CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

PAKISTAN
RAPID RESPONSE
FLOOD
2020

20-RR-PAK-45179

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:		
Please indicate when the After-Action Review (AAR) was conducted and who participated. The participants of the After-Action Review included HCT members, sector leads, PHF (Pakistan Humanitarian Forum for International partner organizations) and NHN (National Humanitarian Network for national partner organizations). In addition, real-time progress checks were made of the CERF projects during alternate HCT meetings. The RCHC also made spot check of the projects and briefed the agencies on strengths and areas of improvement.	16 April 2021	
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:

In September 2020, Sindh province was severely affected by floods. The CERF acted immediately and allocated around US$ 3 million to UNICEF, WFP and WHO to reduce the mortality and morbidity of flood affected populations through the provision of life-saving healthcare, water, sanitation and hygiene related interventions, and distribution of cash for emergency food assistance to the most vulnerable households affected by the floods and pandemic. To maximise outreach in short time, mobile teams and clinics were employed that provided health care, promoted exclusive breastfeeding practices through Behavioural Change Communication and shared hygiene awareness among the targeted population. Through timely health outreach services with the collaboration of relevant government departments, the flood affected population, especially mothers, children and elders and people with disabilities in six districts of Sindh province were able to access health care, improve their health condition. Mobile health outreach also helped to minimize the risk of pandemic disruptions and maintain continuity of the critical operations, while ensuring the safety of the staff. The integrated sectoral approach of Health-WASH-Nutrition helped meet the most time-critical needs and provided life-saving assistance to the most affected population. In the monitoring visits, a visible difference was seen of the conditions soon after the emergency and 3-4 months into the response.

CERF's Added Value:

Enhancing Coordination
UN and partner agencies maintained close coordination with the relevant government authorities at the provincial and district level. In each district, lead agencies and their cooperating partners held regular meetings with the district administration for identification and prioritization of areas most affected by the floods.

Complementarity with ongoing government response and others funding streams
The CERF allocation contributed to ongoing government response and complementarity was ensured with the Pakistan Humanitarian Pooled Fund (PHPF) for efficient use of resources to meet priority humanitarian needs. In 2020, PHPF allocated $9.7 million to the humanitarian response to various emergencies, including floods and the COVID-19. pandemic.

Innovative approaches
With CERF support, UNICEF complemented ongoing nutrition response through deployment of additional mobile teams and provision of nutrition supplies to those for whom it was difficult to access. The health and nutrition's partners deployed a mobile team to reach out hard to reach areas and for improved access of humanitarian response, in particular women and girls with disabilities.

Community engagement through campaigning and awareness raising messages
In each district, WFP and its cooperating partners held regular meetings with the district administration for identification of areas most affected by the floods.
Under WASH response, additionally, 207,989 (45,831 men, 55,234 women, 49,282 girls, 57,642 boys) were reached with messages on safe hygienic practices, emphasizing handwashing at critical times and use of various household water treatment options. Total 559 awareness sessions on improved hygiene behaviours were conducted in both districts. Awareness raising messages were also aired using radio channels while about 50,000 people were reached with messages on cell phones. Announcements for emphasizing handwashing with soap, personal hygiene and COVID-19 awareness disseminated through loudspeakers using 500 rickshaws and 100 mosques. Meanwhile, 100 religious leaders engaged to promote hygiene practices who then disseminated key messages during Friday prayers and religious occasions. Around 126 water user committees formed and trained on operation and maintenance of handpumps and water supply schemes. Overall, 30,000 families benefitted from distribution of hygiene kits, which include soap and menstrual products, amongst others.
For prevention and treatment of micronutrient deficiencies among women and children, about 529 community health workers (CHW), who were recruited under the government and partners' Accelerated Action Plan (AAP), were engaged in community outreach activities, including screening and referral, promotion of optimal breast-feeding practices and provision of multi-micronutrient supplements to children. The CHWs established 290 mother support groups and 276 father support groups, that reached 23,043 women and caretakers on key messages on infant and young child feeding, including early initiation of breastfeeding, exclusive breastfeeding and timely introduction of complementary feeding and dietary diversity.

Enhancing quality of aid
To ensure inclusion of the qualitative aspects of the humanitarian response, the lead sector agencies developed sector-specific and measurable quality indicators, Procurement of humanitarian supplies were made on fast-track through approved vendors and under the strict quality checks. Monitoring visits were conducted at project sites in collaboration with sector leads to verify the quality of the activities and provide necessary technical support for quality implementation.

Promoting cash based programming

Wherever possible, cash response modality/unconditional cash assistance was used in which women-headed households and orphaned children in rural areas were prioritized. The cash-based transfer intervention specifically targeted areas and households which did not receive any prior assistance from the humanitarian community.

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 Areas[1]:

1. **Support for women and girls**

49 per cent of the total targeted beneficiaries under the food security response were women and girls.

50 per cent of the total targeted beneficiaries under the Water and Sanitation, and Nutrition response were women and girls.

58 per cent of the total targeted beneficiaries under the Health response were women and girls.

Nutrition services focused on the most vulnerable population groups, i.e. women and children under five. The programme generated gender disaggregated data and analysed it to ensure equal access to lifesaving nutrition services. In nutrition response, 24,911 children (12,057 girls) aged 6-59 months were screened for acute malnutrition. Moreover, pregnant and lactating women were provided multi-micronutrient tablets and/or iron folic acid (IFA) for prevention and treatment of micronutrient deficiencies.

A major consideration for the CERF response was support provided to women and girls and how their needs were addressed. In the WASH response, this was done by prioritizing women-headed households while distributing NFIs at the doorstep for the elderly and disabled people. The needs of women and adolescent girls during menstruation were taken into account when specifying items in hygiene kits. The location of emergency latrines was determined in consultation with women and girls.

Meanwhile, female participation in water user committee and WASH committees was ensured - about 50 per cent of community resource persons identified from each village were women.

In health response, the primary focus continued to be providing essential health services, including maternal and new-born child health, reproductive health, immunization and safe delivery. In the health response, emphasis remained on supporting the most vulnerable people, including women and children.

[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.

2. Targeting disabled people

In 2020, CERF allocation reached 6,081 disabled people, an additional 211 of the planned which is the 2% of the total targeted beneficiaries.

More than 6,000 people with disabilities were reached with health interventions (1,916 women, 729 men, 2,159 girls and 1,277 boys) while 5,633 people with disabilities (1,729 women, 1,948 girls and 1,956 boys) were reached with Nutrition services.

3. Protection and PSEA

Handpumps and the water tanks were situated at a safe distance from residents, keeping in mind the protection of women, girls, boys and men. Locations of water points were identified in consultation with women and girls who were responsible for water collection for household use. By reducing the amount of time required in water collection there is a lower risk of gender-based violence when women were out collecting water.

UNICEF conducted a PSEA assessment for Shifa foundation and an action plan was then developed highlighting areas requiring improvement. Orientation sessions were then conducted for implementing staff on recording and handling PSEA complaints.

