

2022 EXECUTIVE SUMMARY
Real-Time Response Review Report
DEC Pakistan Floods Appeal
April 2023

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Between June and August 2022, Pakistan experienced huge torrential rains and a mix of riverine, urban, and flash flooding which caused the country's biggest flood-related disaster ever. Nearly 33 million people, around 15% of its population (one-third being children), were affected by the floods in all four of its provinces. Over 1,739 people died and nearly 13,000 were injured. Out of the 25 poorest districts in the country, 19 were calamity-affected. On 28 August 2022, Pakistan appealed to the international community for humanitarian aid as the situation rapidly deteriorated. It calculated that the total amount of losses due to the crisis would exceed \$30 billion¹.

The Disasters Emergency Committee (DEC) launched the Pakistan Floods Appeal in September 2022. Eleven member agencies are responding under the appeal, working with national partners across four provinces in Pakistan. The DEC has raised over £45.8 million in funding which will be spent over a period of two years, split into £17 million for Phase one (the first six months) and the remainder for Phase two (the following 18 months) of the response. Immediate programming includes water, sanitation, and hygiene, health, and shelter through cash and in-kind support. In the first three months of the response, DEC member charities and their partners have provided the following support to flood affected households in Pakistan: 65,500 households provided with shelter kits; 2,900 households provided with emergency food supplies, 2,300 households provided with household kits; and 3,700 households provided with multipurpose cash assistance to spend on meeting urgent family needs².

The DEC commissioned an independent real-time review of the Pakistan response in December 2022 to:

- i) Instigate collective real-time reflection and learning to inform adjustments across DEC members' response;
- ii) Draw on the initial phase of the response in order that lessons be applied in real-time in the members' ongoing programmes; and
- iii) Serve as an accountability function, both to communities and people affected by crisis, as well as to the United Kingdom (UK) public and other key supporters of the DEC appeal. The review approach draws upon the DEC (Terms of Reference (TORs) requirements and

¹ PAKISTAN FLOODS 2022 Post-Disaster Needs Assessment: Planning Commission, Ministry of Planning Development & Special Initiatives, Pakistan

² DEC Pakistan Floods Appeal Phase I Three Month Update: September - November 2022

its accountability framework, major sector standards like Core Humanitarian Standard³ (CHS)⁴, sector good practices for real-time reviews and learning events, and agency perspectives derived through two inception workshops. Its activities between January and March 2023 included a review of the key agency and crisis documents; two inception workshops with UK and Pakistan staff; interviews with agency and partners (100) and external (30) staff; an online survey completed by 66 agency and partner staff; focus group discussions in 36 communities with 27 groups of men, 27 groups of women and nine groups of children; and a household survey with 306 men and 278 women (total 584 persons).

The analysis on the nine CHS commitments and other standards shows that the DEC phase one flood response has been largely relevant, efficient, and effective. More than 50% of the households in the survey expressed satisfaction across all questions under each CHS commitment except on the issue of learning under CHS 7 on organizational learning: Only on around 10% of the individual questions across all CHS commitments did more than 50% households express dissatisfaction and between 25 to 49% on another 18% of the questions. Thus, on more than 70% of the questions across all issues, more than 75% households expressed satisfaction. This reflects a high level of programme quality. The key strengths and issues identified under the different sets of questions were as follows:

Strengths	Gaps & Challenges
CHS 1: Affected communities receive appropriate aid	
The response addressed the immediate needs of communities such as food, shelter, and water.	Some relief items, e.g., shelter kits, were not durable.
The assessments were conducted in a more organised way than in 2010 with a particular focus on women, older persons, persons with disabilities and minorities.	Women in Khyber Pakhtunkhwa (KP) preferred in-kind items instead of cash due to their mobility/other constraints.
The agencies conducted detailed assessments and communities felt heard and appreciated that they did so privately in houses.	Agencies did not track changing community needs.
	Large families complained about inadequacy of services.
	Bilateral donors failed to meet promises on adequate aid by failing to channel sufficient money.
	Mobility challenged persons faced problems in receiving cash via mobile phone vendors and banks.

³ <https://corehumanitarianstandard.org/the-standard>

⁴ The CHS standards were launched in 2014 through an extensive consultation process to provide a coherent and integrated accountability framework to help organisations assess and measure and continuously improve their performance and accountability towards the people and communities they support during crises.

