



ACTED

CONCERN
worldwide



International
Medical Corps

Improving National Capacity to Respond to COVID-19 Pandemic in Pakistan (Cap-COVID)

Final Narrative Report

(August 2020- January 2022)

1. Executive Summary

(Please provide brief summary of all project interventions carried out during the project along with the disaggregated beneficiary data)

The Project, ECHO-1113-2020 CAPCOVID-19 was an ECHO funded intervention that aimed at improving the national capacity to respond Covid-19 pandemic in Pakistan. CESVI was leading partner with a consortium, comprising of five member organizations i.e. Cesvi, ACTED, Concern Worldwide, Helvetas, Welthungerhilfe, along with IMC and MdM. (Known as consortium). This response strategy was aimed to complement and contribute to the government's COVID-19 response across the country as further contributed towards government response activities through Risk Communication and Community Engagement. The response was designed to cater the further spread of pandemic through provision of essential protective equipment's along with other medical and non - covid material. During initial assessment it was found that COVID-19 is expected to scale up high in urban areas especially and IP&C programs activities needs to strengthen and to adopted COVID -19 standards. It was further found that Healthcare staff, doctors, nurses, and paramedics are not trained (most not even aware) in IPC and PPEs are not adequately available. While testing kits and diagnostics are not adequately available at the labs (public or private); hence entire country's testing capacity was found insufficient. Disinfectants were found in short supply and health care staff at front line were required to be trained on Basics of COIVID, home based care and remote psychological first aid and even Lab staff was not properly trained to carry out COVID-specific tests.

Overall Project was implemented in 24 districts of Pakistan, while WHH implemented Cap Covid-19 project with local implementing partners i.e. FDO & SAFCOW in 04 Districts of Punjab and Sindh respectively (2 district from each province).

FDO (Farmers Development Organization), worked as local implementing partner for the implementation of CAP COVID project in two (2) target districts of Punjab province namely District Multan and Rajanpur. The project was started in November-2020 as a 12 months intervention with October 2021 as the last month of project implementation. However one (01) month no-cost extension was granted for updating and handing over all project data.

Under different project interventions, the target health facilities, and line departments were strengthened while the capacity of front line responders dealing with COVID situation was enhanced and required support was provided to 20 target health facilities and Rescue 1122 (Punjab Emergency Services). The target health care facilities and line department was provided large quantities of PPEs (personal protective equipment's), disinfectants, medical and non-medical and diagnostic equipment's. Rehabilitation of WASH infrastructure was also ensured as a value addition with the installation of handwashing stations to benefit the mass communities. Target health facilities selection was prioritize through consultation with district administration and health department. The target health facilities capacitated through project interventions were included, 2 DHQs (District Headquarter hospitals), 03 THQs (Tehsil Headquarter hospitals), 01 civil hospitals and rest of the 14 HCFs were RHCs (rural health centers). The support provided under the Cap Covid project, not only strengthened the service delivery but also contributed a lot to strengthen the overall capacity of HCF to deal with emergency and daily OPD, further it enabled to conduct screening for COVID suspects that ultimately decreased the referral burden at tertiary level health care facility at South Punjab i.e. Nishter

Hospital Multan, (NHM). The support to Civil defense (rescue 1122 in Punjab) also enabled them to make ensured the safe and swift referrals of patients, besides this through IEC material provided, they held a large campaign for mass awareness among different communities and stakeholders.

The project also achieved a milestone through building the capacity of medical staff dealing with Covid suspects through the provision of essential training based on "COVID Basics", "Remote psychological support", and "Home-based care" at both target district.

The grant approach was proved more relevant, coherent and well on time to cater the needs for health & rescue 1122 department as a front force against the pandemic flow. Though November, 2021 was the last month for project agreement, however the provided equipment's and support will incorporate into service delivery of these target health facilities for next few years.

2. Intervention Area

(Mention the names of districts targeted by the COVID-19 interventions along with the total number of HCFs, public offices in each target district supported during the project)

The project ECHO 1112-2020 CAP COVID-19 was implemented in four (4) districts of Punjab & Sindh respectively targeting 40 HCFs (health care facilities and 2 line departments). The details of target hospitals and other public drives is given as;

Table -2.1

Sr#	Province	Target District/s	Target Hospitals & isolation & Quarantine centers etc.	Other Public Office supported (Rescue 1122 / Civil Defense , District Administration)
1	Punjab	Multan	10	01
		Rajanpur	10	01
2	Sindh	Sanghar	10	01
		Umarkot	10	01
Total			40	04

3. Beneficiary Details

(Mention the total number of beneficiaries supported through the Result 1 and 2 separately. Please provide disaggregated data across gender, age and disability)

The intervention defined beneficiaries as the population in the target districts who benefit directly or indirectly from the action. The project beneficiaries were included technical and non-technical staff, patients, and families of the patients in public health centers (DHQ, THQ and BHU), isolation centers, as well as some private health centers. The health and non- health staff those benefited from the PPE, access to WASH services, provision of capacity building on COVID-19, and psycho-social support were also considered as project beneficiaries. Project beneficiaries were also included the staff of government department including but not limited to NDMA, PDMA, DDMA, NIH, District office, Municipal services, other multi-disciplinary front-liners such as sanitary workers, civil defense, Rescue 1122, consortium staff, and local organizations. Though project Cap Covid -19 was supposed to sensitize community at larger at target districts and to directly / indirectly reach out 10% of overall population of target districts. Further it was estimated that 15% of the population of the targeted district will be reached through RCCE component of the project.

Thus under result 1 total beneficiaries reported by the end of the project are;



ACTED

CONCERN
worldwide



International
Medical Corps

Result 1:3800596

Result 2: 307500 (male: 77797, female: 74723, children: 154980)

4. Selection Criteria for Health Facilities/Schools

(Mention the criteria used for selecting the health facilities and schools for provision of Health and WASH assistance. In addition, also state why some of the government offices were chosen for the assistance. Also mention the involvement of line departments including PDMA, DHO offices etc. during the assessment, selection and implementation of activities).

The selection of health facilities such as DHQs, THQs, BHUs, isolation centers, and rural health facilities was carried out in consultation with DDMA, CEO Health office and district governments. The project leads of IPs i.e. FDO & SAFWCO hold consultative meetings with these departments to identify health facilities that need assistance. Based on the recommendations of the government, Health and WASH services/equipment/material/supplies were provided to the health facilities. Likewise, for hand washing stations in public places, Project lead and technical persons hold consultative meetings with the district administration and health departments and administrative of district Disaster Management Authorities about potential points for HWS installation. Preference was given as per government suggestions and WHO guidelines in crowded places (such as markets, places of worship, and train or bus stations etc.) and in communities that were found at high risk of transmission of COVID-19.

To ensure smooth execution of project activities, District administrators (Deputy Commissioners) constituted project steering committees at target districts of Punjab i.e. Multan and Rajanpur. The steering committee at Multan was constituted under chairmanship of AC (assistant Commissioner) Multan, while MS-DHQ, CEO health, District Emergency Officer and IPs project lead were nominated as members of steering committee responsible for keeping project activities aligned to achieve the desired objectives. At the same time, steering committee under chairmanship of district social welfare officer at district Rajanpur was also formulated at district Rajanpur with line department nominees as members of committee. The need assessment of target health facilities was done through involvement of project steering committees while at the end of each month, project progress report was submitted as well. Project lead at all target districts hold coordination meetings regularly with district administration to update them over project progress and achievements.

5. Activity Progress

Result 1

Health, isolation and quarantine centres, and frontline responders are better equipped and prepared to treat COVID-19 affected population and prevent new cases.

Total Beneficiaries Reached without duplication under Result 1:

Though project direct beneficiaries were target 20 HCFs, Isolation and Quarantine centers and 02 Rescue 1122 departments at target Districts, however interventions directly indirectly benefited and sensitized 10% population of both target districts. Further segregation of population across gender, age and disability is as;

Result 1:3800596

Result 2: 307500 (male: 77797, female: 74723, children: 154980)

Activity Description

1. Procurement and provision of Personal Protective Equipment (PPE) and non-medical equipment and supplies.

(Provide details of items distributed including the total number of beneficiaries, Health facilities and public offices supported through the intervention. Please also mention any modifications incorporated in the initial activities along with the justification)

During base line study it was found that 70-80% respondents from all the provinces were lacking of PPEs. It was reported that PPEs were received from various sources (including humanitarian NGOs, NDMA or PDMA) however these were regularly needed in large quantities as frontline medical staffs critically needed for PPEs.

