United Nations CERF Central Emergency Response Fund

PAKISTAN
UNDERFUNDED EMERGENCIES
ROUND II
DROUGHT
2020

20-UF-PAK-45168

Julien Harneis

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A

Owing to the reason that UN recipient agencies / IPs and sectors were providing feedback in real time of their projects on a bi-monthly basis during the HCT meeting which helped rectify some of the emerging issues and after the completion of the projects, did not require to have a separate AAR. Sectoral inputs and feedback from the projects were consolidated in the lessons learnt and shared in this report. Upon the direction of the RCHC, Mr Julien Harneis, the update of the said CERF allocation has been part of the HCT standing agenda during its implementation period, where project managers were asked to provide succinct presentations, focusing mostly on challenges and their solutions. It is during one of the HCT meetings, that the issue of security restrictions was identified in South Waziristan and the delay observed in providing GBV services. To bring back the activities on track, UNDSS and district/ local authorities were consulted, and a timely action was taken with support from the HCT. Furthermore, the RCHC conducted regular monitoring visits to the CERF projects, once towards the beginning and the other mid-way during implementation. In his feedback, the RC/HC acknowledged the work of partners and the UN and synergies amongst all projects and mentioned it as 'one of the best examples of integrated work'.

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 combined outcomes under CERF allocation had strengthened the humanitarian response as a whole and ensured that the fundamental rights of the refugees, host communities and people with special needs and disabilities were safeguarded through availability of life saving services including nutrition, reproductive health services and contextualized GBV information and services. The allocation focused on two components to maximize impact while maintaining close coordination with district authorities – Nutrition and GBV. The integrated CMAM package at facility and community level significantly improved the nutritional status of identified malnourished children under five years and pregnant and lactating women through provision of supplementations and key family practices sessions on MIYCN to overcome the myths and beliefs among communities on health / nutrition seeking behaviours. Health sector response was used as a discreet entry point for GBV-specific activities. One of GBV innovative approaches - telemedicine system strengthened basic and advanced level lifesaving integrated health care with clinical case management; psychosocial support, mental health care, multisectoral referral services and increased service outreach for GBV survivors. Considering the cultural sensitivity and limited mobility of females in the area, this component was a success. Formation of human rights defender groups and involvement of community elders was one of the key factors in creating awareness on GBV redressal mechanisms at the community level. This created a sense of ownership and enhanced the confidence in the service providers. Coupling GBV redressal with livelihood interventions was another learning experience as this helped the GBV survivors to lead a dignified life, however, the outcomes would have been far more reaching if these were connected with the state financial institutions. In the words of the RCHC, the overall implementation was one of the best amongst CERF projects implemented in other country contexts, he had visited.

CERF's Added Value:

Nutrition

Under the direct supervision of Department of Health, Government of Baluchistan, an integrated package of services was provided with support from CERF at delivery points, at facility and at the community levels through close coordination and collaboration with UNICEF, WFP and WHO. The agreed activities were coordinated through nutrition working groups with Provincial Disaster Management Authority (PDMA) and other relevant coordination platforms i.e Health and WASH WGs and monitored through district and tehsil level coordination committees.

The integrated CMAM package at facility and community level improved the nutritional status of identified malnourished children under five years and pregnant and lactating women through provision of supplementations, iron folic acid (IFA) and key family practices sessions on MIYCN to overcome the myths and beliefs among communities on health / nutrition seeking behaviours. They provided services to the poor host and refugee communities, enhanced the access towards health and nutrition services and empowered the department/government to ensure availability of services for vulnerable communities. Services were available at facility and community levels through CERF allocation and health systems were strengthened in supported areas of interventions.

Health and Gender Based Violence

The GBV and SRH strategies under CERF were joint efforts of UNFPA, WHO, UNWOMEN, WFP and UNICEF. The combined outcomes under CERF allocation had strengthened the humanitarian response as a whole and ensured that the fundamental rights of the refugees, host communities and people with special needs and disabilities were safeguarded through availability of life-saving services including reproductive health services through contextualized GBV information and services. The project interventions included establishment of Women Friendly Health Spaces (WFHS) to support GBV lifesaving multi-sectoral services, while using health sector response as a discreet entry point for GBV-specific activities. The continued awareness raising campaigns led to an increase in referrals for SRH and GBV services to nearest health facilities including psychosocial support services and case management. The CERF allocation facilitated provision of GBV prevention and response services in District South Waziristan Agency (SWA) of Newly Merged Districts (NMDs) for

the first time. As per Pakistan Demographic and Health Survey (PDHS) 2017/18, GBV prevalence is highest in NMDs of Khyber Pakhtunkhwa province.

According the PDHS (2017-18), Balochistan had the lowest (56%) uptake on antenatal care services, lowest skilled deliveries (38.2%), poor family planning uptake (19.8% CPR), highest fertility rate (4.0%) and the highest maternal mortality (298). The CERF helped to fill the existing gaps of resources including deployment of female healthcare providers, medicines/ supplies, infrastructural improvements and staff capacity building targeting the MNCH/ SRH services through BHUs/outreach activities which increased the services by double, compared to the baseline. These interventions boosted the community trust and the overall health seeking behaviour through the outreach activities conducted by LHVs.

Moreover, in district Chagai, UNFPA and UNOCHA with support from Pakistan Humanitarian Pool Funds jointly established telemedicine services at BHU Sergaishah, as this unit also served as a hub for SRH interventions in the district. UNFPA engaged mobile service units with SRH specific telemedicine services to reach the communities and people in need in remote areas. In total, 1,479 individuals who couldn't visit the health or GBV services facilities due to various reasons including COVID-19 accessed the SRH/GBV services through telemedicine facilities. Similarly, UNFPA implementing partners during community outreach activities and awareness sessions disseminated information regarding various interventions implemented under CERF support. The communities were informed about the stabilization center by WHO, nutrition programme for pregnant and lactating women by WFP. Community mobilization on SRH & GBV services coupled with information of availability of various other services being offered under CERF support helped UNFPA's implementing partners in building rapport in the community; as a result, community's trust and confidence on implementing partners significantly improved which greatly contributed to achieving the project targets and increased the referral to these facilities managed under WHO, WFP and UNICEF partnership.

Nutrition

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

Yes ☒ Partially ☐ No ☐

Through emergency services provided, communities and children had quick access for nutrition interventions in their catchment populations while people in need at community and facility levels benefited through comprehensive CMAM package.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The supported grant responded to the critical needs of vulnerable communities. As per the national nutrition survey (NNS) 2018, malnutrition prevalence is very high in selected districts where nutrition interventions were required on an emergency basis to implement nutrition specific and sensitive interventions at facility and community levels. The life-threatening nutrition needs in these districts i.e., treatment of severely acute malnutrition children, referral, and treatment of complicated and moderate cases, PLWs, MIYCN activities were responded through the utilization of this grant.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The grant helped strengthen the coordination platform and activation of working groups at districts and provincial levels through conducting regular progress sharing meetings and joint/integrated implementation of interventions by humanitarian organizations chaired by government stakeholders. The nutrition working group worked closely with partners/members and other sectors such as food security, WASH and health for a coherent and synergistic response. Nutrition working group coordination carried out on a regular basis for technical support, progress /challenges sharing, while joint monitoring visits were also conducted. UNICEF worked closely with WFP, WHO, PDMA, NGOs, Health Department and District Coordination Committees and Health management for smooth implementation of integrated package of Nutrition services.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

Community outreach was supported by WFP and UNICEF, community screenings for malnutrition and referrals to TSFP managed by WFP, and SC managed by WHO are done as per protocols. Similarly, referrals are also done between TSFP, OTPs and SC moreover micronutrient supplementation and IYCF awareness is also practiced at community and facilities. Overall, the mobilization of resources improved through launching of integrated interventions of comprehensive CMAM package by the agencies at district and community levels.

GBV-Health/RH

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

Yes ☒ Partially ☐ No ☐

The project supported through CERF funding was specifically aimed at targeting the essentially required SRH/FP and GBV services at the community level with special focus on vulnerable and marginalised communities in projected areas. The WFHS and Health Facilities (HFs) supported through CERF interventions provided services on a 24/7 basis and were a source of assistance for the people in need. Awareness-raising sessions were conducted regarding GBV, PSEA, psycho-social support services, SRH/FP under the overarching Covid-19 context. The GBV services were extended in district SWA of NMDs under CERF support, a welcome initiative by local communities where the need was very high, but services were non-existent.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The CERF funding SRH/FP and GBV services strengthened, and gaps were filled which helped in responding to the critical needs both in the provinces of Balochstan and KP. The interventions were guided by Interagency Minimum Standards for Gender Based Violence and Minimum Initial Service Package (MISP) for Reproductive Health.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The GBV Sub-Working Group and RH working group were engaged to ensure effective and timely multi-sectoral prevention, mitigation, response and protection services to women/girls and other vulnerable groups. During the project, a strong coordination had been established with humanitarian communities. The GBV referral pathways were established and strengthened through effective coordination of UNFPA, UNWOMEN, UNHCR and UNDP and ensured a positive response based on needs.

During the CERF implementation period, the coordinated efforts greatly improved the service delivery and referral mechanism at community as well as facility level. For instance, women and girls visiting health facilities or WFHS were referred to WFP for malnutrition assessment and support and they were provided with relevant supplements. Similarly, women accompanying their children were also referred to nutrition stabilization center and satellite sites for nutrition supplements managed through UNICEF and WHO partners.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

The coordination mechanism and partnerships with relevant actors provided a platform to utilise resources effectively and efficiently in the project. PPHI and MNCH provided infrastructure, human resources, medicines/ supplies while a contingency budget was mobilised for interventions. The Population Welfare Department provided contraceptives/ FP commodities to enhance the FP service provision. For GBV UNWOMEN, support was extended to women institutions including Women Reporting Centre, GBV Helpline under the Women Development Department and provided training to line department staff on GBV referral pathways which linked very well with the community-based interventions and continuation of services. Prime Foundation (UNFPA partners NGO) which was engaged in a health project in SWA, immediately integrated the GBV component to their services while building on their partnerships with local communities and health departments.

Considerations of the ERC's Underfunded Priority Areas[1]:

Nutrition sector projects have been compliant with gender markers 2a and 2b in the past. In terms of complementarity with Gender Equality Measures (GEM), nutrition sector plans, collects and report gender segregated data for boys and girls aged 0 to 59 months (GEM, B). While targeting PLW for dedicated supplementary programmes and micronutrients along with advocacy on food choices breastfeeding and care practices, supported interventions not only built their resilience but empowered them to make a right choice in their means for their nourishment thus complementary with GEM D & E. Through capacity development of implementation partners both in government and CSOs on PESA, the programme ensured HACT programmatic and financial accountability and thus attends to GEM E, G & H. Furthermore, with establishment of feedback desks at feeding sites, engagement through health committees of health facilities, third party field monitoring, financial monitoring against set indicators ensured transparency complementing GEM.

During the project period, 80% of the HR deployed in focused districts comprised women. They were trained for identification and provision of required services to people with disabilities identified at community levels and ensure service delivery through mobile interventions in project areas - this needs to be supported in the future to strengthen services for vulnerable groups which are neglected in communities.

Resources for nutrition interventions has been a challenge in recent decades due to non-availability of allocations by government for nutrition specific and sensitive interventions. PC-1s have been prepared and submitted for allocations but provision is still awaited. As Balochistan lies in the Nutrition Emergency Threshold. Therefore, further resources are required to support of CMAM interventions in the province.

GBV and SRH

Issues and concerns of women, girls and of other vulnerable groups especially PWD, minorities and refugees are often not identified as lifesaving support and overlooked during humanitarian response with limited to no specific funding to their needs. The dedicated funding envelope for GBV highlighted the importance of Gender Based Violence issues in humanitarian situations specially during COVID-19 and the need to respond to these issues. This conveyed a strong message while the referral pathways established with the project support continued to be strengthened and supported by the government departments. Efforts were underway to notify them at the provincial level. This also helped in highlighting the issue at the country level both with UNCT/HCT and with local stakeholders while addressing some of the most pressing needs and concerns under GBV. Some key initiatives were undertaken to support lifesaving services including establishment of GBV referral pathways, model WFHS and integrated SRH and GBV services. However, there is continued need to support GBV and SRH services considering the gravity of the situation in these two provinces with limited to weak institutional capacities. Through this allocation, the support was provided to women/girls including GBV, psychosocial support and SRH services. Awareness campaign was inclusive of disabled persons, people with special needs and the affected population. Though there was no other support for them, assistive devices for people with disabilities were provided through other ongoing projects/programmes (BRACE and PATRIP Foundation) in Pishin and Killa Saifullah districts. Through UNWOMEN funded CERF project, the capacity of relevant stakeholders including Police, PDMA, representatives from shelter homes etc were built to respond to the needs by providing trainings and understanding on the issues and case management processes which strengthened institutions and service delivery such as (referral pathways to have police, safe shelter homes and legal assistance etc. A portion of the funds were utilised in the remote and hard to reach areas of Wana, District SWA-NMDs in Khyber Pakhtunkhwa province. This was one of the first interventions on GBV in this area while NMDs ranked highest on GBV prevalence as per PDHS 2017/18. Women and girls in the area were facing their context specific GBV issues including early marriages, child labour, lack of girl's education and domestic violence. Through this program, activities were undertaken to respond to GBV issues through

[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.

counselling, sensitization and education, provision of psychosocial support services and referral support to the GBV survivors. The referral included (but not limited to) health, psychosocial, legal / justice and safety/security.

Funding Envelope for Gender-based Violence Programming:
Please explain how the additional funding envelope was used to address gender-based violence? How did it contribute to greater uptake of this issue across the humanitarian community on the country-level? How did it serve as a catalyst for addressing foundational issues and delivering a step change in gender-based violence programming?

