



Evaluation Report NCHD-PHDF Emergency Response, Relief and Rehabilitation Activities-PAKISTAN FLOOD 2022

Submitted to: PHDF
Submitted by: Momentum
Submitted on: June 3rd,
2024

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Acknowledgement

This report could not have been possible without the collective efforts and wisdom of the management of Pakistan Human Development Fund (PHDF), National Commission for Human

Development (NCHD) and Momentum’s Evaluation team. In particular, we acknowledge the support and guidance extended by MS Mehbooba Razzaque; CEO PHDF, Mr. Mirza Nasir ud Din Mashhood Ahmad; Director General NCHD, Mr. Habibullah Khan; Director Education, Mr. Syed Husnain Naqvi; AD-VCD Head Office and Mr. Haroon Javed;

Finance Officer PHDF. We would also like to thank District Managers and District Field staff/supervisors NCHD, who have contributed their time and efforts to make this evaluation successful. Their dedication and professionalism have been invaluable during the course of this evaluation. We also appreciate the continued guidance and support of Dr. Muhammad Saleem; Lead Public Policy Division, Momentum, Mr. Iqbal Ur Rehman Sharif, Director Programs Momentum and Chief Operating Officer Momentum, Mr. Muhammad Tanveer Ul Hassan, from kick-off till completion of the Evaluation.

All the beneficiaries/Community members deserve special thanks for their participation and valuable feedback. Their input has helped us better understand the needs and concerns regarding NCHD-PHDF’s Flood relief activities. Lastly, the special applause to the field team who worked hard in collecting quality data.

Thank you all for your contributions and dedication to enhancing both individual and mutual accountability in the service provisions by NCHD and PHDF.

Authors:

Mr. Sarmad Khan | Lead Evaluator, Momentum

Ms. Rabia Bano | Evaluation Associate/ Report writer, Momentum

Acronyms

CNIC	Computerized National Identity Card
D.I. Khan	Dera Ismail Khan
FICS	Financial Information Control System
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
NCHD	National Commission for Human Development
NDMA	National Disaster Management Authority
NDMP	National Disaster Management Plan
NFI	Non-Food Items
NGO	Non-Governmental Organization
OECD- DAC	Organization for Economic Co-operation and Development-Development Assistance Committee
PDMA	Provincial Disaster Management Authority
PHDF	Pakistan Human Development Fund
SITREPS	Situation Report
TORs	Terms of Reference
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene

Glossary¹

¹ All the definitions have been taken from DEVELOPMENT CO-OPERATION DIRECTORATE DEVELOPMENT ASSISTANCE COMMITTEE-DAC Network on Development Evaluation Glossary of Key Terms in Evaluation and Results-Based Management [https://one.oecd.org/document/DCD/DAC/EV\(2022\)2/en/pdf](https://one.oecd.org/document/DCD/DAC/EV(2022)2/en/pdf)

Key Terms of Evaluation

Accountability	Accountability is a state of or a process for holding someone responsible to someone else for something. It is the obligation to demonstrate that work has been conducted in compliance with agreed rules and standards, or to report fairly and accurately on results, based on mandates and plans.
(Mutual) Accountability	Shared responsibility for the intervention implementation and its results. The obligation of two or more partners to demonstrate compliance with mutually agreed rules and standards or to report fairly and accurately on the use of resources and achievement of results for mandated roles or plans.
Activity	Actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources, are mobilised to produce specific outputs.
Analytical tool	Method used to process and interpret data collected or collated.
Attribution	The ascription of a causal link between observed (or expected to be observed) changes and a specific intervention.
Audit	An independent, systematic, objective quality assurance assessment designed to document and improve the effectiveness of risk management, control and governance processes.
Beneficiaries	The individuals, groups, or organisations, whether targeted or not, that benefit, directly or indirectly, from the intervention.
Causality	The relationship between one event (the cause) and another event (the effect) which is the direct consequence of the first.
Coherence	The compatibility of the intervention with other interventions in a country, sector or institution
Data collection tool	Methods used to identify information sources and collect information. Examples include informal and formal surveys, direct and participatory observations, community interviews, focus groups, expert opinions, case studies, and literature search.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.
Evaluation	The systematic and objective assessment of a planned, ongoing or completed intervention, its design, implementation and results. The aim is to determine relevance, coherence, effectiveness, efficiency, impact and sustainability. Evaluation also refers to the process of determining the worth or significance of an intervention.

Evaluation purpose	The objectives of the evaluation including why the evaluation is being undertaken at this particular point in time, for whom and how the evaluation will be used for learning and accountability.
Impact	The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
Indicator	Quantitative or qualitative factor or variable of interest, related to the intervention and its results, or to the context in which an intervention takes place.
Monitoring	A continuing process that involves the systematic collection or collation of data (on specified indicators or other types of information). Provides the management and other stakeholders of an intervention with indications of the extent of implementation progress, achievement of intended results, occurrence of unintended results, use of allocated funds and other important intervention and context-related information.
Outcomes	The short-term and medium-term effects of an intervention's outputs.
Project evaluation	Evaluation of an individual intervention designed to achieve specific objectives within specified resources and implementation schedules, often within the framework of a broader programme, examining its relevance, coherence, effectiveness, efficiency, impact and sustainability.
Relevance	The extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Stakeholders	Agencies, organisations, groups or individuals who have a direct or indirect interest in the intervention or its monitoring and evaluation.
Sustainability	The extent to which the net benefits of the intervention continue, or are likely to continue.
Terms of reference	Written document presenting the purpose and scope of the evaluation, the methods to be used, the standard against which performance is to be assessed or analyses are to be conducted, the resources and time allocated, and reporting requirements.
Triangulation	The use of three or more theories, sources or types of information, or types of analysis to verify and substantiate an assessment.

Executive summary

Introduction: The assignment evaluates the 2022 Flood Response Programme undertaken by NCHD, and funded by PHDF, aiming to assess its planning, implementation, and impact. Key objectives include evaluating tent accessories, food and non-food provisions for 30 days, utensils distribution, and medical camp effectiveness. The evaluation, conducted by Momentum Ventures (Pvt) Limited Consultancy Services, as per approved Inception Report, seeks to enhance future humanitarian efforts to further build on strengths, lessons learned and recommendations provided.

About the NCHD Relief Programme

The PHDF-NCHD's Flood-Relief Programme aimed to aid 1,000 families in 15 severely affected districts with essential supplies and medical aid during the 2022 floods. While Phase-I successfully provided tents, food, and medical assistance, Phase-II faced challenges due to funding shortages, leading to incomplete rehabilitation efforts. Despite initial successes, the programme highlights the critical need for sustained financial support to ensure comprehensive disaster response and recovery.

Methodology

The evaluation was conducted to assess the project against OECD-DAC criteria of "relevance," "coherence," "effectiveness," "efficiency," "impact" and "sustainability". The evaluation methodology adhered to international humanitarian standards such as Core Humanitarian Standards, IASC and gender guidelines. A mixed-method approach was employed, encompassing qualitative and quantitative data collection from August to November 2022. This involved an Inception Meeting, Secondary Research, Primary Research (including surveys, and key Informant interviews), Data Analysis using MAXQDA, Power Bi and MS Excel, and Report Writing. The study covered 5 districts, conducting 16 Key Informant Interviews, and a Community Survey with 154 respondents. Ethical considerations were paramount, ensuring transparency, informed consent, privacy protection, and a do-no-harm approach throughout the evaluation process.

Findings

In terms of “**Relevance**”, the project activities demonstrated clear alignment with beneficiary needs, reflected in-terms of community satisfaction with the food and non-food items provided by NCHD. The urgency in responding to affected communities was addressed through a district-level need assessment, ensuring immediate relief aligned with general community needs. Additionally, NCHD's adaptive approach led to the development of Phase-II, focusing on rehabilitation support. However, the project suffered from significant planning and strategic shortcomings. The absence of a systematic approach to planning, implementation, monitoring, and review by both PHDF and NCHD resulted in misaligned objectives and compromised overall project relevance. The lack of household-level need assessment led to a one-size-fits-all approach, failing to address specific community needs and causing a mismatch between provisions and actual needs. Moreover, the failure to use strategic planning tools like LogFRAME or "Theory of Change" during proposal development further compromised the project's relevance and effectiveness.

The “**Coherence**” of the project was reviewed by evaluating NCHD's alignment with government priorities, the development of synergies with other actors, and the application of Sphere standards, including stakeholders' perspectives on these standards. These key areas were crucial in determining the project's alignment with broader disaster response efforts and standards. NCHD has strong institutional presence in 128 districts and its robust infrastructure position to

develop synergies in disaster-affected areas, offering long-term benefits to communities, particularly school-going children. However, the project did not develop these synergies with other stakeholders, such as government entities, NGOs, and UN agencies, which could have enhanced overall community benefits. Local administration was only involved in issuing NoCs and was not consulted to identify the most in-need areas, leading to oversight in targeting specific union councils or villages. Additionally, the absence of strategic planning and objective assessments hindered the identification and utilization of potential synergies within NCHD and with other partners, limiting the project's overall impact on the community. The Sphere standards ensure quality and accountability in humanitarian response by emphasizing adequate living space, safety, and accessibility for shelter; nutritional adequacy, food safety, and appropriate supply for food items; availability, quality, and proper use of medicines; and sufficient safe water supply, proper sanitation facilities, and hygiene promotion. The evaluation indicates that standards were not used and therefore, were not monitored. It is difficult to assess from stakeholders' perspective due to their complete lack of such knowledge, whether these were informally adhered to intendedly or unintendedly.

“Effectiveness” of the project was assessing alignment of planned outcomes with achieved results and community perception. It was found that the project lacked a structured planning framework with clearly defined objectives, outcomes, outputs, and corresponding performance indicators, hindering an objective assessment of its success. Monitoring systems were insufficiently implemented, with no formal reporting mechanisms established between the PHDF and NCHD, further complicating performance evaluation. Despite these challenges, stakeholders at the community level expressed satisfaction with the timely delivery of aid, highlighting a commendable aspect of the project's execution. However, the absence of systematic monitoring undermined the credibility of reported successes, despite an end-of-project report produced by NCHD.

“Efficiency” was assessed through objective evidence of allocated timeframes and budgets, alongside stakeholder feedback. NCHD successfully executed planned activities, delivering food and non-food items efficiently and on schedule. Feedback from communities confirmed effective camp setup and distribution, benefiting 1,000 families at a cost of Pak Rs 0.6874 million, averaging Pak Rs 68,740 per family. However, due to missing delivery cost data, a comprehensive cost efficiency analysis was hindered, necessitating improved data collection practices for future assessments. Stakeholder engagement played a critical role in validating the efficiency of relief efforts, with beneficiaries affirming timely and effective assistance. Though comparisons with similar projects were limited by data availability, community satisfaction underscored operational success.

“Impact” was evaluated by assessing evidence reported by stakeholder. Immediate relief, including food and non-food items, was successfully delivered to flood-affected communities during the 30-day intervention. However, the project lacked provisions for long-term rehabilitation or links to ongoing relief efforts post-project completion, limiting sustained community support. Stakeholder feedback highlighted moderate satisfaction, particularly among women, with notable positive aspects such as dedicated sanitation facilities in certain districts, enhancing privacy and dignity. The inclusion of female doctors in medical camps fostered trust and accessibility to healthcare services, though concerns were raised regarding the adequacy of medical provisions and the lack of feminine hygiene products. Inconsistencies in resource allocation and communication further compounded these challenges, revealing gaps in addressing specific women's needs effectively.

“Sustainability” was assessed ongoing impact of provided resources and services post-project. While the 30-day intervention primarily focused on immediate relief without a comprehensive rehabilitation strategy, insights from beneficiaries provided valuable perspectives on sustainability. Positively, 96.1% of respondents continued to utilize aid kits after NCHD's withdrawal, indicating satisfaction with the relevance and quality of assistance. Additionally, 98.7% acknowledged NCHD's efforts in maintaining project assets like tents and washrooms, highlighting the organization's commitment to sustainability. Challenges identified included disparities in the provision of rehabilitation services alongside relief assistance, particularly notable in regions like Rajanpur and Sanghar. This underscored the need for more inclusive and targeted support to ensure comprehensive community recovery. Regions like Jaffarabad reported lower continued usage of aid kits, suggesting potential issues with suitability or sustained relevance. Moreover, a small percentage of respondents noted insufficient maintenance efforts for project assets in certain areas, emphasizing the importance of strengthening ongoing maintenance practices.

Recommendations:

To enhance PHDF and NCHD operations, a comprehensive planning manual should be developed, incorporating processes, tools, and compliance requirements based on guidelines from the Planning Commission of Pakistan and international guidelines. Structured planning frameworks like LogFRAME should be adopted, with staff trained and standardized templates provided. Thorough community needs assessments should be conducted regularly using participatory approaches and included in grant proposals. Coordination with government bodies, NGOs, and UN agencies should be strengthened through partnerships and joint projects. Resources and expertise should be leveraged by sharing best practices and organizing regular coordination meetings. Monitoring and evaluation should be improved with detailed frameworks and digital tools, ensuring their inclusion in proposals. Accountability should be ensured through external audits, transparency, and feedback mechanisms. NCHD should conduct training sessions on Sphere Standards, develop checklists and guidelines for project compliance and implement peer review processes. Diverse community needs should be addressed with inclusive, culturally sensitive programs. Long-term sustainability should be promoted through comprehensive strategies and capacity-building. Mechanisms for ongoing support should be established, including clear exit strategies and partnerships with local organizations for resource mobilization.

1. Introduction

The introduction provides overview of the effects of 2022 flood induced disaster in Pakistan, about the evaluation assignment, introduction to the organizations of Pakistan Human Development Fund (PHDF) and the National Commission for Human Development that steered relief activities and snap shot of the planned project and claims of success. The structure of the document is present at the end of this Section-1.

2.1 Pakistan and its Climate Change Vulnerability

Pakistan is vulnerable to negative consequences of climate change. The 2022 floods are manifestation of this vulnerability. The flood-induced disaster devastated the entire country and affecting huge population, especially the poor. Overall, 15.9% of the population, approximately 33 million people, were affected. According to the National Disaster Management Authority (NDMA), by September 22, 2022, 1,596 lives were lost, with significant casualties in Balochistan, Sindh, KP, and Punjab. The floods damaged over 2 million houses, killed over 1 million livestock, and destroyed infrastructure, including 392 bridges, 13,074 km of roads, 23,900 schools, and 1,460 health facilities. Nearly 9 million people could be pushed into poverty as a result.

Box 1: Overall Assessment of the 2022 Flood-Affects

A total of 94 districts across Pakistan, more than half of all districts in the country, were declared "calamity hit after the rain induced floods in 2022." Approximately 33 million people, or one in seven, have been affected by the 2022 floods, with nearly 8 million displaced. The floods have claimed the lives of more than 1,700 people, including one-third who were children. Rain-induced floods, accelerated glacial melt, and subsequent landslides have devastated millions of homes and key infrastructure, submerged entire villages and destroyed livelihoods. Disaster assessment indicated that the national poverty rate will rise by 3.7 to 4.0 percentage points as a direct consequence of the floods, pushing further 8.4 and 9.1 million people into poverty. The majority of these districts are in the provinces of Baluchistan, followed by Sindh, and Khyber Pakhtunkhwa; of the 25 poorest districts in the country, 19 were affected by the calamity.

Source: NDMA Report and World Bank Report on

Like all responsible development organisations, the Pakistan Human Development Fund (PHDF) and its implementing partner the Nation Commission for Human Development (NCHD)² supported the relief efforts in the 41 most affected districts of Pakistan. A total of Pak Rs 64.740 million were generated by PHDF and channeled to the NCHD for provision of flood relief to 1,000 families in 15 out of 40 most effected districts.

