EVALUATION REPORT

Evaluation of "PPAF Emergency Relief Assistance to 2025 Floods Affected Communities

April 2026

HIMAT CONSULTING
Private Limited

Pakistan Poverty Alleviation Fund

Acknowledgements

We are deeply grateful to the men and women across the sampled districts who opened their homes and hearts to us, sharing their lived experiences with remarkable candor during household surveys and Focus Group Discussions. Their willingness to trust us with their insights has been the foundation of this evaluation, and we honor their voices throughout this work.

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Himatullah
Team Leader and CEO
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Acronyms and Abbreviations

Acronym	Full Form
AJK	Azad Jammu and Kashmir
BISP	Benazir Income Support Programme
CO	Community Organization
CRP	Community Resource Person
FGD	Focus Group Discussion
GB	Gilgit-Baltistan
GBV	Gender-Based Violence
GEDSI	Gender Equity, Disability and Social Inclusion
GLOF	Glacier Lake Outburst Flood
HCPL	HIMAT Consulting Private Limited
HH	Household
INGO	International Non-Governmental Organization
KII	Key Informant Interview
MIS	Management Information System
NDMA	National Disaster Management Authority
NFI	Non-Food Item
NOC	No Objection Certificate
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
PDMA	Provincial Disaster Management Authority
PO	Partner Organization
PPAF	Pakistan Poverty Alleviation Fund
PWDs	Persons with Disabilities
RFP	Request for Proposals
ToRs	Terms of Reference
UC	Union Council
VO	Village Organization
WASH	Water, Sanitation and Hygiene

Executive Summary

Pakistan Poverty Alleviation Fund (PPAF) initiated an emergency relief response to support communities affected by the 2025 floods, across 45[1] severely affected districts of Khyber Pakhtunkhwa, Punjab, Sindh, GB, and AJK. Into this crisis stepped the Pakistan Poverty Alleviation Fund (PPAF), mobilizing its established network of Partner Organizations, community institutions, trained Community Resource Persons, and pre-positioned resources to deliver immediate life-saving assistance. Within weeks, PPAF reached 49,127 flood-affected households across 45 severely impacted districts in Khyber Pakhtunkhwa, Punjab, Sindh, Gilgit-Baltistan, and Azad Jammu and Kashmir. The response was comprehensive: over 147,000 relief packages containing food, non-food items, and hygiene kits; 124 medical camps treating 47,926 patients; and 141 veterinary camps caring for 61,937 animals. Throughout, special attention was given to women-headed and disabled-headed households to ensure no one was left behind during the critical early recovery phase.

This independent evaluation, conducted by HIMAT Consulting Private Limited between 15 February and 15 March 2026, assesses how well this emergency response performed and what it achieved. Using internationally recognized OECD-DAC evaluation criteria (Relevance, Efficiency, Effectiveness, Connectedness, Impact, and Sustainability) and incorporating Gender Equity, Disability, and Social Inclusion perspectives, we examined both the numbers and the human stories behind them to generate evidence-based findings and actionable recommendations for strengthening future humanitarian responses in Pakistan's increasingly climate-vulnerable context.

Methodology

HCPL designed this evaluation to capture both breadth and depth. Our quantitative foundation came from structured household surveys administered through Kobo Toolbox to 650 beneficiary households, selected using multi-stage stratified random sampling across seven purposively chosen districts: Multan, Kasur, and Narowal in Punjab; Buner in Khyber Pakhtunkhwa; Jhelum Valley in Azad Jammu and Kashmir; Diamer in Gilgit-Baltistan; and Dadu in Sindh. This approach yielded statistically representative findings at the programme level, with a margin of error of ±4% at 96% confidence. The numbers alone, however, could not tell the full story. We conducted 14 gender-segregated Focus Group Discussions with 16 or more participants each, creating safe spaces for women and men to share their experiences in their own words. We held 29 Key Informant Interviews with PPAF senior management, Partner Organisation staff, district and union council officials, and community leaders to understand implementation from multiple perspectives.

Every tool was pre-tested and translated into Urdu. We followed strict ethical protocols including informed consent, voluntary participation, and Do-No-Harm principles. Quality was assured through daily supervision, 10% back-checks of surveys, real-time Kobo validation, and systematic triangulation with project records, distribution logs, and timestamped field photographs. While we acknowledge limitations such as recall bias and the short timeframe of this assessment, we mitigated these through careful cross-validation across multiple sources.

Key Findings

The progress update on the project's Results Framework and Impact/Outcome-level indicators shows an exceeding performance in terms of the set targets. 90% HHs reported satisfaction with PPAF's support they received, against the target of ≥ 80% HHs. 100% HHs (including women/disabled headed HHs) reported having received the assistance package against target of 100%, thereby meeting the target of outreach in 45 districts. 87% of respondents, including women and PWDs reported

[1] *Including 5 districts where only health comps were conducted.*

satisfaction with distribution arrangements (timing, location, safety, accessibility), against the target of ≥ 80%.

Relevance: The Right Help at the Right Time

The assistance package demonstrated remarkable alignment with what affected communities needed most urgently. 84% of households surveyed confirmed that the food items, non-food items, safe drinking water support, hygiene kits, medical care, and veterinary services addressed their top 2-3 urgent needs. These priorities include food security, clean water, medical treatment for flood-related illnesses, and livestock protection formed the core of PPAF's intervention. The targeting effectively reached economically vulnerable groups, with approximately half (50%) of beneficiary households already registered with the Benazir Income Support Programme (BISP).

Women beneficiaries (90%) spoke particularly powerfully about hygiene kits, which provided dignity and addressed menstrual health needs in a context where sanitation facilities had been destroyed or were inaccessible. Communities appreciated that PPAF provided in-kind items and mobile services like medical and veterinary camps rather than cash, which made sense where markets, roads, and infrastructure had been destroyed. However, longer-term needs like livelihood recovery, livestock replacement, and housing reconstruction remained beyond the scope of this emergency phase.

Efficiency: Speed, Organization, and Smart Use of Resources

PPAF's institutional readiness enabled a remarkably swift and resource-efficient response. 89% of households identified PPAF as among the first responders to reach them. 75% HHs reported receiving assistance within the first four weeks of flooding, with 30% receiving flood assistance packages within just one to two weeks. This rapid rollout was possible because PPAF had pre-approved emergency funding (initially PKR 700 million, later scaled to PKR 1.3 billion), pre-qualified vendor networks, a digitally supported management information system for real-time tracking, and immediate access to trained Community Resource Persons and Partner Organisations already present in affected districts. Distribution was highly organized, with 98% of households reporting convenient and accessible delivery points. A transparent token-based system minimized waiting times and prevented crowd management issues.

When roads were damaged and terrain became challenging, local Partner Organisation knowledge and adaptive logistics overcame the obstacles. By leveraging existing community structures rather than creating parallel systems, PPAF achieved low waste and strong value for money. Partners' staff highlighted the 'Online Management Information System (MIS)' as critical for accurate targeting, efficient distribution, and supply chain visibility.

