

# Real-Time Response Review Report

## DEC Pakistan Floods 2022 Appeal

April 2023



A boat carries flood-affected people to land in Khairpur Nathan Shah, Dadu, Sindh (DEC)

### Review Team

**Niaz Murtaza, Ph.D. (Team Leader)**

**Rehana Shaikh**

**Aftab Khan**

**Syeda Mujeeba Batool**

**Dr. Afreenish Amir**

**Ahmed Ali Khattak**



**DISASTERS  
EMERGENCY  
COMMITTEE**

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**Niaz Murtaza, Ph.D.-Team Leader**

**Rehana Shaikh**

**Aftab Khan**

**Syeda Mujeeba Batool**

**Dr. Afreenish Amir**

**Ahmed Ali Khattak**

**ISLAMABAD**

## ACRONYMS

AAH	Action Against Hunger
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
	Attia Welfare Society
AWS	British Red Cross
BRC	Brightstar Development Society Balochistan
BDSB	Community Development Foundation
CDF	Core Humanitarian Standard
CHS	Coronavirus 19
Covid-19	Catholic Agency for Overseas Development
CAFOD	Complaint Response Mechanism
CRM	Community World Service Asia
CWSA	Disaster Emergency Committee
DEC	Disaster Risk Reduction
DRR	Focus Group Discussion
FGD	Fast Rural Development Program
FRDP	Health, Education and Development Society
HEADS	International Non-Governmental Organization
INGO	International Rescue Committee
IRC	Islamic Relief Worldwide
IRW	Key Informant
KI	Key Informant Interview
KII	Khyber Pakhtunkhwa
KP	Laar Humanitarian and Development Program
LHDP	Legal Rights Forum
LRF	National Disaster Management Authority
NDMA	Non-Governmental Organization
NGO	National Humanitarian Network
NHN	Pakistan Humanitarian Forum
PHF	Pakistan Disaster Management Authority
PDMA	Pakistan Rupee
PKR	People's Primary Healthcare Initiative
PPHI	Persons With Disabilities
PWD	Research and Development Foundation
RDF	Rural Education & Economic Development Society
REEDS	Strengthening Participatory Organization
SPO	Tameer-e-Khalaq Foundation
TKF	Thardeep Rural Development Program
TRDP	Terms of Reference
TORs	Union Council
UC	United Kingdom
UK	United Nations Office for Coordination of Humanitarian Affairs
UNOCHA	Water, Sanitation and Hygiene
WASH	

## EXECUTIVE SUMMARY

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 billion<sup>1</sup>.

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 needs<sup>2</sup>.

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 its accountability framework, major sector standards like Core Humanitarian Standard<sup>3</sup> (CHS)<sup>4</sup>, 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

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

<sup>2</sup> DEC Pakistan Floods Appeal Phase I Three Month Update: September - November 2022

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

<sup>4</sup> 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.



## REAL-TIME REVIEW OF DEC PAKISTAN FLOODS APPEAL

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:

<b>Strengths</b>	<b>Gaps &amp; Challenges</b>
<b>CHS 1: Affected communities receive appropriate aid</b>	
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.
	Agencies did not track changing community needs.
The agencies conducted detailed assessments and communities felt heard and appreciated that they did so privately in houses.	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.
	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.
	Women in KP preferred in-kind items instead of cash due to their mobility/other constraints.
	Agencies did not track changing community needs.
<b>CHS 2: Affected communities receive timely aid</b>	
Communities appreciated the convenient and organized way in which distributions were done, with priority given to women, Persons with Disabilities (PWDs) and older persons.	There were delays due to late lack of funds, damaged roads, government approval delays, lack of supplies and capacity issues among agencies.

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	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.
<b>CHS 3: Affected communities are not harmed, and their resilience is increased</b>	
Almost 97% of men and 99% of women overall reported no harm from agencies work.	In Sindh, communities said that the agencies must invest in building their capacities against future floods.
All agencies have extensive policies on safeguarding communities against harm from project work which are prominently shared with communities.	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.
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.	
<b>CHS 4: Affected communities have access to information and participation</b>	
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.
<b>CHS 5: Affected communities have access to responsive complaint mechanisms</b>	
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.

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### **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<sup>5</sup> lacked capacity initially to actively coordinate humanitarian activities at all levels and only slowly built-up its capacity.

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 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**

<sup>5</sup> United Nations Office for Coordination of Humanitarian Affairs.

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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:

<b>Issues, challenges and recommendations</b>	
<b>For DEC secretariat</b>	
<b>1</b>	<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><b>Recommendations:</b> 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>
<b>2</b>	<p>DEC agencies felt that there is a strong need for greater collaboration among them.</p> <p><b>Recommendations:</b> 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>
<b>For DEC members and partners</b>	
<b>3</b>	<p>There were delays in initial and subsequent aid delivery due to lack of supplies and capacity issues among agencies and partners.</p> <p><b>Recommendations:</b> 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>
<b>4</b>	<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><b>Recommendations:</b> 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>

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<b>5</b>	<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><b>Recommendations:</b> 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>
<b>6</b>	<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><b>Recommendations:</b></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>
<b>7</b>	<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>

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	<p><b>Recommendations:</b> 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>
<b>8</b>	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.
	<p><b>Recommendations:</b> 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.</p>
<b>9</b>	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.
	<p><b>Recommendations:</b> Undertake greater representation and negotiations with the government and donors through the current PHF platform.</p>



Shada Bibi, 68, in Jamshoro, Sindh (DEC)



Men wade through the floodwater in Khairpur Nathan Shah, Dadu Sindh (DEC)

### Phase 2 programming detailed recommendations

- 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.
- 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.

# CHAPTER I: INTRODUCTION

## I. EMERGENCY BACKGROUND

Pakistan is among the top ten countries most affected by climate change. It has seen changing weather patterns, increased frequency and severity of storms and coastal rains, glacial melt and lake outburst flooding, sea level rise, and loss of biodiversity, desertification, and droughts. In June 2022, it was hit with extreme monsoon rainfall, leading to devastating flash flooding and landslides. From then until August 2022, torrential rains and a mix of riverine, urban, and flash flooding led to the country’s biggest flood disaster ever, surpassing the major 2010 floods in terms of damage caused. Nearly 33 million people, more than 15% of Pakistan’s 220 million population (a third of which are children) were affected as the flooding destroyed homes, critical infrastructure, and livelihoods. Around 20.6 million people need humanitarian assistance. Over 1,739 people have died and 12,867 have been injured. The majority were in the provinces of Balochistan, Sindh, and Khyber Pakhtunkhwa (KP). Out of the 25 poorest districts in the country, 19 were calamity-affected. Preliminary assessments reveal that due to the floods, the national poverty rate will increase by 3.7 to 4.0 percentage points, pushing between 8.4 and 9.1 million people into poverty. On 28 August 2022, Pakistan appealed to the international community for financial and humanitarian aid as the situation rapidly deteriorated (This also explains the relatively late humanitarian response as DEC launched its appeal following Pakistan's appeal). It calculated that the total amount of losses due to the crisis would exceed \$30 billion<sup>6</sup>.

**Table I: Deaths, Injuries and Damage to Infrastructure<sup>7</sup>.**

Region	Deaths	Injured	Houses Damaged	Livestock Killed	Affected Population	Districts Hit	Badly Affected districts
Balochistan	336	187	241,659	500,000>	9,182,616	32	13
KPK	309	370	91,464	21,328	4,350,490	17	2
Sindh	799	8,422	1,885,029	436,435	4,844,253	24	16
Punjab	223	3,858	67,981	205,106>	14,563,770	3	2
<b>Total</b>	<b>1,667</b>	<b>12,837</b>	<b>2,286,133</b>	<b>1,100,000&gt;</b>	<b>32,941,129</b>	<b>76</b>	<b>33</b>

Over time, Pakistan has become increasingly crisis-prone and ranks among the countries facing the most natural and human triggered crisis. During this century, it has experienced three massive crises, including the 2005 earthquake, 2010 floods and now the 2022 floods. In addition, it has experienced numerous smaller crises caused by floods, drought, avalanches, earthquakes, pest attacks, and hurricanes. Balochistan and KP provinces have also experienced widespread terrorism, violence, and displacement while the whole country has seen double-digit inflation for five years and was also severely affected by Covid-19 in 2020-21. Thus, people living in the floods-affected areas have been devastated by multiple crisis in recent years.

<sup>6</sup> Pakistan Floods 2022 Post-Disaster Needs Assessment: Planning Commission, Ministry of Planning Development & Special Initiatives, Pakistan

<sup>7</sup> Ibid



## 2. DEC RESPONSE OVERVIEW

In response to the escalating humanitarian needs, the DEC launched the Pakistan Floods Appeal on 1 September 2022. Eleven member charities are responding as part of the DEC appeal, working with national and local partners across four provinces in Pakistan (Table 2). The DEC fundraising campaign has raised over £45.8 million including £5 million UK Aid Match funding. The member charities taking part in the appeal will spend DEC funds over a period of two years, split into Phase one (the first six months) and Phase two (the following 18 months) of the response. An initial allocation of £17 million has been made to members to support humanitarian programmes. Immediate humanitarian priorities include water, sanitation, and hygiene (clean drinking water, water for cooking and maintaining personal hygiene for displaced populations), health (essential medicines, mitigation of the risk of outbreaks of infectious diseases), and shelter (tents, mattresses, blankets to support flood-affected communities). Figure 1 provides an overview of their responses in Phase one by sectors. WASH (35%) and Shelter (25%) are the two biggest sectors which together constitute over 60% of the total response, followed by cash (13%):

**Figure 1: Overview of DEC Agencies Phase One Sectoral Response**

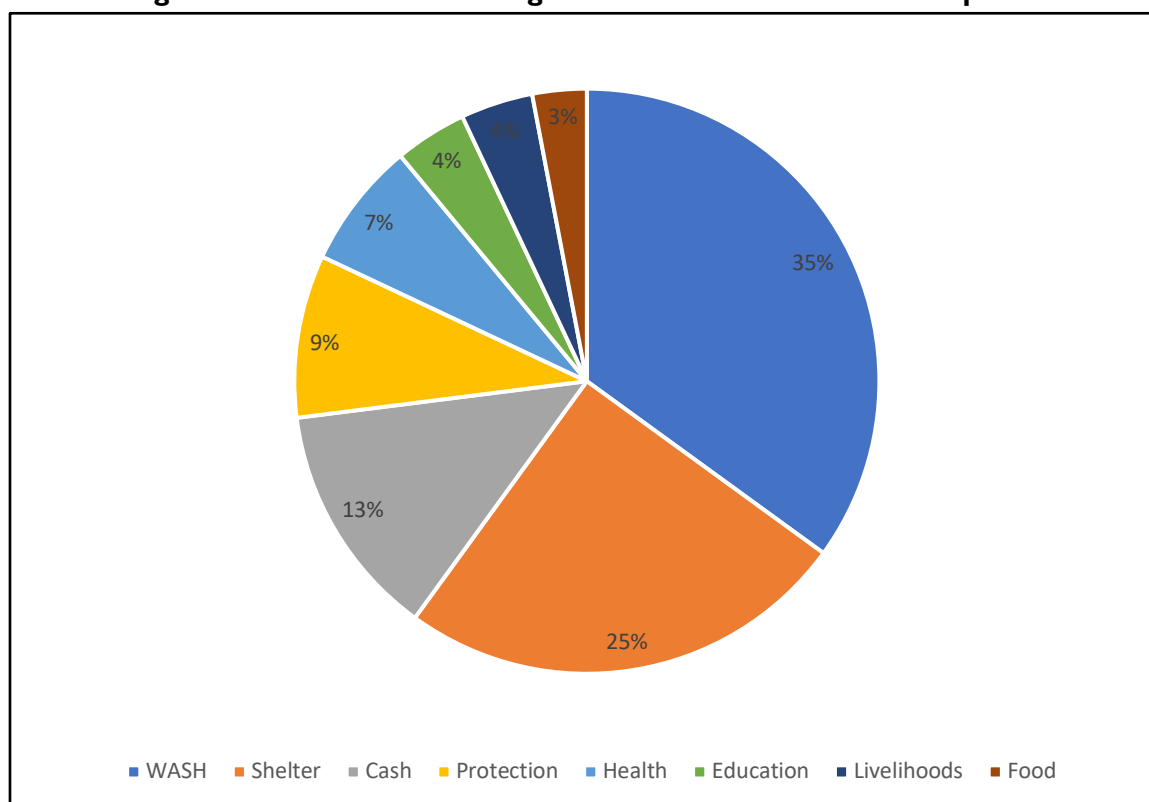


Table 2 provides an overview of agency-level work by sectors and districts. It shows that the highest number of agencies are present in Sindh (10) as it was the most affected province during the floods. The highest number of districts covered are also in Sindh (9 districts), with Dadu (6) having the most agencies. Balochistan and KP have four agencies each present in five and four districts respectively while only two agencies are present in Punjab in one district as it was the least affected province. The most common sector is WASH, being covered by nine agencies, followed by protection with six agencies and cash with five agencies.

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**Table 2: Agencies, Sectors and Districts**

Agencies	AAH <sup>8</sup>	HelpAge	BRC <sup>9</sup>	CAFOD <sup>10</sup>	Care	Concern	IRC <sup>11</sup>	IRW <sup>12</sup>	Oxfam	Save <sup>13</sup>	Tear fund
<b>Balochistan</b>											
Jhal Magsi											
Jaffarabad											
Kachi											
Naseerabad											
Lasbela											
<b>Sindh</b>											
Dadu											
Khairpur											
Badin											
Mirpurkhas											
Qambar Shahdad Kot											
Sanghar											
Sujawal											
Jacobabad											
Umerkot											
<b>Punjab</b>											
Rajanpur											
<b>KP</b>											
Nowshera											
Dera Ismail Khan											
Tank											
Swat											

= Cash; = Education; = Food; = Health; = Livelihood; = Protection; = Shelter; = WASH

<sup>8</sup> Action Against Hunger.

<sup>9</sup> British Red Cross

<sup>10</sup> Catholic Agency for Overseas Development.

<sup>11</sup> International Rescue Committee.

<sup>12</sup> Islamic Relief Worldwide.

<sup>13</sup> Save the Children.

## CHAPTER 2: FINDINGS

This chapter provides the main findings of this review. The findings are presented along the nine CHS commitments, as identified in the review TORs. The discussion triangulates the information collected from the documents review, household survey, Focus Group Discussions (FGDs) and internal and external KIIs and the online survey. The focus is on overall response findings rather than each agency separately. To facilitate easy reading and review, the tables based on the household survey are color-coded. The questions on which:

75% or more persons were fully or partially satisfied are shaded green	
50% to 74% gave positive are shaded yellow	
50% or more gave negative responses are shaded red.	

### **CHS 1: RELEVANT AND APPROPRIATE AID**

The key issues under this commitment were whether the response targeted the worst affected and priority geographical areas, population groups and needs (services/sectors) and was adequate and good quality. The green coding on most answers across all provinces and genders reflects the high satisfaction of communities on these issues (Table 3). In Sindh, the displacement of people occurred haphazardly and interviewed communities were not informed by the government when and where to evacuate. The communities left their houses and most belongings. They tried to save their livestock, but many died or became sick. People lived in camps, schools, with their relatives and or on roads and returned in October/November 2022 when waters receded. This was when DEC agencies and their partners started response. In at least six cases, the DEC member agencies and partners were the first to respond. The response addressed the immediate needs of communities such as food, shelter, and water. The agencies conducted detailed assessments and communities felt heard and appreciated that they did so privately in houses.