2.2 About PHDF³

The Pakistan Human Development Fund (PHDF) is a non-profit entity registered under the Companies Ordinance of 1984⁴. It operates under the guidance of an independent Board of Directors, which includes both local and international philanthropists who have each contributed US \$100,000. Additionally, the board features a representative from the in-country UNDP and three federal secretaries from the Pakistani government—namely from the Finance, Education,

² The status and role of PHDF and NCHD are described in sub-sections 2.2.1 and 2.1.2.

³ See details on http://www.nchd.org.pk/ws/index.php?option=com_content&view=article&id=53&Itemid=57

⁴ A **nonprofit organization (NPO)**, also known as a **non-business entity** or **nonprofit institution**, and often referred to simply as a **nonprofit** (not followed by a noun), is a legal entity organized and operated for a collective, public or social benefit, as opposed to an entity that operates as a business aiming to generate a **profit** for its owners. See https://en.wikipedia.org/wiki/Nonprofit_organization

and Health ministries—who serve as ex-officio members on the its board. PHDF exemplifies a model of public-private partnership designed to foster collaboration between private sector philanthropists and the Pakistani government for advancing human development in the country.

The PHDF functions as the custodian of funds for the National Commission for Human Development (NCHD), which it supports by securing funds from the government as well as national and international donors. NCHD is responsible for executing development projects on the ground. The PHDF provides financial and other assistance to NCHD, aiding in the capacity-building, training, and competency enhancement of government officials, elected representatives, and non-governmental organizations operating in the social sector at the district level.

2.3 About NCHD

The National Commission for Human Development (NCHD) is mandated by the Government of Pakistan under Section 7 of its Ordinance. The Pakistan Human Development Fund (PHDF) is the custodian of funds for NCHD and secures founding resources for the organization by lobbying with government, local and international donors. Its functions can be seen⁵ in Figure 2.

NCHD is the leading agency combating illiteracy across 124 districts in Pakistan, helping people escape ignorance. With a nationwide network of 101 Human Development Support Units, NCHD aims to enhance government efforts in providing social services by focusing on expanding choices, building capacities, and encouraging grassroots community participation.

NCHD supports government departments, civil society organizations, and local communities in education, basic healthcare, and income-generating activities. It offers innovative, cost-effective solutions to implementation gaps and builds the capacities of stakeholders through extensive training and workshops. These efforts ensure lasting impact by empowering government departments, community-based organizations, and the communities they serve⁶.

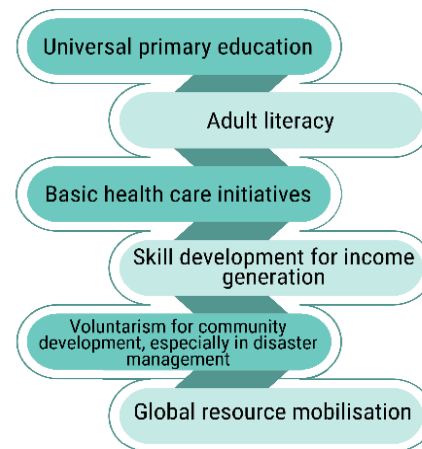


Figure 1: NCHD's Functions

2.4 The Assignment

This assignment is an evaluation of the 2022 flood Response program of National Centre for Human Development (NCHD) that was funded by Pakistan Human Development Found (PHDF). The evaluation, as is clear from its title, is intended to provide insights into the program planning, design, implementation and learning.

Specific aim of the assignment is to evaluate the effectiveness and impact of the PHDF's flood response project and document lessons learned to enhance future humanitarian efforts. The primary objectives are to assess and validate the provision of tent accessories and bedding, the food program for 30 days, non-food items for 30 days, and the provision and tabulation of utensils. Additionally, the evaluation will assess medical camps in flood-affected districts, identify key lessons learned, challenges, and provide recommendations for future projects. These findings will support both upward and downward accountability and enhance future programming efficiency in project design, implementation, decision-making, and achieving quality results.

⁵. Further details on these programmes can be viewed on the website <https://www.nchd.org.pk>

⁶. See details on <http://www.nchd.org.pk>

The assignment was awarded by PHDF to Momentum Ventures (Pvt) Limited Consultancy firm for addressing the Terms of Reference (Annex-I). The who, what and how of the assignment was all laid out in the “Inception Report” that was approved by PHDF and NCHD.

1.1. Flood-Relief Program of PHDF-NCHD

The Flood Response of NCHD: Pakistan ranks among the top ten nation’s most severely impacted by climate change, with increasing floods, droughts, and heatwaves disproportionately affecting the poorest populations. These events have severe consequences for agriculture, coastal erosion, infrastructure, food security, and migration. In the 2022 monsoon season, beginning in July, Pakistan experienced unprecedented rainfall, receiving over 60% of its normal monsoon rainfall within three weeks and 190% of its typical July-August rainfall. This caused widespread riverine and flash floods, urban flooding, landslides, and Glacial Lake Outburst Floods. Baluchistan and Sindh, usually less affected, were particularly impacted, with Sindh receiving 450% more rain than usual. Saturated flood basins and overwhelmed drainage systems led to extensive flooding of farmland and settlements (See Box-1 and Map below).

At the time of the 2022 flood emergency, NCHD in order to respond to the crises was provided an initial grant of Pak Rs 10 million by PHDF on submission of their first proposal. Annex-I indicates list of province-wise 41 most flood-affected districts (Annex 2) of Balochistan (13), Khyber Pakhtunkhwa (10), Punjab (07) and Sindh (5), Azad Jammu & Kashmir – AJ&K (04) and Gilgit-Baltistan – GB (02) in which this program was planned under the Pak Rs 10 million.

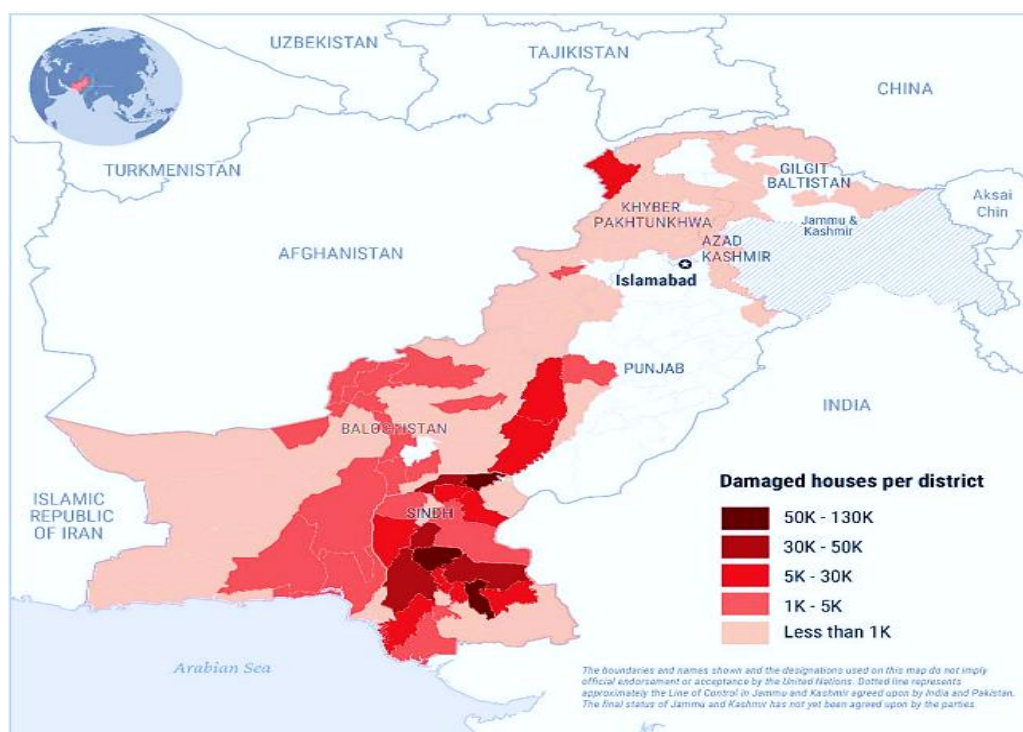


Figure 2: Floods by district in Pakistan, as of 26 August 2022. Image: UNOCHA

Planned Flood Emergency Relief Under Pak Rs 10 million Grant: In response to the dire aftermath of devastating floods, the National Commission for Human Development (NCHD) swiftly launched an emergency response program aimed at addressing the urgent needs of displaced households. Their primary mission was to provide essential supplies and services that would not

only ensure immediate well-being but also contribute to the long-term stability of the affected communities.

Based on the instructions from the Chairman of NCHD and the Director General of NCHD, a proposal was prepared and submitted to donors, including PHDF, to secure funds for the rehabilitation of flood-affected individuals across the country. This proposal outlined NCHD's plan to support 20 families each in 40 highly affected districts (a list is attached at Annex-I) by providing essential items such as packed food, packed water gallons/bottles, flour, food ration, medicines, flashlights, candles and matches, and cooking utensils. Additionally, health care aid will be provided through medical camps as part of this initiative.

Planned Flood Emergency Relief Under Pak Rs 62 million Grant: As first project was launched, a second proposal of Pak Rs 62 million was also prepared and submitted to donors including PHDF. The second proposal included not just relief but rescue and rehabilitation as aspects that were missing in the initial proposal.

During the flood crisis of 2022, NCHD, in collaboration with the Ministry of Federal Education & Professional Training, swiftly responded by directing district offices, field officers, and volunteers to coordinate relief efforts with district administration and provincial disaster management authorities. Their immediate actions included identifying the urgent needs of flood-affected individuals, preparing district-specific disaster management plans, contacting philanthropists for resource mobilization, and engaging the corporate sector for donations and volunteer support.

On August 15th, 2022, NCHD initiated its emergency rapid response, focusing on the most affected regions of Sindh and Balochistan. Their goal is to support 1,000 families across Pakistan by providing rescue operations, cooked food packages, non-food items, medicines, hygiene kits, and health care aid through medical camps. The primary objective is to save lives, minimize risks, and facilitate the recovery and rehabilitation of flood-affected individuals, enabling them to resume normal lives by restoring access to livelihoods and basic needs.

The implementation plan comprises of two phases: Phase-I involves establishing tent villages in affected districts, providing food items, constructing washrooms, and offering medical aid to 1,000 families for 30 days. Phase-II focuses on relief and rehabilitation activities such as transitional schools, medical camps, and livelihood support for six months post-stabilization of the situation. The expected outcomes include improved living conditions, reduced health risks, restored education facilities, and sustainable livelihoods for flood-affected communities (Figure 4, below).

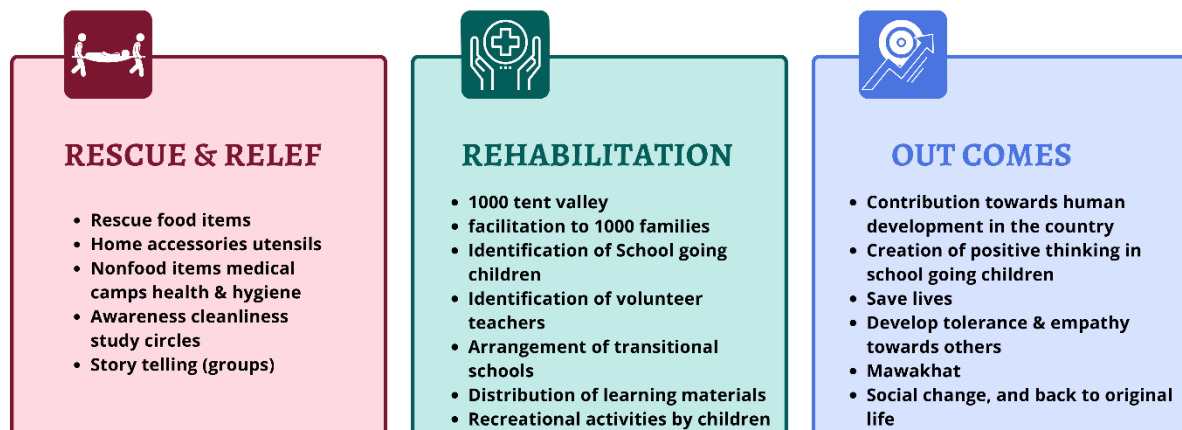


Figure 3: Expected Outcomes-Rehabilitation

1.2. Analysis of Claimed Success:

Review of the report on the NCHD provides phase-wise progress claim. This progress claim is reported as it is given in the report to get a flavor of claimed success. The progress during Phase-1 (Rescue and Relief is given in Table 5a Below, while progress against Phase-2 (Rehabilitation is given in Table-5b further below).

Planned Rescue and Relief Activities		
S. No	Activities	Final Progress
1.	Provision of Tents for 1,000 families	Provided
2.	Provision of Food Items for 30 days with interval of 10 days each (20 kg flour, 5 kg Ghee, 2 Kg Sugar, Green Tea, 2 Kg Pulses, 125 Gram Black Tea, 2 Kg Daal, 1 Liter Oil, Salt Soda, Matchboxes, 5 Kg Rice, Spices, Soap, Beans) – 1,000 families	Provided
3.	Live Saving Medicines for 30 days for 1,000 families	Provided
4.	Provision of 100 Washrooms (1 per 10 Tents local construction from bricks and GI Sheet)	Provided and claimed as functional
5.	Safe Drinking Water for 30 days for 1.000 families	Services provided with safety elements not reported
6.	Noon Food Items (NFI) Kits (Tent Accessories, Utensils, Water Coolers) for 1,000 families	Provided

Table 1: Planned Rescue and Relief activities

Planned Rehabilitation Work		
S. No	Activities	Final Progress
1.	Medical Camps for 1,000 families	Medical Camp for only 100 families
2.	Transitional Schools	15 transitional schools established
3.	Livelihood support package	Could not be provided due to funds shortage
4.	Logistics and Monitoring Support	Regular monitoring conducted

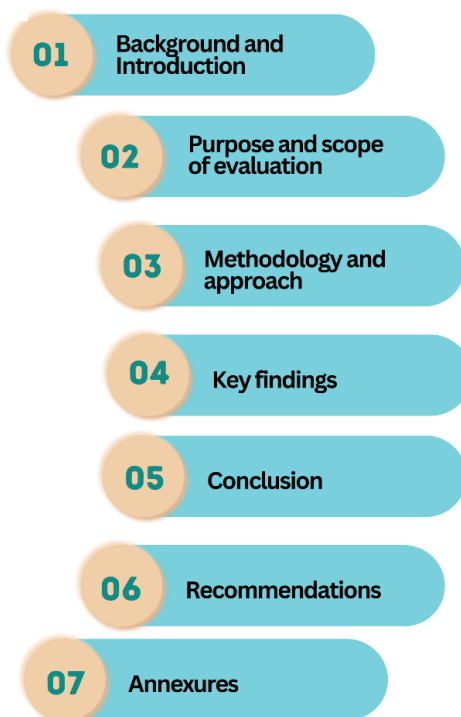
Table 2: Planned Rehabilitation Work

An additional amount of Pak Rs 108 million was required by NCHD apart from the Pak Rs 60 million provided for Rescue and Relief against proposed Pak Rs 62 million requested by them. As the Pak Rs 108 million could never be secured therefore much of the work on rehabilitation could not be undertaken.

1.2.1. Structure of the Report

The Evaluation Report is structured to present the NCHD and its Flood Relief Program, followed by a description of Methodology and approach taken for this exercise. The main quantitative and qualitative findings, according to OECD DAC Criteria, are presented next with conclusion and recommendations at the end (See Figure1 below).