Effectiveness: Meeting Immediate Needs and Protecting Dignity

The intervention achieved its core objectives of immediate dietary needs and stabilization to a significant degree. 95% of households surveyed reported that PPAF's assistance helped them meet post-flood immediate food needs to a "great" or "good" extent. Food packages improved daily meal frequency for 96% of households. Satisfaction remained consistently high across all components. And over 90% of households surveyed reported their satisfaction with non-food items and hygiene kits.

Medical camps provided free treatment for diarrhea, skin infections, fever, and other prevalent diseases. Veterinary camps protected precious livestock assets. In Buner district, water filtration plants proved particularly effective, with over 70% of users reporting reduced flood-related waterborne diseases. The relief package not only addressed consumption needs but also reduced households' out-of-pocket expenditure on private health and veterinary services, providing financial relief alongside material support.

Connectedness: Coordination That Worked

PPAF demonstrated effective coherence and coordination with other humanitarian actors and government institutions. Survey findings showed that PPAF assistance was largely distinct or only minimally overlapping with support from other sources, indicating smart geographic and sectoral targeting that avoided duplication. 61% HHs reported that PPAF's package was 'completely distinct' and 38% HHs shared that the package was 'mostly distinct with few duplications'.

District-level coordination meetings, targeting areas based on data received from National and Provincial Disaster Management Authorities, and joint planning helped prioritize the most affected areas. Strategic engagement of senior political and administrative leaders accelerated bureaucratic responsiveness. Pre-existing relationships between Partner Organisations, Community Resource Persons, and local authorities had built trust that enabled smooth implementation. While coordination was generally effective, opportunities remain for stronger formalized linkages and earlier joint needs assessments in future large-scale responses.

Impact: Protecting People from Deeper Poverty

The response delivered clear short-term protective and stabilizing impacts that extended beyond immediate relief. 91% of surveyed households confirmed that timely assistance reduced or eliminated the need to borrow money at high interest rates or sell productive assets — a critical safeguard against spiraling into deeper poverty. A majority (89%) reported improvements in overall household wellbeing to a "good" or "great" extent. Safe drinking water and free medical camps contributed to reduced incidence of flood-related diseases for more than 70% of relevant respondents. Veterinary services helped protect livestock-dependent livelihoods that families rely on for income and food security.

86% HHs reported that after receiving services and free medicines from PPAF's organised medical camps (in partnership with Transparent Hands) they were able to save/avoid spending money on illness or treatment. Women in Focus Group Discussions highlighted early positive social impacts that surprised even them: stronger support networks with other women, increased access to information about services and rights, and greater visibility in community discussions. The intervention successfully prevented many households from resorting to severe negative coping strategies during the acute crisis phase.

Sustainability: Fragile Foundations That Need Nurturing

Although intentionally short-term, the programme laid modest but promising foundations for longer-term benefits. 65% of households reported establishing or strengthening contacts with local government services, markets, community organizations, or financial institutions. 74% of women continued accessing health services after the relief phase ended. The catalytic role of Community Resource Persons (CRPs) from the 2022 flood response was repeatedly highlighted for sustaining communication channels and mutual support networks. However, nearly 29% of households reported no new institutional linkages, a reminder that gains remain fragile without deliberate follow-on interventions.

Communities were clear-eyed about what comes next. They emphasized that sustained recovery would require additional support in livelihood restoration, livestock rehabilitation, early warning systems, and environmental measures to reduce future vulnerability. PPAF's 'Restoring Social Services and Climate Resilience (RSS&CR)' programme, launched in 2023 as follow-on support to 2022 floods; its sustained setups have been optimizing emergency relief assistance with potential opportunities for integrating future recovery & resilience-building interventions and linkages.

Conclusion

PPAF's Emergency Relief Assistance to the 2025 Flood-Affected Communities stands as powerful testament to what institutional readiness, operational excellence, and genuine commitment to the most vulnerable can achieve. The programme successfully delivered timely, relevant, and effective

support that stabilized households, protected assets, and laid modest foundations for longer-term recovery. Significant achievements were recorded across all evaluation criteria. Yet this success also highlights a strategic imperative: the necessity to evolve from standalone relief towards more integrated programming that bridges immediate response with early recovery and climate resilience. Humanitarian crises in Pakistan are no longer occasional emergencies, but recurring realities driven by climate change.

With its proven community-driven model, deep local networks, and strong implementation capacity, PPAF is uniquely positioned to lead more impactful and sustainable humanitarian responses in Pakistan's increasingly climate-vulnerable future. The question is not whether PPAF can respond effectively – this evaluation demonstrates it can — but how PPAF can evolve its model to build lasting resilience alongside delivering urgent relief.

Key Recommendations

1. **Institutionalize a Permanent PPAF Disaster Response Pool Fund**: Create a dedicated multi-year fund with contributions from public and private sources as a strategic readiness mechanism. Use this evaluation's evidence and PPAF's proven track record to advocate for sustained investment in disaster preparedness.
2. **Formalize High-Visibility Partnerships with NDMA and PDMAs**: Develop clear Memoranda of Understanding defining roles, targeting protocols, information-sharing mechanisms, and joint coordination structures to strengthen strategic positioning and enable faster, more coordinated responses.
3. **Scale Safe Drinking Water Interventions**: Make water filtration plants or emergency bottled water a standard, scalable component in future flood responses, building on the demonstrated impact in districts like Buner.
4. **Leverage Community Structures for Sustainability**: Build systematically on Community Resource Persons (CRPs) and Community Organizations (COs/VOs) by linking relief with early warning systems, disaster preparedness training, and stronger connections to government services that outlast the emergency phase.
5. **Enhance Documentation and Institutional Learning**: Institutionalise systematic recording of response processes, challenges, and innovations. Conduct timely evaluations to capture lessons while they are fresh and use findings to continuously improve humanitarian programming.

Chapter 1. Introduction

This chapter sets the context for the evaluation by explaining the scale and severity of the 2025 floods in Pakistan and the humanitarian vulnerabilities they created, especially for poor rural households dependent on agriculture and livestock. It then introduces PPAF's emergency relief response, outlining the scope of assistance delivered across 45 districts, and clarifies the purpose, objectives, intended users, and overall scope of the evaluation, including geographic coverage, target population, and the time period covered by the assessment.

1.1. Background of the 2025 Flood Emergency

The 2025 monsoon floods in Pakistan represented one of the most severe climate-related disasters in recent years, with widespread and cascading impacts across multiple provinces and two regions. Triggered by exceptionally heavy and prolonged rainfall, glacial lake outburst floods (GLOFs), and upstream dam releases, the floods affected millions of people, causing significant loss of life, displacement, destruction of homes and infrastructure, and severe damage to agriculture and livestock, the primary livelihood sources for the majority of rural poor households.

