CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

United Nations CERF Central Emergency Response Fund

PAKISTAN
RAPID RESPONSE
FLOOD
2022
22-RR-PAK-54917

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
The CERF After-Action Review (AAR) took place on February 24, 2023, with the participation of representatives from the FAO, UNFPA, UNICEF, and WHO.	24 February, 2023

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 2022 CERF allocation played a crucial role in addressing the most urgent and life-saving needs of the affected people in Pakistan. The CERF allocation enabled us to mount a swift and coordinated humanitarian response, ensuring that essential assistance reached those in dire need in a timely manner. The floods in Pakistan during 2022 posed significant challenges, displacing thousands of people, damaging infrastructure, and disrupting vital services. In this context, the CERF allocation provided a lifeline, allowing the agencies to deploy immediate resources to areas most affected by the floods and deliver essential aid where it was needed the most. The response to the Pakistan Floods of 2022 was marked by comprehensive and effective interventions, exceeding the targets set in the projects.

The collective performance of humanitarian actors in implementing the CERF-funded response was commendable. Through close collaboration and coordination, we were able to maximize the impact of the allocation, ensuring that the response was efficient, effective, and targeted. The CERF funding acted as a catalyst, enabling us to leverage additional resources and support from other partners, thereby magnifying the overall impact of the intervention.

The CERF allocation demonstrated its added value by complementing existing efforts and filling critical gaps in the flood response. It allowed us to rapidly scale up response activities, providing emergency nutrition, clean water and sanitation facilities, reproductive and healthcare services, and protection support to the affected population.

Throughout the response, the CERF allocation played a crucial role in strengthening support for four priority areas that are frequently overlooked in humanitarian operations. By prioritizing initiatives aimed at women and girls, people with disabilities, and other aspects of protection, CERF ensured that the most vulnerable individuals received the necessary attention and support they rightfully deserve.

The Central Emergency Response Fund (CERF) allocation for the 2022 flood response in Balochistan has enabled a strategic and prioritized response to address the most urgent and life-saving needs of the affected people. Through the effective utilization of CERF funding, various UN agencies and their partners have made significant progress in their respective sectors, resulting in tangible impacts and added value to the overall flood response.

The collective performance of UN agencies and their partners has demonstrated effective coordination, strategic implementation, and a comprehensive approach to humanitarian response. The CERF allocation has added significant value by enabling timely and targeted interventions, ultimately improving the well-being and resilience of the affected population.

The collaborative efforts of the UN agencies and their partners, supported by CERF funding, have been instrumental in addressing the immediate needs of affected people, promoting resilience, and improving the overall well-being of communities in Pakistan. The successful implementation of these projects highlights the effectiveness of strategic funding and the added value of coordinated and integrated humanitarian response.

Overall, UNFPA's response to the Pakistan Floods of 2022 was marked by comprehensive and effective interventions, exceeding the targets set for integrated SRH and GBV services. The project's success was attributed to strategic partnerships, close collaboration.

CERF's Added Value:

N/A

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

Yes ☒ Partially ☐ No ☐

CERF funds led to fast delivery of assistance to people in need. Overall, the allocation brought invaluable added value to the flood emergency response in both Balochistan and Sindh provinces. In Balochistan, the timely funding covered critical gaps in ensuring lifesaving Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) services for vulnerable populations, including women of reproductive age, pregnant women, and adolescent girls and boys. The funding facilitated rapid response efforts and established an effective operational platform under the Health and Protection sectors, addressing the overlapping emergencies posed by the Afghan refugee crisis and flood emergency. Moreover, the strengthened health facilities will continue to benefit the community long after the project's completion, demonstrating UNFPA's comparative advantage and attracting additional resource mobilization for vulnerable women and girls.

In Sindh, the CERF project went beyond immediate emergency response by linking interventions with sustainable development solutions. The establishment of a functional Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facility in Qambar Shahdadkot, supported by UNFPA's regular resources, brought significant value to the community. Before this intervention, pregnant women had to travel long distances for CEmONC services, but now, services are available at their doorstep, saving time and resources.

Additionally, CERF funding improved coordination among various stakeholders, enabling smooth transition from rapid response to recovery stages. The funding served as a catalyst for further support from donors like Japan, Korea, and Norway, enabling scaling up of SRH and GBV interventions.

FAO seized the opportunity to address community needs aligned with their strategic goals. UNICEF increased water trucking, reaching 53,400 people in a shorter timeline. WHO's deployment of EDSS ensured timely outbreak identification, monitoring, and control. CERF's timely and targeted support saved lives, alleviated suffering, and promoted early recovery.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The CERF-funded projects have successfully addressed the most critical needs of the affected communities in Sindh and Balochistan. The collective performance of UN agencies and their partners has demonstrated effective coordination, strategic implementation, and a comprehensive approach to humanitarian response. The CERF allocation has added significant value by enabling timely and targeted interventions, ultimately improving the well-being and resilience of the affected population. The 2022 CERF allocation exemplifies the importance of flexible funding mechanisms in addressing crises effectively. It added significant value by enabling timely interventions, improving the well-being and resilience of the affected population.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The CERF grant has significantly improved coordination within the humanitarian community. Funding from CERF has strengthened inter-sectoral coordination efforts. The project implementation has involved regular coordination meetings organized by OCHA, Government and provincial programme teams providing technical and operational support to all organizations involved in delivering life-saving services. Key stakeholders, including communities, have actively participated in the project, utilizing existing community-based structures and field-level coordination mechanisms. The project's coordination structures, such as the GBV Sub Working Groups and SRH and Rights Working Group, have played a pivotal role in amplifying capacity-building efforts and expanding the project's objectives.

Close liaison and coordination with provincial authorities have ensured their support and ownership, and regular meetings have facilitated coordination to avoid duplication of activities and address immediate needs. Through these coordinated efforts, disease outbreaks were curtailed and health outcomes of affected communities for instance have been significantly improved.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

The CERF funds have played a vital role in improving resource mobilization from other sources. By complementing inter-sectoral coordination efforts and drawing attention to gender-based violence (GBV) and sexual and reproductive health (SRH) in humanitarian response, the CERF grant has reinforced the importance of these issues in coordination forums. This continued advocacy has not only reinforced life-saving SRH services but has also resulted in securing additional funding from donors, including Japan and Norway. The ability to highlight the achievements and impact of CERF-supported projects has significantly improved the well-being and health outcomes of the affected communities, making it easier to attract support from other sources. The success of the CERF-funded initiatives serves as a compelling example, encouraging other donors to contribute resources and join in the efforts to address these critical humanitarian needs. Overall, the CERF funds have been instrumental in mobilizing resources from other sources and expanding the reach of interventions to further enhance the support provided to affected communities.

The Food and Agriculture Organization (FAO) utilized the CERF grant to deliver emergency livestock protection assistance to over 5,000 households, safeguarding their livelihoods and enhancing food security. The successful distribution of animal feed and comprehensive veterinary health checks ensured the nourishment and health of livestock assets, directly benefiting approximately 37,000 individuals.
The United Nations Population Fund (UNFPA) responded to the flood crisis by providing life-saving sexual and reproductive health interventions, exceeding targets set for integrated SRH and GBV services. Their collaboration with partners and government departments enabled the strengthening of health systems and the provision of essential services to over 59,000 people, including safe deliveries, antenatal care, postnatal care, family planning, and GBV case management.
UNICEF's nutrition and water, sanitation, and hygiene (WASH) interventions have significantly improved the well-being and health outcomes of children, pregnant/lactating women, and the general population. Over 34,000 children were screened for malnutrition, and 6,158 severely malnourished children received treatment. Access to safe drinking water and sanitation facilities was ensured for over 92,000 individuals, accompanied by extensive hygiene education and awareness sessions.
The World Health Organization (WHO) played a crucial role in providing essential healthcare, strengthening disease surveillance, and improving nutrition services for the flood-affected populations. Their interventions, including the provision of medicines, medical camps, and nutrition stabilization centers, benefited thousands of individuals, contributing to improved health outcomes and disease prevention.

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

Priority areas where CERF activities have contributed to:

1. **Support for women and girls, including tackling gender-based violence, reproductive health, and empowerment:** The UNFPA implemented a program in two flood-affected districts in Balochistan, and Sindh province, to provide lifesaving sexual and reproductive health interventions. The program strengthened Basic Health Units (BHUs) and engaged trained healthcare providers, including Lady Medical Officers and Lady Health Visitors. UNFPA provided essential medicines, medical equipment, and contraceptive commodities to ensure access to quality integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services. They also established referral pathways and provided specialized care through GBV case management. Overall, the UNFPA's response exceeded the targets for integrated SRH and GBV services, benefiting a significant number of women and girls.
2. **Programs targeting disabled people:** Through CERF allocation, the renovation of Nutrition Stabilization Centers by WHO prioritized the safety and inclusivity of disabled individuals. Consideration was given to the specific needs of people with disabilities, ensuring improved accessibility to the facilities. This approach aimed to create an environment where everyone, including disabled individuals and their caretakers, can fully participate and access the amenities without barriers. The inclusive design of the NSCs reflects a commitment to fostering an inclusive society that supports the well-being and needs of people with disabilities.
3. **Education in protracted crises:** Through CERF allocation, education and awareness were prioritized and addressed by implementing various activities. Nurses provided education and support on infant and young child feeding practices, which empowered mothers and caregivers to become agents of change within their communities. Health education and nutrition awareness sessions targeted caretakers, pregnant women, and lactating mothers, improving breastfeeding practices and referring those in need to appropriate health facilities. Hygiene education and awareness sessions accompanied the provision of safe drinking water and sanitation facilities. An integrated approach was taken, incorporating comprehensive nutrition programs and engaging sessions to raise awareness about breastfeeding, hygiene practices, and maintaining a balanced diet.
4. **Other aspects of protection:** The CERF allocation primarily addressed support for women and girls, including tackling gender-based violence, reproductive health, and empowerment. Through CERF allocation, the protection aspects were prioritized and addressed through various interventions. The Food and Agriculture Organization (FAO) provided emergency livestock protection assistance, including animal feed distribution and veterinary health checks, benefiting 5,285 households. UNFPA implemented sexual and reproductive health (SRH) interventions, strengthening healthcare facilities, providing essential medicines, and delivering integrated SRH and gender-based violence (GBV) services to over 59,535 individuals. UNICEF implemented comprehensive nutrition and WASH interventions, addressing malnutrition, providing access to safe drinking water, sanitation facilities, and hygiene education to thousands of beneficiaries. WHO focused on continued access to essential healthcare, strengthening disease surveillance, and improving nutrition services for flood-affected populations, including the provision of medicines, medical camps, and the establishment of nutrition stabilization centers. These interventions aimed to protect the well-being and rights of the affected communities during the emergency.

[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.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	816,300,000
CERF	10,071,433
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	546,828,567
Total funding received for the humanitarian response (by source above)	**556,900,000**

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-RR-FAO-033	Food Security - Agriculture	546,000
FAO	22-RR-FAO-035	Food Security - Agriculture	1,404,280
UNFPA	22-RR-FPA-034	Health - Sexual and Reproductive Health	447,646
UNFPA	22-RR-FPA-038	Health - Sexual and Reproductive Health	802,354
UNICEF	22-RR-CEF-057	Nutrition	592,091
UNICEF	22-RR-CEF-057	Water, Sanitation and Hygiene	525,062
UNICEF	22-RR-CEF-062	Water, Sanitation and Hygiene	1,603,098
UNICEF	22-RR-CEF-062	Nutrition	1,114,018
WHO	22-RR-WHO-032	Health	954,000
WHO	22-RR-WHO-035	Health	1,499,676
WHO	22-RR-WHO-035	Nutrition	583,208
Total			**10,071,433**

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

Total funds implemented directly by UN agencies including procurement of relief goods	US$ 7,835,636
Funds sub-granted to government partners*	US$ 483,267
Funds sub-granted to international NGO partners*	US$ 197,511
Funds sub-granted to national NGO partners*	US$ 1,555,019
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**US$ 2,235,797**
Total	**10,071,433**

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Pakistan was struck by an unprecedented climate-induced disaster in June 2022, characterized by heavy rains, riverine, urban, and flash flooding. The catastrophic event resulted in numerous fatalities, livestock losses, and widespread damage to public and private infrastructure throughout the country. Moreover, agricultural land and forests have been adversely affected by landslides and floods, disrupting local ecosystems.

The Government of Pakistan designated 84 districts as 'calamity hit,' with the majority located in Balochistan (32 districts), Sindh (23 districts), and Khyber Pakhtunkhwa (17 districts). The impact of the heavy rains and floods has affected around 33 million people, including 7.9 million individuals who were displaced, with approximately 598,000 people had to reside in relief camps.

According to the National Disaster Management Authority (NDMA), the disaster claimed the lives of more than 1,700 people and caused over 12,800 injuries. Disturbingly, 353 women and 647 children lost their lives, while 3,452 women and 4,006 children were injured. Children accounted for one-third of all recorded deaths and injuries, with Sindh experiencing nearly half of the fatalities and 66% of the injuries. Balochistan and Khyber Pakhtunkhwa each reported approximately 19% of recorded deaths, while Punjab accounted for 30% of injuries.

The extensive damage caused by the disaster extends to over 2.2 million houses, with 897,000 houses destroyed and nearly 1.4 million houses damaged. The majority of this destruction occurred in Sindh, where over 716,000 houses were destroyed and more than 1.1 million were damaged. Additionally, Sindh accounted for 64% of the 13,000 kim of roads and 40% of the 410 bridges damaged or destroyed nationwide.

Livestock losses have also been significant, with more than 1.1 million reported deaths. Balochistan suffered the most substantial loss, with 500,000 livestock perishing, followed by Sindh with over 436,000 and Punjab with over 205,000. Furthermore, the Food and Agriculture Organization (FAO) estimates that around 9.4 million acres of crop area were potentially inundated, with Sindh, Punjab, Balochistan, and Khyber Pakhtunkhwa being the most affected provinces.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the ERC allocated $3 million on 19 August 2022 from CERF's Rapid Response window for the immediate commencement of life-saving activities. On 1 September 2022, the ERC allocated a further $7 million as a top-up as flooding worsened which resulted in a total allocation of $10 million. This funding enabled UN agencies and partners to provide life-saving assistance to 238,000 of the most vulnerable affected people, including 53,647 women, 55,833 men, 128,420 children, and 11,848 people with disabilities in Health (including Sexual and Reproductive Health), WASH, Nutrition and Food Security.

The CERF-funded assistance in response to the devastating floods in Balochistan from June to August 2022 achieved significant operational milestones and supported sectoral priorities to address the needs of the affected communities.

(i) Overarching operational achievements:

The timely allocation allowed various UN agencies, including the Food and Agriculture Organization (FAO), UNFPA, UNICEF, and WHO, to promptly respond to the crisis in Balochistan and Sindh. Their coordinated efforts and strategic partnerships with government entities and local organizations facilitated the efficient delivery of critical aid and services to the flood-affected population.

(ii) Sectoral Priorities Supported:

a) Food and Agriculture: The FAO focused on addressing the urgent needs of rural communities in Balochistan by providing emergency livestock protection assistance. Around 241,074 individuals, received concentrated animal feed each, along with comprehensive veterinary health checks. Additionally, around 945,000 small and large ruminants were vaccinated against highly contagious diseases., surpassing the original target.

b) Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV):

UNFPA's response targeted the health needs of women and girls affected by the floods. Through strengthened healthcare facilities, mobile outreach teams, and referral services, 59,535 people received integrated SRH and GBV services. Over 17,000 individuals, including

pregnant women, received SRH services, with 3,744 safe deliveries conducted. In addition, 537 GBV survivors received referral services and dignity kits.

c) Nutrition: UNICEF implemented a comprehensive nutritional screening program in Lasbela and Jhal Magsi districts, screening 34,206 children under 5. Of these, 6,158 severely malnourished children received treatment using Ready to Use Therapeutic Food (RUTF). Furthermore, 19,236 Pregnant and Lactating Women (PLWs) received essential nutrition services.

d) Water, Sanitation, and Hygiene (WASH): UNICEF provided access to safe drinking water for 92,040 individuals and installed 375 temporary latrines and 150 bathing cubicles, benefitting 15,000 people. Hygiene awareness reached 60,932 individuals, promoting safe practices like handwashing and household water treatment.

e) Essential Healthcare: WHO focused on ensuring continued access to essential healthcare, strengthening disease surveillance, and improving nutrition services for the flood-affected population. They distributed essential medicines and medical supplies, conducted medical camps, and established nutrition stabilization centers that treated 656 severely acute malnourished children and provided counseling to 1,312 mothers and caregivers.

(iii) Number of People Reached:

The CERF-funded response reached a significant number of beneficiaries. FAO assisted 5,285 households, benefiting approximately 37,000 individuals, with emergency livestock protection assistance. UNFPA provided integrated SRH and GBV services to 59,535 people, including over 17,000 individuals receiving SRH services. UNICEF's nutrition interventions benefited 34,206 children under 5 and 19,236 Pregnant and Lactating Women (PLWs). In the WASH sector, UNICEF provided safe drinking water to 92,040 individuals and installed 375 temporary latrines and 150 bathing cubicles for 15,000 individuals. Additionally, WHO supported 656 severely malnourished children and provided counseling to 1,312 mothers and caregivers in nutrition stabilization centers.

(iv) Multi-Sectoral Response Opportunities:

The successful response was facilitated by multi-sectoral collaboration and partnerships. Agencies like FAO collaborated with livestock and agriculture departments, UNFPA worked with the People's Primary Health Care Initiative (PPHI), and UNICEF's interventions involved the Government's Accelerated Action Plan (AAP) and the Department of Health. These synergies enhanced the effectiveness and reach of the interventions, ensuring comprehensive support to the affected communities.

In conclusion, the CERF-funded assistance in response to the 2022 floods in Balochistan and Sindh demonstrated remarkable achievements in addressing the urgent needs of affected communities. The sectoral priorities were effectively supported through close coordination, strategic partnerships, and targeted interventions, reaching a substantial number of beneficiaries and improving the overall well-being and resilience of the flood-affected population.

People Directly Reached:

The estimation of figures reported in tables 4, 5, and 6 involved a comprehensive approach to ensure accuracy and prevent the counting of same individuals multiple times. To achieve this, several key steps were taken:

Registration and Identification: A systematic registration process was implemented to record and identify individuals in need across different categories, including refugees, returnees, internally displaced people, and host communities. Each individual was assigned a unique identifier, ensuring that they were counted only once, regardless of their multiple classifications.

Sector-Specific Beneficiary Lists: For each sector or cluster involved in the response, such as Health - Sexual and Reproductive Health and Nutrition, separate beneficiary lists were maintained. This approach allowed for a clear distinction of beneficiaries receiving services from different sectors, preventing duplications.

Coordination and Data Sharing: Effective coordination mechanisms were established among various implementing partners and humanitarian agencies. They shared information and cross-checked beneficiary data to identify any potential overlaps in assistance. Through this collaboration, double counting was eliminated.

Tracking of Affected Individuals: Individuals who were affected by multiple events, such as those who were both refugees and internally displaced, were carefully tracked. Their status and assistance received were documented to avoid counting them multiple times.

Inclusion of People with Disabilities (PwD): People with disabilities were accounted for separately in each category and sector. Their specific needs were considered, and they were not included in the general population figures to prevent double counting.

Monitoring and Evaluation: The entire process was closely monitored and subject to rigorous evaluation to identify and rectify any discrepancies or errors in the data.

Overall, the process of estimating the figures and avoiding duplication was a collaborative effort involving multiple stakeholders, data sharing, and advanced data management techniques. This methodology ensures transparency and reliability in humanitarian response efforts, providing essential aid and support to those in need effectively.