A woman stands by their destroyed home and crops in Sindh (IRC)

NFI items given by CARE in Balochistan

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**TABLE 3: CHS I-Appropriateness and Relevance**

CHS I (%) Source: HH survey		Fully	Partially	No	Fully	Partially	No
1. Were the services relevant to the most important needs of your family?		<b>Men</b>			<b>Women</b>		
	<b>Total</b>	83%	17%	1%	79%	19%	1%
	<b>Baloch</b>	50%	50%		54%	37%	7%
	<b>KP</b>	89%	11%		79%	21%	
	<b>Punjab</b>	88%	12%		68%	32%	
	<b>Sindh</b>	93%	7%		89%	10%	1%
2. Did the project change its services in line with the changing needs of your family after the floods?	<b>Total</b>	28%	19%	51%	42%	21%	35%
	<b>Baloch</b>	22%	64%	12%	38%	45%	13%
	<b>KP</b>	34%	5%	61%	80%	20%	
	<b>Punjab</b>	88%	4%	8%	44%	44%	12%
	<b>Sindh</b>	16%	13%	70%	29%	11%	57%
3. Were the project services adequate given the immediate needs of your family after the floods?	<b>Total</b>	67%	32%	1%	60%	34%	6%
	<b>Baloch</b>	72%	26%	2%	43%	53%	4%
	<b>KP</b>	71%	29%		86%	12%	2%
	<b>Punjab</b>	88%	12%		40%	48%	8%
	<b>Sindh</b>	58%	40%	2%	59%	33%	8%
4. Has the project provided household services to the most deserving households in the community suffering most from Floods-22 crisis?	<b>Total</b>	92%	7%	1%	80%	16%	1%
	<b>Baloch</b>	90%	10%		60%	30%	2%
	<b>KP</b>	94%	6%		87%	12%	
	<b>Punjab</b>	100%			76%	24%	
	<b>Sindh</b>	91%	8%		84%	13%	1%
5. Has the project given adequate and equal attention to the needs of high-risk groups like women, children, older persons, persons with disabilities?	<b>Total</b>	96%	7%	1%	79%	16%	1%
	<b>Baloch</b>	96%	4%		79%	45%	4%
	<b>KP</b>	100%			87%	12%	
	<b>Punjab</b>	100%			88%	12%	
	<b>Sindh</b>	96%	4%		85%	9%	1%
6. Are you satisfied with the quality of services?	<b>Total</b>	98%	2%	0%	88%	10%	2%
	<b>Baloch</b>	95%	5%		71%	21%	2%
	<b>KP</b>	99%			98%		2%
	<b>Punjab</b>	100%			56%	44%	
	<b>Sindh</b>	99%	1%		92%		8%
Average satisfaction (full, partial, and total of full and partial) across all questions under CHS I by province and gender		<b>Full</b>	<b>Partial</b>	<b>Total</b>	<b>Full</b>	<b>Partial</b>	<b>Total</b>
		<b>Men</b>			<b>Women</b>		
	<b>Baloch</b>	69%	28%	97%	52%	38%	90%
	<b>KP</b>	81%	8%	89%	86%	13%	99%
	<b>Punjab</b>	94%	5%	99%	62%	34%	96%
	<b>Sindh</b>	75%	12%	87%	73%	13%	86%
	<b>Gender</b>	77%	14%	91%	71%	19%	90%

In Balochistan, entire villages were completely inundated, and the communities took refuge on the highways. Physical observations of the affected villages confirmed fully and partially destroyed houses. The selection of locations and projects for relief was done at the provincial level after the disaster hit. Subsequently, district officials held coordination meetings to ascertain the most affected UCs and villages and the available resources and sectors with DEC member agencies and

their partners. Door to door surveys were conducted to ascertain the needs of the affected communities. The response was adequate despite the unanticipated destruction, limited resources, and scale of the calamity. Some of the relief items, such as the transitional shelters and dignity kits were not of good quality and the communities complained about their durability (which were in some cases replaced). FGDs in KP with men and women indicated that the relief items met their immediate needs, the most vulnerable members, including the PWDs and older persons, were specifically included and the quality of relief items was good. Women prefer items instead of cash due to mobility issues (many agencies provided non-food items given this issue); while cash served men's needs better. 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. The agencies usually visited again after a few days to include those who were not available on the first day. In Sindh, communities appreciated the quality of goods (i.e., winterization kit, NFIs, dignity kits and tents) as compared to 2010.

In Punjab, the government 1122 rescue service helped many villages evacuate in time. Trauma was high due to the losses and death and communities especially appreciated psychosocial services and safe spaces for children and women which allowed children to resume studies, women to undertake livelihoods activities, attain protection and recover from trauma. People also appreciated the cash which helped them meet their food, health, and other needs though they felt that the amount was too small. Mobile health and veterinary camps were also highly appreciated. Assistive devices like adjustable sticks and wheelchairs provided by HelpAge helped people with disability in resuming their lives with dignity and increasing their mobility. DEC work complemented the government rescue response by providing food packages, cash grants, hygiene kits and WASH facilities which the government was unable to provide due to lack of resources. DEC work also added value by providing safe spaces for women and children to make the response more comprehensive. The DEC agencies also worked with the minority groups and so-called lower castes of religious minorities i.e., Kohli, Bheel and Menghwar communities particularly in Mirpurkhas district. Oxfam and Concern worked in the villages where those communities reside. Those communities are generally landless farmers and their livelihoods severely affected. The communities appreciated DEC agencies that they helped without any discrimination. Both male and female FGD participants in both the villages covered by Islamic Relief in KP indicated that: (a) the relief items were most needed and fulfilled the immediate needs of their households; (b) the most vulnerable members, including the PWDs and older persons, of the community were specifically included in the relief phase.

The only exception under CHS I was on whether agencies changed their services in line with the changing community needs over time, where most men in KP and both men and women in Sindh expressed dissatisfaction (red coding). Communities in many places expected agencies to cover additional needs. In Sindh, animals suffered diseases due to mosquitos and lack of fodder, but none of the agencies focused on these issues as they were focused on life-saving human needs. Also, the utility of some services decreased over time, e.g., tents were suitable for winter but are becoming too hot for the approaching summer. Temporary Learning Centres are also running in small tents, where it is hard for children to study together. In the winter, teachers used the ground for interactive learning, but this would be difficult in summer. There is a need to expand the space by providing more tents with solar system or finding alternate space for the summer.

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People were generally happy with the quality of services although many complained about their adequacy, especially larger families as many agencies gave a uniform package to manage the expectations of the communities and keep operations manageable. According to the communities, cash assistance and food items were sufficient for a month for small families (5 members) and two weeks for larger families.

### Box 1: Multi-Purpose Cash Transfers

Efficient and effective cash transfers through mobile phone vendors (Telenor, Jazz and Mobilink) or banks (Habib Bank Connect) were done by at least five agencies, including CAFOD and its partner Community World Services-Asia, Save the Children, International Rescue Committee and Oxfam. The cash amount varied from PKR 15000 to 36000. CAFOD provided cash in two instalments. In general, communities liked cash more than other services, especially men, as they could use it flexibly.

The communities appreciated payments through mobile phone vendors but there were a few challenges. There were two types of systems. The first was a wallet system in which people had to have a mobile number with the company. This system deprived many women who had no mobile ownership. The second one was the biometric system in which people do not need mobile accounts in their own names but can receive the cash message on any mobile number given to the company and then collect money by using their photo ID and biometrics. This system increases flexibility but has some challenges. Some people had no identity cards. The thumb impressions of older persons often did not match official records at the time of collecting money. Older people and women had to travel to near-by towns if there were network problems. Vendors charged a fee if people were unable to receive the cash first time even though agencies and negotiated with vendors not to charge any fee.

Despite all these challenges, most of the agencies were in favour of digital transfers. Communities also appreciated them, but delays occurred. The review team met quite a few people who have not received the cash even after three months. Some agencies provided bank cheques. Banks did not charge any fee though it requires people to go to towns. Some agencies used the postal office money payment system as it serves even small villages. Thus, alternate methods must be explored to facilitate a larger percentage of people.

<b>Comparison of Cash Transfer Modalities</b>			
<b>Mobile companies</b>	<b>Banks</b>	<b>Post Office</b>	<b>Directly by agency</b>
<ul style="list-style-type: none"> <li>• Charge 1.1% of total transactions</li> <li>• No charges for beneficiaries; some retailers illegally charge Rs. 500</li> <li>• Requires no travel hassle where retailers exist in villages.</li> <li>• Signal issues</li> <li>• Some beneficiaries may accidentally delete SMS.</li> <li>• Less administrative hassle for agency</li> <li>• Some beneficiaries may not have CNICs required to get cash from retailers. But agencies then remit cash in name of a close relative having CNIC.</li> <li>• Long term positive impact on increasing women's access to mobile companies, social mobility, and financial inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor cheque book charges for agency</li> <li>• No charges for beneficiaries</li> <li>• Travel expenses for beneficiaries if bank far away</li> <li>• Many banks unwilling to provide due to low profitability.</li> <li>• Beneficiaries may have to travel 1-2 days if bank is not nearby.</li> <li>• Requires extra administrative hassle for agency of preparing cheques and making photocopies.</li> <li>• Some beneficiaries may not have CNICs required to encash cheque. But agencies then make cheque in name of a close relative having CNIC.</li> </ul>	<ul style="list-style-type: none"> <li>• Efficient for beneficiaries as they get money in their villages with no expenses or time wastage in travelling.</li> <li>• No charges for beneficiaries</li> <li>• Outreach to even small, far-away villages</li> <li>• Bureaucratic and inefficient at times with delays and failures in delivery</li> <li>• Low costs for agencies.</li> <li>• Risk of charging beneficiaries unofficially by postal workers given weak monitoring system.</li> </ul>	<ul style="list-style-type: none"> <li>• Travel expenses for staff</li> <li>• No expenses for beneficiaries</li> <li>• Requires extra administrative hassle for agency of preparing documents and travelling to field.</li> <li>• Adds to security risks of carrying cash in the field.</li> <li>• Delays payment to all beneficiaries as the same staff travels from village to village.</li> <li>• Most efficient for beneficiaries as they get money in their villages with no expenses or time wastage in travelling</li> </ul>

**Box 2: Health Needs and Response**

- During the floods, the communities suffered from a very high level of health issues like diarrhoea, fever, cough, skin infections, respiratory infections, malaria. Most communities also reported some mortalities.
- Most health centres were providing patchy services even before the floods and most were damaged badly due to floods and their quality of service decreased even further. Most health centres are still in need of rehabilitation. Ambulance services are poor.
- DEC agencies conducted detailed health assessments in villages before starting services.
- Communities received health services after the flood through the DEC-funded mobile health camps linked with community-based Lady Health Workers and government basic



health units and received hygiene kits which serviced one region and visited villages within it once a month for two-three days with communities informed in advance.

- The health camps provided adequate services even in remote locations. Besides dealing with ongoing morbidities due to flood, the agencies focused on maternal and child health services, nutrition, physically challenged people, breastfeeding, psychosocial support, and hygiene awareness. No information was shared with communities on COVID precautions. For immunization services, people were referred to government facilities.
- The health camps are generally run by competent staff, have adequate supplies and equipment, maintain record properly, follow required health protocols, are clean and well-maintained, provide referrals to government facilities and are safe and secure.
- A focal person from village was identified who was informed about coordination mechanism for camp to all village people.
- The community was satisfied with adequacy and quality of health services.
- Communities were made aware of the complaint mechanisms. Some of the women did not know about them. Agencies had displayed banners with all details. Households were provided with CRM cards with all details like phone, email, WhatsApp provided.
- Local capacity building was done in villages through village committees and helping them to understand the government health network and the services that it provides.
- The staff is very polite, professional, and competent in all cases.
- DEC agencies work in coordination with various government partners. Generally, those agencies engaged with government network targeting basic health units were able to achieve milestones more easily.
- The health and hygiene status are still poor in communities and risks are still high with stagnant water, malaria, common drinking sources for humans and animals and other risks. Disease levels are also higher compared with pre-floods levels. 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 the capacities of staff.
- DEC agencies should work in more coordination with the government to target more sustainable solutions with a special focus on maternal and child health and nutrition.

### Box 3: WASH and Shelter Interventions

- The floods caused extensive damage to WASH and shelter facilities in communities with houses and latrines destroyed or damaged, water points damaged and contaminated on a large scale.
- Wash and shelter risks are still extremely high, with open multipurpose water ponds, contaminated water, open defecation, destroyed homes, debris and standing water which is breeding mosquitoes and malaria. Filtration of water for drinking purposes is nonexistent in many districts, especially in Balochistan and people are drinking water from the same pond as animals.



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- Consequently, diseases are high, and people reported using half of their cash grants on health issues.
- DEC agencies have given shelter, NFI and hygiene kits in response which have been extremely useful to help people recover from their losses. Currently, no organisation is supporting flood affected people on provision of permanent shelter or shelter material.
- People have no resources to reconstruct or repair houses damaged without government support or support from other I/NGOs and are currently living in makeshift or temporary shelters from I/NGOs or made through own resources.
- Participants of FGDs identified clean drinking water as one of their topmost needs. Few villages have potable water. They are relying on tankering services provided by aid organisations. Some villages are getting clean drinking water from nearby water sources at 3-8 kilometers.
- Majority of the flood affected people are using open defecation and have no latrines in their homes. Only 1-2 % of people have constructed latrines in their homes. Communal toilet facilities have been installed for twenty persons per latrine at a safe distance from community drinking water sources in some places. Due to floods, the ground water table got raised and the risk of ground water contamination is high. To avoid ground water contamination, minimum depth of four to five feet were considered while excavating pits for latrines.
- Hygiene conditions of flood affected people are compromised. Due to the unavailability of potable water, they are not maintaining proper hygiene conditions for their families.
- All DEC partner organisations have ensured WASH SPHERE minimum standards in their planning. But it is difficult to check in the field as NFIs have been consumed and shelter/WASH re-construction for Phase two has not yet started.
- Coordination was found wanting among humanitarian partners due to absence of clusters approach, lack of strong role of government departments and stringent NOC criteria introduced by government due to which partners did not want to take any risk for cancellation of NOC by acting more independently.
- For Phase two, the Build Back Better principle must be used with innovative solutions like localization 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.
- The government should take over shelter components as development partners cannot fund building of low-cost housing. Development partners can show innovative solutions to housing which can be replicated by the government.

The team also analysed the overall satisfaction on CHS commitments by calculating the average satisfaction percentages (partial plus full) across all questions under each commitment. Total average satisfaction on CHS I was high among both men and women and for all provinces. The community data largely validates the appropriateness of sectoral and population groups focus. Geographical appropriateness was analysed by comparing the DEC districts with those that the government had declared as the most severely affected. The selection of specific districts was done by agencies based on government and UN information collected during coordination meetings, media reports, pre-flood geographical focus of agencies and partners, and information from own and partner assessments. Table 4 shows that the district focus of DEC agencies was

appropriate too though three districts not considered top priority by the government were also covered. Agencies working there explained that specific areas within even these districts were highly affected too even if the whole district was not severely affected. Agencies selected the specific areas within each district in coordination with the district authorities. While systematic information about the most affected areas within districts is not available, the most affected areas in any district usually were those near rivers or mountains or other low-lying areas. In most cases, discussions with staff showed that agencies had been careful to select such areas though in some cases they also had to depend on the allocation decisions of district authorities and the presence of other agencies within districts. However, the review team observed that the selection of the villages and communities was appropriate. Agencies were able to target only 50% of the most affected districts nationally due to a shortage of funds and capacity issues and limited parts of even those districts highlighting the fact that the promises of adequate funding made under the Grand Bargain and other commitments remain unmet by major bilateral and multilateral donors. District and provincial officials in Sindh felt that the response by the international community was insufficient compared to the scale of disaster and the response during 2010.

**Table 4: Affected Districts**

Province	Highly affected districts	Highly affected districts covered by DEC agencies	Non-priority districts covered by DEC agencies
Balochistan	13	5	0
KP	2	2	Nowshera, Swat
Punjab	2	1	0
Sindh	16	8	Sajawal
Total	33	16	3

The most critical strengths and gaps identified in online survey and internal KIs under this commitment were as follows:

<b>DEC Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Rapid needs assessments	Inadequate response given massive needs
Accurate selection of priority needs and vulnerable groups	Shortage of funds
Local knowledge based on use of local partners and staff and coordination with local authorities	
<b>Partner Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Close links with communities based on long presence in the areas	Inadequate response due to shortage of funds
Rapid assessments and identification of most needy groups	Could not provide shelters to the affected communities
<b>Good practices</b>	
Comprehensive rapid assessments	AAH, BRC/BRC, CAFOD/CWSA <sup>14</sup> , Concern, IRW, IRC Save the Children, Tearfund, CARE

<sup>14</sup> Community World Services-Asia

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Participated in multi-agency assessments to reduce survey fatigue among communities	AAH, IRC and IRW
Detailed cash transfer modalities	CAFOD/CWSA, Concern, IRC
Detailed shelter designs	CAFOD/CWSA
Disaster response plan	Oxfam
Detailed NFI specifications	BRC, Oxfam
Detailed targeting guidelines	CAFOD, Concern, Save the Children, Oxfam

Thus, achievements under CHS I were good as average satisfactory response across all questions exceeded 75% across all provinces and genders. However, the following issues were seen:

### **Key issues**

- Some of the relief items, such as the transitional shelters and dignity kits were not of good quality as the communities complained about their durability and strength.
- Women prefer items instead of cash due to mobility issues.
- Agencies did not change their services in line with the changing community needs over time, e.g., livestock issues, heat in tents during summer and their small size.
- Many complained about the adequacy of services, especially for larger families.
- Some women. Older persons and persons with disabilities or disease had issues in receiving cash through mobile phone vendors and banks due to lack of mobile phones and mobility issues.
- Mobile phone vendors often charge a fee against agreement with agencies.
- Inadequacy of aid due to failure of donors to meet their commitments on adequate aid.