4. Education

UNICEF used its own resources to engage teachers and students at school level to promote improved hygiene behaviours, reaching 369 girls and 869 boys in 30 schools accordingly. Furthermore, WASH clubs were formed for promoting and sustaining WASH behaviours in the school learning environment.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**60,000,000**
CERF	2,999,886
Country-Based Pooled Fund (if applicable)	2,487,810
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	**5,487,696**

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	20-RR-CEF-052	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene	750,000
UNICEF	20-RR-CEF-052	Nutrition - Nutrition	250,000
WFP	20-RR-WFP-043	Food Security - Food Assistance	1,499,886
WHO	20-RR-WHO-033	Health - Health	500,000
Total			**2,999,886**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**2,608,169**
Funds sub-granted to government partners*	92,195
Funds sub-granted to international NGO partners*	78,235
Funds sub-granted to national NGO partners*	221,287
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**391,717**
Total	**2,999,886**

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

On 10 September 2020, the Government of Pakistan declared a national emergency as a result of the heaviest monsoon rains recorded in the last 70 years. Within Pakistan, Sindh Province was affected the most with 20 of the province's 29 districts declared as 'calamity-affected' by the provincial authorities. Provincial Disaster Management Authority (PDMA) Sindh requested United Nations Pakistan to conduct a Rapid Needs Assessment (RNA) for initiating a localized response in 11 districts (6 urban and 5 rural) out of 20 calamity affected districts, to assess the needs and damages of the affected communities. In Sindh alone, 2.4 million people had been affected, 145 persons dead and 96 injured, 15,233 villages flooded, 214,344 houses damaged. In total, 196 relief camps had been established which provided shelter to 23,629 people. Additionally, it was estimated that 1.9 million acres of crops had been affected and 45,961 livestock perished. The government estimated a $60 million need for relief supplies and services, and $419 million for rehabilitating damaged and destroyed homes while a minimum of $300 million to repair the infrastructure.

More than 1.2 million people in 6 of the most affected districts (Umerkot, Sanghar, Tharparkar, Badin, Sujawal, and Mirpurkhas) have been registered by the authorities for immediate humanitarian assistance. These included hundreds of thousands of women, children and men who were displaced from their waterlogged villages and forced to live in inundated fields infested with mosquitos, without safe water, latrines, or any means of livelihood.

Safe drinking water was an immediate need. Health risks were associated with the use of contaminated and untreated water for drinking. In most of the areas, dewatering was required to remove stagnant water which otherwise would take weeks to recede. Flood water had limited the mobility and access of people to basic necessities. There was clearly a need to rapidly scale-up to meet the needs of affected people before their condition further deteriorated leading to greater loss of life.

Heavy rains had destroyed the cotton crop that was ready for harvest, and a major source of livelihoods for half the year. Small farmers who took debt for seeds and fertilizer were most affected and women from marginalized communities who were paid daily wages to pick the crops. The flood emergency had overburdened the ability and capacity of response and resources. The population affected was faced with exposure to secondary hazards, risks and vulnerabilities such as long-term displacement, socio-economic losses and resurgence of the pandemic in the affected areas.

Findings from UN Rapid Needs Assessments showed that food, safe water, shelter / NFIs, access to healthcare and prevention from vector-borne diseases are the most urgent immediate needs for the period of displacement and return. The Humanitarian Country Team developed a multi-sector response plan to address this gap and facilitate resource mobilization.

Operational Use of the CERF Allocation and Results:

In response to the flood emergency, the Emergency Relief Coordinator's allocation of $3 million from CERF enabled UN agencies and partners to provide life-saving assistance to more than 300,000 people, including 109,000 women, 88,000 men, 119,000 children, and over 6,000 people with disabilities in the Health, Food Security, Nutrition and Water, Sanitation and Hygiene sectors. An additional 100,000 of the planned were reached through the fund. The CERF allocation kick started and scaled up the response to address immediate life-saving needs of the population affected by the August floods in Sindh.

UNICEF Pakistan implemented emergency WASH and nutrition response for flood affected communities in partnership with Shifa Foundation through the deployment of eight mobile teams in flood affected union councils and remote villages in Sindh province. Funds for the WASH component were utilized to increase access to safe drinking water and improve hygiene awareness among the affected population in two flood affected districts of Sindh. A total of 114,987 people (25,338 men, 30,536 women, 27,246 girls, 31,867 boys) were provided access - 34,551 people through water trucking, 69,106 people through rehabilitation of 148 handpumps / 30 deep bore wells and 11,330 people through rehabilitation of 6 public water supply schemes. Mothers/caretakers in targeted communities accessed skilled support for appropriate maternal, infant and young child nutrition (MIYCN) practices, with emphasis on early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years through effective Behaviour Change Communication with appropriate IEC material. Furthermore, the mobile team approach coupled with effective outreach campaigns led to higher numbers of screenings.

Through the nutrition response, a total of 30,031 children (15,046 boys; 14,985 girls) were screened using mid-upper arm circumference (MUAC) measuring tape and oedema assessment. About 2,823 severely acute malnourished (SAM) children (1,216 boys; 1,607 girls) were enrolled in the outpatient therapeutic programme (OTP) and treated with a cure rate above 90 per cent. The team also identified and referred 63 children (34 boys; 29 girls) with complications to a nutrition stabilization centre.

In response to the devastating monsoon floods in Sindh province, WFP Pakistan, upon request from the host government, provided emergency assistance to the most vulnerable families in the targeted flood affected districts of Mirpurkhas, Umerkot, Karachi (Malir) and Sanghar. The response was carried out in two phases: during the first phase, a single round of food ration was provided to 11,000 flood affected households (71,500 people) and during the second phase, WFP supported 17,341 households (112,716 people) through cash grants, to help them meet their basic needs.

Through the CERF grant, WHO through its implementing partner Department of Health, Sindh provided the emergency primary health care services to the flood affected communities. The modality of assisting the affected community was provision of medical services through mobile medical camps and reporting the disease modality through sentinel surveillance of communicable diseases in Tharparkar, Mirpurkhas, Badin, Sanghar, Sujawal and Umerkot.

100% of planned 98,000 beneficiaries and additional 197,393 consultations were covered under this project. 2,312 mobile health camps were set up in flood affected areas with department of health and additional 275 mobile camps were targeted six districts with medicine (WHO IEHK) support.

917 awareness sessions had been conducted. Number of female participants were higher than male participants i.e. 8,147 (61%) and 5,282 (39%) respectively. No. of children referred for vaccination were around 613 carried out by mobile team. Monitoring the health status of the flood affected population was done through identification of 24 selected health facilities.

People Directly Reached:

To avoid duplication, the highest number of beneficiaries reached by a sector has been used. Here Health Sector reached an additional 95,000 to the original planned figures i.e., 200,000 of the WASH Sector. When the highest number of women, men, girls and boys was taken from each sector, the total number of reached beneficiaries was even higher 317,589, than total health sector reached figures, 295,393. To note that the CERF allocation reached at least 95,000 more beneficiaries than the planned.

The increase in beneficiaries reached mainly through the collaboration with department of health. The emergency response started in the affected districts soon after the proposal for CERF funding was initiated. Six districts were most affected and there was need of urgent humanitarian response. Due to time required in processing of financial documentation and transfer of fund to the implementation unit, WHO sought options to meet urgent health needs. WHO in collaboration with Department of Health (DoH) made a plan to arrange human resources by the DoH while WHO could support on provision of IEHK for the flood affected people. As the displacement was quite huge initially, the logistic vans were managed by the DoH and WHO was able to reach high number of people than was actually planned. This was sort of stop gap arrangements made and transformed once CERF funding arrived.