Figure 4: Outline of the Evaluation report



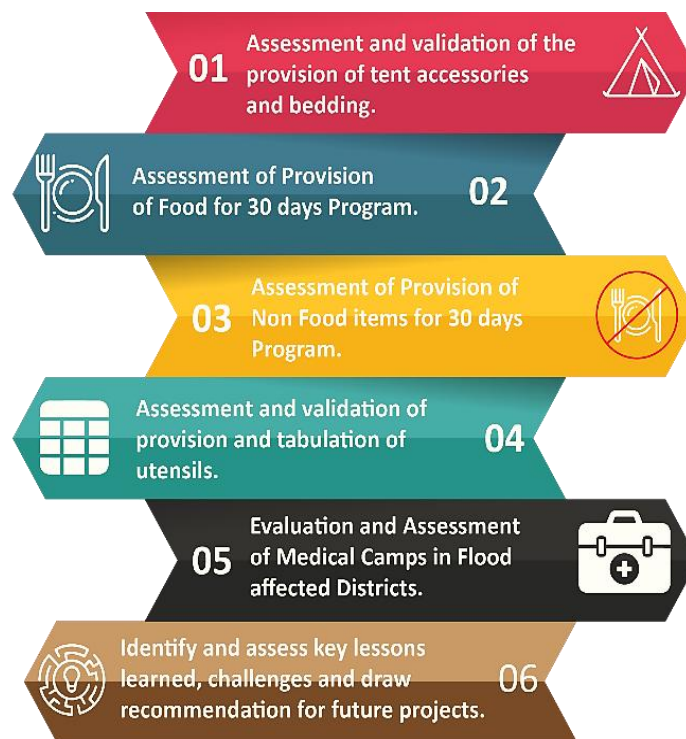
2. Evaluation Overview

2.1. Purpose and objectives of Evaluation

The purpose for this evaluation was to assess the performance, achievement and effectiveness of the project by validating the deliverables committed by NCHD. This evaluation aims to contribute to accountability towards the PHDF as a donor and the beneficiaries of the program. NCHD as a whole and the project team in particular aimed to remain accountable; towards PHDF as a donor agency and towards the senior management of NCHD, for the results and resources utilized during this flood response project. Such upward accountability of the project is crucial for maintaining the trust and support of donors, ensuring the efficient use of resources, and demonstrating the impact and effectiveness of the interventions. This will also contribute to a transparent and responsible relationship between PHDF and NCHD.

The evaluation will ensure that the affected populations have a say in the decisions that affect them, that their needs and concerns are taken into consideration, and that they have access to information about the projects implemented on their behalf. During this evaluation, the interventions were evaluated to check if they are people-centered, culturally appropriate, and responsive to the needs of the affected populations. The objectives of evaluation as per ToRs are listed in the figure 6.

Figure 5: Objectives of the evaluation



2.2. Evaluation Criteria

The evaluation followed the standard Organization for Economic Co-operation and Development's (OECD), Development Assistance Committee (DAC)⁷ criteria that includes: relevance, coherence, effectiveness, efficiency, impact, and sustainability. Each of the six criteria is summarized by a broad question, which illustrates its overall meaning. Each one represents an important element for consideration:

- Relevance: Is the intervention doing the right things?
- Coherence: How well does the intervention fit?
- Effectiveness: Is the intervention achieving its objectives?
- Efficiency: How well are resources being used?
- Impact: What difference does the intervention make?
- Sustainability: Will the benefits last?

⁷ The Organization for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

2.3. Key evaluation Questions

After discussions with PHDF and NCHD during kick-off meeting, we were able to devise a comprehensive Evaluation Matrix (annex II). Taking guidance from the international standards for evaluation i.e., OECD-DAC Criteria, the following evaluation questions were used:

Evaluation Criteria	Key questions
Relevance	To what extent are PHDF-NCHD Emergency Response, Relief and Rehabilitation project objectives and strategies consistent (appropriate implied) with national and provincial disaster management plans (PDMPs and NDMP 2012, 2022 Pakistan Floods Response Plan (FRP)), of donors and local needs?
Coherence	To what extent the NCHD-PHDF PHDF-NCHD Emergency Response, Relief and Rehabilitation project objectives and strategies relate to national and provincial disaster management plans (PDMPs and NDMP 2012, 2022 Pakistan Floods Response Plan (FRP)), of donors and local needs?
Effectiveness	To what extent NCHD-PHDF PHDF-NCHD Emergency Response, Relief, and Rehabilitation project achieve its intended outcomes, and what were the key contributing factors, including strategies, that facilitated or impeded the realization of these desired results?
Efficiency	To what extent did PHDF-NCHD project manage transition from delivering outputs to achieving meaningful outcomes, considering the efficiency in delivery mechanisms, adherence to timelines, and budget constraints? Additionally, to what extent were the project objectives achieved within the allocated resources, and how were any deviations from planned outcomes, timelines, or budgets managed and addressed?
Impact	To what extent the project contributed to the achievement of desired impact (including unintended impact)?
Sustainability	To what extent interventions and outcomes of PHDF-NCHD Emergency Response, Relief, and Rehabilitation project were sustainable in addressing the long-term needs and resilience of the flood-affected communities?

Table 3: Key Evaluation Questions

3. Evaluation Methodology & Approach

A mixed-method approach was adopted for this evaluation to address key research questions, adhering to international standards for humanitarian assistance such as the Core Humanitarian Standards, IASC guidelines for gender mainstreaming in humanitarian settings, and OECD guidelines for evaluating project intervention effectiveness and impact were developed (See Annex-II for Evaluation Matrix).

The qualitative and quantitative data collection was used to evaluate flood relief activities from August 2022 to November 2022. The key phases of the evaluation included:

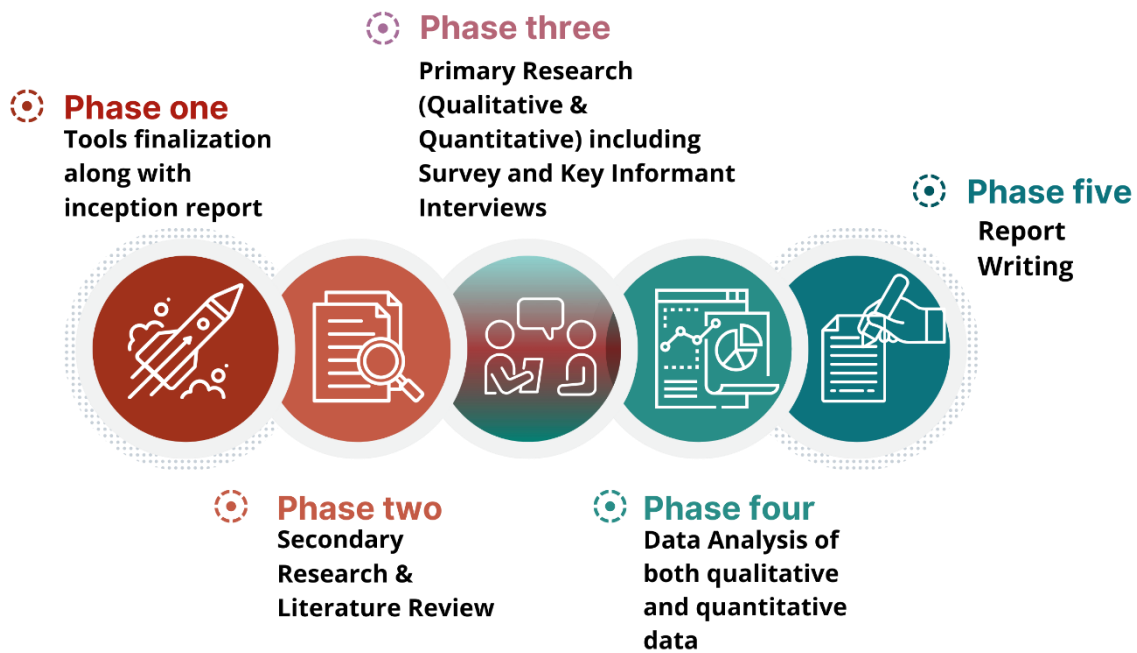


Figure 6: Evaluation Planning and Execution

3.1. Tool Designing and Planning

The Evaluation team conducted meetings with PHDF and NCHD to introduce both teams and align their understanding of the Terms of Reference (ToRs). During these meetings, they also discussed the research methodology, covering sample districts, sampling techniques, sample size, and data collection approaches.

An evaluation matrix was shared with PHDF to finalize the evaluation questions, ensuring that they were operationally clear and that data was available to answer them. Data collection tools for Key Informant Interviews (KIIs) and the community survey were then designed and submitted with the inception report. These tools and guidelines for community surveys and KIIs were translated into Urdu for ease of use.

The enumerators were training, and the tools were field-tested under supervision to ensure objectivity, cultural sensitivity, and clarity. They were refined based on feedback received during this process.

3.2. Secondary Research

The secondary research included a thorough review of existing flood response reports and data to gain insights into the context, activities by other humanitarian organizations, and the efforts undertaken by NCHD. Key documents reviewed comprised the Project Proposal, SITREPS, progress reports, the Country Flood Response Plan, OCHA sector reports, provincial government and PDMA flood response reports. Additionally, the Pakistan Demographic Survey 2022, the Humanitarian Charter and Minimum Standards in Disaster Response Handbook by the Sphere Project, and the Core Principles of Humanitarian Action were extensively examined. A list of the reviewed documents is attached as Annex-IV.

3.3. Primary Data Collection

The team executed a comprehensive data collection plan spanning over ten days in the study districts, conducting FGDs, KIIs, and community surveys simultaneously. An effective oversight system was carefully established to monitor the collection of data throughout the process.

Primary research involved collection of both qualitative and quantitative data through community surveys, and key informant interviews (KIIs). The data collection tools also included open-ended KII questionnaires for qualitative data, and close-ended, structured questions for quantitative data.

The flood relief interventions were carried out in 15 districts across Balochistan, Sindh, Punjab, Khyber Pakhtunkhwa, Azad Jammu & Kashmir (AJ&K), and Gilgit-Baltistan (GB). For the study, a sample of 40% of these districts (6 districts) was randomly selected ensuring representation from all regions and provinces. The selection of these districts was finalized in consultation with both PHDF and NCHD.

- **Key Informant Interviews (KIIs):** During the course of the evaluation, 16 key stakeholders were interviewed to gather comprehensive insights. These interviews included high-level officials such as Director General NCHD, Director General (LAC), and CEO PHDF. Additionally, the PHDF Finance Officer, AD-VCD Head Office-NCHD, and Finance Manager NCHD, were also consulted. District Managers and field staff from the sampled districts were also interviewed,
- **Community Survey:** To validate the provision of food, shelter, and health services, a community survey was conducted with 154 beneficiaries from the selected districts, ensuring equal distribution among targeted UCs and at least 20% women respondents to capture gender dynamics and challenges.

The following figure 7 illustrates our sample size and its distribution across the sampled districts:

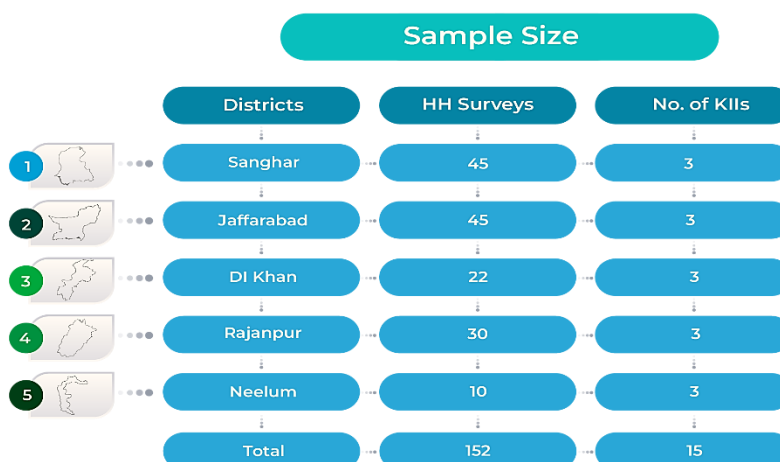


Figure 7: Sample Distribution

3.3.1. Data Analysis

Qualitative Data Analysis for this evaluation was done using MAXQDA organizing complex non-numerical data and extracting notable quotes to support the findings which were triangulated across qualitative, quantitative, and secondary data.

Quantitative Data Analysis: Using power BI and MS Excel where multiple pivot tables were constructed for conducting bivariate (cross-tabulations and correlations) analyses. The results were then presented through tables and graphical visualizations using Flourish software for enhanced clarity.

3.4. Report Writing

The narrative report, explaining the findings' significance in the context of the evaluation objectives was drafted and submitted to NCHD and PHDF for review and feedback. The draft report will be reviewed by NCHD and PHDF team and their feedback incorporated before submitting the final report.

4. Evaluation Findings

This chapter presents the main findings of the evaluation based on OECD-DAC evaluation criteria as specified in the Terms of Reference (TORs) and approved in the Inception Report. The criteria include evaluating "relevance," "coherence," "effectiveness," "efficiency," "impact," and "sustainability, of the project. The evaluation addresses these criteria through desk reviews and Key Informant Interviews (KIIs), held with communities and other stakeholders. Efforts were made to point out variations in NCHD targeted province and districts.

4.1. Relevance:

The indicators collectively assess the alignment and effectiveness of the PHDF-NCHD Emergency Response, Relief, and Rehabilitation project with national and provincial disaster management plans, donor strategies, and community needs related to floods. They examine both documented evidence and stakeholder perceptions to ensure that the project's objectives and strategies are appropriate, relevant, and effectively addressing identified service delivery gaps.

The project activities were relevant to the needs of the beneficiaries and aligned with the PHDF-NCHD plan. However, the relevance of the project's objectives to the national and provincial development plans was lacking. Community satisfaction indicated relevance of the food and non-food items provided by NCHD to their general needs. There were communities that had shared their needs other than provided and could not addressed.

Due to the urgency in responding to the affected communities, NCHD took need assessment based on data already existing at the district level conducted by district administration and departments as well as situation reports disseminated by NDMA and PDMA, however, these organizations were not directly consulted for needs assessment. The household level need assessment was not ascertained and therefore not used while planning relevance of household wise needs. The district-wise beneficiary survey indicated a high percentage of beneficiaries

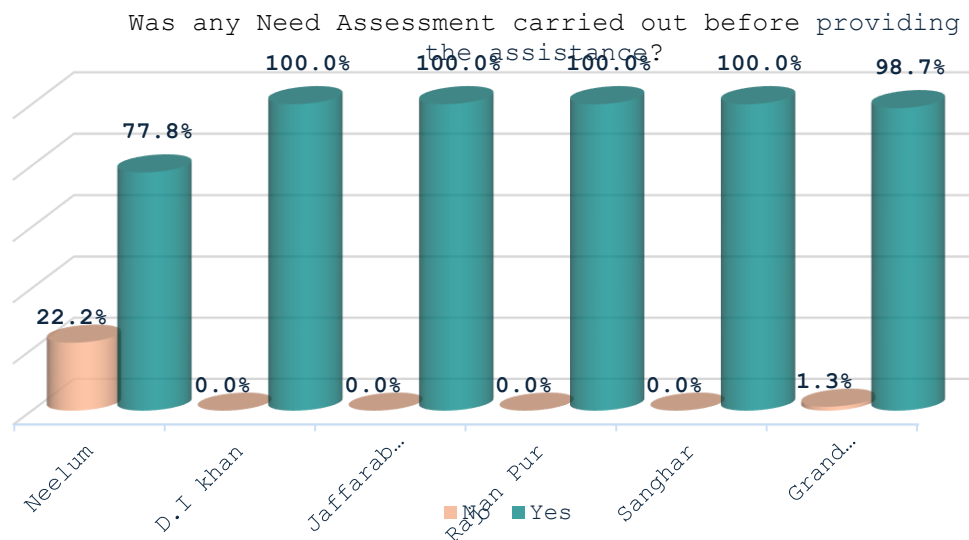


Figure 8: Relevance Need Assessment

reporting that a needs assessment was conducted. This could be seen in Figure 10. However,

the documentation on the need assessment was missing, indicating a lack of systematic approach to planning of the project.

The Phase-1 of the Project proposal, involving PKR 10 million, was developed hastily, focusing on immediate food and non-food relief items. Realizing later the need for rehabilitation support to help communities build-back better⁸, NCHD developed Phase-II of the project. Although Phase-II was planned for PKR 62 million, only PKR 54 million was provided by PHDF. In total, PHDF provided PKR 64.74 million for both phases. Nevertheless, the relevance of the objectives related to rehabilitation under Phase-II's could not be established as it was not initiated.