People Indirectly Reached:

The CERF supported projects have had significant indirect benefits on the communities they aimed to serve. In the context of vaccination campaigns for controlling transboundary animal diseases, the awareness sessions and education provided to the local population not only protected the targeted communities but also neighboring areas from disease outbreaks. Livestock keepers in adjacent regions gained access to valuable information and resources, enhancing disease prevention measures.

Similarly, the UNFPA projects focused on enhancing access to reproductive health and gender-based violence services indirectly benefitting approximately 120,000 individuals, including men, women, boys, and girls, through support provided to health facilities and community outreach activities. Awareness sessions and dissemination of key information extended the impact of the project beyond its primary beneficiaries, as women and young girls shared their knowledge with household members and various groups in the communities.

In the CERF-supported interventions, the reach went even further, with approximately 250,000 community members, including men, boys, women, girls, and persons with disabilities, gaining indirect benefits. Community awareness sessions and training initiatives had a cascading effect, amplifying the project's objectives on a larger scale across the provinces.

In the nutrition projects, beyond the direct beneficiaries, the programs had a positive impact on a wider affected population. Rehabilitated water supply systems and handpumps benefited more than the primary target population, and hygiene promotion messages effectively engaged a diverse audience, promoting good hygiene practices within the larger community.

In the Nutrition Stabilization Center project, mothers, grandmothers, and caregivers who participated in health education and nutrition awareness sessions indirectly benefited their entire communities. Equipped with knowledge and support, they became agents of change,

spreading vital nutrition messages and identifying cases of severe acute malnutrition. Trained mothers and caregivers led community-level awareness sessions, improving breastfeeding and complementary feeding practices and promoting overall health and hygiene.

Overall, the indirect benefits of these projects demonstrate their comprehensive and inclusive approach, positively impacting a broader population and contributing to sustainable and widespread change in their respective areas of focus.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	53,647	55,833	62,973	65,547	**238,000**	77,950	80,104	40,659	42,361	**241,074**
Health	45,474	50,238	42,035	46,343	**184,090**	25,008	55,548	66,538	55,072	**202,166**
Health - Sexual and Reproductive Health	0	24,612	0	24,612	**49,224**	221,100	62,448	106,185	80,383	**470,116**
Nutrition	85,072	2,010	68,756	66,060	**221,898**	96,522	2,010	116,864	113,332	**328,728**
Water, Sanitation and Hygiene	42,408	40,782	28,973	27,837	**140,000**	59,368	61,791	51,808	53,923	**226,890**

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

Category	Planned	Reached
Refugees	0	
Returnees	0	
Internally displaced people	0	
Host communities	0	
Other affected people	238,000	**531,400**
Total	**238,000**	**531,400**

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	53,647	221,100	2,936	511
Men	55,833	80,104	3,147	4,732
Girls	62,973	116,864	2,709	7,474
Boys	65,547	113,332	3,056	6,519
Total	**238,000**	**531,400**	**11,848**	**19,236**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-FAO-033

1. Project Information

Agency:	FAO	**Country:**	Pakistan
Sector/cluster:	Food Security – Agriculture	**CERF project code:**	22-RR-FAO-033
Project title:	Livestock Protection in flood-affected areas of Balochistan		
Start date:	15/08/2022	**End date:**	14/02/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding	**Total requirement for agency's sector response to current emergency:**	**US$** 57,000,000
	Total funding received for agency's sector response to current emergency:	**US$ 32,000,000**
	Amount received from CERF:	**US$ 546,000**
	Total CERF funds sub-granted to implementing partners:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The devastating floods that struck Balochistan from June to August 2022 posed a significant threat to rural communities in the region. However, thanks to the timely allocation of funding from the Central Emergency Response Fund (CERF), the Food and Agriculture Organization (FAO) seized the first opportunity to address the needs of these affected communities. This funding aligns perfectly with FAO's strategic goals of combating hunger, food insecurity, malnutrition, and enhancing livelihood resilience in the face of threats and crises.

Through the effective utilization of the CERF grant, FAO collaborated with its partners (livestock and agriculture department) to deliver crucial emergency livestock protection assistance to 5,285 households, benefiting approximately 37,000 individuals residing in the Lasbela and Killa Saifullah districts of Balochistan. Each household received 200 kg of concentrated animal feed, along with comprehensive veterinary health checks. Additionally, a total of 184,223 small and large ruminants were vaccinated against highly contagious diseases, including Peste des petits ruminants (PPR), lumpy skin disease (LSD), and Foot and Mouth Disease (FMD).

The quantity of animal feed distributed was calculated to meet the needs of each beneficiary household for at least 20 days, ensuring their livestock would receive adequate nourishment during this critical period. Furthermore, the successful implementation of the vaccination campaign within the targeted areas will play a pivotal role in safeguarding the livestock assets of the affected communities

against the rapid spread of these debilitating animal health diseases. By preserving their livelihoods and enhancing their food security, this initiative has had a positive and lasting impact on the lives of the flood-affected population in Balochistan.

In summary, the CERF-funded project implemented by FAO and its partners has achieved significant milestones. By providing emergency livestock protection assistance, including animal feed distribution and comprehensive vaccinations, this initiative has directly supported 5,285 households and approximately 37,000 individuals. The project's successful execution ensures the resilience of livelihoods, safeguards against critical animal health diseases, and ultimately improves the food security of the affected communities in Balochistan.

3. Changes and Amendments

Due to the negative impacts of floods in Balochistan province, particularly in Lasbela and Killa Saifullah districts, the original project plan had to be changed and amended. The floods caused damages to livestock shelters, shortages in animal fodder, and other adverse effects, leading to a decline in livestock health and an increased risk of malnutrition. Small-scale livestock keepers were identified as the most affected households. In response to the severity of the damages and the vulnerabilities of the flood-affected communities and livestock, the FAO decided to implement carpet coverage for animal vaccination. This decision aimed to prevent the spread of diseases among a larger number of animals and protect the livelihoods and food security of as many beneficiaries as possible. As a result, the project successfully reached a total of 184,223 animals, surpassing the original target of 58,225 animals.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security – Agriculture									
	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	8,340	8,680	9,790	10,190	**37,000**	11,964	12,294	6,240	6,502	**37,000**
Total	**8,340**	**8,680**	**9,790**	**10,190**	**37,000**	**11,964**	**12,294**	**6,240**	**6,502**	**37,000**
People with disabilities (PwD) out of the total										
	184	209	216	245	**854**	55	56	29	30	**170**

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

5. People Indirectly Targeted by the Project

The people benefited indirectly through the project activities in several ways. Firstly, the vaccination campaigns conducted by the project played a pivotal role in controlling and preventing the spread of transboundary animal diseases. By organizing awareness sessions and meetings within the communities, the project effectively disseminated information and educated the local population about the importance of vaccination and disease prevention. This, in turn, protected the livelihoods of the targeted communities, as well as the communities in adjacent areas, by minimizing the risk of disease outbreaks.
Secondly, the project's comprehensive awareness raising efforts had a positive impact on both the partner's personnel and the beneficiary livestock keepers. By providing training, information, and resources, the project empowered these individuals to better understand and implement disease prevention measures. This increased knowledge and capacity benefited not only the targeted communities but also livestock keepers in adjacent areas, as they gained access to valuable information and resources through the project's initiatives.
In summary, the project's vaccination campaigns, awareness raising efforts, and livestock asset protection indirectly benefitted the people in targeted and adjacent communities. It prevented disease outbreaks, protected livelihoods, improved knowledge and capacity, sustained livestock production, and maintained the supply of affordable livestock products in the local markets.

6. CERF Results Framework

Project objective	Saving the life of flood-affected households by preventing further loss of livestock, the critical source of livelihoods of rural communities in Balochistan

Output 1	Livestock survival in humanitarian emergencies by providing vaccinations and supplementary feeding for animals to restore the essential source of nutritious food among women and children in flood-affected areas

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

Sector/cluster	Food Security – Agriculture

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Ag.2 Number of animals vaccinated, dewormed and/or treated	58,225	184,223	KOBO tool
Indicator 1.2	Ag.3 Number of people receiving livestock inputs (animal feed/live animals/kits/packages)	37,000	37,000	KOBO tool

Explanation of output and indicators variance:	According to the initial plan, the project aimed to support 37,000 people by providing 1,057 tonnes of animal feed. However, the scope was expanded by the FAO, leading to an increase in the number of animals vaccinated. The original target of vaccinating 58,225 animals was surpassed, and a total of 184,223 animals were vaccinated in the targeted districts of Lasbela and Killa Saifullah. Comprehensive coverage was ensured for all animals, protecting them against diseases such as PPR, FMD, and LSD.

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

Activity 1.1	Identification of areas (tehsil, UCs and villages) the beneficiaries in consultation with the line departments	FAO and Livestock Department
Activity 1.2	Organize vaccination campaigns for 10,570 large ruminants, and 26,425 small ruminants against FMD & LSD and PPR, respectively. Considering two shots for FMD while single shot of LSD and PPR vaccine a total of 58,225 vaccinations will be done.	FAO, Livestock Department, and district administration
Activity 1.3	Provide animal feed assistance to the 5,285 poorest HH for large and small ruminants for 20 days. Each household will receive 10 feed bags of 20kg each.	FAO, Livestock Department, and district administration

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]:

FAO ensured effective implementation of the AAP by undertaking the following measures:
Disseminated accurate and timely information to all affected populations regarding complaint procedures, project goals and objectives, project duration, livestock assistance packages, as well as transparent criteria and processes for targeting and selecting project beneficiaries.
Facilitated the meaningful participation of the affected population in prioritized villages in the selection and identification of the most vulnerable households, allowing their voices to be heard in decision-making processes.
Strategically chose distribution points that aligned with the needs and concerns of the targeted population, with a strong focus on ensuring safety, preserving dignity, and maintaining integrity throughout the distribution process.
Regularly conducted monitoring visits to assess the progress of activities, ensure timeliness and satisfaction of beneficiaries, evaluate accessibility and benefits of the assistance provided to both women and men, and systematically documented valuable lessons learned for future incorporation into projects/programs.

b. AAP Feedback and Complaint Mechanisms:

The Complaints and Feedback Mechanism (CFM) and Grievance Redress Mechanisms (GRM) were implemented to ensure ease of use and accessibility for diverse groups within affected communities. This was achieved by removing barriers such as physical, cultural, language, gender, age, and literacy limitations. The CFM hotline number was widely distributed among beneficiaries, and FAO personnel actively informed them about their right to voice concerns or complaints regarding the received humanitarian assistance, delivery methods,

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[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.

or the behavior of aid workers. Multiple communication channels, including phone, social media, and face-to-face meetings, were established to encourage beneficiaries to express their concerns and provide feedback on the project.

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

FAO maintains a zero-tolerance policy towards sexual exploitation and abuse, ensuring that all personnel receive comprehensive training on Prevention of Harassment, Sexual Harassment and Abuse of Authority, including a mandatory online course on Protection from Sexual Exploitation and Abuse (PSEA). Our organization has robust procedures and mechanisms in place to facilitate prompt and thorough reporting and investigation of incidents.

In the field, FAO personnel actively informed beneficiaries about the PSEA procedures, empowering them to raise concerns or complaints related to sexual exploitation, abuse, harassment, or any other form of unethical behavior involving personnel or partners. Additionally, we have taken steps to ensure accessibility by sharing the Urdu version of the PSEA's six core principles, as established by the Interagency Standing Committee, with our target beneficiaries.

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

Based on the humanitarian principle of impartiality, FAO is committed to providing emergency assistance that specifically focuses on the needs of the most vulnerable individuals, including women, girls, and gender minorities. This approach recognizes the importance of addressing gender-based violence and other challenges faced by these groups. Throughout the project cycle, FAO ensures a comprehensive gender mainstreaming approach, integrating considerations of gender sensitivity, risk awareness, and protection.

The targeting criteria for emergency assistance prioritize those who are socio-economically vulnerable and particularly emphasize the protection concerns of women-headed households. Additionally, FAO takes deliberate steps to make sure that distribution points are easily accessible to women beneficiaries. It also ensures that appropriate arrangements are in place at all distribution points, taking into account local norms and customs.

To assess the effectiveness of the assistance provided, FAO actively monitors the satisfaction, access, and benefits experienced by both women and men beneficiaries. Lessons learned from these efforts are carefully documented and used to inform future projects and programs, allowing for continual improvement in supporting and empowering women, girls, and gender minorities.

e. People with disabilities (PwD):

The principles of inclusion and leaving no one behind were employed to ensure that all vulnerable groups, including people with disabilities, are prioritized for humanitarian assistance and response. FAO arranged the nearest vaccination camps for PWDs to vaccinate their animals and made special arrangement in collaboration with the village committee for providing them animal feed in both Sindh and Balochistan provinces.

f. Protection:

The project's targeting criteria prioritized the economic empowerment of the most vulnerable livestock keepers in the affected communities, such as women-headed households and older persons. This strategic approach directly contributed to reducing their socioeconomic vulnerabilities and minimizing their reliance on negative coping mechanisms. To ensure the well-being and safety of the beneficiaries throughout the vaccination campaigns and distribution of animal feed, FAO implemented gender-sensitive Community Feedback Mechanisms (CFM) and Grievance Redress Mechanisms (GRM). By doing so, FAO guaranteed the protection of the beneficiaries and created an inclusive environment. Lastly, FAO emphasized the importance of protection by providing comprehensive training to all personnel on topics like Prevention of Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP), alongside other relevant protection-related subjects.

g. Education:

Before launching the vaccination campaigns, the Livestock and Dairy Development Department of Balochistan ensured thorough preparation by organizing awareness-raising and refresher trainings for their field staff organized by the FAO. These trainings were conducted under the supervision of qualified professionals and experts to ensure the staff's technical proficiency. Moreover, project

personnel actively engaged with specific communities to enhance their knowledge on relevant subjects, address queries, and alleviate concerns.
Throughout the vaccination campaigns, the Food and Agriculture Organization (FAO) effectively utilized informative, educational, and communicative materials to disseminate crucial messages pertaining to animal health and optimal livestock production practices. This approach allowed FAO to effectively reach and engage the targeted communities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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 was not consider for this project intervention due to the ongoing implementation of a large-scale cash assistance program by the Government of Pakistan, aimed at supporting flood-affected households. Consequently, the interventions focused on households that would not benefit from the distributed cash, ensuring assistance to those in need. Given that the floods increased the risk of infectious disease outbreaks among the livestock population in the affected areas, launching a coordinated disease control and prevention program was crucial. As a result, vaccination campaigns targeting key Transboundary Animal Diseases (TADs) were planned and executed. Additionally, the floods caused a severe shortage of animal feed, prompting the project to distribute animal feed to the most vulnerable households engaged in livestock keeping.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
No		US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/FAOPakistan/status/1573245560471318528?s=20
Twitter	https://twitter.com/FAOPakistan/status/1616316366046498817?t=C-zgO6M8Fn3WuiiOwJFmfw&s=08

3.2 Project Report 22-RR-FAO-035

1. Project Information			
Agency:	FAO	**Country:**	Pakistan
Sector/cluster:	Food Security – Agriculture	**CERF project code:**	22-RR-FAO-035
Project title:	Emergency response to support livestock owners in floods-affected districts of Sindh province		
Start date:	01/09/2022	**End date:**	31/05/2023
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 57,000,000**
	Total funding received for agency's sector response to current emergency:	**US$ 32,000,000**
	Amount received from CERF:	**US$ 1,404,280**
	Total CERF funds sub-granted to implementing partners:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

CERF funding marked a pivotal opportunity for the Food and Agriculture Organization (FAO) to address the urgent requirements of rural communities in Sindh province in the wake of the devastating floods experienced between June and August 2022. This timely financial support closely aligned with FAO's strategic objectives of eradicating hunger, addressing food insecurity, and mitigating malnutrition while enhancing the resilience of livelihoods in the face of threats and crises.

Through this generous CERF grant, FAO collaborated with Livestock Departments to deliver critical emergency livestock protection assistance to 31,396 households, comprising a total of 204,074 individuals, situated in the flood-affected areas of four Sindh districts: Khairpur, Larkana, Dadu, and Naushahro Feroze.

In these districts, FAO directly impacted the lives of the 31,396 households, a demographic spectrum encompassing 67,810 men, 65,986 women, 35,859 boys, 34,419 girls, and 1,086 persons with disabilities (PWD). The multifaceted project encompassed veterinary inspections, animal vaccination, and the inoculation of 400,000 small ruminants against Peste des Petits Ruminants (PPR). Simultaneously, 240,000 animals received vaccination against Foot and Mouth Disease (FMD), while another 120,000 were protected from Lumpy Skin Disease (LSD). Furthermore, 37,808 animals benefited from the administration of medicines targeting internal and external parasites. In a bid to bolster local capacity, FAO organized a refresher course on vaccine handling and administration for 50 vaccinators from the Sindh Animal Husbandry Department.

To safeguard the livelihoods of 12,000 households, FAO procured a substantial 1,800 tonnes of animal compound feed. Each of these households received 150 kg of concentrated animal feed, adequate to meet their needs for a minimum of 20 days. Additionally, FAO

undertook the development and dissemination of educational materials focused on the prevention and control of infectious diseases, as part of a comprehensive vaccination campaign. This concerted effort aimed to shield the livestock assets of the target communities from the proliferation of critical animal health diseases, thereby fostering increased food security and safeguarding their livelihoods.

3. Changes and Amendments

FAO faced several challenges that impacted its ability to meet the project deadline of February 28, 2023, leading to a request for a no-cost extension (NCE). These challenges were primarily related to the procurement of essential inputs and logistical constraints.

FAO maintains rigorous procurement protocols to ensure the acquisition of top-quality inputs aligned with technical specifications. For the CERF project, international tendering for livestock vaccines was initiated promptly upon contract award. However, delays ensued due to the requirement for permits from the Pakistani government, hampering the vaccination campaign. Additionally, the strict vaccination protocols, necessitating a 30-day gap between doses, extended the timeline by 90 days for the proper administration of Foot and Mouth Disease (FMD) vaccines.

Lumpy Skin Disease (LSD) vaccine procurement also posed difficulties due to limited market demand. FAO engaged with vaccine importers but encountered unexpected delays. The acquisition of animal compound feed was further complicated by a soybean meal crisis in Pakistan, leading to supply instability. The significant quantity required exceeded the delegated authority of the FAO Representative, necessitating approval from FAO headquarters, further delaying procurement and distribution.

Collaboration with the Government of Pakistan yielded cost-saving benefits, with free Peste des Petits Ruminants (PPR) vaccines and competitive bidding generating approximately $127,000 in savings from the expendable procurement budget.

A key discrepancy emerged in the expected number of small ruminants per household, exceeding initial estimates. Consequently, more vaccines were needed to cover the target areas. Field activities also revealed a pressing need for medication to combat internal and external parasites among animals, exacerbated by persistent floods.

In light of these challenges, FAO proposed reallocating the savings to expand vaccination coverage and address parasite infestations, necessitating a revision of project targets. Furthermore, the suspension of field activities during local elections, mandated by the Government of Sindh, contributed to the project timeline extension.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security – Agriculture									
	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	45,307	47,153	53,183	55,357	**201,000**	65,986	67,810	34,419	35,859	**204,074**
Total	**45,307**	**47,153**	**53,183**	**55,357**	**201,000**	**65,986**	**67,810**	**34,419**	**35,859**	**204,074**
People with disabilities (PwD) out of the total										
	999	1,135	1,173	1,331	**4,638**	351	361	183	191	**1086**

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

5. People Indirectly Targeted by the Project

The vaccination campaign successfully contributed to the control and prevention of the spread of transboundary animal diseases, which will not only protect and benefit the livelihoods of the targeted communities but also communities in the adjacent areas (i.e., through disease prevention and control).
The project's awareness-raising efforts (targeting both partner's personnel as well as the beneficiary livestock keepers) also benefited the livestock keepers in neighbouring communities.
To manage the cold chain of the vaccine, each district was provided with a refrigerator and a backup generator, which will be used for other vaccination campaigns in the future. After the successful completion of the vaccination campaign, the remaining vaccinations were handed over to the Livestock Department. The Livestock Department will use the assets of FAO in the other follow-up vaccination programs.
Importantly, the project contributed to protecting the livestock assets of vulnerable communities, and consequently the sustainability of livestock production. Thus, the project indirectly contributed to maintain the supply of affordable livestock products (e.g. milk and meat) in the local markets of the targeted communities.