### **CHS 2: TIMELY AND EFFECTIVE AID**

The focus of analysis within this commitment was on timeliness, convenience, and efficiency of service delivery. Table 5 below shows that the delivery of services was found to be convenient across the provinces and genders. Communities also appreciated the fair and inclusive distribution of services. Both male and female staff undertook the distribution and people received information in advance about the date and venue of distribution. Women, older persons, PWDs and sick persons were given priority in receiving the goods. Identity cards were used for identification of the families. If one was not available with a family head, that of another adult family member was used to facilitate the families to receive the relief goods.

There were several reasons for this delay above. About half the agencies said that there were delays in approval of the DEC proposal due to multiple rounds of reviews. While DEC allows agencies to retrospectively charge costs already incurred, the internal policies of some agencies did not allow them to commit internal funds until the approval of the proposal. Some agency staff were not even aware of this retrospective provision. In some cases, there were delays in receiving approval to start work from provincial and district authorities though for many agencies this approval even came within two-three days as the government had relaxed approval procedures after the floods. In many cases, roads were also submerged under water. In Balochistan and Punjab, relief was provided in many places after about two months because the roads were destroyed, and NGOs had to wait until they were partially repaired. The availability of human resources,

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supplies and partners were other reasons for delays. Individual philanthropists and smaller voluntary agencies often responded more quickly as they do not have stringent accountability rules. However, their scale was often small consisting of one-time distributions without awareness-raising and capacity-building work.

**Table 5: CHS 2-Effectiveness and Timeliness**

CHS 2 (%) Source: HH survey		7 days	15 days	30 days	30 + days	One week	15 days	30 days	30+ days
7. Within how many days after the floods hit did this agency provide services to your family?		<b>Men</b>				<b>Women</b>			
	<b>Total</b>	6%	9%	2%	82%	1%	16%	36%	46%
	<b>Baloch</b>	21%			79%		21%	47%	32%
	<b>KP</b>	7%	39%	6%	47%	7%	39%	4%	50%
	<b>Punjab</b>	0	2%	4%	94%	0	0	0	100%
<b>Sindh</b>	0	0	1%	98%	0	8%	50%	42%	
		<b>Fully</b>	<b>Partially</b>	<b>No</b>	<b>Full</b>	<b>Partially</b>		<b>No</b>	
8. Were the first agency services timely given your needs after the floods?	<b>Total</b>	47%	27%	25%	57%	31%		11%	
	<b>Baloch</b>	30%	59%	11%	40%	55%		4%	
	<b>KP</b>	82%	12%	6%	64%	30%		4%	
	<b>Punjab</b>	96%	4%		32%	52%		16%	
	<b>Sindh</b>	25%	26%	47%	64%	20%		15%	
9. Have subsequent project services been timely given the needs of your family?	<b>Total</b>	49%	13%	37%	43%	20%		35%	
	<b>Baloch</b>	72%	28%		32%	60%		4%	
	<b>KP</b>	80%	17%	1%	77%	18%		2%	
	<b>Punjab</b>	96%	4%		36%	15%		12%	
	<b>Sindh</b>	15%	7%	77%	34%	4%		59%	
10. Were project services provided in a convenient way for you?	<b>Total</b>	91%	9%		85%	14%		1%	
	<b>Baloch</b>	90%	10%		79%	19%		2%	
	<b>KP</b>	79%	20%		71%	23%		4%	
	<b>Punjab</b>	100%			84%	16%			
	<b>Sindh</b>	96%	4%		91%	9%			
Average satisfaction (full, partial, and total of full and partial) across all questions under CHS 2 by province and gender		<b>Men</b>			<b>Women</b>				
		<b>Full</b>	<b>Partial</b>	<b>Total</b>	<b>Full</b>	<b>Partial</b>	<b>Total</b>		
	<b>Baloch</b>	64%	32%	96%	50%	45%		95%	
	<b>KP</b>	80%	26%	96%	71%	24%		95%	
	<b>Punjab</b>	97%	3%	100%	51%	28%		79%	
	<b>Sindh</b>	45%	12%	57%	63%	11%		74%	
<b>Gender</b>	63%	16%	79%	62%	22%		84%		

The most critical strengths and gaps in timeliness identified in online survey and internal KIIs under this commitment were as follows:

<b>DEC Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Pre-stocked items	HR issues like partner capacities and new recruitment delays

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Well-trained surge team	Access to communities was blocked
Ability to undertake rapid assessments	Government delays on permits
Partner Agencies	
Strengths	Gaps/Challenges
Rapid team mobilization	Lack of funds with agencies
Fast-tracking of procedures	Delays in recruitments
Use of local vendors	Slow assessments

Thus, overall, there was satisfactory achievement of CHS 2, especially on convenience and efficiency, as average satisfactory responses across all questions exceeded 75% across all provinces and genders. However, there were delays nationally.

### **Key issues**

- Delays in initial and subsequent aid due to delays in DEC proposal approval, lack of funds, damaged roads, government approval and capacity issues

### **Box 4: Survival strategy of a Gender-based Violence Survivor**

Sunhri (name changed), a 27-year-old woman is a resident of Dadu district. She is an active member of the village development committee formed by CARE and Thardeep Rural Development Project (TRDP) under DEC supported emergency response programme. Telling her journey, she said that her parents married her at the age of 15 years. She became a mother of three children aged between four to eight years by the age of 25. Her husband was an abusive man as well as did not support her and her children financially. She thought about getting divorce many times but did not take any action considering the so-called honour of her parents. However, her husband himself divorced her.

She was living with her three children at her parents' home when flood hit the village. She informed that like all other families, she and her children left the village in emergency and lived on roads and emergency camp for almost three months and when they returned all the houses were vanished and they lost their livelihoods. She was used to work as agriculture labourer as well as sewing women and children's clothes. She is not getting any work because agriculture labour is not available, and people are unable to purchase new clothes for sewing. During relief emergency response she met two implementing partners of DEC agencies, TRDP and Legal Rights Forum (LRF). She helped TRDP in organizing women in the village, conducting need assessment, and participated in distribution process.

This work helped her to meet with the staff of the implementing partners and shared her concerns and experiences. In the same village, LRF opened Women friendly Space where they started educating women and girls as well as engaging them in skill development. She registered herself there along with her daughters. She also motivated eleven other women to get admission there. She sees this as an opportunity for herself and other women to speak with each other, learn new skills and learn reading, writing and numeracy which help them to explore better livelihoods opportunities and link them with the market. She was hopeful to progress and said, 'I have lived miserable life and don't want to live such life, I have started believing in my talent and want to move forward with the help of NGOs like TRDP and LRF.'

**CHS 3: DO-NO HARM AND RESILIENCE**

The focus of analysis under this commitment is on safeguarding and do-no-harm issues and building and use of local capacities in line with both CHS and Grand Bargain commitments on localization. Almost 97% of men and 99% of women overall reported no harm from agencies work (Table 6). All eleven agencies have extensive policies on safeguarding communities against harm from project work which are prominently shared with communities. Beyond physical and sexual exploitation, agencies were also careful that the project work does not cause health-related or economic harm. Thus, Tearfund and its partner, Pakistan Mission Society, introduced a new agricultural seed in Lasbela that uses less water, is more productive and produces seeds for the next season. But it did so only after properly verifying that the seed does not cause environmental or other harm and is rigorously evaluated and approved by the government agricultural authorities. All agencies have detailed policies on safeguarding communities against sexual and physical harm and these were well-communicated to communities during meetings and through banners displayed in communities. All agencies also employed complaint mechanisms to give communities multiple avenues for flagging such abuse. However, there were no complaints about such incidents in any of the communities visited.

**Table 6: CHS 3-Strengthening Local Capacities and Avoiding Harm.**

CHS 3 (%) Source: HH survey		Fully/ a lot	Partially / a little	No	Fully a lot	Partially / a little	No		Part / a li
11. Did this agency's work harm your family in any way?	<b>Men</b>		<b>Women</b>						
	<b>Total</b>	3%	0	97%	1%	0%	99%		
	<b>Baloch</b>	0	0	100%			100%		
	<b>KP</b>	11%	0	87%	7%		93%		
	<b>Punjab</b>	0	0	100%	4%	0%	100%		
	<b>Sindh</b>	0	1%	99%			100%		
12. Has the agency's work helped build the capacities of your family to deal with future emergencies?	<b>Total</b>	31%	38%	32%	23%	34%	37%		
	<b>Baloch</b>	9%	83%	9%	6%	64%	4%		
	<b>KP</b>	59%	40%		84%	14%	2%		
	<b>Punjab</b>	88%	12%		60%	24%	8%		
	<b>Sindh</b>	14%	22%	64%		34%	64%		
13. Has the agency used local community capacities in doing its work?	<b>Total</b>	53%	28%	20%	38%	39%	20%		
	<b>Baloch</b>	38%	47%	16%	43%	47%			
	<b>KP</b>	76%	23%		86%	11%	2%		
	<b>Punjab</b>	96%	4%		16%	32%	44%		
	<b>Sindh</b>	38%	26%	36%	21%	46%	27%		
Average satisfaction (full, partial, and total of full and partial) across all questions under CHS 3 by province and gender		<b>Full</b>	<b>Partial</b>	<b>Total</b>	<b>Full</b>	<b>Partial</b>	<b>Total</b>		
	<b>Baloch</b>			92%			87%		
	<b>KP</b>			95%			96%		
	<b>Punjab</b>			100%			77%		
	<b>Sindh</b>			62%			67%		
	<b>Gender</b>			86%			81%		

On the issue of using and building of local capacities to deal with future disasters, the vast majority in three provinces were satisfied though in Sindh, the most affected province, nearly two-thirds of women and men felt that the agencies did not invest enough time and money on these issues. This is understandable as the focus on relief phase is on basic needs and capacity-building issues



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related to disaster resilience receive more focus in the recovery phase. In the relief phase, the main capacity-building work relates to formation and training of village committees and hygiene promotion work. Overall, a large minority (one-third) in Sindh expressed dissatisfaction with this commitment. The review team found that implementing partners had formed village committees consisting of both men and women that helped in assessments and distributions. However, it is important to clarify their role in future, build their capacities for mobilizing communities and undertaking advocacy work with the government and other stakeholders for services and link them with these stakeholders. In Balochistan and KP in some places, village committees were formed, and the existing ones were re-organised and strengthened to reach out and communicate safeguarding measures within villages. Women in Punjab appreciate the agencies' sensitivity to the community culture. Women's capacities were built through DRR sessions on coping mechanisms in case of disasters, health, hygiene, and WASH practices, protection, and income skills.



At a broader level, agencies have pursued a localization and capacity-building agenda more extensively than in the 2010 floods as reflected by several indicators. In the 2010 floods, most agencies had expatriate deployments and some agencies had more than fifty expatriate staff deployed, including dozens even in field offices. This time, only two agencies reported a total of seven expatriate deployments though most had technical support and monitoring visits from global offices. The basic modality for nine agencies is physical presence in Pakistan but implementation through local partners, one agency implements directly, and one funds a local partner from UK. Ten of the eleven agencies have fully national teams, with only one agency having an expatriate Country Director. In 2010, about half had some long-term expatriate staff. However, some local partners and local NGO representatives highlighted the need 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 like assessments, programme decisions, accountability, and procurement issues. The situation currently is as follows:

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**Table 7: Division of Labour on Functions.**

	Led by DEC agency	Led by partner	Jointly led
Assessments	5	1	4
Programme design	3		6
Procurements	6	2	3
Govt Liaison		2	7
Programme delivery		5	3
Complaint Mechanisms	4	1	3
Programme communications	3	1	5
Programme evaluations	6		3

**Table 8: Support Provided to Partners.**

	Yes	No
Capacity-building activities in Pakistan	9	
Capacity-building activities abroad	1	8
Administrative costs support	8	1
Linkage with donors	6	3
Representation with govt on partner issues	9	
Acquisition of vehicles and equipment	7	2

The most critical strengths and gaps identified in online survey and internal KIs under this commitment were as follows:

<b>DEC Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Use of local partners and community volunteers made response sensitive to local context	Partner capacities
Strong safeguarding policies	
Participatory assessments	
<b>Partner Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Use of compliant mechanisms	Finding qualified staff in remote districts
Use of local volunteers	
Community assessments and engagement	
<b>Good practices</b>	
Detailed partnership plan	Oxfam
Detailed safeguarding policies	ACF, CAFOD/CWSA, Concern, IRW, Save the Children, Oxfam

Thus, progress on CHS 3 was satisfactory beyond the issue of building capacities for future disasters, as average satisfactory response across all questions exceeded 75% across all provinces and genders, except Sindh where it was still above 50%.



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### Key issues

- In Sindh, communities felt that the agencies did not invest enough time and money in building their capacities against future floods.
- Some NGO representatives highlighted the need for greater attention by INGOs on long-term capacity-building of local NGOs, greater coverage of their administrative costs, support for better benefits and greater leadership in various programme functions.

### **CHS 4: ACCESS TO RIGHTS, INFORMATION, AND PARTICIPATION**

Most households expressed satisfaction with their participation in the different project phases (Table 9). The use of village committees helped increase participation and information flows. However, many communities visited did not fully understand the targeting and beneficiary selection criteria, the full spectrum of services being provided and project length and phase-out plans. It would be useful for agencies to put such information in all communities through billboards or other means. Average overall satisfaction across all the questions under this commitment was above 75% across all provinces and genders, though relatively lower in Sindh and among women.

**Table 9: CHS 4-Communication, Participation, and Feedback**

CHS 4 (%) Source: HH survey		Fully	Partially	No	Fully	Partially	No
14. Did the project consult all sections of the community before starting the project?		<b>Men</b>			<b>Women</b>		
	<b>Total</b>	83%	15%	1%	69%	17%	11%
	<b>Baloch</b>	44%	49%	7%	36%	49%	12%
	<b>KP</b>	87%	11%		91%	5%	2%
	<b>Punjab</b>	100%			64%	32%	4%
15. Did the project consult all sections of the community during implementation?	<b>Total</b>	84%	15%		69%	15%	13%
	<b>Baloch</b>	72%	28%		45%	40%	
	<b>KP</b>	73%	24%		93%	5%	2%
	<b>Punjab</b>	100%			40%	56%	4%
	<b>Sindh</b>	93%	7%		73%	4%	22%
16. Was your family given adequate information about the project activities?	<b>Total</b>	54%	23%	22%	34%	57%	8%
	<b>Baloch</b>	83%	16%	0	28%	70%	
	<b>KP</b>	84%	14%	0	95%	3%	2%
	<b>Punjab</b>	92%	8%	0	24%	68%	8%
	<b>Sindh</b>	18%	34%	47%	16%	71%	13%
17. Has the agency told you about your rights to the services of other agencies?	<b>Total</b>	32%	37%	30%	19%	24%	53%
	<b>Baloch</b>	17%	67%	12%	6%	77%	15%
	<b>KP</b>	64%	34%		89%	9%	2%
	<b>Punjab</b>	69%	31%			72%	24%
	<b>Sindh</b>	16%	26%	59%		6%	87%
		<b>Men</b>			<b>Women</b>		
Average satisfaction (full, partial, and total of full and partial) across all questions under CHS 4 by province/gender		<b>Full</b>	<b>Partial</b>	<b>Total</b>	<b>Full</b>	<b>Partial</b>	<b>Total</b>
	<b>Baloch</b>	54%	40%	94%	29%	59%	88%
	<b>KP</b>	77%	21%	98%	92%	5%	97%
	<b>Punjab</b>	90%	10%	100%	32%	57%	89%
	<b>Sindh</b>	55%	19%	76%	40%	39%	79%
<b>Gender</b>	64%	22%	86%	48%	28%	76%	

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Women in Punjab generally felt that interventions were participatory and inclusive so that everyone involved had a voice. However, men were involved more in the decision-making than women. Women in some places were included in the decisions about the location for hand pumps and latrines at their houses and in designing the content of the awareness-raising sessions. Most of both men and women in Sindh were not informed about their entitlements to the services of other agencies. Agencies which established Women Safe Spaces and Child Safe spaces or learning centres informed the children and women about their rights not only in disasters but even otherwise. Children in such centres knew about the Child Rights Convention and the duty of state to secure their rights. Women in Sindh were also aware about the rights of women on child marriage and domestic violence and the numbers to contact if they experienced violence. Similarly, communities must also be provided more information about their relief entitlements and contacts of government institutions like livestock and agriculture departments. In Balochistan and KP, the affected communities were not informed about their rights and entitlements to other services uniformly. However, most of them despite being illiterate had adequate information about the relief aid and actively participated in the village committee/group meetings organised for developing consensus and joint decision making. Thus, there is a need for agencies to use community committees, teachers, and volunteers and through banners placed within communities containing programs details to better keep communities informed about such details.