At first need assessment process was initiated through base line survey of target health facilities in all target districts at both provinces. The need for PPEs was highly requested by District Health Authorities / departments to ensure safety of front line staff dealing covid pandemic and even at routine medical checkups at OPD and emergency. It was observed that health drives were miserably lacking for protective equipment's. The need was prioritize and rationalized and after due approval of department, the procurement process was initiated. The bid winning company / firm ensured well on time supply of requested quantities of PPEs to target health care facilities.

The PPEs distributed at target health care facilities were included 11 types of equipment's /items like ;

- I. **Surgical masks,**
- II. **Respirators N95,**
- III. **Surgical Hand gloves,**
- IV. **Hand Sanitizers,**
- V. **Liquid Soaps,**
- VI. **Googles / Eye Protectors,**
- VII. **Face Shields,**
- VIII. **Head covers,**
- IX. **Shoe Covers,**
- X. **Disposable packs &**
- XI. **Refill bottle for Sanitizers.**

Later on as per request and need from line departments and HCFs Oxygen masks were also provided to strengthen referral services and provide emergency treatment.

The breakup for PPEs distribution in both target provinces is given as;

Activity	Details of PPEs	Punjab	Sindh	Beneficiaries
Provision of PPEs and other requirements to the "health facilities" (DHQs, THQs & other treatment facilities) , Isolation and Quarantine centers and District Administration	Surgical masks (health worker)	260000		Total- Male Female- Children-
	Respirator N95	10300		
	Surgical Hand Gloves	101200		
	Disposable caps /Head Covers	1268		
	Tyvek suit /Disposable Gowns	3200		
	Soaps-Liquid	2600		
	Goggles /Eye protector	1800		
	Face Shields	2200		
	Hand Sanitizer	4000		
	Refill bottle for Sanitizer	2800		
	Disposable Shoe covers	100		

Table 1.1

*PPEs mentioned in above table includes PPEs provided to Health facilities, Isolation and Quarantine centers and District Administration.

De-centralized distribution of PPEs was ensured to target health care facilities and rescue 1122 / civil defense department at target districts of both provinces. It was also ensured that being first protective gear

PPEs are also provided to District administration offices in target districts. PPEs support to district administration was ensured on account of their involvement at different public drives during field visits for monitoring purposes i.e. RAMADAN BAZAAR, CATTLE MARKETS, & RICE CONTROL VISITS etc. Project staff of IPs (Implementing partners) ensured proper handing over and entry of entire commodities into inventory register of the concerned HCF, as duly endorsed by in-charge / medical officer. Implementing partner/s (FDO & SAFCOW) also signed MOUs (Memorandum of understandings) with concerned departments emphasizing the role of health department to ensure proper record keeping, usage & handling of equipment's provided.

2. Provision of disinfecting supplies, waste disposal material and equipment for health centers, public places, and isolation centers.

(Provide details of items distributed including the total number of beneficiaries, Health facilities and public offices/schools supported through the intervention. Please also mention any modifications incorporated in the initial activities along with the justification).

To ensure safety and protection from infection, disinfectants and relevant materials were provided to target health care facilities. The procurement process of disinfectants and related material was completed in March-2021 and distribution of disinfectant material was ensured without wasting any time. It's worth mentioning that the need for all disinfectant material was derived out from target health care facilities and was duly approved by district health authority. The disinfectants were included; Phenyl, Bleach (sodium hypo chloride), liquid soaps, Disinfectants sprayer, sprays and Hand Sanitizers etc. The sufficient quantity of Disinfectants and related material was provided to target HCFs at target districts.

The breakup of disinfectants and relevant material provided to target HCFs of both provinces is as;

Activity	Disinfectants Items	Punjab	Sindh	Beneficiaries
Provision of disinfectant and relevant equipment for disinfection drives	Surface Cleaner (Phenyl Liquid) 3 liter. Pack	3800		603480 (male-152680 , Female- 146646, Children- 304154)
	Hand Sanitizer 1000 ml	80		
	Soaps-Liquid-500 ml	1200		
	Paper Towels	360		
	Bio-Disposable Bags	24000		
	Bleach(Sodium Hypo-Chlorite) 20 liter pack	48		
	Spin MOP with Wheels	80		
	Disinfectant Spray	40		
	Disinfectant Sprayer	40		

Table: 2.1

3. Provision of non-medical equipment to isolation centers

(Provide details of equipment distributed including the total number of beneficiaries, Health facilities and public offices supported through the intervention. Please also mention any modifications incorporated in the initial activities along with the justification)

As the number of C-19 cases were increasing rapidly in Pakistan in Feb-Mar-2021, so does the number of isolation centers setup and the number of exposed people, potential causes, and staff in them. The needs and requirements of these centers were ever-changing and evolving. As the number of people quarantined or isolated rise, these centers were finding themselves short of essential non-medical equipment and items. Based on the requirements of the centers, this proposed intervention was aimed to provide non-medical equipment such as furniture, NFIs, food rations (WFP guidelines), and appropriate shelter support, including beds, disposable bed sheets, cabinets etc. for its staff and patients.

The need for non-medical equipment's was found indispensable to strengthen the efforts of isolation / quarantine efforts like;

- I. Need for electric and other gadgets i.e. Bio Medical Refrigerators to support cold chain – vaccination process, fire extinguishers etc.
- II. Need for furniture items like tables, chairs, and file rack and steel benches for patients.

The procurement process was initiated in April-2021 and was completed in May-2021. The commodities were handed over to health department for target health facilities in May-Jun-2021. The process of handing taking was formally held at different facilities as attended by district administration and other government dignitaries. FDO ensured that all commodities provided to target health facilities are duly endorsed by concerned medical officer/in charge and are entered into inventory register of concerned hospital. To protect environment and promote pollution free environment, procurement of bio disposable bags was conducted and provided to targeted isolation and quarantine centers especially lacking incinerators or overburdened. Meanwhile to sustain Vaccine cold chain, provision of bio medical refrigerators was also ensured.

The details of Non-Medical Items is given as

Activity	Non COVID items	Punjab	Sindh	Beneficiaries
Provision of "Non-COVID-19" equipment	Refrigerators (Biomedical & Vaccine) + Stabilizer	28		Total - 603480 male – 152680, Female- 146646, Children-304154
	Ceiling Fans	14		
	Fire Extinguisher	52		
	Computer System	2		
	Benches (For Patient)	126		
	Seating Stool	52		
	Notice Board / Display Board	28		
	Office Tables	08		
	File Rack	08		
	LED- TV	10		
	Office Revolving Chairs	08		

Table: 3.1

4. Procurement and provision of testing, diagnostic and treatment equipment to hospitals (Provide details of equipment distributed including the total number of beneficiaries, Health facilities and public offices supported through the intervention. Please also mention any modifications incorporated in the initial activities along with the justification)

As on 16 of July 2020, around 1,652,183 lab tests were conducted in Pakistan, and the number of confirmed cases were reported as exceeding to 254,678. Considering the size and density of Pakistan's population, and the observed rate of increase in COVID-19 cases, the healthcare system in the country was required to be equipped with a much larger amount of testing and treatment equipment than what it was at present; according to a report by WHO, capacity needs to be brought up to 50,000 tests per day. The need for testing and diagnostic equipment's was emerged and was highly requested by health department during need assessment of target health facilities. The procurement process was initiated by WHH at Islamabad office in March-2021, after provision of complete documents / requisite by implementing partners i.e. FDO and Safcow the procurement was done. The lab equipment's were included, ECG machines, Cardiac monitors and other relevant gadgets. The procurement process was completed in May-2021 and all the Lab equipment's were accordingly handed over to 40 target Health facilities at all 4 target districts of both provinces. The budget specified for Lab and diagnostic equipment was found less in comparison to quoted

price, in account of that reason the saving budget of PPEs was spent out to procure the Lab& diagnostic equipment's.

Details of Lab & Diagnostic Equipment's provided to health facilities is as;

Activity	Lab Items	Punjab	Sindh	Total Beneficiaries
Provision of testing, diagnostic and treatment equipment to hospitals.	ECG Machines	28		Total- 542610 (Male- 114510 Female-109984 Children-228115)
	Cardiac Monitors	20		
	Oxygen Concentrators	14		
	Pulse Oximeter	136		
	Covid -19 test kits	400		
	Glucometer	56		
	Thermal guns	28		
	BIPAP machines	14		
	Nasal Oxygen Cannula	800		
	Stethoscope	10		

Table: 4.1

Provision of Cardiac monitors, Oxygen concentrators, Bi PAP machines, oxygen cylinders, suction machines , nebulizer machines etc. strengthened the capacity of target secondary level health facilities especially ICU units to treat Covid suspects at primary level. This contribution ultimately decreased burden over tertiary level health units.

