchase of vegetable seeds and fencing material coupled with a basic orientation session in kitchen gardening, and it was reprogrammed as the IHFS activity. One of the reasons for the reprogramming was that beneficiaries in remote and underserved districts in Balochistan did not have access to quality inputs in the local markets and did not have the opportunity to use cash grants to improve their food security as a result of the effects of the COVID-19 pandemic. In response, the IHFS activity provided nutrition-			

	<p>sensitive food production support and an experiential nutrition education programme to improve food security and nutrition at the household level.</p> <p>The following variances have been observed:</p> <ul style="list-style-type: none"> • The number of women who received IHFS support through FFS increased from 2,436 to 2,805 by utilizing the residual funds. Likewise, 120 model kitchen gardens were established instead of 116. • Competitive bidding and fluctuation in the exchange rate with the USD combined with favorable timing of procurement resulted in considerable savings under the expendable procurement budget. As a result, 50 community water structures were established instead of 10.
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Activities	Description	Implemented by
Activity 1.1	Selection and finalization of beneficiary/pregnant or lactating women (PLW) households for IHFS support	FAO
Activity 1.2	Distribution of kitchen gardening seed, basic gardening tools and poultry packages to beneficiary/PLW households for IHFS support	FAO
Activity 1.3	Conduct a 12-session kitchen gardening and poultry production FFS	FAO
Activity 1.4	Conduct a 12-session nutrition education programme	FAO
Activity 1.5	Establish 116 model kitchen gardens with the inclusion of drip irrigation works if required	FAO
Activity 1.6	Establish 10 community water facilities	FAO

Output 2 Improved animal health for vulnerable households that rely on livestock livelihoods

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Food Security - Agriculture (including livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of heads of livestock that received health support (de-worming [by FAO] and vaccination [by government])	40,000 (20,000 per district x 2 districts)	41,806	Attendance sheet and back to office /activity reports
Indicator 2.2	Number of veterinary centres equipped with basic veterinary medicines and equipment	16	16	Distribution list

Explanation of output and indicators variance:	<p>One of the originally planned activities under Output 2, namely the distribution of compound animal feed, was no longer desired by the government. In addition, it was not possible to implement because of disruptions to the supply chain as a result of the effects of the COVID-19 pandemic. Improved animal health is a priority for the government in the project districts, as most people in these districts rely on livestock-based livelihoods for their survival. In lieu of the above-mentioned activity, an activity involving animal health camps were established with the support of the Livestock Department to de-worm, vaccinate and provide general health checks for sheep and goats. This activity improved livestock health and production in the target areas in the lead up to the winter season. More animals were reached than were originally planned through this activity.</p> <p>The number of animals vaccinated increased from 40,000 to 41,806 (sheep and goats belonging to 293 households) against contagious caprine pleuropneumonia and enterotoxemia during the animal health camps in collaboration with the Livestock and Dairy Development Department, Balochistan. This overachievement, which represented a 4.5 percent increase to the target, was made possible because the Livestock Department supplied additional vaccine free of cost. In addition, the dosage of deworming medications used was based on animal weight, and half doses were utilized for small animals. As result, more animals could be treated.</p>
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Activities	Description	Implemented by
Activity 2.1	Selection and finalization of beneficiary households for animal health support	FAO in consultation with Livestock and Dairy Development Department, Balochistan
Activity 2.2	Procure de-worming medicine and equipment	FAO
Activity 2.3	Run de-worming and vaccination camps	FAO and Livestock and Dairy Development Department, Balochistan
Activity 2.4	Procurement and handing over of the veterinary supply kits to the livestock department	FAO
Activity 2.5	Follow-up with the Livestock Department on use of veterinary supply kits	FAO and Livestock and Dairy Development Department, Balochistan

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁴:

FAO is fully committed to accountability to people affected by the cold wave emergency through the following: (i) provided appropriate and timely information to all affected populations on complaints procedures, goals and objectives of the project, time duration and

³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

agriculture and livestock assistance packages, as well as criteria and processes for targeting and selecting project beneficiaries; (ii) provided opportunities to the affected population in prioritized villages to participate in selection and identification of the most vulnerable farming households; (iii) carefully selected distribution points for project inputs in line with the needs and concerns of the targeted population keeping in view the principles of safety, dignity and integrity; and (iv) regularly conducted monitoring visits to determine progress of activities, timeliness and gauge satisfaction, access and benefits of the assistance provided to both women and men beneficiaries while simultaneously documenting lessons learnt for incorporation in future projects/programs.

b. AAP Feedback and Complaint Mechanisms:

It was anticipated that complaints might arise therefore a complaint mechanism was established to ensure all community members could present their opinions, complaints and suggestions for improvement. However, no complaints were reported.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