6. CERF Results Framework

Project objective	Saving the life of flood-affected households by preventing further loss of livestock, the critical source of livelihoods of rural communities in Sindh & Balochistan
Output 1	Livestock survival in humanitarian emergencies by providing vaccinations and supplementary feeding for animals to restore the essential source of nutritious food among women and children in flood-affected areas

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

Sector/cluster	Food Security – Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of animals vaccinated, dewormed and/or treated	390,000	640,000	KOBO data, pictures
Indicator 1.2	Number of people receiving livestock inputs (vaccination, treatment)	201,000	204,074	KOBO data, pictures
Indicator 1.3	Number of people receiving livestock inputs (animal feed)	60,300	78,000	KOBO data, pictures, pre-distribution verification of beneficiaries, post-distribution monitoring reports

Explanation of output and indicators variance:	During the vaccination campaign, a total of 400,000 small ruminants (goats and Sheep) were effectively vaccinated against Peste des Petits Ruminants (PPR), while 240,000 large ruminants (cattle and buffalo) received vaccination against Foot & Mouth Disease (FMD) comprising both the initial and booster doses. Furthermore, 120,000 large ruminants were immunized against Lumpy Skin Disease. The project also administered medicines for internal and external

	parasites to 37,808 animals. A refresher course on vaccine handling and administration was also organized for 50 vaccinators from the Sindh Animal Husbandry Department. To protect the livestock assets of 12,000 households FAO procured and distributed 1800 metric tonnes of animal compound feed. Each household was provided with 150 kg of concentrated animal feed sufficient to meet the needs of each beneficiary household for at least 20 days. The target was exceeded by 125 percent. FAO also developed and distributed awareness material on infectious disease prevention and control through the vaccination campaign to ensure the protection of the livestock assets of the targeted communities against the spread of critical animal health diseases, thereby protecting their livelihoods and improving their food security. The achieved target for vaccination is over 160 per cent which is due to an increase in the number of large and small ruminants in the project area and the launch of an outreach vaccination campaign in the targeted districts. FAO received free of cost PPR vaccine from the Government of Pakistan which resulted in savings of valuable financial resources. Additionally, competitive bidding combined with US dollar fluctuation has resulted in considerable savings as a result targets were revised.

Activities	Description	Implemented by
Activity 1.1	Identification of areas (tehsil, UCs and villages) the beneficiaries in consultation with the line departments	Livestock Department of target areas
Activity 1.2	Organize vaccination campaigns for 90,000 large ruminants, and 300,000 small ruminants against FMD & LSD and PPR, respectively. Considering two shots for FMD while single shot of LSD and PPR vaccine a total of 570,000 vaccinations will be done	FAO
Activity 1.3	Provide animal feed assistance to the 9,000 poorest HH for large and small ruminants for 20 days. Each household will receive 10 feed bags of 20kg each.	FAO

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.**

[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.

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

FAO ensured accountability and transparency in the following ways:

- Disseminated timely and relevant information to affected populations, covering grievance mechanisms, project objectives, duration, livestock assistance criteria, and beneficiary selection processes.
- Engaged prioritized village communities in the identification of the most vulnerable households.
- Thoughtfully selected distribution points, considering the safety, dignity, and integrity of the targeted population.
- Conducted regular monitoring visits to assess activity progress, timeliness, satisfaction, and the impact of assistance on both women and men beneficiaries. Lessons learned were documented for future project improvement.

b. AAP Feedback and Complaint Mechanisms:

A Complaint and Feedback Mechanism (CFM) and Grievance Redress Mechanisms (GRM) were put in place and were made simple to use and accessible for different groups of affected communities by reducing barriers such as physical, cultural, language, gender, age and/or literacy barriers. The CFM's hotline number was shared with all beneficiaries; and FAO personnel raised the awareness of the beneficiaries on their right to raise a concern or complaint in relation to the humanitarian assistance that they did or did not receive, how the assistance was delivered, or the behaviour of aid personnel. Various channels of communication were made available to the project beneficiaries, including phone, social media, or face-to-face meetings to share their concerns and feedback.

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

FAO maintains a strict zero-tolerance stance against sexual exploitation and abuse. All FAO personnel underwent PSEA orientation, which includes FAO's policy on the Prevention of Harassment, Sexual Harassment, and Abuse of Authority, and completed the mandatory online course on Protection from Sexual Exploitation and Abuse. FAO has well-defined procedures and mechanisms for reporting and investigating such incidents, ensuring full and prompt action.
Field personnel also briefed beneficiaries on the available PSEA procedures, empowering them to report sexual exploitation, abuse, harassment, or any other unethical behavior by personnel or partners. Additionally, FAO personnel shared the Urdu version of the PSEA's six core principles established by the Interagency Standing Committee with the intended beneficiaries.

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

FAO, driven by the humanitarian principle of impartiality, delivers emergency assistance to those in greatest need, irrespective of nationality, race, gender, religious belief, class, or political opinions. To uphold this principle, a comprehensive gender mainstreaming approach was adopted throughout the project cycle. This entailed a well-prepared, gender-responsive, risk-informed, and protection-sensitive strategy, which considered criteria such as socioeconomic vulnerability and protection concerns. Special attention was given to vulnerable groups, notably women-led households, encompassing women, girls, and sexual and gender minorities, including issues related to gender-based violence.
Furthermore, concerted efforts were made to ensure that the distribution points were accessible to women beneficiaries, and appropriate arrangements were made for women at all the distribution points by adhering to local norms. FAO also monitored the satisfaction, access and benefits of the assistance provided to both women and men beneficiaries while simultaneously documenting lessons learned for incorporation in future projects/programs.

[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.

e. People with disabilities (PwD):

FAO implemented a strategy rooted in inclusion and the principle of leaving no one behind, with a particular focus on the most vulnerable groups, including individuals with disabilities. Deliberate measures were taken to identify and assess those at the highest risk within the community. Working closely with community representatives, we designated distribution points to cater to the needs of elderly, pregnant and lactating women, individuals with disabilities, and those with pre-existing/chronic health conditions, ensuring their safety and accessibility. Additionally, FAO provided training to staff and other stakeholders to sensitize them to the unique needs of persons with disabilities, fostering a more inclusive and responsive humanitarian assistance approach.

f. Protection:

The project's targeting criteria prioritized the most vulnerable livestock keepers in flood-affected communities, including women-headed households and older individuals. This emphasis directly contributed to their economic empowerment and reduced their socioeconomic vulnerabilities, lessening the need for negative coping mechanisms.
Beneficiaries were well-informed about the assistance and distribution points, with distributions carefully scheduled during daylight hours to ensure beneficiaries had ample time to travel home safely before nightfall.
Additionally, FAO established accessible, confidential, and clearly communicated feedback mechanisms to protect beneficiaries during vaccination campaigns and animal feed distribution. These mechanisms served to collect suggestions and address complaints, ultimately improving program effectiveness, understanding community perspectives, and promoting beneficiary empowerment.
Lastly, FAO ensured all personnel underwent mandatory training in Protection from Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Population (AAP).

g. Education:

Before launching the vaccination campaigns, the field staff from the Livestock and Dairy Development Department in Sindh underwent comprehensive awareness and refresher training conducted by qualified professionals. A total of 50 field staff members received training on vaccine handling and administration.
In addition, our project team actively engaged with the communities targeted for the campaign. We conducted awareness sessions to educate them on relevant topics, provided responses to their inquiries, and addressed any concerns they had.
During the vaccination campaign's execution, FAO utilized a range of available information and communication materials. These materials were employed to disseminate essential messages about animal health and best practices in livestock production to the communities we were assisting.

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.

Cash and Voucher Assistance was not considered under this project as the Government of Pakistan implemented a large-scale cash assistance programme for the benefit of flood-affected households under the BISP Ehsaas program. Considering that the floods had

increased the risk of infectious disease outbreaks among the livestock population in the affected areas, it was of utmost importance that a harmonized disease control and prevention programme be launched. Accordingly, vaccination campaigns against key Transboundary Animal Diseases (TADs) were planned. Similarly, the floods created an acute shortage of animal feed, and accordingly, the project distributed animal feed among the most vulnerable households keeping livestock as the main source of their livelihood.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
No		US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities.

Title	**Weblink**
Facebook	https://www.facebook.com/FAOinPakistan/posts /pfbid0DEi7gKFXet7bhQFFtU3JWZBSC6kAQKnKGJALQ7kKnd8pE1yB1XCk7PHpnNYCE8aBl
Twitter	https://twitter.com/FAOPakistan/status/1589537833840422917?s=20 https://twitter.com/FAOPakistan/status/1583019001990754306?s=20

3.3 Project Report 22-RR-FPA-034

1. Project Information			
Agency:	UNFPA	**Country:**	Pakistan
Sector/cluster:	Health - Sexual and Reproductive Health	**CERF project code:**	22-RR-FPA-034
Project title:	Ensuring access to life saving reproductive health services, including basic and comprehensive emergency obstetric care and integrated GBV services in the floods affected districts in Balochistan		
Start date:	15/08/2022	**End date:**	14/02/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 31,626,000**
	Total funding received for agency's sector response to current emergency:	**US$ 650,000**
	Amount received from CERF:	**US$ 447,646**
	Total CERF funds sub-granted to implementing partners:	**US$ 208,090**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 208,090
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

UNFPA responded to Pakistan Floods 2022 by providing lifesaving sexual and reproductive health (SRH) interventions in line with Minimum Initial Services Package (MISP) for reproductive health in emergencies. Capitalizing on its existing partnership with the People's Primary Health Care Initiative (PPHI) and coordination with government departments including Provincial Disaster Management Authority (PDMA) and Department of Health (DoH), UNFPA implemented this programme in two flood-affected districts in Balochistan namely Jal Magsi and Lasbella. Under the project, UNFPA strengthened 12 Basic Health Units (BHUs) and engaged trained healthcare providers including 3 Lady Medical Officers, 17 Lady Health Visitors (LHVs),5 Psychologists and 5 Medical Technicians. UNFPA also provided essential medicines, medical equipment, and contraceptive commodities to ensure availability and access to quality integrated SRH and GBV services. Reaching the farthest first, UNFPA engaged mobile outreach teams and arranged referral services to provide the affected women and girls with access to integrated SRH and GBV services. Referral pathways were established in flood-affected districts to provide specialised care through GBV case management and complicated cases of pregnancies including caesarean section. 537 GBV survivors received referral services and were provided with dignity kits. Funding from CERF played a critical role in supporting, strengthening, and scaling up the existing health systems of the government. In the spirit of complementarity, UNFPA in collaboration with WHO and UNICEF, developed a joint operational plan to deliver the integrated SRH and GBV services.

During the reporting period, 59,535 people benefited from integrated SRH and GBV services, exceeding the target (108%). More than 17,000 people, mostly women, were provided with SRH services including 374 safe deliveries, 3,244 antenatal care (ANC), and 740 postnatal care (PNC). The health facilities supported under the project reported deliveries at the facilities for the first time. 1,369 women and girls received counselling and treatment for sexually transmitted infections. 3,741 women received family planning information and services for modern contraceptive methods. 12,486 community women, men, girls and boys have received information and awareness on SRH/FP and GBV. Although UNFPA promoted deliveries at health facilities, at the same time, 500 clean delivery kits were distributed among visibly pregnant women living in remote communities and facing cultural or infrastructure related challenges to commute to health facilities.

Overall, UNFPA's response to the Pakistan Floods of 2022 was marked by comprehensive and effective interventions, exceeding the targets set for integrated SRH and GBV services. The project's success was attributed to strategic partnerships, close collaboration with government entities, mobile outreach teams, referral services, funding support, and the promotion of facility-based deliveries, all of which contributed to improving the overall project performance.

3. Changes and Amendments

The UNFPA partner, People's Primary Healthcare Initiative (PPHI), made a crucial adaptation by relocating the Basic Health Unit (BHU) from Bhira to Sukkan in the Lasbella district. This decision was prompted by the unfortunate circumstance of Bhira being severely affected by extensive flooding, rendering it inaccessible and forcing the local population to relocate to nearby areas. In response to this situation, after consulting with the district health authorities, the provision of Sexual and Reproductive Health (SRH) services was promptly shifted to the nearby BHU Sukkan.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Sexual and Reproductive 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	25,810	8,052	12,556	8,582	**55,000**	41,118	6,494	8,934	2,989	**59,535**
Total	**25,810**	**8,052**	**12,556**	**8,582**	**55,000**	**41,118**	**6,494**	**8,934**	**2,989**	**59,535**
People with disabilities (PwD) out of the total										
	526	310	210	116	**1,162**	41	01	15	03	**60**

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

5. People Indirectly Targeted by the Project.

The project aimed to enhance access to critical reproductive health and integrated Gender-based Violence (GBV) services for Women of Reproductive Age (WRA), including pregnant and lactating women. Priority was given to Basic Emergency Obstetric Care (BEmONC) services, which encompassed comprehensive EmONC referral, prevention and management of sexually transmitted infections (STIs), family planning, psychological first aid, and psychosocial support.

To address challenges related to accessibility, such as long distances and limited transportation, UNFPA bolstered the capacity of static health facilities under the PPHI by deploying qualified reproductive health staff and providing essential medicines and required medical equipment. Moreover, integrated reproductive health outreach campaigns were conducted, targeting remote communities in the high-priority districts of Lasbella and Jhal Magsi in Balochistan. Mobile service units, along with 12 BHUs, 1 DHQ, and five mobile outreach teams, delivered services in these districts. As a result, the project indirectly benefited approximately 120,000 individuals, including men, women, boys, and girls, through support provided to the health facilities.

Additionally, community outreach activities and awareness sessions were conducted to disseminate key information. These sessions covered various initiatives and services, such as the stabilization centre established with the support of WHO, the nutrition program for pregnant and lactating women facilitated by WFP, the nutrition support program for malnourished children led by UNICEF, and the protection services provided by UNHCR and UN Women.

6. CERF Results Framework

Project objective	Improved access of women and girls to life-saving sexual and reproductive health services using Minimum Initial Service Package (MISP) for SRH in Emergencies Approach

Output 1	Married women of reproductive age group received Basic Emergency Obstetrics and Newborn Care Services/emergency reproductive health services in the floods affected areas of Lasbella and Jhal Magsi in Balochistan

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	RH.1 Number of births attended by skilled health personnel	1,762	374	5Ws Matrix, HMIS, IP Reports
Indicator 1.2	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits (women of reproductive age group including adolescent girls received care for SRH and GBV issues)	30,918	22,157	5Ws Matrix, HMIS, IP Reports
Indicator 1.3	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits (# of married	22,084	700	5Ws Matrix, HMIS, IP Report

	women of reproductive age group received contraceptive commodities to prevent unintended pregnancies)			
Indicator 1.4	# of women received newborn baby kits for newborn babies	2,500	450	5Ws Matrix, HMIS, IP Report
Explanation of output and indicators variance:		The targets are under-achieved due to inaccessibility and infrastructure damage which caused roadblocks in Balochistan. Damaged infrastructure delayed the onset of service provision at health facilities however services were provided through outreach activities. Due to the heavy rainfall and destruction, communities were displaced to safe places thus the population was scattered, and outreach was a challenge too. The timely availability of medicine, medical supplies and kits was also caused delays.		

Activities	**Description**	**Implemented by**
Activity 1.1	Establish/strengthen static health facilities/Mobile service units with trained health care human resources for providing Basic Emergency Obstetrics and Newborn Care Services and other lifesaving SRH services.	PPHI
Activity 1.2	Provide medicines/medical equipment/supplies to static clinics (PPHI BHUs)/Mobile service units for providing Basic Emergency Obstetrics and Newborn Care Services and other reproductive health services.	PPHI
Activity 1.3	Engage lady health workers/Community resource persons/Community Midwives/Community mobilizers for awareness raising, information sharing, and mobilizing communities to receive SRH services	PPHI
Activity 1.4	Distribution of clean delivery kits/new born baby kits among visibly pregnant women.	PPHI

Output 2	Women referred for Comprehensive Emergency Obstetrics and Newborn Care Services/emergency reproductive health services including STIs case management in the floods-affected areas of Lasbella and Jhal Magsi in Balochistan			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 2.1	H.10 Number of people referred to higher level and/or specialized health services (# of referred cases of complicated pregnancies to CEmONC centre for safe deliveries)	176	124	5Ws Matrix, HMIS, Referral Reports, IP Report
Indicator 2.2	H.10 Number of people referred to higher level and/or specialized health services (# of women with SRH complications referred to and managed at the referral hospital)	176	124	5Ws Matrix, HMIS, Referral Reports, IP Report

Explanation of output and indicators variance:	The targets are under-achieved due to inaccessibility and infrastructure damage which caused roadblocks in Balochistan. Damaged infrastructure delayed the onset of service provision at health facilities however services were provided through outreach activities. Due to the heavy rainfall and destruction, communities were displaced to safe places thus the population was scattered, and outreach was a challenge too. Timely availability of medicine, medical supplies and kits was also caused delay.

Activities	**Description**	**Implemented by**
Activity 2.1	Deploy trained health care human resource at referral points) for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management.	PPHI
Activity 2.2	Equip referral points (DoH-Rural Health Center) with medicines/supplies/instruments for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management.	PPHI
Activity 2.3	Arrange Transport/ambulances for referral of complicated cases of pregnancy/delivery	PPHI
Activity 2.4	Establish Communication system between the point of referral to referred health centers	PPHI

Output 3	Pregnant women informed/ made aware on safer home deliveries when access to a health facility is not possible due to cultural/other reason
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health - Sexual and Reproductive Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 3.1	SP.2a Number of inter-agency emergency reproductive health kits delivered (# of pregnant women provided with clean delivery kits for safer births)	2,500	500	5Ws Matrix, HMIS, IP Report
Indicator 3.2	SP.5 Number of people receiving GBV and/or SRH medical assistance (# of pregnant women provided with information on safer delivery/newborn cord care/colostrum feeding)	2,500	9,473	5Ws Matrix, HMIS, IP Report
Explanation of output and indicators variance:		The targets are under-achieved due to inaccessibility and infrastructure damage which caused roadblocks in Balochistan. Damaged infrastructure delayed the onset of service provision at health facilities however services were provided through outreach activities. Due to the heavy rainfall and destruction, communities were displaced to safe places thus the population was scattered, and outreach was a challenge too. Timely availability of medicine, medical supplies and kits was also caused delay.		