5. Provision of “Non-COVID-19” equipment to hospitals support them in continuing other essential health services.

(Provide details of equipment distributed including the total number of beneficiaries, Health facilities and public offices supported through the intervention. Please also mention any modifications/revisions incorporated in the initial activities along with the justification).

Resource-limited Pakistan has a weak health system and the outbreak of this novel coronavirus had hit this weak system hard, along with the most vulnerable population that was least prepared to limit the spread of pathogens. The country was facing a dilemma; on one hand, there were insufficient health services and facilities to test and treat its population for COVID-19, on the other, the shift of resources to tackle this Pandemic had left millions of people with pre-existing medical conditions and other medical needs without access to proper healthcare. This is also particularly worrying for people needing reproductive and sexual health services. Due to the strain on resources, OPDs all over Pakistan have mostly been closed to avoid further spread of the disease, and many hospitals have been dedicated to COVID-19 patients. To equip the target hospitals through provision of medical equipment's (non Covid) items was ensured by FDO to further strengthen the medical services delivery. The procurement process was initiated in April-2021 and completed through due procuring cycle. The distribution of non Covid items is completed in June- july-2021 in target health facilities of both target districts.

The details of non COVID / medical equipment's under procurement is as;

Activity	Medical Equipment's	Punjab	Sindh	Beneficiaries
Provision of (Medical) furniture and equipment	Suction Machine	22		Total- 452610 Male- 114510 Female-109984 Children- 228115
	AMBU Bag	22		
	Oxygen Cylinder Trolley	28		
	Oxygen Cylinder	28		
	Patient Stretcher Trolley	14		

Wheel chair adult	22		
Stethoscope(adult)	52		
Thermometer Clinical	14		
Weighing Scale (Adults)	22		
Weighing Scale (Infants)	8		
Sphygmomanometer (BP Apparatus)	52		
Drip/Saline Stand	14		
Examination couch/Table	08		
Beds with Mattress for ward	14		
X-ray Illuminator	22		
Autoclave	04		
Nebulizer Machine	28		
Normal Vaginal Delivery Surgical Set (16 PCS)	14		
General Surgery Set (Minor 30 Pieces)	14		

Table: 5.1

To promote safe and secure normal delivery services (SVD), 14 delivery sets were also provided with 14 general surgery sets. The provision of these essential kits will strengthen the services of target rural health centers to provide safe deliveries.

6. Provision of COVID-19 RCCE & awareness, (standardized and approved from Govt, WHO & UNICEF), banners, billboards, stickers, radio messages, social media campaigns, other tele-awareness models, video, etc.

(Provide details regarding the number of posters, banners, steamers displayed along with the districts in which the RCCE material has been displayed. In addition, provide details regarding the total number of messages disseminated through total number and names of radio channels in each district. Moreover, provide total beneficiaries targeted through RCCE campaign in each target district.)

It was planned that the action will ensure that women, children and older people are reached through RCCE and facilitated with access to health care services. RCCE will further build capacity that will last beyond the duration of the action All RCCE will be child-friendly, gender-sensitive and accessible for people with disabilities as far as possible. As risk communication and community engagement was integral part of project CAP COVID, which directly contributed towards community engagement through awareness raising and sensitization over COVID Infection, Prevention & control through different means of communication. The RCCE campaign was comprising of different awareness tools like on airing animated videos on TV and voice notes on FM radio channels, Dissemination / placing of IEC material (posters, Banners & Standees) at Government and public places in catchment area of target health facilities, while all material was developed keeping in view the cultural context and gender sensitivity along with focus over psychological support for remote communities.

Following activities were planned and executed under RCCE component of Cap Covid project in target target districts i.e. Multan and Rajanpur as;

- A. Awareness raising through FM radio campaign:
- B. Dissemination of IEC Material
- C. Playing Animated videos on Local TV / Cable TV (ROHI TV)

A. Awareness raising through FM radio & Local TV Channel:

The activity was conducted through playing on airing awareness messages on FM radio Channels providing coverage to entire target District, related to COVID SOPs , IP&C and psychological support in 3 languages i.e. Punjabi and Saraiki and Urdu as well. On airing of messages was continued for 49 days i.e. April-May.2021

B. Dissemination of IEC Material:

Dissemination of IEC material provided was ensured from April-July-2021 as developed and provided by IMC. The developed IEC material was based on different awareness messages addressing different community segments, aligned to cultural contexts for all age groups and in Urdu language. Total 600 provided Banners, were placed at different public places, Government offices, schools etc. While total 113 standees and 1280 posters material was provided those were disseminated accordingly.

CAP COVID project field teams also conducted PFA referral sessions with health department field staff i.e. Lady health workers and sensitized to refer the patients especially PLWs, those required remote psychological first. Aid. Team also distributed posters bearing PFA referral information with toll free help line among mass communities and placed at target health facilities. The purpose of the activity was to strengthen and increase PFA referral support.

C. Playing animated videos on Local TV Channel / ROHI TV:-

ROHI TV channel is major local channel covering entire south Punjab including 4 divisions. The channel is covering more than 6 million population and is providing news and entertainment to its viewers across the geographical spheres of South Punjab. Meanwhile ROHI TV is also available on internet for 24 hours, thus covering the entire globe.

On airing of animated videos was ensured addressing the aesthetic needs and to educate the target communities by FDO. The provided animated videos were based on different awareness messages related to hygiene, breast feeding and weaning practices and COVID IP&C. The channel agreed to play animated videos on peak times i.e. 6: 00 pm to 08:00 pm with an average of 300 seconds on daily basis. However ROHI TV also provided 75 minutes as bonus to play on awareness videos for next 15 days.

RCCE material dissemination break up

Inception Date	Duration	IEC Activity	Dissemination of IEC Material			
			Quantity Received	Quantity Received	Consumption	Balance
27.03.2021	49 days	On airing voice note on FM Radio	49	98	98	0
09.05.2021	30 Days	Playing Animated videos on ROHI TV	30	60	60	0
22.03.2021	4 Months	Placing Standees	65	113	113	0
22.03.2021	4 Months	Pasting of Banners	300	621	621	0
22.03.2021	5 Months	Pasting of Posters	750	1280	1280	0
05.04.2021	One Time	CRM- Sticker Pasting	50	100	100	0
05.04.2021	One Time	CRM-Banner Pasting	11	21	21	0

Table: 6.1

7. Provision of equipment to Civil defense for awareness-raising in the communities (Provide details of equipment distributed including the total number of beneficiaries supported through the intervention. Please also mention any modifications/revisions incorporated in the initial activities along with the justification).

During base line study for project it was found that. Within Pakistan, in some provinces, the Civil defense department lacks resources for basic equipment; therefore it is important to enhance their capacity for a

more comprehensive and effective national response. Keeping in view the rigors and unleash efforts in Punjab , Rescue 1122 of Punjab emergency Services department was facilitated through proposed activity and support was provided in the form of essential PPEs, uniforms, loudspeakers and IEC material for awareness purposes.

The procurement for essential equipment's for Civil Defense / Rescue 1122 was initiated in Feb-2021 and was completed in Mar-Apr-21. The entire material requested by concerned department has been provided in both Target districts i.e. Multan and Rajanpur. The material provided to rescue 1122 was included i.e. PPEs (Surgical masks, Respirators, Hand Sanitizers, Goggles etc.) IEC material (educating Broachers, pan flexes), Megaphones, and Uniforms

The details of provided material provided to Civil Defense (Rescue 1122) is as;

Provision of essential equipment to "Civil Defense / Rescue 1122" (loudspeakers, uniform, posters and banners.) for awareness raising campaigns	Equipment's Rescue 1122	Punjab	Sindh
	Surgical masks	48000	
	Surgical Hand Gloves (Pairs)	6000	
	Respirator N95	250	
	Disposable caps /Head Covers	120	
	Tyvek Suit / Overall	200	
	Goggles /Eye protector	350	
	Megaphone with speaker-Chargeable	250	
	Broachers A4	5000	
	Panaflex	200	
	Uniform/Visibility Jackets	500	
	Hand Sanitizer	400	
	Oxygen Masks (infants, Adults)	3000	

Table: 7.1

After completion of 1st distribution of essential items to Rescue 1122, the department also requested for provision of Oxygen Masks and Oxygen Cylinders as required on war foot basis and essential during rescue and referral of patients. The procurement process was initiated immediately and the requested quantity of oxygen masks was also handed over to Rescue 1122 in June-2021.

Moreover megaphones were also provided to promote awareness activities by department among mass communities. It is worth mentioning that IEC material developed for Rescue 1122 will be used for next 4 years for their routine activities and events and embedded with necessary COVID messages.