FAO applies a zero-tolerance policy towards sexual exploitation and abuse. All FAO staff are orientated on Protection from Sexual Exploitation and Abuse through FAO's policy on the Prevention of Harassment, Sexual Harassment and Abuse of Authority and the mandatory online course on the Protection from Sexual Exploitation and Abuse. FAO has clear procedures and mechanisms in place to enable reporting and investigation fully and promptly. FAO is the co-chair of the Pakistan PSEA Network that has ensured trainings and refreshers to staff particularly those working with communities while advocating for rights-based approach.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The IHFS activity was built upon a highly successful localized women's empowerment activity in Balochistan that was able to significantly increase food consumption and diversity scores, reducing food insecurity and malnutrition. To improve food security and nutrition of the most vulnerable individuals (pregnant and lactating women and children under five years) in the most vulnerable households affected by the cold wave emergency, the main direct beneficiaries for this activity were women who were either pregnant and/or lactating and/or have children in their first 1,000 days. Furthermore, concerted efforts were made to ensure that the distribution points were accessible to women beneficiaries, and appropriate arrangements were made for women at all the distribution points by adhering to local norms. FAO also monitored the satisfaction, access and benefits of the assistance provided to both women and men beneficiaries while simultaneously documenting lessons learnt for incorporation in future projects/programs.

e. People with disabilities (PwD):

No people with disabilities were reported. It was preplanned that in case any disability was noticed the services would have been provided at their doorstep.

f. Protection:

FAO provided time-critical interventions to meet acute livelihood protection needs with an anticipated impact within three months of the provision of assistance. Firstly, protection of the at-risk core productive livelihood assets through provision of veterinary health support to prevent subsequent deterioration of health of animals, avert further loss as well as reduce the risk of having to adopt negative coping strategies. Secondly, the timely provision of inputs (kitchen gardening seeds, basic gardening tools, poultry packages coupled with FFS and nutrition-sensitive messages) for the relevant season, without which the affected households may not have had their own vegetable produce for household consumption, leaving them with no option but to resort to negative coping strategies (skipping meals, distress sale of livestock, borrowing) to meet food and nutrition security requirements. Furthermore, through the FFS, women were trained on the seed-to-seed production cycle capacitating them to produce their own seed for the next season. The nutrition-sensitive messages will benefit the utilization of produce, which will result in better health parameters.

g. Education:

The project designed nutrition-sensitive messages through the investments of other FAO projects by hiring a firm based in Islamabad. The CERF project benefitted from the material and messages, which were delivered with the FFS sessions to the communities and it is anticipated that it will enhance the knowledge of communities to better utilize the vegetables and eggs which are produced in the kitchen gardens. A survey has been conducted to capture the benefits of all such interventions and will be reported separately.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The originally planned activities under Output 1 linked conditional cash grants to the local purchase of vegetable seeds and fencing materials coupled with a basic orientation session on kitchen gardening were reprogrammed to the IHFS activity. One of the reasons for the change to the IHFS activity was that beneficiaries in remote and underserved districts in Balochistan did not have access to quality inputs in the local markets to use cash grants to improve their food security.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/FAOPakistan/status/1349613087104659457?s=20

3.2 Project Report 20-RR-FPA-021

1. Project Information			
Agency:	UNFPA	Country:	Pakistan
Sector/cluster:	Health – Health	CERF project code:	20-RR-FPA-021
Project title:	Ensuring access to reproductive health services, including basic and comprehensive emergency obstetric care and psychological support in heavy rain and snow fall affected districts		
Start date:	01/03/2020	End date:	30/11/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
F u n d i n g	Total requirement for agency's sector response to current emergency:		US\$ 500,000
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		US\$ 100,000
	Amount received from CERF:		US\$ 100,000
	Total CERF funds sub-granted to implementing partners:		
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		US\$ 49,776
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 49,776
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

UNFPA implemented lifesaving sexual and reproductive health (SRH) interventions in line with Minimum Initial Services Package for reproductive health in emergencies and Interagency Field Manual on Reproductive Health in Humanitarian Settings. Capitalizing on its existing partnership with People's Primary Health Care Initiative (PPHI) in Balochistan and coordination with the district government, Provincial Disaster Management Authority (PDMA), Department of Health (DoH), UNFPA selected 12 health facilities in the Barshore area of Pishin district and selected areas of Kalat district in Balochistan province which were massively impacted by heavy snowfall and rains.