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Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**145,800,000**
CERF	5,974,274
Country-Based Pooled Fund (if applicable)	9,681,445
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	**15,655,719**

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

Agency	Project Code	Sector/Cluster	Amount
UN Women	20-UF-WOM-003	Protection - Gender-Based Violence	175,001
UNFPA	20-UF-FPA-031	Health	703,101
UNFPA	20-UF-FPA-031	Protection - Gender-Based Violence	186,900
UNICEF	20-UF-CEF-050	Nutrition	2,200,000
WFP	20-UF-WFP-042	Nutrition	2,063,958
WHO	20-UF-WHO-031	Nutrition	535,611
WHO	20-UF-WHO-031	Protection - Gender-Based Violence	109,703
Total			**5,974,274**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**4,511,168**
Funds sub-granted to government partners*	946,666
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	516,440
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**1,463,106**
Total	**5,974,274**

* 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:

COVID-19 in Pakistan has exacerbated pre-existing vulnerabilities amongst populations who have faced multiple shocks, such as drought, locust outbreaks, floods, snows/ avalanches, and internal conflict. Pakistan is struggling to respond to these challenges, including the increased rates of domestic violence and gender-based violence (GBV) reported in the wake of the pandemic. The Pakistan Humanitarian Response Plan COVID-19 seeks $145 million of which $89 million (61%) has been received and the Nutrition and Food Security sectors have been the least funded (0%). The Pakistan Humanitarian Pooled Fund (PHPF) has provided $4.3 million to Food Security to four districts of Balochistan (Chaghi, Washuk, Jhal Magsi and Pishin) in the first standard allocation. Two PHPF-funded districts (Chaghi and Pishin) are also part of CERF targeted districts. This successive funding has provided an opportunity for inter-sectoral synergies toward improving humanitarian outcomes for crisis affected women, girls leading to gender empowerment.

The province of Balochistan was prioritized based on GAM prevalence across the province as per National Nutrition Survey NNS – 2017-18 accentuated due to protracted drought and food insecurity. Three districts of Kech, Loralai and Chaghi were prioritized based on high GAM prevalence, large number of Afghan refugee population burdening the weak health infrastructure.

Operational Use of the CERF Allocation and Results:

As a result, CERF allocated $6 million to Pakistan to sustain the implementation of key life-saving operations in June 2020. The CERF funding enabled UN agencies and partners to provide life-saving assistance to 520,524 people which are around 85,000 in addition to the planned target in seven prioritized districts of Balochistan (6) and Khyber Paktunkhwa (1) including 328,125 women, 73,011 boys, 75,744 girls, and 6,094 men including 3,290 people with disabilities. This funding has enabled UN agencies and partners to implement response activities, including provision of nutrition supplies and services and complementing sexual reproduction health services and mainstreaming GBV activities.

On a multi-sectoral level, the allocation addressed the nutritional needs of girls, boys and pregnant and lactating women and adolescent girls living in targeted villages. Maximum efforts were made to hire and train female staff (80%) for delivery of services. The community outreach component was strengthened through active involvement of Lady Health Workers in respective catchment communities. Mother and father support groups were established at village level to ensure their community participation in the delivery of results. The projects within this allocation collected and reported gender disaggregated data for key performance indicators.
CERF interventions identified the gaps and strengthened government institutes and health facilities. For instance, one of GBV innovative approaches - telemedicine system strengthened basic and advanced-level lifesaving integrated health care with clinical case management; psychosocial support, mental health care, multisectoral referral services and increased service outreach for GBV survivors.

People Directly Reached:

The CERF supported programme has been implemented in 3 districts across 29 nutrition sites established in health facilities where the beneficiaries of respective catchment areas have received nutrition services. The activities under CERF were held at community level in selected health facilities in collaboration with district health team, maternal and new-born child health programme and Lady Health Worker (LHW) programme. The services package includes all components of CMAM that benefitted 89,791 women, along with 44,998 girls and 47,562 boys with nutrition services directly supported by CERF.

The services were provided to the communities through the CERF-UFE supported health facilities and outreach services by health care providers. The data of the clients was being reported in the provided data reporting registers on a daily basis to avoid duplication. The record of the referred cases from BHU to DHQ was also mentioned separately to avoid duplication in reporting. For SRH and FP data, implementing partners used a centralized data reporting tool i.e District/Health Management Information System (HMIS/DHIS) which helped identifying any possible duplication of beneficiary if there were any while for GBV services, 4W (Who, Where, What and When) matrix along with GBV MIS/ Unique Identifier (registration number) was used that helped in double count reporting and maintaining data of individual beneficiaries who availed (GBV/ MPHSS services). The methodology adopted was that if a client was referred by a community resource person to a psychologist for counselling or related services, that client was counted once as beneficiary to avoid duplication or multiple counting. In the project duration, a total of 74,958 beneficiaries was reached, out of whom 31,314 individuals have received SRH services while 43,644 individuals have availed GBV services through WFHs and community outreach. UNFPA implementing partners, despite issues / challenges, succeeded in achieving the targets. The GBV implementing partners have overachieved targets by 229% while SRH implementing partners have achieved 67% target.

People Indirectly Reached:

Social mobilization is one of the key components of CMAM for this project. The purpose of social mobilization was to organize community elders, activists and influential individuals/ groups who played effective role in implementation of activities at community levels. Through this approach, men and women were organized in support groups and social behaviour change communication (SBCC) awareness raising sessions on different topics including COVID-19, IYCF, health and hygiene, balanced diet, handwashing practices and breastfeeding practices as per guidelines were delivered. During the project period, 12,949 women, 13,972 men received awareness sessions and 118,238 caregivers, including men and women, were counselled through inter-personal communication sessions both at facility and community levels.

UNFPA, for GBV interventions in Balochistan, partnered with BRSP and Prime Foundation in Khyber Pakhtunkhwa and conducted community awareness campaigns aimed at large-scale raising awareness on SRH, GBV and harmful practices including child marriages and impact on the individual, families and communities. Furthermore, these aimed at facilitating linkages between communities and established facilities and services in targeted health units around SRH Psychosocial Support Service, GBV case management and referral pathways. The benefits from the knowledge gained and services availed by the family members, neighbours and community members had a far-reaching impact on their lives and practices, increasing demand for continued services and inclusion of men and boys in future programs. If we estimate that the families of each direct beneficiary have benefitted from CERF supported services, then it is estimated that under GBV intervention reached to 305,508 individuals while in SRH intervention benefitted more than 219,189 as indirect beneficiaries.

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**
Health	23,114	3,425	17,340	2,619	**46,498**	29,210	2,047	72	0	**31,329**
Nutrition	302,451	0	54,922	59,575	**416,948**	328,125	0	75,744	73,011	**476,880**
Protection - Gender-Based Violence	5,462	5,431	3,864	4,243	**19,000**	23,266	6,094	10,743	3,541	**43,644**

* 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	476,880
Other affected people	435,948	43,644
Total	**435,948**	**520,524**

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	307,913	351,391	228	1,250
Men	5,431	6,094	103	600
Girls	58,786	86,487	174	890
Boys	63,818	76,552	111	550
Total	**435,948**	**520,524**	**616**	**3,290**

3. LESSONS LEARNED:

OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned		Suggestion for follow-up/ improvement
Joint venture program by the development partners under CERF project has given good results in provision of nutrition services through which comprehensive CMAM package were covered.	The same modality of nutrition program may be adopted in the other districts of the province in order to receive the positive result to address malnutrition among children and PLWs.	The same modality of nutrition program may be adopted in the other districts of the province in order to receive the positive result to address malnutrition among children and PLWs.
Short term and inadequate project duration for the implementation of nutrition services in focused districts.	The project duration may be at least 2 years of duration for the reduction of malnutrition and wasting prevalence in respective areas.	The project duration should be at least 2 years of duration for the reduction of malnutrition and wasting prevalence in respective areas.
Demonstration results (cooking) in creating awareness in community regarding diet and use of dietary supplies, through which nutrition program got the ownership.	In future for the sustainability, awareness and addressing the diet diversity, cooking demonstration at community level may be more focused.	In future for the sustainability, awareness and addressing the diet diversity, cooking demonstration at community level may be more focused.
Mobile clinic activities are great resource for non-covered areas in the scenario of COVID-19 and access to uncovered areas for the provision of services in context of Balochistan.	In the geographical context of Balochistan province, for outreach activities mobile teams may be considered- prioritized during planning for maximum coverage of population through services.	In the geographical context of Balochistan province, for outreach activities mobile teams may be considered-prioritized during planning for maximum coverage of population through services.
Limited integrated service delivery approach was observed in the implementation of nutrition services both at facility and community level.	Integrated approach may be adopted/ focused more in the districts where the development partners are supporting to make cost effective integration services and maximum coverage	Integrated approach may be adopted/ focused more in the districts where the development partners are supporting to make cost effective integration services and maximum coverage
Initially the coordination in bringing onboard all the stakeholders proved somewhat challenging		This was overcome through continuous engagement at multiple forums including coordination meetings.
The missing M&E component and related staff caused delay in data collection, incorrect figures & difference/ variance of numbers		M&E component must be incorporated in future intervention especially in emergency response
Cultural restrictions regarding female focussed programming around GBV		Innovative approach in GBV programming in culturally sensitive areas
Local and sustainable mechanism for WFHS at the community level		Considering the demand and need for services offered in WFHS, BRSP devised mechanisms to hand over the facilities to Local Support Organisations (LSOs)/Village Organisations (VOs). In this regard, a number of coordination meetings were held with BRSP supported LSOs and VOs in the target districts. As per agreement, LSOs/Vos will continue services in WFHS and provide an enabling environment to the communities' women and girls to benefit from facilities and services through trained LHVs.
Increase in demand for services offered in WFHSs		The targeted districts are well populated and one WFHS in the district was not within the reach of all women and

	girls. Therefore, outreach activities were increased to reach the vulnerable groups in far flung areas.
Engagement of local staff	Hiring of local staff ensured smooth sailing and implementation of the project in a cultural context which is sensitive to GBV issues with high security challenges.
Use of culturally responsive terminology and approach in South Waziristan-Khyber Pakhtunkhwa	Use of terminology and approach of Psychosocial Support services instead of GBV helped in obtaining early permissions for project implementation from concerned government authorities and law enforcement agencies which follow stringent government policies are sensitive to the terms like GBV
Continuous support, advice and direction to the project implementation team	It helped in smooth implementation of the project, timely identification, and rectification of the issues on ground
Low profile and respect of social cultural norms and context especially in district SWA-KP	Prime Foundation worked in a security sensitive area of South Waziristan-Khyber Pakhtunkhwa, therefore by keeping low profile, respect of social cultural norms and context helped in smooth project implementation and reduced the risk of security related threats
Regular coordination meetings with the project partners	In multi partners and multi sectoral projects, regular coordination between the partners was maintained to ensure mutual support, cooperation, and synergies.
Investing rightly in terms of medicine, supplies and equipment provide an everlasting environment in excellent service provision.	Timely and sufficient allocation for the provision of medicines/ supplies, equipment and other resources should be ensured to deal with the unforeseen circumstances.
Institutionalised services, especially deliveries are low in the distant areas of Balochistan due to different taboos and cultural restrictions.	Dignity kits, as a source of attraction to increased institutionalised service provision, result in attracting clients/ patients for increased contraceptive usage, antenatal check-ups and institutionalised deliveries.
Capacity building training boosts the performance of the HCPs.	Short term capacity development projects can directly increase the quality-of-service provision and should be part of planning.
Majority of the primary healthcare facilities are underutilised mainly due to scarcity of resources. This eventually increases the burden on the secondary and tertiary care facilities, especially for sexual and reproductive health services.	Strengthening primary care facilities to handle normal deliveries and pregnancy complications with required resources to cater to the need of the poor /underprivileged communities has increased the service delivery at health facilities
Health seeking behaviour plays an important role for effective and efficient service utilisation at community level. For instance, the hindrance and interruptions in the family planning FP services is mainly due to the different kinds of misconceptions or no information at all.	Social mobilisation and proper propagation of services in the HFs and communities are helpful to improve institutionalised service provision and health seeking behaviour of communities.

In humanitarian situation strengthening public services and facilities is helpful to overcome the humanitarian crises. Humanitarian Intervention and support was beneficial at Static Health Facilities like District Headquarter Hospitals and Teaching Hospitals.	Strengthening government institutions and services
In the planning phase of humanitarian interventions should be planned on grass root level especially in health sector planning and should be discussed with Provincial and District Health Management Team (DHMT)	In the planning phase all the stakeholders should be Included.
CERF interventions identified the gaps & strengthened government institutes and health facilities	In any other humanitarian situations these gaps should be rectified and supported.

OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/ improvement	Responsible entity
Poor implementation of legal frameworks by the government has hampered civil society efforts to address gender-based violence.	Follow-up with HCT and development agencies to advocate with authorities on proper implementation of legal frameworks	GBV sub-sector
Entrenched gender discriminatory norms and practices, particularly in the conservative regions where this programme was implemented, prevent women from knowing their rights and accessing services.	Agencies working on RH, GBV and SEA to help in behavioural change and hold trainings with targeted groups.	GBV/Protection sector
Delay in obtaining NOC was a major hurdle in start of project activities in South Waziristan. Time required for obtaining security clearance in South Waziristan, poor cellular signals in the targeted locality, unexpected curfews and volatile situation, imposition of Section 144 situation due to which huge public gatherings were not allowed further hampered the project activities.	This challenge was shared with the HCT, and suggested way forward was provided on timely basis. The security situation and progress of the project was shared in HCT meetings.	Timely reporting of challenges by programme managers and sectors

PART II – PROJECT OVERVIEW

4. PROJECT REPORTS

3.1 Project Report 20-UF-WOM-003

1. Project Information

Agency:	UN Women	**Country:**	Pakistan
Sector/cluster:	Protection - Gender-Based Violence	**CERF project code:**	20-UF-WOM-003
Project title:	Identification and redressal of GBV in refugee and host populations through community-based mechanisms		
Start date:	26/10/2020	**End date:**	25/12/2021
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 175,001**
Total CERF funds sub-granted to implementing partners:	**US$ 129,826**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 129,826
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF grant, UN Women with support from its local Partner Balochistan Rural Support Programme (BRSP) formed 30 Human Rights Defenders Groups on gender-based violence (GBV) in districts Quetta and Pishin in Balochistan Province in Pakistan, for the purpose of identification and consequent referral of GBV cases. 20 awareness sessions on psychosocial support were convened in targeted districts which focused on GBV prevalence and redressal mechanisms, in addition to distribution of promotional material on GBV-related helplines and pro-women legislation for enhanced community awareness. 30 focus group discussions (FGDs) were conducted, and 580 dignity kits distributed among GBV survivors and people with disabilities (PWDs). 28 police officials (12 Female and 16 males) were trained on handling of GBV cases and adopting a survivor centric approach, thereby increasing the quality and scope of services for survivors of violence. Women police stations were also provided with equipment for improved reporting of GBV-related cases. GBV survivors in Pishin district were provided with economic kits that aided survivors in generating income and becoming economically independent.