The disaster resulted in over a thousand fatalities nationwide, thousands of injuries, over two million people displaced at peak, destruction of tens of thousands of houses, submergence of vast agricultural land (leading to massive crop failures and livestock mortality), and severe disruption to basic services (education, health, water supply, and road connectivity)[2]. The floods exacerbated existing vulnerabilities, particularly among poor and marginalized households, woman-headed families, persons with disabilities, and livestock-dependent communities, pushing many into distress coping mechanisms such as asset sales.

Figure 1: Villagers with their livestock navigate through a flooded area in Pindi Bhattian, Punjab, on Aug 31, 2025

In response to the emergency, humanitarian actors including government institutions, national and international organizations, and civil society groups mobilized relief operations to support affected communities. The Pakistan Poverty Alleviation Fund (PPAF), through its network of Partner Organizations (POs), initiated an emergency response aimed at providing immediate assistance to households most affected by the floods.

1.2. Overview of PPAF's Emergency Relief Assistance

The Pakistan Poverty Alleviation Fund (PPAF) launched an emergency relief intervention to support flood-affected communities through the provision of essential relief assistance. The intervention aimed to address urgent humanitarian needs during the immediate post-flood period and support affected households in stabilizing their basic living conditions.

[2] https://www.ndma.gov.pk/sitrepm

Figure 2: Distribution of flood relief packages at district Shangla, KP on Sep 02, 2025

The Pakistan Poverty Alleviation Fund (PPAF) mobilized its Flood Emergency Relief Assistance 2025 initiative as a rapid, targeted intervention to support the most affected communities. PPAF, by leveraging its extensive network of partner organizations (POs), community institutions, and field presence, distributed more than 147,000 relief packages containing essential food items, non-food items, and hygiene kits to 49,127 flood-affected households. In terms of geographical coverage, the scale of PPAF's response was national in scope, extending emergency relief to communities across three provinces (Khyber Pakhtunkhwa, Punjab and Sindh), Gilgit-Baltistan, AJK and provided immediate assistance to households in 45 severely 2025 flood affected districts affected. Additionally, PPAF facilitated 124 medical/health and 141 veterinary camps to address urgent health needs of 47,926 patients and protect 61,937 livelihoods.

PPAF's operational approach relied on close coordination with Partner Organizations, local community structures & resources, and district administrations to identify affected villages, mobilize communities, and facilitate the distribution of relief items and services.

1.3. Purpose and Objectives of the Evaluation

This assignment aims to provide a systematic, evidence-based evaluation of the project's performance and results, identify gaps, best practices, and lessons learned, and offer actionable recommendations to enhance future emergency relief programming and implementation approaches. The evaluation measured progress against the project log-frame indicators **(Annex-I)** and delivered a comprehensive analysis aligned with OECD-DAC criteria (Relevance, Efficiency, Effectiveness, Connectedness, Impact, and Sustainability), while incorporating additional dimensions such as Process Review and Risks & Challenges.

The key objectives of this evaluation are to:

- Evaluate the extent to which the relief interventions addressed urgent needs of flood-affected communities, aligned with beneficiary priorities.
- Assess the efficiency, effectiveness, and coherence of implementation processes, including targeting (districts, UCs, villages), coordination with district administrations and other actors, along with risk mitigation.
- Document unintended impacts (positive and negative), sustainability mechanisms, and potential pathways to long-term resilience.
- Provide practical recommendations for improving emergency response strategies, including coping mechanisms for future floods in Pakistan's high-risk environment.

1.4. Intended Users and Use of the Evaluation

The primary users of this evaluation include the Pakistan Poverty Alleviation Fund (PPAF) management and programme teams responsible for designing and implementing emergency response and resilience-building interventions. The findings and recommendations are expected to support internal learning, improve operational planning, and strengthen the design of future emergency response programmes.

The evaluation is also relevant for Partner Organizations involved in the implementation of relief activities, as it provides insights into operational strengths, challenges, and community perceptions of the assistance delivered. Additionally, the evaluation findings may be of interest to government stakeholders, development partners, and humanitarian actors engaged in disaster response and recovery programming in Pakistan.

The results of the evaluation are intended to inform PPAF in future programmatic decisions, strengthen coordination with relevant stakeholders, create a scalable knowledge base of successes factors, and contribute to evidence-based planning of humanitarian and resilience-oriented initiatives targeting vulnerable communities in emergency situations.

1.5. Scope of the Evaluation

1.5.1. Geographic Coverage

The evaluation covered 7 sample-selected districts and 1 Union Council per district, where PPAF's emergency relief assistance was implemented. Field data collection was conducted in sampled districts representing 45 flood affected districts from 5 different provinces and regions, including Punjab, Sindh, Khyber Pakhtunkhwa, Gilgit-Baltistan, and Azad Jammu and Kashmir. Within these districts, specific Union Councils and villages/settlements were selected for primary data collection to capture community-level experiences of the relief intervention.

1.5.2. Target Population

The primary target population for the evaluation consisted of households that received relief assistance through the project. A structured household survey was conducted with 650 beneficiary households across the sampled districts. In addition, qualitative consultations were conducted with community members, including male and female participants through 14 Focus Group Discussions (FGDs), as well as key stakeholders through 29 Key Informant Interviews (KIIs). These included representatives from PPAF, Partner Organizations, and district/UC-level government officials involved in relief coordination.

1.5.3. Time Period

Primary data collection for the evaluation was conducted between 26 February and 05 March 2026, allowing the evaluation team to capture beneficiary experiences and early recovery outcomes following the delivery of relief assistance.

Chapter 2. Evaluation Framework and Methodology

This chapter explains how the evaluation was designed and implemented. It presents the mixed-methods, utilization-focused approach used for the study, aligned with the OECD-DAC criteria and informed by a GEDSI lens. It describes the literature review, sampling design, sample size, selection process, data collection tools, data quality assurance arrangements, ethical protocols, and the limitations of the evaluation, thereby showing how the assessment ensured methodological rigor, triangulation, and credibility of findings.

2.1. Evaluation Approach and Framework

The design adopts a convergent mixed-method, utilisation-focused evaluation approach, aligned with the OECD-DAC evaluation criteria, and enriched through a GEDSI lens. It integrates HH-level surveys with rich qualitative inquiry through FGDs, KIIs, and relevant secondary sources review. This will combine quantitative rigor with qualitative depth, ensuring both statistical validity and contextual understanding. Rather than attribution, the design emphasises contribution analysis, recognising the complex humanitarian environment and the presence of multiple actors responding simultaneously.

Each DAC criterion is assessed through a combination of:

- Results-level beneficiary perceptions (household surveys, FGDs),
- Process and implementation evidence (KIIs, desk review), and
- Contextual and secondary data (NDMA/PDMAs data, MIS, project reports & records).

