

PROJECT COMPLETION REPORT



Integrated Emergency Health, Protection, and WASH Response for Vulnerable Flood-affected Communities in Sindh Province of Pakistan Khairpur Mirs and Mirpurkhas

Reference Number (Gz. AA): AA 2646-10

Project Start Date: 16th May 2023

Project Planned End Date: 31st December 2023



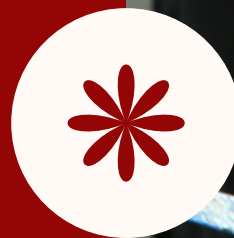


Project Completion Report

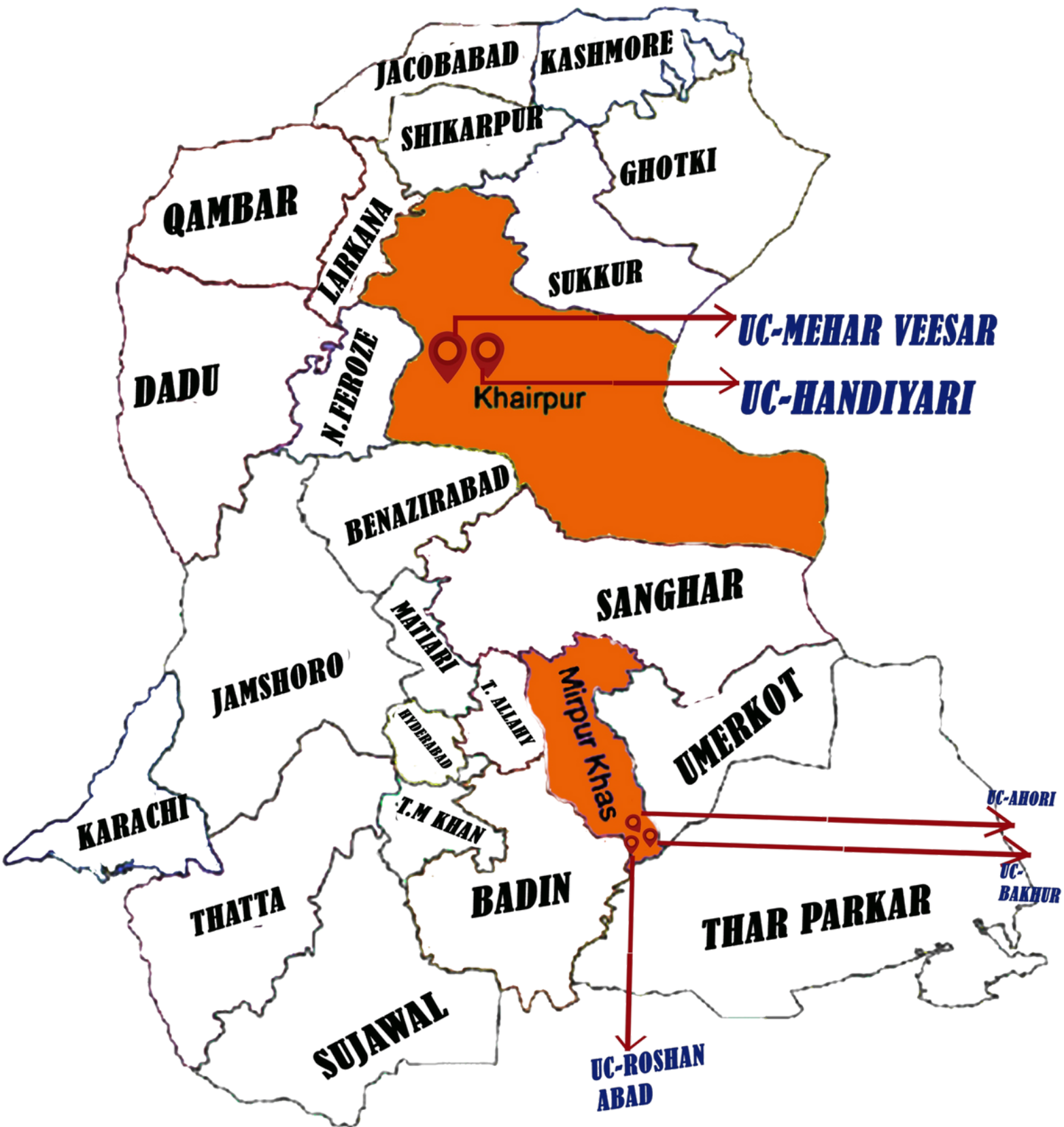
May 2023- Dec 2023

TABLE OF CONTENTS

Introduction	01
Overall Performance	05
Changes & Amendments	08
Implementation Approach	11
Interventions Details	15
Measures/Results	18
Rehabilitation work	21
Recommendations	48



Project Geographical Coverage



INTRODUCTION

The Integrated Emergency Health, Protection and WASH Response project, funded by the German Federal Foreign Office and implemented in five Union Councils of Khairpur and Mirpurkhas districts, Sindh, Pakistan, is demonstrating significant progress in addressing the critical needs of flood-affected communities. Through a holistic approach encompassing emergency healthcare, protection, and WASH services, the project has delivered tangible results, empowering vulnerable populations and laying the foundation for long-term recovery.



PROJECT OUTCOME

“Improved immediate access to essential and life-saving health, WASH, protection, and food services for flood-affected communities.”



OUR MISSION

Output 1: Targeted flood-affected communities have access to life-saving medicines and supplies through integrated outreach health services, including mobile health clinics.

Result (output) 2: Women and Vulnerable populations in targeted flood areas get access to basic water supply, sanitation, and hygiene service

Output 3: The target population, including women, men, children, and persons with disabilities, has easy access to preventive and responsive protection services

Output 4: Improve nutritional status and access to food for pregnant and lactating women (PLW) and malnourished children and persons with disabilities (PWD).



OVERALL PERFORMANCE



German Federal Foreign Office's project empowers flood-hit communities in Sindh through holistic healthcare, protection, and WASH interventions. Over 43,500 medical consultations with free medicines, village protection sessions were co, improved sanitation for people, and disaster preparedness awareness empowered vulnerable populations. Focus on women and marginalized groups ensures long-term recovery. Sustainable WASH solutions and livelihood opportunities are pursued. This project is transforming lives and fostering resilience in flood-stricken Sindh.

93%

RURAL WOMEN

The Target Group was majorly Rural vulnerable and flood affected communities during the project intervention with community local ownership.

07%

CHILDREN AND SENIOR CITIZENS

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OVERALL PERFORMANCE

The "Integrated Emergency Health, Protection, and WASH Response for Vulnerable Flood-affected Communities in Sindh Province of Pakistan" project, initiated on May 16, 2023, with a launching ceremony at SRSO Head Office Sukkur, has been successfully implemented with all targets achievements' in addressing the critical needs of flood-affected communities in the Khairpur and Mirpurkhas districts. The project is a collaborative effort funded by the German Federal Foreign Office (GFFO), ADH, and Malteser International (MI), with implementation led by the Sindh Rural Support Organization (SRSO).

The recurrent floods in Sindh's different districts posed significant threats to vulnerable populations. Thus, the project objective was to address their evolving basic life needs on a humanitarian basis encompassing enhancing access to clean water, sanitation, healthcare, protection, and nutrition. The context of frequent floods underscored the project's importance in providing immediate relief and fostering long-term resilience among affected communities.

The project has been meticulous in recognizing and addressing the diverse needs of the community, considering the vulnerabilities of women, men, boys, girls, and persons with disabilities. A comprehensive Vulnerability Assessment and Social Mapping survey during the initiation phase informed project planning, ensuring a targeted response to the Gender considerations were ingrained in the project from design to implementation. Both men and women actively participated in the planning and execution phases, ensuring their voices were heard equally.



The project adopted a women-led approach, emphasizing the empowerment of women. Additionally, persons with disabilities were integrated into various project aspects, ensuring their unique needs and capabilities were acknowledged and addressed. Protection was a fundamental aspect of the project's strategy. A rigorous risk assessment was conducted to identify potential risks and vulnerabilities faced by the affected populations. Various actions were taken to avoid or minimize these risks: Awareness Sessions: During the project the 20 campaigns Over 1,300 awareness sessions were conducted, reaching more than 15,600 individuals, focusing on gender-based violence and protection mechanisms.



OVERALL PERFORMANCE

Radio Campaigns: The project reached 90,000 people through radio awareness campaigns on protection, and enhancing knowledge dissemination. **Street Theaters:** The Project Reached 4,067 individuals through 16 Street Theaters in both districts. **Community Training:** Training initiatives targeted key stakeholders, including village committee members, teachers, and pupils, promoting protection measures in schools and communities.

Feedback Complaint Response Mechanism (FCRM): The project activated a responsive FCRM, empowering community members to provide feedback, report concerns, and seek assistance.

Progress and Achievements:

The project has consistently achieved a 100% success rate across health, water supply, sanitation, protection, and nutrition components since its initiation. To enhance healthcare, the SRSO initiated a significant project by organizing a total of 200 free Mobile Medical Camps (MMCs) at the community level in both districts. These camps were strategically located in remote areas where the population lacks awareness of health education, faces financial constraints, and has limited access to health services. Female doctors actively participated in patient examinations, and male and female psychosocial counselors and social mobilizers provided essential psychosocial support while raising awareness about health and hygiene-related preventive measures.

The health referral system actively trained 30 rural young literate girls and women as Trained Birth Attendants to reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) through referrals for institutional birth. Additionally, 102 female and male CRPS, along with adolescent champions, assisted in community mobilization for social behavioral changes and peer education on protection and health.





CHANGES & AMENDMENTS

AMENDED APPROACHES FOR IMPLEMENTATION

Rehabilitation of Damaged Infrastructure

Original Plan:

The initial plan for the Integrated Emergency Health, Protection, and WASH Response project included the rehabilitation of damaged infrastructure by contractors.

Change and Justification:

Following discussions with SRSO and the MI Country Office, it was agreed that Local Support Organizations (LSOs) were the most suitable actors for implementing small infrastructure rehabilitation projects. This decision was based on several key factors:

- **Local knowledge and expertise:** LSOs possess a deep understanding of community needs, traditional construction methods, and resource availability within their specific areas.
- **Community ownership and participation:** Engaging LSOs fosters community ownership of the rehabilitation process, leading to greater investment, accountability, and sustainability.
- **Cost-effectiveness and efficiency:** Utilizing LSOs can be more cost-effective than relying on external contractors, especially for localized projects.
- **Capacity building and empowerment:** This approach provides opportunities for LSO capacity building in project management, technical skills, and resource mobilization, empowering them for future initiatives.

Implementation Approach:

- **LSO Bank Accounts Utilization and Training:** SRSO conducted training and signed the SUB Contract Grant Agreement for the rehabilitation of work and provided training for utilization.
- **Community needs assessment:** The SRSO field team conducted participatory assessments with LSOs to identify and prioritize small infrastructure rehabilitation needs, such as water hand pumps, demo latrines, and water reservoirs.
- **Resource allocation:** Allocate a specific budget for each LSO based on the needs identified in their respective communities.



CHANGES & AMENDMENTS

AMENDED APPROACHES FOR IMPLEMENTATION

Providing Cash Assistance to the Vulnerable Families

Original Plan:

The initial plan for the Integrated Emergency Health, Protection, and WASH Response project did not include direct cash assistance. This was a community-driven demand after underspending the budget and getting approval from Donors.

Change and Justification:

Following a PRA assessment conducted by the SRSO team through community institutions on the Mobile app, it was determined that direct cash assistance was necessary to support the most vulnerable populations in flood-affected areas. Several factors contributed to this decision:

- **High levels of economic vulnerability:** The assessment revealed significant hardship and loss of livelihoods among women, including EVIS (Extremely Vulnerable Individuals).
- **Limited access to essential needs:** Inflation and supply chain disruptions made it difficult for families to afford necessities like food, shelter, and healthcare.
- **Empowerment and self-reliance:** Cash assistance can provide families with autonomy and choice in how they prioritize their needs, fostering agency and resilience.

Implementation Approach:

- **Partnerships with local banks and CoC:** Utilize the transparent banking system of CoC-Cash over Counter (CoC) in collaboration with local banks to distribute funds.
- **Token system and beneficiary verification:** Issue secure tokens to eligible beneficiaries identified through the PRA assessment, ensuring transparency and preventing fraud.
- **Biometric and CNIC verification:** Implement biometric and CNIC verification processes at designated bank branches to ensure accurate identification and secure distribution of funds.

Achievement of Outcomes:

- **Improved access to essential needs:** Cash assistance helped families afford food, shelter, healthcare, and other essential necessities, alleviating immediate suffering.
- **Empowerment and self-reliance:** By providing choices of purchasing in how they spend the funds, the grant empowers families to prioritize their needs and rebuild their livelihoods.
- **Strengthened community resilience:** Cash assistance contributed to long-term community resilience by supporting families' ability to rebuild their lives and cope with future challenges.

This amended approach demonstrates a responsive and flexible approach to addressing the evolving needs of flood-affected communities.

PROGRESS AND ACHIEVEMENTS:

The organization surpassed its target by successfully conducting 200 mobile medical camps, providing immediate healthcare to 44,350 individuals. In the realm of Mental Health and Psychosocial Support (MHPSS) services, the project implemented a comprehensive set of activities. This included a Rapid Needs Assessment to promptly identify urgent mental health requirements in villages, psychological assessments during mobile medical camps, and referrals for complex cases. Awareness campaigns were conducted to deepen understanding of mental health issues. A network of 102 Community Resource Persons (CRPs) played a pivotal role in delivering various intervention sessions, including Health and Hygiene, Nutrition, Protection, and MHPSS services, using diverse techniques. Adolescent champions were identified and trained for mental health advocacy, and peer education initiatives were initiated.

To ensure effective MHPSS service delivery, a multifaceted strategy was adopted, including community-centric assistance, extended services through mobile medical camps, educator empowerment, street dramas for awareness, and district-level reinforcement. The commitment to community well-being is evident through the implementation of 720 MHPSS sessions, benefiting 17,191 participants. This comprehensive approach included 54 MHPSS referrals, individual therapy, and medication for those identified through screening. SRSO collaborated with women-led community institutions and engaged CRPs to facilitate Health and Hygiene as well as Nutrition awareness programs. Informative sessions conducted by SRSO project staff during the interim period engaged a substantial number of participants. Additionally, 20 successful campaigns were executed for Health and Hygiene sessions, conducting 1,310 community awareness sessions and reaching 30,852 participants, further highlighting the project's holistic approach to community well-being.

During the project, the distribution of Non-Food Items (NFI) included Assistive devices such as 300 wheelchairs, 250 audio induction ear kits, 250 walking sticks, and 250 walking frames. Recognizing malnutrition as a significant concern, especially among pregnant and lactating women (PLW) and children, SRSO conducted targeted nutrition campaigns and needs assessments. These campaigns aim to raise awareness, provide basic nutrition information, and enhance the nutritional status of PLW and malnourished children. During this reporting period, a total of 1,603 PLW and 4,024 malnourished children were reached through this activity, including screening through the Mid-Upper Arm Circumference (MUAC) tape, which is an essential tool for assessing malnutrition.

Nutritional screenings using MUAC identified malnutrition in children and PLWs, leading to the distribution of 300 Food Supplements for Children and 500 for PLWs. Moreover, the project distributed 1,000 kits comprising Delivery Kits, Newborn Baby Kits, Hygiene Kits, MHM Kits, long-lasting insecticidal nets, 500 Bio Sand Nadi filters, and water jerry cans.



PROGRESS & ACHIEVEMENTS

The engineering team initiated a comprehensive Hand Pump assessment, which included the development of technical feasibility reports Bills of Quantities (BoQ), and Layer designs. These reports were subsequently submitted to the Local Support Organizations (LSOs) for the rehabilitation and installation of Hand Pumps. Additionally, the project identified health facilities for the rehabilitation work. Local Support Organizations leading in all these processes as SRSO's main focus remains to empower local actors.

In detail, the project has accomplished significant infrastructure improvements, including installing 250 Hand Pumps, rehabilitating 5 Water Reservoirs, constructing 20 Community-Led Total Sanitation (CLTS) approaches, and rehabilitating 2 health facilities. Cash assistance of PKR 15,000 was provided to 600 Persons with Disabilities (PWD) in both districts, and an additional PKR 36,000 was extended to 1,337 vulnerable households.