The main issues related to irrelevance was the lack of a systematic approach to planning, implementation, monitoring, and review adopted by both PHDF as a donor and NCHD as the implementer. The 30-day timeframe for both phases was impractically worked out, hindering the initiation of the rehabilitation part of the objectives in Phase-II.

Lack of a systematic approach both by PHDF and NCHD was due to absence of disaster strategy or priorities available in a documented form in both organisations. Following a systematic approach demands development of disaster strategy with clear priorities at both donor and implementor of what they can fund and what they cannot. Following this the plan must be based on household level need assessment rather than using need assessment developed at provincial or district level. The one fit all approach to provide relief may not address specific needs of the communities residing at different locations. Overall, NCHD was able to meet the urgent needs of community with most of the responses affirming that NCHD provided tents, Food Basket, Clean drinking water, Non-Food Items (utensils) and medical aid, which effectively addressed the immediate needs of the flood victims. This could be seen in the figure 11 and 12 given below. However, the unmet needs identified during beneficiary survey with communities indicated a mismatch between what was provided and needed. Community listed the urgent need of cash, Cloths, Shoes, Lifesaving Medicines (for diabetics), schools, solar plate, and House, which were not provided by the PHDF-NCHD flood response project.

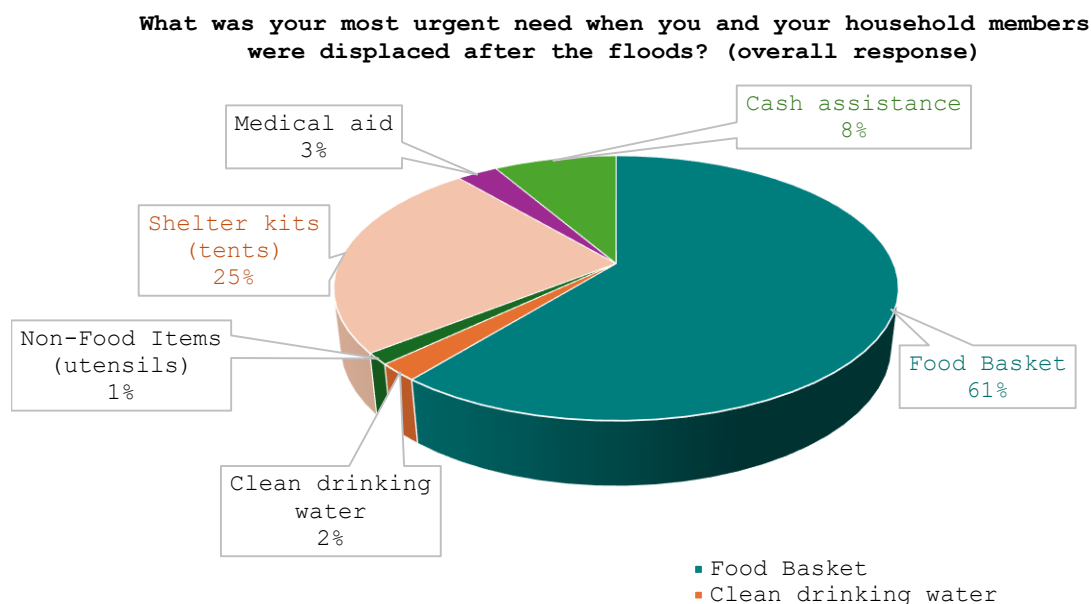


Figure 9: Household urgent needs

⁸ Term introduced by ERA in its 2005 documentations.

Which of the most urgent assistance you and your household received (from NCHD)? Please specify the type of assistance received.

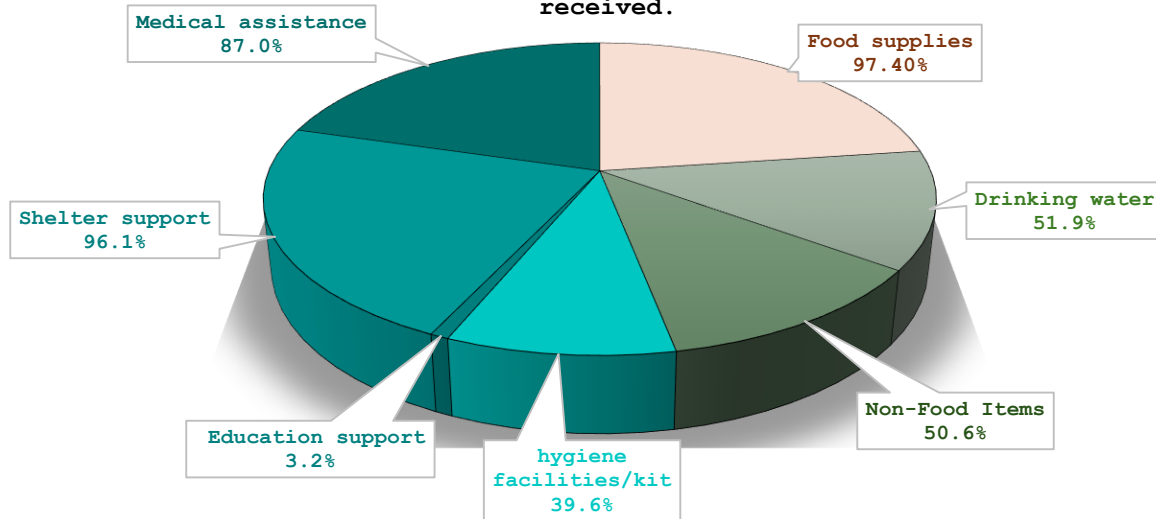


Figure 10: Items provided by NCHD

The absence of use of planning tools such as LogFRAME or "Theory of Change" during proposal development compromised the project's relevance to quality relief support on ground. Without using these planning tools, the consultants could not comment on the relevance of strategic planning and relief support provided by NCHD and supported by PHDF.

At the level of the PHDF, there was no appraisal system to align the project objectives, strategy and approach of NCHD with provincial, district, community needs, leading to only delivery of planned activities and not strategizing short relief with long term rehabilitation road map for them. Similarly, NCHD also lacked a disaster strategy with clear objectives and scope. This absence of strategic planning both at the donor and implementor levels resulted in developing and implementing misaligned plans and achieving perhaps less impacts than could have been otherwise achieved. As there is no disaster strategy at both the levels of the donor (PHDF) and NCHD (implementor), therefore relevance of project objectives could be well established with success on ground.

Despite these systematic planning flaws leading to challenges in establishing clear relevance of the objectives, strategy and approach of the project with relief work. The limited scale and volume of the project, targeting 1,000 families, contributed to unexpected success based on ground level adjustments in project delivery. However, in future large-scale disaster responses, the lack of a systematic approach both at the level of PHDF and NCHD will lead to chaos rather than well-targeted provision of relief and rehabilitation support for the affected population.

4.2. Coherence

The indicators collectively evaluate the alignment and effectiveness of NCHD interventions with government priorities, the development of synergies with other actors, and the application of Sphere standards. They examine both documented evidence and stakeholder perceptions to ensure that the interventions are coordinated, adhere to recognized standards, and effectively support targeted communities in rehabilitation efforts.

Discussions held with NCHD management, field unit staff, and community members indicated that synergies with other partners working in the same area were not developed. Had these synergies been established, they could have complemented efforts for the larger benefit of the communities. Despite planning, some scope for rehabilitation could not be undertaken for reasons previously explained under “relevance.” This rehabilitation scope included providing opportunities for school-going children to stay engaged with their studies and maintain a positive outlook despite the flood’s dire consequences. Developing synergies with other agencies in this sector could have facilitated this rehabilitation opportunity for the children, as NCHD was

NCHD’s greatest strength lies in building synergies between its education sector work and extending long-term benefits to affected communities. With a presence in 128 districts across the country, including disaster-targeted districts, NCHD possesses adequate institutional and physical infrastructure to provide quality education outreach to school-going children. However, no effort was made by NCHD to leverage these resources and assets within its operational system for disaster-affected communities.

As highlighted under “relevance,” strategic planning based on household and village-level need assessments is crucial. Utilizing planning tools to strategize synergies within NCHD and with other partners undertaking similar initiatives is essential. Since no strategic plan was built using objective assessments and tools, potential synergies that could have significantly benefited the community during planning and delivery were not considered.

Another important aspect is following the Sphere Standards which were missing from the planning and implementation of the project. They are a set of principles and minimum humanitarian standards for disaster response. They aim to improve the quality of assistance and the accountability of humanitarian actors to their constituents, donors, and affected populations. The Sphere Standards cover four primary areas: Water Supply, Sanitation and Hygiene Promotion (WASH); Food Security and Nutrition; Shelter and Settlement; and Health Action. A review of project documents, revealed that these standards were not explicitly incorporated into the planning phase as well as implementation phase. Upon further examination of how the National Commission for Human Development (NCHD) integrated these principles into their flood relief efforts, it became evident that the standards were not strictly adhered to. Here are the principles and key standards for each area versus PHDF-NCHD flood recovery project’s compliance to these standards:

Principles	Key Standards	Status of compliance
Water Supply, Sanitation, and Hygiene Promotion (WASH)	<ul style="list-style-type: none"> • Minimum of 15 liters of water per person per day. • Water points should be within 500 meters of households. • Maximum of 20 people per water point. • Maximum of 20 people per latrine. • Latrines should be at least 30 meters from water sources. • Separate latrines for men and women. 	<ul style="list-style-type: none"> • Separate washrooms for women • Latrines were at least 30 meters from water sources.

	<ul style="list-style-type: none"> • Access to soap and handwashing facilities. • Hygiene education to prevent the spread of disease. 	
Food Security and Nutrition	<ul style="list-style-type: none"> • Ensure access to adequate food (2100 kcal per person per day). • Food distributions should be culturally appropriate and take into account dietary habits. • Prevent malnutrition through targeted feeding programs. • Provide supplementary feeding for vulnerable groups (children, pregnant and lactating women). 	Data not available.
Shelter and Settlement	<ul style="list-style-type: none"> • Provide at least 3.5 square meters of covered space per person. • Ensure that shelters are safe, secure, and provide protection from the elements. 	<ul style="list-style-type: none"> • Shelters were safe, secure, and provide protection from the elements.
Health Action	<ul style="list-style-type: none"> • Ensure access to primary health care services. • Provide essential medicines and supplies. • Implement disease prevention and control measures (vaccination, vector control). • Ensure access to treatment for common communicable diseases. • Provide care for chronic conditions and disabilities. • Ensure mental health and psychosocial support services are available. 	<ul style="list-style-type: none"> • Medical Camps were established • Essential medicines were provided

Table 4: PHDF-NCHD's Compliance with sphere standards

4.3. Effectiveness

Effectiveness was evaluated by considering how the project's outcomes, and outputs were articulated during planning and what results achieved after implementation. How the communities perceived the project's effectiveness was also ascertained. The evaluation of these aspects of effectiveness are presented below:

As already indicated, there was no strategically built plan with clear objectives at the project, outcome, and output levels and performance indicators at each level. This lack of a defined framework hindered an objective assessment of the project's planned objectives, outcomes, and outputs, whether fully, partially, or not achieved at all. NCHD has in-built Monitoring and evaluation department, however NCHD did not have any monitoring system in place to provide reports for regular analysis. At the PHDF level, monitoring reports were not included in the agreement between PHDF and NCHD, so they were neither provided nor requested. This absence of planning and performance indicator-linked monitoring precludes an objective evaluation of effectiveness. NCHD, being a well-established quality organization, possesses a monitoring system that could have been adapted to collect, collate, analyze, and report on ongoing project activities but was not utilized.

While the 30-day project duration was too short for a detailed monitoring system at field unit and regional level, on a daily and weekly review system could have been implemented and documented for quick on-field course corrections. Although NCHD produced an end-of-the-project report showing activities and claims of success, the lack of systematic monitoring undermines the credibility of these claims.

At the community level, stakeholders expressed satisfaction with the timely delivery of food and non-food items to the affected population, which is commendable. The high satisfaction level reported on emergency response and relief activities considering the time and costs involved across all districts, showed that 98.7% (Figure 12) of respondents were either highly satisfied or satisfied, underscoring the success of the relief efforts. In D.I. Khan, 63.6% of respondents were highly satisfied, and in Rajanpur, 76.7% expressed high satisfaction, reflecting well-received and impactful aid distribution.

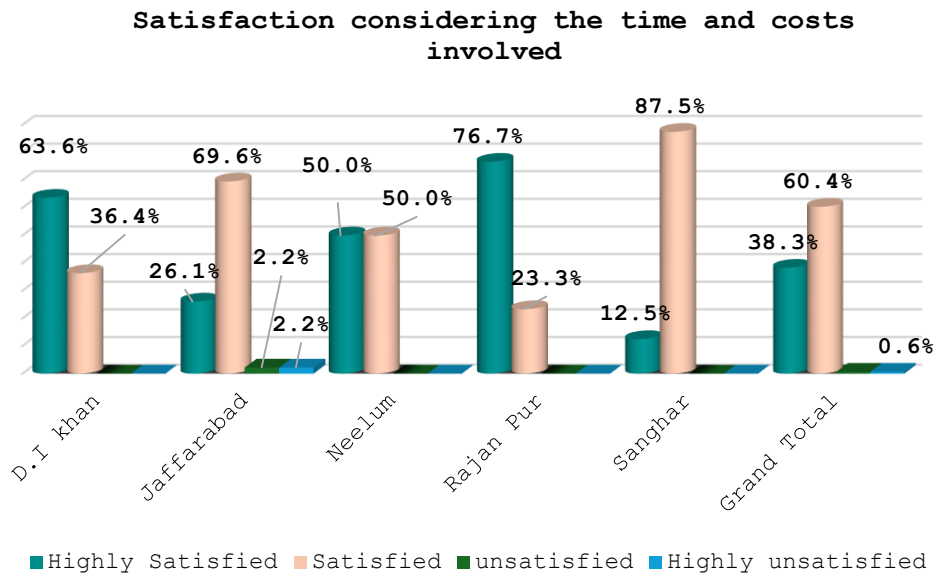


Figure 11: Beneficiaries' Satisfaction Level

As an afterthought, PHDF desired to have the project evaluated. Out of the total budget, NCHD un-informingly kept Pak Rs 0.5 million for monitoring and for third-party evaluation, showing that this amount was not utilized by NCHD for the intended purpose. Consequently, PHDF withdrew the funds and initiated the present evaluation on its own which is a third-party evaluation value addition to the project and source of learning for both PHDF and NCHD. Moving forward, it would be prudent for PHDF to retain these funds for engaging third-party monitoring and evaluation to ensure regular, objective reporting to both itself and the implementer (NCHD). The consultants suggest that any project below a period of 6 months should not be subjected to an evaluation. Rather ongoing assessment should be constituted as a system approach so that a robust on site and random ongoing evaluation can be undertaken. This can be internally done provided NCHD develops the capacity to draw up a system and judiciously follows it.

To strengthen the evaluation process and enhance future project effectiveness, a robust monitoring and evaluation (M&E) framework should be established from the outset. This framework should include clear objectives, outcomes, outputs, performance indicators, and regular reporting mechanisms. Integrating community feedback into the M&E process can provide valuable insights into project impact and areas for improvement. A system of this feedback through the field units can be incorporated. Moreover, PHDF and NCHD should foster a culture of continuous learning and adaptation, using M&E findings to inform strategic adjustments and optimize project outcomes. By implementing these measures, future projects can achieve higher levels of effectiveness, transparency, and community satisfaction.

4.4. Efficiency

The evaluation of the efficiency of emergency response and relief activities was based on both objective evidence and stakeholders' perspectives. This included assessing the achievement of objectives and outputs in relation to time and funds, and gathering stakeholders' views on the same aspects. Additionally, the evaluation compared the relative efficiency in achieving results with other similar projects and incorporated stakeholders' opinions on this comparison.