The approach is explicitly utilization-focused, ensuring that findings & recommendations are directly relevant to improving the design & delivery of future emergency relief interventions. The overall evaluation design adopts a phased approach as shared in **Figure 3**, below:

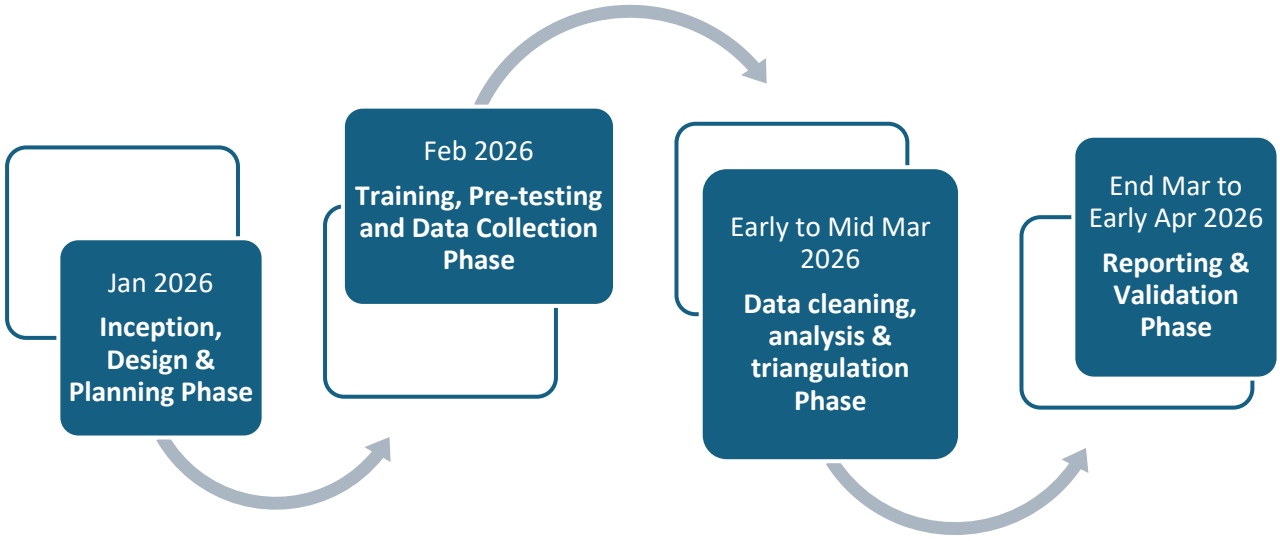


Figure 3: Evaluation design approach

The evaluation design is operationalised through an Evaluation Framework **(Annex-II)**. The framework translates the TOR-specified OECD-DAC criteria into clear evaluation questions, analytical sub-questions, measurable indicators, and defined data sources. Questions from the data collection tools are also mapped with the framework's indicators. The framework integrates gender- and vulnerability-disaggregated indicators across all criteria, ensuring systematic evaluation of how relief assistance addressed the needs

of women, woman-headed households, persons with disabilities, elderly populations, and livestock-dependent households.

Figure 4: Building blocks of the Evaluation Framework

2.2. Evaluation Methodology

The evaluation used a mixed-methods approach, then triangulated both quantitative and qualitative information. The evaluation methodology was based first on the OECD-DAC criteria for evaluating development assistance, followed by a multi-stage sample selection to ensure that the selected samples represented a variety of geographic contexts. The primary data collection methods were household surveys, FGDs, and KIIs. Secondary data and analyzes were reviewed. Triangulation of these thematic observations with the data from the statistical analyzes, and vice-versa, ensured that the evaluation captured measurable outcomes along with stakeholders perspective and the context in which the intervention was delivered.

The below flowchart **(Figure-5)** reflects the overall approach and methodology adopted by Himat Consulting for implementing this evaluation exercise:

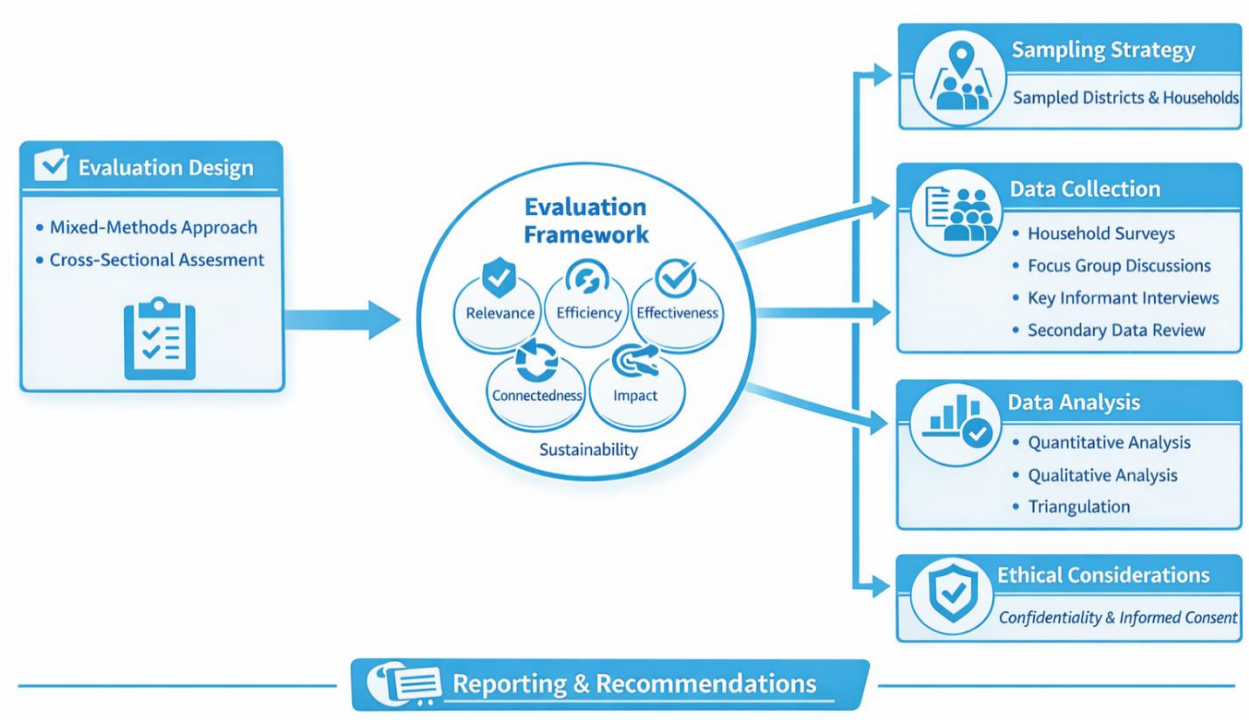


Figure 5: Evaluation Methodology

2.2.1. Literature Review

A detailed review of project documents was done to help design the evaluation improve questions and understand findings in context. This included the projects plan, agreements with Partner Organization,

guidelines, details of relief package (including the medical/veterinary camps and water filtration plants) and communications documents shared by PPAF. The '2022 floods response evaluation report' was also looked at, which gave insights into recurring challenges, strengths and changing approaches to emergency response. Meetings and document exchanges with PPAF helped agree on precisely what to evaluate, thematic areas and regional/provincial variations.

The project's logframe was a key reference for this evaluation guiding the assessment of outputs, outcomes and results. It linked project components with indicators especially for relief delivery, service provision and beneficiary coverage. The review helped identify assumptions, including the role of Partner Organizations, community structures and coordination with district administrations. These insights were used to align the evaluation framework with OECD-DAC criteria, ensuring each criterion was based on the project's results and the intended humanitarian response context.

2.2.2. Sampling Strategy and Coverage

The evaluation adopted a multi-stage stratified random sampling approach to ensure that findings are statistically robust, and geographically representative across provinces, districts, gender, and vulnerability categories. By stratifying across provinces, districts, union councils (UCs), and villages, the framework accounts for regional variations in relief distribution, which reached 49,127 beneficiary households across multiple provinces and regions.

2.2.2.1 Target Population and Sampling Frame

The target population for the household survey comprises all beneficiary households that received PPAF emergency relief assistance under the 2025 Flood Response across Punjab, Khyber Pakhtunkhwa, Azad Jammu & Kashmir (AJK), Gilgit-Baltistan (GB), and Sindh. The sampling frame is derived from PPAF's verified beneficiary HH databases and MIS records, disaggregated by:

- Province/region and district, union council & village; partner organisation (PO); sex of HH head and vulnerability status (where available).

Only households confirmed as direct recipients of PPAF relief assistance were eligible for inclusion in this evaluation assignment.

2.2.2.2 Sample Size – Household Survey

The HH survey sample size is calculated using the standard statistical formula, as specified in the TORs, applying:

- Total population (N) = 49,127 beneficiary households
- Margin of error (e) = 4%
- Confidence level (Z) = 96%
- Population proportion (P) = 0.5

This yielded a required sample size of 647 households, rounded to 650 households benefited through food items, non-food items, hygiene kits and other interventions like health, veterinary camps and water filtration plants. This sample size provided sufficient statistical power to draw conclusions at the overall programme level and to conduct comparative analysis across selected districts and gender/vulnerability categories, as required by the evaluation framework.

2.2.2.3 Multi-Stage Stratification and Selection

The sample selection was carried out in four sequential stages, as given in (**Figure 6**), below:

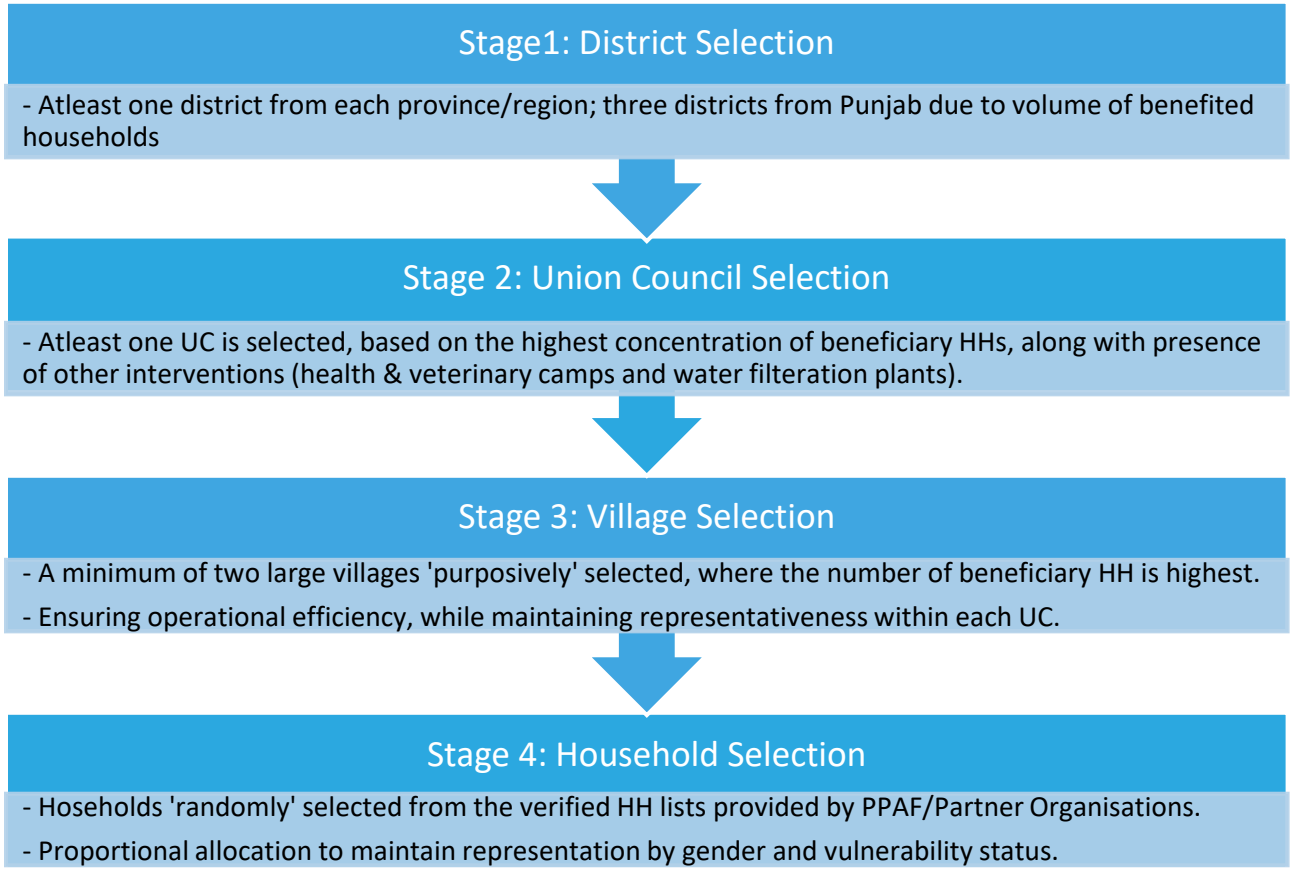


Figure 6: Stages/stratification of Sample

2.2.2.4 Sampling Size (Qualitative and Quantitative)

For FGDs and KIIs the team adopted 'purposive sampling' technique and aligned it with the HH survey locations. Each discussion group size was 15-16 participants per FGD, which ensured the needed depth of discussion. Men and women headed HHs from the verified beneficiary household lists (for separate men and women FGDs) were selected for the FGDs. It was made sure that FGD participants were the beneficiaries and involved in relief efforts coordination at village level. In addition, they were not the same individuals interviewed in the household survey, to avoid duplications, respondent fatigue and dominance bias.