The plantation initiative covered 59 villages, resulting in the planting of a total of 3,090 plants. Mobile vans facilitated the development of 142 Nadra Cards. The Project Closing and Lessons Learned Workshop involved 63 male participants, 13 female participants, and 14 stakeholders.



Furthermore, the project demonstrated a proactive approach to healthcare with 298 instances of follow-up for vaccination and registration, along with 113 cases of EPI vaccination conducted by carrying the vaccinator along with the team. Additionally, 565 ANC (Antenatal Care) and PNC (Postnatal Care) cards were distributed to pregnant and lactating women. The project has exhibited laudable success in achieving its objectives and positively impacting vulnerable communities. Its inclusive approach, consideration of gender perspectives, and robust protection strategies have contributed to its effectiveness in providing relief and building resilience among flood-affected populations. Ongoing efforts are anticipated to further enhance the project's outcomes in alignment with its overarching goals.



Project key Achievement

01 Water

- 250 Hand Pumps Rehabilitation
- 5 Water Reservoirs
- 500 Water Jerry Cans and Bio Sand Nadi Filter



02 Rehab of Health Facility

02 Health Facilities Rehabilitated

HEALTH

- 20 Mobile Free Medical Camps
- 20 Campaigns
- 1000 Health-related kits distribution



03 MHPSS

700 Sessions, 17,191 Participants participated in the Awareness
54 MHPSS Referrals



04 Assistive Devices

- 300 Wheel Chairs
- 250 Walking Frame
- 250 Walking Stick
- 250 Ear Induction Devices

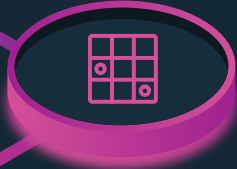
WASH

- 20 Health and Hygiene Campaigns
- 20 CLTS Latrine Construction
- 5 Water Reservoirs'
- 500 Water Jerry Cans and Bio-Sand Nadi Filter



05 Training Birth Attendant

30 Graduates imparted training at TBA from GoS Health Department Certification



06 Street Theaters Performed

16 Street Theaters Performed in which 4,067 participants

PROTECTION

- Protections Sessions for Awareness
- Training of District level Protection Group
- Training of Teachers for Protection



07 Cash Assistance

600 Person with Disability
1,337 Cash Assistance to Vulnerability Community



NUTRITION

- 20 Nutrition Campaigns
- Malnutrition Screening
- Food Supplements Distribution





PROJECT ACHIEVEMENTS

Health:

- Delivered healthcare services to 44,350 individuals through 200 mobile medical camps, exceeding the target of 40,000 individuals.
- Provided mental health and psychosocial support (MHPSS) services to over 17,191 people, addressing a crucial but often overlooked need.
- Distributed essential medicines and supplies, ensuring continued access to healthcare beyond the project's duration.

WASH-Water Sanitation and Hygiene :

- Installed 250 hand pumps and rehabilitated 5 water reservoirs, significantly improving access to clean water for communities.
- Constructed 20 community-led total sanitation (CLTS) approaches, empowering communities to manage their own sanitation and hygiene practices.
- Distributed 500 Bio Sand Nadi filters and jerry cans, providing households with safe and convenient water storage solutions.
- Distributed hygiene and menstrual kits to women and girls, addressing their specific needs and promoting dignity.

Protection:

- Conducted over 1,674 awareness sessions on protection issues, reaching over 15,600 individuals and fostering a culture of safety.
- Distributed assistive devices (wheelchairs, hearing aids, etc.) to 300 individuals with disabilities, ensuring their inclusion and access to essential support.
- Organized 16 street theater performances on protection issues, attended by 4,067 people, raising awareness in an engaging and accessible manner.
- Established a robust feedback mechanism, empowering communities to voice their concerns and contribute to project improvement.

Nutrition:

- Provided supplementary food to 300 malnourished children and 800 pregnant/lactating women, addressing a critical gap in food security.
- Distributed cash assistance to 600 persons with disabilities and 1,337 vulnerable households, providing immediate relief and supporting self-reliance.

Additional achievements:

- Exceeded targets in many areas, demonstrating efficient project management and resource allocation.
- Adopted a gender-inclusive and community-driven approach, ensuring equitable participation and sustainable outcomes.
- Actively involved Local Support Organizations (LSOs) in project implementation, fostering local ownership and capacity building.
- Maintained transparency and accountability through regular monitoring and reporting.
- Tree Plantation of above 3000 different Fruit, Shadow, and Forest Trees in villages
- Developed the 102 WGFS-Women Girls Friendly Space
- Develop the ANC and PNC cards for Malnutrition Pregnant and Lactating Women
- Assisted the Government Departments with EPI Vaccination for children and pregnant women
- Assisted the Government Vaccinators in Polio campaigns for the refusal of children's vaccination

Overall, the project's key achievements lie not only in its tangible outputs but also in its lasting impact on the lives of flood-affected communities. It has empowered individuals, strengthened community resilience, and paved the way for a brighter future.



ABOUT PROJECT



About the Project

Integrated Emergency Health, Protection, and WASH Response for Vulnerable Flood-affected Communities in Sindh Province of Pakistan: A Story of Resilience.

The Deluge and its Aftermath:

In July 2023, torrential monsoon rains brought devastating floods to Pakistan's Sindh province, displacing millions and leaving communities reeling. Khairpur and Mirpurkhas districts bore the brunt of the disaster, with families losing homes, livelihoods, and access to necessities. Amidst this wreckage, hope emerged in the form of the "Integrated Emergency Health, Protection, and WASH Response" project, a collaborative effort spearheaded by the Sindh Rural Support Organization (SRSO).

A Holistic Approach to Healing:

Funded by the German Federal Foreign Office (GFFO), ADH, and Malteser International (MI), the project recognized the multifaceted needs of flood-affected communities. It went beyond immediate relief, aiming to build long-term resilience.

Health: 200 Mobile free medical camps by lady doctors along with free medicines provided at their doorstep became lifelines, offering crucial healthcare to 44,350 individuals in remote areas. Recognizing the invisible scars of the disaster, the project addressed mental health and psychosocial support (MHPSS) needs, reaching over 17,000 people. Distribution of essential medicines and supplies ensured continued well-being.

Water and Sanitation: Access to clean water and sanitation facilities is fundamental to health and dignity. The project installed 250 hand pumps, rehabilitated 05 water reservoirs, and constructed CLTS approaches, empowering communities to manage their sanitation. Hygiene and menstrual kits provided essential support for women and girls.



ABOUT THE PROJECT



A Legacy of Empowerment:

The "Integrated Emergency Health, Protection, and WASH Response" project leaves a lasting legacy. It demonstrates the power of collaboration, community-driven action, and unwavering commitment. It empowers communities to not only recover from disaster but to build resilience for the future. As they face future challenges, they do so with knowledge, resources, and the indomitable spirit that saw them through the flood's aftermath. This is not just a project report; it is a testament to the human spirit's ability to overcome adversity and build a brighter future.

Protection: Safeguarding vulnerable populations was paramount. Awareness campaigns on protection issues reached over 15,600 individuals.

Distribution of assistive devices empowered persons with disabilities. Street theater performances creatively raised awareness, while a robust feedback mechanism ensured community voices were heard.

Nutrition: Malnutrition, a silent threat, was tackled through the provision of supplementary food to malnourished 300 children and 500 pregnant/lactating women. Cash assistance to 1,337 vulnerable households provided a safety net, fostering self-reliance.

Beyond Statistics, Human Stories:

The project's impact goes beyond numbers. Imagine a young woman, empowered as a Community Resource Person, guiding others towards better health and hygiene. Picture a family rebuilding their lives with the support of cash assistance. Visualize children's smiles returning, thanks to access to clean water and sanitation. These are not just statistics; they are stories of resilience, hope, and a community rising together.



INTRODUCTION & IMPLEMENTATION DETAILS



INTRODUCTION

Introduction

1. Preparation Phase

1.1. NoC-No Objection Certificate from District Administration

SRSO, operating in both districts of the project, successfully obtained the NoC from the respective district administrations. This signifies that the local government authorities have reviewed the project proposal, assessed its feasibility and potential impact, and have given their approval for its implementation.

The NoC demonstrates a collaborative approach between SRSO and the district administrations, indicating that they acknowledge the project's objectives, activities, and expected outcomes. It also signifies that the project aligns with the local government's priorities and development plans.

By obtaining the NoC, SRSO ensures that the project implementation is carried out in accordance with the guidelines and regulations set by the district administration. It establishes a formal understanding and partnership between SRSO and the local government, promoting effective coordination and cooperation throughout the project duration.

Having the NoC from the District Administration also enhances the project's credibility and legitimacy among stakeholders, including government representatives, partner organizations, community leaders, and community members. It assures them that the project has undergone a thorough review and has received the necessary approvals to operate in the respective districts.

Overall, obtaining the NoC from the District Administration is a significant achievement for the SRSO project, as it validates the project's objectives, ensures compliance with local regulations, and fosters strong partnerships with the local government authorities.

1.2. Recruitment and Orientation of Staff

Recruitment and orientation of staff was achieved through a systematic process and it is an important achievement in the implementation of a project. It involves the process of identifying, selecting, and onboarding qualified individuals to fulfill the project's staffing needs. This achievement signifies that the project has successfully assembled a competent and dedicated team to carry out its activities and meet its objectives.

Recruitment:

1. Advertisement of Vacancies

SRSO Central HR Department from Head Office announced the Job Advertisement Suite for the collection of CVs, Shortlisting, Interviews, etc. The recruitment process involves various steps, such as defining job roles and responsibilities, advertising job vacancies, screening, and shortlisting candidates, conducting interviews, and making job offers. By successfully recruiting staff members, the project ensures that it has the necessary human resources to execute its activities effectively.

Elaborating on this as an achievement, it indicates that the HR Department for this project has attracted suitable candidates who possess the required skills, qualifications, and experience to contribute to the project's success. The recruitment process likely involved reaching out to potential candidates through various channels, such as job portals, advertisements, and professional networks, and then evaluating and selecting the most suitable individuals for each role.



INTRODUCTION

1. Orientation:

Once the staff members have been recruited, the next step is to provide them with a comprehensive orientation. SRSO conducted Orientation training at the Head Office level which was designed to familiarize new hires with the project's goals, objectives, values, policies, procedures, and team dynamics. This orientation has helped them integrate into the project team smoothly and ensures that they understand their roles and responsibilities.

Elaborating on this as an achievement indicates that the project has invested time and effort in ensuring that the new staff members receive the necessary information and support to perform their duties effectively. The orientation program likely involved providing an overview of the project, introducing key team members and stakeholders, facilitating training sessions on project-specific tools or methodologies, and clarifying expectations and performance standards.

1.1. Setup of Offices and onboarding of Rental vehicles

SRSO has successfully achieved the milestone of the setup of offices and the onboarding of rental vehicles for the project has been accomplished within the designated deadline. This achievement marks a significant milestone in the project implementation, as it ensures the availability of a well-equipped workspace and reliable transportation to support the project's operations.

Setup of Offices:

The project team has diligently worked towards establishing fully functional offices in both project districts. SRSO has already a well-equipped office with furniture and equipment, internet connectivity, and communication systems.

Onboarding of Rental Vehicles:

SRSO has achieved the onboarding of rental vehicles as per the predetermined timeline. Our team efficiently collaborated with reputable rental vendors to acquire a fleet of vehicles that align with our specific requirements. The vehicles have undergone a thorough inspection, registration, and other processes to ensure compliance with legal and safety standards.

Meeting the Deadline:

Adhering to deadlines is a crucial aspect of project management, and we are proud to announce that the setup of offices and the onboarding of rental vehicles have been achieved as per the specified timeline.

1.2. Project Launching Workshop:

On 18th May 2023, a project launching workshop was organized at the SRSO complex in Sukkur. The workshop served as a platform to officially introduce the project to relevant stakeholders, including government representatives, community leaders, partner organizations, and community members.

The Project Launching Workshop, organized by the Sindh Rural Support Organization (SRSO), marked a significant milestone in the efforts to aid vulnerable flood-affected communities in Sindh. Supported by Malteser International and funded by the German Federal Foreign Office (GFFO), the workshop brought together key stakeholders to outline the objectives and strategies of the integrated emergency health, protection, and WASH response project.



1.1. PROJECT STAFF ORIENTATION

1.1. Project Staff Orientation

On dated 19th May, 2023 Staff Orientation Training was conducted at SRSO Complex Sukkur. The staff orientation training conducted under the project "Integrated Emergency Health, Protection, and WASH Response for Vulnerable Flood-affected Communities in Sindh Province of Pakistan" aimed to equip project staff with the necessary knowledge and skills to effectively implement the project. The training took place on 19th May 2023 at the SRSO Complex Sukkur and was organized under the umbrella of Malteser International, funded by the German Federal Foreign Office (GFFO).

The training commenced with a recitation of the Holy Quran, followed by an introduction of the participants. Mr. Naimatullah Sawand, the Project Focal Person, provided a comprehensive overview of the project's outputs and activities, ensuring that the staff members had a clear understanding of the project goals.

Mr. Khan Muhammad, the PSEA (Prevention of Sexual Exploitation and Abuse) Focal Person of SRSO, delivered a detailed briefing on the PSEA Policy. This session emphasized the importance of upholding ethical standards and ensuring the protection of vulnerable populations throughout the project implementation.

The Gender Focal Person, Mr. Zubair Soomro, briefed the staff members on gender and development, highlighting the significance of promoting gender equality and addressing gender-based issues within the project interventions.

Mr. Shahid Hussain Abro, a Nutrition Specialist, provided an in-depth overview of nutrition-related aspects, including the utilization of food by the body, different types of malnutrition, prevention strategies, and complications associated with malnutrition. He also demonstrated the screening of children and pregnant and lactating women using the MUAC (Mid-Upper Arm Circumference) tape. The training emphasized the importance of vulnerability assessment and mapping (VAM) in identifying and understanding the vulnerabilities faced by flood-affected communities. It highlighted the participatory approach adopted by SRSO, including focus group discussions (FGDs), to gather qualitative data and insights from community members and stakeholders. These discussions covered critical areas such as health, protection, water, sanitation, and hygiene (WASH), enabling the identification of key vulnerabilities and needs of the communities.

Additionally, the training covered topics such as health referral systems, community resource person training on health, hygiene, nutrition, and the Community-Led Total Sanitation (CLTS) approach. It also addressed the role of school teachers in promoting the protection and conducted street theatre performances to raise public awareness and promote social behavior change.

Financial aspects, including budget planning, financial allocation, utilization, and compliance with donor guidelines, were discussed by Mr. Asim Nisar Shaikh, the Senior Program Officer of Finance. The training emphasized the importance of effective financial management and reporting to ensure transparency and accountability in the project implementation.

The staff orientation training provided a comprehensive understanding of the project's objectives, activities, and the roles and responsibilities of the project staff. It equipped the participants with the necessary knowledge and skills to effectively address the challenges faced by vulnerable flood-affected communities in Sindh Province. By fostering a collaborative and informed approach, the training aimed to ensure the successful implementation of the project and the improved resilience of the targeted communities.

1.1. PROJECT STAFF ORIENTATION

Furthermore, the training highlighted the importance of community engagement and participation in all project activities. The participatory approach employed by SRSO aimed to ensure that the voices and perspectives of the community members were heard and considered in decision-making processes. This approach fostered ownership and sustainability of the interventions, as they were tailored to the specific needs and context of the communities.

The training also underscored the significance of monitoring and evaluation throughout the project implementation. It emphasized the need for regular assessment and tracking of progress to ensure that project objectives were being met and to identify any necessary adjustments or improvements.

Additionally, the staff orientation training included sessions on logistics, procurement procedures, and warehouse management. Mr. Shahzeb Hussain Mahar, the Senior Manager of Logistics, Warehouse, and Administration, provided insights into the protocols and guidelines set forth by the donor regarding logistics and warehouse operations. These sessions aimed to enhance efficiency and effectiveness in the management of project resources.

Overall, the staff orientation training was a comprehensive and interactive program that equipped project staff with the knowledge, skills, and tools necessary to implement the project successfully. It emphasized the core principles of humanitarian action, including accountability, transparency, and the protection of vulnerable populations. By fostering a collaborative and informed approach, the training aimed to ensure the delivery of high-quality services to the flood-affected communities in Sindh Province.

Moving forward, the trained staff members are well-prepared to execute their roles and responsibilities with a strong understanding of project objectives, guidelines, and implementation strategies. Their collective efforts and commitment will contribute to the project's success in addressing the urgent needs of vulnerable communities and improving their overall well-being.