The planned activities of providing food and non-food items were executed efficiently and on time. Communities consulted confirmed that NCHD effectively set up camps and distributed food and non-food items. In D.I. Khan and Neelum, all of the households received assistance within two weeks, indicating an exceptionally efficient and rapid response. This quick distribution ensured that affected families had immediate access to necessary resources, highlighting an effective and well-managed aid process. Similarly, Jaffarabad reported that 83.3% (Figure 13) of households received aid within two weeks, showing a generally efficient response, though slightly slower compared to D.I. Khan and Neelum. In regions like D.I. Khan, Jaffarabad, Rajanpur, and Sanghar, this high percentage reflects effective management and rapid response.

Even though the satisfaction level of communities was high, the project was unable to efficiently address needs in some districts. In Sanghar, all beneficiaries reported receiving assistance after two months, indicating severe delays in aid distribution (Figure 13). This highlights significant logistical challenges and inefficiencies in this region. Additionally, 35.4% of respondents in Sanghar cited "Lack of access to the village" as the primary reason for delays, pointing to considerable logistical hurdles (Figure 14). A significant portion (64.6%) were unsure of the reasons for delays. In Jaffarabad, while the majority received timely assistance, 16.7% of households experienced moderate delays, receiving aid within one month. Moreover, Jaffarabad had a small fraction of respondents (2.2%) citing "Lack of access to the village" as a delay reason, reflecting occasional logistical issues. Satisfaction levels, though generally high, showed some

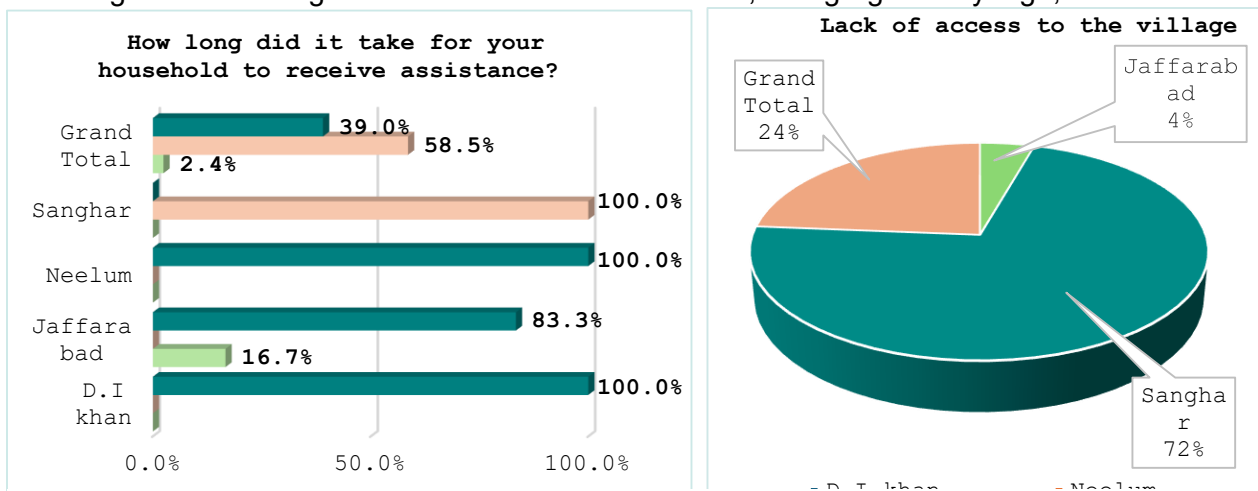


Figure 12: Timeliness of the project

dissatisfaction in Jaffarabad, where 2.2% of respondents were unsatisfied and another 2.2% highly unsatisfied, indicating that a small fraction of beneficiaries felt their needs were not fully met.

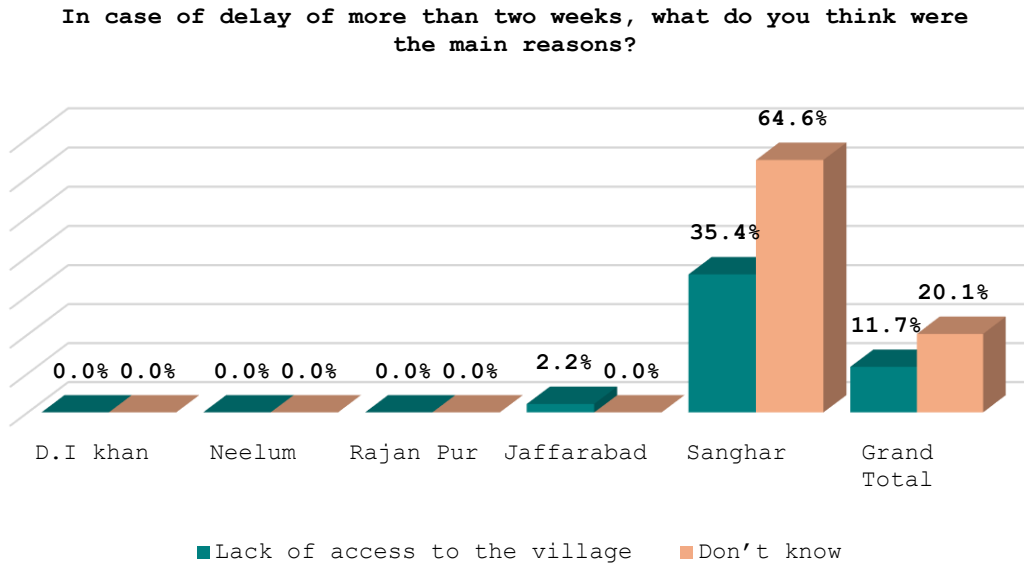


Figure 13: Reasons for delay

The relief package was delivered at a total cost of Pak Rs 0.6874 million to 1,000 families, with an average cost of Pak Rs 68,740 per family, excluding delivery costs managed by NCHFD, which was through its own resources. Due to the unavailability of delivery cost data from NCHD, a full assessment of cost efficiency could not be performed. For a thorough cost efficiency analysis, it is also crucial to compare the package delivery with similar initiatives by other organizations operating in physical proximity to NCHD’s targeted areas. This type of analysis, known as cost-effectiveness, was hindered by the lack of comparable data.

Despite these limitations, the table below provides the district-wise cost of the package per family. To ensure robust financial and economic cost efficiency analysis in future projects, it is recommended that both PHDF and NCHD incorporate such analyses at the planning stage and monitor them throughout the project. This proactive approach will help maintain financial and economic cost efficiency at manageable levels.

Critical role of stakeholder engagement in validating the efficiency of the emergency response activities must be considered. Stakeholders, including the affected communities, provided direct feedback confirming that the relief efforts met their immediate needs effectively and timely. This validation is crucial because it demonstrates that the beneficiaries perceived the relief operations as successful, enhancing the credibility of the efficiency assessment in general and not in financial and economic terms.

Moreover, the proactive measures taken by NCHD to manage delivery costs through its own resources further illustrate the organization's possible commitment to maximizing the impact of the funds available. This approach not only ensured the timely provision of essential items but also demonstrated prudent financial management, which is a vital component of overall project efficiency. However, as the administrative costs incurred by NCHD to delivery relief package are not available, the consultants are not able to determine efficiency in cost delivery. This indicates

that PHDF and NCHD must develop a forward-thinking strategy by incorporating economic and financial cost efficiency analysis at the planning stage. This will demonstrate organizational commitment to ongoing improvement and transparency. This process will also reinforce the reliability of future evaluations conducted and in showcasing the organization’s dedication to delivering high-quality, cost-effective relief efforts.

4.5. Impact

The evaluation of the impact of NCHD’s emergency response activities was conducted through evidence-based assessments and stakeholder feedback. This included examining the organization’s work processes, administrative and governing systems, and gathering stakeholders’ views on the impact of provided resources, such as tents, medicines, food, clean water, and sanitation. The evaluation also considered unintended positive or negative impacts by incorporating stakeholder perceptions and examining community links and dependency on assistance.

The PHDF-NCHD 30-day flood relief intervention successfully provided immediate relief, such as food and non-food items, to communities. However, it was not designed to have a long-term impact or transition affected communities from relief to rehabilitation. As the project ended, NCHD staff withdrew, and no further assistance or links to other agencies providing ongoing relief and rehabilitation were established, which could have benefited the targeted communities.

The assessment revealed a moderate level of satisfaction among women across all districts, with 70.9% of respondents reporting satisfaction with emergency assistance. The provision of dedicated sanitation facilities for women in districts like Rajanpur, Sanghar, and D.I. Khan was a significant positive step, ensuring privacy and dignity. This aspect of the intervention was particularly commended by stakeholders involved in relief efforts. However, the lack of specific sanitation facilities for women in Jaffar Abad highlighted a critical gap in the intervention.

The inclusion of female doctors in medical camps was positively noted, fostering trust and encouraging women to seek healthcare. Additionally, targeted prenatal care for pregnant women, though limited primarily to powdered milk, demonstrated some recognition of their heightened vulnerability. However, a significant concern raised by stakeholders was the lack of feminine hygiene products, leaving women’s basic needs unmet. This concern was supported by the fact that a majority of respondents indicated

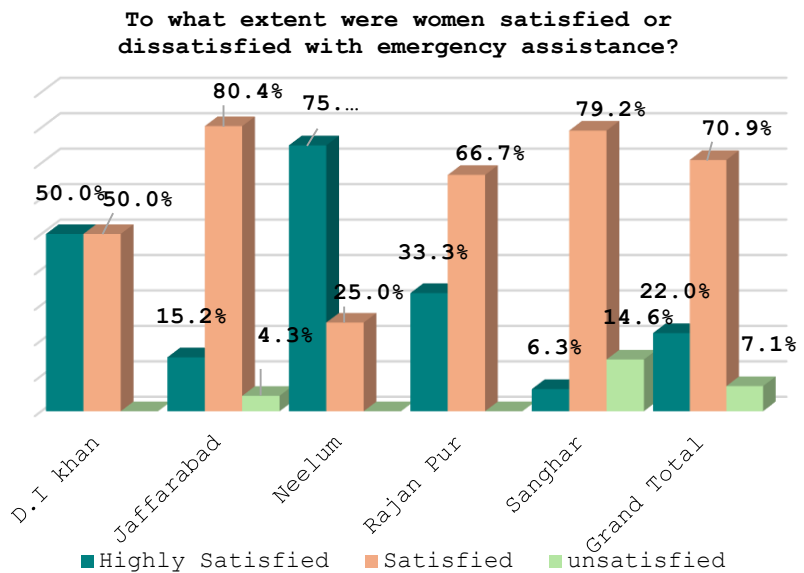


Figure 14: Women’s satisfaction level

that a majority of respondents indicated

urgent items were not included in the assistance, with regions like Neelum (37.5% and Rajanpur (46.7%3) reporting substantial dissatisfaction with the adequacy of medical provisions.

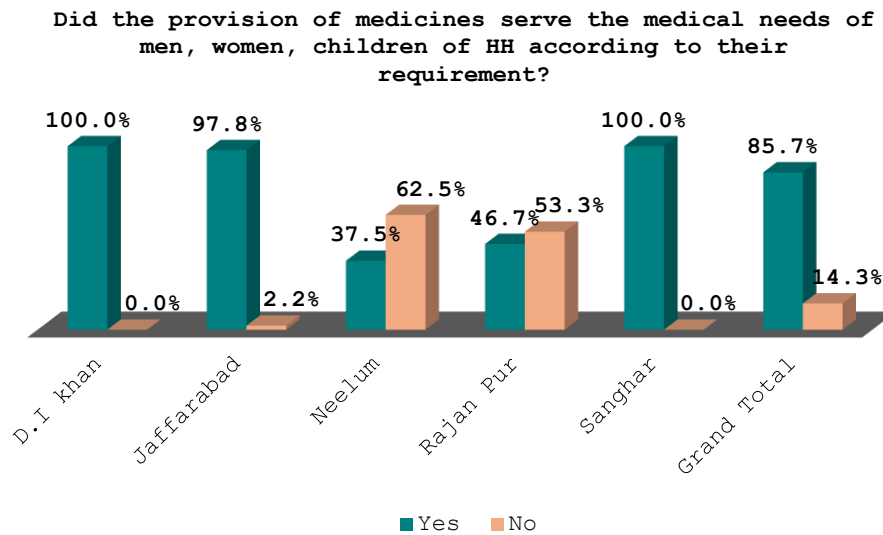
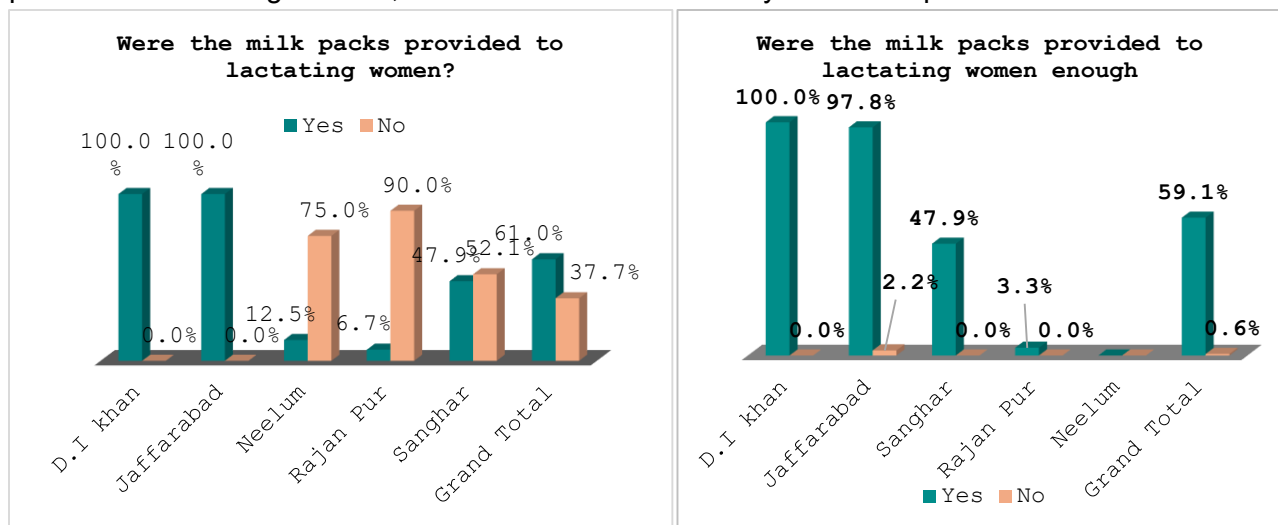


Figure 15: Sufficiency of medical provisions

Inconsistencies in resource allocation and communication were also evident. While headquarters reported providing iron and folic acid supplements to pregnant women, field staff mentioned only the provision of powdered milk, and project documents lacked any mention of supplements. Across all surveyed districts, 61.0% of respondents (figure 16) indicated that the milk packs provided to lactating women, while 37.7% indicated they were not provided. Neelum district



showed an anomaly where only 12.5% of respondents indicated that the milk packs were provided, while a significant 75.0% reported non provision. The reasons cited for the insufficiency included the complete lack of milk packet provision in the districts of Sanghar, Neelum, and Rajanpur. This is further evidenced by the stakeholders where they mentioned that the intervention prioritized basic necessities like shelter and utensils, often overlooking women's specific requirements.

Stakeholders noted that the intervention often overlooked women's specific requirements, prioritizing basic necessities like shelter and utensils. Field staff claimed that decisions were based on predetermined lists lacking flexibility, resulting in critical gaps in addressing women's needs during the intervention. To improve future interventions, it is essential to include a more flexible approach that addresses the specific needs of women and ensures consistent communication and resource allocation.

4.6. Sustainability

The evaluation of the project's sustainability was conducted using both objective evidence and stakeholder feedback regarding the continued use and impact of project-provided resources and services. This included assessing whether beneficiaries continued to use the resources and services after NCHD's withdrawal, examining evidence of community members being trained in the maintenance and management of project assets such as tents, washrooms, and water sources, and capturing stakeholder perspectives on the effectiveness of this training.