8. Psychological First Aid (PFA) to staffs from the consortium organizations, local NGO partners, government line departments and frontline responders. (Phone/Teleconsultation)

9. Training of Trainers for public health facilities in-charges/supervisors (Based on WHO's COVID-19 Training Package)

Under CAP COVID project, IMC also conducted a training for front line defenders of health department that was conducted in Multan and Rajanpur respectively. The training was attended by Health officials working in covid wards, isolation and quarantine centers etc. as a first line of defense against pandemic. Later on the refresher training o ver Basics of Covid was also conducted in Oct-2021 for medical staff.

Type of participants	Topic	Date	District	No. of pax.	Male pax	Female pax	Female ratio.	Mode of training
Doctors and Paramedics	BASICS of COVID-19	15 March-21	Multan	18	17	01	05 %	Online

BASICS of COVID-19	16 March-21	Rajanpur	18	15	03	16 %	Online
	21 Oct-21	Multan	15	11	04	27%	In-Person
	22 Oct-21	Rajanpur	15	12	03	20%	In-person

10. Trainings for multi-disciplinary responders on COVID-19 including NHH and PHF (Tele-Trainings/webinars)

(IMC to provide details against the above three interventions including the training content, agenda and participants. Please also mention any modifications incorporated in the activities along with the challenges faced while meeting the overall beneficiary target).

Type of participants	Topic	Date	District	No. of pax.	Male pax	Female pax	Female ratio.	Mode of training
Members of NHH and PHF (NHH: 70 & PHF:30)	Remote Psychosocial First Aid	11 Feb-2021	Multan & Rajanpur	08	05	03	37 %	online
		02 March-21	Multan & Rajanpur	24	19	05	21 %	Online

Result 2

Communities at risk, health facilities, and other public services are capacitated with WASH infrastructure and material regarding COVID-19 Infection Prevention & Control (IPC) and Public Health Measures (PHM)

Total number of beneficiaries (individuals) reached without duplication under Result 2:

Total beneficiaries Result 2-

11. Provision of supplementary WASH services in Health centers, isolation centers and public places

Global Baseline Report highlighted that one in four health facilities had no sanitation services while one in six health facilities had no hygiene service. Safe WASH services in health facilities protect patients, health workers, and staff and prevent further transmission of COVID-19. Under WASH component of CAP COVID, it was aimed to rehabilitate 122 inclusive toilets and sewerage system of target health facilities. Over all purpose of the intervention was to improve WASH infrastructure and benefit the catchment population and staff at front line dealing with patients. WASH technical Assessment of target HCFs i.e. 20 was carried out at inception stage and 10 health facilities out of 20 were found as required rehabilitation of toilets and WASH infrastructure. Pre-feasibility survey report was shared with CEO Health of both districts and after due approval of CEO/s Health, the development of BOQs was completed. Through IFT (invitation of tender) the contract was awarded to M/s MMK for civil work in District Rajanpur and SMK enterprises at District Multan.

By the end of project total 127 inclusive toilets were rehabilitated under WASH component of project including 4000 rft. Sewer line installation, construction of septic tanks with new toilet blocks at 05 HCFs.

The details of target health care facilities rehabilitated WASH infrastructure is given as;

Sr#	District	Health Facility Name	# of toilets rehabilitated	Beneficiaries	Remarks
1	Rajanpur	THQ- Jampur	18	Total - 190500 (Male-48196 Female- 46292 Children- 96012)	10-08-2021- 20.09.2021
2	Rajanpur	RHC- Harrand	16		20-08-2021-20.09.2021
3	Rajanpur	RHC- Fazilpur	15		20-08-2021-20.09.2021
4	Rajanpur	RHC- Muhammad Pur	11		10-08-2021-20.09.2021
5	Rajanpur	RHC- Dajal	11		15-08-2021-20.09.2021
6	Multan	RHC- Mardan Pur	09		01.08.2021 - 30-09-2021
7	Multan	RHC- Mera Malla	26		01.08.2021 - 30-09-2021
8	Multan	RHC-Matotli	06		01.08.2021 - 30-09-2021
9	Multan	RHC- Sher Shah	05		01.08.2021 - 30-09-2021
10	Multan	RHC- Makhdoom Rasheed	10		01.08.2021 - 30-09-2021
Total inclusive toilets rehabilitated			127		

Table 11.1

Further to promote best hand washing services at public derives and target HCFs, FDO also installed 78 paddle operated stations (no Hand touch hand wash) at different places. Installation of POHWS was ensured at each target health facility and other public places like schools, EHSAS Program sites, Orphans shelters, Bus stops. The list of proposed locations was provided by District administrator and district health authority of both target districts that was verified by field staff through on ground visits and due consent of premises incharge / head was acquired before installing the paddle operated stations.. Out of 78 paddle wash stations, 39 were installed in Multan and rest of the half in District Rajanpur.

Total beneficiaries for POHWS – 117000 (Male- 29601, Female - 28431, Children – 58968)

List of the public locations those were provided with Paddle operated stations is as;

Sr #	District	List of locations for installation of POHWSs	Sr#	District	List of locations for installation of POHWSs
1	Multan	O/O CEO DHA Multan	40	Rajanpur	Municipal Committee Rojhan
2	Multan	O/O DHDC Multan	41	Rajanpur	Rescue 1122 Rojhan
3	Multan	O/O DDHO Shujabad	42	Rajanpur	Bar Room(Session Court Rojhan)
4	Multan	O/O DDHO Jalalpur Pirwala	43	Rajanpur	Civil Hospital Shahwali
5	Multan	RHC Sher Shah	44	Rajanpur	OPD THQ Rojhan
6	Multan	RHC Qadir Pur Ranwan	45	Rajanpur	Town Committee Kot Mithan
7	Multan	BHU Mattital	46	Rajanpur	Tahsil Municipal Committee Rajanpur
8	Multan	BHU Buch Khusro Abad	47	Rajanpur	Gove Women College Rajanpur
9	Multan	BHU Lutfabad	48	Rajanpur	Khalil Park
10	Multan	BHU Jhangirabad	49	Rajanpur	District Public School Rajanpur
11	Multan	BHU Rasool Pur Simple	50	Rajanpur	Dar ul Aman Rajanpur
12	Multan	BHU Durana Langana Simple	51	Rajanpur	Near Dua Plaza
13	Multan	BHU Billi Wala	52	Rajanpur	Govt Post Graduate College Rajanpur
14	Multan	BHU Shah Pur Plus Model	53	Rajanpur	Panagah Rajanpur
15	Multan	BHU Bhaker Arbi Plus Model	54	Rajanpur	Faisal Mover Terminal Rajanpur
16	Multan	BHU Sultan Pur Hammer Simple	55	Rajanpur	Post Office Rajanpur
17	Multan	BHU Abbas Pur Plus Model	56	Rajanpur	DC Office Rajanpur

18	Multan	BHU Faiz Mustafa Gillani Simple	57	Rajanpur	General Bus Stand Rajanpur#1
19	Multan	BHU Jhoke Gamoo Simple	58	Rajanpur	Rescue 1122 Rajanpur
20	Multan	BHU Hamid Pur Kanora Plus Model	59	Rajanpur	Govt High Secondray School Fazalpur
21	Multan	BHU Khokhran	60	Rajanpur	RHC Kotmithan
22	Multan	BHU Muzaffarabad	61	Rajanpur	OPD THQ Jampur
23	Multan	BHU Lother	62	Rajanpur	EHSAS Nashonuma THQ Jampur
24	Multan	BHU Piran Ghaib	63	Rajanpur	RHC Dajal
25	Multan	BHU 5 Faiz	64	Rajanpur	RHC Harand
26	Multan	BHU Budhla Sant	65	Rajanpur	Jamia Abi Bakar Jampur
27	Multan	BHU Tatay Pur	66	Rajanpur	Municipal Committee Jampur
28	Multan	BHU Gulzar Pur	67	Rajanpur	Rescue 1122 Jampur
29	Multan	BHU Mullan Faqir	68	Rajanpur	GHSS Muhammad Pur
30	Multan	BHU Basti Malook	69	Rajanpur	Sub Devisional Courte Jampur
31	Multan	RHC Ayazabad Maral	70	Rajanpur	Labour Ward DHQ Rajanpur
32	Multan	RHC Makhdoom Rasheed	71	Rajanpur	OPD -DHQ Rajanpur
33	Multan	RHC Matotli	72	Rajanpur	Cardiac Ward DHQ Rajanpur
34	Multan	THQ Shujabad	73	Rajanpur	Nurssing School DHQ Rajanpur
35	Multan	THQ Jalalpur Per Wala	74	Rajanpur	Tomb Khwaja Gulam Fareed Kot Mithan
36	Multan	RHC Meeran Mallan	75	Rajanpur	Sanatar Rajanpur
37	Multan	DHQ Shehbaz Shareef Hospital Multan	76	Rajanpur	Session Court Rajanpur
38	Multan	BHU Mubarakpur	77	Rajanpur	RHC Fazalpur
39	Multan	BHU Rana Wahin	78	Rajanpur	GHS Jageer Gabol