KIIs were also conducted using a 'purposive sampling' approach to capture in-depth institutional, operational, and contextual insights. KII respondents were selected based on their direct role in the design, coordination, implementation, monitoring, or oversight of the project activities. The table (**Table 1**) below reflects the sample size for HH surveys, FGDs, and KIIs, which is also in line with the calculations provided in the RFP with minor adjustment and rounding off (for HH surveys):

Table 1: HH-Survey, FGDs and KIIs sample

Province/ Region	Districts	HH Surveys	FGDs	KIIs
Punjab	Multan	115	2	4
	Kasur	115	2	4
	Narowal	110	2	4
Khyber Pakhtunkhwa	Buner	100	2	4
AJ&K	Jhelum Valley	70	2	4
GB	Diamer	70	2	4
Sindh	Dadu	70	2	4
Total	**7 districts**	**650**	**14**	**28**

2.2.2.5 Replacement Sampling

To mitigate risks of non-response, absence, or refusal, the evaluation methodology incorporated a replacement sampling mechanism. Where a selected household couldn't be interviewed, a replacement household was randomly selected from the same village and stratum, using the same eligibility criteria and proportional allocation logic. This approach ensured that the desired sample size is maintained without introducing selection bias or compromising representativeness.

2.2.3. Evaluation Tools

The tools were designed in line with the approved Evaluation Framework and OECD-DAC criteria and were reviewed during field staff training, and pretesting. After getting feedback from PPAF the evaluation tools were updated before final rollout to ensure clarity, contextual appropriateness, and covering the entirety of relief interventions. All tools were translated into Urdu and provided in printed form to Supervisors and Enumerators. This ensured uniform delivery of questions, consistent interpretation of response options, adherence to standard guidance notes, and reduced the risk of interviewer-led paraphrasing or variation in question framing during field administration.

2.2.3.1 Household Survey Questionnaire

The Household Survey Questionnaire **(Annex-III)** served as the primary quantitative instrument for capturing beneficiary-level evidence across all OECD-DAC criteria, including relevance, efficiency, effectiveness, connectedness, impact, and sustainability. The questionnaire was initially developed in MS-Word (Inception Phase). After a series of iterations and technical discussions related the sequencing, digitalizing and applying skip logics, it was designed in Kobo for administration in sample districts. It was structured to collect household profile information, assistance received, responses against OECD-DAC criteria, perceptions of outcomes, and gender- and vulnerability-disaggregated responses.

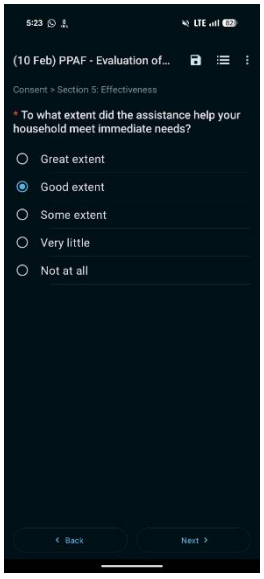


Figure 7: Kobo Mobile App Interface

2.2.3.2 Focus Group Discussion (FGD) Tool

The FGD Tool **(Annex-IV)** was developed to generate in-depth qualitative insights at community level and to complement household survey findings through collective reflection and discussion. It was organised explicitly around OECD-DAC criteria and included both open-ended discussion prompts and structured, consensus-based questions to support comparability across sample districts. The tool was

implemented after a thorough pretesting process from Supervisors focused on the sequencing of questions and probing notes to check their appropriateness for facilitating balanced participation and capturing group-level perspectives. Special emphasis was placed on effective time management to keep the participants involved and generate relevant insights.

2.2.3.3 Key Informant Interview (KII) Guides

Multiple KII Guides were developed for distinct stakeholder groups, including PPAF senior and programme management **(Annex-V)**, Partner Organisation staff **(Annex-VI)**, and district/UC-level officials **(Annex-VII)**. Each guide was tailored to the specific role and level of engagement of the respondent group, while maintaining alignment with the evaluation questions and indicators of the approved framework.

2.3. Data Quality Assurance Measures

Data quality assurance was embedded at all stages of the data collection process, consistent with best practices, ensuring availability of reliable and consistent data for analysis and reporting. Key measures implemented are given in the table below (Table-2) and feedback received through all levels was promptly incorporated to maintain data integrity.

Table 2: Data Quality Assurance Mechanism

Stage	Quality Measure	Description
Pre-Field	Enumerator Training & Pilot Testing	3-day training of enumerators and qualitative facilitators on tools, ethics, Kobo, gender sensitivity + pilot tool refinement.
Fieldwork	Daily Supervision & Validation	Urdu translations, Supervisors review forms daily for completeness, logic, and GPS accuracy.
Real-Time Monitoring	Dashboard Tracking	Upload status, enumerator performance, error flagging via Kobo system. Daily debriefing sessions of Supervisors and Enumerators with Team Lead and Himat Consulting's head office staff.
Back Checks	10 % Re-contact Verification	Random checks or re-visits to confirm accuracy and authenticity.
Data Cleaning	Error Correction & Consistency Review	Immediate resolution (< 24 hours) through feedback.
Reporting	Daily Feedback Session	Daily coordination with supervisors to ensure clean dataset.

2.4. Ethical considerations and GEDSI

Special attention was given to gender-sensitive administration. Female Enumerators were designated for interviews involving women respondents and women-specific modules to ensure comfort, privacy, and adherence to Do No Harm principles. Overall, the structured preparation phase significantly reduced the risk of interviewer bias, inconsistent interpretation, and ethical lapses during field implementation. Some key considerations include:

- Ethical protocols for informed consent, confidentiality, and respectful engagement in post-disaster contexts.
- Enumerators confirmed that explaining "this survey is not linked to future assistance" helped reduce expectation bias.
- Participation in the household surveys, FGDs, and KIIs was voluntary, and respondents were informed about the purpose of the evaluation prior to the interviews.
- Enumerators paused briefly after the 'voluntary participation' statement to ensure genuine consent.

- Gender-segregated FGDs to ensure safe and open participation of beneficiary women.
- Inclusion of indicators on women's access to hygiene, health, and dignity-related assistance,
- Assessment of differential impacts and risks faced by vulnerable groups.

2.5. Limitations of the Evaluation

The table below **(Table-3)** captures some noteworthy limitations related to this evaluation and HCPL's mitigation strategy to overcome each limitation:

Table 3: Limitations of the Evaluation

Limitation Statement	Coping Strategy
Recall Bias: Some respondents may not fully recall assistance details due to time gap.	Triangulated HH survey data with FGDs, KIIs, and project records/documents.
Short-Term Assessment: Focus on early outcomes, not long-term impact or sustainability.	Used proxy indicators and qualitative insights.
Social Desirability Bias: Respondents may overstate positive outcomes due to perceived expectations.	Used neutral questioning, ensured confidentiality, and cross-validated responses across methods.

