THE PHPF THANKS ITS DONORS FOR THEIR GENEROUS SUPPORT IN 2021

Credits
This document was produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Pakistan. OCHA Pakistan wishes to acknowledge the contributions of its committed staff at headquarters and in the field in preparing this document.

The latest version of this document is available on the PHPF website at www.unocha.org/Pakistan/PHPF.

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at gms.unocha.org/bi.

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About the PHPF

Front Cover
A shy Afghan Refugee boy in BHU Oblan, Kohat @ CHEF/S. Sheraz

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FOREWORD

I am glad to present the Annual Report of the Pakistan Humanitarian Pooled Fund (PHPF) for the year 2021. The document examines PHPF operations and shows how the Fund was used strategically to address urgent humanitarian needs identified in the Pakistan Preparedness and Response Plan COVID-19. It includes an update on the Fund’s management, as well as an overview of the results by cluster.

I would like to thank the PHFP partners and cluster support staff in Pakistan for their dedication and relentless efforts. The PHPF grants allowed them to contribute to the Government-led COVID-19 response, supporting essential life-saving healthcare activities for people affected by humanitarian crises. The PHFP was a vital enabler of humanitarian response to ensure continuity of access to safe essential primary healthcare services and was essential to strengthening infection prevention and control at the community level in Balochistan and Khyber Pakhtunkhwa provinces.

The Fund showed its added value and comparative advantages in localization, and channelled 67 per cent of funds through national NGOs. The Fund invested resources and time to strengthen the capacity of local NGO partners. Combining flexibility and strategic focus with its robust accountability system, the PHPF supported collective prioritization, helped ensure timely allocation of scarce resources, enabled humanitarian interventions and ultimately strengthened humanitarian coordination, leadership and efficiency of response.

The PHPF has been a vital part of the humanitarian response in Pakistan, thanks to its support for local partners and its unique position in the humanitarian structure. The Fund is downsizing operations and will close in 2022, and new funding modalities focused on community resilience will be prioritized.

Parts of Pakistan continue to face crises. A growing Afghan refugee population faces continued need, and Pakistan remains prone to increasingly severe and larger-scale natural disasters driven by climate change and drought.

I trust that the coordination and support to local partners fostered by the PHPF will continue to inform humanitarian response in Pakistan as we work to support vulnerable people.

MIO SATO
Humanitarian Coordinator for Pakistan a.i
In 2021 PHPF addressed the lifesaving health needs of the crisis-affected population while further positioning the Fund as a vital vehicle for localization.

JULIEN HARNEIS
HUMANITARIAN COORDINATOR
FOR PAKISTAN

@ CHEF/S. Sheraz
2021 in Review

HUMANITARIAN CONTEXT

Humanitarian situation in 2021
Pakistan faces some of the highest disaster risk levels in the world and is ranked 18 out of 191 countries by the 2020 Inform Risk Index. This risk ranking is driven particularly by the country’s exposure to earthquakes and the risk of internal conflict. Pakistan has high exposure to flooding, as well as some exposure to tropical cyclones and drought. Risk in Pakistan is also driven by its social vulnerability. The effects of COVID-19, the protracted crisis, limited access to basic services, the increasing number of Afghan Refugees, and environmental shocks were the main drivers of humanitarian needs. Pakistan hosts one of the world’s largest refugee populations globally, with 1.4 million registered Afghan refugees, 840,000 Afghan Citizen Card (ACC) holders, and an additional 500,000 Afghan nationals living in the country irregularly. In addition, 1,377 refugee families had voluntarily returned from Khost, Afghanistan, from 10 December 2021 up to 31 December 2021, as reported by the Provincial Disaster Management Authority (PDMA) for Khyber Pakhtunkhwa, which provided them food assistance and non-food times assistance with the support of humanitarian partners, and transportation and communication support.