According to Pakistan Housing and Population Census 2017, the total population of the selected areas is 75, 732 while as per Pakistan Demographic Health Survey Report 2017-18, 19,600 (26%) of the total population are women of reproductive age and another 5% is adolescent population. Thus, to reach women and adolescent girls with lifesaving SRH interventions, UNFPA strengthened the operational capacity of 12 static health facilities through deployment of qualified reproductive health staff and provision of essential medicines, medical equipment and contraceptive commodities. The recruited staff received orientation on Minimum Initial Services Package for RH in

emergencies, Gender based violence in emergencies, Family Planning services and Mental Health & Psychosocial Support (MHPSS). Communities living far away from selected health facilities were reached through mobile outreach activities.

As the result of health facility strengthening and mobile outreach activities, 16,023 beneficiaries received SRH services which included 386 safe deliveries attended by skilled birth attendants. The selected health facilities have reported institutional deliveries for the first time. Moreover, 10,879 women received ante-natal care, postnatal care, and services for sexually transmitted infection/HIV. Further, 5,144 married couples received counselling and FP supplies which were delivered based on informed choice of clients. 216 women with complicated pregnancies and other issues requiring specialist care were referred. Pregnant women who were unable to reach the health facility due to cultural reasons or distance related issues were provided clean delivery kits. In total, 820 clean delivery kits were distributed to ensure safer deliveries at home. Besides providing lifesaving care and services, the community was mobilized through information and awareness raising sessions by trained social mobilizers. In total 3,732 community members received information and awareness on reproductive health related issues, and about improved services availability at health facilities and through outreach teams.

During project implementation, UNFPA and its implementing partner faced multiple challenges and top of the list was COVID-19 pandemic. With a surge in the number of cases in Pakistan during the first wave of the pandemic, the Government announced strict lockdown followed by travel restrictions. Through a notification, Health facilities were informed to provide emergency care only whereas, the fear among the community in catching infection also reduced health facility utilization. UNFPA supplemented the project implementation through organizing a series of trainings on infection prevention and control for all frontline health workers in order to keep the services continued. The staff were also provided personal protective equipment.

It was exceptionally hard to find health care providers for remote health facilities therefore, UNFPA implementing partner engaged staff from nearby districts. Security in the Barshore area of Pishin also impacted services but staff were provided security briefing on a regular basis which proved to be helpful.

UNFPA lifesaving interventions using MISP approach included integration of MISP services into comprehensive SRH services. UNFPA implementing partner, PPHI had the administrative control of primary health care services in Balochistan. Therefore, UNFPA had handing over MISP interventions after integrating these services with comprehensive SRH services in PPHI services delivery protocols.

3. Changes and Amendments

Initially the project was planned for Pishin and Killa Saifullah districts from March till August 2020 but later on during the planning meetings with the district government, Provincial Management Disaster Management Authority (PDMA), Department of Health and People's Primary Healthcare Initiative (PPHI), Killa Saifullah district was replaced with Kalat district considering the priorities. UNFPA has ensured appropriate communication with partners to inform the changes. The change was made before starting implementation of the project and therefore, it did not affect services delivery. In the month of March 2020, an internal policy shifted in the procurement processes of UNFPA resulted in underspending for funds allocated for procurement. However, this delay in the procurement did not impact the overall project progress because UNFPA provided medical supplies, medicines and contraceptive commodities from buffer stock available in other projects. UNFPA requested CERF for extension of the project for another two months to complete the procurement process. With resultant approval in the project, UNFPA was successful in meeting the targets with appropriate financial spending as per its financial plan provided for the project. Moreover, UNFPA replenished the stock taken from other projects' buffer stock.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health – Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	495	328	240	220	1,283
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	3,720	3,871	1,906	1,832	11,329	5,262	5,474	2,696	2,591	16,023
Total	3,720	3,871	1,906	1,832	11,329	5,262	5,474	2,696	2,591	16,023
People with disabilities (PwD) out of the total										
	297	309	152	146	904	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

In the selected areas of Kalat and Pishin districts, around 75,732 people were affected by the heavy rains and snowfall. UNFPA strengthened 12 health facilities for improved services delivery and conducted community outreach to reach communities living far away from the health facilities. Moreover, UNFPA organized community-based information and awareness raising sessions which also included IEC material distribution. Thus, every single person living in the catchment population had received benefit from this project either directly or indirectly. 16,023 people are community men, women, adolescent boys and girls who received direct support through SRH services including Family Planning, MHPSS etc, whereas the remaining 59,709 are project indirect beneficiaries, including host communities, SRH and GBV service beneficiaries, and young people.