Chapter 3. Field Data Collection

This chapter documents how primary data collection was carried out in the field across the sampled districts. It describes the deployment of trained supervisors and enumerators, the conduct of household surveys, FGDs, and KIIs, and the field realities encountered during data collection. It also explains how qualitative data were prepared, how quantitative and qualitative datasets were consolidated and analyzed, and how supervision, validation, and monitoring systems were used to maintain data quality and consistency throughout the fieldwork process.

3.1. Data Collection and Field Experiences

Field data collection was carried out through trained teams comprising Supervisors and Enumerators for each sample district (one Supervisor and 3-4 enumerators per district). The teams carried out field activities in close coordination with Partner Organization (PO) focal persons to access selected villages and identify beneficiary households based on the sampling framework.

Figure 8: Data Collection Team meeting at PO-Hands office in Dadu, Sindh

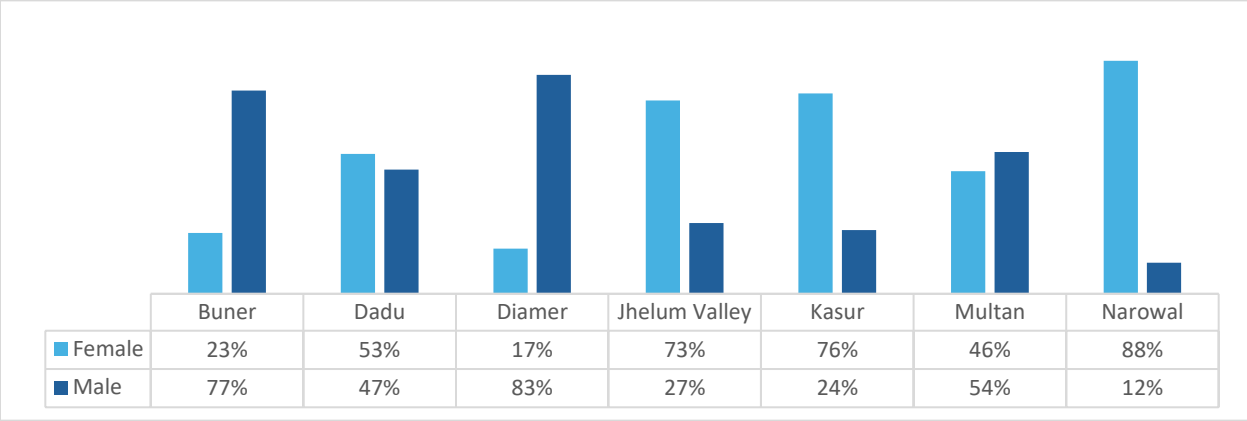
Overall, the field experience was largely smooth, supported by the familiarity of Partner Organizations with local communities and their established presence in the intervention areas. However, in some locations, field teams encountered some challenges such as difficult terrain, scattered settlements, and identifying the sample households. These were managed through flexible field planning, local/POs facilitation and replacement samples. Community response to the data collection process was generally positive. Most respondents were willing to participate and share their experiences, which was helpful in timely completion of data collection.

3.1.1. Household Survey

HH survey constituted the primary quantitative component of this evaluation. A total of 650 beneficiary households were surveyed across the sampled districts using a structured questionnaire. Enumerators administered face-to-face interviews using standardized Urdu versions of the questionnaire, ensuring clarity and consistency of questions across the board. The tool covered key aspects including household demographics, flood impacts, priority needs, assistance received, perceived relevance and effectiveness of support, and early changes in household well-being.

Figure 9: HH level data collection in district Kasur, Punjab

Special attention was given to gender-sensitive data collection. Female enumerators conducted interviews with female respondents, thereby ensuring collection of reliable data related from women headed HHs, especially w.r.t the support provided in areas of women hygiene and health. Broadly, respondents were able to understand and respond to the questions effectively. In a few cases, probing was required to support recall of events and timelines related to the floods and assistance received.



	Buner	Dadu	Diamer	Jhelum Valley	Kasur	Multan	Narowal
Female	23%	53%	17%	73%	76%	46%	88%
Male	77%	47%	83%	27%	24%	54%	12%

Figure 10: Gender-wise distribution of sample households

3.1.2. Focus Group Discussions

In total, 14 Focus Group Discussions (FGDs) were conducted in sample selected villages (same for the HH survey) to capture collective community perspectives on the relief intervention. Separate FGDs were organized with male (07 meetings) and female (07 meetings) participants, to ensure inclusion of diverse viewpoints. Participation of 16 or more beneficiaries was ensured in each discussion.

Figure 11: Supervisor facilitating a Focus Group Discussion in district Buner, KP

These FGDs explored themes such as priority needs after the floods, perceptions of targeting and distribution processes, effectiveness of assistance, and observed changes at the household and community levels. Field teams reported active participation in most FGDs, with participants openly sharing their experiences and perspectives. In some cases, facilitators had to manage group dynamics to ensure that quieter participants were encouraged to contribute to the discussion.

3.1.3. Key Informant Interviews

Key Informant Interviews (KIIs), 29 in total, were conducted with a range of stakeholders involved in the design, implementation, and coordination of the intervention. These included:

- PPAF senior and programme management
- Partner Organizations' Focal Persons
- District Administration Officials
- UC and Village/Settlement level officials and local notables

Figure 12: Supervisor conducting interview with Community Resource Person (Ashar Javed) - HDF and other locals at district Jhelum Valley, AJK

The KIIs focused on understanding implementation processes, coordination mechanisms, operational challenges, and lessons learned from the response. Respondents generally provided detailed and reflective inputs, particularly on coordination mechanisms, targeting processes, effectiveness of PPAF's relief assistance, transparent distributions and logistical challenges faced during the emergency response. These insights played an important role in contextualizing and validating the findings from household surveys and FGDs.

3.2. Qualitative Data Preparation

The qualitative component generated in-depth insights into how PPAF's 2025 flood emergency relief was experienced by affected communities, local stakeholders, and implementation teams. While quantitative data helped measure coverage, outputs, and selected outcome-level indicators, qualitative data complemented the household survey by explaining *why* and *how* the PPAF's relief assistance performed across OECD-DAC criteria of relevance, efficiency, effectiveness, connectedness, impact, and sustainability.

The analysis primarily drew data collected through FGDs and KIIs. Thematic analysis was conducted using the evaluation framework, with systematic comparison across respondent groups, provinces/regions, and vulnerability categories. Triangulation with quantitative findings (where available) strengthened the validity of conclusions. Recurring themes, contrasting perspectives, notable observations and group-specific experiences were identified and compared across respondent categories.

3.3. Data Consolidation, Analysis and Reporting

After completion of the field-based data collection, all quantitative and qualitative data were consolidated for analysis. Household survey data were compiled into a structured dataset and analyzed (in SPSS and Excel) to generate descriptive statistics, including frequencies and percentages for key indicators.