Table 11.2

Concern	Handwashing Stations			
	Permanent Handwashing Solutions			
	Toilets			
ACTED	Handwashing Stations			
	Permanent Handwashing Solutions			
	Toilets			
Helvetas	Handwashing Stations			Total 127 inclusive toilets were rehabilitated as 56 in Multan and 71 in District Rajanpur.
	Permanent Handwashing Solutions	0		
	Toilets	127		
WHH	Handwashing Stations	78		Total 78 paddle operated hand washing stations are installed in both target districts i.e. Multan -39 , Rajanpur -39. Activity is completed.
	Permanent Handwashing Solutions			

	Toilets	127		
Mdm	Handwashing Stations			
	Permanent Handwashing Solutions			
	Toilets			
Cesvi	Handwashing Stations			
	Toilets			

6. Coordination Mechanism with Government Authorities

(Mention details of the meetings conducted with the government actors including the purpose, agenda and the overall result)

During project CAP COVID-19's life cycle, FDO hold strong coordination with all project stakeholders and Government authorities. In both target Districts of Project implementation, project monitoring committees were constituted by Deputy Commissioner / District Administrators to monitor the project progress and take decisions. At Multan, Deputy Commissioner constituted a committee to look after the progress and take decisions related to CAP COVID project under the chairmanship of Assistant Commissioner – City Multan and dignitaries from other departments like Health, Rescue 1122, and District Focal Person for COVID Pandemic. This committee periodically hold coordination meetings and took necessary decisions time by time. The list of target health facilities, the need for essential items to equip these HFs was properly approved by the concerned committee.

Likewise, Deputy Director Social welfare at District Rajanpur was nominated as the focal person to monitor and supervise the cap Covid project progress.

At both districts, cap covid project progress was properly submitted at the end of each month to district focal persons that were further shared with line departments and Deputy Commissioner Offices. CAP COVID Project lead also hold project de-brief with deputy commissioners of target districts and shared progress.

During project life cycle, Project lead, medical Doctor, SM lead for CAP COVID hold regular coordination meetings (more than 150 meetings) with Line departments and District authorities, details is as;

Sr#	District	Government Authority / Department	Agenda Meeting	Attended by FDO / WHH staff	Outputs / Results
1	Rajanpur	CEO- District Health Authority, Rajanpur	Introductory Meeting	<ul style="list-style-type: none"> Head of Programs Project Manager 	Health Department welcomed and referred to DC office for NOC acquiring.
2	Rajanpur	Deputy Commissioner, Rajanpur	Introductory Meeting and submission of file for NC	<ul style="list-style-type: none"> Head of Programs Project Manager 	NOC Allowed
3	Rajanpur	CEO- District Health Authority, Rajanpur	Acquiring approved list of HFs	<ul style="list-style-type: none"> Project Manager Medical Doctor 	Provided approved list of HFs.



CESVI



ACTED

CONCERN
worldwideHELVETAS
Swiss IntercooperationInternational
Medical Corps

4	Rajanpur	Deputy Director Social Welfare	Project Orientation	<ul style="list-style-type: none"> Project Manager Medical Doctor SM-Lead 	Acknowledged as supervisory role for CAP implementation.
5	Rajanpur	DEO-Rescue 1122 (civil Defense)	Need assessment of Rescue 1122.	<ul style="list-style-type: none"> Project Manager Medical Doctor SM Lead 	Permission granted.
6	Rajanpur	CEO- District Health Authority, Rajanpur	Vetting of need accessed and required items.	<ul style="list-style-type: none"> Project Manager Medical Doctor 	Approval granted by CEO Health.
7	Rajanpur	CEO- District Health Authority, Rajanpur	Attending training over Basics of COVID and nomination of health staff / front line	<ul style="list-style-type: none"> Project Manager Medical Doctor 	CEO Health and DHO participated into training and nominated front line staff also participated into trainings.
8	Rajanpur	DEO-Rescue 1122 (civil Defense)	Vetting of need accessed and required items.	<ul style="list-style-type: none"> Project Manager Medical Doctor SM Lead 	Permission granted.
9	Rajanpur	Deputy Director Social Welfare	Monthly Progress sharing	<ul style="list-style-type: none"> Project Manager SM Lead 	Meeting held.
10	Rajanpur	DEO-Rescue 1122 (civil Defense)	MoU Signing ceremony	<ul style="list-style-type: none"> CEO-FDO Project Manager SM-Lead 	MoU Signed Ceremony held as attended by Deputy Commissioner, Rajanpur
11	Rajanpur	CEO- District Health Authority, Rajanpur	MoU Signing ceremony	<ul style="list-style-type: none"> CEO-FDO Project Manager SM-Lead 	MoU signed
12	Rajanpur	CEO- District Health Authority, Rajanpur	Distribution of Commodities i.e. PPEs , Disinfectants , medical and non-medical equipment's	<ul style="list-style-type: none"> Medical Doctor SM Lead Field teams HP 	Ceremonies held, attended by deputy Director Social Welfare CEO Health, DHO Health
13	Rajanpur	DEO-Rescue 1122 (civil Defense)	Distribution of Commodities i.e. PPEs ,	<ul style="list-style-type: none"> CEO-FDO Project Manager Medical Doctor SM-Lead 	Ceremonies held, attended by Deputy Commissioner, Rajanpur Director Social Welfare CEO Health, and DHO Health & District Emergency Officer.
14	Rajanpur	Deputy Commissioner, Rajanpur	CAP COVID -19 project progress sharing / project de-brief	<ul style="list-style-type: none"> Project Manager SM-Lead 	DC, Rajanpur appreciated the efforts and support provided.
15	Rajanpur	CEO- District Health Authority, Rajanpur	WASH Need Assessment	<ul style="list-style-type: none"> Civil Engineer Project Manager 	CEO Health allowed for Need assessment.
16	Rajanpur	CEO- District Health Authority, Rajanpur	WASH Need Assessment vetting	<ul style="list-style-type: none"> Civil Engineer Project Manager 	CEO Health approved and allowed for Civil work. .
17	Rajanpur	CEO- District Health	Paddle stations work stations locations approval	<ul style="list-style-type: none"> Civil Engineer Project Manager 	CEO Health provided approved list and allowed for work

		Authority, Rajanpur			
18	Rajanpur	Deputy Director Social Welfare	Monthly Progress sharing	<ul style="list-style-type: none"> Project Manager SM Lead 	Meeting held and project progress was shared.
19	Rajanpur	Medical Officer/s In charge of target health facilities	60 Meetings held with medical officers of target Health facilities incharge (average 3 / Target HF) with following agenda points; <ul style="list-style-type: none"> Introductory Base Line assessment time Vetting of final lists of commodities requested. WASH Assessment Commodities distribution ceremonies Meeting during Monitoring PDM visits and to Develop Success Stories 	<ul style="list-style-type: none"> Project Lead. Medical Doctor SM Lead MEAL Coord. Field staff WHH teams. 	All desired objectives achieved ; <ul style="list-style-type: none"> Permission for need assessment Vetting of required items Attending ceremonies WASH Assessment. PDM Success stories
20	Multan	CEO & DHO PS - District Health Authority, Multan	Introductory Meeting	<ul style="list-style-type: none"> Head of Programs Project Manager 	Health Department welcomed and referred to DC office for NOC acquiring.
21	Multan	Additional Deputy Commissioner, Multan	Introductory Meeting and submission of file for NC	<ul style="list-style-type: none"> Head of Programs Project Manager 	NOC File sent for processing
22	Multan	Admin Secretary Health (Primary and Secondary Care South Punjab)	Project Orientation / FDO Introduction	<ul style="list-style-type: none"> Head of Programs Project Manager 	Acknowledged the intervention importance and referred to Secretary health for briefing
23	Multan	Secretary Health (Primary and Secondary Care South Punjab)	Project Orientation / FDO Introduction	<ul style="list-style-type: none"> CEO-FDO Head of Program project Manager Medical Doctor 	Showed no objection over project intervention, however referred to District administration for NOC.
24	Multan	Additional Deputy Commissioner, Multan	Introductory Meeting and submission of file for NC	<ul style="list-style-type: none"> Project Manager Medical Doctor 	Allowed for Work in Multan / Assistant Commissioner Multan nominated as chairperson of committee to monitor cap covid project progress
25		Assistant Commissioner	Project orientation	<ul style="list-style-type: none"> 	Held successfully