The most critical strengths and gaps identified in online survey and internal KIs under this commitment were as follows:

<b>DEC Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Strong community communication	Lack of prior work in area
Complaint mechanisms	Funding gaps
People centred accountability framework	Not possible to engage all communities due to scale of floods
<b>Partner Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Use of Information, education, and communication materials	Hard to educate people due to scale of floods
Strong knowledge of communities	Brief time
<b>Good practices</b>	
Post-distribution monitoring plan	Oxfam, Tearfund
Client Responsiveness system	IRC, CARE

Thus, progress on CHS 4 was satisfactory as average satisfactory response across all questions exceeded 75% across all provinces and genders.

### **Key issues**

- Many communities did not fully understand the targeting and beneficiary selection criteria, the services being provided and project length and phase-out plans.
- Most of both men and women in Sindh were not informed about their entitlements to the services of other agencies.

**CHS 5: ACCESS TO COMPLAINT MECHANISMS**

All agencies used extensive tools to receive community complaints, including complaint boxes, hotlines, email, and monitoring visits. While some partners had their own complaint mechanisms, DEC agencies usually had their own direct complaint mechanisms too. The review team found that complaint mechanisms were strong. However, some improvements are needed in terms of use of multiple channels of complaints, providing complaint instructions in local languages, summarizing, and analysing complaints and ensuring adequate use and access by the most marginalized sections of the community like illiterate persons, women, older persons, and persons with disability.

**Table 10: CHS 5-Complaint Mechanisms**

CHS 5 (%) Source: HH survey		Fully	Partially	No	Fully	Partially	No
		Men			Women		
18. Did the project give adequate opportunities to make complaints to project staff in case of problems in implementation?	<b>Total</b>	73%	16%	11%	44%	22%	24%
	<b>Baloch</b>	71%	26%	3%	47%	49%	
	<b>KP</b>	51%	34%	13%	87%	12%	
	<b>Punjab</b>	100%			92%	8%	
	<b>Sindh</b>	79%	5%	16%	20%	20%	43%
19. Were the methods for making complaints easy to use?	<b>Total</b>	80%	10%	1%	47%	13%	7%
	<b>Baloch</b>	90%	10%		64%	30%	4%
	<b>KP</b>	67%	21%	4%	95%	5%	
	<b>Punjab</b>	96%	4%		72%	28%	
	<b>Sindh</b>	80%	5%	1%	22%	9%	12%
Average satisfaction (full, partial, and total of full and partial) across all questions under CHS 5 by province/gender		Men			Women		
		<b>Full</b>	<b>Partial</b>	<b>Total</b>	<b>Full</b>	<b>Partial</b>	<b>Total</b>
	<b>Baloch</b>	80%	18%	98%	55%	39%	94%
	<b>KP</b>	59%	27%	86%	91%	8%	99%
	<b>Punjab</b>	98%	2%	100%	82%	18%	100%
	<b>Sindh</b>	79%	5%	84%	21%	14%	35%
<b>Gender</b>	77%	13%	90%	46%	18%	64%	

People were more satisfied where multiple methods were used. The limited mobile access in some areas limited the efficacy of the telephone helpline as right-holders must travel to public call offices in towns to make complaints, which is difficult for women. The low literacy levels, especially among women, restricts the use of complaint boxes. The regular meetings by agencies during project implementation help overcome these problems. Since informal communication is preferred in Pakistan, people preferred informal means of complaints like meetings. But meetings were often held when people were busy. For many communities, the best timings are early in the morning or late in the afternoons. But those times are not possible for project staff due to security issues and distances. In many villages, the communities contact village committees or project teachers if they have any problem related to services. However, village committees and volunteers should document complaints properly. Some agencies have taken steps to improve the practice. For example, one agency printed out small cards like visiting cards in Sindhi for communities explaining the complaint system while another put the complaint boxes in Women

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Friendly Spaces which were easily accessible to the communities. Thus, the use of a variety of methods increases the chances of most people being able to make complaints using one method or the other.

Complaints during FGDs largely related to exclusion, delays, or quality of services. However, summary of compliant registers reflecting the percentage of complaints in different categories and how and how quickly they were handled were not available from agencies. In Balochistan, most of the complaints were related to requests for additional relief items since the resources were limited and only the most affected households were prioritized for the distribution of relief items. In KP, both men and women were informed about the complaint mechanism which were easy to follow. However, many men said that their complaints were not resolved. Women in Punjab found complaint mechanisms to be easy to use, responsive and accountable, However, due to the technology use and literacy gap between men and women, men were more active in making complaints. In northern Sindh, communities complained about delay of shelter services and the fact that complaints made about that over the phone remained unheeded.

The most critical strengths and gaps identified in online survey and internal KIIs under this commitment were as follows:

<b>DEC Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Use of multiple complaint tools	Lack of toll-free phone numbers
Well-trained staff	Lack of staff to manage complaints
<b>Partner Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Use of local languages in complaint tools	Technology and lack of internet in field
Frequent field visits	Lack of education in communities
<b>Good practices</b>	
Detailed complaint mechanism policy	AAH, CAFOD/CWSA, Concern, IRC IRW, Oxfam, Save the Children, Tearfund

Thus, progress on CHS 4 was satisfactory as average satisfactory response across all questions exceeded 75% across all provinces and genders, except among women in Sindh.

### **Key issues**

- It was harder for women, older and sick persons to use the complaint mechanisms and were often not even fully familiar about them.
- Many people preferred to use informal channels like village committees and teachers to communicate their issues. However, these were often not properly documented.
- Agencies did not share summaries of complaint registers with the review team to allow them to undertake a review of types of complaints and the agency responses.

### **CHS 6: COORDINATED AND COMPLEMENTARY ASSISTANCE**

Aid agencies need effective coordination platforms during major emergencies for geographical, technical, programme collaboration, advocacy, and donor liaison issues at the national, provincial, and local levels. The need for geographical coordination exists most at the provincial and local

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levels, and for advocacy, donor liaison, programme collaboration and technical coordination at national level. The government declined to activate the UN cluster system as, according to some stakeholders, it wanted to keep the ownership of coordination in its hands. In its absence, the UN working groups functioned in the key response sectors though their effectiveness was affected by the fact that UNOCHA had scaled down its operations in Pakistan before the floods in the absence of any major crisis. The National Disaster Management Authority (NDMA) was the main government body responsible for coordination. However, it largely focused on collecting information and helping in some cases with permits and clearances but not much on geographical or technical issues. 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. The Provincial Disaster Management Agencies (PDMAs) facilitated permits and geographical coordination while the district authorities played this role. There was wide variation in the quality, duration and effectiveness of district-level coordination depending on the initiative of district authorities. Some government officials said that some NGOs (not necessarily DEC agencies) did not submit reports on time and were inflexible in diverting the funds across districts at government requests due to their policies. According to staff, global and national technical standards were kept in mind during the relief operation but could not always be ensured in fulfilling the needs of an extremely large population.

The review team did not find major duplication of services by DEC members with other organisations. In two places in Sindh, two DEC member agencies were working in the same villages with different and complementary interventions but none of the agencies knew about it. Most DEC agencies felt that it would be useful for the DEC agencies to have more active coordination on geographical, technical, joint programming, advocacy, and donor issues among them and to increase their voice and leverage with other stakeholders like the government and UN. Representatives of local NGOs also felt that the DEC programme must coordinate with their body. Since UN and PHF provide larger and stronger platforms for advocacy, donor and technical standards issues, the most appropriate need for coordination among DEC agencies seems to relate to programme collaboration issues. DEC agencies could achieve greater programme effectiveness and efficiency by collaborating with each other on joint assessments, programming, capacity-building etc starting from Phase two. DEC agencies could consider having a rotating convenorship model where one agency helps convene meetings of Head of Programme/Emergencies to discuss such collaboration. WhatsApp and email groups for staff in functions like monitoring, communications and accountability may also be helpful in enhancing collaboration among agencies on these programme issues. The most critical strengths and gaps identified in online survey and internal KIIIs under this commitment were as follows:

<b>DEC Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Coordination through PHF	Lack of cluster systems
Use of UN working groups	Weak coordination locally
Close coordination with government	
<b>Partner Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Coordination with local authorities	Lack of capacity
Familiarity with others within the sector	Time constraints

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### Key issues

- Government national bodies focused on collecting information only and helping sometimes with clearances.
- UNOCHA lacked capacity initially to actively coordinate activities at all levels.
- DEC agencies felt that there is a strong need for greater collaboration among them.

**Table 11: CHS 7 Learning and Improvement**

CHS 7 (%) Source: HH survey		Fully	Partially	No	Fully	Partially	No
20. Did the agency seek to learn from your community experiences with floods and the local area in providing services to you?		<b>Men</b>			<b>Women</b>		
	<b>Total</b>	36%	29%	35%	22%	48%	19%
	<b>Baloch</b>	10%	84%	5%	4%	53%	2%
	<b>KP</b>	73%	26%		68%	30%	2%
	<b>Punjab</b>	88%	12%		8%	68%	4%
<b>Sindh</b>	17%	10%	73%	14%	49%	32%	

### Box 5: Strengthening Community Resilience

***“Most farmers in Pakistan whose crops were destroyed in the last year’s devastating floods did not have any insurance they can fall back upon, leaving many thousands facing potential destitution. Small landholder farmers were particularly vulnerable – not only were their summer crops ruined, but they were struggling to buy seeds, fertilizer, and other inputs for their winter crops, since prices of all have skyrocketed.”***

***Floods took everything from me, but I am a farmer and I grow, not only wheat but hope too.”***

Azeem Khan, 55-years old agricultural laborer, is the only bread earner of a family of 11 persons. He has 7 daughters and two baby sons. Azeem lives in Goth Haji Sher, of Tehsil Thul, district Jacobabad, Sindh. Like others, Azeem lost his house, valued assets 2 acres of crops when the torrential downpours that devastated Pakistan in July and August 2022 turned his land in into a lake. In February 2023, he met with the DEC review team and shared his thoughts.

“I had invested in different crops, mostly rice,” he said. “I lost everything. The floods have ruined and washed away everything. I had never seen so much rain in his life, and that water was coming from everywhere. I had seen 2010 floods, but this was the worst. Almost all houses in my village were washed away – all that we have was destroyed. We left the village and stayed at the roadside for two months. When the flood waters reduced, and we returned to heaps of mud and debris once we called home.”

Like many other areas of upper Sindh, his village suffered extensive damage during the floods of 2022. Crops ruined, cattle and poultry perished, and many of the already poor communities were left helpless and struggling to feed themselves and their children. Rural Education and Economic Development Society (REEDS) with support from Tearfund brought a variety of assistance to the community. REEDS, after conducting a detailed needs

assessment, provided cash grants, protection/dignity kits, and agricultural inputs to the villagers.

Azeem's family received wheat seed and fertilizer for 1-2 acre plot of land. Azeem also received training on modern wheat husbandry techniques to ensure that the provided seeds bring good yields. While sharing his thoughts about starting life afresh, he said "I have been left with no resources to cultivate my land. I was unable to borrow loans from my friends or other family members because all of them have been displaced like me. I and all my villagers were just waiting for some miracle to happen, and it happened when the REEDS Team arrived in our village. It is the only organization that reached us in the time of great crisis. They provided cash grants and agricultural input. I listed myself for receiving agricultural inputs instead of cash grant, and look at my field, it is beautiful." Azeem took the review team to his two acre land where green bushels of wheat were swaying with the wind. He said "we are thankful to REEDS and Tearfund for helping us.

### **CHS 7: ORGANISATIONS LEARN FROM EXPERIENCE AND REFLECTION**

Most agencies reported learning from past crises, especially the 2010 floods but also acknowledged that due to the long-time gap, institutional memory and capacity had diminished. Communities also generally felt that agencies made efforts to learn from community knowledge and experiences, except in Sindh (Table 11). The review looked at the extent to which the ten recommendations from the DEC 2010 real-time review had been followed in this response:

- 1) **Provide winter clothing and return packages in Sindh:** This is happening in Sindh and other provinces too.
- 2) **Enhance the use of and build local capacity strategically:** There has been major progress with almost exclusive reliance on national staff and much greater use of local partners. Agencies must now focus on greater support and autonomy for local partners.
- 3) **Develop clearer criteria for targeting of affected groups and villages:** Much more accurate and transparent targeting seen this time.
- 4) **Develop interventions in villages based on people's priorities/needs:** Much greater participation of communities this time seen.
- 5) **Enhance coordination with other stakeholders:** Coordination issues were more severe this time as the cluster system was not activated.
- 6) **Engage more proactively with women and other vulnerable groups to enhance protection:** Greater engagement of women and other weaker groups seen this time.
- 7) **Develop clearer communication strategies to enhance transparency and awareness:** Stronger complaint systems were present this time.
- 8) **Undertake advocacy on critical issues:** Advocacy in Pakistan has become more difficult due to government crackdown on NGOs where several INGOs were told to leave the country.
- 9) **Facilitate DRR/preparedness at local and regional levels:** Agencies had implemented large DRR program after 2010 floods although their efficacy had reduced due to the long time gap and few DRR community groups established then survived.
- 10) **Enhance the documentation and dissemination of lessons learnt:** The emphasis on learning is much higher this time with all agencies holding learning events.



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The main learning mentioned by most agencies included the importance of the following issues:

Pre-stocking and emergency preparedness among agencies. District Disaster management agency should be capacitated and there should be disaster management plan at district level.
Building resilience of the communities through long-term developmental projects
Mobilisation of resources from various sources to complement and strengthen activities supported by DEC and promote integration of services.
Undertake After Action review exercises through external consultants; develop partnerships for anticipated collaboration for future response
Needs identification and prioritization, better coordination with other agencies and government, engaging local staff and partners, making feedback channels accessible.
All stakeholders (government, donors, UN agencies, NGOs, etc.) should work in an emergency mode with faster processing of clearance, early release of funds, rapid deployment of staff to start the emergency response.
Presence in the response area and good partners availability are the major lessons.
Lack of coordination between the implementing partner organisations of DEC, lack of strategic framework for the emergency response for DEC partner organisations.