COVID-19 pandemic
The pandemic overburdened Pakistan’s health system, stifling growth and pushing the country’s more vulnerable citizens deeper into poverty. The advent of novel SARS-CoV2 variants presented unique hurdles due to a lack of access to therapeutic options and immunization, as well as potential trade and economic consequences. According to National Command and Operation Centre (NCOC), as of 30 December 2021, 156,623,021 confirmed COVID-19 cases and 28,933 deaths were registered. Over 70.5 million people had been fully vaccinated, and almost 97 million people had received at least one dose by the end of 2021, which represents 31.1 and 43 per cent of the total population, respectively.

Afghan refugee crisis
Pakistan has been hosting Afghan refugees for the past four decades, making it one of the largest recipients of refugees globally. Following the events in Afghanistan in 2021, the situation remains uncertain and may evolve rapidly in 2022. The upsurge of violence across the country in 2021 and instability has had a serious impact on civilians and, combined with hardships caused by political turmoil, economic instability, and poor food security, may cause further displacement, both internally and across borders. This would add to the 2.2 million registered refugees from previous waves of violence, and a further four million Afghans of varying status, including undocumented people.

With increased flows of new arrivals through official and unofficial border crossing points since the beginning of 2021, UNHCR has pre-screened over 68,000 newly arriving Afghans who may be in need of international protection in neighboring countries including Pakistan. The total number crossing into neighboring countries can be difficult to verify.

Security and access constraints
The PHPF developed its allocation strategy in close consultation with members of the Advisory Board, UN agencies, sector leads, government departments, and humanitarian organizations. To strengthen humanitarian coordination and access on the ground, the Fund worked with national and provincial disaster management authorities and a range of stakeholders at the provincial and district level.

The Fund, with the support of the HC, conducted several advocacy initiatives with Government authorities regarding humanitarian access and operational space. Advocacy efforts and consultation with the National Disaster Management Authority (NDMA) and Provincial Disaster Management Authority (PDMA) of Khyber Pakhtunkhwa, and Balochistan ensured all PHPF obtained approval of no-objection certificates (NOCs) for PHPF supported projects in a timely manner, avoiding significant delays.

1 Office of the Commissionerate of Afghan Refugees

2 Afghanistan Situation Regional Response Plan January-December 2022
VISION STATEMENT

Pakistan is prone to natural hazards such as drought, floods, heatwaves, extreme cold, earthquake, etc. According to the Climate Risk Index 2021, Pakistan ranks 5th in terms of countries most affected by extreme weather events. Pakistan continues to be affected by the complex shocks caused by the COVID-19 pandemic and by the protracted Afghan refugee crisis. In 2021, the number of people in need of humanitarian assistance had increased up to 11 million. The PHPF contributed to saving lives and alleviating the suffering of the crisis-affected populations while serving as a vital vehicle for localization, focusing on promoting participation and inclusion of local women-led organizations and increasing quality partnerships with local and national organizations. The Fund also prioritized life-saving assistance to the most vulnerable people, with a focus on persons with disabilities.
Donor contributions

Taking into consideration the planned closure of the Fund, donor contributions in 2021 were significantly less than in previous years. In 2021, the PHPF received funding from Canada ($1.2 million) and private donations through the UN Foundation ($0.2 million). This was complemented by a carry-over of $0.2 million from 2021 and an additional $0.2 million from refunds. These contributions allowed the Fund to address critical needs in curative care in geographical locations where humanitarian case-loads exist, in coordination with the Government-led COVID-19 response.

Donors contributed more than $106 million since the inception of the Fund in 2010, an annual average of about $9.5 million. In the first two years of the Fund, donors contributed $44 million in response to devastating floods. Over the following years, contributions ranged from $5 million to $10 million a year. Overall, the UK remained the highest contributing donor ($38 million), followed by Sweden ($29 million) and India ($20 million). Donor funding to the PHPF and its subsequent allocations complemented other sources of funding like Central Emergency Response Fund (CERF).