It is important to approach the evaluation of sustainability with caution. Given the 30-day intervention period and the absence of a strategic plan for connecting relief to rehabilitation, a thorough assessment of sustainability may not be entirely fair. Nevertheless, the responses from beneficiaries provide a nuanced picture of the sustainability of the aid kits and project assets provided by NCHD.

On the positive side, 96.1% (Figure 18) of respondents reported continuing to use the aid kits, indicating a high level of satisfaction with the quality and relevance of the assistance provided. This suggests that the aid kits effectively met the ongoing needs of beneficiaries even after NCHD's withdrawal from the project. Moreover, regions like Jaffarabad reported a comparatively lower continued usage of aid kits (91.3%), indicating potential issues with the suitability or sustainability of the provided aid in certain areas. Lastly, a small but notable percentage of respondents (1.3%) reported that NCHD did not take measures to maintain project assets and services, with a slightly higher percentage in Sanghar (2.1%). Strengthening maintenance efforts will be crucial to ensuring the long-term sustainability of project assets and services across all regions.

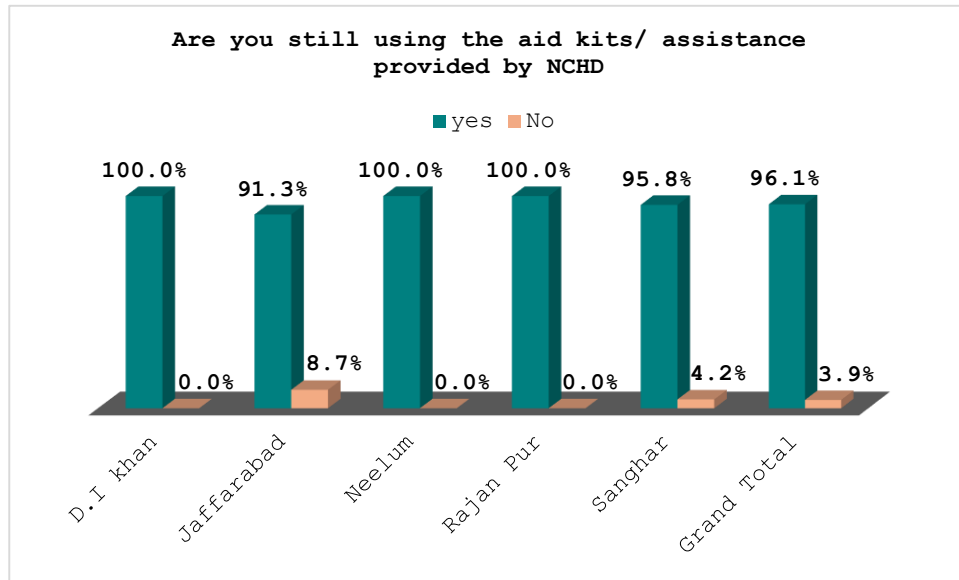


Figure 17: Sustainability of project

Additionally, 98.7% of respondents (figure 19) confirmed that NCHD took measures to ensure the continued functionality and maintenance of project assets and services. This demonstrates NCHD's strong commitment to sustaining the benefits of the provided assistance over time. Positive feedback from regions like D.I. Khan, Rajanpur, and Neelum further reinforces the success of NCHD's approach to asset sustainability.

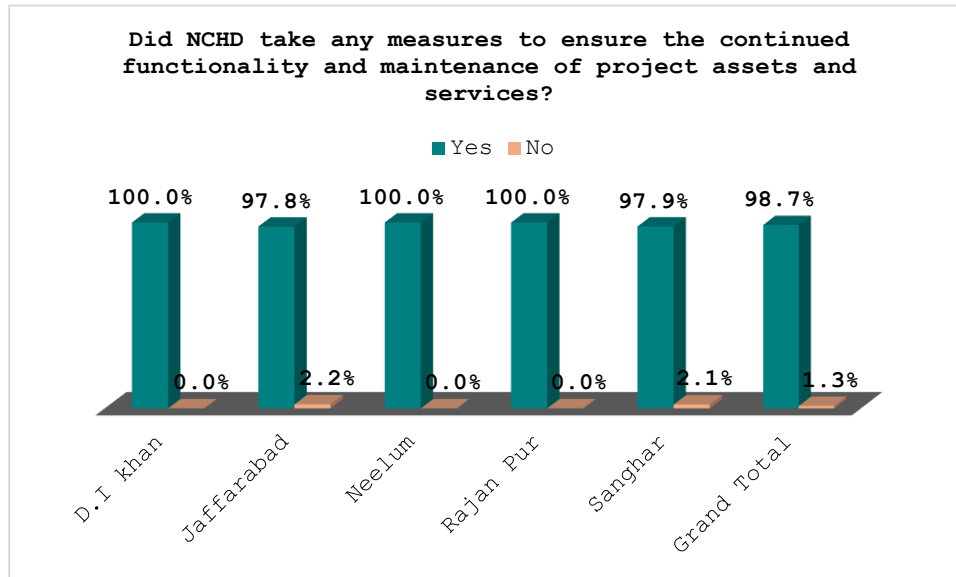


Figure 18: Continued functionality of assets

While the NCHD's emergency response showed significant strengths in immediate relief and initial sustainability, addressing the identified gaps and ensuring a more strategic approach to rehabilitation will be essential for enhancing the long-term impact and sustainability of future interventions. To further strengthen the evaluation of NCHD's emergency response activities, it is

essential to highlight the importance of integrating a holistic and long-term strategy into future interventions. While the immediate relief provided by NCHD was effective and well-received, the transition from relief to rehabilitation remains a critical area for improvement.

Emphasizing the proactive steps NCHD can take to bridge this gap will add weight to the argument. For instance, developing partnerships with other organizations and government agencies that focus on long-term rehabilitation can ensure continued support for affected communities. Creating a follow-up plan that includes periodic assessments and adjustments based on community feedback can also enhance the sustainability and relevance of the provided aid.

Moreover, incorporating a gender-sensitive approach into future projects will address the specific needs of women, which were somewhat overlooked in the initial intervention. By ensuring the inclusion of feminine hygiene products and dedicated sanitation facilities for women in all targeted areas, NCHD can significantly improve the overall satisfaction and effectiveness of its aid efforts.

Finally, highlighting the potential for leveraging local resources and knowledge for maintenance and management of project assets can further enhance sustainability. Training community members not only in maintenance but also in leadership roles can foster a sense of ownership and responsibility, leading to better preservation and utilization of resources long after the project's conclusion.

5. CONCLUSIONS

The evaluation of PHDF-NCHD's 2022 Flood Response Programme reveals both achievements and critical areas for improvement across various dimensions.

Relevance: While the project aligned with immediate community needs for food and non-food items, significant planning deficiencies, such as the lack of strategic frameworks like LogFRAME or Theory of Change, compromised its overall relevance. A one-size-fits-all approach resulted in mismatches between provisions and actual community needs, highlighting the necessity for targeted assessments and planning frameworks in future interventions.

Coherence: NCHD's institutional presence and infrastructure positioned it well for disaster response. However, missed opportunities for collaboration with government, NGOs, and UN agencies hindered coherence and limited potential synergies. Adherence to Sphere standards was inconsistent, impacting the project's quality and accountability in humanitarian response.

Effectiveness: Operational success in timely aid delivery was overshadowed by inadequate monitoring systems, which undermined the credibility of reported successes. Despite community satisfaction with immediate relief, the absence of systematic monitoring and evaluation mechanisms underscores the need for improved performance tracking and reporting frameworks.

Efficiency: The project demonstrated efficient resource allocation in delivering essential supplies to 1,000 families within budget and timeframe constraints. However, incomplete cost data hindered comprehensive cost efficiency analysis, emphasizing the importance of enhanced data collection practices for future assessments.

Impact: Immediate relief efforts effectively addressed initial community needs, yet shortcomings in long-term rehabilitation planning and post-project support resulted in limited sustained impact.

Gender-specific concerns, such as inadequate provision of feminine hygiene products, highlighted gaps in addressing diverse community needs effectively.

Sustainability: High post-project utilization rates of aid kits indicate satisfaction and sustained impact, supported by effective asset maintenance efforts by NCHD. However, disparities in rehabilitation service delivery and maintenance practices across regions underscore the imperative for targeted support and improved sustainability strategies.

6. RECOMMENDATIONS

1. Develop a planning Manual:

PHDF should develop its own planning manual as other donor agencies do. This will be specific for use by PHDF and its implementing partner (NCHD). The manual should include all processes, systems, tools and requirements that will guide both PHDF to undertake critical functions at other end. It should contain complete guidelines, system development, capacity needs and methods in ensuring compliance to all planning cycle requirements by implementing agency (NCHD). The planning manual of the Planning Commission of Pakistan can be adapted and help guide the development of this manual. All UN agencies international development agencies produce similar manuals and can be taken as reference for adopting aspects applicable-to-Pakistan context.

2. Adopt Structured Planning Frameworks (e.g., LogFRAME):

To enhance planning and assessment, both PHDF and NCHD, should adopt structured planning frameworks such as LogFRAME. This can be facilitated by conducting regular workshops to train staff on these frameworks, ensuring they are well-versed in their application. Providing standardized templates and tools can guide the planning processes effectively. Moreover, incorporating scenario planning into the framework can help anticipate potential challenges and develop contingency plans, making the organization more resilient and adaptive. PHDF should also develop capacity to appraise projects to ensure these are value for money. For this purpose, PHDF must develop complete tools and guidelines so that the implementing partner caters for all possible perspectives at the planning stage and before granting approval. This should be part of the planning manual.

2.1 Conducting Thorough Community Needs Assessments:

Conducting thorough community needs assessments is crucial to tailor interventions to specific local contexts. NCHD should engage community members through participatory approaches, including surveys, focus groups, and participatory appraisals. The PHDF must ensure while reviewing grants proposals that such a process has been undertaken by NCHD. In case of short duration support as currently being evaluated, the principle should not be left out but quick but reliable process would be adopted. This ensures a diverse range of perspectives is considered.

Utilizing both quantitative and qualitative data collection methods will provide a comprehensive understanding of community needs. Regular reassessments should be conducted to capture any changes in community dynamics and needs, ensuring that interventions remain relevant and effective. Guidance for this purpose should be included in the planning manual.

3. Strengthen Coordination

3.1 Foster Partnerships:

To strengthen coordination, organizations must foster robust partnerships with government bodies, NGOs, and UN agencies. This begins with mapping out all relevant stakeholders, including government entities, non-governmental organizations, UN agencies, and community leaders. This must be done at the planning stage by NCHD and appraised by PHDF so that this does aspect developing synergies is not left missing. Developing Memorandums of Understanding (MoUs) and agreements can formalize these partnerships, clearly defining roles and responsibilities. Initiating joint projects and programs can help pool resources and share expertise, maximizing the impact and avoiding duplication of efforts.

3.2 Leverage Resources and Expertise:

Organizations should establish platforms for sharing resources, information, and best practices among partners to leverage resources and expertise effectively. Regular coordination meetings should be organized to ensure alignment of efforts and address emerging issues collaboratively. Additionally, offering training and capacity-building programs to partner organizations can enhance their ability to contribute effectively, strengthening the overall coordination and impact of interventions.

4. Improve Monitoring and Evaluation

4.1 Implement Robust Mechanisms:

Implementing robust monitoring and evaluation (M&E) mechanisms is essential to track project performance effectively. NCHD should develop detailed M&E frameworks with clear indicators, baselines, and targets. Utilizing digital tools for real-time data collection and analysis can ensure accurate tracking of project performance. Establishing a regular reporting schedule and holding review meetings can help assess progress and make necessary adjustments to improve outcomes. The PHDF being a donor must ensure such a mechanism with clear M&E frameworks is developed and included in proposals. The PHDF also must ensure that such frameworks are appraised and included before granting funds. Complete aspect regarding M&E must be included in the manual.

4.2 Ensure Accountability and Credibility:

To ensure accountability and credibility, organizations should conduct external audits and evaluations, providing an independent assessment of project outcomes. Maintaining transparency by sharing M&E results with stakeholders, including community members and donors, can build trust and credibility. Setting up feedback mechanisms for beneficiaries to report issues and provide suggestions for improvement ensures that the organization remains responsive and accountable to the communities it serves.

5. Ensure Adherence to Standards

5.1 Consistently Apply Sphere Standards:

Consistently applying Sphere standards is crucial to upholding quality and accountability in humanitarian responses. Organizations should conduct training sessions for staff and partners on these standards and their application. Developing checklists and guidelines can ensure all projects adhere to Sphere standards from inception to implementation. Implementing peer review

processes can help evaluate adherence to standards and identify areas for improvement, ensuring that interventions meet the highest quality standards. The adapted version of the global Sphere standards can be used to develop its own guidance document on standards.

5.2 Address Diverse Community Needs:

To comprehensively address diverse community needs, programs must be inclusive and cater to vulnerable groups such as women, children, the elderly, and people with disabilities. Interventions should be designed to be culturally sensitive, respecting local traditions and customs. Continuously seeking community feedback and adapting interventions based on this feedback can help better meet the evolving needs of the community, ensuring that all members benefit from the programs.

6. Promote Long-term Sustainability

6.1 Develop Comprehensive Rehabilitation Strategies:

Promoting long-term sustainability requires developing comprehensive rehabilitation strategies that address social, economic, and environmental dimensions. Organizations should adopt integrated approaches that encompass these dimensions. Investing in capacity-building initiatives can enhance the skills and capabilities of local communities and institutions. Encouraging the adoption of sustainable practices, such as sustainable agriculture, renewable energy, and water conservation, can ensure the long-term sustainability of the interventions. The principles of sustainability must be included in the planning manual with clear guidance so that appropriate measures can be included at the planning and implementation stage.

6.2 Establish Mechanisms for Ongoing Support:

Establishing mechanisms for ongoing support post-project is crucial for sustained impact and community recovery. Developing clear exit strategies that outline how support will transition to local entities can ensure continuity. Building strong partnerships with local organizations can facilitate ongoing support and resource mobilization. Assisting communities in mobilizing local resources and accessing external funding for continued development initiatives can help maintain the momentum and achieve long-term sustainability.