People Indirectly Reached:

More than 300,000 people were reached with (WASH) hygiene messages disseminated through SMS, local FM Radio and rickshaw loudspeaker announcements. Under the nutrition component, people were indirectly reached with messages on COVID-19 though awareness sessions in communities and display of banners and other information, education and communication materials.

Under flood emergency response relief intervention, WFP cumulatively supported 187,564 people in four flood affected districts of Sindh province including Mirpurkhas, Umerkot, Karachi (Malir) and Sanghar. Subsequently, in the second phase, cash-based transfers were provided to 112,716 people in districts Mirpurkhas, Sanghar and Umerkot. The provision of cash transfers had a two-pronged effect where it not only enabled the targeted vulnerable household to meet its basic needs, but also injected cash into the affected communities' economy, thereby supporting economic recovery and revival in the affected region. As a result, the community as a whole benefitted, however it is difficult to isolate and quantify the number of indirect beneficiaries affected.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Food Assistance	26,304	27,375	24,182	25,171	103,032	28,776	29,948	26,455	27,537	112,716
Health – Health	28,839	18,561	25,815	24,785	98,000	109,296	88,618	62,033	35,446	295,393
Nutrition – Nutrition	14,984	0	12,057	12,854	39,895	13,303	0	14,985	15,046	43,334
Water, Sanitation and Hygiene - Water, Sanitation and Hygiene	54,000	52,000	48,000	46,000	200,000	55,234	45,831	49,282	57,642	207,989
Total	**124,127**	**97,936**	**110,054**	**108,810**	**440,927**	**206,609**	**164,397**	**152,755**	**135,671**	**659,432**

* 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	**317,589**
Total	**200,000**	**317,589**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	54,000	109,296	1,948	1,916
Men	52,000	88,618	684	729
Girls	48,000	62,033	1,567	2,159
Boys	46,000	57,642	1,671	1,277
Total	**200,000**	**317,589**	**5,870**	**6,081**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS
3.1 Project Report 20-RR-CEF-052

1. Project Information

Agency:	UNICEF	**Country:**	Pakistan
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	20-RR-CEF-052
Project title:	Provision of emergency Water, Sanitation and Hygiene (WASH) and nutrition services in Priority Flood Affected Districts of Sindh Pakistan		
Start date:	15/10/2020	**End date:**	14/04/2021
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 4,895,329**
Total funding received for agency's sector response to current emergency:	**US$ 195,000**
Amount received from CERF:	**US$ 1,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 221,286**
Government Partners	NA
International NGOs	NA
National NGOs	US$ 221,287
Red Cross/Crescent Organisation	NA

2. Project Results Summary/Overall Performance

Emergency WASH and nutrition response for flood affected communities was implemented in partnership with Shifa Foundation through the deployment of eight mobile teams in flood affected union councils and remote villages in Sindh province. During the reporting period, a total of 30,031 children (15,046 boys; 14,985 girls) were screened using mid-upper mid upper arm circumference (MUAC) measuring tape and oedema assessment. About 2,823 severely acute malnourished (SAM) children (1,216 boys; 1,607 girls) were enrolled in the outpatient therapeutic programme (OTP) and treated with a cure rate above 90 per cent. The team also identified and referred 63 children (34 boys; 29 girls) with complications to a nutrition stabilization centre. Some nutrition component targets were exceeded as target estimates were based on the 2017 Census, and actual population figures have changed since. Furthermore, the mobile team approach coupled with effective outreach campaigns led to higher numbers of screenings.

For prevention and treatment of micronutrient deficiencies among women and children, a total of 13,303 pregnant and lactating women and 9,584 children (4,763 boys; 4,821 girls) were provided multi-micronutrient supplements (iron folic acid and micronutrient powder). About 529 community health workers (CHW), who were recruited under the Accelerated Action Plan (AAP), were engaged in community outreach activities, including screening and referral, promotion of optimal breast-feeding practices and provision of multi-micronutrient supplements to children. The CHWs established 290 mother support groups and 276 father support groups, that reached 23,043 women and caretakers on key messages on infant and young child feeding, including early initiation of breastfeeding, exclusive breastfeeding and timely introduction of complementary feeding and dietary diversity.

Funds for the WASH component were utilized to increase access to safe drinking water and improve hygiene awareness among the affected population in two flood affected district of Sindh (Dadu and Sajawal). A total of 114,987 people (25,338 men, 30,536 women, 27,246 girls, 31,867 boys) were provided access - 34,551 people through water trucking, 69,106 people through rehabilitation of 148 handpumps / 30 deep bore wells and 11,330 people through rehabilitation of 6 public water supply schemes. Additionally, 207,989 (45,831 men, 55,234 women, 49,282 girls, 57,642 boys) reached with messages on safe hygienic practices, emphasizing handwashing at critical times and use of various household water treatment options. Total 559 awareness sessions on improved hygiene behaviours conducted in both districts. Awareness raising messages were also aired using radio channels while about 50,000 people reached with messages on cell phones. Announcements for emphasizing handwashing with soap, personal hygiene and COVID-19 awareness disseminated through loudspeakers using 500 *rickshaws* and 100 mosques. Meanwhile, 100 religious leaders engaged to promote hygiene practices who then disseminated key messages during Friday prayers and religious occasions. Around 126 water user committees formed and trained on operation and maintenance of handpumps and water supply schemes. Overall, 30,000 families benefitted from distribution of hygiene kits, which include soap and menstrual products, amongst others.

3. Changes and Amendments

No changes have been made the planning and implementation of nutrition component of the programme, which was implemented through Shifa Foundation in target areas as per the original plan. Meanwhile, under the WASH component, some targets were overachieved. Total 114,987 people were provided access to safe drinking water, exceeding the target at 164 per cent. The reasons for overachievement include the fact that in the initial phase of emergency response, water trucking was increased as water was brackish and not fit for drinking. Resultantly, 17 per cent of people were reached as opposed to 4 per cent as agreed in the proposal to create access to sufficient quantities of water to meet survival requirements. Furthermore, 6 water supply schemes are being rehabilitated based on request by the government as opposed to the planned 5. Additionally, 30,000 families were provided with hygiene kits as opposed to the target of 20,475 due to increased demand and savings in supplies. Conversely, because groundwater is very deep and brackish, a limited number of handpumps rehabilitated (148 against targeted 178). About 30 handpumps were changed to deep bores wells due to soil conditions in Dadu. However, beneficiaries per handpump increased as limited handpumps are available and communities from surrounding villages fetch water from these communal handpumps

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition - Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**					
Returnees	0	0	0	0	**0**					
Internally displaced people	0	0	0	0	**0**					
Host communities	0	0	0	0	**0**					
Other affected people	14,984	0	12,057	12,854	**39,895**	**13,303**		**14,985**	**15,046**	**43,334**
Total	**14,984**	**0**	**12,057**	**12,854**	**39,895**	**13,303**		**14,985**	**15,046**	**43,334**
People with disabilities (PwD) out of the total										
	1,948	0	1,567	1,671	**5,186**	**1,729**	**NA**	**1948**	**1,956**	**5,633**

Sector/cluster	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**					
Returnees	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.