	<p>Mobile vendors charged fee from communities against contracts with agencies to not do so as agencies could not negotiate collectively with one vendor since different vendors fitted the requirements of different agencies.</p>
	<p>Women in KP preferred in-kind items instead of cash due to their mobility/other constraints.</p>
	<p>Agencies did not track changing community needs.</p>
<p>CHS 2: Affected communities receive timely aid</p>	
<p>Communities appreciated the convenient and organized way in which distributions were done, with priority given to women, Persons with Disabilities (PWDs) and older persons.</p>	<p>There were delays due to late lack of funds, damaged roads, government approval delays, lack of supplies and capacity issues among agencies.</p>
	<p>DEC funds are available to members from day 1 of response via pre-financing facility etc. Some agencies did not know this or were still reluctant to spend from their own resources pending final approval.</p>
<p>CHS 3: Affected communities are not harmed, and their resilience is increased</p>	
<p>Almost 97% of men and 99% of women overall reported no harm from agencies work.</p>	<p>In Sindh, communities said that the agencies must invest in building their capacities against future floods.</p>
<p>All agencies have extensive policies on safeguarding communities against harm from project work which are prominently shared with communities.</p>	<p>Local partners advocated for greater attention on capacity-building of local Non-Governmental Organisations (NGOs), greater coverage of their administrative costs, support for better benefits and greater leadership in various programme functions during programme implementation.</p>
<p>Agencies took steps to avoid physical and sexual exploitation to communities and were also careful that the project work does not cause health-related or economic harm.</p>	
<p>CHS 4: Affected communities have access to information and participation</p>	

Most households across all provinces and genders expressed satisfaction with their participation in the inception and subsequent project phases.	Many communities did not fully understand programme details such as the targeting criteria, the services being provided and project length and phase-out plans.
The use of village committees helped increase participation and information flows.	Communities in many cases were not informed about their entitlements to government services.
CHS 5: Affected communities have access to responsive complaint mechanisms	
All agencies used extensive tools to receive community complaints, including complaint boxes, hotlines, email, and monitoring visits.	It was hard for women, older and sick persons to use complaint mechanisms due to mobility/health issues.
Effectiveness was higher where multiple complaint channels were used by agencies.	Many persons used informal channels like village committees and teachers to communicate their issues. However, these were often not properly documented.
Save the Children printed out small cards in Sindh explaining the complaint system while another put the complaint boxes in Women Friendly Spaces which were easily accessible to the communities.	Agencies did not share summaries of complaint registers with the review team for analysing complaint and redressal patterns.
CHS 6: Affected communities receive coordinated and complementary assistance	
The main platform for advocacy and donor liaison related coordination for DEC agencies was the Pakistan Humanitarian Forum (PHF) which is a body of international NGOs operating in Pakistan.	Government nationally mainly focused on collecting information only rather than ensuring proactive coordination.
At the provincial level, the Provincial Disaster Management Authorities (PDMAs) facilitated permits and geographical coordination while at the district levels, the district authorities played this role.	The UNOCHA ⁵ lacked capacity initially to actively coordinate humanitarian activities at all levels and only slowly built-up its capacity.

⁵ United Nations Office for Coordination of Humanitarian Affairs.

DEC complemented the government rescue response by providing food, cash grants, hygiene kits and WASH (Water, sanitation and Hygiene) facilities which the government was unable to provide due to lack of resources	DEC agencies felt that there is strong need for greater collaboration among them on programme issues, e.g., in training and monitoring activities, joint programming and representation.
CHS 7: Organizations delivering assistance learn from experience and reflection	
Almost every agency undertook learning meetings with staff and partners near the end of the relief phase.	Learning from 2010 floods was often not used due to the long time gap from then until now.
CHS 8: Affected communities received assistance from competent staff and volunteers	
All the communities across the districts and agencies appreciated the role of project staff.	It was hard to find qualified staff and partners in remote districts, especially women.
The review team observed that people knew them well and they and they interacted with communities respectfully and professionally.	Stronger staff support is needed to avoid burn out and mental stress among staff and to strengthen existing staff well-being processes.
CHS 9: Organizations delivering assistance use resources efficiently, effectively, and ethically	
All agencies have strong risk management, financial and procurement systems and ensure value for money.	Strict financial and logistical rules slowed down response in some cases.
Overall needs	
The most pressing needs are livelihoods strengthening nationally, nutrition in Balochistan, water in Sindh and Balochistan, and protection for women in Sindh	
External challenges	
Permits and access difficulties; Insecurity; Harsh weather; Political instability; Funding shortage; Damaged roads; Inflation; Lack of coordination; Partner capacities; Lack of government support	

The key review recommendations to overcome these gaps and challenges are as follows:

Issues, challenges and recommendations	
	For DEC secretariat
1	<p>Some DEC member agencies country teams didn't know DEC allows retrospective charging of expenses, and a few agencies were reluctant to commit their own funds before approval of DEC proposal.</p> <p>Recommendations: DEC is advised to request member agencies to clarify to country teams that DEC funds are available to members from day one of response via pre-financing facility.</p>
2	<p>DEC agencies felt that there is a strong need for greater collaboration among them.</p> <p>Recommendations: Encourage programme collaboration among DEC agencies during both phases through a rotating convenorship model and WhatsApp and email groups created for programme and operations functions staff for knowledge sharing on innovative practices, joint programming, representation, assessments, and capacity-building et, avoiding duplication, and developing greater coherence in programme approaches</p>
	For DEC members and partners
3	<p>There were delays in initial and subsequent aid delivery due to lack of supplies and capacity issues among agencies and partners.</p> <p>Recommendations: Develop stronger emergency preparedness and response capability together with partners with a specific focus on rapid, assessments, programme design, procurements, recruitment, and programme delivery functions.</p>
4	<p>Local partners and NGO representatives advocated for greater attention by INGOs on long-term capacity-building of local NGOs, greater coverage of their administrative costs, support for better salaries and benefits and greater leadership in various programme functions.</p> <p>It was hard to find qualified staff and partners in remote districts, especially women.</p> <p>Recommendations:</p> <p>Provide greater support to partners for capacity-building, administrative costs and better staff benefits.</p> <p>Give partners greater autonomy in programme and operations functions like assessments, programme design and procurements during smaller emergencies initially and by building their capacities before major disasters, to develop localization further under the Grand Bargain commitments.</p>