6. CERF Results Framework

Project objective Improved access of women and girls to life-saving sexual and reproductive health services using MISP Approach

Output 1 Married women of reproductive age group received Basic Emergency Obstetrics and Newborn Care Services/emergency reproductive health services in targeted districts Balochistan.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health – Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of normal deliveries conducted at static health facilities providing Basic Emergency Obstetrics and New Born Care Services.	135	386	Health Management Information System, (HMIS). Delivery record at Health Facility. Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports.
Indicator 1.2	# of married couple of reproductive age group received family planning services for spacing and for limiting.	2945	5144	Health Management Information System, (HMIS). FP record register at facility. Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports.
Indicator 1.3	# of women of reproductive age group (including adolescent girls) received care for SRH and GBV issues	8500	10879	Health Management Information System, (HMIS). OPD record register at facility. Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports.

Explanation of output and indicators variance:		NA
Activities	Description	Implemented by
Activity 1.1	Establish/strengthen static service delivery points (PPHI- BHUs)/ Mobile Service Units with trained health care human resource for providing Basic Emergency Obstetrics and Newborn Care Services	People's Primary Healthcare Initiative Baluchistan (PPHI-B)
Activity 1.2	Provide medicines/medical equipment/supplies to static clinics (PPHI BHUs)/Mobile service units for providing Basic Emergency Obstetrics and Newborn Care Services.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)
Activity 1.3	Conduct detail orientation sessions for health care providers on BEmONC/CEmONC/STIs management/FP/GBV case management.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)

Output 2 Women referred for Comprehensive Emergency Obstetrics and New-born Care Services/emergency reproductive health services in targeted districts of Sindh and Balochistan.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health – Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of pregnant women referred for C-Section to tertiary care hospital providing Comprehensive Emergency Obstetrics and Newborn Care Services (CEmONC).	22	45	Health Management Information System, (HMIS). Delivery record at Health Facility. Referral form. Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports.
Indicator 2.2	# of pregnant women referred for treatment of complicated cases of pregnancy and other SRH complications to CEmONC centre.	68	93	Health Management Information System, (HMIS). Delivery record at Health Facility. Referral form.

				Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports.
Indicator 2.3	# of women referred to CEmONC centre, for treatment of complicated cases of abortion/family planning side effect/STIs	20	79	Health Management Information System, (HMIS). Delivery record at Health Facility. Referral form. Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports.

Explanation of output and indicators variance: The services were accessible and functional so the community availed it with satisfaction and the number increased due to no cost extension of two months.

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	People's Primary Healthcare Initiative Baluchistan (PPHI-B)
Activity 2.2	Arrange Transport/ambulances or referral of complicated cases of pregnancy/delivery.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)
Activity 2.3	Establish Communication system between the point of referral to referred health centers.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)

Output 3 Pregnant women informed/ made aware on safer home deliveries when access to health facility is not possible due to cultural/other reason

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health – Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of pregnant women with provided with clean delivery kits for safer births	318	820	Health Management Information System, (HMIS). Delivery record at Health Facility. Referral form.

				Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports.
Indicator 3.2	# of visibly pregnant women with information on safer delivery/new born cord care/colostrum feeding.	318	386	Health Management Information System, (HMIS). Delivery record at Health Facility. Referral form. Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports
Indicator 3.3	# of pregnant women reached with ANC/PNC/FP services	318	386	Health Management Information System, (HMIS). SRH register at Health Facility. Referral form. Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports
Explanation of output and indicators variance:		The targets were proposed for six months and reported here for 8 months due to two months no cost extension showing an increase in targets achieved		

Activities	Description	Implemented by
Activity 3.1	Distribution of clean delivery kits among community-based birth attendants/community midwives.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)
Activity 3.2	Distribution of clean delivery kits/Hygiene kits/newborn kits among visibly pregnant women.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)
Activity 3.3	Establish referral system for referral of visibly pregnant women seeking management for complicated cases of pregnancy and delivery.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)

Output 4 Strengthened inter-agency coordination on Minimum Initial Services Package (MISP)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health – Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of RH working group meetings held with documented actions and follow up actions.	3	3	Minutes of Meeting. Attendance sheet and Photographs.

Indicator 4.2	# of health care providers received orientation on MISP	25	22	Orientation session report. Attendance Sheet Photographs.
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 4.1	Health cluster appoints a lead organization/person for managing/coordination/reporting on MISP interventions.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)		
Activity 4.2	Holding of regular coordination meetings for providing technical and operational support to all organization involved in delivering health services.	People's Primary Healthcare Initiative Baluchistan (PPHI-B)		
Activity 4.3	Orientation of all health working group partners on SoPs of MISP Implementation	People's Primary Healthcare Initiative Baluchistan (PPHI-B) and UNFPA.		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.

a. Accountability to Affected People (AAP)⁶:

The project was developed based on CERF lifesaving criteria, UNFPA principles, such as, promoting and protecting human rights, living no one behind and reaching the farthest behind, reducing risks and vulnerability and improving accountability, effectiveness and transparency. UNFPA provided detail orientation to its implementing partners, managers and staff in the field, on accountability to the affected people and gender responsiveness. UNFPA had prioritized its focus on women, adolescents, girls from refugees and host communities, persons with disability, elderly and transgender persons. These groups were consulted throughout the project phases including planning, implementation and monitoring of RH and MPHSS interventions in the targeted health facilities, and in community-

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

based sessions. The identification of locations for outreach camps, selection of topics for community sessions on RH and GBV were made based on their recommendations and consultation process. The selected health centre staff allowed real time feedback/complaints from the beneficiaries through a complaint box mechanism or telephone helplines placed by PPHI, that helped connect beneficiaries with senior management.

b. AAP Feedback and Complaint Mechanisms:

UNFPA's implementing partner PPHI had Feedback and Complaint Mechanism in place to enable project beneficiaries and involved stakeholders to safely raise a concern or make a complaint in respect of services being provided in the project intervention area. It is important to mention that in all the supported health facilities; the complaint box was installed in order to receive complaints or feedback from the community. The IP also established a helpline which is managed through its head office to receive and redress any complaint received from the community. The information about the complaint is shared with the community members during awareness sessions. Moreover, in order to ensure confidentiality of beneficiaries/complainant, only authorised persons were allowed to have access to the complaints which were dealt professionally by the committee of three members already notified in the organization which had also been made part of the PPHI's Staff Handbook. Whereas at community level, the IP established Community Support Groups and those were oriented on the Feedback and Complaint Mechanism, the groups are also active and are encouraged to work proactively as whistle-blowers to highlight any issue in their respective areas, they regularly discussed such issues if there were any in their regular meetings held at community level.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA has piloted PSEA assessment of implementing partners at the global and national level including partners engaged under the project. PPHI is assessed on PSEA mechanisms and it had satisfactory levels of mechanisms in place to prevent and respond to issues on PSEA. PPHI, under its policy on PSEA shared information on PSEA with its staff while UNFPA also provided periodic refresher sessions to all its IPs. PPHI had a dedicated team and a committee to review all the complaints received and take the necessary actions after proper review of the issue. The complaint could be received through the complaint box, or a dedicated helpline accessible to the organization senior management. At the health facility level, it had community support groups which ensured accountability to the people. They acted as whistle blowers and shared information in staff/management meetings on the issues identified and resolved, or if there was a need for senior management to be engaged. The PSEA related complaints were reviewed by the authorized person/s and dealt with confidentiality, following the principle of do not harm.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project target group was primarily women and adolescent girls to ensure their access to the SRH services. The targeted facilities were strengthened with improved SRH services as well placement of specialised women medical service providers. This provided women and girls with the opportunity to access health facilities and avail services in a safe and confidential manner in culturally conservative and remote areas of Balochistan. Women who were unable to access the remote health facility, or other access barriers were reached out by the IP outreach teams through mobile health camps. The community women were encouraged to volunteer and follow the peer-to-peer education approach to improve the health seeking behaviour and visit the health facility for ANC, PNC and skilled delivery. This approach ensured not only access but maximum coverage to women and girls as a project target group.

e. People with disabilities (PwD):

The project engaged intensively with the concerned communities through outreach teams and mobile health camps. The information of project services and target groups with particular focus on people with disabilities was disseminated widely. The outreach activities particularly provided an opportunity for people with disabilities to access services at their door set. Further the health facilities provided services to the people with disabilities on priority. However, during the project period, no person with disability came for availing the service.

f. Protection:

The project services extended through static and mobile camps accessed women and girls with priority ensuring compliance to local culture and trends. It was further ensured that all the services provided to the community are with informed consent of men and women

and lead community gatekeepers. This way the principles of do no harm were followed throughout and at every step. The services were provided after extensive counselling sessions informing men and women on the advantages and long-term positive impacts of the SRH and family planning services. The community support groups were present to provide the support as per cultural and social dynamic to the affected person.

g. Education:

UNFPA organized community-based information and awareness raising sessions which also included IEC material distribution that benefitted the catchment population of the districts.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

NA

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.3 Project Report 20-RR-WFP-022

1. Project Information			
Agency:	WFP	Country:	Pakistan
Sector/cluster:	Food Security - Food Assistance	CERF project code:	20-RR-WFP-022
Project title:	Provision of food assistance to households affected by heavy snow, rain, avalanches and floods during Pakistan winter crisis		
Start date:	01/03/2020	End date:	31/08/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 7,000,000
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		US\$ 174,338
	Amount received from CERF:		US\$ 1,950,002
	Total CERF funds sub-granted to implementing partners:		US\$ 106,912
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ 0
	International NGOs		US\$ 11,489
	National NGOs		US\$ 95,423
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