The key challenges faced by both DEC agencies and partners were as follows:

- Permits and access difficulties due to delayed approvals by government agencies.
- Insecurity due to terrorism in KP and Balochistan
- Harsh weather in northern areas due to the winter season
- Political instability due to opposition rallies and protests
- Funding shortage due to lack of adequate funding by major donors
- Damaged roads in flooded areas
- High national inflation
- Lack of coordination among agencies and weak effort by UN and the government
- Limited partners capacities to scale up quickly in line with the scale of the crisis.
- Lack of government support in coordination and service delivery

The most critical strengths and gaps identified were as follows:

<b>DEC Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Informal learning mechanisms used	Absence of mechanisms to record knowledge
Use of 2010 learning	Big differences with the 2010 crisis
After action reviews	
<b>Partner Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Experienced staff with past learning	Limited time to capture learning
Vast experience in the sector	
<b>Good Practices</b>	
Post-action learning documentation	Oxfam



## Box 6: Climate Change and Disasters

**Amid the “climate carnage,” the devastating floods in Pakistan, stories of human endurance & heroism are emerging – from emergency workers to ordinary people.**

*Acres and acres of land was inundated by the floods in Pakistan, with one-third of Sindh (area and population) affected by the devastating floods. More than 1400 lives have been lost and thirty-three million were directly impacted. Many had lost their homes and everything they owned. Livestock and fields of crops were wiped out. They had no food, no drinking water, and no shelter. They were at increased risk of waterborne diseases, malaria, dengue, and malnutrition. They had no access to health or education facilities. Life as they knew it had been changed on an impulse. In the words of the United Nations Secretary-General, “It is not about numbers. It is about people, about the farmers that have lost their crops, about those that have lost members of their family, about those that have seen their houses destroyed, about those that have lost their cattle, about those that have no money to pay the loans that they have contracted to be able to plant. It was these people that each one of you was rescuing, helping to escape these horrible floods.”*

When the devastating floods hit Tehsil Rajanpur, Muhammad Akmal, a high school passed individual laborer and only educated man of his village, he fearlessly and selflessly rushed to help his people. He had risked his own life rescuing dozens of people from slums that had been erected illegally in the path of the waterways, and subsequently helping to move them from Basti Kallar to protection embankment of UC Wang, ropes wooden logs. He voluntarily took responsibility of arranging and delivering food each day to his fellow villagers affected by the floods.

Talking about the relief work of Attia Welfare Society (AWS), a local partner of International Rescue Committee, he said “When flood water reduced, we rushed back to our village and started the scrutiny of left over stuff. After one and half months, a team of AWS reached our village. Their feet were filled with mud, and they walked some 3km to reach our village. They informed us about their work and asked to organize a village meeting.” He further added that AWS briefed about their project and formed a village committee. The villagers, after discussion, elected me as the President and we started working closely with AWS. The International Rescue Committee (IRC), through its local partner called Attia Welfare Society (AWS), started response activities right after the floods. In Basti Kallar AWS provided cash grants, dignity kits etc. While talking about the use of assistance Akmal said that the cash grant was a major help. People were famished and ailing, AWS’ assistance proved to be handy in meeting their urgent need. Most of the villagers were tenants on the lands of the big landowners have not seen this much money altogether in their entire life. Multipurpose cash distribution enabled them to use it as per the priority of their needs. Mostly people spent money on their food, clothing, and health and some, like me, started to reconstruct at least one room. So now you can see little repair and reconstruction work in the village. We are thankful to AWS and IRC for giving us great support. We all are trying to restore our life and our village.”

### **Key issues**

- Due to long time gap from 2010, some of the learning from then had been lost.

### **CHS 8: COMPETENT AND WELL-MANAGED STAFF AND VOLUNTEERS**

Household survey results were positive about project staff competence and behaviour, exceeding the 90% threshold in all provinces (Table 12). All the communities across the districts and agencies appreciated the role of project staff. The review team in Sindh observed that people

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knew them well and they interacted with communities respectfully and professionally. The staff included men and women, and, in most cases, they were local and knew the language and culture of the areas. There were women who came from other districts to join the field work. However, women at senior positions were fewer than men mainly due to unavailability of women workers. There is a need to increase the ratio of women in management positions. The management staff also had good rapport with the communities which indicated that they spend time in the field. The teachers and staff of women and child friendly spaces were also competent, enthusiastic, and sensitive about psychosocial support needs of the communities. Their behaviour with children and young girls was good which increased community participation. It was observed that staff worked extremely hard in the emergency, sometime more than 18 hours, but did not find it difficult as they thought that they are doing meaningful work. There was a lack of space for the staff to share their experiences or psycho-social support for them. There was good rapport between the staff of agencies and implementing partners. Communities in Punjab particularly praised the women social organisers who listened to their problems with patience and sensitivity, helped them in coping with their trauma and distress in a professional manner and taught them several coping strategies for handling difficult situations.

**Table 12: CHS 8-Staff Effectiveness and Wellbeing**

CHS 8 (%) Source: HH survey		Fully	Partially	No	Fully	Partially	No
21. Was the project staff knowledgeable and competent?		<b>Men</b>			<b>Women</b>		
	<b>Total</b>	97%	3%		93%	6%	
	<b>Baloch</b>	88%	12%		77%	23%	
	<b>KP</b>	99%			93%	5%	2%
	<b>Punjab</b>	100%			92%	8%	
22. Was the project staff deal with you politely in delivering services?	<b>Sindh</b>	99%	1%		99%	1%	
	<b>Total</b>	97%	2%		94%	5%	
	<b>Baloch</b>	91%	9%		77%	23%	
	<b>KP</b>	97%			96%	2%	2%
	<b>Punjab</b>	100%			92%	4%	
Average satisfaction (full, partial, and total of full and partial) across all questions under CHS 8 by province/gender	<b>Sindh</b>	99%	1%		99%		
		<b>Men</b>			<b>Women</b>		
		<b>Full</b>	<b>Partial</b>	<b>Total</b>	<b>Full</b>	<b>Partial</b>	<b>Total</b>
	<b>Baloch</b>	90%	11%	100%	77%	23%	100%
	<b>KP</b>	98%	0%	98%	95%	4%	98%
	<b>Punjab</b>	100%	0%	100%	92%	6%	98%
<b>Sindh</b>	99%	1%	100%	99%	1%	100%	
<b>Gender</b>	98%	2%	100%	94%	5%	99%	

The agencies followed standard staff policies to ensure staff productivity, rights, and safety. Agency staff policies, mandate, and values are usually communicated to the partners in their contracts. All agencies have well-established complaint mechanisms for their staff. The most critical strengths and gaps identified in online survey and internal KIIs under this commitment were as follows:

<b>DEC Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Strong recruitment process	Need for flextime
Well-experienced staff	Turnover in remote districts

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Strong security policies	Finding people in remote districts
<b>Partner Agencies</b>	
<b>Strengths</b>	<b>Gaps/Challenges</b>
Trained and experienced	Training people quickly
CV bank	Staff welfare could have been handled better
<b>Good Practices</b>	
Detailed staff security guidelines	CAFOD/CWSA, Save the Children, Oxfam, CARE

Thus, progress on CHS 8 was satisfactory as average satisfactory response across all questions exceeded 75% across all provinces and genders.

### **Key issues**

- It was hard to find qualified staff and partners in remote districts, especially women.
- Stronger staff support is needed to avoid burnout and mental stress among staff.

**Table 13: CHS 9-Responsible Use of Resources**

CHS 9 (%) Source: HH survey		Men			Women		
		Fully	Partially	No	Fully	Partially	No
23. Did the agency use the project resources and money in an efficient way to save money?	<b>Total</b>	64%	8%	25%	63%	18%	8%
	<b>Baloch</b>	4%	14%	79%	11%	33%	18%
	<b>KP</b>	40%	19%	37%	87%	11%	2%
	<b>Punjab</b>	96%		4%	20%	80%	
	<b>Sindh</b>	96%	2%	1%	76%	6%	8%
24. Did you notice any misuse of funds or resources by agency staff?	<b>Total</b>	2%	1%	95%	5%		94%
	<b>Baloch</b>	2%	3%	95%			100%
	<b>KP</b>	9%	1%	89%	11%		89%
	<b>Punjab</b>			100%		4%	96%
	<b>Sindh</b>			99%	4%		94%
Average satisfaction (full, partial, and total of full and partial) across all questions under CHS 9 by province/gender		Men			Women		
		Fully	Partially	Total	Fully	Partially	Total
	<b>Baloch</b>			57%			72%
	<b>KP</b>			74%			94%
	<b>Punjab</b>			98%			98%
	<b>Sindh</b>			99%			88%
<b>Gender</b>			82%			88%	

### **CHS 9: MANAGING RESOURCES EFFECTIVELY, EFFICIENTLY, AND ETHICALLY**

The response was implemented in partnership with the local implementing partners. All the agencies hired local staff and mostly those based in the targeted districts that enable agencies to use their resources efficiently. Communities were generally satisfied with the efficient and ethical use of resources except in Balochistan (Table 13). FGDs there showed that the issues related not to misuse of funds but their allocation across different sectors. Strict financial and logistical rules slowed down response in some cases. Thus, average satisfactory responses across all questions

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exceeded 75% across all provinces and genders, except among women in KP and men and women in Balochistan. The most critical strengths and gaps identified in online survey and internal KIIs under this commitment were as follows:

DEC Agencies	
Strengths	Gaps/Challenges
Risk Management Plan	None mentioned
Strong financial and logistics processes	
Inclusion of value for money lens	
Partner Agencies	
Strengths	Gaps/Challenges
Proper operation systems	None mentioned
Monitoring, finance, compliance, external and external auditing units	
Good Practices	
Detailed anti-fraud policies	Concern, Save the Children, Oxfam

### Key issues

- Strict financial and logistical rules, such as those related to tendering for large purchases, slowed down response in some cases.



80-year-old, Ayesha, a flood affected resident of a village in Balochistan, Pakistan, receives a hygiene and shelter kit from Age International

Haleema, a 65-year-old flood affectee receives wheat and fertilizer from Tearfund and their implementing partners in Sindh

### OVERALL OUTCOMES

Although outcomes and impact are not priority concerns during real-time reviews as they are held early in the relief phase where outcomes may still not be evident, this review asked a few questions in this regard to get some sense of outstanding needs across the provinces in different sectors. The biggest outstanding needs expressed by people especially among women, relate to their livelihoods (Table 14). This was triangulated by FGDs too where people expressed a powerful desire for agencies to support them in restarting their livelihoods work and become more self-reliant. Other major unmet needs relate to nutrition in Balochistan, water in Sindh and Balochistan, and sanitation and safety/security in Sindh, especially among women.

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**Table 14: Overall Outcomes**

Overall Questions Source: HH survey	Fully	Partially	No	Fully	Partially	No	
25. Has the project helped improve the socio-economic status of your family after the floods?	<b>Men</b>			<b>Women</b>			
	<b>Total</b>	27%	70%	2%	33%	55%	8%
	<b>Baloch</b>	7%	84%	9%	17%	83%	
	<b>KP</b>	84%	14%		89%	9%	2%
	<b>Punjab</b>	12%	88%		40%	56%	4%
26. Has the project helped improve the capacities and knowledge of your family for future?	<b>Sindh</b>	8%	90%	1%	17%	64%	14%
	<b>Total</b>	34%	48%	16%	29%	34%	33%
	<b>Baloch</b>	31%	69%		23%	68%	
	<b>KP</b>	90%	9%		80%	18%	2%
	<b>Punjab</b>	35%	65%		32%	52%	16%
27. Has the project helped improve the livelihoods status of your family after the floods?	<b>Sindh</b>	6%	58%	35%	11%	27%	57%
	<b>Total</b>	23%	25%	51%	23%	19%	57%
	<b>Baloch</b>	9%	17%	73%	6%	43%	51%
	<b>KP</b>	87%	11%		91%	7%	2%
	<b>Punjab</b>		100%		44%	36%	20%
28. Has the project helped improve the health and hygiene status of your family after the floods?	<b>Sindh</b>		21%	79%	13%	85%	2%
	<b>Total</b>	62%	25%	12%	48%	37%	14%
	<b>Baloch</b>	65%	35%		26%	70%	4%
	<b>KP</b>	94%	4%		87%	9%	2%
	<b>Punjab</b>	27%	73%		52%	44%	4%
29. Has the project helped improve the nutritional status of your family after the floods?	<b>Sindh</b>	50%	23%	27%	41%	36%	23%
	<b>Total</b>	36%	35%	28%	30%	27%	40%
	<b>Baloch</b>	5%	23%	72%	19%	47%	32%
	<b>KP</b>	86%	13%		93%	5%	2%
	<b>Punjab</b>	12%	88%		48%	42%	12%
30. Has the project helped improve the access of your family to water after the floods?	<b>Sindh</b>	28%	42%	30%	8%	28%	60%
	<b>Total</b>	32%	28%	39%	29%	11%	55%
	<b>Baloch</b>	5%	23%	72%	19%	47%	32%
	<b>KP</b>	83%	16%		96%	2%	2%
	<b>Punjab</b>	62%	38%		40%	16%	40%
31. Has the project helped improve the access of your family to sanitation services after the floods?	<b>Sindh</b>	7%	17%	75%	8%	1%	89%
	<b>Total</b>	41%	33%	26%	31%	32%	37%
	<b>Baloch</b>	60%	40%		36%	34%	30%
	<b>KP</b>	90%	9%		66%	32%	2%
	<b>Punjab</b>	19%	81%		44%	36%	20%
32. Has the project helped improve the safety and security of your family?	<b>Sindh</b>	12%	33%	55%	15%	31%	54%
	<b>Total</b>	48%	41%	10%	33%	26%	40%
	<b>Baloch</b>	72%	26%	2%	37%	54%	9%
	<b>KP</b>	97%	1%		96%	2%	2%
	<b>Punjab</b>	31%	69%		36%	48%	16%
Average satisfaction (full, partial, and total of full and partial) across all questions by province/gender	<b>Men</b>			<b>Women</b>			
		<b>Fully</b>	<b>Partially</b>	<b>Total</b>	<b>Fully</b>	<b>Partially</b>	<b>Total</b>
	<b>Baloch</b>	32%	42%	74%	23%	56%	79%
	<b>KP</b>	78%	10%	88%	87%	9%	96%
	<b>Punjab</b>	23%	63%	86%	42%	41%	83%
	<b>Sindh</b>	14%	43%	57%	15%	37%	52%
	<b>Gender</b>	38%	38%	76%	32%	30%	62%

## CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

### 1. CONCLUSIONS

The analysis in the last chapter on the nine CHS commitments and other standards shows that the DEC early response has largely been relevant, efficient, and effective. The average satisfaction levels across all questions under each CHS commitment among respondents of the household survey exceeded 50% on all commitments across all provinces and genders except on the issue of learning from communities under CHS 7. Only on around 10% of the individual questions across all questions across all CHS commitments did less than 50% of households express satisfaction (full or partial) and between 50% and 75% of households on another 18% of the questions across all provinces and genders. Thus, on more than 70% of the questions across all issues, more than 75% of household respondents were satisfied. This reflects a high level of programme quality. The key issues identified under different sets of questions were as follows:

#### Key issues and challenges

##### CHS 1: Affected communities receive appropriate aid (Recommendations)

- Some relief items, such as transitional shelter kits, were not durable.
- Women preferred in-kind items instead of cash due to their mobility issues.
- Agencies did not keep track of changing community needs over time, e.g., livestock diseases.
- There were complaints about the inadequacy of services from larger families.
- 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.
- 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.
- Mobile phone vendors often charged fees from communities for cash delivery against agreement with agencies not to do so.

##### CHS 2: Affected communities receive timely aid.

- There were delays in initial and subsequent aid delivery due to delays in DEC proposal approval (as some agencies did not know that DEC allows retrospective charging of expenses or were reluctant to commit their own funds before approval of DEC proposal), lack of funds, damaged roads, government approval delays, lack of supplies and capacity issues among agencies.

##### CHS 3: Affected communities are not harmed, and their resilience is increased.

- In Sindh, communities said that the agencies should have invested time and resources on building their capacities against future floods.
- 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.

##### CHS 4: CHS 4: Affected communities have access to information and participation.



- Many communities did not fully understand programme details such as the targeting criteria, the services being provided and project length and phase-out plans.
- Communities in many cases were not informed about their entitlements to the services of other agencies, especially government agencies.

### **CHS 5: Affected communities have access to responsive complaint mechanisms.**

- It was more difficult for women, older and sick persons to use the complaint mechanisms due to mobility and health issues.
- Many people used informal channels like village committees and teachers to communicate their issues. However, these were often not properly documented.
- The use of multiple complaint channels increased their effectiveness.
- Agencies did not share summaries of complaint registers with the review team for analyzing the nature of complaints and the time taken to address them.

### **CHS 6: Affected communities receive coordinated and complementary assistance.**

- Government national bodies focused on collecting information only and helping sometimes with clearances and permits rather than actively facilitating technical or geographical coordination.
- UNOCHA lacked capacity initially to actively coordinate activities at all levels.
- DEC agencies felt that there is a strong need for greater collaboration among them.

### **CHS 7: Organizations delivering assistance learn from experience and reflection.**

- Learning from 2010 floods response was often not used due to the long time gap.