5	<p>Communities said that they did not fully understand programme modalities and that agencies often did not keep track of changing community needs over time, e.g., livestock diseases.</p> <p>Recommendations: DEC agencies and partners are advised to keep track of emerging needs in communities in a coordinated manner through subsequent rapid assessments (in a coordinated way to reduce community fatigue), regular community meetings and complaint mechanisms during emergency phase and modify current programmes or raise additional funds wherever possible since the situation in community's changes rapidly during the early phases.</p>
6	<p>Women preferred in-kind items instead of cash due to their mobility issues.</p> <p>There were complaints about the inadequacy of services from larger families.</p> <p>Mobility challenged persons, like some women, older persons and persons with disabilities or disease faced problems in receiving cash through mobile phone vendors and banks while mobile phone vendors often charged fees from communities for cash delivery against agreement with agencies not to do so.</p> <p>Some relief items, such as transitional shelter kits, were not durable.</p> <p>Many communities did not fully understand programme details such as the targeting criteria, the services being provided and project length and phase-out plans.</p> <p>It was more difficult for women, older and sick persons to use the complaint mechanisms due to mobility and health issues.</p> <p>Many people used informal channels like village committees and teachers to communicate their issues. However, these were often not properly documented.</p> <p>Recommendations:</p> <p>Build in flexibility in their work for marginalized groups such as women, older and sick persons, and larger families. These groups are often not able to benefit fully from standardized programme modalities in different sectors such as cash distributions through banks and mobile vendors or fully meet their needs through standardized kits. Thus, greater support to such persons to overcome these challenges is advisable even if changing programme modalities is infeasible, e.g., through agency designated community youth volunteers.</p> <p>Put detailed programme details through banners in communities and ensure that complaint mechanisms better address the needs of women, older persons etc.</p>
7	<p>Agencies and their partners often did not have verifiable information available in their information systems to demonstrate that they are adhering to CHS standards.</p> <p>Agencies did not share summaries of complaint registers with the review team for analysing the nature of complaints and the time taken to address them.</p>

	<p>Recommendations: Develop objectively verifiable indicators and parameters for each CHS commitments and subsequently maintain comprehensive documentation against each indicator to demonstrate their progress more easily on meeting each CHS commitment and other standards as currently such documentation is not easily or immediately available from current reporting.</p>
8	In Sindh, communities said that the agencies should have invested time and resources on building their capacities against future floods.
	Communities in many cases were not informed about their entitlements to the services of other agencies, especially government agencies.
	The most pressing community needs are livelihoods strengthening nationally, nutrition in Balochistan, water in Sindh and Balochistan and protection for women in Sindh.
	Recommendations: Provide comprehensive programme interventions for phase two, such as restoration of livelihoods and community capacity-building in DRR, links with government agencies and advocacy, focused particularly on women, as their core and include water, sanitation, health, nutrition, and shelter according to the needs in different regions.
9	The inadequacy of aid was due to the failure of donors to meet their commitments made in different forums on providing adequate aid during crises.
	Government national bodies focused on collecting information only and helping sometimes with clearances and permits rather than actively facilitating technical or geographical coordination.
	There were delays in initial and subsequent aid delivery due to delays in government approvals and lack of coordination among agencies.
	UNOCHA lacked capacity initially to actively coordinate activities at all levels.
	Recommendations: Undertake greater representation and negotiations with the government and donors through the current PHF platform.

Phase 2 programming detailed recommendations

<ul style="list-style-type: none"> DEC agencies and partners are advised to invest in disaster preparedness activities in communities by strengthening communities in the areas of mitigation, early warning, rescue and evacuation and their ability to link and advocate with government agencies for accessing their entitlements.
<ul style="list-style-type: none"> The health and hygiene status are still poor in communities. Thus, the need for health camps still exists. However, it is also important to link them more closely with

government health facilities and assist in the rehabilitation of these facilities and the upgrading of their capacities.

- The Build Back Better principle must be used with innovative solutions like solarisation of water supply schemes, filtration in open ponds; building low-cost shelter at higher grounds and latrines to discourage open defecation. There is a dire need to rehabilitate and restore drinking water supply schemes in many villages, especially in Sindh and Balochistan.
- Agencies must advocate with larger donors and the government to deliver shelter support.
- Balochistan is Pakistan's poorest, biggest, and most neglected province. Thus, more DEC agencies are advised to prioritize it for recovery and development work in the long run.