In Khyber-Pakhtunkhwa's district of South Waziristan UN Women's implementing partner Participatory Rural Development Society (PRDS) formed 10 community groups with the participation of 169 women from 10 villages. 23 coordination meetings were conducted with multiple departments on the implementation strategy, referrals and sharing progress of project interventions. A total of 227 referrals were made for female survivors of violence, improving accessibility to concerned departments and relevant services. 20 GBV Counselling Sessions were also conducted with 382 men and women community members, including Afghan refugees, for increased awareness on

types of GBV, and the economic opportunities available to survivors. 20 awareness raising sessions were conducted for 418 members of host and Afghan refugee communities. 20 FGDs were held with men and women - including PWDs - from host and refugee communities to identify root causes of GBV and, based on findings, design different strategies to highlight neglected issues prevailing in the community. 500 dignity kits and 20 economic kits were distributed among GBV survivors that assisted in the setting up of small businesses. 88 women and girls with disabilities were provided with wheelchairs, that increased their mobility and mainstreaming within the society.

3. Changes and Amendments

As per the project plan, strengthening of two BHUs (Basic Health Units) was planned in the refugee settling slum within Quetta. These BHUs, however, were shifted from the targeted area and therefore, the budget was re-appropriated for strengthening the GBV helpline. Approval for this re-appropriation was sought from the CERF Secretariat.
No cost extension was also given to the implementing partner, and they conducted additional awareness sessions and individual counselling sessions with GBV survivors and on GBV. Therefore, the numbers of beneficiaries were increased in comparison to the project plan formulated at the design stage of the CERF Project.

In the province of Khyber-Pakhtunkhwa, district South Waziristan was a challenging area in terms of safety, security, social and cultural considerations. UN Women's implementing partner, PRDS, was able to complete the project activities with one month No Cost extension to their contract. The main challenge faced during the reporting period was late issuance of Project No Objection Certificate (NOC) to PRDS. The time span for obtaining NOC took longer time than expected and caused delay in activities on the ground. Moreover, disruption in activities happened due to security threats.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	3,600	1,200	3,300	1,500	**9,600**	4,131	1,420	3,559	1,738	**10,848**
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	2,400	800	2,200	1,000	**6,400**	3,597	1,554	2,865	1,669	**9,685**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**6,000**	**2,000**	**5,500**	**2,500**	**16,000**	**7,728**	**2,974**	**6,424**	**3,407**	**20,533**
People with disabilities (PwD) out of the total										
	120	40	110	50	**320**	204	40	114	50	**408**

* 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

100 economic kits (80 in Balochistan and 20 in Khyber-Pakhtunkhwa) were distributed among GBV survivors. Family members of the beneficiaries that received economic kits were indirect beneficiaries of the intervention. Given that the average family is seven members, these economic kits must have indirectly benefitted family members in the hundreds. Women Reporting Centre in Balochistan was also supported and equipped through the project, which provides services to a large number of beneficiaries. In Khyber-Pakhtunkhwa, the activity also helped women to gain access to Akhuwat Microfinance and EHSAS Program for setting up small businesses to generate income. Around 103 people indirectly benefitted from this activity alone.
Additionally, manufacturers, vendors, wholesalers, traders and suppliers, transporters and labourers are also indirect beneficiaries of the project.

6. CERF Results Framework

Project objective	To address immediate life-saving needs of GBV survivors in refugee and host populations in COVID 19-affected areas and provide livelihood support to help them rebuild their lives through identification, referral and redressal mechanisms using community-based approaches.
Output 1	Gender-responsive community outreach groups formed and orientated for GBV identification and referral, consisting of women human rights defenders, teachers and community leaders.

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of community outreach groups formed	25	Balochistan 30 KP 10 Total: 40	Reports, Pictures, attendance sheets, Verified list of community group members, Database of community group member
Indicator 1.2	Number of awareness-raising sessions, FGDs and GBV counselling sessions held with refugees and host communities	125	Balochistan 30 KP 60 Total: 90	Reports, Pictures, attendance sheets, Verified list of community group members
Indicator 1.3	Number of dignity kits provided to women and girls	2,500	Balochistan 1000 KP 500 Total 1500	Reports, Pictures, attendance sheets, signed receiving acknowledgments of the kits. List of samples, Evaluation sheet, Record of Beneficiaries,
Indicator 1.4	Changes in perceptions about GBV among project beneficiaries in outreached communities at project end	70%	Balochistan 70% KP 50%	# Of cases reported and increase in the reporting at the district level, interviews within the targeted community. Case studies and Interview at field level
Explanation of output and indicators variance:		No variance reported		

Activities	Description	Implemented by
Activity 1.1	Formation of community groups including identification of human rights defenders and community leaders to be enlisted	IP
Activity 1.2	Awareness-raising sessions, FGDs and GBV counselling sessions with refugees and host populations	IP
Activity 1.3	Provision of dignity kits to women and girls	IP

Output 2	GBV survivors facilitated through referral to shelter homes or other GBV redressal services
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of GBV helplines supported	3	3	Reports, Pictures, attendance sheets, GBV Helpline data, Helpline #
Indicator 2.2	Number of Shelter Homes made more accessible	3	3	Reports, Pictures, government endorsement
Indicator 2.3	Number of GBV survivors referred	350	Balochistan 350 KP 227 Total: 577	# Of cases reported an increase in the reporting at the district level, helpline data. Signed consent form, Referral pathway (safety & support provided) Reports
Indicator 2.4	Level of satisfaction with increased access to services provided to GBV survivors through the project	70%	Balochistan 70% KP 100%	Demand generation/ Increase in the demand for service provision, Referral pathway (safety & support provided) Number of GBV survivors facilitated through project staff and contact points identified in different institutions.

Explanation of output and indicators variance:	There may be some variances due to non-availability of data reported by the IP. Keeping in view the South Waziristan KP topography and cultural sensitivity, no case was referred to shelter homes and helpline supported.

Activities	Description	Implemented by
Activity 2.1	Re-activation and augmentation of GBV Helplines	IP
Activity 2.2	Improving accessibility and services of shelter homes for responding to GBV survivors during the emergency.	Women Development Department, Social Welfare Department, and IP

Activity 2.3	Encouraging women to seek support for GBV	Balochistan: IP & Community through HRDs, KP: IP and Community through PRDS
Activity 2.4	Facilitating GBV survivors through timely referrals and linking them to other GBV services	Balochistan: Women Development Department, Social Welfare Department, and IP KP: IP staffs and different Departments already connected

Output 3	Women GBV survivors facilitated to become financially independent through livelihood support			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of Economic Kits provided to GBV survivors for setting up small businesses	100	Balochistan 80 KP 20 Total: 100	Reports, Pictures, attendance sheets, signed receiving acknowledgments of the kits.
Indicator 3.2	Change in income levels of women provided economic kits for micro business initiatives	50%	Balochistan 50% KP 50%	Case Studies, Individual interviews
Explanation of output and indicators variance:		Target achieved		

Activities	**Description**	**Implemented by**
Activity 3.1	Provision of Economic Kits to GBV survivors to set up small businesses	UN Women and IP
Activity 3.2	Support women businesses by provision of information on services available for grants and loans to set up micro businesses	UN Women and IP

Output 4	PWDs in refugee and host communities accessed with GBV messaging and provided with care packages and dignity kits			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Surveys (in both provinces) of types of disabilities and numbers of PWDs in refugee and host communities	2	Balochistan 2 KP 2 Total: 4	Identification Sheets, List of PWDs
Indicator 4.2	PWDs in refugee and host communities accessed with GBV messaging	320	Balochistan 320 KP 205 Total: 525	Pictures, Reports, IEC Content, Minutes of the meetings.

Indicator 4.3	Number of care packages and dignity kits distributed to PWDs	160	Balochistan 67 KP 88 Total: 155	Reports, Pictures, attendance sheets, signed receiving acknowledgments of the kits. List of beneficiaries, Reports, Sample Check
Explanation of output and indicators variance:		Target mostly achieved or surpassed. The costs of wheelchairs were higher than projected, so it was adjusted against the dignity kits budget.		

Activities	**Description**	**Implemented by**
Activity 4.1	Conduct assessment on disabilities in refugee and host communities	IP
Activity 4.2	Ensure gender equality and disability inclusion in community outreach activities	UN Women and IP
Activity 4.3	Distribution of care packages and dignity kits to PWDs	IP

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]:

In all targeted districts in Balochistan and Khyber-Pakhtunkhwa, project interventions made a targeted effort to include people with disabilities (PWDs), survivors of violence. Economic kits and other equipment – such as wheelchairs – were also provided to PWDs. Afghan refugees were also included as part of project interventions which were community focused. For this purpose, community groups were formed and involved in identification, verification, and selection of beneficiaries to not only keep the process transparent but also develop mechanisms for proper monitoring. This intervention helped make the implementation easy as well as gain trust of the community.

b. AAP Feedback and Complaint Mechanisms:

In Balochistan, feedback forms were distributed by the IP during implementation of project activities and a robust monitoring mechanism was established by UN Women at the provincial level where UN Women personnel conducted field visits on monthly basis. Individual interviews were also conducted with beneficiaries at the field level and through direct phone call from the M&E focal points at UN Women under the supervision of the Country representative.

In Khyber-Pakhtunkhwa, IP had full-fledged complaint redressal mechanism, but it was not approached due to limited communication access and mobility of women in the area. Call backs from provincial offices and country offices were initiated for getting feedback from beneficiaries.

[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.

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

All the IP staff was trained in PSEA for better handling of activities and cases in the area. They were asked to handle the cases in a professional way to ensure confidentiality and keep all the documents confidential so that no one has access to these cases. Timely support was available from UN Women to respond to any query from IP.

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

This project has addressed immediate GBV issue and empowered women to take a stand against violence and rebuild their lives. UN Women followed the "Leave No One Behind" approach by embedding it within the project. Each activity was designed to lead towards an impact benefiting women and marginalized segments of society. The project provided support to its beneficiaries without any discrimination. Project interventions aimed to increase awareness on the rights and services available to women and girls, while also increasing the quality and scope of services through working with duty-bearers. For victims of violence, economic kits and livelihood support was provided so that their return to a normal life could be facilitated.

e. People with disabilities (PwD):

UN Women followed the "Leave No One Behind" approach by embedding it within the project. Gender equality and social / disability inclusion for leaving no one behind (LNOB) is the standard UN Women Programme approach where PWDs are at the core of project planning and implementation. Accordingly, PWDs were involved throughout project phase and given equal chance to be involved in implementation of the activities.

f. Protection:

Gender Mainstreaming was done through establishing gender-responsive community mechanisms for GBV identification and referral, building strong connections with local leaders and women human rights defenders, and providing livelihood support to aid economic empowerment of GBV survivors. The assistance was targeted to GBV survivors, affected persons and those at-risk, considering gender equality and social/ disability inclusion, with provision of lifesaving livelihood support and care packages. The project targeted persons at risk by specifically reaching out to them in community outreach activities, including adolescent girls, PWDs, women from minorities and transgenders.

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	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$)	**Sector/cluster**	**Restriction**
NA	NA	US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities	
Title	**Weblink**
CERF Project interventions were highlighted on social media	UN women social media Pages

3.2 Project Report 20-UF-FPA-031

1. Project Information

Agency:	UNFPA	**Country:**	Pakistan
Sector/cluster:	Health Protection - Gender-Based Violence	**CERF project code:**	20-UF-FPA-031
Project title:	Lifesaving SRH-GBV integrated response with COVID-19 prevention and protection to ensure continuity of SRH services		
Start date:	20/10/2020	**End date:**	19/10/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 3,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 200,000**
Amount received from CERF:	**US$ 890,001**
Total CERF funds sub-granted to implementing partners:	**US$ 516,697**
Government Partners	US$ 130,083
International NGOs	US$ 0
National NGOs	US$ 386,614
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF funding, the GBV component was able to reach 43,644 beneficiaries against the target of 19,000.7,517 benefited from psycho-social support services, 225 PWDs were identified and provided services while 39,220 men, women, boys and girls benefited from awareness raising sessions on GBV, SRH/FP and Psychosocial Support by social organisers. The community engagement and awareness raising sessions helped in the identification of pregnant women and those females who were in need for GBV, SRH and FP support services, were linked and referred to the targeted health centres. In targeted areas, 7,614 women and girls benefited from awareness sessions on GBV, SRH/FP and Psycho-social Support in the 3 WFHS established in districts of Quetta, Pishin and Killah Saifullah in Balochistan. These activities were undertaken during 11 months in Quetta, Pishin, Killa Saifullah, Kech, Chagai and Loralai in Balochistan, and South Waziristan, newly merged district of KP province (*the community engagement activities include persons who benefited from psychosocial support services hence the breakup of activities reflect higher aggregate numbers*).

The CERF support and services provided through different activities helped to improve and extend the service delivery to the beneficiaries living in hard-to-reach areas of districts Kech, Chagai and Loralai with limited availability of SRH services. The SRH services delivered at HFs and through outreach by the LHVs supported the staff to build the trust of the communities and it resulted in increased service provision at the health facilities. Through the CERF UFE grant, SRH services provided at the health facilities and through outreach activities during the period (Dec 2020 – Oct 2021) has benefited a total of 31,314 end beneficiaries against the target of 46,498. The female HCPs appointed in 15 HFs conducted 4,547 deliveries at the HFs and community level utilising 5,516 clean delivery kits ensuring safe births and 4,547 new-borns received appropriate care at birth during the project period. Moreover, 410 identified complicated cases were referred from the project-supported HFs to higher level facilities for CEmONC services. Also, 465 cases of abortion/family planning side effects/STIs were referred to higher level facilities for treatment. Additionally, 2,047 men received family services (counselling and commodities) mainly through the outreach services.