Direct costs of OCHA Humanitarian Financing Unit, in charge of the PHPF management, amounted to $228,278, which is 19 per cent of the total allocation for 2021.
Allocations overview

STRATEGIC STATEMENTS

The Fund focused on the strategic objectives outlined in the Pakistan Preparedness and Response Plan (PPRP) for COVID-19 and HRP 2021. It contributed to the Government-led COVID-19 response by addressing critical needs in curative care in geographical locations where there were high humanitarian caseloads, Balochistan and Khyber Pakhtunkhwa.

2021 ALLOCATIONS

<table>
<thead>
<tr>
<th>Amount</th>
<th>Category</th>
<th>Launch month</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.5M</td>
<td>First Reserve Allocation</td>
<td>July 2021</td>
</tr>
</tbody>
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First Reserve Allocation 2021: Addressing critical healthcare in priority geographical areas

The Government of Pakistan, with support from partners, made a commendable effort in responding to the COVID-19 pandemic. As the pandemic is becoming a protracted emergency, it was crucial to integrate the COVID-19 response activities prioritized for 2021 to reach vulnerable people in areas with high-humanitarian caseloads.

This allocation addressed the limited availability of critical healthcare equipment and services to address humanitarian needs in the highly COVID-19 affected districts of Pakistan. It ensured safe access to primary healthcare services in high-risk districts by strengthening infection, prevention and control (IPC) at the community level and contributing to overall health monitoring by strengthening disease surveillance and response.
Lessons learned and best practices

The PHPF has been an important humanitarian financing mechanism in Pakistan, particularly in its support to local and national partners and its collaboration with key humanitarian stakeholders and the Government through effective coordination and a principled approach.

Community Engagement
Strong coordination with key stakeholders paved the way for effective implementation, particularly in an environment where many people had doubts about COVID-19 and the virus and where there was the potential for mistrust between refugees and host communities. Partners proactively engaged with tribal leaders, community elders, and political and religious leaders. Through this engagement, the Fund facilitated understanding between host communities and Afghan refugees, minimizing misconceptions about the COVID-19 virus and vaccine.

The most challenging aspect was the spread of rumors about the disease and about vaccination. Behavior change communication strategies through individuals and communities played a vital role in conveying key messages on IPC for COVID-19 to communities. The engagement with the tribal leaders, community elders, and political and religious leaders led to understanding and acceptance of the health interventions, including vaccination.

The Fund supported an active hotline number to allow affected people to call with questions and receive updated health information. In addition, people received proper information through health education activities and psycho-social counseling, including for COVID-19 vaccination.

The PHPF intervention in 2021 reduced the burden on the health system of Peshawar district through general outpatient treatment, including the provision of free medicines, screening and swab/sample collection, rapid antigen tests and follow-up of the positive cases, and vaccination. The supported projects also enhanced and strengthened the capacity of frontline health workers to provide essential health services during the COVID-19 pandemic.

Accountability to Affected People
The Fund gave preference to partners to partners who demonstrated a high level of engagement with the affected population in their project proposal design, implementation and monitoring to ensure accountability and responsiveness. Assisted people have been involved in the different stages of the project management cycle, as described above. Partners shared in a systematic manner timely, relevant and actionable information with communities; supported the meaningful participation and leadership of affected people, including those of different ages, gender, disability status and other diversities, in decision-making; and ensured that community feedback systems were in place, enabling them to assess and comment on the performance of humanitarian action, including on sensitive matters such as sexual exploitation and abuse, fraud, corruption, racism and discrimination. Partners established coordination and complaint redress mechanisms aimed to deal with COVID-19 risk communications and community engagement, collaborate and coordinate to improve the quality of engagement and support for affected communities.

Gender equality and Response to Gender-Based Violence (GBV)
The COVID-19 pandemic has increased the vulnerability of women and children to GBV. Gender and gender-based violence analysis was conducted by partners to ensure that their actions and initiatives identify, prevent and mitigate GBV throughout the humanitarian project cycle. Dedicated project staff and resources will be assigned, and due consideration was given to GBV cases by providing psycho-social and referral support.
The PHPF prioritized partners that showed commitment to eliminate sexual exploitation, abuse and harassment. PHPF remained committed to ensuring a work environment that is free of exploitation, abuse or harassment by any aid worker/agency. Full compliance with PSEA and protection concerns, including GBV, remained a core selection condition for all our partners.

Funded partners signed the declaration of Compliance with Protection from Sexual Exploitation and Abuse. Under the PSEA declaration, all partners are responsible for taking necessary measures to comply with the PSEA standards, particularly encouraging victims to come forward and ensuring that safe, trusted and accessible mechanisms for reporting SEA are available in all humanitarian situations and promoting a “speak up” culture within IASC entities; improving quality, survivor-centered SEA assistance and additional protection measures; and strengthening vetting, reference-checking, investigation processes and disciplinary measures, including prompt and respectful investigations.

Disability inclusion

The PHPF adopted an inclusive approach in the prioritization and implementation process, taking into consideration the distinct needs of persons with disabilities. The projects were designed and implemented in accordance with the WHO standards, the Minimum Inter-Agency Standards for Protection Mainstreaming (WVI), the GBV Guidelines (IASC), the resource kit for fieldworkers on Disabilities among COVID-19 Stricken and Conflict-Affected Populations (WRC), the Sphere Minimum Standards and the principles of do no harm.

In addition, partners were requested to include in funded projects specific activities to ensure participation of persons with disabilities and older people, including improved access to health facilities by making these more physically accessible and addressing specific needs related to independent mobility and living with dignity. Partners also raised awareness at the community and district level to ensure physical accessibility following building accessibility codes in targeted health facilities, including ramps, railing, pathways and accessible washrooms for women, men and children with disability and people with low mobility.

Effective coordination

OCHA and HC intensified coordination and collaboration with the key humanitarian partners and the Government departments to carry out the prioritization process and humanitarian response. The PHPF allocation strategy was developed in close coordination and consultation with the members of the Advisory Board, UN agencies, sector leads, and humanitarian partners in the country. This collaboration facilitated funded partners and sub-partners in Balochistan to obtain no-objection certificates (NOC) from the local authorities in a timely manner. OCHA liaised with partners on the ground with the already established coordination platforms for adequate humanitarian coordination, access and operational space.
In 2021, Advisory Board (AB) maintained a balance representation with a total of eight members, excluding the HC and OCHA: one NGO (IDEA nominated by the National Humanitarian Network - NHN), 1 INGO (Mercy Corps nominated by Pakistan Humanitarian Forum - PHF), 3 UN agencies (WFP, IOM and UNWOMEN), three donors (Canada, Germany and UK), HC as chair and OCHA as co-chair.

The Humanitarian Coordinator chairs the PHPF AB, and the OCHA Head of Office and Fund Manager are AB members. International and national NGOs were represented at the Head of the Agency or country director level. The members were actively engaged in strategic discussions about the direction of the Fund.

The AB held three online meetings in 2021 to support the HC in providing guidance to the allocation strategy and overseeing the performance of the Fund.

The AB will support the HC in the process of closure of the Fund. The Fund will share a lesson learned exercise and best practices with the members of the Advisory Board.

**COMPOSITION OF ADVISORY BOARD**

<table>
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<tr>
<th>Role</th>
<th>Number</th>
</tr>
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<tr>
<td>UN representatives</td>
<td>3</td>
</tr>
<tr>
<td>INGOs representatives</td>
<td>1</td>
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<tr>
<td>NNGOs representatives</td>
<td>1</td>
</tr>
<tr>
<td>Donor representatives</td>
<td>3</td>
</tr>
</tbody>
</table>

The strategic and technical review of the project proposals was conducted in an efficient and timely manner. The Review Committee was established through a consultative process in consultation with the Health Cluster and partners. The composition of each Strategic and Technical Review Committees: 2 NNGO (18 per cent), 2 INGO (18 per cent), 3 UN Agencies (27 per cent), OCHA (18 per cent), and advisor on Gender and Age Marker (9 per cent). OCHA merged the inputs and feedback provided by all the members of the strategic and technical review committee and shared them with applicants to improve their project proposals.
PRINCIPLE 1

INCLUSIVENESS

The Fund allocated funding to the best-positioned organizations, leveraging the diversity and comparative advantage of eligible organizations. In 2021, 67 per cent of the total funding was directly allocated to NNGOs, which were well-positioned to deliver a frontline response in the targeted areas. The remaining funding went to UN Agencies (33 per cent).

INCLUSIVE IMPLEMENTATION

CBPF funding is allocated to the best-positioned actors, leveraging the diversity and comparative advantage of eligible organizations.

OCHA invested in capacity development initiatives. All partners participated in orientation sessions about Fund processes, including monitoring, reporting and compliance questions. OCHA arranged three clinics in collaboration with the Health Cluster to explain the allocation strategy and how to develop a quality proposal. The PHPF held bilateral meetings with partners to guide them on submitting project proposals on Grant Management System (GMS), addressing queries related to the logical framework and budget.

INCLUSIVE ENGAGEMENT

Resources are invested by OCHA’s Humanitarian Financing Unit (HFU) in supporting the capacity of local and national NGO partners within the scope of CBPF strategic objectives.

Aside from the regular training on the Fund’s programme cycle, the Fund conducted training on gender and protection mainstreaming, assistance to persons with disabilities and PSEA.

The understanding of local organizations on PHPF process, compliance, tools and guidelines has increased significantly, which ultimately contributed to the implementation of quality projects.

INCLUSIVE RESPONSE

CBPF-funded projects were required to have a clear strategy to promote the participation of affected people. Each of the five funded projects in 2021 included the provision of accessible and functional feedback and/or complaint mechanisms for assisted people. All field monitoring visits included consultations and feedback with assisted people to assess community engagement in project implementation and their level of satisfaction.

OCHA conducted an online training on protection mainstreaming and AAP, including 85 people from 57 organizations.
Cash and voucher assistance was not provided in 2021, as it was not relevant to the allocation. The focus of the reserve allocation was to strengthen and revitalize the delivery of critical COVID-19 healthcare services in high-risk geographical areas through the provision of services and commodities, for instance, intensive care units and critical care equipment such as ventilators, beds, pulse oximeters, O2 concentrators, cardiac/patient monitors, suction machines etc. The PHPF allocation also focused on improving Laboratory detection and genomic surveillance for emerging variants, PCR and Sequencing kits and supplies.

CBPF Funding supports projects that improve the common ability of organizations to deliver a more effective response (this indicator was not prioritized for the PHPF in 2021).

In 2021, the PHPF launched one allocation of $1.5 million through a Reserve Allocation. This modality was adopted to ensure a speedy and fast-track allocation to respond to the health emergency in the country. The Fund selected partners that have ongoing projects and staffing in the targeted districts. The allocation targeted two main geographical locations based on the consultative process and needs analysis. About 49 per cent of the total allocation was disbursed to Balochistan and 51 per cent, to Khyber Pakhtunkhwa.

In 2021, OCHA processed eight project revision requests to adjust programmatic needs based on consultations with assisted people, local authorities, and respective sector leads. These included 13 different instances of revisions (multiple types of revisions were included in some revision requests), most frequently changes to the budget and project duration (no-cost extension). An average of 10 to 15 working days were required to process the project revision requests initiated by the partners.

The 2021 allocation aimed to contribute to the Government-led COVID-19 response by addressing the most critical needs in curative care in geographical locations where humanitarian caseloads exist. The allocation addressed the limited availability of critical healthcare equipment and services for humanitarian needs in the highly COVID-19 affected districts of Pakistan.

### NUMBER OF REVISIONS IN 2021

- **1** Revision type: Change in location
- **1** Revision type: Change in outputs
- **12** Revision type: Change in target beneficiaries
- **2** Revision type: Change in budget

**TOTAL REVISIONS: 13**
CBPFs allocation processes had an appropriate duration. For the 2021 Reserve Allocation, an average of 14 days was consumed in the process involved from the allocation closing date to HC signature of the grant agreement. An average of 9 days was required for the 2021 reserve allocations.

Compared with 2020, the HFU streamlined the allocations process with the support of sector leads and funded partners. Funded partners benefited from the existing coordination mechanism for timely approval of grant agreements from the authorities.

### AVERAGE WORKING DAYS OF ALLOCATION PROCESSING

<table>
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<th>Milestones</th>
<th>Category</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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<tr>
<td>From allocation closing date to HC signature of the grant agreement</td>
<td>Reserve Allocations</td>
<td>19</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Standard Allocations</td>
<td>58</td>
<td>25</td>
<td>0</td>
<td></td>
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</table>

Payments were processed without delay. The timeline target of 10 days maximum for payment disbursement was achieved in the 2021 allocation, with an average of 8.4 working days consumed from EO signature of a proposal to the first payment. No standard allocations were launched.

Pledging and payment contributions to the Fund were timely and predictable. Contributions were paid within one month after a pledge was paid. All the funding was received between January and June 2021. Since the decision was taken to close the Fund, the Fund raised $1.4 million in 2021, which made possible an allocation of $1.5 million, including the carry-over from the previous year, refunds and private donations to the Fund.
CBPF funding was prioritized in alignment with the HRP. All projects contributed to the HRP and Pakistan Preparedness & Response Plan objectives. The 2021 PHPF Allocation and funded projects were aligned with the HRP and the Pakistan COVID-19 Preparedness and Response Plan by supporting the most critical needs in healthcare in geographical locations where humanitarian caseloads exist.

CBPF funding effectively reached people in need with the limited funds available. The PHPF collectively prioritized life-saving humanitarian needs and assisted 362,098 people. Balochistan and Khyber Pakhtunkhwa provinces were prioritized based on needs analysis provided by the Health Cluster and considering the likely increased arrival of Afghan refugees, and to complement the ongoing Government-led response. Partners conducted the needs assessment and applied the life-saving and selection criteria to identify and prioritize the most vulnerable people in the humanitarian response.

The PHPF was not able to achieve a significant funding level due to the pending closure of the Fund. In 2021, the PHPF raised $1.4 million from two sources: Canada ($1.2 million) and private donations through the UN Foundation ($0.2 million), which represents 1.6 per cent of the total funds received for the Pakistan HRP 2021.

In 2021, the Pakistan HRP received $89.3 million. The 15 per cent of this figure was the estimated target of funding for the PHPF for the year, $13.4 million.
CBPF management is cost-efficient and context-appropriate. In 2021, the direct costs of OCHA Humanitarian Financing Unit, in charge of the PHPF management, amounted $228,278, which is 19 per cent of the total allocation for 2021.

The Fund operated efficiently and effectively by collaborating with the provincial representatives of the Resident Coordinator’s Office (RCO) and OCHA Regional Office for Asia and the Pacific (ROAP). Even if the OCHA Country Office was downsized to a Humanitarian Advisory Team (HAT), the existing structure of the Fund (1 Fund Manager, 1 Program Associate and 1 Program Assistant) continue to ensure proper management of ongoing projects and will provide adequate support to the closure of the Fund.

CBPF management complies with management and operational standards required by the CBPF Global Guidelines. The PHPF updated its risk management framework for 2021 and prepared its annual report and allocation paper in line with the Global Guidelines. The PHPF adopted a business continuity plan to overcome the challenges associated with the pandemic. As the Fund will close, the Operational Manual will not be updated.

Operational Manual is updated based on the latest version of Global CBPF Guidelines by the end Q1. Annual report and allocation papers fully compliant with global guidance documents.
**PRINCIPLE 5**

**RISK MANAGEMENT**

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures.

The compliance with operational modalities ranged from 91 per cent for financial spot checks to 96 per cent for final financial reports. The average compliance rate was 93 per cent. In 2021, the PHPF allocated funds to five partners (two low-risk partners and three medium-risk partners). Since the Fund will be closed by the end of 2022, the PHPF is engaged in completing the pending/overdue project reporting, financial audits and refunds of the closed projects before the fund closure timeline.

Appropriate oversight and assurances of funding are administered through the PHFP. In 2021, the Fund updated the risk management framework to reflect changes in the operational environment and ensure its internal monitoring and assurance mechanisms were adapted to the given context. One case of suspected fraud was identified during the financial audit, which is currently under review through OCHA HQ.

The number of eligible partners remained largely the same as the previous year. During the reporting period, three partners were suspended due to non-compliance measures, bringing the total number of eligible partners to 109. The PHPF prioritized funding to the best-positioned partners in 2021, while considering the risks associated with the modalities selected and the targeted locations. The Fund strengthened its Partners Performance Index (PPI) system to update partners’ risk levels on a real-time basis. The risk level for partners performing well was upgraded. In 2021, the risk level of three partners was upgraded from high to medium and two partners from medium to low. Two-thirds of the funding allocated in 2021 was channeled through medium-risk partners.
COMBATING MISCONCEPTIONS ABOUT COVID-19

As part of the provision of maternal, newborn, and child health *Maternal, Newborn and Child Health (MNCH)* and psycho-social support to the Afghan Refugee communities, free medical camps were arranged in Afghan Refugee Camps in Kohat. The camps provided free maternal health care, and CHEF International’s project team also held awareness sessions on COVID-19 and vaccination in support of the Governments’ vaccination campaign.

At a community awareness session in Ghulam Banda Afghan Refugee Camp in Kohat, NGO CHEF International held a community awareness session. There, they met Ms Zahra, who had not yet been vaccinated against the virus. As a breast-feeding mother, she was worried about getting vaccinated, and in particular, that it could be dangerous for her child.

She met with a psychologist from the program who gave her information about the risks of COVID-19, its spread, symptoms and prevention protocols. She also learned about inaccurate rumors – including the one she had heard about the vaccine not being safe for breast-feeding mothers – and she had the chance to meet other mothers who had recently been vaccinated.

That session was helpful in wiping out Ms Zahra’s misconceptions and rumors about the COVID-19 vaccine. After that, she was ready to be vaccinated against the deadly virus. She was referred to Basic Health Unit (BHU) Ghulam Banda Vaccination Center, where her first dose of vaccination was administered.

After this, Ms Zahra was a good resource person to promote vaccination in the community, particularly among fellow mothers. After vaccination, Ms. Zahra was very happy and satisfied. She thanked the CHEF team for their support.

During another session, one woman, Mina, said her husband told her not to get vaccinated as there were rumors around that vaccine may have side effects, which may result in infertility and having problems with the birth of another child. The CHEF team was able to meet with the husband and wife together – after discussion and receiving new information, and he agreed that she should get the vaccination. Ms Mina subsequently spoke with other women she knew, convincing over 20 to go ahead and protect themselves from COVID-19.

"The Counseling Session for Vaccination changed my mindset, and I motivated my two sisters to get vaccinated."

-Ms. Zahra, Afghan Refugee Camp, Ghulam Banda

Credit: CHEF/S. Sheraz
Annexes

Annex A  Acronyms & abbreviations
Annex B  Reference Map
Annex C  PHPF Advisory Board
Annex D  Allocations by recipient organizations

ANNEX A
ACRONYMS & ABBREVIATIONS

AAC  Afghan Citizen Card
AAP  Accountability of Affected Population
AB  Advisory Board
BHU  Basic Health Unit
BRSP  Balochistan Rural Support Programme
CBPF  Country-Based Pooled Fund
CERF  Central Emergency Response Fund
CHEF  Comprehensive Health and Education Forum International
EHSAR  Education Health Social Awareness and Rehabilitation
ERC  Emergency Relief Coordinator
EO  Executive Officer
FCDO  The Foreign, Commonwealth and Development Office
GBV  Gender-Based Violence
GMS  Grant Management System
GOP  Government of Pakistan
HAT  Humanitarian Advisory Team
HC  Humanitarian Coordinator
HCT  Humanitarian Country Team
HFU  Humanitarian Financing Unit
HRP  Humanitarian Response Plan
IASC  Inter-Agency Standing Committee
IDPS  Internally displaced persons
IDEA  Initiative for Development and Empowerment Axis
INGO  International Non-Governmental Organization
IPC  Infection Prevention and Control
KP  Khyber Pakhtunkhwa

MNCH  Maternal Infant Young Child Nutrition
NCOC  National Command and Operation Centre
NDMA  National Disaster Management Authority
NNGO  National Non-Governmental Organization
NHN  National Humanitarian Network
NOC  No Objection Certificate
NCE  No Cost Extension
OCHA  Office for the Coordination of Humanitarian Affairs
OCU  Oversight Compliance Unit
PCR  Polymerase Chain Reaction
PDMA  Provincial Disaster Management Authority
PHPF  Pakistan Humanitarian Pooled Fund
PHF  Pakistan Humanitarian Forum
PPI  Partners Performance Index
PPRP  Pakistan Preparedness and Response Plan
PSEA  Protection from Sexual Exploitation and Abuse
RCO  Resident Coordinator’s Office
RH  Reproductive Health
SARS  Severe Acute Respiratory Syndrome
SRC  Strategic Review Committee
UN  United Nations
UNHCR  United Nations High Commissioner for Refugees
UNICEF  United Nations International Children’s Fund
UNDD  United Nations Department of Safety and Security
WASH  Water, Sanitation and Hygiene
WHO  World Health Organization
ANNEX C

REFERENCE MAP

Map Sources: ESRI, UNCS.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir.
ANNEX C

PHPF ADVISORY BOARD

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>Humanitarian Coordinator</td>
</tr>
<tr>
<td>NGO</td>
<td>Initiative for Development and Empowerment Axis (IDEA)</td>
</tr>
<tr>
<td>NGO</td>
<td>Mercy Corps Pakistan</td>
</tr>
<tr>
<td>UN</td>
<td>International Organization for Migration (IOM)</td>
</tr>
<tr>
<td>UN</td>
<td>World Food Programme (WFP)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)</td>
</tr>
<tr>
<td>Donor</td>
<td>Foreign, Commonwealth and Development Office (FCDO)</td>
</tr>
<tr>
<td>Donor</td>
<td>Canada</td>
</tr>
<tr>
<td>Donor</td>
<td>Germany</td>
</tr>
<tr>
<td>PHPF/OCHA (Secretariat)</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs (OCHA)</td>
</tr>
</tbody>
</table>

ANNEX D

ALLOCATIONS BY RECIPIENT ORGANIZATION

<table>
<thead>
<tr>
<th>IN (US$ thousand)</th>
<th>United Nations</th>
<th>WHO</th>
<th>National NGO</th>
<th>CHEF</th>
<th>EHSAR</th>
<th>TF</th>
<th>BRSP</th>
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<tr>
<td></td>
<td>0.5M</td>
<td>499</td>
<td>1M</td>
<td>294</td>
<td>250</td>
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<td>245</td>
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#InvestInHumanity