7. Annexures:

7.1. Evaluation Matrix

Key Evaluation Questions	Sub-Questions	Indicators	Data Collection, Analysis and Methods	Information Source
Relevance <ul style="list-style-type: none"> To what extent are the current objectives, strategies/approaches, implementation modalities of the NCHD-PHDF Emergency Response, Relief and Rehabilitation project, are still valid and respond to the current priorities and policies of the relevant national stakeholders, The National Disaster Management Plan (NDMP) and policies of the relevant national stakeholders, NCHD's focus field units and donors, as well as the needs of the beneficiaries? To what extent are the Programme strategies/approaches appropriate for achieving the desired results? To what extent the Emergency Response, Relief and Rehabilitation approach aligned with/operationalized the broader country program strategy? Are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives, and intended impacts/effects? 				
EQ-1: To what extent are NCHD-PHDF Emergency Response, Relief and Rehabilitation project objectives and strategies consistent (appropriate implied) with national and provincial disaster management plans (PDMPs and NDMP 2012, 2022 Pakistan Floods Response Plan (FRP)), of donors and local needs?	EQ1.1: To what extent does the project's objectives and strategies aligned to with national and provincial disaster management plans and of donors?	Indicator 1.1.1 Evidence of overlaps of the project's objectives and strategies with those listed in national and provincial disaster management plans and of donors	<ul style="list-style-type: none"> Desk Review Comparative Analysis 	Documents including national and provincial disaster management plans (PDMPs and NDMP 2012), 2022 Pakistan Floods Response Plan (FRP); NCHD-PHDF Emergency Response, Relief and Rehabilitation activities Final Report; proposal on Floods 2022 submitted to PHDF (10 million); proposal on Floods 2022 submitted to PHDF (65 million)
		Indicator 1.1.2: Stakeholders' views on overlap of the project's objectives and strategies with national and provincial disaster management plans (PDMPs and NDMP 2012) and of donors.	<ul style="list-style-type: none"> KIIs Thematic Analysis 	
	EQ1.2: To what extent the project's objectives, strategies are relevant with respect to community needs and	Indicator 1.2.1: Evidence of Floods related community needs (service delivery gaps) and appropriateness of PHDF-NCHD Emergency Response, Relief and	<ul style="list-style-type: none"> Literature Review Comparative and Descriptive Analysis 	

	appropriate to the context?	Rehabilitation project objectives and strategies.		KIIs with stakeholders: NCHD district manager and supervisor, PHDF's director, DG NCHD, Director General (LAC), AD-VCD Head Office
		Indicator 1.2.2: Key stakeholders' views on Floods related community needs (service delivery gaps) and appropriateness of PHDF-NCHD Emergency Response, Relief and Rehabilitation project objectives and strategies.	<ul style="list-style-type: none"> • HH survey • KIIs • Thematic Analysis 	
Coherence				
<ul style="list-style-type: none"> • To what extent is the Emergency Response, Relief and Rehabilitation activities project consistent with National Objectives, Strategic Plan and any other project/ programme interventions in the same context? 				
EQ-2 To what extent are NCHD-PHDF Emergency Response, Relief and Rehabilitation project objectives and strategies relate to national and provincial disaster management plans (PDMPs and NDMP 2012, 2022 Pakistan Floods Response Plan (FRP)), of donors and local needs?	EQ2.1: To what extent are NCHD interventions in line with government priorities?	Indicator 2.1.1 Evidence on NCHD interventions aligning the government priorities Indicator 2.1.2 Stakeholder's views on developing synergies with other actors in complimenting targeted communities for Rehabilitation	<ul style="list-style-type: none"> • Desk Review • Comparative Analysis • HH survey • KIIs • Thematic Analysis 	<ul style="list-style-type: none"> • KIIs with stakeholders: NCHD district manager and supervisor, PHDF's director, DG NCHD, Director General (LAC), AD-VCD Head Office • HH surveys with beneficiary families
	EQ2.2: To what extent did the interventions of NCHD in line with international humanitarian response standards (sphere standards)?	Indicator 2.2.1 Evidence of application of sphere standard Indicator 2.2.2 Stakeholders' views on application of sphere standards		
Effectiveness				
<ul style="list-style-type: none"> • To what extent were the desired results of the Emergency Response, Relief and Rehabilitation project (output level) achieved / are likely to be achieved? • To what extent and which change strategies contributed to achieve Emergency Response, Relief and Rehabilitation project results? • What were the major factors (including governance within/among government partners) influencing the achievement or non-achievement of desired results (including strategies, partnerships, inter-agency collaboration)? 				
EQ-3: To what extent NCHD-PHDF Emergency Response, Relief, and Rehabilitation project achieve its intended outcomes, and what were the key contributing factors, including strategies, that facilitated or impeded the realization of these desired results?	EQ3.1: To what extent NCHD-PHDF Emergency Response, Relief, and Rehabilitation project managed to achieve the intended results	Indicator 3.1.1 Evidence of project objectives achieved relative to the planned outcomes Indicator 3.1.2 Stakeholders' (PHDF and NCHD's head office) view on achievement of emergency response and relief outcomes vis a vis planned outcomes.	<ul style="list-style-type: none"> • Desk review • Comparative analysis • KIIs • Thematic Analysis 	<ul style="list-style-type: none"> • KIIs with stakeholders: NCHD district manager and supervisor, PHDF's director, DG NCHD, Director General (LAC), AD-VCD Head Office • HH surveys with beneficiary families
	EQ3.2: Which factors, including implemented strategies, played a significant role in either supporting or obstructing the attainment of the project's intended results?	Indicator 3.2.1: Evidence of factors affecting (supporting or obstructing) the attainment of the project's intended results Indicator 3.2.2 Stakeholders' views on the implementation processes/ strategies and how did those affect the Project's achievements.	<ul style="list-style-type: none"> • Desk Review • Descriptive Analysis • HH surveys • KIIs and • Thematic Analysis 	

Efficiency				
<ul style="list-style-type: none"> To what extent has the move from output to outcome under the project been efficient in achievement/non-achievement of desired results? To what extent were efficiencies in delivery of project/ programme results affected Were the project/ Programme objectives achieved on time and within budget? 				
<p>EQ-4: To what extent did NCHD-PHDF project manage transition from delivering outputs to achieving meaningful outcomes, considering the efficiency in delivery mechanisms, adherence to timelines, and budget constraints? Additionally, to what extent were the project objectives achieved within the allocated resources, and how were any deviations from planned outcomes, timelines, or budgets managed and addressed?</p>	<p>EQ4.1: Did NCHD-PHDF Emergency Response, Relief, and Rehabilitation project manage to achieve desired objectives and outputs within the allocated time and funds?</p>	<p>Indicator 4.1.1 Evidence of achievement of emergency response and relief activities' objectives/ outputs in time and funds, and relative efficiency (in terms of achievement of results vis a vis time and costs)</p> <p>Indicator 4.1.2 Stakeholders' views on of achievement of emergency response and relief activities objectives/ outputs in time and funds, and relative efficiency (in terms of in terms of achievement of results vis a vis time and costs)</p>	<ul style="list-style-type: none"> Desk Review Descriptive Analysis HH surveys KIIs and Thematic Analysis 	<p>Project budget, NCHD-PHDF Emergency Response, Relief and Rehabilitation activities Final Report; proposal on Floods 2022 submitted to PHDF (10 million); proposal on Floods 2022 submitted to PHDF (65 million)</p>
	<p>EQ4.2: To what extent the project was successful in transitioning from merely delivering outputs (such as distributing tents and food items) to achieving meaningful outcomes (such as improving living conditions, health, and livelihoods of the flood-affected population).</p>	<p>Indicator 4.2.1 Evidence of relative efficiency in achievement of emergency response results (in terms of costs and time) with other similar projects (by Islamic Relief, Care international etc.)</p> <p>Indicator 4.2.2 Stakeholders' view on relative efficiency in achievement of emergency response results (in terms of costs and time) with other similar projects (by Islamic Relief, Care international etc.)</p>	<ul style="list-style-type: none"> Desk Review Descriptive Analysis Comparative Analysis 	<p>KIIs with key project stakeholders</p> <p>Surveys with beneficiaries</p>
Impact				
<ul style="list-style-type: none"> Where NCHD-PHDF Emergency Response, Relief, and Rehabilitation project objectives or targets are met, to what extent has it contributed to changing the context (level of change – people, work process, organization, administrative system, governing system)? To what extent the project/ programme has affected/influenced the lives of the beneficiaries? What were the major factors influencing the achievement or non-achievement of the desired results (outcome level)? Are there any unintended results/impact of the Emergency Response, Relief, and Rehabilitation project? 				
<p>EQ-5: To what extent the project contributed to the achievement of desired impact (including unintended impact)?</p>	<p>EQ5.1: How far did the project contribute to the achievement of intended impact (including unintended)?</p>	<p>Indicator 5.1.1 Evidence of NCHD's work process, administrative system and governing system</p> <p>Indicator 5.1.2 Stakeholders' views on of types and extent of impact (intended and unintended) achieved by the provision of tents, medicines, food items, clean drinking water, and sanitation</p>	<ul style="list-style-type: none"> Literature Review Descriptive Analysis KIIs and Thematic Analysis 	<p>NCHD-PHDF Emergency Response, Relief and Rehabilitation activities Final Report; proposal on Floods 2022 submitted to PHDF (10 million); proposal on Floods 2022 submitted to PHDF (65 million)</p>
	<p>EQ5.2: To what extent did the project address unintended impacts,</p>	<p>Indicator 5.2.1 Evidence on any unintended negative and positive impact of the project, such as</p>	<ul style="list-style-type: none"> Literature Review Descriptive Analysis 	<p>KIIs with key project stakeholders</p>

	both positive and negative, on the target population and surrounding environment?	community links other than NCHD provided needs, dependency on assistance Indicator 5.2.2 Stakeholder feedback and perceptions regarding unintended negative and positive impact of the project, such as community links other than NCHD provided needs, dependency on assistance	<ul style="list-style-type: none"> • KIIs and • Thematic Analysis 	Surveys with beneficiaries
Sustainability <ul style="list-style-type: none"> • To what extent are the activities and results of the project likely to continue after support ceased? To what extent is the current strategy sustainable in the context of the project/ programme. • What were the major factors which influenced/could influence the achievement or non-achievement of sustainability of the project/ programme? • To what extent has government ownership of project/ programme and inter Government agency processes affected the sustainability? • To what extent can the approach of the project/ programme planning with government partners be better aligned to the priorities of government (national and local) to support the replication and scale up of tested programme models? • To what extent are the project/ programme pilot initiatives (i.e. design, advocacy and evidence generating) likely to be scaled-up? 				
EQ-6: To what extent interventions and outcomes of NCHD-PHDF Emergency Response, Relief, and Rehabilitation project were sustainable in addressing the long-term needs and resilience of the flood-affected communities?	EQ6.1: To what extent the interventions and results sustained after NCHD's withdrawal? What factors either enabled or hindered sustainability?	Indicator 6.1.1 Evidence of project beneficiaries still utilizing project-provided resources and services after NCHD's withdrawal Indicator 6.1.2 Stakeholders' Views on project beneficiaries still utilizing project-provided resources and services after NCHD's withdrawal.	<ul style="list-style-type: none"> • Literature Review • Descriptive Analysis • KIIs and Thematic Analysis 	NCHD-PHDF Emergency Response, Relief and Rehabilitation activities Final Report; proposal on Floods 2022 submitted to PHDF (10 million); proposal on Floods 2022 submitted to PHDF (65 million) KIIs with key project stakeholders Surveys with beneficiaries
	EQ6.2: What measures are in place to ensure the continued functionality and maintenance of project assets and services, and how are local stakeholders empowered to manage and sustain these resources independently?	Indicator 6.2.1 Evidence on community members trained in maintenance and management of project assets such as tents, washrooms, and water sources. Indicator 6.2.2 Stakeholders' Views on community members trained in maintenance and management of project assets such as tents, washrooms, and water sources.	<ul style="list-style-type: none"> • Literature Review • Descriptive Analysis • KIIs and Thematic Analysis 	

7.2. List of floods affected districts

List of floods affected districts					
Balochistan	Khyber Pakhtunkhwa	Punjab	Sindh	Gilgit Baltistan	AJ&K
District Zhob,	District Bajaur.	District Multan	District Karachi,	District Ghizer.	District Mirpur.
District JhalMagsi	District Charsadda	District Jehlum.	District Khairpur,	District Diamer	District Kotli,
District Nushki,	District Dera Ismail Khan.	District Dera Ghazi Khan	District Dadu,		District Muzaffarabad
District Lasbella.	District Malakand	District Rajanpur	District Shikarpur,		
District Quetta,	District Mardan.	District Jhang	District Korangi		
District QillaSaifullah,	District Mohmand.	District Layyah			

District Qilla Abdullah,	District Nowshera.	District Muzzafargarh			
District Jafferabad,	District South Waziristan				
District DeraBughta,	District Swabi				
District Bolan	District Swat.				
District Mastung					
District Kharan					
District Khuzdar					

7.3. List of Key stakeholders interviewed:

Designation	Name of personnel
Director General NCHD	Mirza Nasir ud Din Mashhood Ahmad
Director Education	Habibullah Khan
CEO PHDF	Mehbooba Razzaque
PHDF Finance Officer	Haroon Javed
AD-VCD Head Office	Syed Husnain Naqvi
Finance Coordinator NCHD	Fehmid ul Hassan
Ex-Finance officer PHDF	Mr. Tanzeel
District Managers	
Sanghar	Khalilullah Memon
Jaffarabad	Shabir Hussain Magsi
D I Khan	Mahboob Alam Khan
Neelum	Imran Ali Bukhari

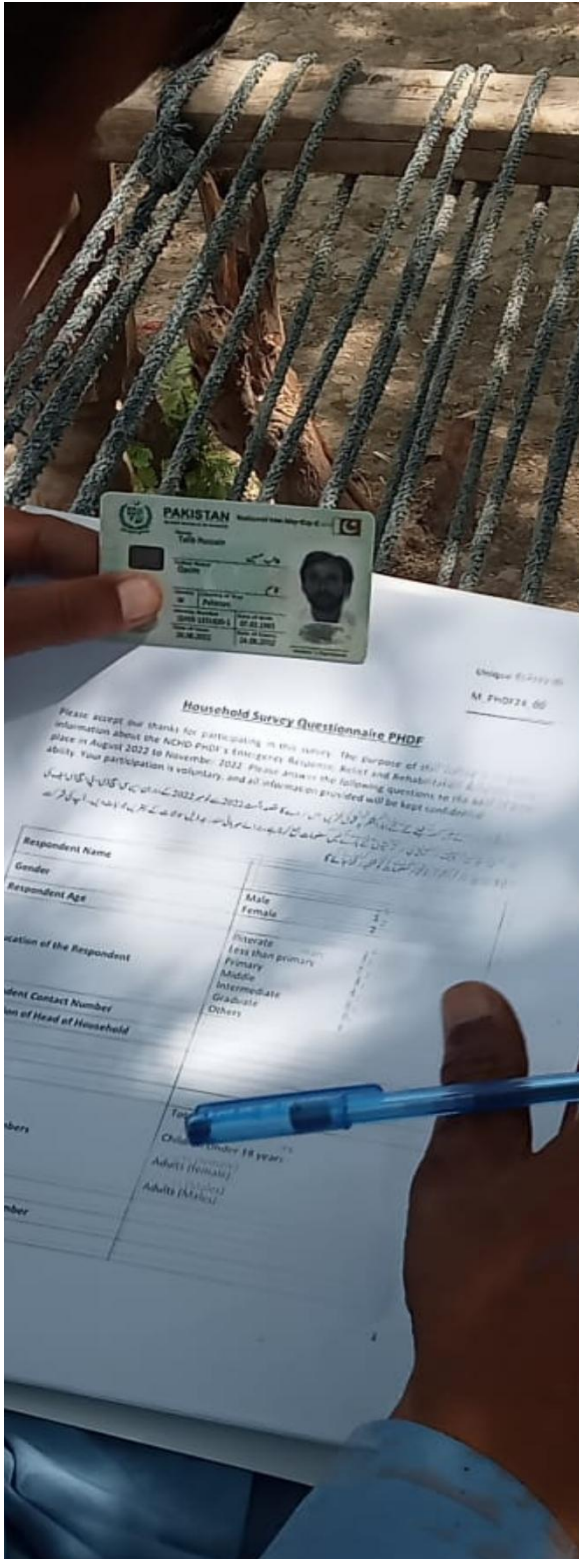
Rajanpur	Manzoor Hussain
District Field staff/supervisors	
Sanghar	Sher Muhammad
Jaffarabad	Abdul Qayyum
D I Khan	Malik Mujtaba
Rajanpur	Fida Hussain

7.4. List of documents reviewed

- 2022 FLOODS RESPONSE PLAN 01 SEP 2022- 28 FEB 2023 ISSUED PAKISTAN
- MONSOON CONTINGENCY PLAN 2022
- NDMP 2012
- NCHD-PHDF, A special report on flood 2022- Phase 1
- Proposal on flood 2022 Rehabilitation and Relief activities submitted to PHDF (10 million)
- NDMA' s- 2024 National Disaster Management Plan -III
- Proposal on flood 2022 Rehabilitation and Relief activities submitted to PHDF (62 million)
- Pakistan Monsoon Floods Fed Wide SITREP No.1
- Pakistan Monsoon Floods Fed Wide SITREP No.10
- Pakistan Monsoon Floods Fed Wide SITREP No.11
- Pakistan Monsoon Floods Fed Wide SITREP No.12

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- Pakistan Monsoon Floods Fed Wide SITREP No.2
 - Pakistan Monsoon Floods Fed Wide SITREP No.3
 - Pakistan Monsoon Floods Fed Wide SITREP No.4
 - Pakistan Monsoon Floods Fed Wide SITREP No.5
 - Pakistan Monsoon Floods Fed Wide SITREP No.6
 - Pakistan Monsoon Floods Fed Wide SITREP No.7
 - Pakistan Monsoon Floods Fed Wide SITREP No.8
 - Pakistan Monsoon Floods Fed Wide SITREP No.9
 - PAKISTAN: 2022 Monsoon Floods Situation Report by UNOCHA
 - Final report NCHD-PHDF Emergency Response, Relief and Rehabilitation activities
 - Evaluating humanitarian action using the OECD-DAC criteria An ALNAP guide for humanitarian agencies
 - PAKISTAN FLOODS 2022 Post-Disaster Needs Assessment by World Bank

7.5. Field pictures



7.6. Data collection tools

Unique Survey ID:

M_PHDF24_00

Household Survey Questionnaire PHDF

Please accept our thanks for participating in this survey. The purpose of this survey is to gather information about the NCHD-PHDF's Emergency Response, Relief and Rehabilitation Activities took place in August 2022 to November 2022. Please answer the following questions to the best of your ability. Your participation is voluntary, and all information provided will be kept confidential.