		Multan and Line departments			
26	Multan	DHO / Focal Person CAP CoVID- District Health Authority, Multan	Acquiring approved list of HF's	<ul style="list-style-type: none"> Project Manager Medical Doctor 	Provided approved list of HF's.
27	Multan	District Emergency Officer-Rescue 1122 (civil Defense), Multan	Need assessment of Rescue 1122.	<ul style="list-style-type: none"> Project Manager Medical Doctor 	Permission granted.
28	Multan	CEO- District Health Authority, Multan	Vetting of need accessed and required items.	<ul style="list-style-type: none"> Project Manager Medical Doctor 	Approval granted by CEO Health.
29	Multan	CEO- & DHO District Health Authority, Multan	Attending training over Basics of COVID and nomination of health staff / front line	<ul style="list-style-type: none"> Project Manager Medical Doctor 	CEO Health and DHO participated into training and nominated front line staff also participated into trainings.
30	Multan	DEO-Rescue 1122 (civil Defense), Multan	Vetting of need accessed and required items.	<ul style="list-style-type: none"> Project Manager Medical Doctor SM Lead 	Permission granted.
31	Multan	Assistant Commissioner, Multan	Monthly Progress sharing	<ul style="list-style-type: none"> Project Manager SM Lead 	Meeting held.
32	Multan	DEO-Rescue 1122 (civil Defense), Multan	MoU Signing ceremony	<ul style="list-style-type: none"> HoP-FDO Project Manager Medical Doctor 	MoU Signed Ceremony held as attended by Deputy Commissioner, Rajanpur
33	Multan	CEO- District Health Authority, Multan	MoU Signing ceremony	<ul style="list-style-type: none"> CEO-FDO Medical Doctor Head of Program 	MoU signed
34	Multan	CEO / DHO- District Health Authority, Multan	Distribution of Commodities i.e. PPEs , Disinfectants , medical and non-medical equipment's	<ul style="list-style-type: none"> Medical Doctor SM Lead Field teams HP 	Ceremonies held, attended by deputy Director Social Welfare CEO Health, DHO Health
35	Multan	DEO-Rescue 1122 (civil Defense), Multan	Distribution of Commodities i.e. PPEs ,	<ul style="list-style-type: none"> CEO-FDO Project Manager Medical Doctor SM-Lead 	Ceremonies held, attended by Deputy Commissioner, Rajanpur Director Social Welfare CEO Health, and DHO Health & District Emergency Officer.
36	Multan	Assistant Commissioner, Multan	Monthly Progress sharing	<ul style="list-style-type: none"> Project Manager SM Lead 	Meeting held. Chair acknowledged the efforts of FDO through CAPCOVID Project interventions.

37	Multan	Additional Deputy Commissioner, Multan	Monthly Progress sharing	<ul style="list-style-type: none"> Project Manager Medical Doctor 	Meeting held. Chair acknowledged the efforts of FDO through CAPCOVID Project interventions.
38	Multan	Deputy Commissioner, Multan	CAP COVID -19 project progress sharing / project de-brief	<ul style="list-style-type: none"> CEO-FDO Project Manager 	Meeting held. Chair acknowledged the efforts of FDO through CAPCOVID Project interventions.
39	Multan	CEO- District Health Authority, Multan	WASH Need Assessment	<ul style="list-style-type: none"> Civil Engineer Project Manager 	CEO Health allowed for Need assessment.
40	Multan	CEO- District Health Authority, Multan	WASH Need Assessment vetting	<ul style="list-style-type: none"> Civil Engineer Project Manager 	CEO Health approved and allowed for Civil work. .
41	Multan	CPO- Chief Police Officer, Multan	Provision of essential PPEs under head to support District Administration in field against pandemic	<ul style="list-style-type: none"> Medical Doctor 	CPO- Multan appreciated efforts of civil society organization like FDO and accepted the PPEs provided
42	Multan	Superintendent of Police – Special Branch, Multan	Provision of essential PPEs under head to support District Administration in field against pandemic	<ul style="list-style-type: none"> project Manager Medical Doctor 	SP Special Branch- Multan appreciated efforts of civil society organization like FDO and accepted the PPEs provided
43	Multan	CEO- District Health Authority, R Multan	Paddle stations work stations locations approval	<ul style="list-style-type: none"> Civil Engineer Project Manager 	CEO Health provided approved list and allowed for work
44	Multan	Medical Officer/s In charge of target health facilities in District Multan	<p>60 Meetings held with medical officers of target Health facilities incharge (average 3 / Target HF) with following agenda points;</p> <ul style="list-style-type: none"> Introductory Base Line assessment time Vetting of final lists of commodities requested. WASH Assessment Commodities distribution ceremonies Meeting during Monitoring PDM visits and to Develop Success Stories 	<ul style="list-style-type: none"> Project Lead. Medical Doctor SM Lead MEAL Coord. Field staff WHH teams. 	<p>All desired objectives achieved ;</p> <ul style="list-style-type: none"> Permission for need assessment Vetting of required items Attending ceremonies WASH Assessment. PDM Success stories

45	Multan	CEO-Health authority , DEO Rescue 1122	Coordination meeting and inviting for attending project closing workshop at ICT	<ul style="list-style-type: none"> Project Lead 	CEO Health ,Multan participated into capcovid workshop at \ICT along with PD IMNCH
46	Rajanpur	CEO-Health authority ,	Coordination meeting and inviting for attending project closing workshop at ICT	<ul style="list-style-type: none"> Project Lead 	CEO Health, Rajanpur participated into capcovid workshop at ICT.

7. Coordination with other Humanitarian Actors

(Mention details of the meetings conducted with other humanitarian actors including the purpose, agenda and the overall result. In addition, provide information on how the partner mitigated the risk of area and beneficiary duplication with other actors.)

The coordination mechanism adopted since the inception of the project was kept intact with line departments and government authorities. At the closure phase of the project, project leads hold final briefing meetings with Government departments, handed over all commodities data to District Executives of the health authority and DEO (District Emergency Officer) Rescue 1122. Field teams also held in-person meetings with department heads and key staff members and recorded their remarks / feedback into video clips those later on formulated into a project documentary. As a part of closure strategy, MOU (Memorandum of understanding) were signed out with line departments i.e. health and rescue with clear emphasis over usage and stocking of commodities provided under CAPCOVID Project. Furthermore, Secretary Health –South Punjab was also provided all data related to equipment’s and other support provided to target HCFs at Multan and Rajanpur. At both target districts of Project implementation, the progress of the project was monitored by steering committees constituted by District administrative, and those committees were duly briefed overall support provided under Cap Covid project with hard copies of items provided and inventory record of each target HCF. Project team lead also established coordination with other humanitarian’s organization working in project areas. These humanitarian actors were INGOs /NGOs & CBOs etc. working on different thematic areas. The final closing and lesson learnt workshop was held in ICT that was attended by CEOs Health Multan and Rajanpur.

These humanitarian organizations nominees were also invited to attend trainings on “Home Based Care and Risk Management at Multan & Rajanpur. The details of meetings held with these organization is as;

Sr#	Name of NH/PH Actors / Org	Meeting Agenda	Attended by
1	SADAAT Welfare Society, Rajanpur	Project brief and Participation in trainings as PHN member	cap covid sm lead , dd- social welfare, Coordinator SADAAT Welfare society
2	Nutrition International, Multan	Project brief and Participation in trainings as PNH member	Cap covid sm lead, dd- social welfare, Provincial Manager NI, Zonal Manager NI.
3	AGAHEE NGO	Project brief and Participation in trainings as PHN member	cap covid sm lead , dd- social welfare, District Coordinator AGAHEE
4	MSNC- multi sectoral Nutrition Network	Project brief and Participation in trainings as PHN member	cap covid sm lead , dd- social welfare, DC- MSNC,
5	Pak Mission Society	Contingence planning / project brief	cap covid sm lead , dd- social welfare, Program Manager PMS
6	Indus Development Organization	Contingence planning / project brief	Cap covid sm lead, dd- social welfare, Project Officer IDO.

7	Sanghtani Development Organization	Contingence planning / project brief	Cap covid sm lead, dd- social welfare, Program Manager SDO.
---	------------------------------------	--------------------------------------	---

INGO Mercy Corps (MC) was implementing the same project i.e. CAP COVID in District Multan, and targeting the needs of 4 health facilities. The situation went worse as MC's 4 target locations were getting duplication with FDO's target Health facilities. i.e. DHQ- MS- Multan, RHC Ayazabad Marral, THQ Shujabad & THQ Jalapur Pir Wala. To avoid the duplication, FDO hold coordination meeting with line department and submitted a request in black & white to AC office (focal person for Cap COVID Project) with clear verdict as FDO has already completed the need assessment for above said hospitals and processed for procurement. The duplication of target health facilities to FDO & MC might affect the scope of work and this would further lead to wastage of resources. On account of strong coordination efforts put by FDO, District Health Officer, District Health Authority, Multan accepted the requested and awarded new HF's to INGO Mercy Corps in District Multan.