Internally displaced people	0	0	0	0	**0**					
Host communities	0	0	0	0	**0**					
Other affected people	54,000	52,000	48,000	46,000	**200,000**	**55,234**	**45,831**	**49,282**	**57,642**	**207,989**
Total	**54,000**	**52,000**	**48,000**	**46,000**	**200,000**	**55,234**	**45,831**	**49,282**	**57,642**	**207,989**
People with disabilities (PwD) out of the total										
	216	208	192	184	**800**	**356**	**356**	**0**	**0**	**712**

* 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

More than 300,000 people are expected to be reached with hygiene messages disseminated through SMS, local FM Radio and *rickshaw* loudspeaker announcements. Under the nutrition component, people will indirectly be reached with messages on COVID-19 though awareness sessions in communities and displays of banners and other information, education and communication materials.

6. CERF Results Framework

Project objective	To increase access to WASH services, with a focus on safe drinking water, improving hygiene awareness and lifesaving nutrition for affected population in the target districts.

Output 1	Increase access to safe drinking water for the affected population

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

Sector/cluster				
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of people with access to safe drinking water	70,000	114,987	Partner report, Public Health Engineering Department (PHED) and UNICEF monitoring reports
Indicator 1.2	Number of water supply schemes/handpumps installed and/or made operational	5 schemes and 178 handpumps	6 water supply schemes, 148 hand pumps 30 deep bore wells rehabilitated	Partner report, PHED and UNICEF monitoring reports
Indicator 1.3	Number of people with access to safe drinking water through water tankering	7,000	34,551	Partner report, UNICEF monitoring reports

Explanation of output and indicators variance:	During the initial phase of emergency response, water trucking was increased over a period of two months due to brackish nature of water in *taluka* Johi of Dadu district and *taluka* Jatti of Sajawal district. Beneficiaries exceeded the target in the proposal (7,000 people), reaching 34,551 people. Additionally, 6 water supply schemes as opposed to 5 were rehabilitated due to a request received from PHED: reaching 11,330 people. Due to soil conditions in Dadu, 30 handpumps were changed to deep bore wells. As a result, 148 handpumps were rehabilitated against the targeted 178. However, beneficiaries per

	handpump were high as communities from surrounding villages also accessed these.

Activities	Description	Implemented by
Activity 1.1	Technical verification/design of water supply schemes	UNICEF LTA contractor, Nayab Construction, hired for provision of shallow hand pumps.
Activity 1.2	Rehabilitation/installation of water supply schemes	UNICEF LTA contractor, Hydropak International, hired for rehabilitation of drinking water supply schemes and Nayab Construction for shallow handpumps
Activity 1.3	Water tankering	Shifa Foundation

Output 2	Improved health and hygiene awareness among the affected population for approximately 200,000 people
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people benefitting from hygiene promotion messages	200,000	207,989	Partner reports, UNICEF monitoring reports
Indicator 2.2	Number of people benefitting from hygiene kit distribution	20,475 families	30,000	Partner reports, UNICEF monitoring reports

Explanation of output and indicators variance:	Against the target of 20,475 families, 30,000 were provided with hygiene kits - additional hygiene kits were provided due to increased demand against savings in supplies.

Activities	Description	Implemented by
Activity 2.1	Social mobilisation and hygiene promotion, delivery of inter-personal communication messages	Shifa Foundation
Activity 2.2	Distribution of hygiene kits	Shifa Foundation

Output 3	Children from 6 to 59 months screened, diagnosed and treated for SAM in target UCs and villages through eight mobile teams
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒

Sector/cluster	Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of children 6-59 months screened for acute malnutrition using MUAC tape	24,911 children (12,057 girls; 12,854 boys)	30,031 children (15,046 boys; 14,985 girls)	Nutrition Management Information System
Indicator 3.2	# of severely acute malnourished girls and boys enrolled in OTP Program	2,600 children (1,287 girls; 1,373 boys)	2,823 children (1,216 boys; 1,607 girls)	Nutrition Management Information System
Indicator 3.3	# of mobile teams deployed	08 mobile teams, comprising nutrition assistant and IYCF counsellor, who will be supported by commun	8 mobile teams were deployed for provision of nutrition services	Nutrition Management Information System
Explanation of output and indicators variance:				

Activities	Description	Implemented by
Activity 3.1	Establish/deploy 08 mobile OTP teams for the provision of nutrition services	A total of 8 mobile teams were deployed by Shifa Foundation in targeted union councils/ villages. Female staff (over 60 per cent) recruited for provision of services at doorsteps of households and at satellite sites established for flood response by the district health office. Mobile teams were supported by a network of supervisors and community health workers in their respective catchment communities.
Activity 3.2	Procure essential nutrition commodities (RUTF, iron folic acid and multi-micronutrient supplements) for provision to children and PLW	UNICEF procured 3,642 cartons of RUTF, 24,000 packs of multi-micronutrient powder (MNP) (pack of 50), 25,000 bottles of iron folic acid (IFA) (bottle of 100) and 40 packs of MUAC tape.
Activity 3.3	Screening of children using MUAC through mobile teams at community level	Children under five years were screened using MUAC tape and oedema assessment. A total of 30,031 children (15,046 boys; 14,985 girls) were screened.
Activity 3.4	Identification and registration of SAM girls and boys in the Outpatient Therapeutic Feeding program.	A total of 2,823 SAM children (1,216 boys; 1,607 boys) were enrolled in OTP and treated with RUTF. Of them, 63 SAM children (34 boys; 29 girls) were diagnosed with medical complications and referred / treated at a nutrition stabilization centre.

Output 4	Mothers/caretakers in targeted communities' access skilled support for appropriate maternal, infant and young child nutrition (MIYCN) practices, with emphasis on early initiation of breastfeeding, exclusive breastfeeding up to six

	months, continued breastfeeding up to two years through effective Behaviour Change Communication with appropriate IEC material

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# of mothers/caretakers of girls and boys counselled on optimal MIYCN practices	14,984 pregnant and lactating women	23,043 pregnant and lactating women and caretakers	Nutrition Management Information System
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 4.1	Regularly conduct awareness sessions on the importance of optimal infant and young child feeding practices	Total 290 mother and 276 father support groups established, and are now actively engaged in community outreach activities, including screening, referral and conducting awareness sessions at community level with appropriate information education and communication (IEC) materials. Mobile teams were supported by community health workers, who capacitated them on service delivery protocol and referral pathways.

Output 5	Children under the age of five year and pregnant and lactating women are provided with multi-micronutrients supplements for prevention and treatment of anaemia and other micronutrient deficiencies

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	# of girls and boys under five year of age who are provided with multi-micronutrient powder (MNP) for home fortification of complementary foods	10,823 (5,238 girls; 5,584 boys)	9,584 children (4,763 boys; 4,821 girls)	Nutrition Management Information System
Indicator 5.2	# of pregnant and lactating women provided multi-micronutrient tablets and/or iron folic acid (IFA) for prevention and treatment of micronutrient deficiencies	14,984 PLW provided with IFA	13,303 PLW provided IFA	Nutrition Management Information System

Explanation of output and indicators variance:	With CERF support, additional children and PLW to those reached under Accelerated Action Plan (AAP) were provided micronutrient supplements through mobile team and outreach workers.

Activities	Description	Implemented by
Activity 5.1	Procurement and timely provision of multi-micronutrient supplements and IFA for use by children and PLW	UNICEF procured supplies (micronutrient powder and iron folic acid) from offshore locations through its supply division in Copenhagen. The office released stock to partners in a timely manner as per their needs and storage capacity.
Activity 5.2	Provision of MNP to children and IFA to PLW	Multi-micronutrient supplements were provided to pregnant and lactating women and children under five years to prevent and treat micronutrient deficiencies. A total of 9,584 children (47,63 boys; 4,821 girls) and 13,303 pregnant and lactating women reached.

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 areas[2] 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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[3]:

The programme targeted people vulnerable due to floods or living in remote villages and union councils with limited access to basic WASH and nutrition services. With CERF support, UNICEF complemented ongoing nutrition response through deployment of additional mobile teams and provision of nutrition supplies to those whom it is difficult to access. Local communities were engaged in programme design and implementation through community health workers (recruited with support from AAP) from targeted villages and through the establishment of 290 mother and 278 father support groups. A secondary village level assessment helped identify basic WASH needs, especially for women and children, and activities were designed accordingly. Meanwhile locations and types of services were identified by the community itself. Direct monitoring as well as remote monitoring were key tools to determine whether WASH services are reaching the affected population. Village water user committees established in each village with representation of women, men and children, which

[2] 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.

[3] 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.

then provided basic training to communities on operation and maintenance of water supply schemes and handpumps. Rehabilitated schemes are eventually handed over to PHED and a focal person at district level will be responsible for operation and maintenance.

b. AAP Feedback and Complaint Mechanisms:

Nutrition programme implementation was closely monitored by UNICEF, Department Health and AAP. UNICEF conducted regular monitoring and quality assurance programmatic visits to track the progress and get feedback directly from communities. UNICEF teams also visited implementation sites for support supervision and coordination with other partners. Meanwhile, Shifa, which has access to beneficiaries, has an existing grievance response mechanism that is instrumental to course correction and improvements.

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

UNICEF conducted a PSEA assessment for Shifa foundation and an action plan was then developed highlighting areas requiring improvement. Orientation sessions were then conducted for implementing staff on recording and handling PSEA complaints.

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

Nutrition services focussed on the most vulnerable population groups, i.e. women and children under five. The programme generated gender disaggregated data and analysed it to ensure equal access to lifesaving nutrition services. Furthermore, services were provided irrespective of gender, race, religion and ethnicity in some of the most vulnerable and hard-to-reach areas of the province. Recruitment of female staff members was instrumental as it helped ensure the participation of mothers and caretakers throughout programme delivery. Furthermore, locations of water points identified in consultation with women and in line with SPHERE standards as women and girls often carry the burden of water collection for household use. By reducing the amount of time required in water collection there is an associated lower risk of gender-based violence when women are out collecting water.

Hygiene kits were designed considering the needs of women and adolescent girls (including menstrual hygiene products), followed by dedicated awareness sessions conducted with women and girls. During hygiene kits distribution, women headed households were prioritized. Meanwhile, female participation in water user committee and WASH committees was ensured - about 50 per cent of community resource persons identified from each village were women.

e. People with disabilities (PwD):

An estimated 5,633 people with disabilities (1,729 women, 1,948 girls and 1,956 boys) were reached with nutrition interventions while 668 people with disabilities (356 women, and 312 men) were reached with WASH services.

f. Protection:

Handpumps and the water tanks are situated at a safe distance from residents, keeping in mind the protection of women, girls, boys and men. Locations of water points were identified in consultation with women s women and girls often carry the burden of water collection for

household use. By reducing the amount of time required in water collection there is a lower risk of gender-based violence when women are out collecting water.

g. Education:

UNICEF used its own resources to engage teachers and students at school level to promote improved hygiene behaviours, reaching 369 girls and 869 boys in 30 schools accordingly. Furthermore, WASH clubs were formed for promoting and sustaining WASH behaviours in the school learning environment.

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.

The programme does not utilize this modality.

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

9. Visibility of CERF-funded Activities

Programme Photographs
WASH Programme

Programme orientation meeting at village level in Sajawal district @UNICEF Pakistan 2021

Hygiene session conducted by Hygiene promoter in Sajawal @UNICEF Pakistan 2021

Deep Afredeve handpump established with CERF support in Dadu @UNICEF Pakistan 2021

Water supply scheme in Sajawal after rehabilitation @UNICEF Pakistan 2021

Nutrition Programme

District Commissioner's visit to District Tharparkar to assess progress @UNICEF Pakistan 2021

A child being screened using MUAC tape @UNICEF Pakistan 2021

Awareness session on IYCF in District Tharparkar @UNICEF Pakistan 2021

Awareness session on IYCF in District Tharparkar @UNICEF Pakistan 2021

3.2 Project Report 20-RR-WFP-043

1. Project Information

Agency:	WFP	**Country:**	Pakistan
Sector/cluster:	Food Security - Food Assistance	**CERF project code:**	20-RR-WFP-043
Project title:	Provision of lifesaving cash assistance to households affected by Floods in Sindh, Pakistan		
Start date:	20/10/2020	**End date:**	19/04/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency: **GUIDANCE**: Figure prepopulated from application document.	**US$ 9,000,000**
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$ 500,000**
Amount received from CERF:	**US$ 1,499,886**
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$ [**78,235**]**
Government Partners	US$ 0
International NGOs	US$ 78,235
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

In response to the devastating monsoon floods in Sindh province, WFP Pakistan, upon request from the host Government, provided emergency assistance to the most vulnerable families in the targeted flood affected districts (Mirpurkhas, Umerkot, Karachi (Malir) and Sanghar). The response was carried out in two phases: during the first phase, a single round of food ration was provided to 11,000 flood affected households (71,500 people) and during the second phase, WFP supported 17,341 households (112,716 people) through cash grants, to help them meet their basic needs.

Throughout the implementation of this project, WFP maintained close coordination with the relevant Government authorities at the provincial and district level. In each district, WFP and its cooperating partners held regular meetings with the district administration for the identification of areas most affected by the floods. To ensure the most vulnerable households are targeted, WFP established village development committees (VDCs) which helped identify the most vulnerable households in the targeted districts and provided additional support for the timely implementation of project activities. These committees proved to be useful in maintaining communication with the

affected population and with the identification of food storage points, and mobilization of registered households for the collection of food commodities.

The cash-based transfer intervention specifically targeted areas and households which did not receive any assistance from the humanitarian community. Duplication of assistance was mitigated through 4W analysis which was maintained by the food security and agriculture working group and through coordination with local government authorities for the targeting of non-assisted population and geographical areas.

As per the drought assessment study, a total of 40.6 percent of the people in the targeted areas had poor food consumption scores and 40.8 percent of the people had borderline food consumption scores. Post intervention, it was found that the percentage of people with poor food consumption declined to 14 percent. It is most likely that these people have graduated into having a borderline food consumption score (which rose to 67 percent) after the conclusion of WFP's assistance.

3. Changes and Amendments

All activities under this response were concluded as per the proposed workplan. No changes were made to the scope, and timelines of the intervention and all proposed outcomes were achieved as per the results reported in the relevant sections of this report.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
	Planned					**Reached**				
Category	**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	26,304	27,375	24,182	25,171	**103,032**	28,776	29,948	26,455	27,537	112,716
Total	**26,304**	**27,375**	**24,182**	**25,171**	**103,032**	28,776	29,948	26,455	27,537	112,716
People with disabilities (PwD) out of the total										
	657	684	605	630	**2,576**	718	748	661	688	2,815

* 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 its flood emergency response relief intervention, WFP cumulatively supported 187,564 people in four flood affected districts of Sindh province including Mirpurkhas, Umerkot, Karachi (Malir) and Sanghar. In the initial phase 71,500 people were provided two-week food rations in districts Mirpurkhas, Umerkot, Sanghar, and Karachi (Malir). This was essential to prevent further deterioration in the precarious food security situation of these vulnerable communities that had been left with little or no means to provide for their basic food needs due to the flooding. Subsequently, in the second phase cash-based transfers were provided to 112,716 people in districts Mirpurkhas, Sanghar and Umerkot. The provision of cash transfers has a two-pronged effect where it not only enables the targeted vulnerable household to meet its basic needs, it also injects cash into the affected communities' economy, thereby supporting economic recovery and revival in the affected region. As a result, the community as a whole is likely to benefit, however it is difficult to isolate and quantify the number of indirect beneficiaries affected.

6. CERF Results Framework

Project objective	Provision of urgent lifesaving cash assistance to households affected by Floods in Sindh

Output 1	Severely affected and/or most vulnerable households supported with Cash assistance to meet their critical food needs

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

Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of households that receive Cash in a timely manner	15,851	17,341	WFP Disbursement Record
Indicator 1.2	Amount of cash disbursed	1,031,940	1,031,940	WFP Disbursement Record
Explanation of output and indicators variance:		[Fill in]		

Activities	**Description**	**Implemented by**
Activity 1.1	Selection of cooperating partner (CP)	WFP
Activity 1.2	One day orientation of CPs on project strategy and Cash distribution mechanism	WFP
Activity 1.3	Coordination arrangement with relevant stakeholders	WFP/Food security and agriculture working group/ /District administration / PDMA (Provincial Disaster Manager Authority)
Activity 1.4	Registration of beneficiaries	WFP/CP

Activity 1.5	Validation of beneficiaries	WFP
Activity 1.6	Cash disbursement	WFP/CP/Financial service provider
Activity 1.7	Monitoring	WFP/CP
Activity 1.8	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 areas[4] 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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) [5]:

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 respect the dignity of the 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. WFP's targeting approach included intersectionality to assess vulnerabilities based on sex, age, including disabilities that supported greatly to target the most vulnerable. Communities were then briefed on the village selection criteria through broad-based community meetings conducted at the village level. Beneficiaries' feedback were also addressed. Village development committees (VDCs) were formed comprising of 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 partnerships with local actors to build their long-term relationship and trust with the targeted communities. In addition, complaint and feedback mechanisms (CFM) were placed that feed into and supported collective and participatory approaches. CFM also inform, listen to communities, address and lead to corrective action.

b. AAP Feedback and Complaint Mechanisms:

WFP has a dedicated complaint and feedback mechanisms (CFM) allowing communities to register their response through complaints and feedback box, desk, helpline (toll free number), social media pages and regular in-person consultations and monitoring that enable communities to register grievances directly. The CFM is an integral component of all WFP's interventions. WFP ensures that the community is briefed on the grievance mechanism and its contact details are displayed in locations easily accessible by the community. To encourage beneficiaries to register their feedback and complaints, the CFM banners (both descriptive and pictorial) in local and regional languages are also displayed at all cash distribution sites. Any complaint registered through this platform is dealt with strict confidentiality, data protection principles, through proper channels and tracked until the case is satisfactorily closed.

[4] 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.

[5] 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.

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

WFP demonstrates its commitment to PSEA by enforcing an integrated approach in the response and by establishing appropriate management systems. It has dedicated fully trained staff and focal points that manage complaints in a responsible and professional manner, maintaining cultural sensitivity and confidentiality. WFP's CFM support the implementation, reporting and handling of PSEA related complaints with confidentiality. Dedicated staff are always there to deal with PSEA complaints. WFP also engages 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:

The project significantly contributes towards gender equality and women empowerment (GEWE) by specifically targeting women and vulnerable groups and prioritizing them in offering benefits. Out of 112,716 people assisted, 41% (55,231) were women and girls. Economic empowerment through cash can greatly affect families especially headed by women. Moreover, cooperating partners (CPs) were strongly encouraged to employee female and gender staff and work in close coordination with community women. The community decision-making bodies were gender-balanced and inclusive. Gender specific needs assessments and budget for equality activities particularly addressing gender-based violence (GBV) were made part of the field-level agreement (FLAs). CPs were advised to carryout GBV related activities, as needed that provided women greater confidence.

e. People with disabilities (PwD):

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 disabilities, while using Washington based questions (WBQs) on disabilities. Through the intervention, 2,815 people with disabilities were assisted. Maximum efforts were made to establish distribution points closer to the beneficiary homes. WFP cooperating partners made special arrangements to facilitate PWDs in the field as much as possible.

f. Protection:

For WFP, protection of affected populations is 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. Cooperating Partners (CPs) informed the local community regarding the project's purpose, objectives, targeting criteria and implementation modality in a participatory manner. Each beneficiary's prior consent was obtained for personal data collection. Special emphasis was made on provision of assistance in a dignified manner. This included the selection of distribution points that were nearest to the beneficiary homes, at neutral locations 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 SOPs to implement the response in a sensitive manner. WFP also delivered exclusive sessions on protection of marginalised communities during the CP orientation workshop.

g. Education:

WFP partners delivered nutrition sensitisation messages to selected households as a complementary part of the lifesaving project. The objective was to raise awareness in the targeted communities on best practices pertaining to health and hygiene, thereby contributing to positive behavioral change which would eventually lead to sustained improvement in the food and nutrition security of the region. These contextualized nutrition specific messages were finalised and delivered in collaboration with the provincial Nutrition Directorate. The village development committees mobilized the selected households for cash assistance and WFP's partner staff delivered the nutrition sensitization messages while adhering to COVID-19 SOPs .

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 the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	112,716

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.

All WFP cash programmes are overseen by the Country Office Cash Working Group, a cross-functional group which ensures that all cash-related processes (including transfer modality selection, targeting, financial service provider selection and reconciliation, monitoring etc.) follow WFP's corporate cash transfer SOPs. Special focus is given to accountability and segregation of duties. WFP Pakistan has also developed COVID-19 cash SOPs, to minimize the risk of disease transmission to staff and beneficiaries. These SOPs are being adhered to in all of WFP's ongoing cash distribution interventions across the country.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity # 1.6 (Cash Disbursement)	112,716	US$ 1,031,940	Unconditional Food Security	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Sindh Floods TWEETS	https://twitter.com/WFPPakistan/status/1341245663535919106 https://twitter.com/WFP_Europe/status/1341020850414256129 https://twitter.com/WFP_Europe/status/1331875841224167424 **https://twitter.com/WFPPakistan/status/1325763151183314944** https://twitter.com/WFPPakistan/status/1326466404388888576
Sindh Floods FACEBOOK – Case Study	https://web.facebook.com/WFPPakistan/photos/pcb.3610919532332137/3610850572339033/

FACEBOOK POSTS	https://web.facebook.com/WFPPakistan/photos/pcb.3495197023904389/3495186867238738/
I Sindh Floods WFP Corporate webpage (Success Story)	https://medium.com/world-food-programme-insight/how-cash-assistance-is-bringing-relief-to-flood-affected-families-in-pakistan-68133fa07be6

3.3 Project Report 20-RR-WHO-033

1. Project Information

Agency:	WHO	**Country:**	Pakistan
Sector/cluster:	Health	**CERF project code:**	20-RR-WHO-033
Project title:	Supporting the Government of Pakistan to improve the health status of the flood affected population in Sindh through improving access to health care		
Start date:	30/10/2020	**End date:**	29/04/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency: **GUIDANCE**: Figure prepopulated from application document.	**US$ 7,500,000**
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$ 300,000**
Amount received from CERF:	**US$ 500,000**
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$ 92,195**
Government Partners	US$ 92,195
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance:

Through the CERF grant, WHO through its implementing partner Department of Health, Sindh provided the emergency primary health care services to the flood affected communities. The modality of assisting the affected community was provision of medical services through mobile medical camps and reporting the disease modality through sentinel surveillance of communicable diseases.

1. Mobile Medical Camps:

Mobile camps services in different talukas and UCs of affected districts started during the last week of December 2020 in District Tharparkar & from Frbruary 2021 in remaining five districts i.e. Mirpurkhas, Badin, Sanghar, Sujawal and Umerkot.

100% of planned 98,000 beneficiaries and additional 197,393 consultations were covered under this project. Initially the funds were a bit delayed so WHO collaborated with the department of health and started the camps using HR support from the DoH while medicines were provided by WHO.

2,312 Mobile health camps in all the floods affected areas with dept. of health using WHO IEHK kits and additional 275 mobile camps in targeted six districts with all HR and medicine support.

917 awareness session have been conducted. Number of female participants were higher than male participants i.e. 8147 (61%) and 5282 (39%) respectively. No. of children referred for Vaccination were around 613 carried out by mobile team.

2. Surveillance:

Monitoring the health status of the floods affected population was done through identification of 24 selected health facilities. ARI (6306) was the top disease affecting the community followed by Diarrhea (2926), Dysentery (450), Skin Diseases (3058), Eye Infection (1205), Suspected Malaria (710), Suspected Dengue (11), Suspected Typhoid Fever (156), and other cases were recorded around (12746).

3. Changes and Amendments

The emergency response started in the affected districts soon after the proposal for CERF funded project was initiated. Six districts were most affected and there was need of urgent humanitarian response. Due to the processing of financial documentation and transfer of funds to the implementation unit required some time so the agency (WHO) sought the options available at that time to meet urgent health needs. WHO in collaboration with the department of health made a plan that if the human resource can be arranged by the department of health till the funding comes in, WHO will supported immediately through provision of IEHK kits for the flood affected population. As the displacement was quite huge initially so launching this plan before actual funds were made available, the logistic cost of mobile vans was managed by department of health and we were able to reach high number of people than what was actually planned. This was sort of stop gap arrangements made and transformed once CERF funding arrived.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
	Planned					Reached				
Category	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	28,839	18,561	25,815	24,785	**98,000**	**109,296**	**88,618**	**62,033**	**35,446**	**295,393**
Total	**28,839**	**18,561**	**25,815**	**24,785**	**98,000**	**109,296**	**88,618**	**62,033**	**35,446**	**295,393**
People with disabilities (PwD) out of the total										
	571	380	547	570	**2,068**	**1916**	**729**	**2159**	**1277**	**6081**

* 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.

The CERF project was designed to cater the affected population displaced during the floods and residing in temporary camps through mobile medical services. However after initial few months the camps were disembarked due to declining water level and the affected population started to return and reside in the host community. So while establishing the mobile medical camps, the population of host community was also catered and provided with the emergency medical services. In addition to this as EPI diseases was one of the major concern area especially for preventing the under 5 morbidity and mortality, the EPI referral network was established in through the medical mobile camps. A total of 681 children of eligible age were referred to nearest health facility and were vaccinated against EPI diseases. Moreover, as COVID-19 pandemic was there, 2612 patients with Influenza like illness were referred and encouraged for COVID-19 testing.

6. CERF Results Framework

Project objective	Supporting the Government of Pakistan to improve access of the flood affected population to health care especially of the mothers, children and the elderly affected by the floods in Sindh Province

Output 1	Integrated health care outreach services provided to the flood affected population specially mothers, children and the elderly

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	Proportion of planned mobile clinic conducted in the three districts	288 (100%)	2587	OPD registers Mobile plans
Indicator 1.2	Proportion of planned medicines and medical supplies (IAEHK) procured and distributed including mosquito nets	200 Inter Agency Emergency Health Kits (IEHK (100%)	400	Record of donations to DoH, Mobile medical Camps records
Explanation of output and indicators variance:		As WHO started the response from the very outset of the emergency, and in close coordination with the provincial government, higher than planned targets were achieved despite challenges.		

Activities	**Description**	**Implemented by**
Activity 1.1	Identify and engage 3 mobile team members	WHO through Department of Health, GoS. Provided essential services and organized the awareness sessions in the community each mobile medical team consisted of

* 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.

		medical officer, staff nurse, health education officer and one paramedic in each district.
Activity 1.2	Conduct 288 Mobile Health clinics (12 outreaches per week for 6 months)- covering, antenatal, post-natal, family planning and health education	- 2312 Mobile health camps in all the floods affected areas with dept. of health using WHO IEHK kits plus medical services - 275 mobile camps in targeted six districts with all HR and medicine support
Activity 1.3	Procure and distribute (200 IAEHK) medicines and medical supplies	Medicines and medical supplies equivalent to approx. 400 IEHK kits were distributed during these mobile outreach activities
Activity 1.4	Print and distribute treatment guidelines. Mentor health workers on the use of treatment guidelines. Monitor implementation of the guidelines	The case definition and threshold charts for Integrated disease surveillance were printed and distributed to all identified districts
Output 2	Health status of the floods affected population in 6 districts of Sindh province monitored and disease upsurge responded to	

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	Proportion of health facilities providing weekly reports of the disease trends	80%	100%	DHIS reports Weekly SARI_ILI reporting
Indicator 2.2	Case fatality rates for Pneumonia	<1%	100%	Health facility data
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 2.1	Identify and designate 24 health facilities from the 6 districts as sentinel surveillance sites	24 sites were established in 6 districts. Implemented by WHO with Department of Health, Sindh
Activity 2.2	Provide data collection tools to each of the 24 surveillance sites (line list templates, daily reporting tools, weekly reporting tools, monthly reporting tools,	Data collection tools (OPD registers, Medicine expense register, Health education register and tally sheets, referral slips and register) were provided to the teams

	case investigation forms, viral transport medium, Dengue RDTs kits)	
Activity 2.3	Identify one focal person in each of the 24 sentinel surveillance sites and provide monthly facilitation allowance of US$ 100. The focal person will be responsible for collecting, analysing and reporting data on disease occurrence in the health facility.	24 sentinel staff were selected from respective health facilities
Activity 2.4	Identify one focal person in each of the 6 districts to be district focal person for sentinel surveillance. Provide monthly facilitation allowance of US$ 100. The focal person will be responsible for collecting, analysing and reporting data on disease occurrences from all sentinel surveillance sites in the district.	6 Focal persons were identified who reported daily on OPD cases and SARI-ILI cases
Activity 2.5	Conduct case investigation of disease reported	Diseases of concern like COVID-19, SARI, Measles were investigated
Activity 2.6	Respond to disease outbreaks	Responded to COVID-19 and Measles outbreaks
Activity 2.7	Monitor the implementation of sentinel surveillance by WHO provincial and national level	WHO provincial, Federal office, Director General Health and his staff

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 areas[6] 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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[7]:

[6] 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.

[7] 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.

WHO is the key partner with Government in addressing the health challenges in Pakistan according to its comparative advantage and mandate of providing health care services. WHO being the lead in the health sector and also co-chair of the health working group provide support for planning, implementation, and coordination of emergency response at national/provincial level and have strong partnership with Government office bearers both at national/provincial level. WHO is advocating and supporting the national/provincial Government for lifesaving activities through coherent and holistic approach to address immediate and underlying causes of health conditions in emergency context. WHO advocated to mobilize resources and escalated its efforts to address the access challenges of the affected population through a comprehensive response plan.

WHO implemented this fund through consultations with stakeholders (MoH, DoH, UN, health partners). The project took affirmative actions regarding women's representation to promote health seeking behavious and practices and strengthened the referral mechanisms.

b. AAP Feedback and Complaint Mechanisms:

WHO Pakistan has established a structure for registering complaints with the WHO Representative and Head of Mission, Head of Provincial Sub-Office, Cluster Lead, or Operations Officer using a number of mechanisms including suggestion box, emails, phone calls, or verbal reporting. WHO has also placed suggestion boxes in national and provincial offices to receive complaints maintaining anonymity and confidentiality. WHO Representative also frequently travels to projects areas and meets with beneficiaries to ensure that grievances are timely addressed.

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

WHO is committed to the protection from sexual exploitation, abuse, and harassment (PSEAH), and has "Zero" tolerance for any such misconduct as these are an unacceptable breach of the fundamental rights of the people we serve and work with, as well as a deep betrayal of the core values of the Organization, and of the United Nations (UN), in general. WHO is also determined to support its staff to speak out to ensuring prompt and effective response to SEA reports, and to protecting staff who come forward.

Several measures have been taken by the higher management of WHO including the constitution of a PSEAH Working Group for WHE in view of emergency work of WHO around the world. Staff is mandated to complete online training on Zero tolerance for sexual abuse. The recently established WHE-PSEA Working Group is a proactive mechanism to inform senior management and provide actionable recommendations with the objective of ensuring that WHE operations apply PSEA policies as well as policies on gender-based violence.

In line with the Executive Board 148-4 on Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH), and as part of its core commitments to the Organizational values and principles, and to the UN-wide collective Accountability Framework to Affected Population, and to EB 148-4, WHO is obligated to report on implementation of SEAH policies to Member States on quarterly and annual basis.

WHO is part of the UN Working Group on PSEA and regularly participates and contributes to the meetings and development of guidelines. WHO maintains full confidentiality of people from the field who report PSEAH through its complaint mechanism. These reports are timely addressed and necessary actions are taken immediately with cooperation of local authorities

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

WHO's corporate framework for gender mainstreaming was applied as a cross-cutting theme in interventions. WHO collected disaggregated data by gender and age and ensured gender balance among participants in training courses supported by WHO. This helped to ensure that project assessments, planning, designing, implementing, monitoring and evaluation was performed with due consideration to gender equality. Special attention was given to the needs of women and girls and interventions were implemented accordingly which improved the health and well-being of vulnerable segments significantly. This also mitigated the risk of any potential negative effects.

Sex and Age disaggregated data was collected in intervention area and a thorough analysis was carried out to respond to changing needs during the project implementing period. WHO focused on involving both genders and all age groups to increase the effectiveness and impact of the project in the targeted area. The activities were built the capacity and raised the level of confidence of the tergeted population, including female beneficiaries. Gender equity and social exclusion principles was an integral part of the interventions implemented in the intervention area.

e. People with disabilities (PwD):

WHO took all appropriate measures to ensure the dignity of the vulnerable beneficiaries especially persons with disabilities and special needs. The mechanism for establishing linkages are in place to ensure access of persons with disability with special focus on women and girls to essential emergency healthcare.

f. Protection:

WHO ensured that sufficient attention is given to protection mainstreaming to ensure corrective measures are identified and implemented. Provision of healthcare was monitored throughout the project implementation periodically to identify corrective actions to be taken promptly to improve the quality of health interventions.

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	[Fill in]

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.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US$)	Sector/cluster	Restriction

(incl. activity # from results framework above)				

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]

Success Story

WHO initiated the response activities to the Sindh floods within a week of the emergency. The WHO country representative DR Palitha Mahipala personally visited the affected areas, urgently donated 20 Inter-agency Emergency health Kits (IEHK) containing essential medicines and supplies for over 75000 people, over 750,000 aqua tablets, 3 Flood rescue water boats, Surgical masks, Tyvek suites and Hand sanitizers. This emergency support was given through active coordination with the NDMA and the Sindh DoH. This highly facilitated the WHO Sindh team to take the lead in setting up emergency medical camps for provision of Primary Health care, Immunization services and health education sessions in the effected districts

The availability of the CERF funding support a few weeks later was extremely helpful to strengthen the ongoing humanitarian support and implementation of additional mobile/outreach medical services, with active cooperation of the Department of Health Sindh. After the CERF support became available, supplemented with WHO resources, WR Pakistan handed over a second donation of much needed additional supplies worth 527,073 USD for Sindh floods response to the Chairman, National Disaster Management Authority (NDMA) Lt. Gen Muhammad Afzal. The donation included 300 Blankets, 5000 mosquito nets, multipurpose tents and COVID19 RT-PCR Kits (1000 kits of 50 tests each).

As a result of these efforts, 179090 persons benefited from the support, in addition to the 100% of planned 98000 beneficiaries. Key Achievements included successful procurement & distribution of essential medicines and supplies, and 2312 Mobile health camps in all the floods affected areas with dept. of health using WHO IEHK kits and additional 275 mobile camps in targeted six districts with all HR and medicine support. The project also incorporated successful monitoring of the health status of effected population through sentinel disease surveillance and reporting. The successful implementation of the project despite the prevalent COVID19 pandemic situation is an excellent example for future multi-sector and multi-agency collaboration in complex emergency situations.

Onsite visit of the Sindh Flood effected districts by WR Pakistan Dr Palitha Mahipala 8 Mar 2021

Emergency Medical Camps in flood effected districts

Field outreach activities through Mobile medical camps and community awareness sessions in Flood effected district

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-RR-CEF-052	Nutrition	UNICEF	NNGO	$38,287
20-RR-CEF-052	Water, Sanitation and Hygiene	UNICEF	NNGO	$183,000
20-RR-WFP-043	Food Assistance	WFP	INGO	$42,272
20-RR-WFP-043	Food Assistance	WFP	INGO	$35,963
20-RR-WHO-033	Health	WHO	GOV	$92,195