### **CHS 8: Affected communities received assistance from competent staff and volunteers.**

- It was hard to find qualified staff and partners in remote districts, especially women.
- Stronger staff support is needed to avoid burnout and mental stress among staff.

### **CHS 9: Organizations delivering assistance use resources efficiently, effectively, and ethically.**

- Strict financial and logistical rules on tendering and senior management approval slowed down the response in some cases.

### **Overall outcomes**

- The most pressing community needs are livelihoods strengthening nationally, nutrition in Balochistan, water in Sindh and Balochistan and protection for women in Sindh.

The most frequent issues were expressed in Sindh and Balochistan. This was not a reflection of poorer agency services there but, as FGD discussions show, more a reflection of the much higher losses and community there.

The key challenges faced by agencies and partners were as follows:

- Permits and access difficulties due to delayed approvals by government agencies in KP.
- Insecurity due to terrorism in KP and Balochistan
- Harsh weather in northern areas due to the winter season
- Political instability due to opposition rallies and protests in Punjab



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- Funding shortage due to lack of adequate funding by major donors
- Damaged roads in flooded areas
- High national inflation
- Lack of coordination among DEC agencies and weak effort by UN and the government
- Limited partner capacities to scale up quickly in line with the scale of the crisis.
- Lack of government support in coordination and service delivery

The last section in this chapter provides recommendations to overcome these gaps and challenges.

### **2. RECOMMENDATIONS**

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

<b>Issues, challenges and recommendations</b>	
<b>For DEC Secretariat</b>	
<b>1</b>	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.
	<b>Recommendations:</b> DEC is advised to request agencies to clarify to country teams that DEC funds are available to members from day one of response via pre-financing facility.
<b>2</b>	DEC agencies felt that there is a strong need for greater collaboration among them.
	<b>Recommendations:</b> 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
<b>For DEC member agencies and partners</b>	
<b>3</b>	There were delays in initial and subsequent aid delivery due to lack of supplies and capacity issues among agencies and partners.
	<b>Recommendations:</b> 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.
<b>4</b>	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.
	It was hard to find qualified staff and partners in remote districts, especially women.

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	<p><b>Recommendations:</b></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><b>Recommendations:</b> 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><b>Recommendations:</b></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>

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<b>7</b>	<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><b>Recommendations:</b> 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>
<b>8</b>	<p>In Sindh, communities said that the agencies should have invested time and resources on building their capacities against future floods.</p>
	<p>Communities in many cases were not informed about their entitlements to the services of other agencies, especially government agencies.</p>
	<p>The most pressing community needs are livelihoods strengthening nationally, nutrition in Balochistan, water in Sindh and Balochistan and protection for women in Sindh.</p>
	<p><b>Recommendations:</b> 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.</p>
<b>9</b>	<p>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.</p>
	<p>Government national bodies focused on collecting information only and helping sometimes with clearances and permits rather than actively facilitating technical or geographical coordination.</p>
	<p>There were delays in initial and subsequent aid delivery due to delays in government approvals and lack of coordination among agencies.</p>
	<p>UNOCHA lacked capacity initially to actively coordinate activities at all levels.</p>
	<p><b>Recommendations:</b> Undertake greater representation and negotiations with the government and donors through the current PHF platform.</p>

## ANNEXES

### I. REVIEW METHODOLOGY

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In keeping with its long-standing practice, the DEC commissioned an independent real-time review of the Pakistan response in December 2022.

#### **Overall aims:**

- Instigate collective real-time reflection and learning to inform adjustments across DEC members' response.
- Draw on the initial phase of the response in order that lessons be applied in real-time in the members' ongoing programmes.
- Serve as an accountability function, both to communities and people affected by crisis, as well as to the UK public and other key supporters of the DEC appeal.

#### **Specific purposes:**

- Facilitate identification of key areas of enquiry and review questions in consultation with the DEC and members during the inception phase.
- Draw out key lessons, at operational level, which can inform real-time adjustments and be utilised during implementation of DEC members' programmes.
- Provide an overview and assessment of the response so far (against Core Humanitarian Standard commitments; Grand Bargain commitments and learning from similar crises including the Pakistan Floods in 2010).
- Highlight good practice in the humanitarian operations funded by the DEC.
- Where relevant identify gaps, areas of unmet needs, and challenges to the humanitarian operations funded by the DEC, from both sectoral and cross-cutting perspectives.
- Draw out key learning from the response to date, to be incorporated into ongoing programmes.

**Overarching question:** "To what extent are DEC members' programmes keeping affected people at the heart of the response?"

#### **Intended users of the review:**

- Those in the field who are instrumental in managing and designing the DEC members' in-country programmes (DEC member agencies and partner staff)
- Affected communities.
- DEC member agencies head offices
- Wider humanitarian sector in Pakistan and globally
- DEC staff and board
- General public in UK

The review approach draws upon the DEC TORs requirements and its accountability framework, major sector standards like CHS, sector good practices for real-time reviews and learning events, and agency perspectives derived through two inception workshops. In developing its approach

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during the inception phase, the team has listened attentively to DEC and NGO staff on the following key issues:

- i) What key challenges and sensitivities are agencies facing and how are they affecting response and the review? How best to deal with them?
- ii) What are the most key learning issues of member agencies? How can we best meet the learning needs of the organisations as well as groups of individuals within the organisations?
- iii) What knowledge already exists and what are the major gaps?
- iv) What is the key value added of this review expected by DEC and agencies?

The review methodology was guided by the following innovative sector standards for real-time reviews and learning during major emergencies:

- Appreciative inquiry and listening deeply and respectfully to all stakeholders.
- Participatory approaches with all stakeholders, especially in communities towards those usually not heard and most marginalised.
- Sensitivity, confidentiality, objectivity and respecting agencies time and constraints due to the burden of on-going response.
- Building on and eliciting existing tacit and formal knowledge within agencies.
- Pro-active, experimental, flexible, and adaptive use of review approaches.
- Rapid, actionable learning as the main objective that helps to capture individual staff and agency learning to inform the wider network.
- Focus on processes and critical events affecting the response.
- Provide safe spaces for staff to pause, reflect and share on their experiences and learning.
- Provide, practical, replicable, and flexible recommendations for future programming.

The methodology also reflects the following contextual challenges:

- Large number of agencies and partners in the DEC response
- Geographical spread of DEC members and partners staff across Pakistan and globally
- Multiple field provinces of DEC response in a large country which mean that not all areas could be visited.
- Challenge of coordinating the work of multiple review sub-teams for different provinces
- Unique social, political and security challenges in Pakistan, including terrorism, government restrictions on aid agencies and conservatism.

The review uses the four humanitarian principles of neutrality, impartiality, independence, and humanity<sup>15</sup> and the nine CHS commitments<sup>16</sup> as the main pillars of its analytical framework for guiding the review as follows:

<sup>15</sup> [https://civil-protection-humanitarian-aid.ec.europa.eu/who/european-consensus\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/who/european-consensus_en)

<sup>16</sup> Based on CHS Guidance Notes and Indicators, 2018.

## REAL-TIME REVIEW OF DEC PAKISTAN FLOODS APPEAL

<p><b>CHS 1: Communities and people affected by crisis receive assistance appropriate to their needs</b></p>
<ul style="list-style-type: none"> <li>• Communities and people affected by crisis consider that the response takes account of their specific needs, culture, and preferences.</li> <li>• The assistance and protection provided correspond with assessed risks, vulnerabilities, and needs.</li> <li>• The response takes account of the capacities, skills and knowledge of people requiring assistance and protection.</li> </ul>
<p><b>CHS 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.</b></p>
<ul style="list-style-type: none"> <li>• Communities and people affected by crisis, including the most vulnerable groups, consider that the timing of the assistance and protection they receive is adequate.</li> <li>• Communities and people affected by crisis consider that the response delivers according to their needs.</li> <li>• Monitoring and review reports show that the humanitarian response meets its objectives in terms of timing, quality, and quantity.</li> </ul>
<p><b>CHS3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient, and less at-risk because of humanitarian action</b></p>
<ul style="list-style-type: none"> <li>• Communities and people affected by crisis consider themselves better able to withstand future shocks and stresses, because of humanitarian action.</li> <li>• Local authorities, leaders, and organisations with responsibilities for responding to crises consider that their capacities have been increased.</li> <li>• Communities and people affected by crisis, including vulnerable and marginalised individuals, do not identify negative effects resulting from humanitarian action.</li> <li>• Do no harm and safeguarding principles</li> <li>• Sandei DRR framework</li> <li>• Grand bargain localization commitments</li> </ul>
<p><b>CHS4: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them</b></p>
<ul style="list-style-type: none"> <li>• Communities and people affected by crisis are aware of their rights and entitlements.</li> <li>• Communities and people affected by crisis consider that they have timely access to clear and relevant information, including about issues that may put them at further risk.</li> <li>• Communities and people affected by crisis are satisfied with the opportunities they must influence the response.</li> <li>• All staff are trained and provided with guidance on the rights of the affected population.</li> </ul>
<p><b>CHS5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.</b></p>
<ul style="list-style-type: none"> <li>• Communities and people affected by crisis, including vulnerable and marginalised groups, are aware of complaints mechanisms established for their use.</li> <li>• Communities and people affected by crisis consider the complaints response mechanisms accessible, effective, confidential, and safe.</li> <li>• Complaints are investigated, resolved and results fed back to the complainant within the stated time frame.</li> </ul>
<p><b>CHS 6: Communities and people affected by crisis receive co-ordinated, complementary assistance.</b></p>

## REAL-TIME REVIEW OF DEC PAKISTAN FLOODS APPEAL

- Organisations minimise gaps and overlaps identified by affected communities and partners through coordinated action.
- Responding organisations – including local organisations – share relevant information through formal and informal coordination mechanisms.
- Organisations coordinate needs assessments, delivery of humanitarian aid and monitoring of aid implementation.
- Local organisations report adequate participation and representation in coordination mechanisms.
- Advocacy, communication, visibility, access issues

### **CHS7: Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.**

- Communities and people affected by crisis identify improvements to the assistance and protection they receive over time.
- Improvements are made to assistance and protection interventions because of the learning generated in the current response.
- The assistance and protection provided reflects learning from other responses.

### **CHS8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.**

- All staff feel supported by their organisation to do their work.
- Staff satisfactorily meet their performance objectives.
- Communities and people affected by crisis assess staff to be effective in terms of their knowledge, skills, behaviours, and attitudes.
- Communities and people affected by crisis are aware of humanitarian codes of conduct and how to raise concerns about violations.
- Staff are familiar with and use relevant sectoral Sphere and national standards

### **CHS9: Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently, and ethically.**

- Communities and people affected by crisis are aware of community-level budgets, expenditures and results achieved.
- Communities and people affected by crisis consider that the available resources are being used:
  - a. for what they were intended; and
  - b. without diversion or wastage.
- The resources obtained for the response are used and monitored according to agreed plans, targets, budgets, and time frames.
- Humanitarian response is delivered in a way that is cost-effective.
- Grand bargain commitment on adequate funding

In addition, the review integrates the following standards and frameworks at the sub-questions level or as additional dimensions to guide the analysis:

- External challenges and advocacy, visibility, and access issues.
- Grand Bargain Commitments.
- Sphere standards.
- Do No Harm/Safeguarding issues.
- National standards.

The review team used the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) learning and real-time review guidelines<sup>17</sup>, the Good Enough

<sup>17</sup> <https://www.alnap.org/help-library/real-time-evaluations-of-humanitarian-action-an-alnap-guide>

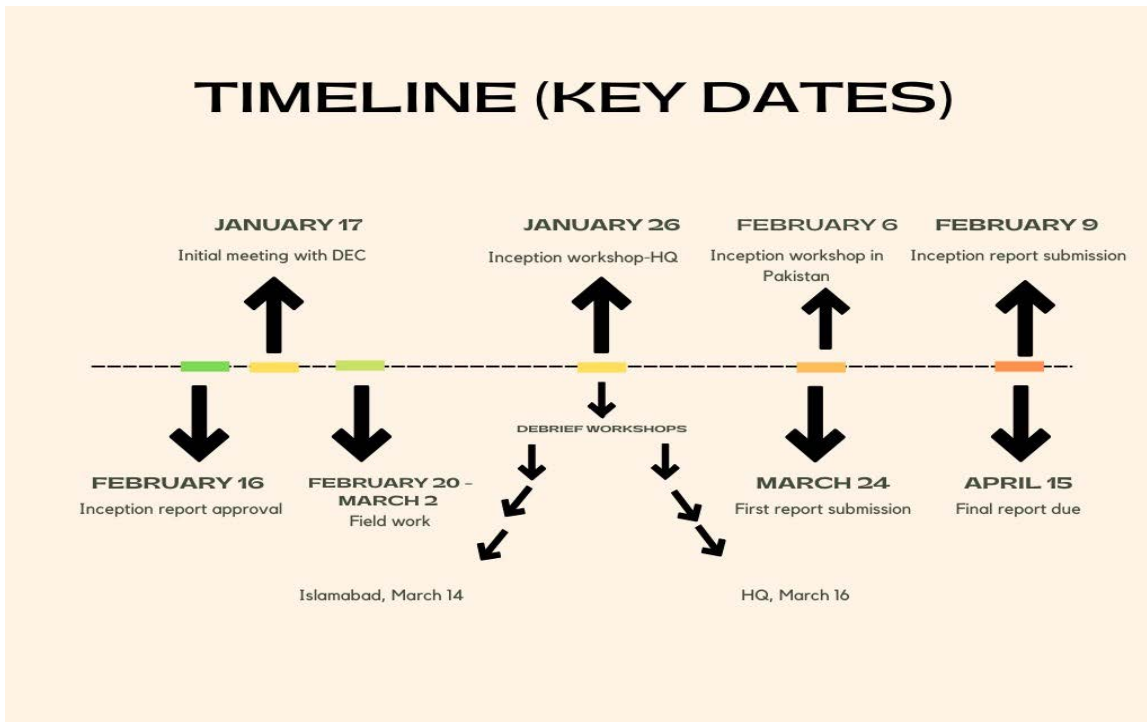


## REAL-TIME REVIEW OF DEC PAKISTAN FLOODS APPEAL

Guidelines<sup>18</sup> and other real-time review guidelines to develop a light and flexible information collection approach. The review adopted a constructive and **participatory approach** to engaging programme staff and other key informants (including the programme communities, partner organisations and relevant government agencies). Discussions were used as opportunities for joint reflection on lessons learnt. Where targets have not been met, the review analysed the reasons and alternative actions taken by the agencies in order to elaborate useful lessons for future project. Throughout the consultation process with various stakeholders listed above, learning was encouraged by using the following four steps namely (i) introduction, (ii) assessment of the overall programme approach, (iii) identify the “success factors” or “struggle factors” and (iv) collect recommendations for future activities. The following data collection tools were used at the agency and community levels:

The key review dates were as follows:

Figure 2: Key Dates



### Agencies-Level Activities

#### 1) Review of documents:

The review team went through a large body of DEC, members and UN assessments, proposals and progress reports, government guidelines and reports related to this crisis and other similar crises to identify quantitative and qualitative data, stories, case studies, quotes etc. for each review dimension. The key tool developed for ensuring efficient and effective capture of relevant information from many documents was a document review matrix with a column for each review dimension and rows for types of information such as quantitative data, stories, quotes etc.

<sup>18</sup> <https://www.alnap.org/help-library/good-enough-guide-impact-measurement-and-accountability-in-emergencies>

## REAL-TIME REVIEW OF DEC PAKISTAN FLOODS APPEAL

Information was coded by agency, sector, timeline, and geography to develop a better sense of nuances along these axes.

### 2) **Inception workshops:**

The review team held two inception workshops to help develop the detailed methodology, field schedule and instruments for the review. The review team first held an online inception workshop on January 26, 2023, mainly with headquarters staff from all eleven agencies, from head offices and a few staff members from Pakistan which was attended by over 20 staff members. The team held a second face to face inception workshop in Islamabad on February 6, 2023, which was attended by 18 DEC member agencies staff and eight partner staff. The workshops had dedicated sessions on i) overview of review aims; ii) challenges, constraints, and sensitivities; iii) overall progress to-date; iv) headline findings on each review dimension; v) lessons, areas of improvements and good practices; vi) field logistics and issues; vii) other relevant issues. The issues identified in the workshops were integrated in the approach for the review.