In response to the critical food needs of the people affected by the extreme winter snowfall in Pakistan Administered Kashmir (P.A.K) and Balochistan, WFP, upon request of the host government, provided emergency relief food assistance in targeted districts of these provinces. Specifically under this CERF funded response, WFP carried out food distribution in 11 affected districts of Balochistan province including Ziarat, Harnai, Quetta, Killa Saifullah, Pishin, Killa Abdullah, Zhob, Kalat, Mastong, Sikandarabad & Loralai districts and Neelum valley inside Pakistan Administered Kashmir (P.A.K). WFP provided lifesaving food assistance to 96,000 vulnerable individuals in close coordination with the relevant government administration in the aforementioned areas.

In P.A.K, WFP supported 54,000 individuals (9,000 families) with immediate lifesaving food assistance whereas in Balochistan 42,000 people (7,000 families) received food assistance. The distributed food basket comprised of nutritious set of commodities (comprising of fortified wheat flour, fortified vegetable oil, pulses and salt) to meet the basic food needs of targeted households for an entire month. The post distribution monitoring results revealed that a total of 87% assisted households had an acceptable food consumption score.

In each district, WFP and its cooperating partners held regular coordination meetings with the district administration for the identification of areas that were most affected due to heavy snowfall. In addition, in order to avoid duplication of resources the district administration also provided support in identification of areas where limited or no humanitarian assistance was provided in response to the heavy snowfall. In order to ensure targeting of most vulnerable households WFP established village development committees (VDCs) which helped in identifying the most vulnerable households and provided additional support for the timely implementation of project activities. These committees were found useful in communication with the affected population, in identification of food storage points, and in the mobilization of registered households for collection of food commodities.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	22,570	23,453	24,500	25,477	96,000	22,570	23,453	24,500	25,477	96,000
Total	22,570	23,453	24,500	25,477	96,000	22,570	23,453	24,500	25,477	96,000
People with disabilities (PwD) out of the total										
	108	112	118	122	460	2,145	2,229	2,326	2,420	9,120

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

GUIDANCE (delete when completed): Please quantify and briefly describe the people who will benefit indirectly from project activities, for example from awareness/information campaigns, expansion of service delivery capacity, etc. If the project has multiple sectors, differentiate between people indirectly targeted in each sector.

N/A

6. CERF Results Framework

Project objective	The overall objective of the project is to avert humanitarian crises in the snow affected areas of Balochistan and P.A.K by providing critical and life-saving food assistance to affected households			
Output 1	Severely affected and/or most vulnerable households supported with food assistance to meet their critical food needs			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of households that receive immediate food assistance	16,000 HHs (96,000 individuals)	16,000 HHs (96,000 individuals)	Beneficiaries list
Indicator 1.2	Quantity of food distributed	3179	3,116 mt	Food distribution report
Explanation of output and indicators variance:		This small variance of tonnage is due to the change in commodities pricing in the market		
Activities	Description	Implemented by		
Activity 1.1	Selection of cooperating partner (CP)	WFP		
Activity 1.2	One day orientation of CPs on food distribution modalities	WFP		
Activity 1.3	Coordination arrangement with relevant stakeholders	WFP/PDMA/SDMA (Provincial Disaster Manager Authority) (Disaster Manager Authority)		
Activity 1.4	Rapid need assessment	CP/PDMA/WFP		
Activity 1.5	Registration of beneficiaries	CP		
Activity 1.6	Validation of beneficiaries	PDMA/CP/WFP		
Activity 1.7	Food Procurement/Arrangement	WFP		
Activity 1.8	Food supply to the humanitarian hubs	WFP		
Activity 1.9	Food transportation to food distribution point	CP		
Activity 1.10	Food Distribution	CP		
Activity 1.11	Monitoring	PDMA/CP/WFP		
Activity 1.12	Reporting	WFP		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.

a. Accountability to Affected People (AAP)⁸:

Accountability to Affected Populations is well defined in WFP corporate tools and integrated across all WFP operations in Pakistan. Targeted communities are involved in all phases of project design and implementation. To satisfy the needs and expectations of communities and in order to respect the dignity of people, WFP along with other relevant stakeholders analysed the vulnerabilities in the intervention areas and jointly defined the selection criteria for the identification of the beneficiaries. Communities were then briefed on village selection criteria through broad-based community meetings conducted at the village level. Village development committees (VDCs) were formed including men and women in each village to ensure information related to the project was timely disseminated and accessible for all stakeholders. WFP also adopted and sustained partnership with local actors to build their long-term relationship and trust with communities. In addition, a community feedback mechanism (CFM) was established to support collective and participatory approaches and inform corrective action, where required.