Activities	**Description**	**Implemented by**
Activity 3.1	Distribution of clean delivery kits among community-based birth attendants/community midwives	PPHI
Activity 3.2	Establish a referral system for the referral of visibly pregnant women seeking management for complicated cases of pregnancy and delivery.	PPHI

Output 4	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	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of people receiving GBV psycho-social support and/or GBV case management (# of women and adolescent girls sensitized to GBV issues and available GBV services including referral and provided with psychosocial support	6,000	571	5Ws Matrix, HMIS, IP Report

	services)(4,000 women and 2,000 girls)			
Indicator 4.2	# of men and adolescent boys and girls, sensitized to GBV issues through community awareness and sensitization session (3,000 men and 2,000 boys)	5,000	2,373	5Ws Matrix, HMIS, IP Report
Indicator 4.3	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management (30% of women and girls attending psychosocial support services who were sensitized on GBV issues at the community level (1,200 women 600 girls))	1,800	537	5Ws Matrix, HMIS, IP Report
Indicator 4.4	5% of women and girls referred for GBV specialized services who attended psycho-social support services.	90	41	5Ws Matrix, HMIS, IP Report
Indicator 4.5	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits (# of women receiving dignity kits)	2,500	571	5Ws Matrix, HMIS, IP Report
Explanation of output and indicators variance:		GBV services were not part of the proposal, however, UNFPA implemented integrated SRH and GBV services with major focus given to SRH services. Indicators particularly under output 4 remained underachieved, as psycho-social support in most of the project intervention areas is stigmatised, therefore despite having numerous cases in the communities it could not be reported.		

Activities	**Description**	**Implemented by**
Activity 4.1	Strengthening Mobile Service Units (MSUs) to provide women and young girls in the catchment population with information and mental health and psychosocial support	PPHI
Activity 4.2	Provision of mental health and psychosocial support (MPHSS) services	PPHI
Activity 4.3	Distribution of dignity kits	PPHI

Output 5	Strengthened inter-agency coordination on Minimum Initial Services Package (MISP) for SRH in Crisis Settings

Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	# of integrated RH and GBV working group meetings held with documented actions and follow up actions.	3	3	Meeting Minutes, Attendance Sheet
Indicator 5.2	Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health (# of health care providers received orientation on MISP)	45	30	Training reports, participants' registration sheet
Explanation of output and indicators variance:		As opposed to the approach of conducting inhouse training for health care providers on MISP, UNFPA arranged field visits facilitated by trained master trainers and provided on-the-job coaching through orientations and training sessions.		

Activities	Description	Implemented by
Activity 5.1	Holding of regular coordination meetings for providing technical and operational support to all organizations involved in delivering health services.	UNFPA
Activity 5.2	Orientation of all health and GBV working group partners on SoPs of MISP Implementation and GBV referrals	UNFPA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority 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.**

[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.

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

[Accountability to affected people and the inclusion of individuals with special needs and disabilities were prioritized at all levels of the project. To ensure suitability and potential sustainability, local staff members were recruited from the local community. Key stakeholders, including communities, actively participated in the project from its design to implementation and monitoring stages, utilizing existing community-based structures and field-level coordination mechanisms for Sexual and Reproductive Health (SRH) and Maternal, Newborn, and Child Health and Survival (MNCHS) interventions.

Extensive consultations were conducted with both men and women in the communities, enabling the identification of suitable locations for outreach medical camps. Furthermore, women and girls were actively engaged to gather their suggestions and recommendations on the topics to be addressed during awareness-raising sessions on Reproductive Health (RH) and Gender-Based Violence (GBV). Continuous engagement with the target groups in Women and Girls Friendly Spaces facilitated real-time feedback, allowing for timely adjustments in service delivery to align with local needs.

To address concerns and grievances, a robust complaints redressal mechanism was established in all supported facilities, including complaint boxes. Additionally, prior to engagement, all UNFPA implementing partners underwent assessments using the inter-agency harmonized tool on implementing partner assessment to ensure adherence to the standards of the Prevention of Sexual Exploitation and Abuse (PSEA).

By adopting these measures, the project fostered accountability, inclusivity, and community participation, promoting a sense of ownership and empowering the affected individuals and communities throughout the intervention.

b. AAP Feedback and Complaint Mechanisms:

Throughout the project duration, extensive efforts were made to engage and educate communities on Gender-based violence (GBV), including strategies for reporting cases and addressing GBV and PSEA (Prevention of Sexual Exploitation and Abuse). To facilitate anonymous reporting, complaint boxes were strategically placed in each facility. A comprehensive consultative process was implemented to involve diverse community members, such as men, women, boys, and girls, ensuring their awareness of available services and channels for reporting any complaints. This consultative approach extended to community gatekeepers, such as religious scholars, teachers, community heads, and shopkeepers, who actively participated in decision-making regarding health facilities and GBV services. By fostering a sense of ownership and garnering community support, the community-based consultative approach played a pivotal role in the success of the project.

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

UNFPA Co-Chairs the Pakistan Inter-Agency Protection against Sexual Exploitation and Abuse (PSEA) Network and ascribes to the HCT-endorsed Community Based Complaint Response/redressal Mechanism and Referral System on PSEA. UNFPA has its corporate compliance mechanism for the PSEA case reporting and management that ensures accessibility, follow-up, and confidentiality. In addition, as part of its overall programming, UNFPA has undertaken PSEA assessment of non-government implementing partners, including partners which are engaged under the CERF-funded project. The assessment tool comprises eight key indicators including their PSEA-related policies, establishing SEA complaints, response, and assistance mechanisms. UNFPA assesses their capacities and continues to monitor the implementation process. Awareness raising and sensitization of communities on PSEA is a regular part of community engagement both in outreach in static facilities, IEC and information material is made available to the target groups. It is mandatory for IPs to report to UNFPA if any SEA-related case is reported in their organisation, especially under UNFPA-funded projects.

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

[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.

The UNFPA's CERF project on integrated Sexual Reproductive Health and gender-based violence (GBV) in Sindh and Balochistan flood-affected areas was a critical initiative that provided life-saving support services to women and girls already living in underserved areas which were further adversely affected by the floods. The pre-existing GBV issues are further heightened during humanitarian crises. This was further evidenced by the MSRNA reports where the majority of the affected population did not know about or had access to SRH and GBV services with reports on the escalation of RH and GBV-related issues. The project support during this time provided the most critical services that reinforced the focus on health system response to GBV as part of an integrated effort.
UNFPA was able to promote Sexual Reproductive Health and GBV as a priority in emergency response efforts and programming at various coordination forums. Additionally, the CERF project has also highlighted the need for greater attention to multi-sectionality and gender dimensions, such as attention to the specialised care and protection needs for women with disabilities.
Furthermore, the Inter-Agency Standing Committee (IASC) Guidelines for Gender-Based Violence Interventions in Humanitarian Settings have been instrumental in guiding the response of humanitarian organisations on addressing gender-based violence in humanitarian settings, including prevention, mitigation, and response measures. Women and Adolescent girls were the primary target group of the CERF-funded project with a focus on the most vulnerable including those living in remote rural areas with limited access to services, and persons with disabilities.

e. People with disabilities (PwD):

UNFPA has prioritized disability-inclusive activities, ensuring equal access for people with disabilities (PWDs). Special attention is given to pre-listed PWDs, particularly women, granting them access to reproductive health and gender-based violence services through a mobile support team. Community Support Groups assist in identifying and facilitating access to services via mobile camps or static facilities.
Addressing mobility barriers, trained psycho-socio support counsellors offer assistance at the doorsteps of women with disabilities, proving effective in overcoming challenges.
UNFPA's advocacy efforts have resulted in increased focus on reproductive health and gender-based violence interventions in humanitarian responses, mainstreaming these priorities into CERF interventions. Continuous engagement with stakeholders ensures the needs and rights of women and girls are appropriately addressed in humanitarian settings.

f. Protection:

All services were provided with a strong emphasis on informed consent, ensuring individuals had a comprehensive understanding. For instance, family planning services included thorough counseling sessions to educate women on the process and benefits. These sessions took place within the community, targeting both men and women to raise awareness of the long-term positive impact of sexual and reproductive health (SRH) services. Community support groups played a pivotal role, considering cultural and social dynamics, fostering trust, and facilitating open discussions.
Importantly, adherence to principles and guidelines on gender-based violence (GBV) was paramount throughout service provision. This encompassed maintaining confidentiality, ensuring safety, upholding dignity, supporting self-determination, and adopting a survivor-centered approach. By upholding these principles, individuals seeking services were treated respectfully, their rights were safeguarded, and a supportive and empowering environment was fostered.

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$)	**Sector/cluster**	**Restriction**
No		US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
UNFPA-CERF Services	https://twitter.com/PPHIB_org/status/1624747116559040512?t=fyYW8Z_W7voRRzk1RejT5g&s=08
UNFPA-CERF Services	https://twitter.com/PPHIB_org/status/1622883962707406849?s=08
UNFPA-CERF Services	https://twitter.com/UNFPAPakistan/status/1620049365858656262?t=9SDXxYWwCSrjX-fjEAMI6Q&s=08

3.4 Project Report 22-RR-FPA-038

1. Project Information			
Agency:	UNFPA	**Country:**	Pakistan
Sector/cluster:	Health - Sexual and Reproductive Health	**CERF project code:**	22-RR-FPA-038
Project title:	Ensuring access to life reproductive health services, including basic and comprehensive emergency obstetric care and integrated GBV services in the floods affected districts in Sindh.		
Start date:	01/09/2022	**End date:**	28/02/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 31,626,000**
	Total funding received for agency's sector response to current emergency:	**US$ 620,000**
	Amount received from CERF:	**US$ 802,354**
	Total CERF funds sub-granted to implementing partners:	**US$ 437,926**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 437,926
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF grant, UNFPA and its partners successfully provided sexual and reproductive health services to 410,815 beneficiaries, including 179,982 women, 55,954 men, 97,251 girls, and 77,394 boys. 75% of the beneficiaries received essential SRH, FP, and GBV services, while 25% received OPD consultation and services during flood emergencies. Our comprehensive SRH interventions included 5,000 assisted normal deliveries, 20,000 antenatal care, and 12,000 postnatal care services. We also treated and managed 1,200 cases of sexually transmitted diseases and referred 4,762 cases of RH and complicated pregnancies to tertiary care hospitals.

To support the well-being and dignity of beneficiaries, we distributed 2,197 dignity kits, 4,597 newborn baby kits, and 2,023 clean delivery kits. We provided specialized services and mental health support to over 350 cases of GBV, as well as psychosocial support to 1,500 women and girls. In addition, we supplied 35 Inter-Agency Reproductive Health (IRAH) kits to benefit an estimated 125,000 women and girls of reproductive age. Awareness sessions on RH, FP, GBV, and mental health were attended by 75,000 community members.

We prioritized capacity building, training 250 project staff from four national-level NGOs on MISP and GBViE. This empowered them to deliver quality SRH and GBV prevention and response services to flood-affected communities. Our integrated response included providing psychosocial support services to distressed women and girls, alongside referrals to GBV services following a survivor-centered approach.

Through UNFPA's regular resources, we strengthened the District Headquarters Hospital in Qambar Shahdad Kot to provide comprehensive emergency obstetric and neonatal care (CEmONC) services. We conducted the first-ever caesarean section at this facility

and provided medical and non-medical equipment based on rapid CEmONC assessment, improving access and safety for pregnant women.

The funding from the CERF grant complemented inter-sectoral coordination efforts, drawing attention to GBV and SRH in humanitarian response. Our continued advocacy in coordination forums reinforced life-saving SRH services and secured additional funding from donors, including Japan and Norway. These achievements have significantly improved the well-being and health outcomes of the affected communities.

3. Changes and Amendments

NA

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Sexual and Reproductive 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	67,200	16,560	4,800	1,440	**90,000**	179,982	55,954	97,251	77,394	**410,581**
Total	**67,200**	**16,560**	**4,800**	**1,440**	**90,000**	**179,982**	**55,954**	**97,251**	**77,394**	**410,581**
People with disabilities (PwD) out of the total										
	1,599	394	114	34	**2,141**	48	17	15	27	**107**

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

5. People Indirectly Targeted by the Project

Under the CERF-supported interventions, approximately 250,000 community members including men, boys, women, girls, and persons with disabilities benefited indirectly. More than 75,000 of these indirect beneficiaries participated in community awareness sessions and received IEC material relating to GBV prevention, MHPSS and RH & FP. Key messages about available integrated SRH/GBV services were disseminated widely. The impact extended further as women and young girls who attended Women Girls Friendly Spaces (WGFS) shared their knowledge and learnings with their household members and various women groups, such as WASH Committees and Village Support Organizations, established by various NGOs responding to the flood emergency in the area. Moreover, the project also trained 250 staff members and 50 representatives from civil society organisations (CSOs) on Inter-Agency Standing Committee (IASC), Guidelines for Gender-Based Violence Interventions in Humanitarian Settings, GBV case management, and the Minimum Initial Service Package (MISP) in humanitarian settings. The coordination structures, namely the Gender-Based Violence (GBV) Sub Working Groups and the Sexual and Reproductive Health and Rights Working Group (SRHWG) in Sindh, played a pivotal role in amplifying the impact of capacity-building efforts and expanding the project's objectives on a larger scale across the province.

6. CERF Results Framework

Project objective	Improved access of women and girls to life-saving sexual and reproductive health services using Minimum Initial Service Package (MISP) for SRH in Emergencies Approach
Output 1	Women of reproductive age group received safe delivery and Basic Emergency Obstetric and Newborn Care Services/emergency reproductive health services in the flood affected areas of Larkana, Khairpur, Naushero Feruz, Qambar Shahdadkot and Dadu in Sindh

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

Sector/cluster	Health - Sexual and Reproductive Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of births attended by skilled health personnel	1,795	5,029	Health facility/Obs and Gynae registers. OPD registers, HMIS, 5Ws Matrix
Indicator 1.2	# of women of reproductive age group including adolescent girls received care for SRH and GBV issues	22,500	48,244	Health facility/Obs and Gynae registers. OPD registers, HMIS, 5Ws Matrix
Indicator 1.3	# of women of reproductive age received contraceptive commodities to prevent unintended pregnancies	22,500	11, 050	FP register at health facilities, HMIS, 5Ws Matrix
Indicator 1.4	# of women received newborn baby kits for newborn babies	2,393	5,090	R&IR records, Inventory registers at health facilities, HMIS, 5Ws Matrix

Explanation of output and indicators variance:	Most of the targets were overachieved due to UNFPA's presence in flood affected districts, built-in systems within health facilities and communities, existing capacities and fast track procedures.

Activities	Description	Implemented by
Activity 1.1	Establish/strengthen static health facilities/Mobile service units with trained health care human resources for providing Basic Emergency Obstetric and Newborn Care Services and other lifesaving SRH services.	40 static facilities were strengthened in targeted districts of Sindh; 30 PPHI, 4 PNFWH, 4 HANDS and 2 IHHN.3 mobile service units established (1 PNFWH, 1 mobile maternity bus by IHHN, and 2 mobile service units by HANDS) to provide BEmONC and SRH services to the women of reproductive age in the flood affected population.
Activity 1.2	Provide medicines/medical equipment/supplies to static clinics /Mobile service units for providing Basic Emergency Obstetric and Newborn Care Services and other reproductive health services.	UNFPA provided technical support under regular funding, procured medical and non-medical equipment for establishing CEmONC services at DHQ Hospital in district Qambar Shahdadkot.
Activity 1.3	Engage lady health workers/Community resource persons/Community Midwives/Community mobilizers for awareness raising, information sharing, and mobilizing communities to receive SRH services including birth preparedness planning for safe delivery	Provided/arranged technical staff including medical officers, LHWs, CMWs, for providing SRH/GBV services while community social mobilizers were recruited/engaged by IPs for community awareness, counselling, RH and GBV service provision.
Activity 1.4	Distribution of clean delivery kits/new born baby kits for pregnant women.	UNFPA and implementing partners

Output 2	Women referred for Comprehensive Emergency Obstetric and Newborn Care Services/emergency reproductive health services including STIs case management in the floods-affected areas of Larkana, Khairpur, Naushero Feruz, Qambar Shahdadkot and Dadu in Sindh

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

Sector/cluster	Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of women with high risk pregnancy referred to CEmONC centre for safe deliveries.	240	828	Health facility/Obs and Gynae registers. OPD registers, HMIS, 5Ws Matrix
Indicator 2.2	# of women with obstetric or newborn emergencies referred and managed at the referral hospital.	240	320	Health facility/Obs and Gynae registers. OPD registers, HMIS, 5Ws Matrix

Explanation of output and indicators variance:	At very onset of the disaster, UNFPA's primary focus was to provide immediate SRH services to pregnant women and girls. In this regard BEmONC and CEmONC services started immediately through mobile support units for pregnant women needing immediate attention for safe delivery, complications and made referrals to static facilities free of cost.

Activities	Description	Implemented by
Activity 2.1	Deploy trained health care human resource at referral points) for providing Comprehensive Emergency Obstetric and Newborn Care Services/FP services/STI management.	• HR support was not covered under the project for supporting 24/7 CEmONC services at health facilities. • BEmONC services and referrals for complicated cases to health facilities, including transportation through ambulance services were provided, as part of the project design.
Activity 2.2	Equip referral points (DoH-Rural Health Center) with medicines/supplies/instruments for providing Comprehensive Emergency Obstetric and Newborn Care Services/FP services/STI management.	• Operationalization of new CEmONC services at DHQ Qambar has enhanced access to SRH services. • UNFPA provided technical support and through its regular resources, procured medical and non-medical equipment for establishing CEmONC services at DHQ Hospital in district Qambar Shahdadkot. This support complemented CERF funded intervention in the project district.
Activity 2.3	Arrange Transport/ambulances for referral of complicated cases of pregnancy/delivery	Three ambulance vans were hired by PNFWH, 2 by HANDS and 10 by PPHI and 2 mobile service units by HANDS have been established to provide BEmONC and SRH services to the women of reproductive age amongst the flood affected population.
Activity 2.4	Establish Communication system between health centers and referral hospitals and sites	Referral pathways among medical camps, health facilities and MSUs were established to provide services to pregnant women for pregnancy and delivery related complications.

Output 3	Pregnant women provided with birth preparedness planning support including counselling, information and supplies			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	# of pregnant women provided with individual clean delivery kits for safer births	5,000	3,123	Health facility/Obs and Gynae registers. OPD registers
Indicator 3.2	# of pregnant women provided with information on safe delivery/new-born's cord care and colostrum feeding.	5,000	40,823	Health facility/Obs and Gynae registers. OPD registers, HMIS, 5Ws Matrix
Explanation of output and indicators variance:		Targets planned under 3.1 is underachieved as UNFPA strictly advocates for the promotion of institutional deliveries. Consequently, in community mobilization campaigns, the emphasis has been on discouraging home deliveries and encouraging childbirth in health facilities. Targets planned under indicator 3.2 is overachieved as women and girls of reproductive age were provided awareness on safe delivery/new-born's cord care and colostrum feeding in mobile camps, community awareness sessions and at static facility. Thus, targets were covered from all aspects.		
Activities	**Description**		**Implemented by**	
Activity 3.1	Birth preparedness planning with pregnant women which includes identification of place for safe delivery, identification of high-risk pregnancies and referral for closer monitoring and care. Distribution of individual clean delivery kits among community-based birth attendants/community midwives in the event that women cannot reach the health facility in time.		• People's Primary Healthcare Initiative (PPHI)-Sindh, • Health and Nutrition Development Society (HANDS), • Pakistan National Forum on Women's Health (PNFWH), • Indus Hospital & Health Network (IH&HN)	
Activity 3.2	Establish a referral system for the referral of pregnant women including those seeking management for complications in pregnancy and delivery.		PPHI -Sindh, HANDS, PNFWH and IH&HN	
Output 4	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	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# of women and adolescent girls sensitized to GBV issues and available GBV services including referral and provided with psychosocial support services: [Women – 4,500; Girls – 3,000]	7,500	26,639	5Ws Matrix, WGFS register data, HMIS, IP Report

Indicator 4.2	# of men and adolescent boys and girls, sensitized to GBV issues through community awareness and sensitization session [Men – 4,000; Boys – 2,500]	6,500	4,541	5Ws Matrix, Community Awareness sessions reports, IP Report
Indicator 4.3	30% of women and girls attending psychosocial support services who were sensitized on GBV issues at the community level [Women – 2,400; Girls 1,200]	3,600	1,353	5Ws Matrix, IP Reports
Indicator 4.4	5% of women and girls referred for GBV specialized services who attended psycho-social support services.	180	341	IP Reports, Referral data
Indicator 4.5	# of women receiving dignity kits	4500	8500	5Ws Matrix, Kits Distribution sheet/plan, IP Report
Explanation of output and indicators variance:		Indicator 4.1, UNFPA engaged community mobilizers, community resource persons to conducted awareness and sensitization sessions for women and girls in the communities. These workers are mostly females and therefore, more women and girls were mobilized. 4.2 is underachieved because of the priority focus on women and girls. 4.3, Only women attend psychosocial support sessions with female counsellor and female psychologist deployed at WGFS and visiting the community. 4.4 was overachieved because majority of the cases received at WGFS were chronic cases and required more specialized support. 4.5 UNFPA mobilized more resources to procure dignity kits because of the need and increasing demand.		

Activities	**Description**	**Implemented by**
Activity 4.1	Strengthening Mobile Service Units (MSUs) to provide women and young girls in the catchment population with information and mental health and psychosocial support	PPHI -Sindh, HANDS, PNFWH and IH&HN
Activity 4.2	Provision of mental health and psychosocial support (MPHSS) services	PPHI -Sindh, HANDS, PNFWH and IH&HN
Activity 4.3	Distribution of dignity kits	PPHI -Sindh, HANDS, PNFWH and IH&HN

Output 5	Strengthened inter-agency coordination on Minimum Initial Services Package (MISP) for SRH in crises settings.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	# of RH working group meetings held with documented actions and follow up actions.	3	2	RWHG meeting notifications from Sindh and meeting minutes
Indicator 5.2	# of health care providers received orientation on MISP	60	225	Training Reports and attendance sheets
Explanation of output and indicators variance:		Regular RH working group meetings were conducted and led by DGHS on a regular basis to discuss issues/ gaps, coordination to avoid duplication of activities and resources, highlighted immediate needs and capacity building. As per action plan of RHWG meeting, MISP assessment completed in eight priority districts (Mirpurkhas, Jamshoro, Sanghar, Dadu, Shaheed Benazirabad, Larkana, Khairpur and Qamber Shahdadkot) of Sindh and as a result of rolled out plan, 225 health professionals were oriented to implement MISP for SRH at district level. The MISP assessment was conducted through a series of consultations with key health service providers, DHO, PPHI, WDD, PWD, at the district level to assess the overall health system and how to respond to affected populations in terms of SRH services during emergencies.		

Activities	Description	Implemented by
Activity 5.1	Holding of regular coordination meetings for providing technical and operational support to all organizations involved in delivering health services.	Frequency of Gender-based Violence Sub Working Groups meetings in Sindh increased keeping the flood emergency in view. UNFPA activity participated in the Health Working Group Meeting chaired by Director General Health Services Sindh, where FP and SRH issues, challenges to service provision and areas for strengthening coordination on these areas were advocated consistently. This also complemented the meetings of the RWHG forum convened by UNFPA.
Activity 5.2	Orientation of all health and GBV working group partners on SoPs of MISP Implementation and GBV referrals	UNFPA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority 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.**

[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.

a. Accountability to Affected People (AAP) [9]**:**

The SRH and GBV interventions in flood-affected districts were thoughtfully tailored to address the pressing needs of the communities, emphasizing transparency and monitoring. These robust mechanisms not only facilitated the successful implementation of activities but also fostered a sense of trust within the community. This gained trust serves as a valuable asset for future projects and initiatives. UNFPA, employing participatory approaches, actively engaged communities, including women, adolescent boys, and girls, in project interventions, particularly in awareness-raising activities. This inclusive involvement not only empowered the communities but also played a crucial role in establishing effective accountability mechanisms, ensuring that the needs and voices of the affected people were heard and respected.

b. AAP Feedback and Complaint Mechanisms:

During the project implementation period, community sensitization interventions were effectively carried out through comprehensive awareness sessions on Prevention of Sexual Exploitation and Abuse (PSEA), focusing on various approaches to report cases and make referrals. Additionally, orientation sessions were diligently organized for Implementing Partners, health facilities, and WGFS staff, aiming to sensitize them on the significance of preventing and reporting PSEA incidents. These sessions facilitated a clear understanding of their roles and responsibilities, fostering a collaborative and supportive working environment that was both friendly and completely free of any instances of PSEA. Furthermore, as part of our commitment to ensuring the highest standards of accountability, it was ensured that Implementing Partners had robust PSEA policy mechanisms in place. This approach helped to strengthen the overall protection framework and fostered a safe and secure environment for all individuals involved in the project.

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

UNFPA Co-Chairs the Pakistan Inter-Agency Protection against Sexual Exploitation and Abuse (PSEA) Network and ascribes to the HCT-endorsed Community Based Complaint Response/redressal Mechanism and Referral System on PSEA. UNFPA has its corporate compliance mechanism for the PSEA case reporting and management that ensures accessibility, follow-up, and confidentiality. In addition, as part of its overall programming, UNFPA has undertaken PSEA assessment of non-government implementing partners, including partners which are engaged under the CERF-funded project. The assessment tool comprises eight key indicators including their PSEA-related policies, establishing SEA complaints, response, and assistance mechanisms. UNFPA assesses their capacities and continues to monitor the implementation process. Awareness raising and sensitization of communities on PSEA is a regular part of community engagement both in outreach in static facilities. IEC and information material is made available to the target groups. It is mandatory for IPs to report to UNFPA if any SEA-related case is reported in their organisation, especially under UNFPA-funded projects.

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

This project aimed to address women's needs and ensure that adolescent girls and women of reproductive age have access to lifesaving GBV and reproductive health services. In order to ensure women protection, awareness sessions on reproductive health and GBV were organised which featured information on reproductive health and GBV services and referrals. Partners identified women who passed through trauma during flood emergencies, so they were provided psychosocial support through trained PSS workers. Women and Girls Friendly Spaces served as a safe and friendly space for these women facing issues related to GBV. Under CERF and with the support of UNFPA, women and girls were engaged in various recreational activities. Women and girls who attended WGFS activities reported satisfaction on the services and shared their issues with other companions and PSS counsellor for advice and resolution.

e. People with disabilities (PwD):

UNFPA has implemented the "Leaving No One Behind" approach as a fundamental principle in project design, emphasizing the importance of social and disability inclusion. In UNFPA programming, particular attention is given to ensuring that persons with disabilities

[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.

(PWDs) are at the forefront of both design and implementation processes. Throughout the project's duration, PWDs were actively involved and given equal opportunities to participate in all activities.
Interventions were carefully crafted to provide equal access to reproductive health and gender-based violence (GBV) services for all affected communities, including PWDs, women, and girls. This approach aims to eliminate discrimination based on religion, caste, or cultural background, ensuring that no individual is marginalized or excluded.
To address the specific needs of PWDs, trained psychosocial counselors prioritized providing them with psychosocial support. Recognizing the significance of their well-being, UNFPA ensured that 107 PWDs received comprehensive SRH and GBV services, tailored to their unique requirements.

f. Protection:

Protection mainstreaming is a crucial aspect of our work, and we have taken significant steps to ensure its effectiveness. Within the Working Group on Gender-Based Violence in Emergencies (WGFS), we have established mechanisms to address GBViE (Gender-Based Violence in Emergencies) and facilitate strong connections between communities, health facilities, and law enforcement agencies. Direct community involvement has been prioritized, enabling the identification of protection issues, including the prevention of sexual exploitation and abuse (PSEA). Women and girls make up over 60% of the project beneficiaries, emphasizing our commitment to their well-being. We have successfully sensitized a total of 410,816 individuals in the targeted districts on GBV issues and available support services. Furthermore, through coordinated efforts, we have engaged 25 civil society organizations and government stakeholders in advocacy for a synchronized response to women's protection and the enhancement of referral mechanisms for protection-related cases.

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.

No

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
No		US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
UNFPA Pakistan Facebook	https://www.facebook.com/UNFPAPakistan/
UNFPA Pakistan Twitter	https://twitter.com/UNFPAPakistan
Meet 3 inspiring women on the front line of flood response!	https://asiapacific.unfpa.org/en/news/pakistan-flood-response

3.5 Project Report 22-RR-CEF-057

1. Project Information

Agency:	UNICEF	**Country:**	Pakistan
Sector/cluster:	Nutrition Water, Sanitation and Hygiene	**CERF project code:**	22-RR-CEF-057
Project title:	Lifesaving severe acute malnutrition treatment services for children under five and pregnant and lactating mothers and provision of WASH response for flood affected populations in Lasbela, and Jhal Magsi Balochistan		
Start date:	15/08/2022	**End date:**	14/02/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 92,989,366**
	Total funding received for agency's sector response to current emergency:	**US$ 59,368,075**
	Amount received from CERF:	**US$ 1,117,153**
	Total CERF funds sub-granted to implementing partners:	**US$ 453,582**
	Government Partners	US$ 99,940
	International NGOs	US$ 0
	National NGOs	US$ 353,642
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Nutrition:

Through the CERF UFE fund, UNICEF and its partners successfully implemented a comprehensive nutritional screening program in the Lasabela and Jhal Magsi districts of Balochistan province. A total of 34,206 children under the age of 5 (16,720 boys and 17,486 girls) were screened for nutritional deficiencies at static Outpatient Therapeutic Programme (OTP) sites. Among the screened children, 6,158 severely malnourished (SAM) children were identified (2,988 boys and 3,170 girls) and provided with treatment using Ready to Use Therapeutic Food (RUTF). As of the reporting period, 1,802 SAM children (846 boys and 956 girls) have successfully recovered from severe acute malnutrition.

Furthermore, the program extended its reach to 19,236 Pregnant and Lactating Women (PLWs) who were screened and provided with essential nutrition services. This includes 11,482 pregnant women and 7,754 lactating women in the CERF funded districts. To ensure effective implementation and provision of nutrition services to SAM children and PLWs, the program was conducted through 20 OTP sites, with 10 sites in Lasbella and 10 sites in Jhal Magsi. These sites operated in collaboration with the District Health Team, Maternal, Neonatal, and Child Health (MNCH) Programme, and Lady Health Workers (LHW) program at the community level.

Overall, this initiative made significant strides in addressing malnutrition in the targeted areas, improving the well-being and health outcomes for both children and pregnant/lactating women.

WASH:

Under the WASH interventions, UNICEF and its partners made significant strides in addressing water and sanitation needs through the CERF UFE fund. Over the course of 45 days, they ensured access to safe drinking water for a total of 92,040 individuals, comprising 24,830 women, 25,066 men, 21,016 girls, and 21,875 boys. This was accomplished through water trucking, benefiting 32,940 people, as well as the repair and rehabilitation of 15 public water supply systems, benefiting 59,100 people.

Moreover, UNICEF successfully provided 10,000 individuals with access to safe sanitation. Among them were 2,617 women, 2,723 men, 2,283 girls, and 2,377 boys, who benefited from the installation of 250 temporary latrines and 100 bathing cubicles.

Furthermore, UNICEF reached out to 60,932 people, including 15,943 women, 16,594 men, 13,913 girls, and 14,482 boys, to educate them about safe and hygienic practices. These messages emphasized the importance of handwashing at critical times and highlighted various household water treatment options.

3. Changes and Amendments

Nutrition:

No significant changes or amendments were made to the Nutrition programme under the CERF UFE fund. No people with disabilities were found requiring nutrition services during the reporting period.

WASH:

UNICEF was able to repair/rehabilitate 15 water supply systems against the target of six, and as a result of this was able to reach 59,100 people with safe drinking water against the target of 35,000 people. UNICEF was able to expand the number on water supply systems because along with the Public Health Engineering Department (PHED), it both selected the most critical water schemes reaching as many people as possible, and the scope of work was smaller than initially anticipated.

Moreover, as the need for safe water was higher than anticipated, UNICEF increased the water trucking volume, reaching a total of 32,940 people in 45 days, instead of the proposed 15,000 people in 60 days.

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	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	25,839	2,010	17,779	17,082	**62,710**	25,839	2,010	17,779	17,082	62,710
Total	**25,839**	**2,010**	**17,779**	**17,082**	**62,710**	**25,839**	**2,010**	**17,779**	**17,082**	**62,710**
People with disabilities (PwD) out of the total										
	831	0	572	550	**1,953**	831	0	572	550	**1,953**

Sector/cluster	Water, Sanitation and Hygiene

* 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.

Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	18,175	17,478	12,417	11,930	**60,000**	24,083	25,066	21,016	21,875	**92,040**
Total	**18,175**	**17,478**	**12,417**	**11,930**	**60,000**	**24,083**	**25,066**	**21,016**	**21,875**	**92,040**
People with disabilities (PwD) out of the total										
	318	306	217	209	**1,050**	722	752	630	657	**2761**

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

5. People Indirectly Targeted by the Project

Under WASH Activities most of the beneficiares are direct and the achievements reflect these direct beneficiaries.However it is reasonable to assume that some people benefit indirectly from the mprovment in WASH services. This would include those benefitting from an overall improvement in the hygienic conditions in the vicinity of areas where water coverage has improved and toilets and bathing facilities have been installed. For the project it is esimated that an additoinal 9,000 persons would have benefitted indirectly.
Additoinally, those local partners engaged as part of the response and the staff of the governement counterparts responsible for imrpoved services for flood affectees have also indirectly benefitted.
There are no indirect beneficiaries reporting through nutrition activities.

6. CERF Results Framework

Project objective	Improved equitable access to integrated lifesaving nutrition services for children 6-59 months of age and pregnant and lactating women and to increase access to WASH services, for the populations of the affected areas of the target districts.
Output 1	Children from 6 to 59 months screened, diagnosed and treated for SAM in the catchment area of 20 health facilities and 6 mobile sites.

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	N.4 Number of people screened for acute malnutrition (# of children 6-59 months screened for acute malnutrition using MUAC) (Girls 16,351, Boys 15,710)	32,061	34,206 children (Girls 17,486, Boys 16,720) were screened (107%)	Monthly and Quarterly reports, Hard file/registered
Indicator 1.2	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (# of severely acute malnourished girls and boys enrolled in OTP Program (Boys 2,085, Girls 2,170))	4,256	6,158 children (Girls 3,170, Boys 2,988) were enrolled for SAM treatment. (145%)	Monthly NIS Reports and SAM enrolment registered
Indicator 1.3	# of static established and functional	20	20 Nutrition OTPs were established 10 in district Jhal Magsi and 10 in Lasbela (100%)	Nutrition Information Management Data from each UCs/ OTP health facilities
Indicator 1.4	# of mobile nutrition sites	6	6 Mobile OTPs were functional for outreach activities	Weekly and Monthly Outreach activities reports

Explanation of output and indicators variance:	None of indicators is above 10% variance range.

Activities	**Description**	**Implemented by**
Activity 1.1	Establish outpatient nutrition sites (static/mobile)	Nutrition Directorate Balochistan, LHW program and MERF CSO partner was directly involved in establishment of static OTP sites and mobile outreach sites in District Jhal Magsi and Lasbela.
Activity 1.2	Procurement and provision of nutrition commodities (RUTF, Iron Folic Acid, Multi-micronutrient supplements) to implementing partner	RUTF was locally procured, and MM and IFA supplementations were procured through offshore procurement by UNICEF supply section
Activity 1.3	Screening of children using MUAC through door-to-door campaign and at health facilities/nutrition sites.	Mass MUAC screening activities were conducted through CSO partners and the LHW programme for door-to-door screening in district Jhal Magsi and Lasbela. This ensured easily reaching the proposed target of children and screening activities in health medical camps during the flood emergency response in targeted districts in close coordination with DOH.
Activity 1.4	Identification and registration of severely acute malnourished girls and boys in the Outpatient Therapeutic Feeding program.	6,158 SAM children were identified and registered by health facility staff and LHWs in OTPs for treatment through implementing simplified approach of wasting management.

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

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

Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of nutrition sites providing skilled support for promotion of appropriate MIYCAN/ IYCF-E practices and IPC: In static sites in mobile sites	20	All targeted 20 OTP static sites were established, and 6 mobile outreach teams were orientated on MIYCAN/IYCF skilled training.	Training/Orientation report
Indicator 2.2	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (# of mothers/caretakers of girls and boys	23,749	26,621	Awareness/session reports available.

	counselled on optimal MIYCAN/IYCF-E practices)			
Indicator 2.3	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (# of mothers/caretakers, health workers will be counselled on MIYCAN/IYCF-E and IPC.)	817	817	Training, orientation, and awareness session reports.
Explanation of output and indicators variance:		None of indicators is above 10% variance range.		

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.	Nutrition Directorate team, LHW program and CSO partner MERF formatted the mother to mother and father to father support group for active community engagement and program ownership at community level to ensure maximum program coverage.
Activity 2.2	Regularly conduct sessions on nutrition, hygiene and health promotion in the 10 nutrition sites and catchment communities.	LHWs and CSO community outreach teams successfully conducted regular awareness on nutrition, health, hygiene and key family cate practices at community level and targeted static OTP sites and outreach meeting places.
Activity 2.3	Health workers and care givers will be counselled on MIYCAN and key family care practices	377 health workers and project staff in 20 UCs/Health facilities were oriented on MIYCAN and Key Family Care Practices successfully.

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	N.5 Number of people receiving vitamins and/or micronutrient supplements (# of girls and boys under five year of age who are provided with multiple micronutrient powder (MNP) for home fortification of complementary foods) Boys	14,249	17,423	NIS monthly reports, screening and MNP supplementation follow up registered and card. UNICEF internal funds were included for provision of MM supplementation and

	6,982 and 7,267 GirlsDistrict Jhal Magsi 2,939District Lasbela 11,311			increasing coverage for MNP supplementation, that is main reason to exceed in actual target.
Indicator 3.2	# of pregnant and lactating women provided with multiple micronutrient tablets and/or Iron Folic Acid for prevention and treatment of micronutrient deficienciesDistrict Lasbela 15,081District Jhal Magsi 3,919	18,999	19,236	Same as above, monthly weekly reports and registered PLW data available in hard files.

Explanation of output and indicators variance:	NA

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	MM supplementations were procured through offshore procurement by UNICEF
Activity 3.2	Provision of multi-micronutrient supplements and IFA for use by children and PLW.	Multiple Micronutrient Powder for children 6 to 59 months and Iron Folic Acid supplementation for PLWs were provided through LHW health houses, mobile nutrition, and static OTP sites at health facilities.
Activity 3.3	Identification and registration of 13,070 pregnant and lactating women for receiving IFA and MMT multi-micronutrient tablet and 9,802 6 to 23 months children will receive multi-micronutrient powder MNP.	17,423 Children and 19,236 mothers received MM supplementation with proper follow up and counselling sessions at community and health facility level.

Output 4	Refresher/re-orientation of project staff, health workers and MTMSG/FTFSG on CMAM/MIYCN and IPC.

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	CC.1 Number of implementing partner staff receiving training to support programme implementation (# of health care provider Government and project staff will be re-oriented on CMAM/MIYCN and IPC for quality and sustainable services.)	60	60	Training and orientation session reports/ data base available with proper information.

Indicator 4.2	CC.1 Number of implementing partner staff receiving training to support programme implementation (# of MTMSG/ FTFSG and community health workers will be re-oriented on CMAM/MIYCN and IPC for quality and sustainable services in both districts)	377	377	District-wise training and orientation session reports/data base available with proper information.
Explanation of output and indicators variance:		No variance in indicators and outputs		

Activities	**Description**	**Implemented by**
Activity 4.1	Health care provider Government and project staff will be re-oriented on CMAM/MIYCN and IPC prevention for quality and sustainable services.	Nutrition Directorate, LHW program and MERF CSO partners conducted project staff training/orientation sessions in District Jhal Magsi and Lasbela for ensuring the provision of quality nutrition services in 20 flood affected UCs.
Activity 4.2	MTMSG/ FTFSG and community health workers will be t re-oriented on CMAM/MIYCN and IPC prevention for quality and sustainable services.	Mother and Father support groups and health workers at health facility and at community level were sensitized properly on importance of CMAM/IYCF program services, how said program interventions contributing to combating malnutrition among mothers and children.

Output 5	Increase access to safe drinking water for the affected population.			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster				
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	WS.6 Number of people with access to sufficient and safe water for drinking, cooking and/or personal hygiene use per agreed sector standard	35,000	59,100	Completion Certificate from PHED, Third party field monitor's reports, UNICEF staff field visit reports
Indicator 5.2	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated (Number of water supply schemes repaired/ rehabilitated)	6	15	Completion Certificate from PHED, Third party field monitor's reports, UNICEF staff field visit reports, field visit pictures

Indicator 5.3	Number of people with access to safe drinking water through water tankering	15,000	32,940	IP progress report, Third party field monitor's reports, Daily trip report for water tankering, UNICEF staff field visit reports, field visit pictures
Explanation of output and indicators variance:		UNICEF was able to repair/rehabilitate 15 water supply systems against the target of six, and as a result of this was able to reach 59,100 people with safe drinking water against the target of 35,000 people. UNICEF was able to expand the number on water supply systems because along with the Public Health Engineering Department (PHED), it both selected the most critical water schemes reaching as many people as possible, and the scope of work was smaller than initially anticipated. Moreover, as the need for safe water was higher than anticipated, UNICEF increased the water trucking volume, reaching a total of 32,940 people in 45 days, instead of the proposed 15,000 people in 60 days.		

Activities	**Description**	**Implemented by**
Activity 5.1	Provision of safe water through water tankering	UNICEF/HANDS
Activity 5.2	Provision of safe water through repair/ rehabilitation of water systems and handpumps	UNICEF/HANDS/ contractor
Activity 5.3	Number of learning spaces provided with WASH facilities	UNICEF/HANDS

Output 6	Increase access to basic sanitation facilities for affected communities.			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster				
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	Number of people with access to safe sanitation facilities	10,000	10,000	IP progress report, third party field monitor's reports, UNICEF staff field visit reports, field visit pictures
Indicator 6.2	WS.14 Number of household sanitation facilities (e.g. latrines) and/or household bathing facilities	250	250	IP progress report, third party field monitor's reports, UNICEF staff

	constructed or rehabilitated (Number of latrines installed, including in learning spaces)			field visit reports, field visit pictures
Indicator 6.3	WS.14 Number of household sanitation facilities (e.g. latrines) and/or household bathing facilities constructed or rehabilitated (Number of bathing cubicles installed)	100	100	IP progress report, third party field monitor's reports, UNICEF staff field visit reports, field visit pictures
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 6.1	Provision of safe sanitation through installation of temporary latrines	UNICEF/HANDS
Activity 6.2	Provision of safe sanitation through installation of bathing cubicles	UNICEF/HANDS
Activity 6.3	Provision of waste bins for collection and safe disposal of solid waste.	UNICEF/HANDS

Output 7	Affected communities have increased knowledge of and practice good hygiene behaviour			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster				
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 7.1	WS.17 Number of people receiving WASH/hygiene messaging (Number of people reached with messages on safe hygiene practices)	60,000	60,932	IP progress report, third party field monitor's reports, UNICEF staff field visit reports, field visit picture.
Explanation of output and indicators variance:		No significant variance		

Activities	**Description**	**Implemented by**
Activity 7.1	Social mobilisation and hygiene promotion, delivery of inter-personal communication messages	UNICEF/HANDS

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 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 CERF UFE funded programme prioritized accountability to affected communities. In the nutrition component, community-based mother and father support groups were established to ensure active participation and delivery of results. Training and deployment of local healthcare workers and supervisors from targeted communities ensured the engagement of female groups.

In the WASH component, the affected population actively participated in the assessment of basic needs, particularly for women and children. The programme tailored its activities based on community requirements. Service locations and types were determined by the communities themselves. UNICEF employed direct and remote monitoring to ensure service delivery to the affected populations. Repaired and rehabilitated water supply systems were handed over to district PHED staff for long-term operation and maintenance.

These measures fostered accountability, empowering affected communities and promoting their active involvement in decision-making and service delivery processes.

b. AAP Feedback and Complaint Mechanisms:

Nutrition: The AAP program established inclusive district and community-level committees, including diverse members such as men, women, minorities, and people with disabilities. These committees ensured effective feedback channels for service delivery and protection of all target groups. Monthly feedback and monitoring visits by the district management team, led by the deputy commissioner, were guaranteed. Complaints were promptly addressed, with priority given to resolving them. The program actively informed and encouraged communities and beneficiaries to register complaints through nutrition sites and district focal points, utilizing a comprehensive feedback mechanism.

WASH: UNICEF partnered with HANDS for community engagement and the implementation of WASH interventions. Repairing water supply systems involved UNICEF contractors working alongside PHED for coordination. Independent engineers were also engaged to monitor and ensure quality at the community level. HANDS developed a feedback mechanism that actively involved the affected population in monitoring. UNICEF conducted regular monitoring visits to ensure program quality, track progress, and gather valuable feedback for improvement.

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

UNICEF maintains a zero-tolerance policy against misconduct that contradicts its mission, including sexual exploitation and abuse, harassment, abuse of authority, and discrimination. This policy applies to all individuals associated with UNICEF, including staff,

[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.

[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.

consultants, partners, and suppliers. To ensure compliance, UNICEF conducted a PSEA assessment for civil society organization (CSO) partners and developed action plans for improvement. Orientation sessions on PSEA were provided to project implementation staff. Investigation reports and summaries are strictly confidential and should not be disclosed, except to law enforcement if necessary. Disclosure may only occur with authorization from the Deputy Executive Director for Management, considering advice from the UNICEF Legal Adviser and the Director of the Office of Internal Audit and Investigations.

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

Nutrition projects in the sector prioritize the needs of women, girls, and sexual and gender minorities, including addressing gender-based violence. We collected and reported gender-disaggregated data for boys and girls aged 0 to 59 months. Pregnant and lactating women were specifically targeted for supplementation programs and received awareness on dietary diversity, breastfeeding, and care practices. This approach enhanced their resilience and empowered them to make nutritional decisions aligned with gender equality measures. Implementing partners received PSEA capacity development to support gender equality measures. We ensured transparency through feedback desks, engagement with health committees, third-party field monitoring, and financial oversight. In consultation with women, we installed gender-segregated latrines and bathing cubicles in close proximity to prevent violence. We minimized the distance between water collection points and residences, considering the burden often borne by women and girls in fetching water for household use.

e. People with disabilities (PwD):

The nutrition program incorporated mobile clinics/services at healthcare facilities and in the community to promote inclusion of PwDs. Female healthcare providers were deployed through mobile clinics to ensure accessibility for PwDs, although specific data collection on PwDs is lacking. In the WASH services, community consultations actively involved PwDs in every program aspect. Measures were taken to ensure PwDs had access to distribution sites and water points, while challenges in providing accessible sanitation facilities were addressed to the best of our ability.

f. Protection:

Nutrition: To enhance the safety and well-being of target groups, such as pregnant and lactating women (PLW) and children, we strengthened nutrition interventions by deploying 80% female staff and mobile teams. By integrating services at the community level, we ensured direct access to vital services, safeguarding vulnerable groups. We established linkages with the protection cluster and sector to facilitate access to essential protection services.

WASH: We prioritized the protection of women, girls, boys, and men by strategically locating water collection points, latrines, and bathing cubicles at a safe distance from residences. This approach aimed to provide accessible WASH services while prioritizing the safety and privacy of individuals.

g. Education:

WASH in schools is an integral part of UNICEF's emergency response program. It ensures access to safe drinking water, sanitation facilities, and hygiene education for teachers and students in temporary learning spaces and schools. Temporary latrines are installed to address sanitation needs. Additionally, WASH clubs are established to foster and maintain hygienic practices within educational environments, promoting long-term behavioral change. UNICEF's commitment to WASH in schools aims to create safe and healthy learning environments, empowering individuals with essential knowledge and resources for a better future.

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.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
No		US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Safe drinking water delivery in Balochistan	https://twitter.com/UNICEF_Pakistan/status/1562752013363884033?t=6cQIQffIg_UoFjHmJd0OTQ&s=08
Hygiene kit delivery in Balochistan	https://twitter.com/UNICEF_Pakistan/status/1561403475292205056?t=rdN1o29pfgyJ3Z_Nd8ni3g&s=08

3.6 Project Report 22-RR-CEF-062

1. Project Information

Agency:	UNICEF	**Country:**	Pakistan
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	22-RR-CEF-062
Project title:	Provision of lifesaving preventive and curative nutrition services for children under five and pregnant and lactating mothers, and WASH response		
Start date:	16/09/2022	**End date:**	15/03/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding	**Total requirement for agency's sector response to current emergency:** **GUIDANCE**: Figure prepopulated from application document.	**US$ 92,989,366**
	Total funding received for agency's sector response to current emergency: **GUIDANCE**: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	**US$ 59,368,075**
	Amount received from CERF:	**US$ 2,717,116**
	Total CERF funds sub-granted to implementing partners:	**US$** 882,544
	Government Partners	US$ 383,327
	International NGOs	US$ 197,511
	National NGOs	US$ 301,706
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The CERF UFE grant facilitated a comprehensive nutrition and WASH intervention in five northern districts of Sindh, carried out by UNICEF in collaboration with the Accelerated Action Plan (AAP) and the Department of Health. The project successfully reached a significant number of beneficiaries, providing critical services to improve their overall well-being.

In terms of nutrition services, the project catered to the needs of a substantial population. A total of 68,141 pregnant and lactating women (PLW), including the provision of essential MMN supplementation and iron and folic acid (IFA), as well as 193,640 children under the age of 5 (98,221 girls and 95,419 boys), received nutrition services. Among them, 6,245 children suffering from Severe Acute Malnutrition (SAM) were enrolled in the nutrition program and treated with Ready-to-Use Therapeutic Food (RUTF). Additionally, 85,094 children (42,658 girls and 42,436 boys) benefited from the distribution of Micronutrient Powders (MNPs). Moreover, 56,388 mothers and caregivers were counseled on optimal Mother, Infant, and Young Child Nutrition (MIYCAN) and Infant and Young Child Feeding-

Emergency (IYCF-E) practices. The delivery of these services was made possible through the joint efforts of 36 integrated health and nutrition mobile teams and 36 static OTP sites managed by the People Primary Health Care Initiative (PPHI).

In parallel, the project made significant strides in improving **water, sanitation, and hygiene (WASH**) conditions in the target districts. UNICEF successfully provided access to safe drinking water for 134,850 individuals, including 35,285 women, 36,725 men, 30,792 girls, and 32,048 boys. This was accomplished through the implementation of various measures, such as water trucking for 53,400 individuals over 45 days, the repair and rehabilitation of six public water supply systems benefiting 81,450 individuals, and the installation of 263 handpumps. Furthermore, the project installed 375 temporary latrines and 150 bathing cubicles, providing safe and hygienic sanitation facilities to 15,000 individuals, including 3,925 women, 4,085 men, 3,425 girls, and 3,565 boys. In addition, 82,300 individuals (21,535 women, 22,414 men, 18,792 girls, and 19,559 boys) received vital information on safe hygienic practices, with a specific emphasis on the importance of handwashing and household water treatment options. UNICEF also distributed WASH non-food items to 70,000 individuals, ensuring they had the necessary supplies for maintaining proper hygiene.

Overall, the project demonstrated significant achievements in both nutrition and WASH sectors, positively impacting the lives of a substantial number of beneficiaries. UNICEF's collaboration with AAP, the Department of Health, and other partners was instrumental in the successful implementation of these interventions, effectively addressing the immediate needs and promoting long-term well-being in the target districts. These efforts have contributed to improving the overall health, nutrition, and sanitation conditions, thus laying the foundation for a healthier and more resilient community.

3. Changes and Amendments

The nutrition services, supported by CERF UFE funding, were successfully implemented during the peak of the flood response. These services extended beyond the prioritized union councils to relief camps, OTP sites, and communities, resulting in exceptional overall outcomes. Notably, no individuals with disabilities required nutrition services during the reporting period.

UNICEF achieved a significant increase in providing safe drinking water to a larger population, surpassing initial expectations. Moreover, the cost of support was lower than anticipated. Leveraging the savings from grant transfers to counterparts, we procured 10,000 hygiene kits that benefited 70,000 people.

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	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	59,233	0	50,977	48,978	**159,188**	68,141	0	98,221	95,419	**261,781**
Total	**59,233**	**0**	**50,977**	**48,978**	**159,188**	**68,141**	**0**	**98,221**	**95,419**	**261,781**
People with disabilities (PwD) out of the total										
	592	0	510	490	**1,592**	592	0	510	490	**1,592**

* 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.

Sector/cluster	Water, Sanitation and Hygiene									
	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	24,233	23,304	16,556	15,907	**80,000**	35,285	36,725	30,792	32,048	**134,850**
Total	**24,233**	**23,304**	**16,556**	**15,907**	**80,000**	**35,285**	**36,725**	**30,792**	**32,048**	**134,850**
People with disabilities (PwD) out of the total										
	606	583	414	398	**2,001**	1,058	1,102	924	961	**4,045**

* 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: The program directly benefited 193,640 children under the age of five and 68,141 pregnant and lactating women (PLW). In addition to these direct beneficiaries, the program also had a positive impact on the wider affected population. This includes individuals who gained improved access to nutrition services in relief camps, communities, and the areas surrounding the Outpatient Therapeutic Program (OTP) sites. The indirect beneficiaries encompassed a significant number of people who benefited from the increased availability of nutrition services in these locations.
WASH: The primary target population for the WASH initiative was 134,850 individuals. However, the program's reach extended far beyond these direct beneficiaries. The rehabilitated water supply systems and newly installed handpumps not only served the targeted population but also benefited more than 150,000 individuals, including nomads and people residing in nearby areas. This expanded access to clean water positively affected their daily lives. Furthermore, the hygiene promotion messaging employed various effective and inclusive communication channels, ensuring that the program's reach extended beyond the direct beneficiaries. This approach effectively engaged a diverse audience, maximizing the impact and promoting good hygiene practices within the larger community.

6. CERF Results Framework

Project objective	Improved equitable access to integrated lifesaving nutrition services for children 6-59 months of age and pregnant and lactating women and to increase access to WASH services, for the populations of the affected areas of the target districts.
Output 1	Children from 6 to 59 months screened, diagnosed and treated for SAM in the catchment area of 20 health facilities and 6 mobile sites.

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	N.4 Number of people screened for acute malnutrition (# children 6-59 months and PLW screened for malnutrition using MUAC)(Children <5: Girls 50,977; Boys 48,978)PLWs: 59,233	159,188	193,640 children (Girls 98,221, Boys 95,419) screened for malnutrition (194%) 68,141 PLW Screened for Malnutrition using MUAC (115%)	Nutrition Flood Response Database and AAP-Health Database and hard record at HF level
Indicator 1.2	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (# of severely acute malnourished girls and boys enrolled in OTP Program (Girls 4,398; B;oys 4,226)	8,624	16,245 children (Girls 9,461 and Boys 6,784) enrolled in nutrition program for treatment with RUTF (188%)	Nutrition Flood Response Database and AAP-Health Database and hard record at HF level

Indicator 1.3	Number of static Nutrition sites established and functional	36	36 nutrition sites established and functional	6-8 nutrition sites in all 5 targeted districts Larkana, Dadu, Kambar,Naurshahro Feroze, Khairpur
Indicator 1.4	Number of mobile nutrition sites	36	36 mobile nutrition sites established	Nutrition Flood Response Database and AAP-Health Database and hard record at HF level & record respective DHO Offices.
Explanation of output and indicators variance:		The nutrition services with CERF funding were initiated during the peak of flood response, and services were provided in relief camps, OTP sites and in communities even beyond to the Union Councils prioritized which resulted in over achievement in overall results.		

Activities	**Description**	**Implemented by**
Activity 1.1	Establish outpatient nutrition sites (static/mobile)	Accelerated Action Plan Department of Health Sindh and 36 static and mobile health teams
Activity 1.2	Procurement and provision of nutrition commodities (RUTF, Iron Folic Acid, Multi-micronutrient supplements) to implementing partner	AAP-Health procured nutrition commodities across Sindh and CERF targeted 5 districts
Activity 1.3	Screening of children using MUAC through door-to-door campaign and at health facilities/nutrition sites.	AAP-Community outreach workers screened children at IDP's camp and host community with door-to-door screening approach and rescreened children during follow-up visits tracing IDPs returned to their permanent residence.
Activity 1.4	Identification and registration of severely acute malnourished girls and boys in the Outpatient Therapeutic Feeding program.	Mobile vehicles and Mobile boats used as Mobile OTP in severe flood affected districts for provision of nutrition community to treat severely acute malnourished children.

Output 2	Mothers/caretakers in targeted communities' access skilled support for appropriate maternal, infant and young child nutrition (MIYCN) /IYCF-E practices, with emphasis on promotion of breastfeeding, complementary feeding, and IPC prevention awareness through SBCC approach.			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 2.1	Number of nutrition sites providing skilled support for promotion of appropriate MIYCAN/ IYCF-E practices and IPC in static and mobile sites	108	162	NIS and Nutrition flood emergency data Training reports with Partners.
Indicator 2.2	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (# of mothers/caretakers of girls and boys counselled on optimal MIYCAN/IYCF-E practices)	59,233	56,388	NIS and Nutrition flood emergency database
Indicator 2.3	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (# of mothers/caretakers, health workers will be counselled on MIYCAN/IYCF-E and IPC.)	1,621	5,823	NIS and Nutrition flood emergency database
Explanation of output and indicators variance:		The nutrition services with CERF funding were initiated during the peak of flood response, and services were provided in relief camps, OTP sites and in communities. Access to larger population in relief camps provided an opportunity to reach more PLW adolescent girls and caregivers for counselling and capacity building. even beyond to the union councils prioritized which resulted in over achievement in overall results.		

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.	AAP-Health with support of UNICEF
Activity 2.2	Regularly conduct sessions on nutrition, hygiene, health promotion and protection/GBV risks in nutrition sites and catchment communities.	AAP-Health with support of UNICEF
Activity 2.3	Health workers and care givers will be counselled on MIYCAN and key family care practices, including key protection risks and available services.	AAP-Health with 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	N.5 Number of people receiving vitamins and/or micronutrient supplements (# of girls and boys under five year of age who are provided with multiple micronutrient powder (MNP) for home fortification of complementary foods) (Girls 22,657; Boys 21,768)	44,425	85,094	NIS and Nutrition flood emergency database
Indicator 3.2	Number of pregnant and lactating women provided with multiple micronutrient tablets and/or Iron Folic Acid for prevention and treatment of micronutrient deficiencies	59,233	68,141	NIS and Nutrition flood emergency database
Explanation of output and indicators variance:		Access to larger population in relief camps provided an opportunity to reach more PLW adolescent girls and children to provide IFA and MNP.		

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	Nutrition commodities such as RUTF, IFA and MMS were procured by UNICEF
Activity 3.2	Provision of multi-micronutrient supplements and IFA for use by children and PLW.	All children of age 6-59 months (except SAM) were provided with MNP while adolescent girls and PLW were provided with IFA, procured by UNICEF
Activity 3.3	Identification and registration of 13,070 PLW for receiving IFA and MMT multi-micronutrient tablet and 9,802 6 to 23 months children will receive multi-micronutrient powder MNP.	68,141 pregnant and lactating women provided with multiple micronutrient tablets and/or Iron Folic Acid and 85,094 children (Girls 42,658 and Boys 42,436) provided MNPs, procured by UNICEF.

Output 4	Refresher/re-orientation of project staff, health workers and MTMSG/FTFSG on CMAM/MIYCN and IPC.			
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	CC.1 Number of implementing partner staff receiving training to support programme implementation (# of health care provider Government and project staff will be re-oriented on CMAM/MIYCN and IPC for quality and sustainable services.)	102	102 AAP project staff received training and refresher trainings CMAM, Simplified Approaches for wasting management in emergency and MIYCN.	NIS and Nutrition flood emergency database
Indicator 4.2	CC.1 Number of implementing partner staff receiving training to support programme implementation (# of MTMSG/ FTFSG and community health workers will be re-oriented on CMAM/MIYCN and IPC for quality and sustainable services in both districts)	360	304 of MTMSG/ FTFSG and community health workers oriented on CMAM/MIYCN with 84% achievements.	NIS and Nutrition flood emergency database

Explanation of output and indicators variance:	The mother and father support groups were less established in relief camps as compared community settings, therefore were less in number as compared to targets.

Activities	**Description**	**Implemented by**
Activity 4.1	Health care provider Government and project staff will be re-oriented on CMAM/MIYCN and IPC prevention for quality and sustainable services.	102 AAP project staff received training and refresher trainings CMAM, Simplified Approaches for wasting management in emergency, IPC and MIYCN.
Activity 4.2	MTMSG/ FTFSG and community health workers will be t re-oriented on CMAM/MIYCN and IPC prevention for quality and sustainable services.	304 of MTMSG/ FTFSG and community health workers oriented on CMAM/MIYCN and IPC

Output 5	Increase access to safe drinking water for the affected population.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	WS.6 Number of people with access to sufficient and safe water for drinking, cooking and/or personal hygiene use per agreed sector standard	70,000	81,450	Completion Certificate from PHED, third party field monitor's reports, UNICEF staff field visit reports. ,
Indicator 5.2	WS.15 Number of communal water points (e.g. wells, boreholes, water	9	6 WSS	Completion Certificate from PHED, third party

	taps stands, systems) constructed and/or rehabilitated		263 Hand pumps	field monitor's reports, UNICEF staff field visit reports. ,
Indicator 5.3	Number of people with access to safe drinking water through water tankering	20,000	53,400	IP progress report, third party field monitor's reports, Daily trip report for water tankering, UNICEF staff field visit reports, field visit pictures

Explanation of output and indicators variance:	6 water supply systems (WSS) were rehabilitated along with installation of 263 hand pumps this resulted in reaching the beneficiary population 81,450 people. The construction/rehabilitation of handpumps were included as they were the main sources of water supply in some of the targeted villages before the flood where the communities are well conversant on operation and maintenance and very low O&M costs. Water tankering activity was proposed for 60 days for 20,000 people, but in initial phase of emergency response the need on ground for safe water was higher than anticipated, so UNICEF increased the water trucking reaching 53,400 people that was more than target, the timeline of activity was shortened to 45 days

Activities	**Description**	**Implemented by**
Activity 5.1	Provision of safe water through water tinkering	UNICEF (Islamic Relief, SAFWCO)
Activity 5.2	Provision of safe water through repair/ rehabilitation of water systems and handpumps	Contractor
Activity 5.3	Number of learning spaces provided with WASH facilities	UNICEF / Islamic Relief, SAFWCO)

Output 6	Increase access to basic sanitation facilities for affected communities.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	Number of people with access to safe sanitation facilities	15,000	15,000	IP progress report, Third party field monitor's reports, UNICEF staff field visit reports, field visit pictures

Indicator 6.2	WS.14 Number of household sanitation facilities (e.g. latrines) and/or household bathing facilities constructed or rehabilitated (Number of latrines installed, including in learning spaces)	375	375	IP progress report, Third party field monitor's reports, UNICEF staff field visit reports, field visit pictures
Indicator 6.3	WS.14 Number of household sanitation facilities (e.g. latrines) and/or household bathing facilities constructed or rehabilitated (Number of bathing cubicles installed)	150	150	[IP progress report, Third party field monitor's reports, UNICEF staff field visit reports, field visit pictures
Explanation of output and indicators variance:		No variance		

Activities	**Description**	**Implemented by**
Activity 6.1	Provision of safe sanitation through installation of temporary latrines	UNICEF (Islamic Relief, SAFWCO)
Activity 6.2	Provision of safe sanitation through installation of bathing cubicles	UNICEF (Islamic Relief, SAFWCO)
Activity 6.3	Provision of waste bins for collection and safe disposal of solid waste.	UNICEF (Islamic Relief, SAFWCO)

Output 7	Affected communities have increased knowledge of and practice good hygiene behaviour			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 7.1	WS.17 Number of people receiving WASH/ hygiene messaging (Number of people reached with messages on safe hygiene practices)	80,000	82,300	IP progress report, third party field monitor's reports, UNICEF staff field visit reports, field visit pictures
Indicator 7.2	WS.16a Number of people receiving critical WASH supplies (e.g. WASH / hygiene kits)	70,000	70,000	IP progress report, Third party field monitor's reports, Distribution list of the beneficiaries,

				UNICEF staff field visit reports, field visit pictures
Explanation of output and indicators variance:		10,000 Hygiene kits benefitting 70,000 people were procured from the saving from grant transfer to counterparts. The actual cost of water supply systems rehabilitated was lower as compared to initial estimates. This along with currency fluctuations resulted in savings. In order to complement indicator 7.2 these saving were used for procurement of hygiene kits.		

Activities	**Description**	**Implemented by**
Activity 7.1	Social mobilisation and hygiene promotion including on child protection risks, delivery of inter-personal communication messages	UNICEF (Islamic Relief, SAFWCO)
Activity 7.2	Distribution of WASH NFIs, including hygiene kits with supplies to mitigate GBV	UNICEF (Islamic Relief, SAFWCO)

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[12] 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)[13]:

The CERF UFE funded programme demonstrated a strong commitment to accountability towards affected populations by implementing several community-based strategies. In the nutrition component, a community-centered approach was adopted, leveraging existing mother and father support groups at the village level. This approach ensured active community participation in achieving desired outcomes. Additionally, extensive training and deployment of local healthcare workers such as LHWs, community midwives, and lady health supervisors from the targeted communities were conducted, promoting the engagement of female groups.
Similarly, under the WASH component, the programme prioritized the involvement of affected populations in assessing basic needs, with a particular focus on women and children. The assessment activities were tailored to meet the specific requirements and preferences of the affected population. The communities themselves played a pivotal role in identifying the locations and types of services provided by the programme. To ensure effective service delivery, UNICEF employed both direct and remote monitoring techniques.

[12] 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.

[13] 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.

Furthermore, the programme established a sustainable approach by handing over the responsibility of operating and maintaining the repaired/rehabilitated water supply systems to the district PHED staff. This step ensured the long-term functionality of the systems and the continued benefit to the affected communities.
Through these measures, the CERF UFE funded programme prioritized accountability to affected populations, fostering their active participation and considering their unique needs in decision-making and service provision.

b. AAP Feedback and Complaint Mechanisms:

Accountability to Affected People (AAP) was a key priority in the implementation of both the nutrition and WASH components of the program.
In the nutrition sector, the establishment of district and community-level committees ensured the inclusion of diverse voices, including men, women, minorities, and people with disabilities. These committees played a crucial role in providing functional feedback mechanisms to improve service delivery and safeguard the rights of all target groups. Regular monthly feedback sessions and monitoring visits by the district management team, led by the deputy commissioner, were integral to maintaining accountability. Any complaints received were promptly prioritized and addressed, ensuring a responsive approach. The communities and beneficiaries were well-informed about the available feedback mechanisms, both at nutrition sites and district focal points, and were actively encouraged to register their concerns.
Similarly, in the WASH sector, UNICEF engaged implementing partners, namely Islamic Relief and SAFWCO, for community engagement and the rollout of WASH interventions. Repair work for water supply systems was conducted through UNICEF's Long-Term Agreement (LTA) contractors in coordination with the Public Health Engineering Department (PHED). To ensure effective monitoring and quality assurance, third-party engineers were involved at the community level. Implementing partners developed a feedback mechanism to gather input from the affected population, empowering them to share their experiences and concerns. Additionally, the program actively involved the affected population in monitoring activities and provided accessible complaint mechanisms to capture their feedback. UNICEF conducted regular monitoring visits and quality assurance assessments to track progress and evaluate the feedback received through the complaint mechanism, further reinforcing accountability and responsiveness to community needs.

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

UNICEF upholds a firm zero-tolerance policy towards behaviors that contradict its core values and objectives. This encompasses a range of misconduct, notably sexual exploitation and abuse, sexual harassment, abuse of authority, and discrimination. The policy applies comprehensively to all individuals associated with UNICEF, including staff members, non-staff personnel, individual consultants, civil society partners, and suppliers or vendors engaged by UNICEF.
In line with this commitment, UNICEF proactively conducted a Participatory Self-Assessment (PSEA) to evaluate its civil society organization (CSO) partners. Subsequently, action plans were developed to address identified areas of improvement. Additionally, UNICEF organized orientation sessions to provide project implementation staff with the necessary knowledge and guidance on PSEA protocols.
To safeguard the privacy and integrity of investigations, all investigation reports and summaries thereof are strictly confidential. These documents should not be disclosed, except to law enforcement agencies if a referral to them is made. Any disclosure must be authorized by the Deputy Executive Director for Management, who will consider input from the UNICEF Legal Adviser and the Director of the Office of Internal Audit and Investigations. This ensures that appropriate measures are taken while maintaining confidentiality.

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 and aligned with Gender Equality Measures (GEM) for Nutrition. Gender disaggregated data for boys and girls aged 0 to 59 months (GEM, B) were collected and reported. PLW were targeted for supplementation programmes and awareness on dietary diversity, breastfeeding, and care practices. This built their resilience and empowered them to take nutritional decisions in line with GEM D and E. GEM E, G, and H were further supported through PSEA capacity development of implementing partners. Feedback desks at feeding sites, engagement through health committees, third party field monitoring and financial monitoring ensured transparency.

Gender segregated latrines and bathing cubicles were installed in close vicinity in consultation with women to prevent violence against women and children. The distance between water collection point and residence was ensured to be minimal as per Pakistan WASH Sector guidelines, while the locations of water points were identified in consultation with women as women and girls often take on the burden of water collection for household use.

e. People with disabilities (PwD):

The nutrition programme was designed and implemented at the healthcare facility and the community level through mobile clinics/services. The deployment of female health care providers at the community level through mobile clinics ensured inclusion of PwD. However, a data collection mechanism on PwD specifically is not available.
Community consultations for WASH services included PwD in all aspects of the programme. Access to distribution sites and water points as ensured for PwD, although challenges in ensuring accessibility of sanitation facilities to PwD did exist. These were challenges were mitigated wherever possible.

f. Protection:

[Nutrition: Nutrition services were provided in relief camps and in communities, female staff conducted counselling sessions in culturally appropriate places to ensure that adolescent girls and women can easily access services. Furthermore, linkages with protection cluster/ sector were developed.
WASH: The WASH services including water collection points, latrines and bathing cubicles were provided within the safe distance from the residence keeping in mind the protection of women, girls, boys, and men.

g. Education:

WASH: WASH in schools is a component of UNCIEF emergency response programme, WASH services including safe drinking water through installation of water tanks, safe sanitation though installation of temporary latrines and hygiene education on safe hygienic practices are provided to teaches and children at temporary learning places and schools. Also, WASH clubs are formed for promoting and sustaining WASH behaviours in learning environment.
Nutrition: The adolescent deworming and provision of micronutrient supplementation (IFA) was done through Temporary Learning Centres (TLCs) by education sections, which also provided an opportunity to orient teachers on nutrition and healthy diets.

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.

No

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
No		US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
AAP-H in collaboration with UNICEF providing nutrition services in five flood affected districts (supported with CERF funding)	https://twitter.com/aap_health?s=11&t=CiqpezuvRed3k0iYqmyZMQ
AAP-H in collaboration with UNICEF	https://www.facebook.com/aaphealth/?mibextid=LQQJ4d

3.7 Project Report 22-RR-WHO-032

1. Project Information			
Agency:	WHO	**Country:**	Pakistan
Sector/cluster:	Health	**CERF project code:**	22-RR-WHO-032
Project title:	Ensuring continued access to essential lifesaving health and nutrition services to the floods affected population		
Start date:	15/08/2022	**End date:**	14/02/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 81,500,000**
	Total funding received for agency's sector response to current emergency:	**US$ 21,037,943**
	Amount received from CERF:	**US$ 954,000**
	Total CERF funds sub-granted to implementing partners:	**US$ 153,650**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 153,650
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

To ensure continued access to essential healthcare for the flood-affected population, WHO Pakistan and its partners implemented a range of interventions, resulting in significant progress and achievements. Throughout the project, efforts were made to provide essential medicines and medical supplies, conduct medical camps, strengthen disease surveillance systems, and improve access to life-saving nutrition services. Here is an overview of the project's performance in each area:

WHO Pakistan collaborated with health cluster partners and the government of Pakistan to bridge gaps in healthcare provision. Essential medicines and medical supplies were procured from WHO's prequalified local vendors, complying with quality standards and regulations. These provisions effectively treated communicable diseases, and disease surveillance and outbreak response were also supported. Special attention was given to marginalized groups such as the elderly, women, and children.

In the target district of Jhal Magsi, Balochistan, WHO provided 5,000 courses of artemether and lumefantrine tablets for malaria treatment, along with 10,000 rapid diagnostic tests for early detection. In total, 37 medicine packages were delivered to primary and secondary healthcare services, enabling 24,000 treatments. Medical camps conducted by implementing partners like the Dopasi Foundation and Balochistan Rural Support Program aided over 15,000 people in the districts of Jhal Magsi and Lasbela.

To address gaps in disease surveillance caused by the flood emergency, WHO deployed the Emergency Disease Surveillance System (EDSS) in severely affected areas. The EDSS was implemented in consultation with the Ministry of National Health Service Regulation and Coordination (MoNHSR&C), National Institute of Health (NIH), and provincial health departments. Regular monitoring, data analysis,

and immediate action were taken to respond to disease outbreaks. Multiple outbreaks, including cholera, malaria, measles, and mumps, were identified, verified, and responded to promptly.

For improved nutrition services, WHO established three nutrition stabilization centers (NSCs) in Lasbela, Jhal Magsi, Hub, and Usta Muhammad. These centers enrolled a total of 656 severely acute malnourished children under 5 with complications. Alongside treatment, counseling on breastfeeding and complementary feeding was provided to 1,312 mothers and caregivers. The NSCs achieved high performance indicators, with a cure rate of 97.88% and low default and death rates.

Despite the achievements, the project faced several challenges. Delays in facility assessment, refurbishment, staff recruitment, and procurement procedures affected the establishment of new NSCs. Incentivizing government workers to extend their services to NSCs required strong advocacy. Low referrals from the OTP network and power outages posed additional challenges. Furthermore, the socio-economic conditions of the affected population contributed to a higher default rate.

In conclusion, WHO Pakistan's project made significant strides in ensuring continued access to essential healthcare, strengthening disease surveillance, and improving nutrition services for flood-affected populations. Despite challenges, the project's outcomes demonstrate the commitment and effectiveness of the implemented interventions, ultimately benefiting the affected communities in Balochistan.

3. Changes and Amendments

Regarding the changes in the project, the initial proposal by WHO aimed to establish 2 nutrition stabilization centres (NSCs) in Jhal Magsi and Lasbela districts of Balochistan. However, in August 2022, the Lasbela district was divided into two separate districts, with the newly formed district being named Hub.

Considering the absence of functional NSCs in the Hub district and the high number of severely acute malnourished (SAM) children with complications in the area, a collective decision was made in collaboration with the Provincial nutrition department. It was decided to establish an additional NSC in the Hub district, specifically at DHQ Jam Qadir Hospital. This decision increased the number of newly established NSCs in Balochistan, supported by the CERF, from 2 to 3.

Due to delays in the renovation process and the recruitment of human resources for the NSC in Gandhawa, WHO facilitated the treatment of SAM children with complications from Gandhawa at an existing NSC site in Usta Muhammad Hospital. WHO provided the necessary equipment and supplies to support this existing NSC in order to accommodate the additional number of children referred from Gandhawa.

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	15,831	17,490	14,635	16,134	**64,090**	21,223	20,499	16,711	11,613	**70,046**
Total	**15,831**	**17,490**	**14,635**	**16,134**	**64,090**	**21,223**	**20,499**	**16,711**	**11,613**	**70,046**
People with disabilities (PwD) out of the total										
	1,568	1,681	1,447	1,632	**6,328**	**1,098**	**1,143**	**253**	**263**	**2,757**

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

5. People Indirectly Targeted by the Project

In the NSC (Nutrition Stabilisation Centre) project, the impact goes beyond the direct beneficiaries of the health education and nutrition awareness sessions conducted by nurses. While the primary focus was on mothers, grandmothers, and caregivers, there were also indirect beneficiaries who were positively influenced by these activities.
By providing education and support on various aspects of infant and young child feeding, including breastfeeding practices, complementary feeding, and age-appropriate nutrition, the nurses indirectly benefited the entire community. As mothers and caregivers received valuable knowledge and guidance, they became agents of change within their families and communities, spreading the information they acquired during the sessions.
The project also identified dedicated and volunteer mothers who actively promoted recommended maternal, infant, and young child nutrition (MIYCN) practices within their communities. Equipped with information, education, and communication (IEC) materials, these individuals played a vital role in disseminating MIYCN messages to a wider audience.
A significant number of 1,220 mothers and caregivers participated in the awareness sessions conducted at NSC in the districts of Lasbela, Jhal Magsi, Hub, and Usta Muhammad. These individuals not only gained knowledge and skills but also became catalysts for change in their communities. They are expected to continue spreading MIYCN messages and identifying cases of severe acute malnutrition (SAM) in their areas. Through their proactive engagement, they will contribute to early identification and referral of SAM cases to the appropriate health facilities.
Therefore, the impact of the NSC project extends beyond the immediate participants of the awareness sessions. The knowledge and practices disseminated by the dedicated nurses and volunteer mothers have the potential to positively influence the wider community, improving maternal, infant, and young child nutrition practices and promoting better health outcomes for all.

6. CERF Results Framework

Project objective	Ensuring continued access to essential lifesaving health services with specific emphasis on essential health care, mental health, maternal and child health, treatment of children with severe acute malnutrition, referral services and disease surveillance and response
Output 1	Continued access to essential health care by the floods affected population assured

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 1.1	H.8 Number of primary healthcare consultations provided (Number of medical consultations in the supported facilities)	64,090	68,084	WHO, Dopasi Foundation, BRSP
Indicator 1.2	H.1a Number of emergency health kits delivered to healthcare facilities (Number of medical kits procured and donated to health facilities)	30	30	WHO LSS software and OSL dashboard

Indicator 1.3	Number of outreach activities conducted (16 outreach per month for 6 months)	24	37	IP Reports, patient consultation data
Explanation of output and indicators variance:		In indicator 1.1. there was a typo error in the total achieved which was 68,084 but written as 18,084. There was more need identified by the government in terms of outreach activities. Therefore, WHO also pooled in its resources to address the need against indicator 1.3.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurements of medical kits	WHO] in total 30 medicine packages were provided for primary and secondary healthcare services to reach the target population, along with direct 24,000 treatments to DHQ Gandhawa, Jhal Magsi, DHQ Hospital Uthal, and Lasbella inBalochistan
Activity 1.2	Conducting 24 mobile camp activities both static and mobile	Dopasi Foundation, BRSP

Output 2	Disease surveillance in Jhal Magsi, Las Bela, Qila Saifullah and Nushki strengthened

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 2.1	Number of outbreaks investigated and responded to in time	2	5	Alert outbreak log sheet
Indicator 2.2	H.1a Number of emergency health kits delivered to healthcare facilities	10	10	WHO OSL data
Explanation of output and indicators variance:		In indicator 2.1, number of outbreaks investigated and responded to in time is reported as 5 since there were more outbreaks which required WHO's immediate intervention.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of medical kits	WHO
Activity 2.2	Training of 60 (15 from each district) health workers on disease surveillance	WHO
Activity 2.3	Printing and distribution of surveillance tools	WHO, NIH and department of health Balochistan

Activity 2.4	Disease outbreak investigation		WHO	
Output 3	Improved 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 in selected district/ tehsil hospitals of Lasbella and Jhal Magsi affected by flood in 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 3.1	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding)(Number of severely malnourished children 0-59 months identified and enrolled for treatment of acute malnutrition in Stabilization Centres (290 girls and 301 boys))	591	656	Biweekly and Monthly reports, Monitoring reports, Quarterly reports
Indicator 3.2	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (pregnant and lactating women and caregivers reached with MIYCN counselling that can improve MIYCN practices)	1,177	1,312	Biweekly and Monthly reports, Monitoring reports, Quarterly reports
Explanation of output and indicators variance:		Variance around 10%		

Activities	**Description**	**Implemented by**
Activity 3.1	Establishing 2 Nutrition Stabilization Centres to effectively respond to malnutrition in children under 5	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 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	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 6 months	DOH, WHO
Activity 3.7	Advocacy and coordination with Gov/ relevant stakeholders for sustainability	DOH, WHO
Activity 3.8	Mentoring and monitoring	DOH, WHO
Activity 3.9	Visibility/ communication/ producing bulletins and success stories/ lessons learnt	DOH, 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[14] 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)[15]:

To enhance accountability to affected people, a comprehensive approach was adopted. Through social mobilization and targeted awareness sessions, the program actively involved the affected population. Mothers and caregivers of enrolled children with severe acute malnutrition (SAM) and complications received training on maternal, infant, and young child nutrition (MIYCN) messages during their stay at the Nutrition Support Center (NSC). These trained individuals then acted as volunteers within the community, sharing the knowledge they acquired. Additionally, the World Health Organization (WHO) encouraged them to refer SAM cases to health facilities offering Community-based Management of Acute Malnutrition (CMAM) services, thereby ensuring prompt treatment. Furthermore, active engagement in project implementation activities fostered a sense of ownership among the community members. To ensure transparency and maximize community and government participation, joint monitoring visits were conducted in collaboration with the Department of Health. This holistic approach effectively empowered the affected population and strengthened accountability.

b. AAP Feedback and Complaint Mechanisms:

[14] 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.

[15] 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.

To promote accountability to affected individuals, complaint boxes were placed at Nutrition Stabilization Centers (NSCs) to collect feedback from beneficiaries. These boxes ensured the confidentiality and anonymity of participants. By implementing this feedback mechanism, the goal was to create a safe and accessible platform for beneficiaries to share their opinions, concerns, and suggestions. The strategic placement of complaint boxes at NSCs aimed to encourage active engagement and empower individuals to contribute to the decision-making process. The assurance of confidentiality and anonymity-built trust, enabling beneficiaries to provide honest feedback without fear of reprisal. Overall, the complaint boxes at NSCs strengthened the accountability of the system by valuing the voices and experiences of those directly affected.

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

Sensitization sessions were held for staff at nutrition stabilisation centres to raise awareness about PSEA. Caregivers were also educated on Sexual Exploitation and Abuse (SEA) and informed about reporting procedures. Incident recording measures were implemented, and designated hospital staff members were assigned to address SEA cases while ensuring confidentiality and follow-up.

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

Sex disaggregated data was collected from all the sites on monthly basis for analysis of performance indicators. WHO Nutrition stabilization beneficiaries were children under 5 years, pregnant and lactating women, and women of reproductive age.

e. People with disabilities (PwD):

At nutrition stabilization centres WHO ensured safety of disabled people. Consideration for ease of disabled caretakers and under five year's children was factored during renovation.

f. Protection:

Safe practises for health care practitioners were implemented in the nutrition stabilization centres. Healthcare providers received training, and IPC and WASH to minimise transmission of infectious diseases and improve on quality of care.

g. Education:

Integrated Nutrition, health and hygiene education is streamlined in interventions in NSC Lactation management rooms and MCH centres within the health system. Awareness sessions on mother, infant and young child nutrition (MIYCN) were conducted at all NSCs as children get admitted in order to increase awareness on breastfeeding, hygiene practices and balanced diet.

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.	0

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$)	**Sector/cluster**	**Restriction**
0	0	US$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
NA	

3.8 Project Report 22-RR-WHO-035

1. Project Information

Agency:	WHO	**Country:**	Pakistan
Sector/cluster:	Health Nutrition	**CERF project code:**	22-RR-WHO-035
Project title:	Ensuring continued access to essential lifesaving health and nutrition services including disease surveillance and response for the floods affected population		
Start date:	01/09/2022	**End date:**	28/02/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 81,500,000**
	Total funding received for agency's sector response to current emergency:	**US$ 21,037,943**
	Amount received from CERF:	**US$ 2,082,884**
	Total CERF funds sub-granted to implementing partners:	**US$** 100,005
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 100,005
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The WHO Pakistan actively supports the health cluster and government of Pakistan, providing essential medicines and medical supplies to address the needs of marginalized populations during emergencies and disasters. In flood-affected areas of Sindh, approximately 200,000 individuals benefited from the distribution of medicines for primary healthcare, anti-malarial medicines, and medicines for secondary healthcare services.

The most pressing health needs in these areas include antibiotics, pain relievers, oral rehydration salts, and water purification tablets. Additionally, essential medicines to prevent and treat diseases such as diarrhoea, malaria, and dengue fever, along with vaccines for vaccine-preventable diseases, are crucial. The WHO procured medicines and medical supplies according to regional guidelines and from prequalified vendors, ensuring compliance with national policies. Healthcare facilities in the target districts received support through the provision of 100 kits, benefiting 31 healthcare facilities and approximately 200,000 people.

In collaboration with the Indus Hospital and Healthcare Network (IHHN), WHO Pakistan conducted 756 medical camps and 317 malaria camps, reaching 195,065 individuals in need. These camps provided medical services, including consultations, laboratory diagnostics, and medicines. Community engagement activities and mental health consultations were also offered, focusing on safety measures,

hygiene, disease prevention, child protection, and handwashing during the flood emergency. The camps were strategically located to reach populations with limited access to basic medical services or high concentrations of internally displaced persons (IDPs).

To improve surveillance and timely response, the WHO deployed the Emergency Disease Surveillance System (EDSS) in severely affected areas, including two priority districts. The EDSS helped identify outbreaks, and WHO surveillance teams regularly monitored disease situations. During the project period, 18 alerts were generated, leading to the identification and control of six outbreaks. The EDSS also assisted in monitoring malaria trends and other priority diseases in the affected areas.

Under the CERF Sindh project, the WHO committed to supporting five nutrition stabilization centers (NSCs). These centers were established in collaboration with relevant stakeholders, addressing poor nutrition indicators in the selected districts. In total, 12 NSC sites were supported, providing treatment for severe acute malnourished children with complications. A total of 1,695 children were enrolled in NSCs, with high cure rates and no deaths reported. Mothers and caregivers also received counseling on breastfeeding and complementary feeding.

Throughout the project, the performance indicators of NSCs remained above acceptable standards, with a cure rate of 94.80% and a low default rate of 5.20%. The WHO provided training and engaged consultants to ensure the quality of care at the NSC sites.

3. Changes and Amendments

WHO expanded the number of new NSCs from five to nine, surpassing the initial proposal. Additionally, three existing NSCs were further strengthened beyond the proposal's scope. This decision was driven by the urgent requirement for increased bed capacity in the targeted districts. However, delays occurred in the commencement of services at certain NSCs due to meticulous adherence to processes and procedures, ensuring optimal readiness.

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**
0Returnees	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	29,643	32,748	27,400	30,209	**120,000**	3,785	35,049	49,827	43,459	**132,120**
Total	**29,643**	**32,748**	**27,400**	**30,209**	**120,000**	**3,785**	**35,049**	**49,827**	**43,459**	**132,120**
People with disabilities (PwD) out of the total										
	2,936	3,147	2,709	3,056	**11,848**	511	4,732	7,474	6,519	**19,236**

Sector/cluster	Nutrition

* 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.

Category	Planned					Reached				
	Women	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	2,588	0	634	660	**3,882**	2,542	0	864	831	**4,237**
Total	**2,588**	**0**	**634**	**660**	**3,882**	**2,542**	**0**	**864**	**831**	**4,237**
People with disabilities (PwD) out of the total										
	83	0	20	21	**124**	335	0	130	125	**610**

* 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 Stabilization Center (NSC) Nurses had a far-reaching impact by providing essential health education and nutrition sessions. They emphasized the importance of breastfeeding within thirty minutes of birth, colostrum feeding, exclusive breastfeeding, and complementary feeding. Additionally, the nurses assessed breastfeeding challenges in mothers with infants under two years and provided personalized support. To discourage bottle-feeding, they introduced bowls for complementary feeding. Dedicated mothers were identified to conduct breastfeeding awareness sessions at the community level, supported by IEC materials. A total of 2,627 mothers and caretakers participated in these sessions. Trained mothers and caregivers will now lead community-level awareness sessions, improving breastfeeding and complementary feeding practices, as well as promoting safe water, hygiene, and more. They will also play a vital role in early identification of malnourished children and facilitating referrals within the CMAM continuum of care. This initiative holds the potential to positively transform the health and well-being of the targeted districts.

6. CERF Results Framework

Project objective	Ensuring continued access to essential lifesaving health and nutrition services with specific emphasis on essential health care, mental health, maternal and child health, nutrition screening, treatment of children with severe acute malnutrition, referral services and disease surveillance and response
Output 1	Continued access to essential health care by the floods affected population assured

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 1.1	H.8 Number of primary healthcare consultations provided (Number of medical consultations in the supported facilities)	100,000	148,314	IHHN report
Indicator 1.2	H.1a Number of emergency health kits delivered to healthcare facilities (Number of medical kits procured and donated to health facilities)	100	100	WHO LSS, OSL dashboard
Indicator 1.3	Number of medical camps conducted (16 camps per month in each of the 5 districts for 3 months,)	240	555	Patient data, IP reports

Explanation of output and indicators variance:	In indicator 1.1, due to high burden of health issues in the intervention districts, there were more patients for consultation. WHO provided additional support through its resources. In indicator 1.3, because of the high need identified for medical camps in the target districts, WHO received request from the respective District Health Offices for additional medical camps and WHO provided support as per its mandate.

Activities	Description	Implemented by
Activity 1.1	Procurements of medical kits	WHO procured medicines and medical supplies for 100 packages which supported health interventions for approximately 200,000 people
Activity 1.2	Conducting 240 mobile camp activities both static and mobile	WHO, Indus Hospital and Health Network

Output 2	Disease surveillance in Qambar Shahdatkot, Dadu, Larkana, Naushero Feroze and Khairpur districts strengthened

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

Sector/cluster	

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of outbreaks investigated and responded to in time	2	6	Alert outbreak log sheet
Indicator 2.2	CC.1 Number of implementing partner staff receiving training to support programme implementation	75	87	Training reports

Explanation of output and indicators variance:	In indicator 2.1, the number of outbreaks investigated and responded to in time is reported as 6 since there were more outbreaks which required WHO's immediate intervention.

Activities	Description	Implemented by
Activity 2.1	Procurement of medical kits	WHO
Activity 2.2	Training of 75 (15 from each district) health workers on disease surveillance	WHO, NIH and DoH Sindh
Activity 2.3	Distribution of surveillance tools	WHO
Activity 2.4	Printing and distribution of surveillance tools	WHO
Activity 2.5	Monitoring of surveillance activities	WHO and DoH

Output 3	Improved 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 in selected district/ tehsil hospitals of Dadu, Noshehro Feroze, Qambar Shahdadkot, Larkana and Khairpur affected by flood in Sindh

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	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding)(Number of severely malnourished children 0-59 months identified and enrolled for treatment of acute malnutrition in Stabilization Centres (290 girls and 301 boys))	591	1,695	Biweekly and Monthly reports, Monitoring reports, Quarterly reports
Indicator 3.2	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (pregnant and lactating women and caregivers reached with MIYCN counselling that can improve MIYCN practices)	1,177	2,588	Biweekly and Monthly reports, Monitoring reports, Quarterly reports
Explanation of output and indicators variance:		WHO proposed 5 NSCs in CERF Sindh proposal in the intervention districts. However, due to high burden of malnutrition and SAM-C children, WHO pooled in its resources and established total 8 NSCs. Additionally, PPHI also requested therapeutic food for 4 NSCs in the same intervention districts which was also provided during the project period. Therefore, the beneficiaries reported are higher than the target.		

Activities	Description	Implemented by
Activity 3.1	Establishing 5 Nutrition Stabilization Centres to effectively respond to malnutrition in children under 5	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 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	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 6 months	WHO
Activity 3.7	Advocacy and coordination with Gov/ relevant stakeholders for sustainability	DOH, WHO
Activity 3.8	Mentoring and monitoring	DOH, WHO
Activity 3.9	Visibility/ communication/ producing bulletins and success stories/ lessons learnt	DOH, 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[16] 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)[17]:

By actively engaging the affected population through social mobilization, the project successfully integrated their participation in various project activities. Special attention was given to enrolling severely acute malnourished children below the age of five, who had medical complications, into the program. Additionally, the project prioritized enhancing Maternal, Infant, and Young Child Nutrition (MIYCN) practices, and strengthening the health system through advocacy and capacity development. To ensure transparency and accountability, a collaborative monitoring visit was organized in conjunction with the department of health's nutrition focal person.
Moreover, caretakers, pregnant women, and lactating mothers were encouraged to partake in health education and nutrition awareness sessions. These sessions aimed to improve breastfeeding practices and provided guidance on referring mothers with breastfeeding challenges and malnourished or sick children to the nearest health facility, Nutrition Support Center (NSC), or other nutrition sites. This comprehensive approach greatly enhanced coordination, referrals, and the feedback mechanism, thus promoting greater accountability and responsiveness to the needs of the affected population.

b. AAP Feedback and Complaint Mechanisms:

The project implemented robust measures to gather feedback and investigate the nutrition component. Spot checks and joint investigations were carried out, involving qualitative interviews and focus group discussions conducted at random within the intervention facilities. This approach enabled a comprehensive assessment of both the supply and demand sides of the project.

[16] 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.

[17] 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.

To maintain transparency, complaint numbers were systematically recorded in the Nutrition Stabilization Centers (NSCs). This practice not only provided a clear documentation of grievances but also served as a visible indicator of the project's commitment to address and resolve any issues raised by the affected population.

These accountability mechanisms were crucial in establishing a feedback loop, facilitating meaningful engagement with the community, and fostering a sense of trust and transparency. By actively soliciting feedback and promptly addressing complaints, the project demonstrated its commitment to being responsive and accountable to the needs and concerns of the affected people.

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

In the nutrition sector, efforts were made to promote a safe and accountable environment by conducting sensitization sessions for staff and caregivers. These sessions emphasized the importance of preventing and addressing sexual exploitation and abuse (SEA) to the best extent possible. Designated staff members were identified to provide training on managing these measures, ensuring that key aspects such as confidentiality, accessibility, and follow-up were included.

To maintain transparency and accountability, measures were implemented to document any incidents that may have occurred. This documentation aimed to capture relevant details and facilitate appropriate action in response to reported events.

By prioritizing awareness, training, and documentation, the project aimed to create an environment that actively prevents SEA and fosters a culture of accountability and safety for all individuals involved.

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

Throughout the implementation process, the WHO actively engaged the gender focal point to ensure the integration of gender considerations into the interventions, specifically in the nutrition component. Regular analysis of performance indicators was conducted on a monthly basis, including thorough gender analysis and data stratification based on sex. By seeking input and guidance from the gender focal point, the WHO ensured that gender mainstreaming was incorporated into all stages of the interventions, promoting equity and addressing potential disparities. The consistent monitoring and analysis of performance indicators provided valuable insights into the impact and effectiveness of the interventions, allowing for informed decision-making and targeted improvements where necessary.

e. People with disabilities (PwD):

To ensure the safety and inclusivity of disabled individuals, special attention was given during the renovation of NSCs. Their specific needs were meticulously incorporated into the design, resulting in improved accessibility to the facilities. This thoughtful approach prioritized their well-being, creating an environment where everyone can fully participate and enjoy the amenities without barriers. The NSCs now provide seamless access, demonstrating our commitment to fostering an inclusive society where people of all abilities can thrive.

f. Protection:

Enhanced protection measures were successfully implemented in the nutrition stabilization centres to ensure the safety of healthcare practitioners. These measures encompassed comprehensive training for healthcare providers, provision of necessary infection prevention and control (IPC) equipment, and education on water, sanitation, and hygiene (WASH). Consequently, these initiatives positively influenced patient demand, as they instilled confidence in the healthcare system's commitment to safety and quality care.

g. Education:

To enhance education and awareness regarding nutrition, health, and sanitation, an integrated approach was adopted by streamlining comprehensive nutrition programs within the health system's NSCs (Nutrition Support Centers) and MCH (Maternal and Child Health) centers. Engaging sessions focused on Maternal, Infant, and Young Child Nutrition (MIYCN), as well as health and nutrition education,

were conducted to effectively raise awareness among the population regarding the importance of breastfeeding, hygiene practices, and maintaining a well-balanced diet.

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$)	**Sector/cluster**	**Restriction**
NA		US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
NA	

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Secotr	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-FPA-038	Sexual and Reproductive Health	UNFPA	NNGO	$89,676
22-RR-FPA-038	Sexual and Reproductive Health	UNFPA	NNGO	$85,081
22-RR-FPA-038	Sexual and Reproductive Health	UNFPA	NNGO	$121,860
22-RR-FPA-038	Sexual and Reproductive Health	UNFPA	NNGO	$44,840
22-RR-FPA-038	Sexual and Reproductive Health	UNFPA	NNGO	$96,468
22-RR-FPA-034	Sexual and Reproductive Health	UNFPA	NNGO	$208,090
22-RR-WHO-032	Health	WHO	NNGO	$80,000
22-RR-WHO-032	Health	WHO	NNGO	$73,650
22-RR-WHO-035	Health	WHO	NNGO	$100,005
22-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	NNGO	$316,540
22-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	GOV	$4,928
22-RR-CEF-062	Water, Sanitation and Hygiene	UNICEF	NNGO	$272,190
22-RR-CEF-062	Water, Sanitation and Hygiene	UNICEF	INGO	$197,511
22-RR-CEF-062	Nutrition	UNICEF	NNGO	$3,955
22-RR-CEF-062	Nutrition	UNICEF	GOV	$383,327
22-RR-CEF-062	Nutrition	UNICEF	NNGO	$25,561
22-RR-CEF-057	Nutrition	UNICEF	GOV	$95,012
22-RR-CEF-057	Nutrition	UNICEF	NNGO	$37,102