### 3) **Key informant interviews**

Key informant interviews (KIIs) were held with both internal (Pakistan-based agency and partner staff) and external stakeholders such as UN, government, and coordination body officials. The internal KIIs focused on the following issues:

- Plans and assessments.
- Progress to-date
- What worked well and what are the challenges?
- Future plans

Total internal KIIs held:	
• DEC Agencies Head of Programmes or Emergencies	12
• Staff in field	48
• Group discussions with staff	41
<b>Total</b>	<b>101</b>

The external KIIs focused on coordination issues, meeting of standards and quality of programming. The specific stakeholders were as follows:

• NDMA in Islamabad	1
• UN officials	4
• PDMA officials in provinces	2
• Health officials in provinces	7
• District officials	13
• Coordination bodies-PHF, NHN	3
<b>Total</b>	<b>30</b>

### 4) **Online Agencies and Partners Staff Survey**

To obtain the perceptions of a larger number of staff members beyond those reached through KIIs, an online survey was conducted with agency and partner staff covering outcomes achieved on the nine CHS commitments. A total of 66 persons responded which included 31 (48%) DEC member agencies global, regional (5) or Pakistan staff (26) and 34 (52%) partner staff.

**Community-Level Activities**

The team visited each agency in at least one location and more depending on the spread of operations. The detailed field schedule is attached in Annex 2. The summary one is as follows:

**Table 15: Field Schedule**

Province	Dates	Agencies
Sindh	February 21-March 1	Age, AAH, BRC, CARE, CAFOD, Concern, IRC, Oxfam, Tearfund, Save the Children
Balochistan	February 20-25	AAH, Age, Oxfam, Tearfund
Khyber-Pakhtunkhwa	February 27-March 3	IRC, IRW, Save the Children
Punjab	February 23-26	HelpAge, IRC

On each visit day, the team covered the following activities:

Household survey	12 men and 12 women
FGDs	1 each with 10-12 men and 10-12 women; with children in selected locations
Physical observations	Health clinics, WASH/shelter infrastructure in selected sites, Women Friendly Spaces, Child Friendly Centres, Temporary Learning Centres.
Interviews and reflections	-Implementing staff -District officials

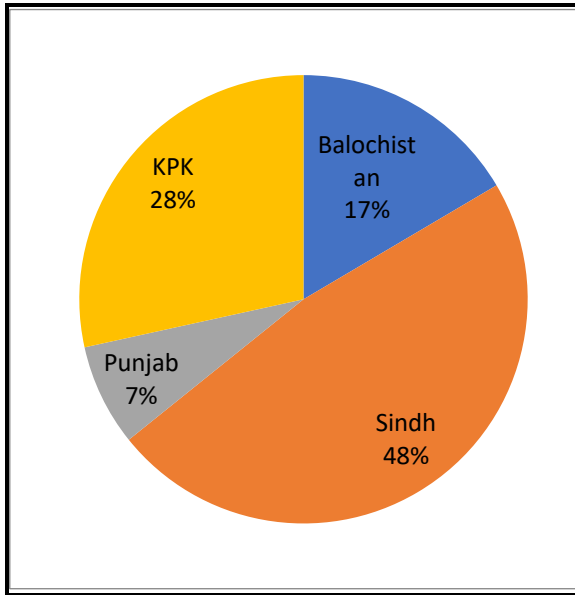
Extensive participatory exercises were held with communities. Each data collection exercise began after explaining the purpose of the review and obtaining the participants’ informed consent and were conducted in local languages. COVID-19 protocols were followed throughout the in-person data collection activities.

**5) Right-holders’ Perception Survey**

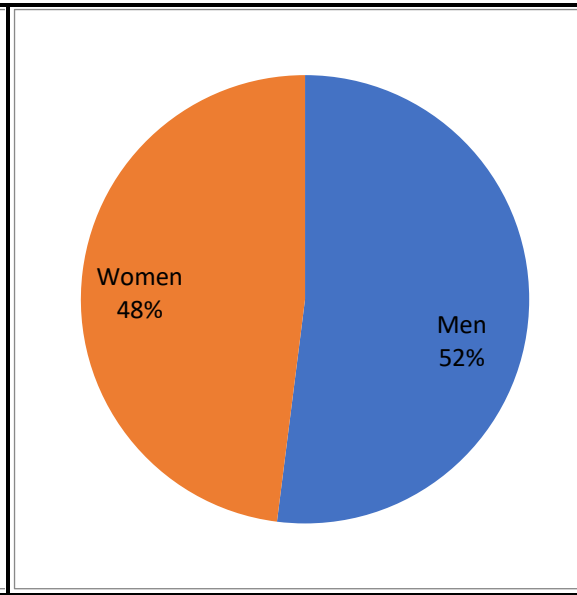
A survey was conducted with flood-affected household adults focused on “what and when” issues related to each review dimension and sub-dimensions. Various social categories such as gender, religion, age, disabilities, and displacement status were covered in the sample. A total of 584 interviews were conducted, divided between men and women and other social categories above covered there-in. The main aims of this exercise were to give voice to their views, analyse their satisfaction with response services, mechanisms and participation and adjust future response in line with their priorities. The key issues covered related to all the nine CHS standards. The following figures gives the gender and provincial breakdown of the respondents:

The coverage of men and women was close to 52% which was a major achievement given the mobility and interaction restrictions on women in many places. However, women exceeded men in Sindh but lagged them in more conservative KP and Balochistan in the sample. Sindh constituted nearly 50% of the household respondents and Punjab the lowest percentage (7%) based on the spread of the DEC agencies across provinces explained earlier.

**Figure 3: Survey Provincial Breakdown**



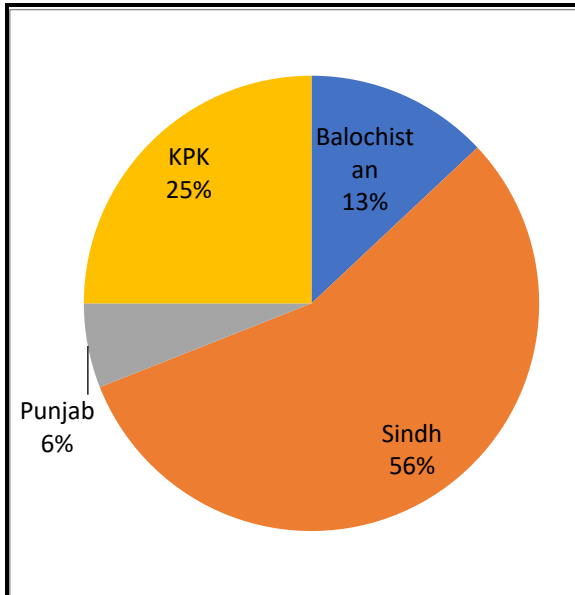
**Figure 4: Survey Gender Breakdown**



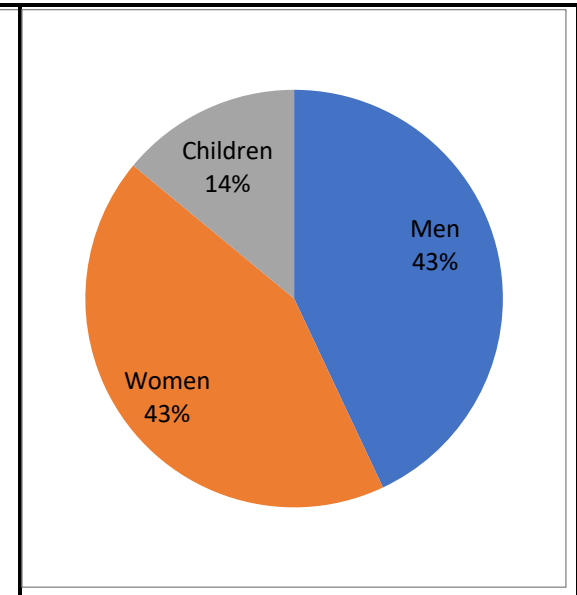
**6) Focus Group Discussions**

Open-ended FGDs were held face-to-face in secure locations in communities to ensure privacy with people from all the socio-economic categories through convenience sampling to explore the “how and why” for each review dimension and sub-dimension. FGD responses provides qualitative categories of key issues, quotes, case studies and stories on right-holders’ perceptions on multiple items on each review dimension. A total of 63 FGDs were held with women, men, and children with the breakdown by province and gender given below:

**Figure 5: FGDs Provincial Breakdown**



**Figure 6: FGDs Gender Breakdown**



**7) Physical observations were undertaken through transect walks** of services and infrastructure provided and context to get data, pictorial evidence, video clips, case studies etc. The places visited were decided based on information collected during FGDs from

communities about infrastructure provided. This included visits to the health camps being provided by four agencies.

- 8) **Final debrief and learning workshops** for Islamabad (physical) staff was held on March 14, 2023, and UK (online) was held on March 16, 2023 to present findings and collect further information and ideas from agencies on any informational gaps and way forward.

### **Data Analysis**

After the completion of data collection, the review team:

- Summarized key informant interview notes and coded them according to themes relevant to the review.
- Prepared tally sheets in Excel identifying the themes that emerge in the document review and key informant interviews to facilitate systematic and rigorous data analysis aimed at identifying key review findings.
- Compared responses of different stakeholder groups with each other and information provided in project documents to triangulate.
- Compared information provided by project staff with information provided by the respondents (beneficiaries) and address factual discrepancies as well as differences across stakeholder groups in consultation with agencies.
- Analysed the quantitative data by preparing crosstabs and frequency distributions from the household survey, which were processed and analysed using Excel and/or SPSS.
- All qualitative and quantitative data were disaggregated by sex and location.
- Standard protocols were applied to ensure data quality, including adequate training of enumerators, cross-checking in data entry and rechecking by Team Leader for a sample of data. Enumerators were hired locally.

The reviewers took steps to ensure that the review respects and protects the rights and welfare of the people and communities involved and to ensure that the review is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organisational learning and accountability. Finally, the team prepared a detailed outline summarizing key findings, based on all the data analysis, and conclusions for each review question and overall recommendations. The methodology relies on triangulation of sources and methods to ensure the validity and reliability of results. Only information that is reported by multiple informants was included in the findings. In addition, the review was “evidence based”. This means that throughout the data collection process, the review team looked for facts, tangible and reliable evidences that can later on be used to inform the findings of the review. Data quality was given particular attention.

**ANNEX 2: FIELD VISIT SCHEDULE**

**Table 16: Field Visit Schedule**

	<b>Team 1</b>	<b>Team 2</b>	<b>Team 3</b>	<b>Team 4</b>
		<b>Sindh</b>	<b>Sindh</b>	
<b>Tue 21</b>	<b>Balochistan</b>	Save the Children Dadu		
<b>Wed 22</b>	Oxfam Jaffarabad	CARE Dadu		
<b>Thu 23</b>	Age Jhal Magsi	CARE Dadu		<b>Punjab</b>
<b>Fri 24</b>	AAH Jaffarabad	Concern Mirpurkhas		IRC Rajanpur
<b>Sat 25</b>	Tearfund Lasbela	Concern Mirpurkhas	IRC Badin	HelpAge Rajanpur
<b>Sun 26</b>	<b>KP</b>	Oxfam Mirpurkhas		<b>Sindh</b>
<b>Mon 27</b>	Save the Children Swat	CAFOD Khairpur	Save Khairpur	BRC Jacobabad
<b>Tue 28</b>	Save the Children Swat	CAFOD Khairpur	Age Khairpur	AAH Qambar
<b>Wed 1</b>	IRC Dera Ismail Khan	Oxfam Qambar	Tearfund Jacobabad	Tearfund Jacobabad
<b>Thu 2</b>	IRW Tank			
<b>Fri 3</b>	IRW Tank			

**ANNEX 3: VILLAGES VISITED**

**Table 17: List of Villages Visited**

Province/ District	DEC Member Agency	Partner	Village	Number of FGDs	Number of HH interviews
Balochistan					
Jaffarabad	Oxfam GB	Tameer-e-Khalq Foundation (TKF)	Ghot Hazar Khan Pitafi	Male: 1 Female: 1 Total: 2	Male: 15 Female: 12 Total: 27
Jhal Magsi	Help Age	Community Development Foundation	Dargha Fateh Pur, Ghot Ghaagan	Male: 1 Female: 1 Total: 2	Male: 15 Female: 11 Total: 26
Jaffarabad	Action Against Hunger (AAH)	Brightstar Development Society Balochistan	Shafi Mohammad Mastoi, Ghot Nizamuddin	Male: 1 Female: 1 Total: 2	Male: 15 Female: 12 Total: 27
Lasbela	Tearfund	Pakistan Mission Society	Oraki	Male: 1 Female: 1 Total: 2	Male: 12 Female: 11 Total: 23
Total:				Total FGDs: 8 Male: 4 Female: 4	Total HH: 103 Male: 57 Female: 46
Sindh					
Dadu	Care International	TRDP	Potho Machi	Male: 2 Female: 2 Children: 1 Total: 5	Male: 6 Female: 6 Total: 12
			Gulzar Ahmed Thebo		Male: 6 Female: 4 Total: 10
			Sevo Chandio		Male: 12 Female: 16 Total: 28
	Save the children	Legal Rights Forum	Taj Muhammad Khoso		Male: 12 Female: 0 Total: 12
			Kalrai Chandio		Male: 0 Female: 13 Total: 13
	Concern Worldwide	TRDP	Haji Mubeen Mehar		Male: 0 Female: 1 Total: 1
Jacobabad	BRC	Pakistan Red Crescent Society	Goth Dilmurad Umrani		Male: 1 Female: 1 Total: 2
	Tearfund	REEDS	Nau Khan Jakhrani	Male: 1 Female: 1 Total: 2	Male: 12 Female: 12 Total: 24
Khairpur	CAFOD	CWSA	Mahi Khan Markhand	Male: 2 Female: 2 Children: 0 Total: 4	Male: 8 Female: 15 Total: 23
			Allah Dino Channa		Male: 12 Female: 13 Total: 25



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	CAFOD	CWSA	Khah, UC Khora, Tahalaka Gambat	Male: 1 Female: 1 Total: 2	
	HelpAge	HEADS	Lal baksh Mangi/ Pir Chan, UC Shah Bogyu, Tehsil Khairpur	Male: 1 Female: 1 Total: 2	
	Save the Children	PPHI <sup>19</sup>	Abdul latif Shar	Male: 1 Female: 1 Total: 2	
Mirpurkhas	Concern Worldwide	TRDP	Haji Mubeen Mehar	Male: 1 Female: 1 Children: 1 Total: 3	Male: 20 Female: 6 Total: 26
			Haji Hussain Bux Shar		Male: 12 Female: 0 Total: 12
			Mohammad Saleh Mehar		Male: 0 Female: 13 Total: 13
	Concern	PPHI	Haji Shahid Burguri, Tehsil Kot Ghulam Muhammad	Male: 1 Female: 1 Total: 2	
	Concern	PPHI	Ali Muhammad Mehar, UC Turk Muri, Tehsil Hussain Buksh Muri	Male: 1 Female: 1 Total: 2	
	Oxfam	SPO	Kabil Khashkeli	Male: 1 Female: 1 Children: 0 Total: 2	Male: 9 Female: 12 Total: 21
			Noor Ahmed Bhurgri	Male: 13 Female: 0 Total: 13	
Qambar Shahdadkot	Action Against Hunger	Fast Rural Development Programme	Goth Kot Chattu	Male: 1 Female: 1 Total: 2	Male: 12 Female: 12 Total: 24
			Chutta Kot		Male: 0 Female: 12 Total: 12
	Oxfam	Laar Humanitarian and Development Programme	Faiz Mohammad Janwri	Male: 1 Female: 1 Children: 1 Total: 3	Male: 0 Female: 12 Total: 12
			Dost Mohammad Buno		Male: 9 Female: 3 Total: 12
Badin	IRC	Research and Development	Allah Bachayo	Male: 1 Female: 1	

<sup>19</sup> People's Public Health Initiative.