براہ مہربانی اس سروے میں حصہ لینے کے لئے ہمارا شکریہ قبول کریں۔ اس سروے کا مقصد اگست 2022 سے نومبر 2022 کے دوران این سی ایچ ڈی پی ایچ ڈی ایف کی ایمرجنسی رسپانس، ریلیف اور بحالی کی سرگرمیوں کے بارے میں معلومات جمع کرنا ہے۔ برائے مہربانی مندرجہ ذیل سوالات کے بہترین جوابات دیں۔ آپ کی شرکت رضاکارانہ ہے، اور فراہم کردہ تمام معلومات کو خفیہ رکھا جائے گا

Respondent Name	
Gender	1 Male 2 Female
Respondent Age	
Education of the Respondent	Matriculation 1 Intermediate 2 Graduate 3 Master's 4 PHD 5 Others 6
Respondent Contact Number	
Occupation of Head of Household	
Address	
City	
District	

No of Family Members	Total family members: Children Under 18 years: Adults (female): Adults (Males):
Interviewer Name	
Interviewer Contact Number	
Supervisor/Editor Name	

Q1). Your occupation (Read Out- One Answer Only)

(Q1) - آپ کا پیشہ (صرف ایک جواب پڑھیں)

a)	Farmer کسان	1
b)	Skilled Worker ماہر کارکن	2
c)	Shopkeeper/ Businessman تاجر / دکاندار	3
d)	Daily Wage Earner ڈیلی ویج کمانے والا یا مزدور	4
e)	Semi-Skilled Worker نیم ہنر مند کارکن	5
f)	Unemployed بے روزگار	6

Q2). Your estimate of monthly income in Pakistani Rupees?

(Q2) - آپ کی پاکستانی روپے میں ماہانہ آمدنی کا تخمینہ؟

Q3). What type of house you were living in prior to the floods?

سیلاب سے پہلے آپ کس قسم کے گھر میں رہ رہے تھے؟

a)	Pakka (Bricks with cement/mud) پکا (سیمنٹ/مٹی والی اینٹیں)	1
b)	Kacha (Mud mixed stones/Clay) کچا (مٹی ملے پتھر/مٹی)	2
c)	Mix (Pakka /Kacha) مکس (پکا/کچا)	3
d)	Huts جھونپڑی	4

e)	Any other (please specify) کوئی اور (براہ کرم وضاحت کریں)	5
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Q4). Was any Need Assessment carried out with you before providing the assistance?

(Q4) - کیا مدد فراہم کرنے سے پہلے آپ کے ساتھ ضرورت کا کوئی جائزہ لیا گیا تھا؟

a)	Yes	1 (پر جائیں Q5)
b)	No	2 (پر جائیں Q6)

Q5). If yes, was the process of identifying victims and the distribution of assistance was transparent?

(Q5) - اگر ہاں تو کیا متاثرین کی شناخت اور امداد کی تقسیم کا عمل شفاف تھا؟

a)	Yes	1
b)	No	2

Q6). If no, in your opinion, on what basis was food and non-food assistance provided?

(Q6) - اگر نہیں، تو آپ کی رائے میں، خوراک اور غیر خوراکی امداد کس بنیاد پر فراہم کی گئی؟

	Flooding inside the house گھر کے اندر سیلاب	1
	Damage to the house structure گھر کے ڈھانچے کو نقصان	2
	Loss of household belongings گھریلو سامان کا نقصان	3
	Damage to farming fields کھیتی کے کھیتوں کو نقصان	4
	Loss of livestock مویشیوں کا نقصان	5
	Damage to infrastructure (roads, bridges, etc.) بنیادی ڈھانچے کو نقصان (سڑکیں، پل، وغیرہ)	6
	Other (please specify) دیگر (براہ مہربانی وضاحت کریں)	7

Q7). Whenever the assistance was distributed, the local community knew about the timing and place of distribution?

(Q7) - جب بھی امداد تقسیم کی گئی، مقامی کمیونٹی کو تقسیم کے وقت اور جگہ کا علم تھا؟

a)	Yes	1
b)	No	2

Q8). Further, the community also knew which households would get the assistance?

(Q8) - مزید یہ کہ کمیونٹی کو یہ بھی معلوم تھا کہ کن گھرانوں کو امداد ملے گی؟

a)	Yes	1
b)	No	2

Q9). While providing assistance, did the NCHD work together with community members and other organizations to help improve the targeted communities for rehabilitation?

(Q9) - مدد فراہم کرتے ہوئے، کیا این سی ایچ ڈی نے کمیونٹی کے ممبروں اور دیگر تنظیموں کے ساتھ مل کر بحالی کے لئے ہدف کردہ برادریوں کو بہتر بنانے میں مدد کی؟

a)	Yes	1
b)	No	2

Q10). If yeas, please list down few actors?

(Q10) - اگر ہاں، تو براہ کرم چند اداکاروں کی فہرست بنائیں

- a) _____
- b) _____
- c) _____
- d) _____

Q11). Did the team follow the Sphere standards when providing emergency relief aid? (Enumerator, please refer to the checklist for the standards.)?

(Q11) - کیا ٹیم نے ہنگامی امداد فراہم کرتے وقت Sphere کے معیارات پر عمل کیا؟ (شمار کرنے والا، براہ کرم معیارات کے لیے چیک لسٹ سے رجوع کریں۔)؟

a)	Yes	1
b)	No	2

Q12). Did your household receive immediate relief assistance from NCHD after the floods?

(Q12) - کیا سیلاب کے بعد آپ کے گھر والوں کو NCHD سے فوری امدادی امداد ملی؟

a)	Yes	1
b)	No	2

Q13). How long did it take for your household to receive assistance?

(Q13) - اگر نہیں، تو آپ کے گھر والوں کو امداد حاصل کرنے میں کتنا وقت لگا؟

a)	Two weeks	1
c)	One Month	2 (Ask Q14)
d)	Two Months	3 (Ask Q14)

Q14). In case of delay of more than two weeks, what do you think were the main reasons? (skip if Q13=a)

(Q14) - دو ہفتے سے زیادہ تاخیر کی صورت میں، آپ کے خیال میں اس کی بنیادی وجوہات کیا تھیں؟

a)	Lack of access to the village گاؤں تک رسائی کا فقدان	1
b)	Lack of coordination with the community کمیونٹی کے ساتھ ہم آہنگی کا فقدان	2
c)	Lack of coordination between the NGOs and the local administration این جی اوز اور مقامی انتظامیہ کے درمیان ہم آہنگی کا فقدان	3
d)	Not present at the time of distribution of assistance امداد کی تقسیم کے وقت موجود نہیں	4
e)	Don't know معلوم نہیں	5

Q15). How satisfied were you with the outcomes of the emergency response and relief activities considering the time and costs involved?

(Q15) - اس میں شامل وقت اور اخراجات کو مدنظر رکھتے ہوئے آپ ہنگامی ردعمل اور امدادی سرگرمیوں کے نتائج سے کتنے مطمئن تھے؟

a)	Highly Satisfied	1
b)	Satisfied	2
c)	unsatisfied	3
d)	Highly unsatisfied	4
e)	No Answer	5

Q16). What was the most urgent need you and your household members were displaced after the floods?

Q16 سیلاب کے بعد آپ کو اور آپ کے گھر کے افراد کو سب سے زیادہ ضرورت کس چیز کی تھی؟

a)	Food Basket	کھانے کی ٹوکری	1
b)	Clean drinking water	پینے کا صاف پانی	2
c)	Non-Food Items (utensils)	نان فوڈ آئٹمز (برتن)	3
d)	Hygiene kits	حفظان صحت کی کٹس	4
e)	Shelter kits (tents)	شیلٹر کٹس (خیمہ)	5
f)	Medical aid	طبی امداد	6
g)	Cash assistance	نقد امداد	7
h)	Other (please specify)		8

Q17). Which of the most urgent assistance you and your household received (from NCHD)? Please specify the type of assistance received. (Select all that apply)

(Q17) - آپ کو اور آپ کے گھر والوں کو (NCHD کی طرف سے) سب سے زیادہ فوری امداد میں سے کون سی موصول ہوئی؟ براہ کرم موصول ہونے والی امداد کی قسم کی وضاحت کریں۔ (وہ سب سلیکٹ کریں جو مناسب ہے)

a)	Emergency food supplies	ہنگامی خوراک کی فراہمی	1
b)	Clean drinking water distribution	پینے کے صاف پانی کی تقسیم	2
c)	Non-Food Items	نان فوڈ آئٹمز	3
d)	Sanitation and hygiene facilities/kit	صفائی اور حفظان صحت کی سہولیات/کٹ	4
e)	Education support for children	بچوں کے لیے تعلیمی معاونت	5
f)	Shelter support	پناہ گاہ کی حمایت	6
g)	Medical assistance and drugs) (1 Month stock of Medicines)	(طبی امداد اور ادویات) (ایک ماہ کی دوائیوں کا ذخیرہ)	7

Q18). Were there any items you urgently needed not included in the assistance you received from NCHD?

(Q18) - کیا ایسی کوئی اشیاء تھیں جن کی آپ کو فوری ضرورت تھی اور وہ NCHD سے موصول ہونے والی امداد میں شامل نہیں تھی؟

a)	Yes	1
b)	No	2

Q19). If yes, can you please recall the three most needed items you did not receive?

(Q19) - اگر ہاں، تو کیا آپ براہ کرم تین انتہائی ضروری اشیاء کو یاد کر سکتے ہیں جو آپ کو موصول نہیں ہوئیں؟

- a) _____
- b) _____
- c) _____

Q20). NCHD informed the community members about the mechanism to register feedback/suggestions/complaints regarding the distribution of assistance?

(Q20) - NCHD نے کمیونٹی ممبران کو امداد کی تقسیم کے حوالے سے تاثرات/تجاویز/شکایات درج کرنے کے طریقہ کار کے بارے میں آگاہ تھا؟

a)	Yes	1 (Ask Q21)
b)	No	2

Q21). If yes, what was the main mechanism for registering feedback/suggestion/complaint?

(Q21) - اگر ہاں، تو رائے/مشورہ/شکایت کے اندراج کا بنیادی طریقہ کار کیا تھا؟

a)	Complaints' Box شکایات کا باکس	1
b)	Mobile Number موبائل نمبر	2
c)	Email address ای میل ایڈریس	3
d)	Office address آفس ایڈریس	4

Q22). By receiving the assistance, to what extent you agree/disagree that you were able to meet the basic and urgent needs of your households?

(Q22) - امداد حاصل کر کے، آپ کس حد تک اس بات سے اتفاق/ اختلاف کرتے ہیں کہ آپ اپنے گھر والوں کی بنیادی اور فوری ضروریات کو پورا کرنے کے قابل تھے؟

a)	Strongly agree	1
b)	Agree	2
c)	Disagree	3
d)	Strongly disagree	4
e)	No Answer	5

Q23). Did the interventions provide immediate relief of shelter (protection against weather conditions), food needs, and clean drinking water and sanitation needs?

(Q23) - کیا NCHD کے اقدامات نے پناہ گاہ (موسمی حالات سے تحفظ)، خوراک کی ضروریات، اور پینے کے صاف پانی اور صفائی کی ضروریات کو فوری طور پر فراہم کیا؟

a)	Yes	1
b)	No	2

Q24). To what extent were women satisfied or dissatisfied with emergency assistance? (Just ask about women)

(Q24) - خواتین ہنگامی حالات میں ملنے والی امداد سے کس حد تک مطمئن یا غیر مطمئن تھی؟ (صرف خواتین کے حوالے سے پوچھیں)

a)	Highly Satisfied	1
b)	Satisfied	2
c)	unsatisfied	3
d)	Highly unsatisfied	4
e)	No Answer	5

Q25). Did the shelters provide you (women) with protection against weather, dignity and ensured safety?

(Q25) - کیا پناہ گاہوں نے آپ (خواتین) کو موسم، وقار اور یقینی تحفظ فراہم کیا؟

a)	Yes	1
b)	No	2 (Ask Q27)

Q26). If no, list reasons

(Q26) - اگر نہیں، تو وجوہات درج کریں۔

- a) _____
- b) _____
- c) _____

Q27). Was the provision of food items enough for all household members in the shelter?

(Q27) - کیا شیلٹر میں گھر کے تمام افراد کے لیے کھانے پینے کی اشیاء کی فراہمی کافی تھی؟

a)	Yes	1
b)	No	2 (Ask Q29)

Q28). If no, list reasons

(Q28) - اگر نہیں، تو وجوہات درج کریں

- a) _____
- b) _____
- c) _____

Q29). Did the provision of medicines serve the medical needs of men, women, children of HH according to their requirement?

(Q29) - کیا دوائیوں کی فراہمی سے مردوں، عورتوں، بچوں کی طبی ضروریات ان کی ضرورت کے مطابق پوری ہوئیں؟

a)	Yes	1
b)	No	2

Q30). Were the milk packs provided to lactating women enough?

(Q30) - کیا دودھ پلانے والی خواتین کو فراہم کیے جانے والے دودھ کے پیکٹ کافی تھے؟

a)	Yes	1
b)	No	2 (Ask Q32)

Q31). If no, list reasons

- a) _____
- b) _____
- c) _____

Q32). Are you still using the aid kits/ assistance provided by NCHD:

(Q32)۔ کیا آپ ابھی بھی NCHD کی طرف سے فراہم کردہ امدادی کٹس/ امداد استعمال کر رہے ہیں؟

a)	Yes	1
b)	No	2

Q33). Did NCHD take any measures to ensure the continued functionality and maintenance of project assets and services?

(Q33)۔ کیا NCHD نے پروجیکٹ کے اثاثوں اور خدمات کی مسلسل فعالیت اور دیکھ بھال کو یقینی بنانے کے لیے کوئی اقدامات کیے ہیں؟

a)	Yes	1
b)	No	2

Q34). Was the community provided with the rehabilitation services (Establishment of 100 Transitional Schools (TS) on need basis, Free Medical Camps and TS's catchment areas, Livelihood that the effected communities continue life in decent way) along with flood relief assistance?

(Q35)۔ کیا کمیونٹی کو بحالی کی خدمات (ضرورت کی بنیاد پر 100 عبوری اسکولوں (TS) کا قیام، مفت میڈیکل کیمپس اور TS کے کیچمنٹ ایریاز، ذریعہ معاش کہ متاثرہ کمیونٹیز باوقار طریقے سے زندگی گزاریں) سیلاب سے متعلق امداد کے ساتھ فراہم کی گئی؟

a)	Yes	1
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b)	No	2
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Thank you

Special Comments/Interviewer Comments:

خصوصی رائے/انٹرویو کنندہ کے تبصرے:
