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Evaluation Report of GRC Supported Project: SOS – Solidarity, Outreach and Support for Pakistan COVID-19 Response

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Contents

Acknowledgement:	3
Acronyms	4
Executive Summary	5
1. Background to the Project:	8
2. Specific Objectives of the Final Evaluation	10
3. Methodology for the Final Evaluation	11
Sampling Size and Plan	11
4. Tools for Data Collection:	12
5. Field Data Collection and Management	12
6. Challenges and Limitation in the Study:	13
7. KEY FINDINGS	13
Findings Demographics & Beneficiaries	13
Section A: Findings for Output-1	16
Section B: Findings for Output-2	21
Section C: Findings for Output-3	25
Section D: Findings for Output-4	26
Section E: Findings for Output-5	26
SUMMARY OF FINDINGS	31
8. RECOMMENDATIONS:	31
9. Annex-1	34

Acronyms

CG	Cash Grants
CUP	Community Uplift Program
DAC	Development Assistance Committee
EPOA	Emergency Plan of Action
EUR	Euros
FGD	Focus Group Discussion
GRC	German Red Cross
HH	Household
IEC	Information, Education and Communication
KP	Khyber Pakhtunkhwa
KII	Key Information Interview
M&E	Monitoring & Evaluation
MOU	Memorandum of Understanding
NHQ	National Headquarters
PDMA	Provincial Disaster Management Authority
PRCS	Pakistan Red Crescent Society
PPE	Personal Protective Equipment
PKR	Pakistan Rupees
PSU	Primary Support Unit
PWD	People with Disability
SOS	Solidarity, Outreach & Support for Pakistan
SSU	Secondary Support Unit
TSU	Tertiary Support Unit

Executive Summary

Following the COVID-19 Emergency in Pakistan. GRC like all other stakeholders developed and designed the SOS-Solidarity, Outreach and Support for Pakistan COVID-19 Response in 22 Districts of Pakistan across all the four Provinces of Pakistan. The project was implemented from July-December 2020, through PRCS which has a country-wide emergency response framework. IFRC also played its role in launching a global appeal and - and technical support to the project. It also supported PRCS for the entire process of selection of the Financial Service Provider (FSP) from amongst Jazz Cash, UBL Omni, and Telenor Easy Paisa as part of PRCS cash preparedness program from 2015 to 2019. IFRC made available to GRC/PRCS the application; RED ROSE for registration of beneficiaries for cash grant.

As per IFRC mandate, whenever there is emergency in any country they go for an international appeal on behalf of the national society (in this case PRCS). This appeal is based upon the emergency plan of action (EPOA). The German Red Cross country office has been supporting PRCS and IFRC in the compilation of this emergency plan of action; GRC decided in consultation with the National Headquarters (NHQ) of PRCS to focus its response in 22 Districts through interventions namely; provision of food, hygiene kits, cash grants, and preventive and curative health care services. GRC support was aligned with the PRCS overall Emergency Plan of Action (EPOA) for COVID-19 response. So, activities under each result of the SOS Project were linked with the outputs of PRCS overall emergency plan of action and specifically contributed to them.

The goal of this SOS project was to provide high quality and context specific humanitarian assistance to people particularly affected by Covid 19 situation in Pakistan in collaboration with Pakistan Red Crescent Society.

Community Uplift Program (CUP) Pakistan was contracted on 19 January 2021 by GRC after a competitive process, for the final evaluation of the SOS project with specific findings and recommendations under the Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency and short-term impact. Data collection through HH questionnaire for selected sample of respondents/beneficiaries 305 (159 males and 146 females-52% and 48% respectively) was done simultaneously in all the 22 districts as well selected Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with stakeholders and implementation players. CUP deployed a Provincial Coordinator for each Province and further enumerators for each district. PRCS appointed volunteers in most locations (except where there was no PRCS outreach; Lodhran, Rajanpur, Layyah, Pakpattan) to assist the data collection teams in connecting with the beneficiaries. The primary data collection was completed between 12 – 18 February, 2021.

Summary of Findings based on an analysis of data and FDGs/KIIs with communities, PRCS at all levels, IFRC and GRC are in summary as under:

1) Key Findings Result 1 (Output-1): Vulnerable families affected by the COVID19 situation have improved access to food.

- a) HH identification process was carried out by the trained PRCS volunteers with the help of community representatives/elders. Criteria remained the same i.e. the larger number of COVID affected people, marginalized underprivileged communities and the areas which came under the lockdown. Food package was designed following WHO recommended nutrition

intake needs comprising 2,100 calories per person for a total of 15 days, basing it on an average HH size of 6-7 members. NHQ of PRCS was involved in the procurement, process managed by GRC. Distribution was done following PRCS distribution procedures. Irrelevant persons at distribution sites were tackled through dispute resolution committee involved elders and CBOs (in PRCS project areas). There were not many complaints about the quantity or quality of foods packages, however at one location; SHAHDARA in District LAHORE the Food Parcels and Hygiene Kits were given mostly to people who did not meet the criteria but were recommended by influential based on clans and political leanings. GRC too validated this during our FGD with the senior management team at Islamabad.

- b) Some challenges aired by PRCS are: the interference by the line departments district administrations especially in KPK and Punjab to obtain these packages for people of their choice. PRCS resisted this and on this community satisfaction affirms that genuine beneficiaries benefitted. PRCS also drew attention to the lack of enough masks for volunteers as a onetime PPE required a refill. Thus, volunteers were potentially exposed to the epidemic during the selection of beneficiaries and distribution of food parcels. The need for a prior Risk and Response Analysis was emphasized by the NHQ of PRCS.

2) Key Findings Result 2: (Output-2) Vulnerable families affected by the COVID19 situation have acquainted hygiene knowledge and have access to appropriate hygiene materials.

- a) The identification process for hygiene kits was similar as for beneficiaries of food parcels. There were no significant complaints recorded on the quality and quantity of the Hygiene Kit Items.
- b) Here too, disputes during distribution of hygiene materials were resolved amicably by elders and community institutions

3) Key Findings Result-3 (Output-3: The target communities have access to preventive health care services.

- a) A Lahore based Company LIFETIME SMS was contracted by PRCS Karachi. Messages were designed by PRCS and GRC following WHO standard COVID prevention messages. The selected company disseminated 30,000 bulk SMS messages in Karachi. The company did not have a response/reply system from those to whom these messages that were sent September 2020 onwards were sent. Thus, the evaluation team could not assess the extent of awareness that these bulk SMS achieved.
- b) The Provincial PRCS at Karachi, also set up an **AGAHEE CENTRE** which was a 24/7 telephonic helpline manned by PRCS Volunteers. It had a call log and data base. It was a medical help line wherein callers were referred to online doctors or referred for COVID Test. It operated June 2020 to September 2020 and managed COVID tests for 1,873 (1290 males). PRCS reported that AGAHEE CENTRE was a great success in Karachi. The Governor House, Karachi provided the contacts of 200 doctors for online support on awareness and preventive measures.

4) Key Findings Result-4 The target communities have access to curative health care services

PRCS supported the curative health services through its emergency ambulance services in Karachi and Islamabad and sample collection for Covid test in collaboration with Indus Hospital in Karachi (staff, vehicles, equipment, drugs, consumables, maintenance, treatment costs).

5) Key Findings Result 5: The target beneficiaries have access to cash and/or vouchers to cover their basic needs

- a) The set unconditional cash grant amount of PKR 15,750 for each selected HH was determined by GRC using internationally recognized method of “Minimum Expenditure Basket (MEB)” in collaboration with IFRC and the PRCS management. This grant was multi-purpose to cover the miscellaneous expenses and utility bills.
- b) PRCS already has agreements with 3 FSPs, but there was no CBA for these agreements. As CBA was the requirement by GRC for FSP, a restricted procurement process for followed for PRCS pre-selected FSPs and a service agreement for SOS project was signed based on the CBA from these three FSPs.

PRCS was doing the CBA process for FSP and PRCS signed the service agreement for SOS with Telenor. After signing the agreement based on CBA PRCS HQ given go-ahead to the branched for selection of beneficiaries.

- c) on 8 December 2020 to start the door to door registration process through a RED ROSE application with a target of distributing the CG by 31 December 2020. A video review on RED ROSE is at <https://www.youtube.com/watch?v=noJFSnKPBrC>
- d) According to PRCS management a total of 8,983 (out of planned 9,700) beneficiaries HHs were to be facilitated through CG. An assessment survey conducted by PRCS indicated that 93% beneficiaries received the CG by 25 February 2021 as the initial target date of 31 Dec 2020 could not be met. Cash grants were transferred to 9,700 beneficiaries by 31 December 2020, while only 8983 beneficiaries collected / encashed their cash grants by 25th of February. Cash grants for 717 beneficiaries were reversed as 28th of February was the project financial reporting deadline.
- e) Registration was conducted by PRCS volunteers starting early December 2020 through door to door in target lock down areas. These volunteers were earlier trained in the use of the Red Rose application. PRCS and GRC was wary of sharing the beneficiaries’ data on CG with PDMAs and NDMA or the District Administration for obvious reasons, mainly the dynamics of political interference.
- f) Some of the measures taken while conducting registration using RED ROSE application were; (a), (a) beneficiary lists were checked many times and cross checked by the GRC (b) final lists printed and dispatched to the branches (c) meeting with Chairman PRCS to avoid the involvement of the DC and Patwari from this activity to avoid chaos and disorganization, GRC Conducted daily meetings with PRCS cash team to address the issues which were being identified by the PRCS field teams and beneficiaries. Every easy paisa retailers shop had banner carried contact number for complaints.

- g) Some of the major complaints were; deaths of beneficiaries, thumb Impressions non-recognition, deleted messages received from Telenor, unfair charges deducted by the few retailers, CNICs were misspelt. A few issues were easy to resolve whereas some were difficult and time consuming such as death of beneficiary and thumb impressions non-recognition. Also, Telenor did not inform PRCS of starting disbursements because that would have helped PRCS to monitor the distribution process at sample retailer points. Telenor was found more interested in creating “Easy Paisa Wallet Accounts” which beneficiaries found difficult to operate. For such beneficiaries who could not get the CG because of death and biometric issues, case cash in envelopes was accepted as an option but could not materialise by 25 February 2021. Telenor was meanwhile trying to recruit as many for their wallet account.
- h) PRCS conducted a “beneficiary satisfaction survey” selecting a random and stratified sample of 375 CG beneficiaries. The survey revealed that 20% complained that they got cash but after so called “service charge deductions” ranging between PKR 500-1500 by FSP retailers.
- i) Although there were a lot of hiccups, delays and uncalled for “service charges” deductions by the FSP, the feedback from CG beneficiaries was that they benefitted greatly by the grant.
- j) The CG beneficiary/community feedback mainly was on the late distribution of the grant. However, in our FGD with the GRC management, the rationale for registration and distribution during the last month of the project (December 2020) was that even if cash had been provided earlier, the lock down situation would not have allowed beneficiaries to use the grant for the purpose it was meant.

1. Background to the Project:

COVID-19 has many negative impacts on the lives of the people, especially most vulnerable and low-income population globally, and Pakistan is among one of the most severely affected countries. Due to the COVID-19 management strategy e.g. lockdown, restrictions on movement and closure of the business activity, the livelihoods and food security were badly affected. This overall issue of access to food commodities and basic hygiene material has been worsened for the most vulnerable families, who have either their breadwinner in quarantine or their area is sealed due to a certain number of COVID-19 cases in their locality. PRCS branches and NHQ has received requests from local governments to provide humanitarian assistance of food commodities and hygiene material to these vulnerable families at least for the period of 2 weeks, which is the length of time applied to quarantines and sealing off neighbourhoods with COVID-19 surges. The Key Results (Outputs) of SOS project include;

Result 1 (Output-1): Vulnerable families affected by the COVID19 situation have improved access to food.

% of targeted people (*disaggregated by age and gender and including data on persons with disabilities*) has received the appropriate amount of food / cash/ vouchers)