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		Foundation RDF	Bheel, UC Malkani, Tehsil Tando Bago	Total: 2	
Total				Total FGDs= 35 Male: 16 Female: 16 Children: 3	Total HH: 304 Male: 151 Female: 153
Punjab					
Rajanpur	IRC	AWS	Kallar	Male: 1 Female: 1 Total: 2	Male: 12 Female: 11 Total: 23
	Helpage	REEDS	Sohrab	Male: 1 Female: 1 Total: 2	Male: 12 Female: 13 Total: 25
Total				Total FGDs: 4 Male: 2 Female: 2	Total HH: 48 Male: 24 Female: 24
KP					
Swat	Save the Children	Sarhad Rural Support Program	Jail, Bahrain	Male: 1 Female: 1 Children: 1 Total: 3	Male: 12 Female: 12 Total: 24
	Save the Children	Sarhad Rural Support Program	Torwal, Bahrain	Male: 1 Female: 1 Children: 5 Total: 7	Male: 12 Female: 15 Total: 27
D.I Khan	IRC	Heads <sup>20</sup>	Gara Potha, Kot Essa Khan	Male: 1 Female: 1 Total: 2	Male: 15 Female: 11 Total: 26
Tank	IRW	IRW	Kot Allah Dad, Bagwal	Male: 1 Female: 1 Total: 2	Male: 20 Female: 12 Total: 32
D.I Khan	IRW	IRW	Garrah Rehman	Male: 1 Female: 1 Total: 2	Male: 15 Female: 6 Total: 21
Total				Total FGDs: 16 Male: 5 Female: 5 Children: 6	Total HH: 130 Male: 74 Female: 56
Grand Total				Grand Total FGDs: 63 Male: 27 Female: 27 Children: 9	Total HH: 584 Male: 306 Female: 278

**ANNEX 4: INTERNAL KEY INFORMANT INTERVIEWS**

**Table 18: Internal KIIs**

	Head of Programmes	Designation	Age	Agency
1	Shahzado Khaskheli	Head of Programmes	Islamabad	Age
2	Dr. Benjamin	Project Coordinator	Sarai-Rajanpur	HelpAge/ REEDS
3	Dr Iram	Doctor	HEADS office Sukkar	HelpAge
4	Shahid Hussain	Project Manager	Qambar Shahdad Kot	AAH/ Fast Rural Development Society
5	Sadia Gull	Head of Food Security	Islamabad	AAH
6	Aamir Kaleem	Director Emergency	Islamabad	CARE
7	Sikander Rahioon,	Project Officer	Dadu	TRDP
8	Ali Ahmed Kallar,	Project Manager	Dadu	TRDP
9	Tasleem	Facilitator	Dadu	TRDP
10	Alam Khatoon,	Facilitator	Dadu	TRDP
11	Rafy Mohammad Haroon	Project Officer	Dadu	CARE
12	Huma Rani	Programme Coordinator	Islamabad	CWSA
13	Saleem Dominic	District Manager	Khairpur	CWSA
14	Afaq Hussain	Social Mobilizer	Khairpur	CWSA
15	Hassan Ali	Social Mobilizer	Khairpur	CWSA
16	Mr Salim	Programme Manager	CWS office Khairpur	CWSA
17	Ameer Ali Mahar	Programme Officer	Camp site Village Khah	CAFOD/CWS
18	Manzoor Ali	Humanitarian Programme Manager	Islamabad	BRC
19	Anwar Zeb	WASH Coordinator	Islamabad	IRC
20	Abdul Waheed	Programme Manager	Kallar-Rajanpur	IRC/ AWS
21	Mohd. Ubaidullah	Project Manager	Badin, UC Malkani	IRC
22	Ameer Haider	Programme officer	Badin	IRC
23	Raza Narejo	Head of Programmes	Islamabad	IRWV
24	Barkat Ali	Head of Emergencies	Islamabad	Oxfam
25	Tailal Masood	Meal Manager	Islamabad	Oxfam
26	Shuhab Mughal	District Manager	Qamber Shahdadkot	LHDP
27	Rabia Rauf	Operations Manager	Islamabad	SAVE
28	Imran Bhand,	Project Manager	Dadu	Legal Rights Forum (LRF)
29	Naheed Abbassi,	MEAL Assistant	Dadu	LRF
30	Sassui Solangi,	MEAL Assistant	Dadu	LRF
31	Amjad Ali Mashori	Government Teacher	Dadu	LRF
32	Miss Sonia	TLC Teacher	Dadu	LRF
33	Terrill Massey	Head of External Engagement	Islamabad	Tearfund
34	Abdullah Awais	Project Coordinator	Jacobabad	Tearfund/REEDS
35	Bheesham	District Manager	Mirpurkhas	TRDP
36	Mr Faisal Khokhar	senior nutrition coordinator	PPHI Office Mirpurkhas	CONCERN
37	Raja Imran,	District Manager	Mirpur Khas	SPO
38	Misbah,	Facilitator	Mirpur Khas	SPO
39	Dr Saiqa	Doctor	Village Khah, UC Khora	Government

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40	Rabia Kanwal	Lady Health Worker	Village Khah	Government
41	Aamir Mughal	Field Manager, IRC	IRC office	KII IRC
42	Asad Ullah Khan	MEAL Officer, IRC	IRC office	Group Interview IRC and HEADS
43	Sohail Bahadar	CTO, IRC		
44	Mohd Shaeen	Project Officer, HEADS		
45	Samiullah Khan	Project Manager, HEADS		
46	Rustum Jamal	Head of Emergencies	Islamabad	Pakistan Mission Society
47	Salahuddin Bugti	District Secretary	Jacobabad	Pakistan Red Crescent Society
48	Shariq Khan	Provincial Head	Jacobabad	Pakistan Red Crescent Society

**ANNEX 5: STAFF GROUP DISCUSSIONS**

**Table 19: Staff Group Discussions**

1	Tailal Masood	MEAL Manager, Oxfam	TKF office, village Goth Hazar Khan Pitafi, district Jaffarabad, Balochistan	Group Interview (KII) Oxfam and Tameer-e-Khalq Foundation (TKF) (8 persons)	
2	Khadija Khan (Ms.)	Programme Manager, TKF/Oxfam			
3	Mahmood Tareen	Provincial Coordinator, TKF			
4	Ashraf Sarfaraz	Emergency Response Officer, TKF			
5	Syed Iqbal Shah	Manager, TKF			
6	Amir Kakar	MEAL Coordinator, TKF			
7	Asif Khan Afridi	MEAL Manager, TKF			
8	Saifullah Khan	Project Coordinator, CDF			CDF office Village Dargha Fateh Pur, district Jhal Magsi, Balochistan
9	Hafizullah Khosa	Deputy Director, Social Welfare, CDF			
10	Syed Shaukat Ali	MEAL Officer, CDF			
11	Bashir Ahmed	Physiotherapist, CDF			
12	Zafar Ullah	Field Officer, CDF			
13	Mohd. Naeem	Field Officer, CDF			
14	Sohil Ahmed	Field Officer, CDF			
15	Sardar Doda Khan	Regional Manager, BSDSB	Village Shafi Mohammad district Jaffarabad, Balochistan AAH office	Against Hunger (AAH) IP, Bright Star Development Society Balochistan (BSDSB) Group Interview	
16	Rasheed Jattak	Project Officer, BSDSB			
17	Moin Khan	Project Officer, BSDSB			
18	Hassan Jamali	Hygiene Promotor, BSDSB			
19	Mohd Ilyas	Hygiene Promotor, BSDSB			
20	Aamir Mughal	Field Manager IRC	IRC office, district DIK	KII IRC	
21	Asad Ullah Khan	MEAL Officer, IRC	IRC office, Mirpurkhas	Group Interview IRC and HEADS	
22	Sohail Bahadar	IRC			
23	Mohd Shaeen	Project Officer, HEADS			
24	Samiullah Khan	Project Manager, HEADS			
25	Yaseen	Specialist			
26	Shagufta	Social Mobilizer, HEADS			
27	Parvisha	Social Mobilizer, HEADS			
28	Sabit Ali	Social Mobilizer, HEADS			
29	Gulsher	Social Mobilizer, HEADS			
30	Afshan	Social Mobilizer, HEADS			
31	Fateh Ali	Social Mobilizer, HEADS			
32	Naveed Hussain	Assistant			Qambar Shahdatkot
33	Pervaiz Wadho	Associate			
34	Zubaida Chandio	Associate			
35	Zarina Naich	Associate			
36	Mahek Zaffar	Associate			
37	Ameeran	Meal Officer			
38	Shahida Noor	Associate			
39	Suleman Chandio	Associate			
40	Abid Hussain	Associate			
41	Muswer Gadihi	Associate			

**ANNEX 6: EXTERNAL KEY INFORMANT INTERVIEWS**

**Table 20: External KIIs**

	Name	Designation/Location	Location	Agency
1	Zahid Hussain Kehro,	Focal Person NGOs & DDMA	Dadu	Government
2	Yar Mohammad Bhurgri	Union Councilor	Mirpurkhas	Government
3	Sohail Ahmed Khan	Assistant Deputy Commissioner, Swat	District Office, Swat	Government
4	Fazal ul Khaliq	Deputy District Education Officer (DDEO), Swat	District Education Department office, Swat	Government
5	Fasih Abassi	Assistant Commissioner,	National Club	Government
6	Murad Kasi	District Commissioner	Lasbela	Government
7	Tanzeel Alvi	PDMA Focal Person	District office- Rajanpur	Government
8	Tasleem Ahmad	Assistant Director	Welfare office Rajanpur	Government
9	Dr Rahmatullah Solangi	DHO Khairpur	Khairpur Health Office	Government
10	Ms. Saba	Deputy Director	Welfare Office Rajanpur	Government
11	Zafar Ali Soomro	Coordinator District office	District office Jacobabad	Government
12	Dr M. Mudassir	Focal Point Flood Response	Islamabad	Government
13	Dr Asif Syed	Team Lead Provincial Disease Surveillance and Response Unit	Sindh	Government
14	Dr. Rafique Ahmed Ghunia	Deputy Director Provincial Disease Surveillance Response	Director General Health Services Office Balochistan, Quetta	Government
15	Dr Gul Sartaj	Focal Point Provincial Disease Surveillance Response	Health Directorate Peshawar	Government
16	Dr. Afzal Wazir	Deputy Director Livestock Department,	Livestock Department, Tank	Government
17	Iqbal Raza	Director Implementation	Islamabad	Government
18	Mohammed Amaad		Peshawar	Government
19	Sameen Ullah Afridi	Humanitarian Affairs Officer	Karachi	UNOCHA
20	Engy Kassen	Coordination Consultant	Karachi	UNOCHA
21	S. Shahid Kazmi	Programme Coordinator	Islamabad	PHF
22	Mr. Ajay Kumar,	Assistant Director, Operation	Karachi	Government
23	Amanullah Rind	Director PDMA Balochistan	On-line, PDMA office, Quetta	Government
24	Abbass sb	District Nutrition Coordinator	Civil Hospital Mirpurkhas	Government
25	Dr Hanif Shar	Medical Doctor	Hindyari, Khairpur	Government
26	Dr Sheharbano	Medical Doctor	Hindyari, Khairpur	Government
27	Sanaullah Laghari		Badin	
28	Niaz Ahmed Abro	Education Focal person	Dadu	Government
29	Hafeez Ullah	Deputy Director, and Focal Person for NGOs and relief operations	Social Welfare Department office, Jhal Magsi	Government
30	Ms. Kamila Babar	Assistant Manager, WASH	WASH Office	

**ANNEX 7: RESPONSES FROM ONLINE SURVEY**

**Table 21: Responses to Online Survey**

<b>CHS 1: Relevant aid</b>		No/Not at all	A little/somewhat	A lot	Fully	No answer/don't know
1. Were your agency services relevant to the most important needs of communities after the floods in line with the local culture and preferences?	Total		2%	31%	62%	
	DEC Member			29%	71%	
	DEC Member Partner		3%	35%	56%	
2. Were the agency services adequate given the immediate needs of communities after the floods?	Total		12%	54%	27%	
	DEC Member		13%	55%	29%	
	DEC Member Partner		12%	56%	26%	
3. Has the agency provided household services to the most deserving communities suffering most from Floods-22 crisis?	Total		3%	42%	51%	
	DEC Member		3%	52%	48%	
	DEC Member Partner		3%	35%	56%	
4. Has the agency given adequate and equal attention to the needs of high risk groups like women, children, older persons, persons with disabilities after the floods?	Total		2%	33%	62%	
	DEC Member		3%	42%	58%	
	DEC Member Partner			26%	68%	
<b>CHS 2: Timely aid</b>		No/Not at all	A little/some what	A lot	Fully	No answer/don't know
5. Were the agency services timely given community needs after the floods?	Total		6%	65%	26%	
	DEC Member		10%	64%	26%	
	DEC Member Partner		3%	68%	26%	
<b>CHS 3: Do-no-harm</b>		No/Not at all	A little/some what	A lot	Fully	No answer/don't know
6. Did this agency take adequate communities not to harm communities and safeguard them from any negative impact from its work/staff?	Total	3%		38%	53%	
	DEC Member			32%	68%	
	DEC Member Partner	6%		44%	41%	
7. Has the agency's work helped build the capacities of communities to become stronger to deal with future emergencies?	Total	4%	32%	44%	15%	1%
	DEC Member	10%	32%	39%	16%	3%
	DEC Member Partner		32%	50%	15%	
8. Has the agency used local capacities well in doing its work?	Total		11%	44%	40%	
	DEC Member		16%	35%	48%	



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	DEC Member Partner		6%	53%	32%	
<b>CHS 4: Community participation</b>		No/Not at all	A little/some what	A lot	Fully	No answer/don't know
9. Did the agency consult all sections of the community during the work?	Total		6%	54%	35%	1%
	DEC Member		10%	48%	42%	3%
	DEC Member Partner		3%	62%	29%	
10. Were communities given adequate information about the agency plans and activities?	Total		5%	58%	33%	2%
	DEC Member		6%	58%	35%	3%
	DEC Member Partner		3%	59%	32%	
11. Has the agency informed you about your rights to the services of government and other agencies after the floods?	Total		15%	56%	21%	3%
	DEC Member		19%	55%	19%	6%
	DEC Member Partner		15%	59%	23%	
<b>CHS 5: Compliant mechanisms</b>		No/Not at all	A little/some what	A lot	Fully	No answer/don't know
12. Did the agency give adequate opportunities to communities to make complaints to agency in case of problems in implementation?	Total		1%	26%	70%	
	DEC Member			23%	77%	
	DEC Member Partner		3%	29%	65%	
13. Were complaints made to the agency promptly solved?	Total			39%	53%	3%
	DEC Member			35%	61%	3%
	DEC Member Partner			44%	47%	3%
<b>CHS 6: Coordination</b>		No/Not at all	A little/some what	A lot	Fully	No answer/don't know
14. How well has the agency coordinated with other DEC agencies during this crisis?	Total		14%	50%	27%	6%
	DEC Member		13%	42%	35%	10%
	DEC Member Partner		15%	59%	21%	3%
15. How well has the agency met international humanitarian technical standards during this response?	Total		3%	54%	38%	2%
	DEC Member		3%	52%	45%	3%
	DEC Member Partner		3%	59%	32%	

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<b>CHS 7: Learning</b>		No/Not at all	A little/some what	A lot	Fully	No answer/don't know
16. How well has the agency incorporated past learnings from similar crisis, especially 2010 Pakistan floods, during its response to this crisis?	Total		2%	72%	23%	2%
	DEC Member		3%	74%	23%	
	DEC Member Partner			71%	24%	3%
17. How well has the agency captured new learnings from this response for future crisis?	Total		5%	74%	17%	2%
	DEC Member		3%	90%	9%	
	DEC Member Partner		6%	62%	24%	3%
<b>CHS 8: Staff issues</b>		No/Not at all	A little/some what	A lot	Fully	No answer/don't know
18. To what extent was the agency able to deploy knowledgeable and competent staff for this response?	Total			47%	48%	
	DEC Member			55%	42%	
	DEC Member Partner			41%	56%	
19. To what extent was the agency able to ensure the welfare of the staff during this response?	Total		12%	53%	32%	
	DEC Member		13%	58%	29%	
	DEC Member Partner		12%	50%	35%	
<b>CHS 9: Use of resources</b>		No/Not at all	A little/some what	A lot	Fully	No answer/don't know
20. Did the agency use the agency resources and money in an efficient way to save money?	Total	2%		36%	56%	2%
	DEC Member			45%	48%	3%
	DEC Member Partner	3%		29%	65%	
21. To what extent did the agency avoid misuse of funds or resources by agency staff?	Total	3%		29%	59%	5%
	DEC Member	3%		26%	61%	10%
	DEC Member Partner	3%		32%	59%	