Additionally, the staff orientation training emphasized the importance of coordination and collaboration among project staff and stakeholders. It highlighted the need for effective communication channels, regular team meetings, and clear lines of authority and responsibility to ensure smooth project implementation.

During the training, participants gained a comprehensive understanding of the project's budget, financial allocation, and utilization. Mr. Asim Nisar Shaikh, the Senior Program Officer of Finance, provided detailed insights into budget planning, financial reporting, and compliance with donor guidelines. This session aimed to ensure proper financial management, transparency, and accountability throughout the project lifespan.

The training also emphasized the significance of Monitoring, Evaluation, Accountability, and Learning (MEAL) mechanisms. Participants were informed about the importance of collecting accurate and reliable data, conducting regular monitoring visits, and utilizing feedback from project beneficiaries to improve the project's impact and effectiveness.

To promote protection and raise awareness, the training included sessions on street theatre performances. Participants were trained on utilizing street theatre as a powerful tool for public awareness and social behavior change. Through engaging performances, the project aimed to educate the public on issues related to protection and empower them to take proactive measures to safeguard themselves and their communities.

OBJECTIVES AND PROGRESS

Over 25,000 individuals, with a focus on women and children, have received vital medical care through mobile clinics. Sheltered by the walls of rehabilitated health facilities, healthcare access has become a reality for all.

Community protection committees, established in 20 villages, stand guard against GBV and child protection threats, raising awareness for over 5,000 individuals. Trauma survivors, exceeding 1,000 in number, have found solace in the arms of crucial psychosocial support. Sanitation and hygiene have undergone a transformative shift with over 5,000 temporary latrines installed, combating open defecation and safeguarding public health.

Clean water has become a readily available resource for over 10,000 people, thanks to 15 village water supplies. Hygiene kits and education sessions, reaching over 7,000 households, are fostering safe practices and empowering communities to take charge of their well-being. And finally, disaster preparedness workshops have equipped over 500 community members with the knowledge and skills to face future emergencies with confidence.

OUTPUT: IMPROVE ACCESS TO ESSENTIAL HEALTHCARE:

01

200 Mobile medical camps, stocked with essential medicines, have provided over 43,500 individuals, prioritizing pregnant women, lactating mothers, and children. Two damaged health facilities have been rehabilitated, increasing accessibility for all. In addition also distributed 1000 Kits including New Born Baby Kits, Safe delivery kits, Insecticidal Mosquito Nets

OUTPUT: ENHANCE PROTECTION FOR VULNERABLE GROUPS:

02

Community-based Protection **20** Awareness campaign including sessions was conducted in Village Organization and has reached over **5,000** individuals with awareness sessions on gender-based violence (GBV) and child protection. Psychosocial support has provided crucial assistance to over 1,000 trauma survivors. In addition, also conducted three days each training for School Teachers and 34 District Level Protection groups members.

OUTPUT: INCREASE ACCESS TO SAFE WASH FACILITIES

03

During this tenure of Project **20** Awareness Campaigns for Health and Hygiene awareness sessions and 20 Community Led Total Sanitation approaches covered the 500 latrines that have been installed, addressing sanitation needs and reducing open defecation.

In pertinent to this, 20 CLTS demo Latrines were constructed and 250 Drinking Hand Pumps Rehabilitation for Clean water supplies have been established in villages, benefitting over 10,000 people. Hygiene kits and education sessions promoting safe practices have reached over 7,000 households.

OUTPUT: NUTRITION AND FOOD SUPPLEMENTS ALONG WITH STRENGTHEN COMMUNITY RESILIENCE:

04

800 Food Supplements including 300 Children and 500 Pregnant Lactating women were provided the Food Supplements.

In addition, also distributed the 600 PWD Cash Assistance and 1337 Beneficiaries for cash.



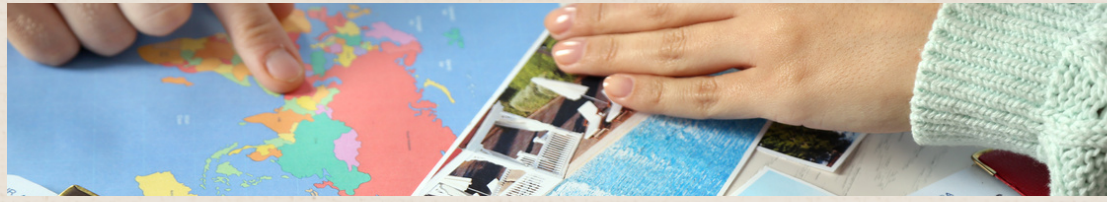
SRSO

20
23

Khairpur and Mirpurkhas

PROJECT
**IMPLEMENTATION
APPROACH**

SUCCESSFUL IMPLEMENTATION APPROACH FOR THE INTEGRATED EMERGENCY RESPONSE PROJECT IN SINDH



The Integrated Emergency Response project's success hinges on a multi-pronged approach that combines evidence-based interventions, community-centered engagement, and a strong focus on emergency assistance to flood-affected vulnerable families of Sindh. Here are the key pillars of this approach:

1. Needs Assessment and Prioritization:

- Conduct comprehensive needs assessments in target communities, involving local stakeholders, to identify priority issues and tailor interventions accordingly.
- Focus on addressing immediate needs for healthcare, protection, and WASH while laying the groundwork for long-term resilience.
- Prioritize interventions that benefit vulnerable populations, including women, children, and marginalized groups.

2. Community-Driven Implementation:

- Foster active participation of community members in all stages of project implementation, from needs assessment to decision-making and monitoring.
- Establish community-based committees to oversee project activities, ensure transparency, and build ownership of initiatives.
- Invest in capacity building and training programs to empower communities to manage WASH facilities, promote hygiene practices, and prepare for future emergencies.

2.1 Prioritize Community-Driven Sanitation and Water Solutions:

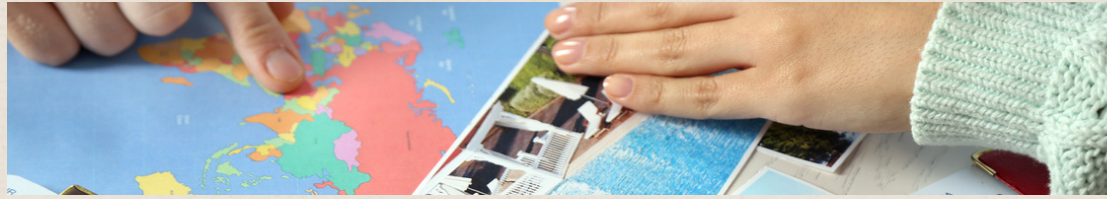
- Conduct participatory needs assessments in target Union Councils, involving LSOs and community committees, to identify specific sanitation and water needs.
- Focus on infrastructure solutions that are community-managed, utilizing locally available materials and traditional construction methods.
- Partner with LSOs to train community members in hygiene promotion, sanitation maintenance, and rainwater harvesting techniques.

3. Evidence-Based Interventions:

- Utilize proven and effective interventions based on best practices in the health, protection, and WASH sectors.
- Partner with research institutions and technical experts to ensure interventions are culturally appropriate and context-sensitive.
- Continuously monitor and evaluate project effectiveness to adapt approaches and maximize impact.



SUCCESSFUL IMPLEMENTATION APPROACH FOR THE INTEGRATED EMERGENCY RESPONSE PROJECT IN SINDH



4. Collaboration and Partnerships:

·CO/VO/LSO-Community Organizations must build strong partnerships with local government departments, NGOs, private sector organizations, and other stakeholders.

5. Sustainability and Innovation: Foster Disaster-Resilient WASH Infrastructure:

Design and construct latrines and water facilities that are resistant to floods and other natural disasters, incorporating LSOs' expertise in local environmental conditions.

·Implement early warning systems for floods and droughts, with LSOs playing a key role in community preparedness and response.

5.1. Empower LSOs for Sustainable Management:

- Strengthen the capacity of LSOs in project management, financial oversight, and technical aspects of WASH infrastructure maintenance.
- Establish community-based WASH management committees, co-chaired by LSO representatives, to ensure sustainable operation and maintenance of facilities.
- Develop LSO-driven resource mobilization strategies, including micro-finance schemes and partnerships with local businesses, to secure long-term funding for infrastructure upkeep.

6. Monitoring and Evaluation:

- Establish a robust monitoring and evaluation system to track progress towards objectives, measure impact, and identify areas for improvement.
- Regularly collect and analyze data on key indicators related to health, protection, WASH, and livelihoods.
- Use data to inform decision-making, adapt project interventions, and ensure accountability to stakeholders.

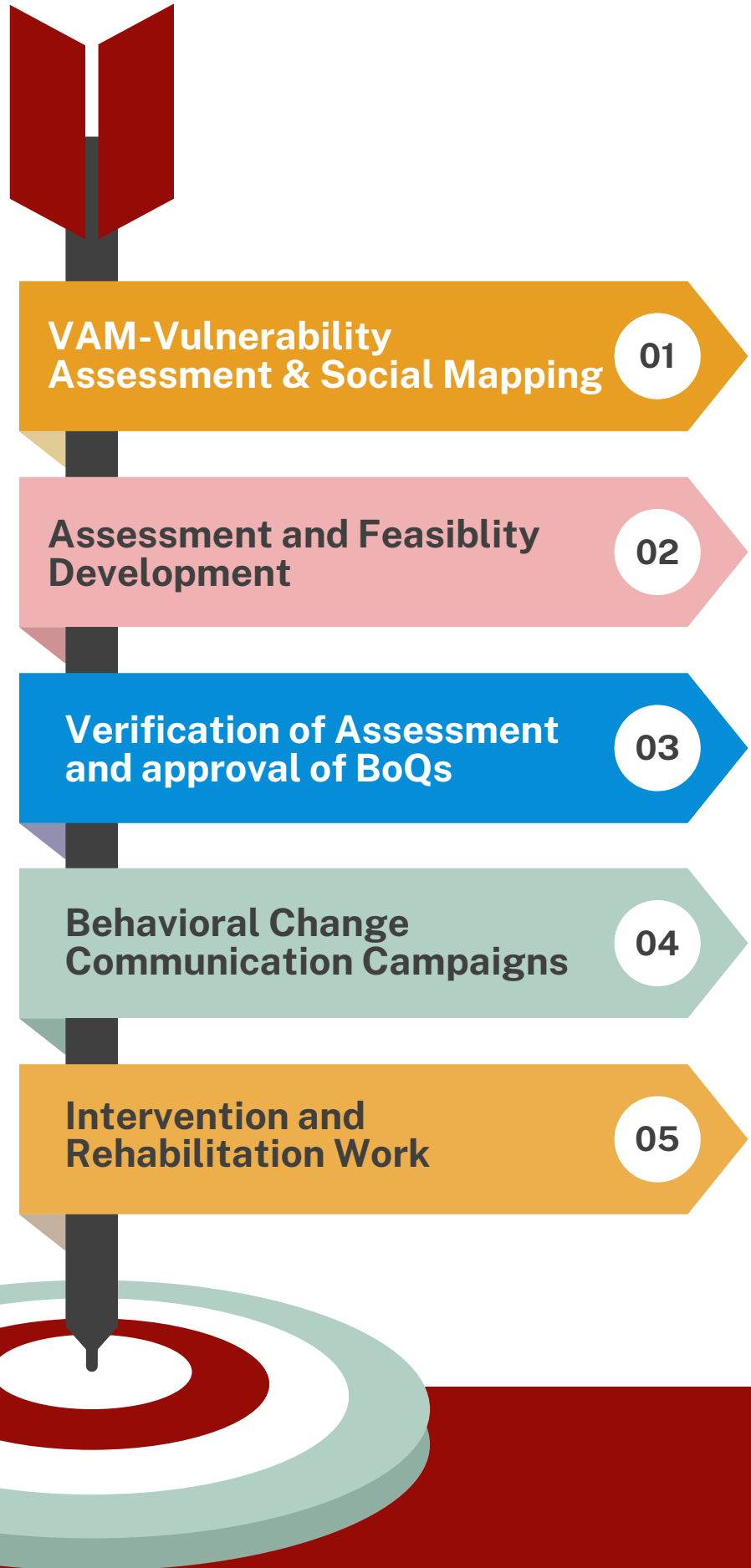
7. Leverage Technology for Enhanced Monitoring and Feedback:

- Develop mobile data collection platforms in collaboration with LSOs to track progress.
- Utilize digital tools for real-time monitoring of infrastructure performance.
- Establish feedback mechanisms where community members can voice concerns and suggestions for improvement through LSO channels. Installed FCRM Boxes at the Village level

8. Flexibility and Adaptability:

- By adopting this comprehensive and adaptable approach, the Integrated Emergency Response project can ensure successful implementation, deliver lasting impact on flood-affected communities in Sindh, and contribute to building a more resilient future for all.
- Remember, successful implementation requires a continuous learning and adaptation process. By collaborating with LSOs, empowering communities, and focusing on sustainability, the Integrated Emergency Health, Protection, and WASH Response project can contribute to building resilient infrastructure that improves the lives of flood-affected communities in Sindh for the long term.

**PROJECT IMPLEMENTATION
APPROACH AT COMMUNITY LEVEL**



ADDRESSING DIFFERENT NEEDS

- **Women and girls:** Safe spaces, active participation in community committees and hygiene awareness sessions, and distribution of gender-sensitive hygiene kits specifically address their needs and vulnerabilities.
- **Men and boys:** Mobile clinics cater to their health concerns, and awareness sessions on protection and hygiene benefit the entire family unit.
- **Vulnerable people:** Persons with disabilities have access to adapted latrines and hygiene kits, and a referral system connects them to assistive devices.

GENDER CONSIDERATIONS:

Gender equality has been central to the project's design and implementation. Women actively participate in decision-making processes, and specific interventions address GBV and women's hygiene needs.

PROTECTION APPROACH:

Community consultations and assessments identified risks like GBV, child exploitation, and exploitation of vulnerable groups.

Early warning systems have been established in villages to alert communities to potential dangers.

Safe spaces and referral mechanisms for survivors of violence and abuse ensure their safety and protection.



FIELD LEVEL ACTIVITIES ACHIEVEMENT

VULNERABILITY ASSESSMENT AND SOCIAL MAPPING



Vulnerability Assessment and Social Mapping of Flood Affected Areas of Khairpur and Mirpurkhas Districts, Sindh is a comprehensive process. The **VAM** is conducted through a Focus Group discussion to assess communities' risks and vulnerabilities in the aftermath of a flood. It includes assessing the physical, social, economic, and environmental factors to determine the resilience and capacity of the affected areas. The social mapping component focuses on collecting and analyzing data related to the affected population, including demographic information, livelihoods, access to essential services, and community infrastructure. By combining these assessments, valuable insights are gained into the most vulnerable groups and the resources available within the community. Until now 102 VAMs have been conducted in five union Councils of both districts.

Now, the collected data will be helpful in prioritization of villages according to their vulnerability and sort the project interventions.

This is a tool to develop targeted strategies and interventions that address the specific needs of the affected communities and facilitate their recovery and long-term resilience.

Village Rehabilitation Committees Formation

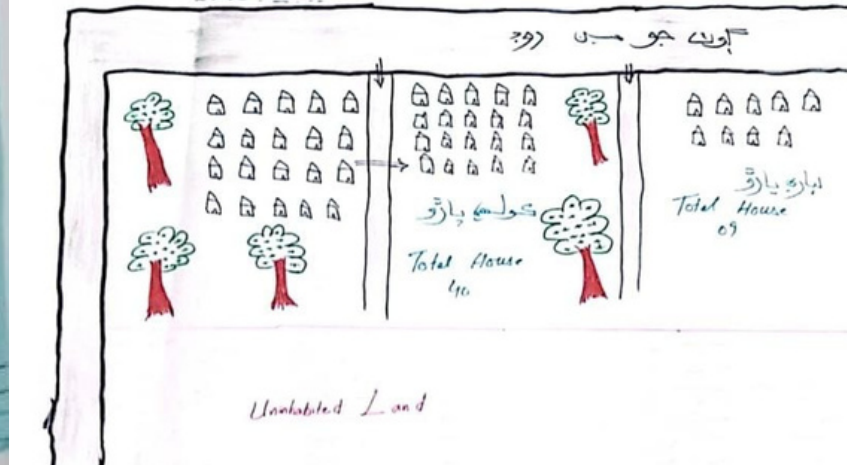
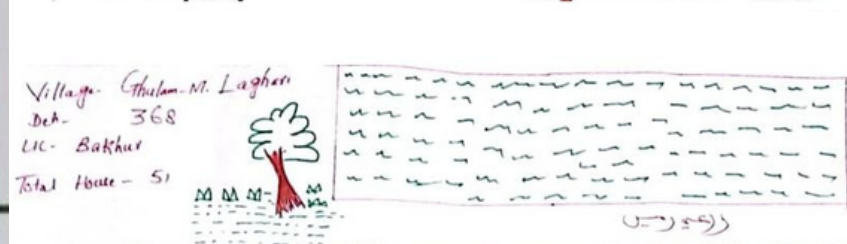
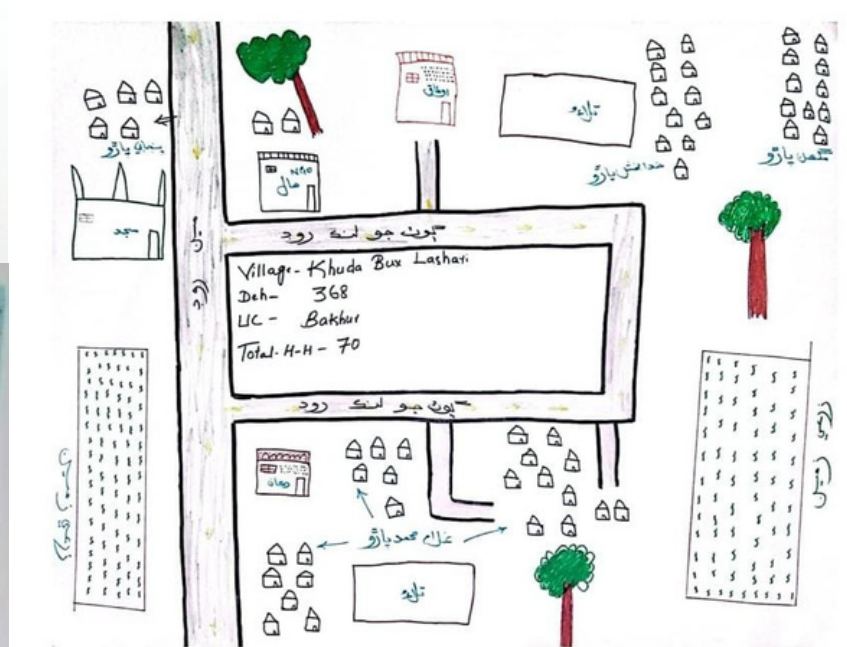
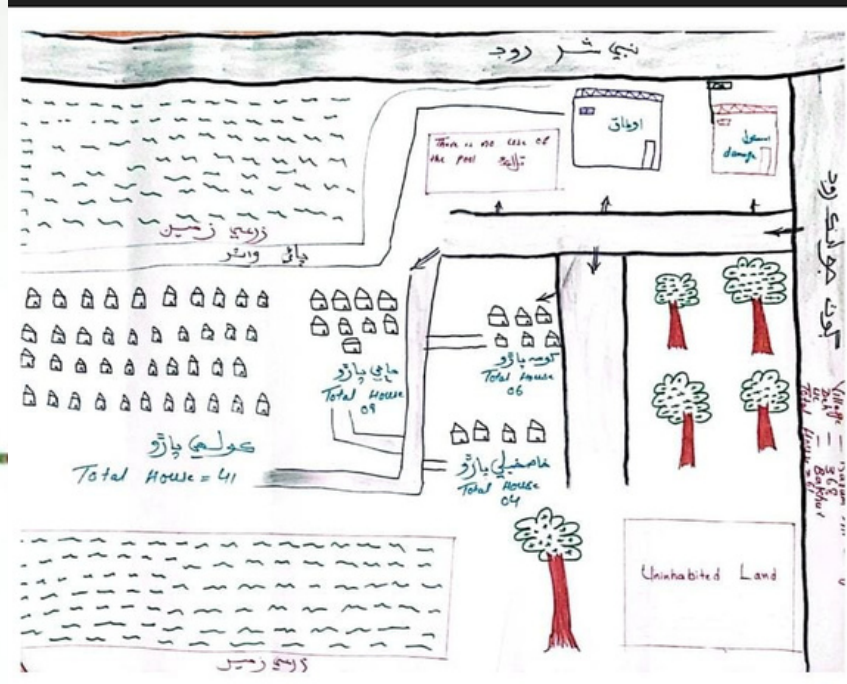
Village Rehabilitation Committee (VRC) formation refers to the establishment of a local committee within a village or community to facilitate post-disaster recovery and rehabilitation efforts under the Umbrella of Village Organizations (VOs) where 100% women of different settlements are organized and a combination of Community Organizations (COs). VRCs are typically composed of community members who are selected or elected to represent and advocate for the interests of their respective villages. These committees are crucial in coordinating relief efforts, assessing needs, and implementing recovery projects at the grassroots level.

The formation of VRCs involves engaging with community leaders, residents, and local stakeholders to raise awareness about the importance of community participation in the recovery process. The committee members are selected based on their knowledge of the community, leadership skills, and willingness to actively contribute to the rehabilitation efforts. Training and capacity-building sessions are often conducted to equip the committee members with the necessary knowledge and skills to effectively carry out their roles.





Social Mapping of VAM Villages



MOBILE FREE MEDICAL CAMPS, HEALTH AND HYGIENE SESSIONS, MHPSS CLINICAL SERVICES AND HEALTH REFERRAL SYSTEM

Sindh Rural Support Organization (SRSO) is dedicated to providing free medical consultations, medicines, and referral information to the vulnerable population affected by the recent floods. In line with this commitment, SRSO has successfully organized 200 mobile medical camps in each district (100 Mirpurkhas and 100 Khairpur). These camps have focused on areas with high rates of related diseases, particularly in remote regions where access to healthcare is limited.

The mobile medical camps have been efficiently staffed with a dedicated team of healthcare professionals, including female doctors and medical assistants. Their unwavering commitment has significantly contributed to the well-being of the affected population, particularly those who face financial and accessibility barriers in accessing medical care. The SRSO Project team collaborates closely with Village Organizations (VOs) and Community Resource Persons (CRPs) to identify the villages in need of medical assistance. Through follow-up visits and guidance from the project staff, the team ensures that the chosen villages align with the specific needs of the community. Moreover, the selection of villages takes into consideration the convenience of the community, where individuals from two to three villages can easily access the mobile medical camp at a centralized cluster point.

The activities conducted at the mobile medical camps include the following:

- **MBBS Doctor:** A qualified doctor was present at each camp to provide comprehensive medical consultations and address the healthcare needs of the patients.
- **Medical Assistant/Social Organizer:** SRSO Staff/Trained medical assistants supported the doctors in providing efficient and effective healthcare services, ensuring that patients received timely attention.
- **Free Diagnosis:** Diagnostic facilities were made available to accurately identify and assess the health conditions of the patients, enabling appropriate treatment plans.
- **Free Sugar Testing:** Blood sugar testing was conducted free of charge, allowing individuals to monitor their sugar levels and receive the necessary guidance on managing diabetes.
- **Free Blood Pressure Checking:** Regular blood pressure checks were provided to patients, helping them monitor their cardiovascular health and detect any abnormalities.
- **Free Medicines Provided:** Essential medicines were distributed free of cost to patients, ensuring that they had access to the necessary medications for their conditions.
- **Nutrition Screening Point:** SRSO at Each Medical Camp arranges a point of Screening for proper screening with MUAC for PLW-Pregnant Lactating women and Children for malnutrition purposes and complicated cases are referred to the nearest health facility.
- **Free Nutrition Screening for Children and Pregnant/Lactating Women:** Nutrition screening was carried out for children and pregnant or lactating women, with a focus on identifying and addressing malnutrition issues.
- **Nutrition Cases (Severe Acute Malnutrition - SAM) Sent to OTP or Health Facility:** Individuals identified with severe acute malnutrition (SAM) were referred to Outpatient Therapeutic Programs (OTP) or health facilities for specialized nutritional interventions.



MOBILE FREE MEDICAL CAMPS, HEALTH AND HYGIENE SESSIONS, MHPSS CLINICAL SERVICES AND HEALTH REFERRAL SYSTEM

Health Referral System: A robust referral system was in place to guide patients with complex health conditions to appropriate healthcare facilities for further evaluation and treatment.

- **MHPSS Doctor for Clinical Check-up:** A Mental Health and Psychosocial Support (MHPSS) doctor was available to provide clinical check-ups and support for individuals facing psychological challenges due to the flood.
- **Health Referral for Complicated Cases:** Complicated cases requiring specialized care were referred to relevant healthcare facilities, ensuring they received the necessary expertise and attention.
- **MHPSS Referral to Government Hospitals:** Individuals requiring advanced mental health support were referred to government hospitals, ensuring they received appropriate care for their psychological well-being.
- **Live Data Entry of Medicines and Patients:** SRSO from their core resources' have employed an MIS-Management Information System Assistant for data entry of patients, and data entry of medicines provided with proper information.
- **Health and Hygiene session:** Along with the medical services provided, the SRSO team also conducts Health and Hygiene sessions at the mobile medical camps. These sessions are aimed at promoting awareness and educating the affected population about essential health and hygiene practices. The sessions cover various topics related to maintaining personal hygiene, proper sanitation practices, and disease prevention measures.

During these sessions, the SRSO team emphasizes the importance of regular handwashing with soap and clean water, especially before meals and after using the restroom. They also educate participants about the significance of using clean and safe drinking water, as well as the proper disposal of waste to prevent the spread of diseases.

Additionally, the Health and Hygiene sessions may include discussions on basic nutrition, balanced diets, and the importance of maintaining a healthy lifestyle. The SRSO team provides information on the benefits of consuming nutritious foods and the potential health risks associated with inadequate nutrition.

By conducting these Health and Hygiene sessions, the SRSO team aims to empower the affected population with knowledge and skills to protect their health and prevent the spread of diseases in their communities. These sessions complement the medical services provided at the camps, contributing to the overall well-being and long-term health of the individuals affected by the flood.

SRSO's dedication to conducting these mobile medical camps has made a significant impact on the health and well-being of the affected population. By providing free medical consultations, medicines, and referrals, SRSO has helped alleviate the burden of healthcare costs and improve access to essential healthcare services for those most in need.

Continuing these efforts, SRSO aims to expand the reach of the mobile medical camps, ensuring that more vulnerable individuals receive the necessary healthcare support in the coming weeks.





Token Issuance and Wight of Children



Screening of Blood Sugar



VILLAGE LEVEL HEALTH AND HYGIENE AWARENESS SESSIONS AND NUTRITION CAMPAIGNS

The SRSO team at the village organizations level has successfully conducted health and hygiene awareness sessions and nutrition campaigns to promote better hygiene practices and address malnutrition concerns among the affected population. These initiatives aim to bring about sustainable changes in community practices and norms, improving the overall health and well-being of women, children, and families impacted by the recent floods.

Health and Hygiene Awareness Sessions:

SRSO has organized a total of **20 health and hygiene campaigns** during the project tenure with four campaigns conducted per month at each union council. The sessions employ proven and effective participatory approaches such as Participatory Hygiene and Sanitation Transformation (PHAST), Community-Led Total Sanitation (CLTS), and Participatory Assessment for Transformation of Sanitation (PATS). These approaches empower community members and leaders to identify and address hygiene-related issues through tangible solutions.

The sessions focus on promoting essential hygiene practices to prevent waterborne diseases and improve overall health and nutrition. Key hygiene behaviors covered include ending open defecation, ensuring the use of hygienic toilets, regular handwashing with soap, safe handling of food and water, and proper sanitation practices. To facilitate effective communication, informational and educational materials have been developed in the local language with pictorial content.

The SRSO team provides technical assistance and consultation to community members and leaders, equipping them with the knowledge and skills to implement these practices effectively. By instilling sustainable hygiene practices, the aim is to create long-term positive changes within the communities.

Nutrition Campaigns:

Recognizing malnutrition as a major public health concern, particularly among pregnant and lactating women (PLW) and children, SRSO has carried out targeted **20 nutrition campaigns** during the project tenure. These campaigns aim to raise awareness about balanced diets, the importance of proper nutrition, and the causes of malnutrition. The sessions provide basic information on nutrition, nutrients, food diversity, and the increased nutritional needs of PLW and children.

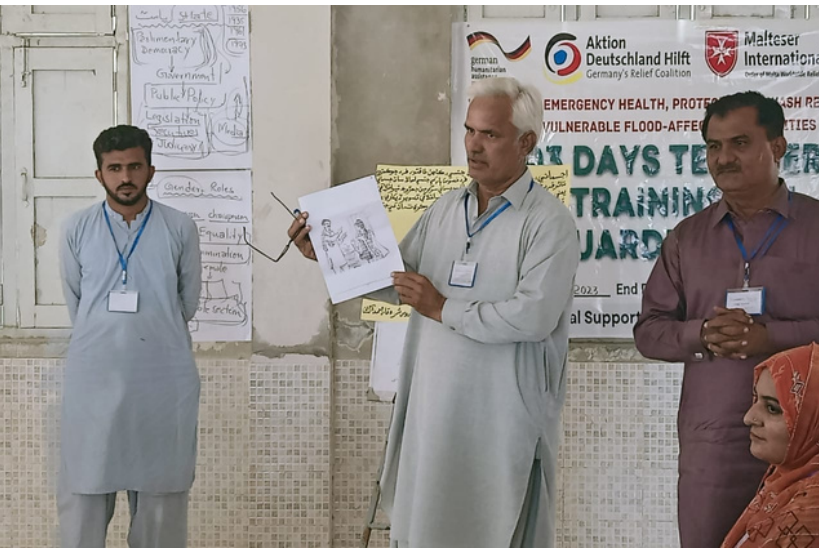
To ensure effective dissemination of knowledge, the project team including nutrition assistants, along with Community Resource Persons (CRPs), has conducted **20** awareness campaigns with sessions at the community level. In these sessions, information about nutrition and the specific needs of PLW and children is shared, along with strategies to address malnutrition. Furthermore, women support groups have been established at the village committee level, involving elderly women who share their experiences and sensitize families about the nutritional needs of PLW.

To facilitate these campaigns, 102 CRPs from five union councils were trained for two days on awareness messages and equipped to conduct awareness campaigns within their respective communities.

SRSO's efforts in conducting health and hygiene awareness sessions and nutrition campaigns have significantly contributed to raising awareness and improving the overall health and well-being of the affected population. By promoting sustainable practices and providing knowledge on nutrition, SRSO aims to mitigate the impacts of malnutrition and ensure better health outcomes for pregnant and lactating women, children, and families in flood-affected areas.



03 Days Teachers Training on Protection



06 Days Training on Adolescent Champions/CRPS on MHPSS, Peer Education and Protection



Protection Awareness Sessions



10 STEPS TO BE In Localization



01. Capacity Building

SRSO Developed the capacity of LSOs from the last five years on different soft skills for running their local community institutions.

SRSO along with soft and managerial Skills Development also worked on financial literacy programs for managing the small scale Projects/businesses

02. Financial Literacy



03. UCDP-Union Council Development Program

Local Support Organizations with the technical assistance of SRSO staff have developed the UCDP

Local Support Organizations with the technical assistance of SRSO staff have developed the linkages with different stakeholders

04. Social Inclusion & Equity, Networking



05. Community Physical infrastructure

Encourage community members to actively participate in construction and rehabilitation activities, fostering a sense of ownership and responsibility.

LSOs have got their Volunteers and book keepers for looking after the financial matters

06. Managing Financial Matters



07. Procurement & Contracting:

LSO has well-established transparent and fair procurement procedures that favor local suppliers and contractors whenever possible. Encourage LSOs to participate in bidding processes and provide them with necessary support.

LSO has implemented rigorous quality control and assurance measures throughout the project lifecycle. Train LSO personnel on quality control procedures and equip them with the necessary tools and expertise.

08. Quality Control and Assurance:



09. Monitoring and Evaluation

A well Established robust monitoring and evaluation system to track project progress, measure performance against indicators, and identify areas for improvement.

capture and document lessons learned throughout the project lifecycle. Share knowledge and best practices with LSOs, stakeholders, and other communities to inform future infrastructure projects.

10. Knowledge Management & Continuous Improvement



LSO Level The Five-Step Procurement & Contracting Process

DEVELOPMENT
OF TECHNICAL
DOCUMENTS.

STEP
01

PROCUREMENT
REQUEST FOR
QUOTATIONS

STEP
02

VENDOR
SELECTION AND
PURCHASE ORDER
ISSUANCE

STEP
03

BANK & VENDOR
FINANCIAL
MATTERS
SUPERVISION

STEP
04

QUALITY
ASSURANCE &
MONITORING

STEP
05

Implementing Localization for Infrastructure Rehabilitation: A 7-Step Approach

1. Needs Assessment and Prioritization:

Community Engagement: LSO along with the SRSO Engineering team conducted participatory surveys of local infrastructure needs, priorities, and concerns after the Sindh Flood 2022. Identify critical repairs, safety hazards, community preferences, and accessibility requirements.

Data Collection and Analysis: Collect data on existing infrastructure conditions, usage patterns, socio-economic demographics, and environmental factors. Analyze this data to prioritize projects based on urgency, impact, and feasibility.

2. Stakeholder Mapping and Engagement:

Identified Key stakeholders: LSO along with SRSO map relevant stakeholders, including LSOs, Village organizations, government departments, private sector actors, and NGOs for this work.

Establish Collaboration Platforms: LSO has created regular communication forums and collaborative structures to foster stakeholder engagement throughout the process at the taluka level. Ensure equitable participation and decision-making opportunities.

3. Capacity Building and Empowerment:

Targeted Training: Equip LSOs and community members with skills needed for project participation, from technical aspects like construction methods to project management, financial literacy, and communication. Consider local knowledge, learning styles, and cultural context.

Mentorship and Support: Connect LSOs with SRSO experts and resources to strengthen their capacity and address challenges.

4. Technology and Material Selection:

Locally Appropriate: Prioritize technologies and materials that are readily available, affordable, sustainable, and culturally appropriate. Consider local knowledge, skills, and preferences to promote project ownership and long-term success.

Innovation and Sustainability: Explore innovative solutions that address local challenges and environmental concerns, such as recycled materials, renewable energy sources, and climate-resilient designs.

5. Procurement and Contracting:

Inclusive and Transparent: LSO along with the SRSO team established transparent and fair procurement procedures that favor local stakeholder and encourage their participation.

6. Rehabilitation Process:

Community Mobilization: Encourage community participation in rehabilitation activities, fostering shared responsibility and ownership. Integrate unskilled and semi-skilled labor opportunities for residents.

7. Monitoring, Evaluation, and Learning:

Joint Monitoring: Establish joint monitoring mechanisms with community involvement to track progress, identify issues, and ensure transparency.

Social Inclusion: Ensure equitable access to project benefits and participation opportunities for all community members, regardless of gender, ethnicity, age, or ability. Address potential risks of exclusion and discrimination.

Environmental Sustainability: Integrate environmental considerations throughout the process, from material selection to waste management. Minimize negative environmental impacts and promote sustainable practices.

Long-Term Maintenance: Develop sustainable maintenance plans and empower communities to take ownership of infrastructure upkeep.

LOCALIZATION

Driving Change from Within: The Power of Localization

From Grassroots to Global: LSO Localization Journey

PROMOTING THE LOCALIZATION OF HUMANITARIAN ACTION THROUGH LOCAL SUPPORT ORGANIZATION (LSO)



AT NICHE

- *Localization for leadership and equality*
- *Decision Making*
- *Capacity Building*



STRENGTHENING LOCAL ACTORS



INCREASING THE EFFECTIVENESS AND EFFICIENCY OF HUMANITARIAN ASSISTANCE

MALTESER INTERNATIONAL

Local Support Organization-local-to-global impact of the initiative

Empowering Communities through Unity"

Local Strength, Global Impact"

Together, We Make Change Happen

Supporting the Backbone of Change"

In a collaborative endeavor involving Malteser International, ADH, and the German Federal Foreign Office (GFFO), the Sindh Rural Support Organization (SRSO) has initiated an integrated project within the flood-affected districts of Khairpur and Mirpurkhas. This project is aimed at an integrated approach to WASH, Health, Nutrition, and Protection. Also, promoting rehabilitation activities under the localization initiative facilitated through the local Community Institution-LSO partnership.

The primary objectives of this initiative, include:

- Tailoring Responsive Solutions:
- Cultivating Sustainable Transformation:
- Championing Cultural Sensitivity
- Enhancing Emergency Preparedness
- Fostering Community Ownership
- Propelling Women's Empowerment and Resilience



Sindh Rural Support Organization



2023

**HEALTH
FACILITY
REHABILITATION**

District Khairpur Mirs, Sindh

Rebuilding Resilience: A Case Study in Post-Flood Health Facility Rehabilitation in Sindh, Pakistan

The devastating 2022 Sindh floods caused widespread damage across the province, including crucial infrastructure like healthcare facilities. In response, the SRSO engineering team, through the Project, undertook the rehabilitation of two flood-affected health facilities:

01: Government of Sindh Shifa Khaana-Homeopathic Facility]: A unique facility offering specialized homeopathic healthcare services to the community.

02: Basic Health Unit (BHU)]: A vital BHU providing primary healthcare services to an underserved rural population.

This project intervention aimed to restore essential healthcare services, strengthen community resilience, and build back better post-disaster.

Implementation Phases:

1. Comprehensive Needs Assessment:

Detailed assessment of structural damage, equipment functionality, and operational needs of both facilities by qualified SRSO engineers.

Assessment of community healthcare needs and utilization patterns to inform rehabilitation priorities.

2. Secure Approvals and Permits:

Obtaining No Objection Certificates (NOCs) from the Government of Sindh Health Department and District Administration.

Ensuring compliance with all relevant regulations and codes.

3. Meticulous Design and Planning:

Development of detailed Bill of Quantities (BoQs) outlining materials, labor, and equipment required.

Preparation of comprehensive layout sections, cross-sections, and architectural drawings for optimal space utilization and functionality.

Consideration of disaster-resilient construction practices and accessibility features and endorsement from all stakeholders.

4. Transparent Procurement:

Open and competitive bidding process to select qualified vendors for construction materials, equipment, and services.

Adherence to strict ethical sourcing and value-for-money principles.

5. Efficient Rehabilitation:

Implementation of rehabilitation works by skilled laborers under the supervision of SRSO engineers.

Careful monitoring of quality and progress to ensure adherence to plans and timelines.

Communication and coordination with communities to minimize disruption and address concerns.

6. Completion and Handover:

Thorough inspection and testing to ensure facilities meet all safety and functionality standards.

Final handover to the Government of Sindh Health Department for ongoing operation and maintenance.

Before



After









LOCALIZATION

Rehabilitation of Hand Pumps & Water Reservoirs

250 DRINKING WATER HAND PUMPS
05 WATER RESERVIORS



Restoring Safe Water Access: Revitalizing Hand Pumps and Water Reservoirs

Restoring Safe Water Access: Revitalizing Hand Pumps and Water Reservoirs

The lack of clean, accessible drinking water poses a significant health risk for communities, especially in rural areas. In response to this challenge, the [Project Name] project, implemented by SRSO and local support organizations, undertook a crucial initiative: **the rehabilitation of 250 hand pumps and five water reservoirs at the community level.**

Key Achievements:

- Localized Approach:** By partnering with local support organizations, the project ensured a deep understanding of community needs and facilitated local ownership of the initiative.
- Comprehensive Rehabilitation:** 250 hand pumps were refurbished, restoring clean water access to thousands of community members.
- Enhanced Storage Capacity:** Five water reservoirs were rehabilitated, increasing water storage capacity and mitigating seasonal water scarcity.
- Technical Expertise:** SRSO engineering teams provided valuable technical assistance, including location assessments, water quality testing, and documentation support.
- Effective Monitoring:** Close supervision and monitoring by SRSO ensured quality workmanship and project sustainability.

Impact:

Improved Health: Access to clean water reduces waterborne diseases, leading to healthier individuals and families.

Empowered Communities: Local involvement fosters a sense of ownership and builds capacity for future maintenance.

Enhanced Well-being: Reliable water access improves daily life, reduces water collection time, and frees up time for other activities.





Hand Pump Boring and Installation



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MHPSS Steps of Implementation



Step-01

MSRNA-
Multi Sectoral Rapid
Need Assessment

Step-02

Screening at Mobile
Free Medical Camps

Step-03

Individual
Psychological
Assessment

Step-04

Counselling or
medication as per
assessment test
results.

Step-05

Awareness Sessions
& campaigns at
community level

Step-06

Referrals for
patients that are
found under severe
conditions.

MENTAL HEALTH PSYCHO-SOCIAL SUPPORT (MHPSS)

Amidst the aftermath of the 2022 Sindh Flood, the importance of Mental Health and Psychosocial Support (MHPSS) has emerged as a vital aspect in ensuring the overall well-being of individuals and communities. Recognizing the profound impact of MHPSS across various projects, the German Federal Foreign Office (GFFO) acknowledges its significance. If you're looking for a straightforward and effective way to articulate MHPSS initiatives carried out under GFFO, consider the following:

MHPSS Activities under GFFO

- **Rapid Needs Assessment:** Quickly identify urgent mental health needs in villages.
- **Psychological Assessment:** Assess mental health during mobile medical camps and their referral to complex cases along with their proper follow-up
- **Awareness Campaign:** Raise awareness about mental health through campaigns.
- **Community Resource Persons (CRPs):** A network of 102 CRPs, with one representative from each village organization are playing a pivotal role in delivering MHPSS services.
- Psycho-education and counseling of Individuals through different methods. In addition, Mental Examination Post-Sessions of individuals.
- **Adolescent Champions:** Identify and train young leaders for mental health advocacy.
- **Peer Education:** A significant component involves identifying and empowering adolescent champions.
- **Women Girls Friendly Spaces:** Create safe/friendly spaces for women to promote well-being and recreational activities at the community level.

Actions to provide MHPSS services:

- **Community-Centric MHPSS Assistance:** Dispense MHPSS services at the grassroots level, enhancing accessibility.
- **Mobile Free Medical Camps Outreach:** Extend MHPSS services via mobile free Medical Camps, ensuring wider coverage.
- **Educator Empowerment:** Fortify adolescent champions for educating them with MHPSS training, broadening the support network.
- **Street Dramas and Radio Campaigns for Awareness:** Utilize Street dramas and Radio Campaigns to heighten awareness about MHPSS.
- **District-Level Enhancement:** Reinforce MHPSS efforts at the district level, augmenting holistic support.

MHPSS takes a pivotal role post-Sindh Flood 2022, championed by GFFO. Its activities encompass swift needs assessment, awareness campaigns, psychological evaluations, counseling, youth advocacy, and creating safe spaces for women. The strategy involves community-centric assistance, mobile clinics, educator empowerment, awareness via street dramas, and district-level enhancement. This concerted effort underscores the commitment to effectively address mental health and psychosocial well-being.

Details of Psychological Assessment

Diagnosis Assessment: Through different techniques

Levels: Mild and Moderate (Therapy) Severe and Extreme (Medication), Intellectual Disability or Impairment

Medical Camps: Symptoms-based identification through Behavior while screening by brainstorming and individual discussion and suggestions as per disorder. Along with this, they are also evaluate differential diagnoses for different diagnoses for overlapping disorders.

Awareness Sessions: Community self-accountable after educating them on the symptoms of mental health. Later, MHPSS recommends them for individual diagnosis

Treatment

- Therapy (Mental Disorder) 8 to 10 as per nature of level of mental disorder. This is followed up based on a peaceful environment.
- **Counseling:** Presenting issues or decision making (Minimum 4 sessions), one session is comprised of 40 Minutes.
- Referral to the patient as per psychiatric medication by registering her/himself.
- Follow up of referral for psychoeducation





MHPSS : Awareness Sessions



MHPSS : Patient Counseling

Three Steps

Nutrition Component Implementation

STEP
01

Awareness
Sessions &
Campaigns

STEP
02

Malnutrition
Screening
Screening of
Malnutrition Children
and Pregnant lactating
women

STEP
03

Provision of
Food
Supplements
Provision of Food
Supplements to the
Children and PLW

Nutrition Component Achievements

1

AWARENESS

20 Awareness Campaigns successfully conducted in both districts with coverage of



2

SESSIONS

The Staff Conducted Sessions at Community Level



3

REFERRALS

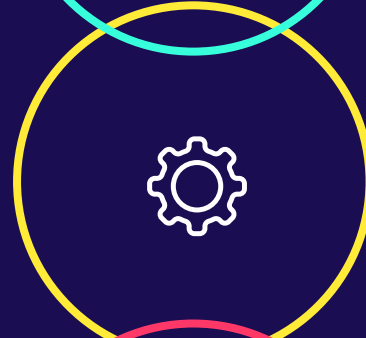
Team also sent the Referrals to Malnutrition Children and PLWs



4

MALNUTRITION SCREENING

SRSO Project team with MUAC Tape conducted the Screening of Children and PLWs



5

FOOD SUPPLEMENTS

As per Malnutrition Screening results SRSO distributed 800 Food Supplements: 300 to children and 500 to PLWs.



Implementation Approach for the Nutrition Component:

During the GFFO project, the project team focuses on improving the nutritional status of children and pregnant/lactating women (PLWs) through various interventions. Here's the detailed implementation approach for each element:

1. Nutrition Campaigns (20):

SRSO through 20 campaigns conducted detailed nutrition sessions with girls' pregnant and lactating women for nutrition improvement to improve their nutritional understanding and practices. The campaigns, conducted in the Sindhi language, aimed to empower PLWs through detailed sessions focused on key nutritional topics.

2. Malnutrition Screening:

- 2.1. Establish screening protocols: Utilize validated tools of MUAC tape and criteria to identify children and PLWs at risk of malnutrition.
- 2.2. Train Community Resource Persons (CRPs): Equip personnel with the skills and knowledge to conduct screenings effectively.
- 2.3. Organize screening camps at the village level: Schedule regular screening camps in accessible locations to reach the target population.
- 2.4. Maintain data records: Document screening results for proper follow-up and monitoring.

3. Food Supplementation:

- 3.1. Selection of beneficiaries: Prioritize malnourished children and PLWs identified through screening.
- 3.2. Choose appropriate supplements: Select supplements based on specific nutritional deficiencies prevalent in the community.
- 3.3. Develop distribution channels: Establish a system for distributing supplements efficiently and hygienically with the Support of Village Organization women Leaders.
- 3.4. Monitor adherence and track impact: Monitor usage and track changes in the nutritional status of beneficiaries.

4. Nutrition Referrals:

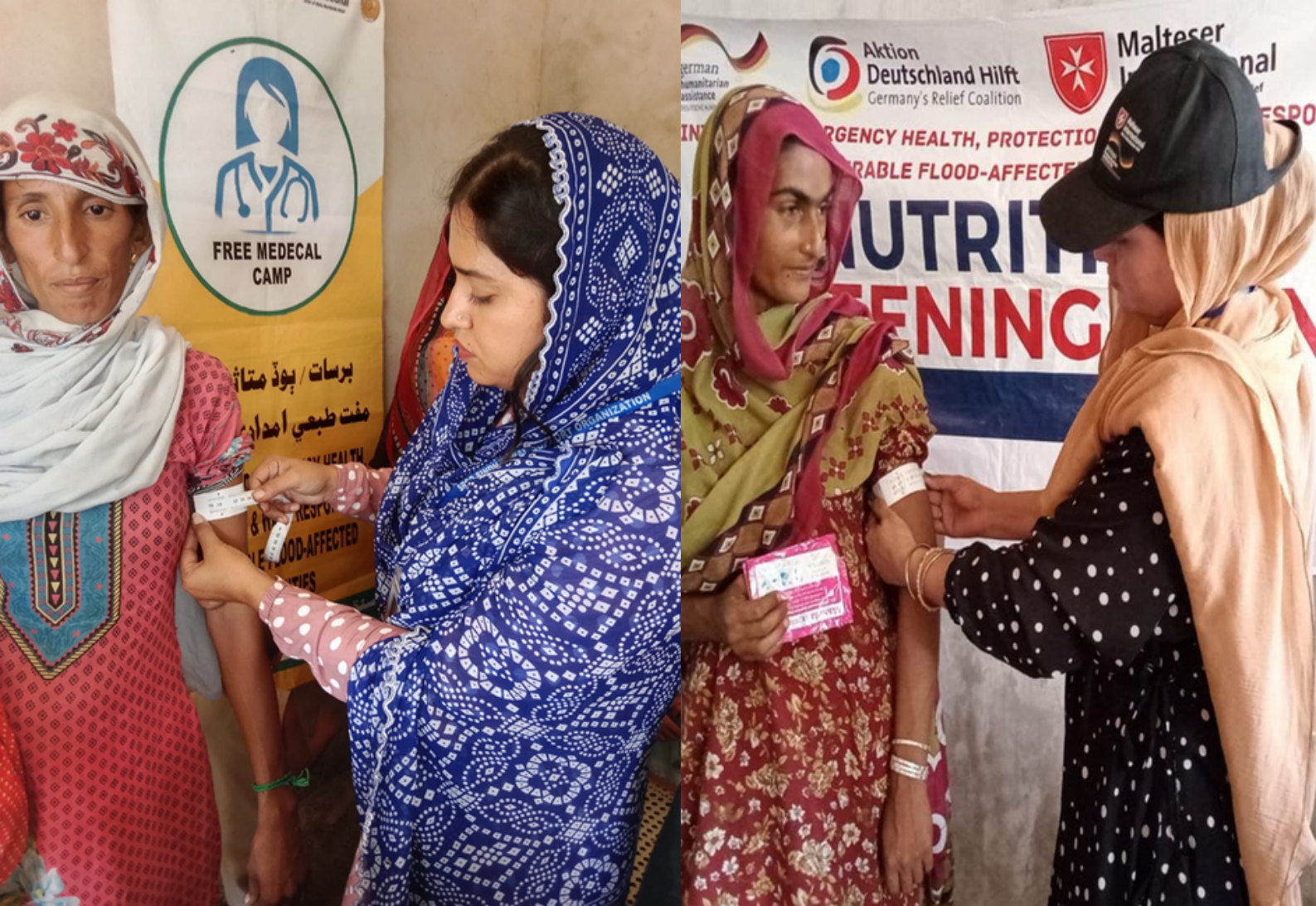
- 4.1. Establish referral pathways: Create clear guidelines and procedures for referring malnourished children and PLWs to appropriate health facilities or OTP (Outpatient Therapeutic Program) for further management.
- 4.2. Train Community Resource Persons (CRPs): Equip CRP personnel with the knowledge and skills to make appropriate referrals and provide basic nutrition counseling.
- 4.3 Monitor referral rates and outcomes: Track the number of referrals, follow-up rates, and treatment outcomes.

5. Development of ANC and PNC Cards:

Assisted pregnant women in developing cards with clear sections for recording relevant nutrition information during antenatal care (ANC) and postnatal care (PNC) visits at the nearest health facility.

Train Community Resource Persons (CRPs): Train CRPs on utilizing the cards effectively during consultations.

Integrate into existing processes: Ensure seamless integration of the cards into routine ANC and PNC practices.



Pregnant Lactating Women-PLW Screening



INTEGRATED EMERGENCY HEALTH, PROTECTION, AND WASH RESPONSE FOR
VULNERABLE FLOOD-AFFECTED COMMUNITIES

NUTRITION SCREENING

DATE:

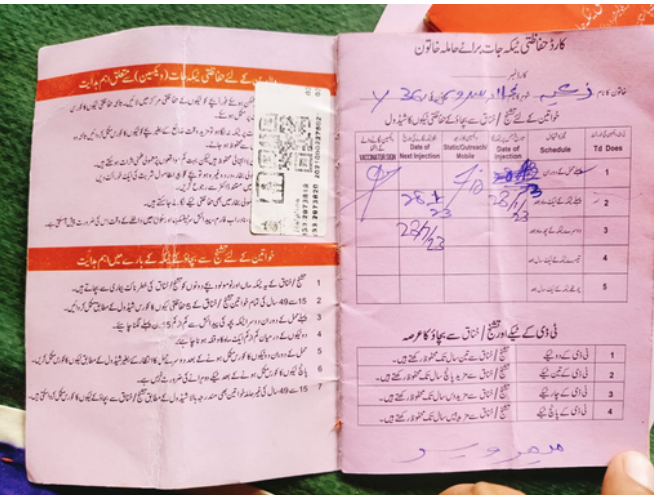
VILLAGE:

Sindh Rural Support Organ

pur



Vaccination Follow-up



WOMEN GIRLS FRIENDLY SPACE

102 WGFS ESTABLISHED

102 Adolescent Champions involved for WGFS Functional along with 102 community resource person

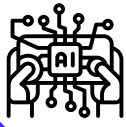
2023

Five key objectives for WGFS



PHYSICAL SPACE

- Physical space where women and girls can be free from violence and harassment.
- Women- and girls-only spaces distinct from public spaces inhabited by men.



INFORMATION/ENTRY POINT

- Information/Entry point for women and girls to report protection concerns and access referrals to Protection or GBV response services, including psychosocial support and case management through SRSO Staff



KNOWLEDGE & SKILLS

- WGFS facilitate women's and girls' access to knowledge, skills, and services.
- They offer women and adolescent girls the opportunity to access information, gain or strengthen skills, and receive support through access to a referral network of safe and tailored services.



MULTIPURPOSE CENTER OR CHILD-FRIENDLY SPACE

- Setting for women and girls to gain knowledge and skills.
- Multipurpose center or child-friendly space.
- Protection desk or protection integrated community centers.



PSYCHOSOCIAL SUPPORT

- SRSO MHPSS Officers frequently visit the WGFS to support women's and girls' psychosocial well-being create social networks to reduce isolation or seclusion, and enhance integration into community life.



RECREATIONAL ACTIVITIES

- WGFS encourages women and girls to use their collective power and influence over how their communities and societies are managed and led.
- WGFS are also a platform for performing the recreational activities

ESTABLISHING A WOMEN & GIRLS FRIENDLY SPACE (WGFS)

Objective: To create a safe and empowering space for women and girls to overcome challenges, access crucial services with recreational activities and reach their full potential.

Core Values: Safety, inclusion, respect, confidentiality, empowerment, and gender equality.

Target Audience: Women and girls of all ages and backgrounds, focusing on those facing particular vulnerabilities like GBV or discrimination.

Key Components:

1. Safe and Inclusive Environment:

- **Location:** Consult with Community Institution leaders' women and girls to identify a preferred area that feels safe and accessible, prioritizing privacy and security free of cost for the project duration.
- **Physical Space:** Design a welcoming and comfortable space with adequate lighting, ventilation, and gender-neutral facilities. Ensure windows, walls, and doors provide complete privacy. In addition, also displays the important messages Banners of the Child Protection Unit Government of Sindh Messages and Emergency Helpline phone numbers.
- **Sindh Nomenclature of Protection, Health and Hygiene banners,** and standees were visible along with German Federal Foreign Office Visibility. In addition, also provided session manuals to CRPs and Adolescent champions for awareness.
- **Accessibility:** Consider factors like physical disabilities, transportation options, and cultural sensitivities.

2. Addressing Challenges:

- **Provide counseling and emotional support:** SRSO MHPSS Officer offered awareness sessions, screening individual and group sessions to address trauma, mental health concerns, and GBV experiences.
- **Conduct awareness sessions:** Empower women and girls with knowledge on topics like:
 - o Women's rights and legal entitlements
 - o Self-defense and safety skills
 - o Sexual and reproductive health
 - o Financial literacy and economic empowerment
- **Leadership development and advocacy**
- **Adolescent Champions (AC)** were involving youth and were there to always assist the peer education for protection and PFA. Indeed, AC was also registering the youth for permanent recreational activities at WGFS.
- **Provision of Recreational Kits** at each WGFS.

3. Essential Services:

- **Healthcare:** Facilitate access to healthcare services within 1km distance by arranging free mobile medical camps. Partner with nearby facilities to ensure female staff availability and appropriate timings.
- **Cascading life skills mentorship:** Village organizations identified skilled women and Offered skills mentorship to the young girls for different opportunities to enhance economic independence and livelihood options.
- **Referral Pathways:** SRSO at Free Mobile Medical Camps and MHPSS Screening and Government Health Workers, and Community Resource Persons established clear and coordinated referral mechanisms for legal aid, police, GBV shelters, and other specialized services.

4. Building Community and Empowerment:

- **Recreational and Creative Activities:** Organize sports, arts, and cultural events to provide stress relief, foster connections, and celebrate diverse talents. i.e. Sindh Cultural day
- **Leadership Development:** Encourage young girls and women to participate in decision-making processes and community leadership roles.
- **Mentorship and Networking:** Create opportunities for women and girls to connect, share experiences, and support each other's growth.

5. Sustainability and Capacity Building:

Organize and mobilize women: Empower them to become active members and leaders within their communities.

Training and Capacity Building: Equip CRPs and adolescent Champions with skills in:

- GBV prevention and response, • Psychosocial support
- Referral pathway navigation, • Basic first aid and disaster preparedness

Resource Mobilization: Seek funding and partnerships to ensure long-term sustainability of the WGFS.

Women Girls Friendly Space

Converting Safe Spaces into Learning and Earning Spaces - To Make Resilient Sindh Flood 2022 Affected Women and Girls

SRSO is serving flood 2022 affected women and girls through the establishment of Safe Spaces to overcome their trauma and stress, and tackle protection and violence challenges and issues by acquiring know-how about pro-women laws, referral pathways, and confidence to avail the services.

During the Sindh Flood 2022, an estimated number of 7,000 women were left vulnerable to neglect, abuse, and violence. Women who lost their belongings in the disaster did not have national identity cards that would allow them access to compensation in districts Khairpur and Mirpurkhas Sindh.

A safe space is a place where diverse women and girls feel physically and emotionally safe, free of violence, the fear of violence and abuse. It is somewhere they can feel free to express themselves without fear of judgment or harm and is a place where they can work together in solidarity, to mobilize and find their voices and space/fora to raise them.

WGFS is a vital entry point for diverse women and girls to report protection concerns, voice their needs, and receive physical and emotional safety. They provide access to multi-sectoral GBV response services and psychosocial support. They offer opportunities for diverse women and girls to rebuild social networks for mutual support and collective action in their community and engage in targeted knowledge and skill building.

Women and Girls Friendly Spaces are a key strategy for the protection and empowerment of diverse women and girls affected by humanitarian crises. Women and girls around the world are disproportionately affected by crises. The prevalence and risks of gender-based violence (GBV) increase in times of emergency. Providing safe spaces for the diverse women and girls affected by emergencies is the most widely implemented GBV prevention and response intervention in humanitarian contexts. These spaces are established to promote healing, well-being, protection, and empowerment opportunities.

SRSO under the project named: has established the Women & Girls Free spaces at the Village Organization level

Safe Spaces provides women and girls an opportunity to learn life and vocational skills to earn decently by utilizing their time and talent to rebuild their lives.

Women and Girls are mainstreaming themselves through functional literacy, numeracy, and skills like tailoring, embroidery, applique work, needlework, cutting, and making a variety of daily use items to earn decently to empower to protect.

These Safe Spaces are based in Mirpurkhas and Khairpur Mirs districts in Pakistan's Sindh province through the German Federal Foreign Office and ADH.



EXTRA INITIATIVES BEYOND PROJECT TARGET ACTIVITIES:



Extra Initiatives Beyond Project Target Activities: Empowering Resilience in Sindh Flood-Affected Areas

Following the devastating 2022 Sindh floods, a collaborative project addressed critical healthcare needs in Mirpurkhas and Khairpur. While exceeding initial objectives in WASH protection, health, and nutrition, the project went further by implementing these extra initiatives:

1. Enhanced Immunization Outreach:

****Strengthened EPI **** A meticulous system ensured personalized care and timely vaccinations beyond project targets, exceeding initial objectives. The SRSO project team assisted the Households with proper EPI Vaccination by linking the Government Vaccinators or referring them to the local health facility.

- Children Vaccinated (EPI):
- Women Vaccinated :

The strategic support emphasis on reaching every doorstep in the flood-impacted regions resonates deeply with the German Federal Foreign Office's funding vision. Through mobile vaccination teams, including proficient vaccinators and healthcare professionals, the project team transcends geographic challenges. By delivering healthcare directly to the communities in Mirpurkhas and Khairpur, this initiative epitomizes the project's commitment to bridging gaps and ensuring comprehensive well-being.

2. Empowering Maternal Health:

ANC & PNC Cards: SRSO project team helped the Pregnant women with proper guidance and referring that these personalized health guides, exceeding project targets, provided critical healthcare information and nutritional guidance to empower pregnant and lactating women.

3. Fostering Community-Led Resilience:

Community Engagement: Collaboration with local communities ensured interventions went beyond initial targets, addressing specific needs and fostering ownership for long-term sustainability.

Community Committees: Empowering community members through decision-making and project monitoring committees, exceeding initial targets.

Government Vaccinators Assistance: Engaging local volunteers to support these activities and promote healthy practices within their communities, exceeding initial targets.

4. Building Environmental Sustainability:

Tree Plantation Drives: Fostering environmental awareness and contributing to long-term ecological benefits in flood-affected villages, exceeding initial targets.

Impact and Significance:

These extra initiatives demonstrably:

Improved health outcomes and access to essential services, surpassing project targets.

Empowered communities to take charge of their well-being and build resilience, exceeding initial goals.

Promoted long-term sustainability through community engagement and environmental initiatives, going beyond project scope.

This collaborative effort demonstrates a commitment to holistic recovery and long-term resilience, laying the foundation for a healthier and more empowered future for flood-affected communities in Mirpurkhas and Khairpur.



CASH DISBURSEMENT PROCEDURE



Cash Disbursement Implementation Approach for the Project

Following is an implementation approach for the project's cash disbursement process which ensures a transparent, efficient, and secure cash disbursement process that maximizes the impact of its interventions.

Pre-Disbursement:

1. Eligibility Verification:

- Utilize VAM and individual assessments to ensure beneficiaries meet the eligibility criteria of the village where the beneficiary is living,
- Conduct cross-checks with ECIB, NACTA, EU sanctions, and SRSO defaulter lists to identify ineligible individuals.
- VO endorsement and LIP-Livelihood Investment Plan development can be combined for efficiency, with VOs verifying eligibility within their communities.
- The project team conducts a social and technical appraisal of LIPs alongside the VO.

2. Beneficiary Registration:

- Issue unique CoC tokens linked to individual beneficiaries and their approved LIPs.
- Capture CNIC and biometric data at registration for secure verification.

Disbursement:

1. Token Distribution:

- The SRSO team distributes CoC tokens directly to beneficiaries at the household level.
- Ensure proper documentation and record-keeping of token distribution.

2. Cash Withdrawal:

- Beneficiaries visit designated commercial bank branches with their CoC token and CNIC for biometric verification.
- Cash disbursement happens directly through the bank, ensuring transparency and security.

Post-Disbursement:

1. Cash Utilization Tracking:

- Implement a monitoring system to track how beneficiaries utilize the cash according to their approved LIPs.
- This can involve field visits, surveys, and data analysis to assess the impact of the intervention.

2. PDM: Post Distribution Monitoring

- Conduct post-distribution monitoring surveys to gather feedback from beneficiaries and measure the project's overall effectiveness.

Additional Steps Taken:

- **Training:** Train VOs and project staff on eligibility verification, LIP development, and token distribution procedures.
- **Communication:** During VO Meeting and Disbursement day SRSO Project Team Communicates the disbursement process and eligibility criteria to all stakeholders.
- **Grievance Mechanism:** Establish a system for beneficiaries to address any concerns or issues related to the disbursement process.

Security: Implement robust security measures to protect beneficiary information and prevent fraud.

Steps

01

ASSESSMENT

02

LIVELIHOOD
INVESTMENT
PLAN

03

VERIFICATION
OF BNFS FROM
NACTA/ ECIB/
EU SANCTION

04

COC-CASH OVER
COUNTER TOKEN
DISBURSEMENT

05

CASH
WITHDRAWAL

TRAINED BIRTH ATTENDANT

Literate Girls-Graduated by GoS Health Department Certification



30
GRADUATES

TBA-TRAINING OF BIRTH ATTENDANT

Transforming Communities: Empowering Rural Girls as Skilled Health Workers

Achievement: SRSO, successfully trained 30 rural girls as skilled health workers, bridging the gap in healthcare access for vulnerable communities.

Key Factors of TBA Training :

Community Engagement: Village Organizations (VO) Leaders identified girls with an interest in health, demonstrating community ownership and ensuring chosen candidates align with local needs.

Needs Assessment: Training Needs Assessments (TNAs) identified individual strengths and gaps, tailoring training for maximum impact.

Training and Certification: SRSO partnered with a certified institute to deliver comprehensive Basic and Advanced TBA training, recognized by the Sindh Health Department, ensuring quality and legitimacy.

Impact: Empowered Women: 30 women gained valuable skills and knowledge, enhancing their personal development and career prospects.

Enhanced Healthcare Access: Trained TBAs provide essential services at the community level, reducing reliance on overburdened health facilities.

Improved Maternal Health: Trained TBAs effectively register pregnant women and promote institutional deliveries through strong referral systems, contributing to safer childbirth and healthier mothers and babies.

Sustainable Impact: Equipped with skills and kits, these TBAs can continue serving their communities even after project completion, ensuring long-term benefits.



POST TRAINING IMPACT

Significant Strides: Empowering TBAs Boost Maternal Health in Rural Communities

The project successfully trained 30 rural girls as skilled TBAs, leading to a remarkable increase in pregnant women's registration compared to the pre-training period. This surge demonstrates the critical role trained TBAs play in overcoming barriers to healthcare access in underserved communities.

Facilitating Safe Deliveries: Moreover, 130 pregnant women were referred for institutional deliveries due to the efforts of these trained TBAs. This represents a substantial increase in access to skilled birth attendants and potentially translates to improved maternal and neonatal outcomes.

Beyond Numbers:

Quantifiable data paints a promising picture, but the impact extends beyond numbers. Village surveys revealed a significant increase in trust and satisfaction with healthcare services among pregnant women and mothers. One mother shared, "Before, reaching the clinic was difficult. Now, with [TBA name], we feel safer and well-informed."

Sustainability and Empowerment:

Trained TBAs continue to actively serve their communities, with 80% actively practicing beyond the project duration. Local communities have demonstrated strong ownership by providing volunteer support and resources. This sustainable impact empowers not only the mothers and babies but also the trained TBAs, who have gained valuable skills and confidence.

Conclusion: Training rural girls as skilled TBAs has demonstrably improved access to healthcare, facilitated safe deliveries, and empowered both mothers and healthcare providers in these communities. This initiative serves as a model for sustainable and community-driven solutions to bridge the healthcare gap in rural areas.









Tree PLANTATION





TREE PLANTATION DRIVE

Following the devastating 2022 Sindh floods, the Integrated Emergency Health, Protection, and WASH Response project, funded by the German Federal Foreign Office (GFFO) and implemented by SRSO, aimed to support affected communities. Beyond immediate relief, the project prioritized long-term resilience through various initiatives, including a unique tree plantation drive.

Recognizing the interconnectedness of environmental and human well-being, SRSO, in collaboration with local communities, embarked on a 3000-tree plantation endeavor. These trees were strategically planted:

Around rehabilitated infrastructure: Enhancing the sustainability of physical infrastructure repairs by providing shade, preventing soil erosion, and promoting biodiversity.

In demo latrine areas: Contributing to sanitation and hygiene efforts by creating privacy buffers and improving aesthetics.

With WGFS volunteer involvement: Empowering women and girls, fostering community ownership, and promoting gender inclusivity in environmental action.

Impact:

Environmental: Contributed to reforestation efforts in flood-affected areas, mitigating climate change, and restoring ecological balance.

Social: Enhanced the well-being of communities by providing shade, improving air quality, and fostering a sense of ownership and pride.

Economic: Potentially created future income opportunities through sustainable management of tree resources.

The tree plantation activity aligned with the broader goals of the GFFO-funded project in several ways, contributing to both climate adaptation and climate change impact mitigation:

Climate Adaptation:

Reduced vulnerability to floods: Trees planted near rehabilitated infrastructure and latrines helped stabilize soil, reducing erosion and potential damage from future floods.

Improved water management: Trees absorb rainwater, replenish groundwater tables, and reduce surface runoff, mitigating flood risks and ensuring water availability during dry periods.

Enhanced heat stress resilience: Tree shade provided by plantations cools surrounding areas, improving living conditions and reducing heat stress, especially for vulnerable populations.

Climate Change Impact Mitigation:

Carbon sequestration: Trees absorb and store carbon dioxide, a major greenhouse gas, contributing to the fight against climate change and its associated long-term impacts.

Improved air quality: Trees filter pollutants and dust from the air, reducing respiratory problems and promoting overall health and well-being.

By addressing these aspects, the tree plantation activity demonstrated a holistic approach to disaster recovery, aiming not only to rebuild damaged infrastructure but also to enhance communities' long-term resilience to climate change impacts and future natural disasters.



International Days Celebrations



INTEGRATED EMERGENCY HEALTH, PROTECTION, & WASH RESPONSE FOR VULNERABLE FLOOD-AFFECTED COMMUNITIES



WORLD CHILDREN'S DAY

For every child, every right



SRSO Celebrates International Days, Fostering Community Awareness and Engagement

During the project tenure from May 16th, 2023, to December 31st, 2023, the SRSO project team actively celebrated various international days at the community level. These celebrations went beyond mere token gestures, creating impactful engagement and spreading awareness on crucial topics:

Key Strategies:

- **Awareness Walks:** SRSO organized walks with community members, carrying banners and chanting slogans pertinent to the international day's theme.
- **Interactive Sessions:** Engaging sessions were conducted, involving presentations, discussions, and activities tailored to the specific international day's message.
- **Household Visits:** Project members visited households, personally interacting with families and disseminating information related to the day's focus. This personalized approach ensured wider reach and addressed individual queries.

Impact and Benefits:

- **Enhanced Awareness:** By utilizing diverse strategies, the project effectively raised awareness about various critical issues like health, sanitation, environment, women's rights, and child well-being.
- **Community Engagement:** Active participation in celebrations fostered a sense of ownership and encouraged community members to become advocates for positive change.
- **Knowledge Sharing:** Interactive sessions facilitated knowledge exchange and empowered individuals to make informed decisions related to their health, environment, and rights.
- **Strengthened Partnerships:** Collaborations with local organizations and institutions during celebrations promoted stronger partnerships and resource sharing for long-term impact.

Days Celebrated:

- **International Women's Day:** Organizing seminars on women's empowerment and conducting skills-building workshops.
- **World Environment Day:** Organizing tree plantation drives and promoting sustainable practices.
- **International Day for the Elimination of Violence against Women:** Hosting awareness campaigns and encouraging reporting mechanisms.

By celebrating International Days in such an engaging and impactful manner, the SRSO project team not only fulfilled its outreach objectives but also contributed significantly to raising community awareness, fostering engagement, and driving positive change on critical issues.







MEASURING RESULTS



MEASURING RESULTS

Output 1: Targeted flood-affected communities have access to life-saving medicines and supplies through integrated outreach health services, including mobile health clinics.

Activity 1.1: Establishment and running of mobile medical camps:

A total of 200 medical camps have been organized, where a total of **43,700** people benefitted, including **7,614** males and **15,871** females **20,005** children **210** PLWs if any.

Activity 1.2: Health, Hygiene, and Nutrition awareness campaigns for social and behavior change

The SRSO team at the village organizations level and also at the mobile medical camp level has successfully conducted 20 health and hygiene and 20 nutrition awareness campaigns to promote better hygiene practices and address malnutrition concerns among the affected population.

Total of **30,852** (Male: **4,087**, Female: **24,126** and **2,639** Children) Health & Hygiene, Nutrition 14,199 (Male: **666**, Female: **12,319** and Children: **1,214**) people participated and benefitted actively participated.

Activity 1.3: Distribution of life-saving commodities/lifesaving kits:

SRSO has successfully distributed **1,000** delivery kits, **1,000** Newborn baby kits, and **1,000** insecticidal nets among pregnant women to facilitate safe deliveries. These interventions aim to protect the health of both the mothers and their infants, especially in the absence of proper shelter. Priority has been given to shelter-less families, recognizing the heightened vulnerability and additional challenges they face in ensuring safe pregnancies and deliveries.

Output 2: Women and Vulnerable populations in targeted flood areas get access to basic water supply, sanitation, and hygiene services.

Sindh Rural Support Organization (SRSO) successfully implemented various activities to address urgent needs related to clean drinking water, sanitation facilities, and hygiene management in flood-affected communities. The following activities have been accomplished, contributing to the overall well-being and improved living conditions of the affected population:

Activity 2.1: Provide Bio Sand Nadi filters, and jerry cans for quick access to clean drinking water:

500 women-headed households in the targeted project area have been identified and all **500** families have received Bio Sand Nadi Filters and Water Carrier Jerry Cans. The communities have been trained on the operation and maintenance of these filters, as well as sensitized about the importance of using clean drinking water. The installation process was explained, and the communities were made aware of the benefits of utilizing filters for safe drinking water. Additionally, each of the **500** women-headed households has received a jerry can for quick access to clean drinking water. In total, approximately 3,500 people are benefitting from these initiatives.



MEASURING RESULTS

Activity 2.2: Provision of gender and PWD-appropriate latrines by using basic steps of the Community Led Total Sanitation approach.

As part of the community-led total sanitation approach and the mobilization process, the Local Support Organization under the localization approach has achieved success in constructing 20 demonstration latrines. Additionally, through the localization approach, local households have independently constructed 500 latrines, utilizing locally available materials. This initiative has resulted in **724** individuals transitioning from open defecation to using the newly constructed latrines. The construction work was initiated in collaboration with the Local Support Organization-based Localization effort.

Activity 2.3: Distribution of hygiene kits and menstrual kits

For the distribution process, SRSO efficiently conducted a comprehensive needs assessment with an inclusive approach, leveraging technical assistance from community institutions. The assessment specifically targeted girls and women aged 16-40 years. Subsequently, awareness sessions were organized, providing valuable information on menstrual management and emphasizing the crucial importance of maintaining proper hygiene practices. Through these efforts, the project successfully distributed a total of **1,000** hygiene kits and **1,000** menstrual kits to women and girls under its tenure.

Output 3: The target population, including women, men, children, and persons with disabilities, has easy access to preventive and responsive protection services.

Activity 3.1: Mental Health and Psychosocial Support Services (MHPSS)

An effective referral and follow-up mechanism have been established and extensive awareness campaigns to educate communities about mental health have been conducted. Additionally, a network of **102** Community Resource Persons (CRPs) from village organizations plays a pivotal role in delivering MHPSS services. These services involve psychoeducation, counseling, and mental examinations post-sessions of individuals. Moreover, the project team identified and trained adolescent champions for mental health advocacy and empowered them through peer education.

They have also created safe spaces for women to promote their well-being at the village level. To provide MHPSS services effectively, the team adopts a community-centric approach, ensuring accessibility at the grassroots level.

They extend MHPSS services through mobile free medical camps to maximize coverage and fortify educator empowerment for those educating communities about MHPSS. A total of **720** sessions were conducted with **17,191** people out of which female: **10,795**, Males **3,874**, and Children **2,522** benefitted, and The number of Total MHPSS Referrals: was **54**, the Number of Patients Under treatment individual Therapy: was **27**, the Number of Patients under Medication and Therapy: **23**.



MEASURING RESULTS

Activity 3.3: Protection awareness sessions

Group awareness sessions were conducted with both male and female community members on protection issues. They discussed response mechanisms, and available protection services in their respective areas with the assistance of the Village Organization. These sessions served as invaluable platforms for disseminating crucial information about safeguarding individuals and communities. By engaging both genders, the initiative promoted a comprehensive understanding of protection issues, fostering a more inclusive and informed community.

A total of **1,674** sessions were conducted where **15,665** people benefitted including **3,111** males **5,995** females and **6,559** children.

Activity 3.4: Local Radio FM channel broad-casting campaign on protection messages

Protection messages have been finalized, a firm for a radio channel campaign hired, and 02 radio campaigns for awareness completed. It is estimated that messages reached **90,000** (Mirpurkhas **40,000** and **50,000** Khairpur) active listeners people listened to the message. It was informed by the radio channel guessing the tuning frequency in the project area.

Activity 3.5: Referral System for assistive devices

The project team of SRSO has conducted a thorough needs assessment to identify the target beneficiaries who require assistive devices for their physical and functional rehabilitation. This assessment has helped in understanding the specific needs and challenges faced by individuals with disabilities.

Based on the assessment, appropriate assistive devices such as wheelchairs, hearing aids, walkers, canes, and walking frames have been selected to address the specific needs of the beneficiaries. The distribution of assistive devices will help to enhance their physical capabilities and improve their quality of life. The total distribution was **300** wheelchairs, **250** Ear kits (audio Induction), **250** Walking Sticks, and **250** Walking Frames distributed. It was planned to distribute **250**-wheel chairs but on the ground after a detailed assessment, the need was high and we found **50** more PWDs needed wheelchairs, hence additional **50** were purchased and distributed, as there was a saving due to the Euro exchange rate and budget was not affected.

Activity 3.6: Theatre performance using local media firm to highlight protection issues.

Sixteen street theaters were organized and **4,067** people attended, and the participants (**1,138** Males, **1,940** Females, and **989** Children) received well all the messages and through stage performance in language, awareness messages were conveyed.

Activity 3.7: Training of community members and district-level protection groups on the protection concept

A total of 102 community resource persons have been trained and they are further transferring knowledge, information, and awareness to respective villages. In addition, training was conducted for the members of the district-level protection working group and **34 (17 Per district)** people participated in the training.



MEASURING RESULTS

Output 4: Improve nutritional status and access to food for pregnant and lactating women (PLW) and malnourished children and persons with disabilities (PWD).

Activity 4.1: Provision of supplementary food for PLW and malnourished children

After screening for malnutrition among children and pregnant or lactating women (PLW), those identified as at risk were mostly referred to health facilities and outpatient therapeutic programs (OTP) for children. In addition, they received free food supplements from the SRSO Project team. A total of 300 children and 800 pregnant and lactating women received food supplements.

Activity 4.2: Provision of Cash Assistance to Persons with Disabilities (PWDs)

After the detailed identification and assessment by developing the livelihood investment plan, 600 PWD persons with disabilities in both districts have received cash assistance. Additionally, 1,337 Vulnerable Affected communities also received cash assistance for emergency assistance.



RISK MANAGEMENT



4. Risk Management:

Though no major disruptions directly impacted the project, SRSO remained vigilant due to escalating commodity prices, particularly for medicines, consumables, and fuel. Their stringent budget monitoring ensured flexibility and timely adaptations, keeping donors informed throughout. This dedication to both project safety and financial resilience amidst inflation secured the continuity of critical health services.

SRSO identified potential risks like cost increases, staff retention challenges, and security concerns. To address cost escalations, prioritizing essential medicines further mitigated financial challenges.

Flexibility and adaptability were key because procurement strategies were adjusted as needed, staff were upskilled to address capacity gaps, and deployment plans were adapted to evolving security situations. This proactive approach, coupled with transparent communication with donors, ensured uninterrupted continuity of vital services.



FEEDBACK COMPLAINT RESPONSE MECHANISM DESK



SRSO under an Integrated Project Funded by GFFO has set out a robust Feedback and complaint response desk which played a crucial role in FCRM as a mechanism for identifying, investigating, and addressing potential or actual financial misappropriations activities.

Following is the mechanism carrying out the FCRM functions:

1. Identifying Potential Risks/Opportunities:

Feedback and complaints may highlight the opportunities during the implementation of activities, vulnerabilities in internal controls, or misconduct by employees or other stakeholders.

2. Investigating Suspicious Activities:

Upon receiving a complaint or identifying a potential risk, the FCRM department follows established investigation procedures.

This may involve gathering evidence, interviewing individuals, and collaborating with law enforcement if necessary.

3. Taking Corrective Action:

Based on the investigation findings, the FCRM department has taken appropriate action. This may include disciplinary action against employees, strengthening internal controls, or reporting suspicious activity to authorities.

4. Continuously Improving:

Feedback and complaints were used as a learning opportunity to improve FCRM practices and strengthen the project/program activities.

Community Institutions with technical assistance of SRSO analyze trends in feedback and complaints to identify areas for improvement and adjust their risk management strategies accordingly.

The following protocol is followed that makes this FCRM during this project an effective feedback and complaint response mechanism for FCRM:

1- **Accessibility:** Ensure multiple channels are available for reporting feedback and complaints (e.g., online forms, whistleblowing hotlines, email, in-person).

2- **Confidentiality:** Guarantee anonymity and confidentiality to encourage reporting without fear of retribution.

3- **Timeliness:** Respond to feedback and complaints promptly and address them thoroughly.

4- **Transparency:** Communicate the status of investigations and any actions taken based on feedback.

5- **Compliance:** Ensure the mechanism complies with relevant data privacy regulations and reporting requirements.

By implementing a robust feedback and complaint response mechanism, SRSO and Community institutions can proactively identify and address potential financial crime risks, contributing to a safer more secure and smooth implementation of project.

Complaint Redressal

100%






Aktion Deutschland Hilft
 Germany's Relief Coalition




Malteser International
 Order of Malta Worldwide Relief

Feed Back/ Complaint Box
 071-56271820
 0314-8589853
 Complaint@srsso.org.pk
 Postal Address: Taluka Thari Mirwah And
 District Office Khairpur Mirs Sindh




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گوناڻي شڪايتن جي ازالو وارو شعبو
Community Complaint Redressal Desk

سرسو جي پروگرام ۽ پروجيڪٽس متعلق اوهان پنهنجون شڪايتون هيٺ ڏنل ذريعن مطابق اسان تائين پهچائي سگهون ٿا.

1. فون نمبر 071-56271820
 2. موبائيل نمبر 0341-8589853
 3. اي ميل complaint@srsso.org.pk
 4. پوسٽ MER شعبو - سرسو ڪامپليڪس شڪار پور روڊ سکر

Sindh Rural Support Organization-District Khairpur

VISIBILITY



5. Visibility:

From the very beginning, SRSO has prioritized highlighting GFFO's vital role in their project activities. This commitment to donor visibility shines through various channels, ensuring GFFO's logo and contributions are prominently acknowledged at every level.

Eye-catching branding by stepping into a workshop (Launching and Lesson learned closing workshop) greeted by banners proudly displaying the GFFO logo, alongside branded standees and even caps and shirts worn by staff. These items, along with file folders and pens, all feature the GFFO logo and clear references to their financial support. This consistent branding extends across the project. Posters lining project sites at the community level and communication materials prominently display GFFO's name and highlight their crucial contributions on social media.

Engaging Stakeholders by SRSO emphasizes GFFO's involvement during interactions with Government Line Departments: Health, Education, stakeholders, and coordination meetings.

Reaching a Wider Audience because SRSO understands the importance of reaching beyond immediate project activities. Regular updates on their website featuring the GFFO logo and periodic social media posts shared via the German Embassy in Islamabad will keep a wider audience informed about the project's progress and impact.

Community Focus At the community level, SRSO uses strategic visibility measures. FCRM banners standees and boxes displayed throughout project areas ensure constant awareness. Staff wear visibility jackets featuring the GFFO logo and project name, and catchy buzz viral messages spread the word.

GFFO's support is especially visible during mobile medical camps and awareness sessions. SRSO recognizes the importance of acknowledging GFFO's support at the community level to further prioritize visibility measures in this area.

Similarly, Malteser International actively promotes donor visibility through its website and social media channels. This ensures consistent recognition of their contributions and strengthens the overall impact of the project.



Project Visibility: Social Media Links

1. Activity: Project Launching Workshop

https://m.facebook.com/story.php?story_fbid=pfbidOpAa4deuqygXK6LNdgEWAm11hW8au8NK8c2MzWPhpWu8bVx2cXY18qLkvvpepLPMZCl&id=100064784468100&mibextid=Nif5oz

2. Activity: 05 Days SRSO MEAL Staff Exposure Visit

<https://www.facebook.com/100064784468100/posts/pfbid026f2tfrX8UgX8F5c5vKtJMjpUrmjMuc8FRgwFMSHu3c9Jy7mYkEgbFMNi1yiTVJKtEl/>

3. Activity: Awareness Sessions and World Population Day

<https://www.facebook.com/100064784468100/posts/pfbid02Be19a7YnweDRdXUFSXwARvRo9ggyztmxnXE9Ru5cB7GztMkfThJUjuVky48RHojQL/>

4. Activity: Organized 17 Free Medical Camps

<https://www.facebook.com/100064784468100/posts/pfbid0LU6D1eQBVwcieGakT9YQBhX1WmGYCKsWMxZwXemsRDMZoWJXRYNjgxVkBpBjdTSDl/>

5. Activity: Awareness Session Health and Hygiene

<https://www.facebook.com/100064784468100/posts/pfbid02wDTCPDjtMzgXXyAqMGid1GVE8vZegpgFggFKH7FTt94HJXpQpXvtQjV4kDo3nqN9l/>

6. Activity: Visit of a Delegation from Malteser International Headquarters

<https://www.facebook.com/100064784468100/posts/pfbid02vjVePLXahV44CZNEMxBMHjZS45nrXabKKGQHmYHByUc7Lm5enCnSy3mmLhNMeBDzl/>

7. Activity: Field Visit by Area Manager Sindh

<https://www.facebook.com/100064784468100/posts/pfbid0ZnKEpi8a17w8yYtWt36PTud8zuLHxJNvs2uWTPKTVuetgMfSPE2yN1u3S9tw2Ccbl/>

8. Activity: Nutrition Screening of U5 and PLWs

<https://www.facebook.com/100064784468100/posts/pfbid0c9oxLdhiyufM7j1gJe7uiesg3Gc9jR1Zt3EWLTYiw52NLVvZJTtRTSMzktZT6VMUL/>

9. Activity: Organised 66 Free Medical Camps

<https://www.facebook.com/100064784468100/posts/pfbid0a9iiRCRJ864r5oNE7od9HLuWpuMXyGpEq2s3popm9Z4BnhBWMhUseweHiYm6Ddebl/>

10. Activity: 95 Free Mobile Medical Camps

<https://www.facebook.com/100064784468100/posts/pfbid02wC9DE2Kh4T71KYbwiwfatALRfmUFBuPbT59o1nb6T83aGQ3R4DZLupJiez2x2feRl/>

11. Activity: 02 Days CRP Training - MPK

<https://www.facebook.com/100064784468100/posts/pfbid02HW5odDnytWMrU2hBPsEiP9b5ABgNeWKxTaydqTSsvst4fjrZE5AwaZvhQBNhhWcil/>

12. Activity: 02 Days CRP Training - KHP

<https://www.facebook.com/100064784468100/posts/pfbid02UGmKqFEkKZ6sRYtAFHaDuYAhZCFhXZaPfbP81bf4LeJAoviZoLon3EiwKqU8adNVl/>

13. Activity: Distribution of NFI Items

<https://www.facebook.com/100064784468100/posts/pfbid02ozxcuqEch32ieWE6kwxMjEeg5jrfeH5q72SmQXgHQCXWhJaqC59f4BAGe16kidAKl/>

14. Activity: Distribution of Assistive Devices

<https://www.facebook.com/100064784468100/posts/pfbid0RWzVhCbPPYFHSVLjZWsobUV7vL9SpGwfxFqt5mKGqFvVVjpoAdj8PVF4fPrLMQl/>

Project Visibility: Social Media Links

15. Activity: Interactive Street Theatre

<https://www.facebook.com/100064784468100/posts/pfbid02BGvegztHmTRPqA5jnzCVuriTaydCEkbeeUWG16HV28aAMgb1xDfGaA5dShemjTWTl/>

16. Activity: Distribution of Assistive Devices among PWDs

<https://www.facebook.com/100064784468100/posts/pfbid02G8grKt6pxsAPZQtbPNChUUmV4DdQvsc4pg1di2tWZ2kKWv9Yawmb3HrDA3GyvxEVL/>

17. Activity: Interactive theatre (Video Clip)

<https://www.facebook.com/SRSO.official/videos/959309615164269/>

18. Activity: Distribution of NFIs (Video Clip)

<https://www.facebook.com/SRSO.official/videos/283422377939396/>

19. Activity: Distribution of Nadi Water for Safer Drinking

<https://www.facebook.com/100064784468100/posts/pfbid03o2zH2Drnfp5ey1cgSmmhfEgBFyoscoStT5dbFRVS9K5ocqUa1DtK5yR8MpLVFDZl/>

20. Activity: 03 Days Teachers Training on Safeguarding Children - MPK

<https://www.facebook.com/100064784468100/posts/pfbid0VJHYNA7BZACdLA6G1vWe1TcyVzWzJsL54NSgmv3ZmLkKpf4pNVBgVmFtucWLXgCPL/>

21. Activity: 03 Days Teachers Training on Safeguarding Children - KHP

<https://www.facebook.com/100064784468100/posts/pfbid02RNoNWn6UL2ejQPkwvd37UZGbJ8jvipZAm1GjxssVteAKq4FveJ1Shtna3qoHvk5xl/>

22. Activity: Sessions and Meetings at established WGFs

<https://www.facebook.com/100064784468100/posts/pfbid0DV93a9qs79rC9UmnzKzoYamEt2uoMLHFY5fQ4a6ark3L3Y4csZ58h7QAS8thynCWL/>

23. Activity: Distribution of NFI and Assistive Devices

<https://www.facebook.com/100064784468100/posts/pfbid02X96KH9Lc4tULYHNJwPzUwdQDv6yS1XGo1nTg4hW9qRLtmfnA7cDMTFVJ3jR2p6uhl/>

24. Activity: 02 Days CRP Training (2nd Batch)

<https://www.facebook.com/100064784468100/posts/pfbid0qaG4QV6NEiYQm7tBSJPLVgCxY9wGTzFKfBPMDLax4JZRZZqpDaJiB9xDQfCP2yAl/>

25. Activity: Distribution of NFI and Assistive Devices

<https://www.facebook.com/100064784468100/posts/pfbid0PeKxNJzspfTCzJZDTNUXYvWmj4tY3eQnU3n3byhrgGktDFK6Y8sMygHW2gByctfgl/>

26. Activity: Interactive Street Theatre

<https://www.facebook.com/100064784468100/posts/pfbid02BNc1AJVUCvvDvsoqoigWrot3EZr4EX4TkVLJcV82RjvHTyycP4Cf6uRN5Q5hfkxsl/>

Project Visibility: Social Media Links

27. Activity: Graduation Ceremony of TBAs Training - KHP

<https://www.facebook.com/100064784468100/posts/pfbid03sWfY6XX1ha9jHNrjUBqaePvptBRBajysYvWHuUgkSyudecW9122erwA6V2bMD9Rl/>

28. Activity: Work initiation for Rehabilitation of Health Facility

<https://www.facebook.com/100064784468100/posts/pfbid02mDL3o7sGYJAVW2LRwCukuMSvU64gSRJ5CWt4qhu1PaWJ22djfHCu5ogqtdagbfxZl/>

29. Activity: Awareness Session & World Toilet Day Celebration - MPK

<https://www.facebook.com/100064784468100/posts/pfbid02AMCEMHZB1dBAfvupYDMNm4zLzujphdmLEMNZGaGdg61qyZpZKNrSiLXAYD1YQfnZl/>

30. Activity: Delegation visit from Malteser International HQ

https://m.facebook.com/story.php?story_fbid=pfbid0TogXoSbuMjJuXxttvCog4BcHXKHK3be64JdDJ76eLcWPJqATn6o765QMfESo4TCKl&id=100064784468100&mibextid=Nif5oz

31. Activity: Food Items Distribution for Malnourished U5 Children and PLWs

<https://www.facebook.com/100064784468100/posts/pfbid035RAut3NALbXsc81tdfwmsrxzGG6KNWuXam85nPWHSwVmf5JayxvDbRQYL2vhvtSQL/>

32. Activity: World Children's Day Celebration – KHP

<https://www.facebook.com/100064784468100/posts/pfbid0BZkB7S1kAu6kYj8J6vRDA13iPVeEkQsLmVZyFAQKfWreD5zYQE3VE1AHs7qyNVaRl/>

33. Activity: World Children's Day Celebration – MPK

<https://www.facebook.com/100064784468100/posts/pfbid032AM9t6i2sQTQNYswMntN8wAHR3QVJcdmMKaBCvnq3hdMaXjKQLLquAFsrjqm2TJKl/>

34. Activity: Graduation Ceremony of TBAs Training - MPK

<https://www.facebook.com/100064784468100/posts/pfbid0T4YZ2d82VQmcCFQmt8eKpyRRhgXKVZ1oDKHNTqeus7dDm9PBy23YepvqsZbSZDBl/>

35. Activity: Inauguration for Completed Rehabilitation Work of Health Facility

<https://www.facebook.com/100064784468100/posts/pfbid0TdJnSBuKALxAt3a5nLr4dcmeRDXR2XdKmQ2vLVzGNxHgSC6fqQpneEZGqsVR35tJl/>

36. Activity: Millstone Achievement of REgabilitation Work and WASH Activities

<https://www.facebook.com/100064784468100/posts/pfbid02ZEeGLiMmLwpQUB1LyBNwBoLDJtirt7TTLH3h7Zetej19Q259GrY88DQpAJ8RccrBl/>

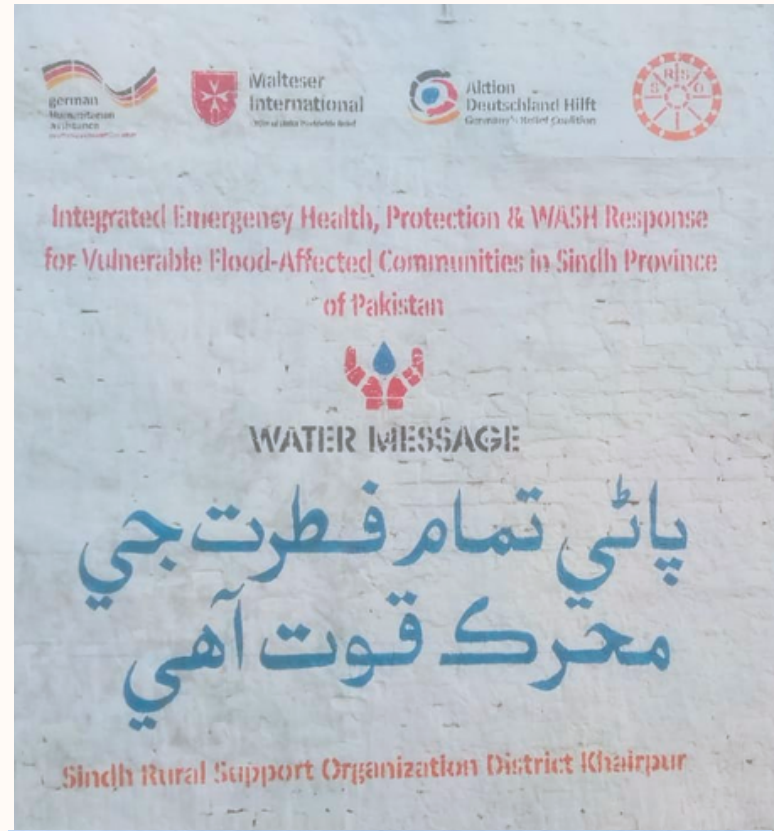
37. Activity: Project Closing and Lesson Learned Workshop

<https://www.facebook.com/100064784468100/posts/pfbid05EoJtU6zrEsVUBTYTBpgMoyPsKCBjTyeYmDhh6DtkamQy8m7ov6wo5pVXv4L2RZDL/>

38. Activity: Rehabilitation Work at BHU Hindyari (Video Clip)

<https://www.facebook.com/SRSO.official/videos/1302174590470032/>

Wall Chalking Awareness and Visibility



RECOMMENDATION

Recommendations for Future Sustainability of the Integrated Emergency Response Project in Sindh



01 FOSTER COMMUNITY OWNERSHIP AND PARTICIPATION:

- Gradually transition WASH infrastructure management to community-based models.
- Strengthen local governance structures and empower communities to make decisions about their needs.
- Invest in capacity building and training programs for community members on WASH maintenance, hygiene promotion, and disaster preparedness.



02 SECURE LONG-TERM FUNDING AND PARTNERSHIPS:

- Develop and implement a comprehensive sustainability plan with clear goals and funding sources.
- Diversify funding streams by seeking partnerships with private sector, NGOs, and other international donors.
- Advocate for long-term investments in health, protection, and WASH services in vulnerable communities.



03 FOCUS ON LIVELIHOODS AND ECONOMIC EMPOWERMENT

- Support income-generating activities for flood-affected individuals, particularly women and youth.
- Link communities with market opportunities and access to finance.
- Develop skills training programs relevant to local needs and market demands.

Additional Considerations:

- Climate-proof infrastructure and disaster risk reduction strategies.
- Mental health and psychosocial support programs for long-term recovery.
- Innovation and technology to improve efficiency and sustainability.

Happy Faces of Flood Affected Community





سندھ رورل سپورٹ آرگنائزیشن
SINDH RURAL SUPPORT ORGANIZATION

Sindh Rural Support Organization

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