3. Changes and Amendments

The project was initiated in time and was implemented as planned and agreed with the CERF secretariat in Balochistan and in KP. In the case of KP, the Prime Foundation (UNFPA implementing partner) experienced delays owing to a spike in security risks in the project area of South Waziristan and suspension of UN activities by UNDSS for three months, and complexities involved in obtaining NOC from concerned government authorities.

The difference between planned targets and achievement particularly for SRH services is somehow underachieved. There are various factors including a) due to the second wave of COVID-19 the BHUs and the services at the field were halted and travel restrictions also limited the access of beneficiaries to health facilities, b) Security situation particularly in Chaghi and Kech districts of Balochistan, where project activities were temporarily stopped for more than one month by the respective Deputy Commissioners that hindered the smooth execution of the project activities in the targeted districts and, c) Social taboo/stigma associated with SRH/FP health-seeking behaviors, particularly for young girls and adolescent boys / unmarried individuals avoid making use of such services.

Nevertheless, UNFPA through its implementing partners, coordination with provincial authorities and relevant agencies achieved its project activities in the field, exceeding some of the targets.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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	23,114	3,425	17,340	2,619	**46,498**	29,210	2,047	72	0	**31,329**
Total	**23,114**	3,425	17,340	2,619	**46,498**	29,210	2,047	72	0	**31,329**
People with disabilities (PwD) out of the total										
	110	16	83	12	**221**	**91**	**62**	**41**	**31**	**225**

Sector/cluster	Protection - Gender-Based Violence									
	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	9,600	3,900	3,000	2,500	**19,000**	23,266	6,094	10,743	3,541	**43,664**
Total	**9,600**	**3,900**	**3,000**	**2,500**	**19,000**	**23,266**	**6,094**	**10,743**	**3,541**	**43,664**
People with disabilities (PwD) out of the total										
	118	87	91	99	**395**	91	62	41	31	**225**

* 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

UNFPA, for GBV interventions in Balochistan, partnered with BRSP which has strong footings in the province spread over more than two and a half decades. The partner has expertise and specialization in the area of community mobilization and has a vast network of community-based organizations with trained community resource persons in the targeted areas. In Khyber Pakhtunkhwa (KP) province, UNFPA partner Prime Foundation with expertise in the health sector has 'Allowed To Work' status particularly in the district of South Waziristan (SWA). With roots already in the community and health sector, this provided them the advantage to engage with communities and the Department of Health. The partner organisations conducted community awareness campaigns aimed at large-scale raising awareness on SRH, GBV and harmful practices including child marriages and impact on the individual, families and communities. Further, these aimed at facilitating linkages between communities and established facilities and services in targeted health units around SRH Psycho-social Support Service, GBV case management and referral pathways. The impact of these services is beyond direct beneficiaries, reaching their family and community members. The benefits from the knowledge gained and services availed by the family members, neighbours and community members had a far-reaching impact on their lives and practices, increasing demand for continued services and inclusion of men and boys in future programs. If we estimate that the families of each direct beneficiary have benefitted from CERF supported services, then it is estimated that under GBV intervention reached 305,508 individuals while in SRH intervention benefitted more than 219,198 as indirect beneficiaries.

6. CERF Results Framework

Project objective	The overall objective is to ensure access of women and girls in refugee settings and communities affected by humanitarian emergencies including COVID-19 to integrated sexual and reproductive health (SRH) and gender-based violence (GBV) information and services.
Output 1	Selected health facilities in targeted districts upgraded to provide integrated SRH-GBV services to women and adolescent girls.

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of Women-Friendly Health Spaces providing psychosocial support GBV information and services.	3	3	IP reports, 4Ws matrix
Indicator 1.2	# of women and adolescent girls receiving GBV information and psychosocial support services	5100 women and 1000 girls	8,915	Awareness session report, attendance and 4W matrix
Indicator 1.3	% of GBV reported cases and clients are provided with medical, psychosocial support and referral assistance	60-65% (approx. 4000)	42% (3,780)	Referral forms & 4W Matrix
Indicator 1.4	# of women receiving dignity kits	3400	2,860	Receiving, attendance and 4W Matrix
Explanation of output and indicators variance:		IPs conducted awareness sessions and mass awareness campaign in communities, WFHS and schools for men, women, girls, and boys and celebrated various international days such as Mental Health Day, Girl Child Day and Hand Wash Day, which attracted a significant turnover of participants into these awareness events that resulted in overachievement of indicator # 1.2. Whereas indicator # 1.3 is slightly underachieved, as psycho-		

	social support in most of the project intervention areas is stigmatised, therefore despite having numerous cases in the communities it couldn't be reported. So far indicator# 1.4 is concerned, due to COVID-19 and various other factors that have triggered the supply chain system which resulted in an increase in prices during the project implementation phase, therefore, the total number of dignity kits distributed was slightly lower than the target. .

Activities	Description	Implemented by
Activity 1.1	Establishment of GBV case management teams in 3 WHFS	BRSP
Activity 1.2	Establishment of 03 Mobile Service Units (MSUs) to provide women and young girls in the catchment population with information and mental health and psychosocial support	BRSP
Activity 1.3	Establishment of 3 WFHSs	BRSP
Activity 1.4	Provision of mental health and psychosocial support (MPHSS) services	BRSP and PF
Activity 1.5	Establishment and operationalization of Mobile GBV Case Management Teams	BRSP and PF
Activity 1.6	Provision of mobile and static GBV case management services	BRSP and PF
Activity 1.7	Distribution of dignity kits	2,860 women of reproductive age (15-49) years who attended the awareness sessions and visited for follow-up received a female dignity kit.

Output 2	Increased awareness among women and girls and men and boys in catchment population on different forms of GBV and available services for survivors
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of women and adolescent girls sensitized to GBV issues and available GBV services including referral and provided with psychosocial support services	4500 women and 2000 girls	6,074	Session report with attendance sheet and 4W matrix
Indicator 2.2	# of men and adolescent boys, sensitized to GBV issues	3900 men and 2500 boys	14,755	Session report with attendance sheet and 4W matrix
Indicator 2.3	# of men and boys attending psychosocial support activities	800 boys, 800 men	1,955	Session report with attendance sheet and 4W matrix
Indicator 2.4	# of mobile outreach teams established to conduct regular GBV awareness raising sessions	3 Mobile Outreach teams	3	4 Ws matrix, IP reports

Explanation of output and indicators variance:	BRSP celebrated international days including 16 days of activism, hygiene day and mental health days in communities, educational institutions and other public spaces which attracted a large number of people including men and boys which results in higher achievement on indicators 2.1, 2.2 and 2.3.

	these events included awareness on SRH and GBV/PSEA issues and available services.

Activities	Description	Implemented by
Activity 2.1	Conduct of GBV sessions in WFHSs with provision of dignity kits	BRSP and Prime Foundation
Activity 2.2	Setting up of Mobile Help desks	BSRP
Activity 2.3	Provision of PSS and information services and referral support through PSS Help desks	BRSP and Prime Foundation

Output 3	Ensured coordination mechanisms at national and sub-national level for SRH-GBV prevention, mitigation, and response among stakeholders

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of SRH and GBV sub working groups engaged and operational	04	04	Working groups notifications and meeting minutes
Indicator 3.2	# of GBV Referral pathway in place and functional	04	04	Referral pathways mapping and information sheets
Indicator 3.3	% of GBV cases referred to specialized services	15% (600)	42% (3,780)	The GBV working groups provided access and coordination with different stakeholders that facilitate the referral pathways establishment
Explanation of output and indicators variance:		The indictors 3.3 is overachieved due to the extensive engagement of BRSP which is a community mobilisation expert organisation and has a number of local support organisations in the communities. Moreover, BRSP engaged a large number of trained community resource persons for information and awareness raising regarding GBV information and services.		

Activities	Description	Implemented by
Activity 3.1	Conduct coordination meetings for multi stakeholders GBV and SRH sub working groups at national and sub-national level.	Under the technical support of UNFPA and lead of relevant government departments including DOH and NDMA, PDMA and Social welfare department, SRH and GBV sub-working groups are functional at national and subnational levels. Regular coordination meetings are being conducted
Activity 3.2	Establish referral pathways for GBV	Established referral pathway within the target district and adjoining district in Balochistan and KP

Output 4	Women of reproductive age group, pregnant & lactating mothers received Basic Emergency Obstetrics and Newborn Care Services in selected districts of Balochistan.

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 4.1	# of Health Facilities meeting 7 signal functions criteria of Basic EmONC services	12	12	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 4.2	# of normal deliveries assisted at static health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	2,101	4,547	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
Indicator 4.3	# of newborns received appropriate care at birth (Kangaroo Mother Care, Colostrum feeding, umbilical cord care) at static health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	2,101	4,547	Health Management Information System, (HMIS). SRH register at the Health Facility. Referral form.Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports
Indicator 4.4	# of women of reproductive age group received quality SRH service including STIs/family planning information and services at HFs/mobile health service units and in the community.	17,952	25,384	Health Management Information System, (HMIS). SRH register at the Health Facility. Referral form. Monitoring Reports (UNFPA and IP). 4 Ws report from IP. Quarterly progress review reports
Indicator 4.5	# of men received SRH/family planning information and services at HFs/mobile health service units and in the community.	3,971	2047	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
Indicator 4.6	# of pregnant women provided with clean delivery kits to ensure safe births	8,404	5,516	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 indictors 4.2, 4.3, 4.4 are overachieved due to the extensive engagement of BRSP which is a community mobilisation expert organisation and has a number of local support organisations in the communities. Moreover, BRSP engaged a large number of trained community resource persons for information and awareness raising regarding the availability of 24/7 BEmoNC services provided by UNFPA. Indicator 4.5 is slightly underachieved due to the fact that there was a complete supply chain break for contraceptive community by the government department of health due to COVID-19.		

Activities	**Description**	**Implemented by**
Activity 4.1	Establish/strengthen static health facilities/Mobile service units with trained health care human resource for providing Basic Emergency Obstetrics and Newborn Care Services and other lifesaving SRH services.	People's Primary Healthcare Initiative Balochistan (PPHI), Department of Health MNCH, Balochistan
Activity 4.2	Provide essential SRH medicines/family planning commodities/ medical supplies for static health	People's Primary Healthcare Initiative Balochistan (PPHI), Department of Health MNCH, Balochistan

	facilities/Mobile service units for providing Basic Emergency Obstetrics and Newborn Care Services.	
Activity 4.3	Engage lady health workers/Community resource persons/Community mobilizers for awareness raising, information sharing and mobilizing communities to receive SRH services	BRSP and PPHI-B
Activity 4.4	Distribution of clean delivery kits/dignity kits/newborn kits among visibly pregnant women.	PPHI-MNCH
Activity 4.5	Establish household to health facility continuum of care through creating linkages between community-based care providers (LHWs/CMWs), static health facilities, MSUs and referral centres for managing referrals and with the use of mobile apps and telemedicine.	PPHI, BRSP and MNCH.

Output 5	Women referred for Comprehensive Emergency Obstetrics and Newborn Care Services/emergency reproductive health services including STIs case management in selected districts of Balochistan.

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	# of Health Facilities meeting 9 signal functions criteria of Comprehensive EmONC services	3	3	IP Reports
Indicator 5.2	# of referred cases of complicated pregnancies to CEmONC centre.	1,572	410	DHIS/HIS/4W
Indicator 5.3	# of women referred for the treatment of complicated cases of abortion/family planning side effect/STIs	2,011	465	DHIS/HIS/4W
Explanation of output and indicators variance:		The target for indicator # 5.2 and 5.3 remained under-achieved. During project planning phase, the target was set higher without following the standard estimations on population with context of project intervention areas in KP and Balochistan		

Activities	**Description**	**Implemented by**
Activity 5.1	Deploy trained health care human resource at referral points) for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management.	PPHI, DOH-MNCH Balochistan
Activity 5.2	Equip referral points (DoH-Rural Health Center) with medicines/supplies/instruments for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management.	PPHI, DOH-MNCH Balochistan, UNFPA CO
Activity 5.3	Arrange Transport/ambulances for referral of complicated cases of pregnancy/delivery.	PPHI, DOH-MNCH Balochistan
Activity 5.4	Establish Communication system between the point of referral to referred health centres.	PPHI, DOH-MNCH Balochistan

Output 6	Women and adolescent girls have access to integrated Mental Health and Psychosocial Support services/Psychological first aid at RHCs/BHUs/WHFS.

Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	# of women received mental health and psychological support sessions at the nearest PPHI BHU/Mobile Health units and in the community	10,073	8,915	Awareness session report, attendance and 4W matrix
Indicator 6.2	# of women referred for advanced cases of mental health.	592	3,780	Referral forms & 4W Matrix
Explanation of output and indicators variance:		The progress on indicators 6.1 and 6.2 are reflected under indicators 1.2 and 1.3. However, these are reported here again and are double counted or overlapped		

Activities	**Description**	**Implemented by**
Activity 6.1	Deploy human resource for screening and provision of mental health and psychosocial support sessions	PPHI and BRSP
Activity 6.2	Conduct sessions on mental health and psychosocial support to walk in and community outreach clients	PPHI and BRSP
Activity 6.3	Establish linkages for referral of advance cases on mental health	PPHI and BRSP

Output 7	Frontline health workers and auxiliary staff received PPEs and training on IPC

Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 7.1	# of frontline health workers and auxiliary staff under GBV and SRH received PPEs	350	350	PPEs delivery receipt, Stock out reports from UNFPA
Indicator 7.2	# of frontline health workers and auxiliary staff GBV and SRH received training on IPC	350	350	Training participants list, 4 Matrix
Explanation of output and indicators variance:		UNFPA implementing partners who received training on IPC during COVID-19, have also received PPEs. The PPE kits containing more than 31,890 items were provided to SRH and GBV programme staff employed by partners		

Activities	**Description**	**Implemented by**
Activity 7.1	Provide PPEs to frontline health workers and auxiliary staff GBV and SRH at health facilities and WFHS	UNFPA Country office through implementing partners
Activity 7.2	Provide PPEs to frontline health workers and auxiliary staff GBV and SRH at health facilities and WFHS	UNFPA Country office through implementing partners

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 people and inclusion of people with special needs and disability were ensured at all levels of the interventions. The staff recruited for the project was hired locally and preference was given to the local community to ensure suitability. The key stakeholders and the community were involved from the design level right from the beginning, implementation and monitoring of RH and MPHSS interventions through available and strengthened support and opportunity in health facilities, community organisation platforms and field level coordination mechanisms in the project areas, During the design and planning phase, the location of outreach areas where medical camps and GBV awareness sessions were conducted were finalized after consultation with key stakeholders from the community. In the implementation phase, women and girls were engaged by soliciting their suggestions and recommendations on the topics that were discussed in the RH and GBV sessions. The involvement of women in women friendly spaces was used as a platform and allowed the real time generation of feedback from beneficiaries which subsequently informed required changes (as needed) in the type and the way services were delivered.

b. AAP Feedback and Complaint Mechanisms:

At PPHI, district support units (DSUs) directly look after the affairs of the HFs. DSUs have placed complaint boxes in the HFs in addition to their contact numbers in case of any complaints. The complaints received are rare and are resolved if possible. The complaints, most of the time, revolve around extra demand for medicine and establishment of facilities beyond our scope. In addition to the complaint mechanism supervised by DSUs, a toll-free number (080077711) is managed at the Head Office level as well. The toll-free number is displayed in all HFs and the complaints/ feedback received are dealt with through Director MER, PPHI Head Office.
For feedback and complaint mechanism, BRSP and Prime Foundation nominated trained female staff and provided mobile phone numbers for communication, in project intervention areas mobile numbers distributed among the awareness session and aware the community if they have any Gender Based Violence or PSEA issued, and they need any support in term to resolve their issue or they have complaint they can contact on that no. Moreover, IPs adopted a community-based approach in which the team visited different locations in the community and documented regular feedback from the target groups regarding the complaints about the staff behaviour and services.

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

[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.

UNFPA's approach to Sexual Exploitation and Abuse Sexual relationships between UNFPA personnel and beneficiaries of assistance are strongly discouraged as they are based on inherently power dynamics and undermine the credibility and integrity of the UN system as a whole. UNFPA PSEA Strategy UNFPA's approach to combating SEA has three objectives:

- To prevent sexual exploitation and abuse (SEA) by its personnel and partners
- To enforce UN standards of conduct on SEA when it occurs, and to assist victims of SEA, UNFPA works closely with its UN system partners to achieve these objectives through a range of actions and communicates transparently throughout the process to all stakeholders involved. The interests and dignity of those affected guide the UNFPA approach to prevention, response and assistance and lies at the core of its efforts.
- Prevention: UNFPA conducts pre-employment checks of all staff and personnel to prevent re-hiring of known offenders. All procedures were ensured at the time of hiring of the staff.
- At the community level, messages on PSEA were integrated into social mobilisation messages and campaigns. Special sessions were conducted in educational institutions and WFHS to raise awareness on the subject and complaint and response mechanisms were shared with community members. During the project period, no complaints were recorded from the field on PSEA.

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

The project was intended to contribute to gender equality and promote empowerment and protection of women and girls. Women and girls were thoroughly engaged and benefited from project interventions. Particularly, WFHSs were utilised for women and girls to discuss their day-to-day issues, avail counselling services through psychologists and their referral for health, legal and protection services. Awareness raising sessions at community level including through WFHSs were also women and girls focused to raise awareness and sensitise women/girls along with men in the areas. The project was basically aimed at the provision of sexual and reproductive health services with the major focus on the women and girls. During the recruitment process major recruitment consisted of female staff including healthcare providers. As far as gender equality in terms of service provision is concerned, main beneficiaries of the project were women and girls regardless of their ethnicity, refugee status or religion.

Prime Foundation implemented the project activities by strictly following and abiding the 4 key humanitarian principles i.e., Humanity, Neutrality, Impartiality and Independence. The project strategically employed female staff in the field as the project is focused on women and girls. In the culturally sensitive environment, the presence of qualified female staff at service delivery level ensured that social and cultural barriers to access were minimised. Additionally, the employment of female staff also serves as means to empower women in development work

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 (PWD) was disseminated widely. The outreach activities particularly provided an opportunity for PwD to access services at their doorstep. Further the health facilities provided services to the PwD on priority. Special emphasis was given on the service provision of the PWDs and making the HFs accessible for them. PWDs inclusion was ensured under the project to sensitize the general public and PWDs themselves on the rights and well-being of PWDs. Apart from that, PWDs were provided counselling services and dignity kits. They were also referred from the community to health facilities for specialised healthcare services. BRSP also facilitated PWDs with assistive devices under other ongoing projects/programs (BRACE, PATRIP Foundation) in Pishin and Killa Saifullah districts. Inclusion of People with Disability (PwD) was built into the project design and the needs of PwD with focus on GBV related issues were taken into consideration. The project equally addressed the GBV-related needs of PwD. The project reached and benefitted 225 PWD through its interventions.

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, family planning and GBV services. The community support groups were present to provide the support as per cultural and social dynamic to the affected person. The community engagement focused on establishing and strengthening community-based protection mechanisms. Client's privacy and confidentiality was ensured. The services were provided to the clients based on their consent and willingness. Many GBV survivors especially who were facing domestic violence were afraid of more adverse outcomes and treatment by their family members if their case or information is reported / highlighted, therefore all the clients were provided GBV related services with full privacy and their confidentiality was strictly maintained to avoid any further harm

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	Choose an item.	

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$)	**Sector/cluster**	**Restriction**
NA	NA	US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
International Handwashing Day in Schools for awareness	https://www.facebook.com/137607103116968/posts/1802426223301706/
Visit of RC Mr. Julien Harneis of District Pishin	https://www.facebook.com/137607103116968/posts/1734138236797172/Inset
Consultative Workshop on strengthening the referral Pathways	https://www.facebook.com/137607103116968/posts/1700393393504990/
UN Resident Coordinator, Julien Harneis visited Killah Saifullah	https://www.facebook.com/137607103116968/posts/1622732447937752/
Coordination Meeting	https://www.facebook.com/105493911636099/posts/235796181939204/?d=n
Capacity Building of Healthcare Providers	https://www.facebook.com/105493911636099/posts/232332738952215/?d=n

3.3 Project Report 20-UF-CEF-050

1. Project Information			
Agency:	UNICEF	**Country:**	Pakistan
Sector/cluster:	Nutrition	**CERF project code:**	20-UF-CEF-050
Project title:	Provision of Nutrition services for Severe Acute malnourished children Populations affected with COVID-19 in Balochistan.		
Start date:	23/10/2020	**End date:**	19/01/2022
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 5,595,615**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 2,200,000**
Total CERF funds sub-granted to implementing partners:	**US$ 446,654**
Government Partners	US$ 446,654
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through CERF grant for the emergency response in three (3) districts of Balochistan, UNICEF and partners provided nutritional screening of 148,755 children under five; from which 14,497 malnourished children referred for the treatment of Severe Acute Malnutrition (SAM); the total of 2,124 staff including community health workers, healthcare providers at facility and community levels, nutrition assistants, social mobilizers, district level staff and volunteers on community management of acute malnutrition and treatment of SAM, provision of anthropometric equipment and management information system tools (MIS) for 29 selected health facilities and 15 mobile clinics in the focused districts. Total 461 healthcare providers, government and project staff oriented on CMAM/MIYCN and IPC COVID-19 for quality and sustainable services. About 407 mother-to-mother support groups/ father to father support groups (MTMSG/ FTFSG) and community health workers oriented on CMAM/MIYCN and IPC COVID-19 for quality and sustainable services. Meanwhile, 1,663 health workers and support group member were counselled/trained on IPC and COVID-19 prevention and 119,450 of mothers/caretakers of girls and boys counselled on optimal MIYCN practices. Six mass media campaign events on nutrition and prevention of COVID-19 conducted at district level. For case management of severely malnourished children, supplies and equipment benefiting estimated 97,428 children provided at health facility and community level. Meanwhile, 96,300 PLWs screened and received IFA/MMT supplementation, 27,252 adolescent girls received nutrition supplementation, 83,905 children received multi-micronutrient powder (MNP) supplementation. Awareness sessions on nutrition disseminated to 62,907 pregnant and lactating women; and 918 community support facilitators sensitized on infant feeding practices. Total 300 practical cooking demonstration sessions on complementary diet and diet diversity for children and mothers conducted at community and institutional level in the refugee and host communities of district Chaghi, Loralai and Kech, whereas 84 district coordination meetings conducted to discuss the progress and quality of interventions.

3. Changes and Amendments

With CERF support, UNICEF procured 17,786 cartons of ready to use therapeutic food (RUTF) from offshore locations. In field reports it was found that around 10,000 cartons damaged due to leakage of sachets and cartons. As per SOPs, all stock of RUTF distributed to partners was recalled and stored at the central warehouse for further quality check. In meantime, UNICEF Pakistan Country office actively coordinated with UNICEF supply division in Copenhagen and with supplier for further quality check and replacement stock. A very thorough sorting out exercise was conducted, where every carton was opened and inspected, but all sorted out cartons found with leakage were declared not fit for use.

Due to the anticipated shortage of RUTF, nutrition teams focused more on follow up of already enrolled SAM children to ensure uninterrupted provision of RUTF to complete treatment and avoid default from OTP. Due to shortage of RUTF, more than 30 days RUTF supplies were stockout at Balochistan and new enrolment were disturbed. Keeping in view the urgency of situation, UNICEF procured from other resources and transported stock from offshore locations to end beneficiary sites on an emergency basis to avoid disruption in services delivery. The request for extension aimed to reach agreed targets as per CERF project needs keeping in view the high burden of malnutrition and needs for continuation of nutrition services. It is also important to note that UNICEF will bear the additional costs of operations during this no cost extension phase.

Overall, project activities have been implemented effectively despite COVID-19 pandemic situation challenges in the province. Almost, all activities were on track accordance with project proposal and timelines, some key activities targets achieved at 100% of target. This is with the exception of SAM children treatment management and supplementation of children and PLW. In addition to that, remaining targets achieved during “No Cost Extension Period”.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	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	302,451	0	54,922	59,575	**416,948**	328,125	0	75,744	73,011	**476,880**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**302,451**	**0**	**54,922**	**59,575**	**416,948**	328,125	0	75,744	73,011	**476,880**
People with disabilities (PwD) out of the total										
	39,318	0	7,140	7,745	**54,203**	11,795	2,142	2,323	16,260	**32,520**

* 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

Social mobilization is one of the key components of CMAM for this project and the purpose of social mobilization is to organize the community elders, activists and influential who plays effective role in implementation of project activities at community level. Through this approach men and women were organized in support groups and SBCC awareness raising sessions on different topics including COVID-19, IYCF, health & hygiene, balanced diet, handwashing practices and breastfeeding practices as per guidelines were delivered. During the project tenure, 12,949 women, 13,972 men received awareness and 118,238 caregivers including men and women were counselled through IPC sessions both at facility and community levels.

6. CERF Results Framework

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Project objective	Provision of emergency nutrition services for SAM children without complications at health facilities and communities.
Output 1	Children from 6 to 59 months screened, diagnosed and treated for SAM in the catchment area of 29 health facilities.

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of children 6-59 months screened for acute malnutrition using MUAC.	Total target 53,170 (Boys 26053, Girls 27116) District wise target (Chaghi 20626, Kech 18750, Lorala	148,755 children (Girls 75,744 and Boys 73,011) screened	Availability of data at facility, district and provincial level
Indicator 1.2	# of severely acute malnourished girls and boys enrolled in OTP Program	Total target 13682 (Boys 6704, Girls 6978) District wise target (Chaghi 4561 Kech 4561, Loralai 456	14,497 children (Girls 7,979 and Boys 6,518) enrolled in nutrition treatment services	Admission of Identified SAM cases for treatment in 29 OTPs and 15 Mobile sites
Indicator 1.3	# of static/mobile Nutrition sites established and functional	10 static Site and 3 Mobile team sites will be established in district Loralai and District Kech	29 OTPs and 15 mobile clinics operationalised	Functional OTPs and service deliveries

Explanation of output and indicators variance:	Due to the anticipated shortage of RUTF, the nutrition teams, both facility-based teams and mobile teams focused more on follow up of already enrolled SAM children to ensure uninterrupted provision of RUTF to complete the treatment and to avoid default from OTP program. Due to shortage, more than 30 days RUTF supplies were stockout at Balochistan and new enrolment were disturbed. Keeping in view the urgency of situation, UNICEF in meantime procured from other resources and transported stock from offshore location to the end beneficiary sites on emergency basis to avoid disruption in services delivery. The request for extension aimed to reach the agreed targets as per CERF project needs. UNICEF to bear the additional cost of operations during this no cost extension phase and the desired CERF targets achieved in the focused districts.

Activities	**Description**	**Implemented by**
Activity 1.1	Establish/ operationalize 29 Outpatient nutrition sites (static/mobile)	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF

Activity 1.2	Procurement and timely provide nutrition commodities (RUTF, Iron Folic Acid, Multi-micronutrient supplements) to Nutrition Support Program	UNICEF
Activity 1.3	Screening of children and PLWs using MUAC through in community and at health facilities/nutrition sites	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF
Activity 1.4	Identification and registration of severely acute malnourished girls and boys in the Outpatient Therapeutic Feeding program.	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF

Output 2	Mothers/caretakers in targeted communities' access skilled support for appropriate maternal, infant and young child nutrition (MIYCN) practices, with emphasis on promotion of breastfeeding, complementary feeding, and IPC COVID-19 prevention awareness through SBCC approach.