b. AAP Feedback and Complaint Mechanisms:

WFP has a robust Community Feedback Mechanisms (CFM) with toll free number offering direct access to beneficiaries, government, and stakeholders to raise concerns, suggest action, and register complaints. The system is made available through a dedicated hotline, an e-mail address, and through regular mail and FAX. The CFM played a vital role in safeguarding the accountability to affected population by taking timely actions in response to address problems during the programme implementation. All complaints were dealt with in strict confidentiality and adhering to standard operating procedures. In order to encourage beneficiaries to register their feedback, CFM banners (both descriptive and pictorial) in local and regional languages were displayed at all distribution sites. Any complaint registered through this platform was dealt with in strict confidentiality, taking into consideration data protection principles, and tracked until the case was satisfactorily closed.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP demonstrates its commitment to AAP and PSEA by enforcing and integrating approached in the response and by establishing appropriate management systems. The CFM supported the implementation, reporting and handling of PSEA related complaints with confidentiality. Dedicated staff were available to address PSEA complaints. WFP also engaged with existing formal and informal social networks such as UN agencies, protection groups and women's right organizations to support their efforts as first responders to prevent gender-based violence (GBV).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WFP has already established procedures and principles that support Gender Transformative Programming (GTP) at all levels. GTP emphasizes integration of the programme, while also addressing deep-rooted gender disparities. Gender and age segregated data and information was collected to also ensure that the different food security and nutrition needs of women, men, girls and boys are met and these do not exacerbate existing inequalities or create new protection risks thus abiding by do no harm principles. WFP systematically introduced gender budgets in field-level agreements with its cooperating partners to implement WFP's assistance in a gender-responsive manner. Cooperating partners were strongly encouraged to employ female and gender staff and work in close coordination with community women. Keeping in view the culture and norms of the targeted communities, the community decision-making bodies were gender-balanced and inclusive.

e. People with disabilities (PwD):

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

WFP pays special attention to the identification and registration of vulnerable groups and Persons with Disabilities (PWDs) including elderly and chronically ill people. Village committees were utilized to identify people with disability and prioritized in response. All-out efforts were made to establish distribution points closer to the beneficiaries' locations i.e. at village level. WFP cooperating partners (CPs) made special arrangements to facilitate PWDs in field as much as possible, sometimes using dedicated desks for collection of food assistance, and delivery of food to the house in case the beneficiary was unable to travel to the distribution point.

f. Protection:

For WFP, gender and protection are of particular concern. WFP employees and partners prevent and mitigate risks by upholding the “do no harm” policy and minimum standards integrating GBV interventions into humanitarian actions. As a starting point, WFP sensitized the local community on the purpose, objectives, targeting criteria and implementation modality in a participatory manner. Special emphasis was made on provision of assistance in a dignified manner, including selection of distribution nearest to the beneficiaries, neutral location to avoid attachment of political or ethnic affiliations and easily accessible for men/women/children and others along with separate infrastructure set-up and female staff available to assist women. In the context of COVID-19, WFP developed specific Standard Operating Procedures (SOPs) to implement the response in a sensitive way. WFP delivered exclusive sessions on protection of marginalised communities during the orientation workshop. Detailed discussion on “do no harm” according to different cultural contexts were carried out to ensure that the teams of the cooperating partners were fully aware of and capable enough to ensure the protection of affected population.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

NA

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
snow emergency	https://web.facebook.com/WFPakistan/photos/pcb.2804817159609049/2804814639609301/

3.4 Project Report 20-RR-WHO-021

1. Project Information			
Agency:	WHO	Country:	Pakistan
Sector/cluster:	Health - Health	CERF project code:	20-RR-WHO-021
Project title:	Reduce mortality and morbidity among affected population to reduce PH impact of extreme weather conditions from heavy snow fall and floods		
Start date:	01/01/2020	End date:	12/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		US\$ 50,000
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		
	Amount received from CERF:		US\$ 150,014
	Total CERF funds sub-granted to implementing partners:		US\$ [0]
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ [0]
	International NGOs		US\$ [0]
	National NGOs		US\$ [0]
	Red Cross/Crescent Organisation		US\$ [0]

2. Project Results Summary/Overall Performance

The main objective of this project was to reduce mortality and morbidity among heavy snowfall and flood-affected people through provision of assortment of essential medicines and medical supplies. WHO used CERF funds to procure and distribute 190 international health kits. Some 200,000 people benefited from this project, including 48,200 men, 46,596 women, 54,806 boys and 50,398 girls. WHO implemented the project in coordination with the Department of Health and People's Primary Healthcare Initiative (PPHI), which is the custodian of primary healthcare in Balochistan province, to strengthen delivery of life-saving services/supplies and compliment the activities of other partner UN agencies. As planned, 190 International Emergency Health Kits (IEHK) which included medicines and supplies were dispatched to Baluchistan province for utilization through a rational distribution plan, and good storing practices.

In view of the COVID_19 emergency, and the ensuing logistics and global shortages and restrictions, placed by the Drug Regulatory Authority of Pakistan (DRAP) on clearance of certain items in international kits; the procurement of remaining IEHKs and essential supplies was impacted, and project was completed as planned with local procurement to supplement the global kits supply.

3. Changes and Amendments

- There was a global shortage of healthcare kits and supplies due to the COVID-19 emergency and half of the required kits had been procured initially.
- WHO encountered huge challenges in securing NOC from the Drug Regulatory Authority of Pakistan (DRAP) for some components of the IEHKs.
- In view of the logistics and procurement difficulties due to the prevailing COVID-19 situation, the remaining items were procured locally to supplement the kits. Project activities were accomplished as per plan.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	46,596	48,200	50,398	54,806	200,000	46,596	48,200	50,398	54,806	200,000
Total	46,596	48,200	50,398	54,806	200,000	46,596	48,200	50,398	54,806	200,000
People with disabilities (PwD) out of the total										
	260	210	200	260	930	260	210	200	260	930

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The main aim of this project was to reduce mortality and morbidity among heavy snowfall and flood-affected people through provision of assortment of essential medicines and medical supplies. WHO used CERF funds to procure and distribute 190 international emergency health kits (IEHKs). Some 200,000 people benefited from this project, including 48,200 men, 46,596 women, 54,806 boys and 50,398 girls from mixed population groups (including Afghan refugees).

6. CERF Results Framework

Project objective	Reduce avoidable mortality and morbidity among the affected population as a result of heavy snow fall and floods			
Output 1	Essential health service delivery strengthened Health			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Health – Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of planned IHK kits provided and handed over to Provincial Health Department	190	190	[DoH Balochistan]
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 1.1	Procurement and distribution of IEHKs to the Department of Health, Balochistan	People's Primary Health Care Initiative (PPHI)		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹⁰:

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Beneficiaries and affected populations were not consulted in the designing stage of this proposal. However, WHO in collaboration with the Provincial Health Department Balochistan, conducted emergency assessment of the snow emergency affected districts including Killa Abdullah. Glaring gaps were identified in provision of health services in the emergency situation. This information guided the development of this proposal. WHO also monitored the trend of COVID-19 in all districts including the districts of Killa Abdullah in Balochistan. Specific monitoring visits were planned through local committees with inclusion of representatives from the affected communities.

b. AAP Feedback and Complaint Mechanisms:

WHO involved the project beneficiaries through consultation with the health workers in the target districts for feedback on the services being provided. A suggestion box was also provided to collect feedback from the affected population.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Due consideration was given to GBV cases through provision of psychosocial and referral support. Declaration of Compliance with Prevention of Sexual Harassment, Exploitation and Abuse was signed by all the selected partners including ensuring special measures in accordance with the PSEA declaration.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This project was duly guided by WHO's guidance on addressing human rights dimension of COVID-19 response (April 2020). The proposed project interventions would utilize the nexus of both guiding mandates to eventually contribute to SDGs health related targets (3.8-UHC), gender equality and women empowerment related targets (5.1, 5.2, 5.5 and 5.6). It helped strengthen, integrate and unpack gender and human rights dimensions of the National Humanitarian and COVID-19 Response Plan of Pakistan and principally focused on promoting gender equality, without attention to specific age groups.

e. People with disabilities (PwD):

The needs of PwD were duly considered in the planning of the project and the proposed interventions.

f. Protection:

The project interventions adequately covered the needs and concerns of vulnerable groups including women, girls, children, people with disabilities (PwDs) through adequate risk communication messages, psychosocial and referral support. Declaration of Compliance with Prevention of Sexual Harassment, Exploitation and Abuse were duly discussed with the implementing partners, in accordance with the PSEA declaration.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

NA

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-RR-WFP-022	Food Assistance	WFP	NNGO	\$33,648
20-RR-WFP-022	Food Assistance	WFP	NNGO	\$23,868
20-RR-WFP-022	Food Assistance	WFP	NNGO	\$21,773
20-RR-WFP-022	Food Assistance	WFP	INGO	\$11,489
20-RR-WFP-022	Food Assistance	WFP	NNGO	\$16,134
20-RR-FPA-021	Health	UNFPA	NNGO	\$49,776