8. Assumptions, Challenges and Risks

(Please mention the preconditions/assumptions and contingency measures in place for smooth operations. Also mention the overall challenges and mitigation measures adopted to avoid the risks).

The execution of project Cap Covid activities went very smooth and in its true spirit, however few field level challenges were faced during the reporting period those were already under consideration and were dealt amicably as;

1. High inflation rate and fluctuation in currency rates proved challenging to ensure well on signing agreement with selected vendor for rehabilitation work at target HCFs sites. As during the rehabilitation work at Multan and Rajanpur, the accessories, construction material prices were increased by 50% since it was quoted for bid. However through rigors efforts and strong follow-up on time achievement of tasks with the quality of work was ensured by IP.
2. The rehabilitation work for toilets in some health facilities was found inadequate as the entire building was found required repairing and only rehabilitation of WASH does not fulfill the requirement. To address the situation to possible extent additional essential work was done with prior approval of WHH.
3. The provision of 78 POHWSs (paddle Operated Hand Washing stations) in both target district was found least effective as local communities were found reluctant to use the stations for hand wash purpose, rather they preferred to drink water and later on to address the challenge in reporting period simple taps were installed at 50% stations for easy usage. However as found during field visits that permanent hand washing stations are proved as user friendly interventions other than perspective that cost of PWS was 3 times higher than the cost of POHWSs.
4. The request from line department i.e. health department for different gadgets i.e. Air conditioners, computers and irrelevant accessories was proved irrelevant and it was found challenging to make it align to the actual needs and grant purpose/s. However through close coordination and arguing the matter, the need for 2nd round was rationalized.
5. To ensure the sustainability of services and utilization of equipment's provided to health facilities was a bit challenging, however, during the planning phase, the need to develop SOPs was realized and was acted upon. Further through coordination meetings, signing of MoU with line department laid emphasis over utilization mechanism of using these equipment's enabled to resolve this challenge as well.
6. Successful conduction of lesson learned workshop at Islamabad was proved challenging on account of some budget constraints and access issue especially at Safwco end, however was managed and conducted in its full spirit.

Sr#	Challenges	Mitigation
1	The demand for provision of Bi PAP machines was raised by THQs (tehsil head Quarter Hospitals as well) however at distribution time it was found that ,	Bi PAP machines were distributed to DHQs (secondary level Hospitals)



CESVI



ACTED

CONCERN
worldwideHELVETAS
Swiss IntercooperationInternational
Medical Corps

	No trained staff (pulmonologist / ICU Specialist) was available at THQs level to operate Bi PAP machines.	
2	The quality of provided Hand Sanitizers under PPEs to health facilities was found average / compromised, and on account of denial by Health department refused to receive the provided hand sanitizers.	The compromised quality hand sanitizers were replaced with improved quality hand sanitizers.
3	The demand for PPEs by target health facilities was fictitious / not logical and in huge quantity like one HF (rural Health center) requested for 20000 liquid soaps and 50000 Bio disposable bags.	PPEs quantity for procurement was rationalized keeping in view the staff capacity of target health facilities (in numbers) in comparison to their usage for next 07-08 months.
4	MC (Mercy Corps) was found working on same HFs (4 HFs) in District Multan as being targeted by WHH/ FDO.	Through a strong coordination and follow up form Line department, MC's target facilities were ensured to be replaced.
5	District Health Authority demanded for a centralized distribution of commodities under Cap Covid project.	De-Centralized distribution of commodities was ensured to get commodities reach out to target locations through involvement of district administration.
6	Our target HFs (Rural health centers) were lacking basic equipment's to facilitate.	Our target RHCs (Rural Health centers) were lacking ECG machines, those were provided in time.
7	On time completion of Civil Work in Multan	
8	Online trainings sessions were proved difficult to manage and less effective due to internet disconnection and voice quality issue, in person conduction was proved more effective. As a mitigation strategy, in person trainings conduction was requested and was made possible for effective session's delivery.	

9. Contingency Measures

(Please mention the contingency measures taken to mitigate the risks described in the above section).

1. While keeping in view the on ground situation and increase in covid cases, the procurement process was initiated earlier as a contingency measure and provision was also ensured well on time.
- 2.

10. Gender and Age Marker

(Please provide details regarding how the project interventions were gender sensitive. Please mention specific interventions implemented for women, girls and disabled people. Also mention how programme interventions ensured gender, age and disability inclusion).

Through different project interventions, gender sensitivity was kept in keen consideration as;

- During PFA (remote Psychological First Aid) application, special attention was given to PLWs (pregnant and lactating women) in catchment area of target health facilities.
- To enhance (SVD) birth delivery services at target RHC (rural health centers) level, FDO procured Delivery sets, Examination couches, and suction machines and distributed accordingly.
- Through awareness campaign that was launched on local TV (ROHI TV), it was ensured that animated videos highlight women specific issues in relation to COVID Infection, prevention and control like breast feeding practices in pandemic must be continued while adopting all proper hygiene practices.

- All the awareness IEC (Information, education and Counselling) material was developed focusing all age groups and gender balance.
- During Rehabilitation of WASH infrastructure services, to facilitate PWDs (persons with disabilities) ramps were designed and constructed at target HF in District Rajanpur and same model is proposed for District Multan and will be applicable.
- Procurement and provision of Wheel chairs was ensured to facilitate old age patients / PWDS during vaccination process.

11. Resilience Marker

(Please provide details regarding programme interventions contributing towards increased resilience of the affected population and mitigated risks).

12. Procurement

(Provide details regarding the procurement processes and SOPs followed for the purchase of medical, non-medical equipment along with WASH supplies)

The procurement department of IP was responsible for procurement of project supplies as closely observed and guided and technically assisted by procurement department of WHH. Procurement process for different procurement heads initiated as per defined rack rules of WHH. The procurement committee was responsible to participate into all bid opening processes and was composed of 03-04 members from IP and 1 members from WHH as an observer. Further as per need technical assistance was also ensured from Government line departments to evaluate and inspect the samples. The tendering of commodities required was ensured as per RACK rules through IFT / RFQ at national international newspapers as per need. Following tendering criteria was followed against procurement of different commodities under cap covid project as;

Budget line	Activity Description	Technical Specification	Procurement
		Specifications	Procedure
2.24	Provision of PPEs and other requirements to the "health facilities" dealing with COVID-19 (DHQs, THQs & other treatment facilities)	Procurement of Personal Protective Equipment (PPEs) and other requirements ; Gloves, Face shields , Fit test kits, Face Masks Scrubs, Apron, Gown, Alcohol-based, hand rub	National tender
		Advertisement in Newspaper	Competitive tendering
		Stationery ,printing of documents and photocopies of assessment and handing over formats	On the spot purchases
2.25	Provision of PPEs to Isolation and Quarantine Centers	Procurement of Personal Protective Equipment (PPEs), Hand drying, Tissues, Chlorine, Safety box, Sanitizer, N-95 Mask, Bio-hazard bag	National tender
		Advertisement in Newspaper	Competitive tendering
		Stationery ,printing of documents and photocopies of assessment and handing over formats	On the spot purchases
2.26	Provision of testing/diagnostic and treatment equipment to the health facilities (DHQ, THQs & BHUs) at districts level	Procurement of testing/diagnostic and treatment equipment like ; thermometers, Pulse oximeters, Electrocardiographs, Ultrasound, Computed tomography (CT) scanning	National tender



CESVI



ACTED

CONCERN
worldwideHELVETAS
Swiss IntercooperationInternational
Medical Corps

		system, Laryngoscope Ventilators, Test Kits etc.	
		Advertisement in Newspaper	Competitive tendering
		Stationery ,printing of documents and photocopies of assessment and handing over formats	On the spot purchases
2.27	Provision of disinfectant and relevant equipment for disinfection drives at COVID affected localities, public places, isolation and quarantine facilities	Procurement of disinfectant and relevant equipment for disinfection disinfectant Machine, 70% Alcohol (Ethanol),Dettol Liquid ,Hydrogen Peroxide ,Sterilization machine ,Bio-hazardous bag	Restricted tender
		Stationery ,printing of documents and photocopies of assessment and handing over formats	On the spot purchases
2.28	Provision of need base Non-Medical equipment, furniture, NFIs, food/ration and appropriate shelters support to government facilities for COVID treatment, isolation and quarantine	Procurement of Non-Medical equipment (Beds, Hygiene kits)	Restricted tender
		Furniture	Competitive tendering
		NFIs/LLIN	Competitive tendering
		Food/ration	Restricted tender
		shelters support to government facilities	Restricted tender
		Stationery ,printing of documents and photocopies of assessment and handing over formats	On the spot purchases
2.29	Provision of furniture and equipment to hospitals, to support them in continuing (Non-COVID) other essential health services, including OPDs, sexual and reproductive health	Procurement of Furniture	Competitive tendering
		Procurement of Equipment -for OPDs, sexual and reproductive health	National tender
		Advertisement in Newspaper	Competitive tendering
2.30	Provision of essential equipment to "Civil Defense" (loudspeakers, uniform, posters and banners.) for awareness raising campaigns in the communities	Procurement of essential equipment Loudspeakers, Uniforms, Posters, Banners Awareness Desk , Display Cards Advertisement in Newspaper	National tender
			Competitive tendering
2.31	Cost associated with Awareness Raising Campaigns, Bill Board Rents, Radio Message Broadcasting etc.	Bill Board Rents	Competitive tendering
		Radio Message-Services of Mobile Network/digital partner for dissemination of short messages	Restricted tendering
		Vehicle for Awareness Raising Campaigns	Competitive tendering
		Designing & Printing of IEC Material	Competitive tendering
		Local TV /Cables Networks	Restricted tender
		Mobile Messages for mass awareness Raising	Awarding without tendering
2.32	PPE kits and disinfectants for project staff /suppliers/visitors/ premises	Procurement of disinfectant and relevant equipment for disinfection like ; disinfection Machine-2 ,70% Alcohol (Ethanol) ,Dettol Liquid, Hand Sanitizers, N-95 Face Masks	Competitive tendering
2.33	Installation of Paddle operated handwashing stations along with provision WASH NFIs at health	Procurement of Paddle operated handwashing stations along with provision of WASH NFIs	National tender

	facilities, isolation, quarantine centers and public places	Advertisement in Newspaper	Competitive tendering
2.34	Rehabilitation of inclusive toilets facilities (including handwashing) in health facilities of DHQ, THQ, BHUs, Isolation/Quarantine centers.(Permanent Toilets)	Construction/rehabilitation of toilets /WASH facilities	National tender
		Advertisement in Newspaper	Competitive tendering

13. Security Constraints

(Specify specific security constraints faced during the project and how they affected the project implementation. In addition, what mitigation measures were put in place to avoid the risks).

During project implementation, no major security constraint was faced by IPs except few one as mentioned below;

1. The strict lock down imposed by Government posed some delays in supply of commodities and further protest by different groups over financial implications.
2. During the month of March-21, Public riots and protests by TLP were observed while Suicide attack in Quetta effected the prevailing peaceful environment.
3. During the month of jan-21, Political instability and gathering was observed due to opposition calls in South Punjab. Further in response of sad demise / massacre of mine workers in Quetta public protest was observed in South Punjab at main public places.
4. During june-21, Dengue epidemic was observed and all dengue squads were directed to be activated by department of health to overcome it.
5. During the month of June-July, 2021, Increasing influence of Taliban forces and occupation in several provinces of Afghanistan though not directly affected geo political situation of South Punjab, however at all administrative levels, sensitivity of the matter was being felt miserably.
6. De-value of Pak Rupee, increase in US Dollar rate is contributed a lot to high inflation rates.
7. Security alerts were issued by department of home security on account of different terrorism activities especially attack on CPEC engineer's bus and some other brutal activities across the country.
8. Sindh Provincial Government policy for the complete lockdown to overcome the further spread of pandemic posed conflicts with Federal Government policies.
9. Irregularities in COVID vaccine administration were observed in all administrative units of country and matter was widely discussed.

10. Implementing Partners

(Those members who are not directly implementing their interventions, please provide details regarding the coordination arrangements with your IP. Please mention the reporting frequencies and measures incorporated to ensure quality control)

1. FDO and SAFCOW were implementing partners with WHH for implementation of CAP CPVD project in Punjab and Sindh provinces respectively. FDO was working in District Multan and District Rajanpur of Punjab and SAFCOW in District Sanghar and Umar kot of Sindh province. FDO established 2 project offices at target districts to deal with project activities. Project Manager for capcovid was responsible for overall coordination and communication activities of project with WHH. The project staff was comprising of 04 hygiene promoters, Social Mobilization officers, Meal coordination, technical lead and project lead.
2. WHH conducted PRM (progress review meetings) on regular intervals to review the progress of project and keep activities on track.



CESVI



ACTED

CONCERN
worldwide



HELVETAS
Swiss Intercooperation



International
Medical Corps

3. Procurement department of WHH closely observed the entire procurement process and provided guidance when even it was requested by procurement department of IP and ensured physical verification of commodities procured.
4. WHH ensured active participation through its representatives into commodities distribution ceremonies at occasions.

11. Monitoring and Evaluation

(Mention the baseline and process monitoring visits conducted during the entire project duration along with their specific dates. What were the key findings of these visits and how the issues were resolved if identified during these visits? Please mention the details regarding the Complaint Feedback Mechanism including number and type of complaints received and remedial measures taken to resolve the complaints. In how many days the complaints were resolved?)

MEAL department played a very important role throughout the project cycle, as it rendered the efforts to conduct several assessments, hold analysis, validation of information extracted and monitoring on going activities and post as well. During the reporting period MEAL enthusiastically carried on the following activities;

1. During End Line activities for District Multan/ Rajanpur, MEAL department developed field plan and subsequently monitored and verified the entire procedure of end line data collection.
2. End line database was reviewed, finalized and clean data was shared with WHH MEAL unit.
3. Monitored and provided feedback over refresher training on **Basics of COVID** for improvement.
4. MEAL Officer presence and technical guidance was ensured at all steps of data collection as; MEAL Officer attended de- briefing sessions with field teams and addressed the field queries along with WHH team.
5. PDM WASH activity was conducted and carried out well in time with professional approach by MEAL unit.
6. MEAL unit ensured project data handing over from team in soft and hard and organized database as a data base hub.
7. MEAL facilitated for condition of a successful project Lesson Learned workshop through close coordination with WHH and developed report of the event with proposed action points.
8. MEAL also developed case studies and community/stakeholders feedback and shared with WHH.
9. HWS and sanitation data and Equipment sheet was verified and shared further

During project life cycle MEAL department remained integral part of all project activities. MEAL unit ensured active participation and orientation of field teams during project base lines.

5. During Base Line activities for District Multan, MEAL department developed field plan, align to ongoing activities and subsequently monitored and verified the entire procedure of base line data collection.
6. MEAL department reviewed the base line data and conducted analysis to gauge the needs in context of different parameters.
7. MEAL Officer, also reviewed and verified the POHWS data base and hold field monitoring visits for physical verification of POHWSs.
8. MEAL Officer presence and technical guidance was ensured at all steps of data collection as;
9. MEAL Officer attended de- briefing sessions with field teams and addressed the field queries along with WHH team.
10. MEAL department ensured launching of CRM –Complaint response mechanism and disseminated the information among all stakeholders and response was widely accepted and addressed accordingly.
11. MEAL department ensured PDM (post distribution of material) provided under capcovid project to all HCFs and line departments.
12. MEAL department ensured on ground verification of commodities provided under capcovid project.



CESVI



ACTED

CONCERN
worldwide



HELVETAS
Swiss Intercooperation



International
Medical Corps

12. Lessons Learnt

1. In emergency response projects, involvement of line department/s should be through provincial/federal secretariat level to bridge the gap of information. I.e. top to bottom approach.
2. Feedback must be taken from technical person (medical staff) at tool designing stage and gathered information should be aligned with results of the project.
3. Keeping in view the district context, installation of Paddle operative handwashing stations was not successful. Implementing partner need to raise the awareness about the use of POHWS or there should be installed permanent handwashing stations.
4. Available HR at Health centres should be discussed before provision of technical Items/Machine.
5. Community Mobilization (with traditional tools) was the less importance component of this project. Languages and sensitivity should be considered while developing the radio messages
6. WASH intervention should be initiated from the beginning of the project to avoid delays.
7. Communication strategy was required to be improved further role of TWG (technical working groups) must be very clear and effective that was found least effective during project implementation.
8. For uniformity in data, all formats will be finalized at the beginning of the project.

(Please provide description of lessons learnt of the project along with the way-forward. You can also include modifications in the programme design incorporated based on the field observations and lessons learnt and how the modification enabled achievement of improved programme outcomes).

9. Workplan

(Please provide details as a separate annex in Excel)

10. Case Studies

(Please provide at least 2-3 case studies produced during the project)

11. Pictures

(Please provide at least 10 pictures with captions including the activity description, district, UC, Village (if applicable), name of health Facility/government office).