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of nutrition sites providing skilled support for promotion of appropriate MIYCN practices and IPC Covid-19	10 static Site and 3 Mobile site in district Lorelai and District Kech, while 9 static and 3 mobiles	29 OTP static sites established in districts i.e., 10 Kech, 10 Lorelai, 09 Chaghi including 15 mobile sites i.e., 5 in each district	OTP fix and mobile clinics in the districts, provision of nutrition services and management of SAM treatment
Indicator 2.2	# of mothers/caretakers of girls and boys counselled on optimal MIYCN practices	Total target 83746 (Boys 41045 and 42721 Girls) District wise targets (Chaghi 27,915, Kech 27,915	42,673 Chaghi, 21,439 Kech and 55,338 Lorelai, total 119,450 mothers/caretakers of girls and boys counselled on optimal MIYCN practices	Awareness among communities and monitoring data from the field teams at district and provincial level
Indicator 2.3	# of mothers/caretakers, health workers will be counselled on IPC and COVID-19 prevention.	1450 mothers/care takers and community health workers will be counselled. 483 in each district.	1,663 health workers and support group member/ mothers counselled/trained on IPC and COVID-19 prevention.	Monitoring of sessions and availability of data at district and provincial level
Indicator 2.4	# Mass media campaign event on Nutrition and prevention of COVID-19	6 Mass media radio/mobile and awareness campaign- 2 in each district	6 Mass media campaign/ events on nutrition and prevention of COVID-19	Monitoring of sessions and availability of data at district and provincial level
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 2.1	Formation and capacity building of mother to mother and father support groups comprising of grandmothers and PLWs and lady Health workers and male caregivers/health workers.	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF

Activity 2.2	Regularly conduct sessions on nutrition, hygiene, and health promotion in the 29 nutrition sites and catchment communities	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF
Activity 2.3	Practical cooking demonstration session on complementary diet and diet diversity for children and mothers	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF
Activity 2.4	Local (cable TV, FM radio) communication and awareness campaign on Nutrition MIYCN and prevention of COVID-19.	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF

Output 3	Children under five years of age and PLWs in targeted communities 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			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of girls and boys under five year of age who are provided with multiple micronutrient powder (MNP) for home fortification of complementary foods	Total target 83,746 (Boys 41,045 and 42,721 Girls) District wise targets (Chaghi 27915, Kech 27915, or	83,905 children (Girls 40,083,730 and Boys 43,822) received MNP	Availability of record and validation of data at field level and monitoring
Indicator 3.2	# of pregnant and lactating women provided with multiple micronutrient tablets and/or Iron Folic Acid for prevention and treatment of micronutrient deficiencies	Total 101,347 (Chaghi 33,782 - Kech 33,782 - Lorelai 33,782)	100,126 pregnant and lactating mothers screened and provided IFA/MMT supplementation	Monitoring and availability of record at facility, district, and provincial level
Explanation of output and indicators variance:		Explained under the section changes and amendments		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement and timely provision of multiple micronutrients supplements (MMS) and Iron Folic Acid (IFA) for use by children and PLW	UNICEF
Activity 3.2	Provision of multi-micronutrient supplements and IFA for use by children and PLW.	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF
Activity 3.3	Identification and registration of 101347 pregnant and lactating women for receiving IFA and MMT multi-micronutrient tablet and 83000 6 to 23 months children will receive multi-micronutrient powder MNP.	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF

Output 4	Refresher /training of project staff, health workers and MTMSG/FTFSG on CMAM/MIYCN and IPC COVID-19

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# of health care provider Government and project staff will be re-oriented on CMAM/MIYCN and	Total 290 staff – 10 staff from each union council in district Chaghi, Kech and Loralai	461 health care provider Government and project staff have been re-oriented on	Monitoring of sessions and HCPs re-oriented/ trained

	IPC COVID-19 for quality and sustainable services.		CMAM/MIYCN and IPC COVID-19 for quality and sustainable services	
Indicator 4.2	# of MTMSG/ FTFSG and community health workers will be re-oriented on CMAM/MIYCN and IPC COVID-19 for quality and sustainable services.	Total 377 active workers will be re-oriented,125 in each district	407 MTMSG/ FTFSG and community health workers have been re-oriented on CMAM/ MIYCN and IPC COVID-19 for quality and sustainable services	Monitoring of sessions and HCPs re-oriented/ trained
Explanation of output and indicators variance:		Explained under changes and amendments section		

Activities	**Description**	**Implemented by**
Activity 4.1	Health care provider Government and project staff will be re-oriented on CMAM/MIYCN and IPC COVID-19 for quality and sustainable services.	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF
Activity 4.2	MTMSG/ FTFSG and community health workers will be t re-oriented on CMAM/MIYCN and IPC COVID-19 for quality and sustainable services.	Balochistan Nutrition Directorate, Department of Health, Government of Balochistan with the support of UNICEF

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]:

Gender equality underpinned planning and implementation of life saving nutrition services assured at each step of interventions. The implemented project aimed to address the nutritional needs of girls, boys and pregnant and lactating women and adolescent girls in targeted villages. During the project, 80% of staff deployed for delivery of services comprised women. The community outreach component was strengthened through training and deployment/ involvement of LHWs, community midwives, lady health supervisors, in respective catchment communities and mobile areas. Mother and father support groups formed at village levels to ensure community participation in the delivery of results. The programme collected, collated, and reported gender disaggregated data for key performance indicators and ensured active involvement of female groups.

b. AAP Feedback and Complaint Mechanisms:

District and community level committees have been formed during the project period to receive feedback regarding services delivery and protection of all target groups. Committees consisted of both male and female groups, including minorities and people with disabilities, where available. Regular monitoring of groups and project areas took place whereby confidentiality, accountability and access were ensured at facility and community levels. The district management team chaired by the deputy commissioner took feedback on a monthly

[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.

basis and monitoring visits were assured at every level for the quality of interventions and the complaint received were addressed on a priority basis and feedback/ actions taken on spot for effective implementation and service deliveries. The community and beneficiaries through LHWs and community volunteers were informed about feedback mechanism and encouraged to register complaints through the feedback mechanism available at nutrition sites and district focal points.

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

Pakistan PSEA Network (chaired by UNFPA) and working on GBV under CERF project provided technical advice to partners and agencies in working areas. Full compliance on PSEA assured during selection of partners by agency whereby each partner organization provided information of staff engaged in CERF project on PSEA and complaint and referral mechanism endorsed by the HCT. UNICEF built the capacity of working partners and Government staff on PSEA policy and procedure to be implemented at field level. Additionally, community healthcare providers / workers were oriented regarding the reporting of the cases and feedback mechanism through ensuring the confidentiality of the scenario reported/ shared and provision of support to take action and assure quality of service deliveries.

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

Nutrition sector projects have been within gender markers 2a and 2b compliant in the past and in terms of complementarity with Gender Equality Measures (GEM) Nutrition. During the project, gender segregated data for boys and girls aged 0 to 59 months (GEM, B) were collected and reported. While targeting PLW for dedicated supplementary programmes and micronutrients along with advocacy on food choices breastfeeding and care practices nutrition sector not only built their resilience but empowered them to make a right choice in their means for their nourishment thus complementary with GEM D & E. Nutrition sector assured the capacity development of implementation partners both at Government and CSOs level on PESA ensured HACT programmatic and financial accountability and thus attended to GEM E, G & H. Furthermore, with the establishment of feedback desks at feeding sites, engagement through health committees of health facilities, third party field monitoring, financial monitoring against set indicators ensured transparency complementing GEM both at facility and community level.

e. People with disabilities (PwD):

In the context of Balochistan, the nutrition programme was designed and implemented at healthcare facility level and community level through mobile clinics / services. People with disabilities especially the target group i.e., women and children were reached through the mobile clinics in the identified areas through deployment of female health care providers to ensure their protection and provision of required services at their doorsteps and referred the complicated cases at facility level. To ensure the access to services the supplies were delivered at the doorstep and counselling sessions conducted with the target groups in respective areas.

f. Protection:

The project implemented in three vulnerable districts in Balochistan (Kech, Lorelai and Chaghi) - all the districts are widely scattered and mostly rural population and hard to reach areas. Security, tribalism and access to health and nutrition services were not easily accessible by affected people. However, with 80% female staff along with mobile teams, the protection of target groups (women and children) and their access to nutrition interventions was bolstered. Integrated service deliveries were observed success during the field at community level where the protection of the vulnerable groups ensured through giving them access to services.

g. Education:

Not applicable

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.	

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.

Not applicable

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A	N/A	US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
N/A	

3.4 Project Report 20-UF-WFP-042

1. Project Information			
Agency:	WFP	**Country:**	Pakistan
Sector/cluster:	Nutrition	**CERF project code:**	20-UF-WFP-042
Project title:	Provision of Nutrition services for Moderately Acute malnourished children and malnourished PLW in Balochistan		
Start date:	28/10/2020	**End date:**	27/10/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 4,200,000**
	Total funding received for agency's sector response to current emergency:	**US$ 0**
	Amount received from CERF:	**US$ 2,063,958**
	Total CERF funds sub-granted to implementing partners:	**US$ 204,314**
	Government Partners	US$ 204,314
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP and its partners provided Specialized Nutritious Foods (SNF) to 26,391 children under five years of age (13,959 girls and 12,432 boys) and 22,272 PLW. This was achieved against the target of reaching 25,778 children (102 percent achievement against planned target) and 15,444 PLW (144 percent achievement against planned target). The intervention was implemented through 29 static and 15 mobile sites, maintaining the internationally prescribed sphere standards for implementing CMAM programmes. The SNF administered in this programme was developed and produced locally in Pakistan. Cumulatively, 248 MT Achamum for children and 307 MT of Mamta for PLW were distributed during the implementation period. The core reason for the overachievement of beneficiaries, and tonnages of SNF against planned targets is the fact that a portion of the enrolled malnourished PLW and children recovered and therefore graduated from the programme sooner than anticipated. This was particularly applicable to those beneficiaries that were formerly suffering from Severe Acute Malnutrition and had been treated under the UNICEF-led Outpatient therapeutic programme. This enabled WFP to cater to a larger number of malnourished women and children, than was originally envisaged.

The service provision component of the intervention was led by the Provincial Nutrition Directorate (PND) which enhanced the sustainability of the project and capacity of the Department of Health. In order to build the capacity of the staff engaged in this intervention, WFP conducted seven training sessions, including one Training of Trainers (ToT) on CMAM protocols. All activities were conducted in collaboration with UNICEF and WHO to ensure continuum of care and integration with primary health care services. In order to encourage and enhance community engagement, a total of 852 Mother Support Groups (MSGs) were established at the community level. Furthermore, 29,616 PLW were reached through these MSGs against the target of 25,778 and care seekers of children (aged 0-23 months) (115 percent achievement against planned target) also received nutrition sensitive messages at facility and community level, to increase awareness on Mother, Infant and Young Child Nutrition (MIYCN) and promote optimal health and hygiene related practices. As the programme was able to support greater than planned number of beneficiaries, the community outreach activities were also able to exceed their beneficiary targets. Sessions on Infection Prevention and Control (IPC) were held for 75 health workers who in turn sensitized 4,684 mother/care takers.

3. Changes and Amendments

All project activities under this CERF funded response were implemented in accordance with the proposal. The project timelines and scope adhered to the proposed workplan in its entirety.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	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	15,444	0	13,404	12,373	**41,221**	22,272	0	13,959	12,432	**48,663**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**15,444**	**0**	**13,404**	**12,373**	**41,221**	**22,272**	**0**	**13,959**	**12,432**	**48,663**
People with disabilities (PwD) out of the total										
	2,007	0	1,742	1,608	**5,357**	2,895	0	1,814	1,616	**6,325**

* 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

During the project, awareness sessions were held with beneficiaries enrolled in the programme (direct) and their families (indirect beneficiaries) on optimal maternal infant and young child nutrition (MIYCN), health care seeking behaviours and WASH. In addition to this awareness was raised regarding the COVID-19 pandemic and messages related to infection prevention & control and preventive standard operating procedures (SOPs) were reinforced. Messages related to exclusive breastfeeding amid the COVID-19 pandemic (as per WHO guidelines) were also shared with PLW and their families. A total of 852 mother support groups (MSGs) were formed at the community level and messages were trickled down to the households and their extended families. A total of 29,616 beneficiaries were counselled, and messages were shared with over 88,848 indirect beneficiaries in the three targeted districts of Balochistan.
Similarly, under the capacity building component of the project a comprehensive CMAM-MIYCN training of the trainers (TOT) was conducted to create a pool of master trainers in the three targeted districts for initiating training & capacity strengthening in the next tier. Additional sessions on adolescent nutrition were also conducted during the ToT, to build the understanding of the participants about the life course approach to end malnutrition.

6. CERF Results Framework

Project objective	Provision of safe lifesaving Nutrition services for Treatment to MAM children and PLWs at health facilities and communities.
Output 1	Children from 6 to 59 months screened, identified, registered, and treated for MAM in the targeted area of 29 Union Council

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of moderately acute malnourished girls and boys and pregnant/lactating women accessing specialized ready to use supplementary food/ Achamum (RUSF) and Mamta from WFP supported Targeted supplementary feeding program	Children Under 5= 25,778 Girls (13,405) and Boys (12,373) PLW= 15,444	Children Under 5 = 26,391 Girls (13,959), Boys (12,432) PLW = 22,272	Screening record registers. Monitoring reports & checklists. NMIS. Monthly Reports
Indicator 1.2	# Specialized Nutritious Food procured and distributed in a timely manner amongst the targeted MAM children age 06 to 59 months and pregnant & lactating women (PLW) in the targeted areas (AchaMum: 232Metric tons and Mamta:279 Metric tons)	232 MT of RUSF (Achamum) 279 MT of LNS (Mamta)	248 MT of Achamum, 307 MT of Mamta	TSFP registers MDRs
Indicator 1.3	# of integrated static and mobile treatment sites established in the targeted areas.	10 static Site and 3 Mobile team sites will be established in district Loralai and District Kech, wh	29 Static Static Sites established, 10 (kech), 10 (Loralai), 9 (Chagai), 5 mobile Teams / district in total 15 Mobile teams deployed (UNICEF Supported)	On site visits

Indicator 1.4	# of Trainings/refresher and other formal orientations for existing health and CSO staff to implement CMAM, MIYCN, Covid-19 safety measures will be organized for quality implementation	2 trainings and refreshes in each district	2 trainings per district in total 6 trainings organized for the implementation staff	Training Reports/ Attendance Sheets
Explanation of output and indicators variance:		WFP was able to support a greater than planned number of beneficiaries due to the higher than anticipated needs in the targeted districts. However, the tonnage of food distributed does not exhibit a commensurate increase against planned targets (although the total tonnage of SNF distributed is higher than planned), due to commodity shortages.		

Activities	**Description**	**Implemented by**
Activity 1.1	Establishment/operationalization of 38 Targeted supplementary feeding services (static/mobile) integrated with OTP	WFP implemented its activities through the Provincial Nutrition Directorate, Health Departments in Baluchistan
Activity 1.2	Timely procurement of specialized nutritious food i.e., Ready to Use supplementary food and LNS (Acham Mum and Mamta) to treat and manage malnourished children and PLWs.	WFP procured locally produced specialized nutritious food i.e., Ready to Use Supplementary food (Acha Mum) and Lipid based nutrient supplement (Mamta) to treat and manage moderately acute malnourished children and acutely malnourished PLW
Activity 1.3	Timely supply of specialized nutritious food i.e., Ready to Use supplementary food and LNS (Acham Mum and Mamta) supplies to DoH Sindh & Baluchistan and CSOs for quality implementation	WFP provided SNF supply to the PND in a timely manner in order to ensure quality implementation of planned activities.
Activity 1.4	Provision of Acha mum and Mamta to implementing partner (DoH Sindh and Baluchistan) for onward distribution to the targeted beneficiaries.	WFP provided SNF supply to the PND in a timely manner in order to ensure quality implementation of planned activities.
Activity 1.5	Identification and registration of moderately acute malnourished girls and boys) and PLW in the targeted supplementary feeding program	The PND, Department of Health in Baluchistan have managed to identify and register 26,391 of moderately acute malnourished children and 22,272 PLW in program
Activity 1.6	Organize trainings and refresher for the staff to implement safe CMAM programme	WFP in collaboration with the PND has organized a series of orientation sessions including 2 ToTs for the staff responsible for direct implementation

Output 2	Mothers/caretakers in targeted communities' access skilled support for appropriate maternal, infant, and young child nutrition (MIYCN) practices, with emphasis on promotion of breastfeeding, complementary feeding, and awareness of safety measures on COVID-19.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Nutrition

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of nutrition sites providing skilled support for promotion of appropriate MIYCN practices and Covid-19 safety measures.	38 nutrition sites and 190 Mother Support Groups (MSGs).	29 Static sites, 852 MSGs	Site visits project reports
Indicator 2.2	# of mothers/caretakers of girls and boys counselled on optimal MIYCN practices	25,778 pregnant and lactating mothers/	29,616	Project Report

		caretakers of children (0-23 months).		
Indicator 2.3	# of mothers/caretakers, health workers will be counselled on IPC and COVID-19 prevention.	950 mothers/care takers and community health workers will be sensitized and capacitated.	75 Health Workers Trained who in turn sensitized 4684 mother/care takers	Project Report
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 2.1	Formation and capacity building of mother to mother and father support groups comprising of grandmothers and PLWs and lady Health workers and male caregivers/health workers.	Provincial Nutrition Directorate
Activity 2.2	Regular conduct of Nutrition awareness and hygiene promotion sessions in communities through Govt. LHWs/LHVs and community volunteers focusing on the pregnant and lactating women for improving "Maternal Infant & Young Child Nutrition and care practices"	WFP through support of Provincial Nutrition Directorate ensured regular provision of awareness sessions to the targeted communities. This was done with the support of the staff of the Government health departments and that engaged for implementation.
Activity 2.3	Cooking demonstration sessions on complementary diet and diet diversity for children and mothers	Provincial Nutrition Directorate
Activity 2.4	Counselling and referral services provided by the LHWs and LHVs on issues relating to breastfeeding, complementary feeding, proper use of nutrition supplies and follow-up visits in TSFPs.	WFP provided referral and counselling support through the Provincial Nutrition Directorate, 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 areas[8] 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)[9]:

Accountability to Affected Populations is well defined in WFP corporate tools and integrated across all WFP operations in Pakistan. Targeted communities were 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. targeting approach included intersectionality to assess vulnerabilities based on sex, age, including, disabilities to reach the most vulnerable people. Beneficiaries were then briefed on the programme selection criteria through broad-based community meetings conducted at the village level. WFP has a comprehensive community feedback mechanism in place which collects and documents feedback from beneficiaries. The beneficiary feedback received from the targeted areas was verified and addressed. Mother Support Groups were formed to ensure information related to the project was timely disseminated and accessible for all stakeholders.

[8] 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.

[9] 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.

b. AAP Feedback and Complaint Mechanisms:

WFP has a dedicated complaint and feedback mechanism (CFM) allowing communities to register their responses and complaints through feedback boxes, desks, helplines (toll free number), social media pages and regular in person consultations and monitoring that enable beneficiaries 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 distribution sites. Any complaint registered through this platform is handled with strict confidentiality based on data protection principles, through proper channels and tracked until the case is satisfactorily closed.

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

WFP demonstrates its commitment to PSEA by enforcing and integrating approached in the response and by establishing appropriate management systems. It has dedicated staff and focal points fully trained in managing such complaints with a great sense of responsibility, maintaining cultural sensitivity and confidentiality. WFP's CFM supports 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 rights organizations to support their efforts as first responders to prevent gender-based violence (GBV) complaints.

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

The project significantly contributes towards gender equality and women's empowerment (GEWE) by specifically targeting women and children and prioritizing them in offering benefits. Moreover, cooperating partners/ LHWs were strongly encouraged to work in close coordination with women in the community. Gender specific needs assessments and budget for equality activities particularly addressing GBV were made part of the field level agreements. Cooperating partners were advised to carryout GBV related activities, as needed that provide women greater confidence and meaning full participation.

e. People with disabilities (PwD):

WFP pays special attention to the identification and registration of vulnerable groups and Persons with Disabilities (PWDs) and chronically ill people especially women. Communities and cooperating partners were mobilized during orientations to facilitate and prioritise persons with disabilities. Through the programme, 6,326 persons with disabilities were assisted. WFP's partners are directed to make special arrangements to facilitate PWDs in the field as much as possible. They are also provided with dedicated desks at the distribution points for the collection of their food rations, wherever feasible.

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. The local community was familiarised with 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 the provision of assistance in a dignified manner, which includes establishing distribution points close to the beneficiary homes, choosing a neutral location to avoid attachment of political or ethnic affiliations and places that are easily accessible for women/children and others along with separate infrastructure set-up and female staff available to assist women as applicable. In the context of COVID-19, WFP developed specific SOPs to implement the response in a sensitive way. WFP also delivered exclusive sessions on protection of marginalised communities during the CP orientation workshop.

g. Education:

WFP's partners delivered nutrition sensitisation messages to mother support groups and families as part of the lifesaving project. These nutrition specific messages were finalised and delivered in collaboration with the Provincial Nutrition Directorate. Efforts were also made

to ensure that COVID-19 SOPs were adhered to while delivering these messages. Moreover, keeping in view the literacy ratios of women in the targeted districts, most materials used included a pictorial display of important messages.

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.	

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.

Not applicable

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A	N/A	US$ insert amount	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Community Based Management of Acute Malnutrition project in Sindh & Balochistan with evidence-based strategic approaches, social mobilization, enhancing infant & young child feeding etc.	Twitter: https://twitter.com/wfppakistan/status/1446361569059823616?s=21 Facebook:https://www.facebook.com/148374225253369/posts/443053160370425 5/?d=n

3.5 Project Report 20-UF-WHO-031

1. Project Information

Agency:	WHO	**Country:**	Pakistan
Sector/cluster:	Nutrition Protection - Gender-Based Violence	**CERF project code:**	20-UF-WHO-031
Project title:	Strengthening Integrated prevention and response services to address SGBV & Nutrition related health and protection needs in post-COVID situation		
Start date:	16/11/2020	**End date:**	15/11/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,155,532**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 645,314**
Total CERF funds sub-granted to implementing partners:	**US$ 165,615**
Government Partners	US$ 165,615
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Nutrition

Through the support of CERF- UFE grant, WHO established nutrition stabilization Centers (NSC), in Loralai and Turbat-Kech districts, Balochistan for enrollment and treatment of severe acute malnourished children under 5 years with medical complications. During the project period (November 16, 2020 to November 15, 2021), WHO also provided HR support to the Provincial Nutrition Directorate to run the NSCs at Turbat, district Kech and Loralai properly and maintain the quality of treatment. Considering the socioeconomic situation of the communities, facilitated referrals were supported for two-way transport and meal allowance to the caregivers during the hospital stay. WHO trained 26 healthcare providers (HCPs) on inpatient management of severe acute malnutrition and 40 HCPs on mother, infant and young child nutrition (MIYCN).

During the period of project, a total 594 severe acute malnourished children under five years with medical complications were enrolled in both NSCs, 8143 mothers and care givers received counseling on breastfeeding and complementary feeding, 5,039 pregnant and lactating women and 1,321 caregivers received iron and folic acid supplementation and 9,809 mothers, caretakers and walking mothers (from OPD/Paeds ward) attended health and nutrition awareness sessions. During the project period, the performance indicators of both NSCs remained above the SPHERE standards as follows: cured 97%, death 2% and defaulter 1%.

After the completion of CERF project on 15th November 2021, WHO will continue supporting both NSCs with collaboration of Department of Health, Balochistan to provide treatment of SAM children with medical complications, by providing therapeutic milk (f75, f100 & Resomal) as well as technical support.

Protection- Gender based Violence (GBV)

Through CERF-UFE grant WHO Pakistan provided technical assistance in 03 districts including Quetta, Pishin, Killa Saifullah of Balochistan and district South Waziristan of KP provinces for strengthening provision of life saving integrated health care; clinical case management; psychosocial support & mental health care and multisectoral referral services for gender based violence (GBV) including sexual violence (SV) in post-COVID-19 situation for vulnerable Afghan refugee population and host communities. In this regard a comprehensive and innovative telemedicine system with its complete architecture was established through a consultative process. This entailed; provision of equipment, materials for setting up seven telemedicine clinics in six target mainstreamed public health facilities (four PHC level, two secondary level) as protection spaces for clinical consultations in privacy/confidentiality and one telemedicine hub in Balochistan Institute of Psychiatry & Behavioural Sciences (BIPBS). This innovative telemedicine system strengthened basic and advanced level lifesaving integrated health care with clinical case management; psychosocial support, mental health care, multisectoral referral services and increased service outreach for GBV survivors. In addition to this sustainable approach of strengthening existing services and system with innovative modalities, WHO trained 70 facility-based health care providers (assigned as mediators) from target health facilities, women friendly health space (WFHSs) and tele towers (consultants with specialized capacities) at BIPBS in national clinical protocols/SOPs on health system response and care provision for all forms of GBV in humanitarian situations and standards in both KP and Balochistan provinces. Moreover, 75 community health workers in catchment areas of target health facilities of both provinces were also trained in community-based prevention of GBV through awareness: case identification, management and referrals to health facilities and other multi-sectoral services. Dissemination of IEC materials were done. Through provincial level consultations and joint advocacy multi-sectoral referral pathways associated with GBV related telemedicine system were mapped out and developed to connect clients/beneficiaries with needed services within health system and outside of health system. 162 GBV cases were identified, treated and managed over the period of 9 months at targeted health facilities and BIPBS. Moreover, services reached more than 40,000 beneficiaries accessing these health facilities. The said technical assistance through CERF-UFE contributed to development and humanitarian nexus as well as strengthened capacities of public health institute and tertiary care health facility like BIPBS to continue services even after project ends. Government of Balochistan requested WHO to expand the system and services for inmates in jails with similar architecture and modalities as an outcome level achievement.

3. Changes and Amendments

Nutrition

WHO implemented nutrition services in the approved districts Loralai and Kech, Balochistan as per proposal. In both districts, the availability of qualified HR in terms of paediatricians, medical doctors, and nurses was a major challenge. Due to this challenge, NSC activities commenced from the month of February because the HR hiring process and capacity building took some time. WHO had to provide HR to the SCs to facilitate provision of maximum essential nutrition services in consultation with the local/provincial government/nutrition directorate. WHO hired and trained health care providers to support the NSCs. The NSCs were made functional while capitalizing on existing infrastructure with minor renovations and branding.

The admissions in NSC always depend upon institutional referrals from the OTPs network at the community level within CMAM Program. Low referrals from the OTP, infrastructure deficits including a shortage of electricity on 24/7 basis, and poor socio-economic conditions of the native people (inability to stay at the hospital) had been major issues resulting in low admission rates at the NSC. The outbreak of COVID-19 and strikes of healthcare providers affected the referrals and new admissions of children under five years.

Protection- Gender based Violence (GBV)

The project activities were implemented as per plan however due to security situation in South Waziristan all participating UN agencies including WHO implemented with slight changes in operational modalities i.e., changing the venues of trainings instead of conducting them in Wana. The changes were thoroughly reported during interim project updates.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	900	0	68	77	**1,045**	2006	0	80	68	**2154**
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	3,500	0	205	231	**3,936**	7,803	0	241	205	**8,249**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**4,400**	**0**	**273**	**308**	**4,981**	**9,809**	**0**	**321**	**273**	**10,403**
People with disabilities (PwD) out of the total										
	140	0	19	22	**181**	**142**	**0**	**21**	**22**	**185**
`	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	5,960	2,440	3,000	1,350	12,750	6,000	2,500	3,200	1,300	**13,000**
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	2,600	650	2,300	700	6,250	19,000	2,050	4,800	1,700	**27,550**
Other affected people	0	0	0	0	0	0	0	0	0	**0**
Total	**8,560**	**3,090**	**5,300**	**2,050**	**19,000**	**25,000**	**4,550**	**8000**	**3,000**	**40,550**
People with disabilities (PwD) out of the total										
	1,560	590	800	250	**3,200**	1,250	600	890	550	**3,290**

* 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

Nutrition

NSC nurse delivered health education and nutrition awareness sessions, infant and young child feeding sessions on the importance of early initiation of breastfeeding within the first thirty minutes of birth, colostrum feeding, exclusive breastfeeding, and complementary feeding. The nurse conducted a simple rapid assessment for all mothers of children less than two years to identify any difficulty they were facing, to provide further skills support and discourage bottle-feeding. To promote recommended MIYCN practices, the NSC nurse identified dedicated mothers during their mobilization sessions and tasked them to deliver breastfeeding awareness sessions at village/community level. The IEC material was distributed among the mothers and care takers to deliver the same messages at the community level. 5 days training was provided on MIYCN to NSC and DoH staff to improve their technical skills. A total of 9,809 mothers/caretakers attended the awareness sessions at NSCs and health care facilities at district Loralai and Kech.

NSC staff delivered the awareness sessions on health and nutrition key messages. A total of 9,809 participants participated including 7,227 mothers and caregivers (direct beneficiaries), and 2,582 walking mothers (indirect beneficiaries) from OPD/paediatrics ward.

The trained mothers, caretakers and healthcare providers delivered the awareness sessions at community level to improve the best practices related to breastfeeding, complementary feeding, safe drinking water, hygiene as well as early identification of malnourished children and referrals within the CMAM components.

Protection- Gender based Violence (GBV)

Through CERF-UFE grant WHO Pakistan strengthened service delivery capacity and its existing services for GBV through introduction of telemedicine system in 6 targeted health facilities and one hub facility in BIBPS, Balochistan Province. The catchment area and indirectly catchment population of the 6 health facilities (4 BHUs and 2 THQs) is approximately 150,000 based on multiplication of average family size (6). Secondly, the telemedicine hub for GBV related integrated services at BIPBS would be providing services to all districts and complete population of Balochistan province. In KP (South Waziristan) the service delivery capacity has been strengthened at DHQ hospital WANA through project activities and catchment area and population reached indirectly is approximately 152,000. Moreover, 75 community health workers have been trained in both provinces and their approximate population coverage for awareness raising and community-based case management is up to 112,500. In addition, the advocacy and consultation activities have increased institutional capacities both in Balochistan and KP provinces.

6. CERF Results Framework

Project objective	SGBV - To provide support for strengthening provision of GBV related life-saving prevention, protection and health care response including psycho-social support for vulnerable population in line with GBV humanitarian standards in post-COVID situation. Nutrition - Improve equitable access to essential integrated lifesaving nutrition services for children less than five years (292 girls and 321boys) and Pregnant and lactating Women (5162) by establishing and providing services in Stabilization centers and Mother and child health centers in District hospitals of Loralai and Kech Districts of Balochistan for 12 months.
Output 1	Increased Access to health facility-based life-saving, survivor cantered basic and specialised GBV related health care, clinical management and psycho-social support services using telemedicine technique in target districts of Balochistan and KP Provinces.

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	No of health facilities equipped to provide life-saving, survivor cantered basic and specialised GBV related health care, clinical management and psycho-social	7	7	project monitoring reports and field visits

	support services using telemedicine technique in KP and Balochistan			
Indicator 1.2	No of facility-based Health Care Providers equipped to provide lifesaving, survivor cantered basic and specialised GBV related health care, clinical management and psycho-social support services using telemedicine technique in KP and Balochistan	50	70	Training and field reports
Explanation of output and indicators variance:		Partners of participating UN agencies and WFHS also		

Activities	**Description**	**Implemented by**
Activity 1.1	Technical Support and Collaboration with Institute of Public Health & Institute of Psychiatry Balochistan for launching Functional Tele-medicine system (tele-tower Network) to provide specialised GBV related health care, clinical management and psycho-social support services in connectivity with district level target health facilities and WFHS	WHO and Balochistan Institute of Psychiatry and Behavioural Sciences Quetta
Activity 1.2	Procurement and Provision of Equipment and supplies to tele tower network in Institute of Public Health & Institute of Psychiatry Balochistan and target health facilities for GBV oriented tele-medicine system in Balochistan Province	WHO
Activity 1.3	Refresher Sessions with trained facility-based Care Providers on target health facilities and WFHS staff in Clinical Management of domestic violence/IPV and rape and psycho-social support associated with Post-COVID situation based on WHO supported National GBV Health response package and clinical protocols for CMOR with IPV in Balochistan Province	WHO and Balochistan Institute of Psychiatry and Behavioural Sciences Quetta
Activity 1.4	Orientation Sessions with facility-based Care Providers on target health facility and WFHS staff in Clinical Management of domestic violence/IPV and rape and psycho-social support associated with Post-COVID situation based on WHO supported National GBV Health response package and clinical protocols for CMOR with IPV in KP Province	WHO
Activity 1.5	Orientation and Consultation Sessions with Institute of Public Health and Institute of Psychiatry Balochistan (tele-tower Network) on Provision of specialised GBV related health care, clinical management and psycho-social support services in connectivity with district level target health facilities and WFHS based on WHO supported National GBV Health response package and clinical protocols for CMOR with IPV	WHO
Activity 1.6	Orientation Sessions with trained facility-based Care Providers on target health facilities for using tele-medicine system to provide specialized Clinical Management of domestic violence/IPV and rape and psycho-social support and referral services complementing WFHS in Balochistan	WHO and Balochistan Institute of Psychiatry and Behavioural Sciences Quetta

Output 2	Prevention and Protection mechanisms are Available with psycho-social support for SGBV survivors through community outreach and multi-sectoral coordination			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	No of joint multi-sectoral Referral Pathways for SGBV survivors linked with target Health facilities and WFHS	2	2	Activity and Monitoring Reports
Indicator 2.2	No of Community Health Workers equipped to deliver GBV related prevention & Protection messages associated with POST-COVID situation and provision of mobile Psycho-social support based on LIVES methodology (10 in catchment area of 7 target health facilities)	70	75	Training reports and field visits
Explanation of output and indicators variance:		Demand creation among LHWS to gain this knowledge on provision of GBV services		

Activities	**Description**	**Implemented by**
Activity 2.1	Development and dissemination of “” SGBV free Safe Home-Safe Community” promotional messages in Post-COVID situation (local languages)	WHO
Activity 2.2	Refresher and Orientation Sessions with Community Health Workers to deliver GBV related promotional messages associated with POST-COVID situation and provision of mobile Psycho-social support based on LIVES methodology and referral to target health facilities & WFHS	WHO and Balochistan Institute of Psychiatry and Behavioural Sciences Quetta
Activity 2.3	One Day Consultation for mapping of joint multi-sectoral Referral Pathways for SGBV survivors linked with target Health facilities, tele-medicine (tele-tower network) and WFHS	WHO

Output 3	Improved equitable access to essential integrated life-saving nutrition services including treatment of severe acute malnutrition in children under 5 and promotion of optimal breastfeeding practices by establishing stabilization centers and maternal and child health centers in district hospitals of areas affected by COVID-19 in Balochistan.			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of severely malnourished children 0-59 months identified and enrolled for treatment of acute malnutrition in Stabilization Centres	273 Girls and 308 Boys	321 Girls and 273 Boys	Monthly reports, Monitoring reports, Quarterly reports

Indicator 3.2	Number of pregnant and lactating women provided with Iron and folic supplementation and caregivers reached with MIYCN counselling that can improve MIYCN practices	4,400 PLW & 1023 caretakers	6,360 PLW & 1321 caretakers	Monthly reports, Monitoring reports, Quarterly reports
Indicator 3.3	Number of Nutrition Stabilization Centres and maternal and child health centers established with safe nutrition services to respond to malnutrition and COVID-19	2 stabilization centers and 2 MNH centers	2 stabilization centers and 2 MNH centers	Monthly reports, Monitoring reports Quarterly reports
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 3.1	Establishing 2 Nutrition Stabilization Centres with active triage to effectively respond to malnutrition and COVID-19	DoH/WHO
Activity 3.2	Treatment of severely malnourished children aged 0-59 months with medical complications	DoH/WHO
Activity 3.3	Provision of multiple health and nutrition education sessions to Mothers and Caregivers throughout the course of treatment of their children in NSCs. Provision of iron/ folic acid to mothers Provision of full assessment and MIYCN support to approximately 50% of mothers on ensuring effective suckling, building mother's confidence, increasing milk production, and promoting age-appropriate feeding.	DoH/ WHO
Activity 3.4	Capacity building of healthcare providers on NSC protocols, MIYCN practices, IPC/WASH.	DoH/ WHO
Activity 3.5	Procurement for F75, F100, Resomal and other standard SC medicines (as per CMAM protocol) and SC kits and provision and installation of solar panels	WHO
Activity 3.6	Provision of Human resource in stabilization centers as a startup for 11 months	WHO
Activity 3.7	Advocacy and coordination with Gov/ relevant stakeholders for sustainability/ exit strategy	WHO
Activity 3.8	Mentoring, monitoring and formative and summative evaluation	WHO/ DOH
Activity 3.9	Visibility/ communication/ producing bulletins and success stories/ lessons learnt	WHO

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[10] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. The following sections demonstrate how

[10] 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.

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) [11]:

The population targeted had been part of the project activities through social mobilization by the Healthcare workers. The major focus had been on enrolment of severe acute malnourished children under five years with medical complications and improvement of MIYCN practices and health system strengthening through advocacy and capacity building. Joint monitoring visits were carried out with nutrition focal person of department of health to ensure quality of project activities. Caretakers and pregnant and lactating women were encouraged to deliver key health education and nutrition awareness sessions to improve breastfeeding practices and refer mothers who had breastfeeding issue and malnourished/sick child to the nearest health facility/NSC or other nutrition sites. This activity improved coordination, referrals and feedback mechanism.

Protection- Gender based Violence (GBV)

The proposed catalytic project interventions design was based on continuity of building blocks of milestones achieved during past interventions in target Afghan refugee areas and host communities as well as affected population of target districts. Therefore, the target beneficiaries/affected people had been involved in need assessment and consultation process through functional community-based support groups (Government and humanitarian partners, UNHCR and CSOs network) on ground. During development process of sectoral strategies for CERF funds, a thorough consultative process was followed to identify target geographical areas, prioritise and plan interventions at National and Provincial level with all concerned departments, partners and stakeholders on ground the target beneficiaries have been fully involved during community outreach interventions through community Health Workers.

b. AAP Feedback and Complaint Mechanisms:

For the nutrition component, spot checks and joint exploration were made through qualitative interviews / FGDs randomly in the intervention facilities on both supply and demand side. Complaint boxes were also placed in the NSCs and MCH centers for transparency under strict lock and key to ensure confidentiality and anonymity.

Protection- Gender based Violence (GBV)

3 monthly follow-up assessment during refreshers were conducted for training activities. Community based feedback system was also encouraged through community health workers using the tools given in GBV and health related training manuals.

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

Under the nutrition sector, sensitization sessions were conducted with staff/caregivers on enabling a Sexual Exploitation and Abuse (SEA) free environment as much as possible. Measures were put in place for recording any incident and staff were identified to provide training to handle these measures including aspects of confidentiality, accessibility and follow-up.

Protection- Gender based Violence (GBV).

PSEA dimensions were fully integrated in to GBV related trainings, orientations and awareness material developed looking at the angle of both service providers and beneficiaries.

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

For the nutrition component consultation / advice from gender focal point WHO/ cluster was sought in the course of implementation to ensure gender mainstreaming in interventions. Every month data was analysed on performance indicators and gender analysis/

[11] 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.

stratification was made. Major beneficiaries of WHO nutrition programme were females as pregnant and lactating women and women of reproductive age were end users besides children under 5.

Protection- Gender based Violence (GBV)
A gender equality lens in addressing social exclusion and vulnerability was streamlined in interventions and catered for needs of the disabled and marginalized groups such as Afghan Refugees.

e. People with disabilities (PwD):

For the nutrition sector, every effort was made to ensure safety of disabled and opportunity cost was also factored in to support end users.
Protection- Gender based Violence (GBV)
PWDs were catered as target beneficiaries during the project activities. Specific messages were developed and integrated into IEC material package as well as training packages to ensure inclusion and sensitization towards these vulnerable groups.

f. Protection:

For the nutrition sector in the current COVID context, safe practices for the health care providers were employed. Health care providers were provided IPC/ WASH items as well as trainings, which automatically impacted on demand side to end users/ patients.

Protection- Gender based Violence (GBV)
The project interventions were conducted and completed during COVID-19 epidemic. In this scenario safe IPC practices were strictly followed during project interventions. Moreover, the material and modalities for implementation of activities was culturally contextualised to avoid sensitivities associated with GBV issues.

g. Education:

For the nutrition sector, Integrated Nutrition, health and hygiene education streamlined in interventions in NSCs and MCH centres within the health system. Awareness sessions on MIYCN, health and nutrition education were delivered to increase the awareness within the population regrading breastfeeding practices, hygiene practices, balanced diet etc.

Protection- Gender based Violence (GBV)
Education through awareness and training was considered during project interventions for health care providers, community health workers and target beneficiaries.

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.	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.

CVA is not applicable regarding nutrition related interventions under proposed project. Nutrition response strategies developed for CERF grant do not focus on CVA. The interventions focus was on provision of life saving nutrition services for vulnerable children to address acute malnutrition among children. The implementation focus was on strengthening provision of these lifesaving services at nutrition

stabilization centres. However, WHO facilitated referrals for two-way transport and meal allowance to the caregivers during the hospital stay.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A	N/A	US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
Pictures on GBV interventions in Balochistan Institute of Psychiatry can be provided separately	
Documentary on Nutrition	

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
20-UF-FPA-031	Gender-Based Violence	UNFPA	NNGO	$149,087
20-UF-FPA-031	Health	UNFPA	NNGO	$221,012
20-UF-FPA-031	Gender-Based Violence	UNFPA	NNGO	$16,515
20-UF-FPA-031	Health	UNFPA	GOV	$130,083
20-UF-WHO-031	Gender-Based Violence	WHO	GOV	$41,615
20-UF-WOM-003	Gender-Based Violence	UN Women	NNGO	$85,919
20-UF-WOM-003	Gender-Based Violence	UN Women	NNGO	$43,907
20-UF-WFP-042	Nutrition	WFP	GOV	$204,314
20-UF-WHO-031	Nutrition	WHO	GOV	$124,000
20-UF-PAK-45168	Nutrition	UNICEF	GOV	$446,654