Qualitative data from FGDs and KIIs were analyzed through thematic analysis, with findings organized according to the OECD-DAC criteria.

The analysis process involved triangulation of evidence across multiple data sources to validate findings and strengthen interpretation. Quantitative results were supported and cross-examined through qualitative insights, providing a comprehensive understanding of the intervention's performance. The final outputs of the analysis were synthesized into structured results, findings, lessons learned, and recommendations presented in this evaluation report.

3.4. Data Management, Supervision and Field Monitoring

A structured supervision mechanism was established to ensure effective field management and data quality. Each district team was led by a 'Supervisor' responsible for overseeing data collection activities, guiding enumerators, and ensuring adherence to sampling protocols. Supervisors conducted daily reviews of completed questionnaires to check for completeness, consistency, and accuracy. Any discrepancies or missing information were addressed through immediate feedback to enumerators, and where needed, revisits were conducted.

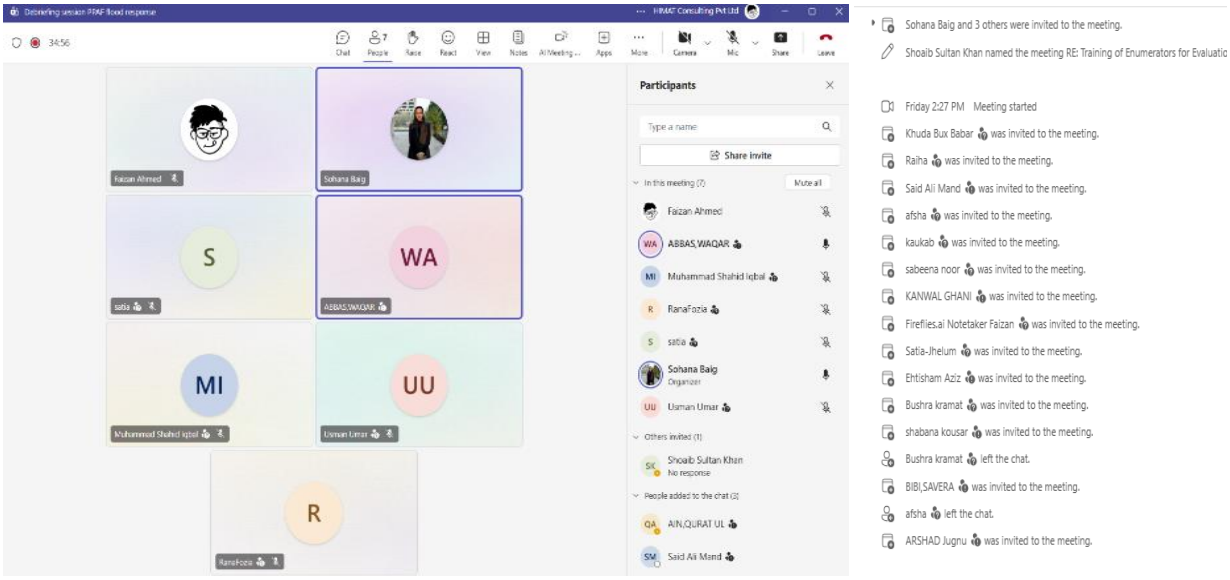


Figure 13: Daily debriefing session with Enumerators and Supervisors

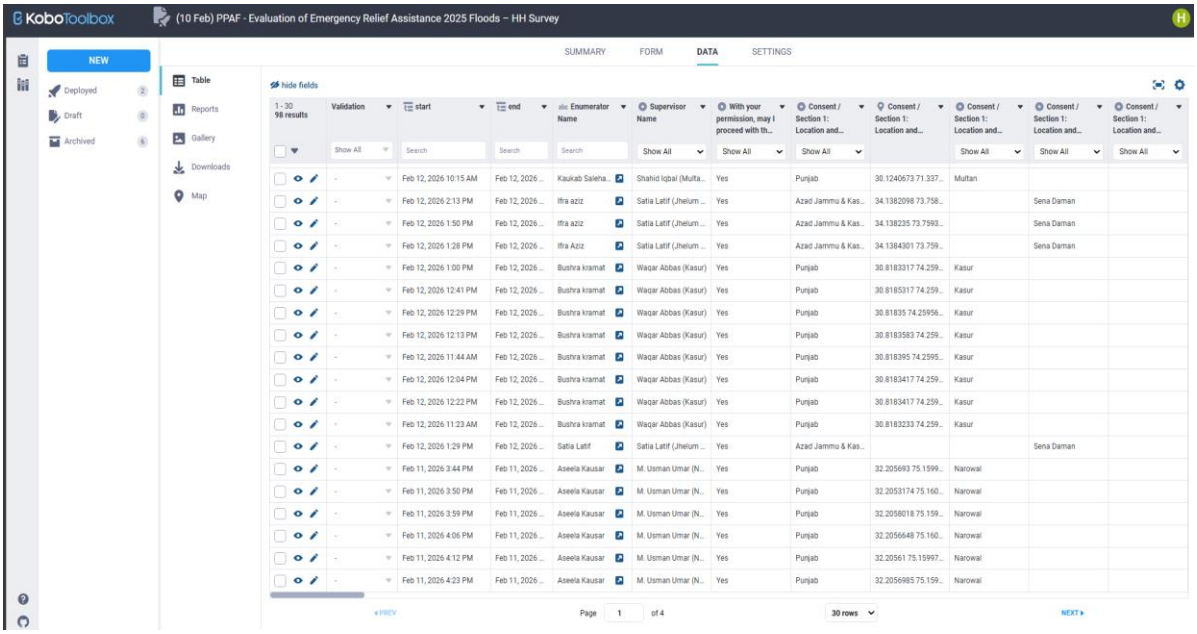
Field monitoring also included spot-checking of interviews and observation of enumerator performance to ensure that interviews were conducted in accordance with the prescribed guidelines, including ethical considerations and neutral probing techniques.

The key control measures implemented throughout the data collection process include:

- Use of standardized and pre-tested tools across all districts.
- Deployment of trained Supervisors and Enumerators, with regular hands-on guidance.

Daily review and validation of completed questionnaires by Supervisors and Head Office level.

- Reinforcement of informed consent and confidentiality protocols.
- Use of Urdu-translated tools to ensure uniform understanding and administration of tools.
- Close liaison and coordination with Partner Organizations for field facilitation



☐	-	Feb 11, 2026 ...	Feb 11, 2026 ...	KAneez.e.zahra	Rana Fozia (Dadu)	Yes	Sindh (Dadu)	26.7328073 67.836...
☑	Not approved	Feb 11, 2026 ...	Feb 11, 2026 ...	SAda.e.zainab	Rana Fozia (Dadu)	No		
☐	-	Feb 11, 2026 ...	Feb 11, 2026 ...	Sada.e.zainab	Rana Fozia (Dadu)	Yes	Sindh (Dadu)	

Figure 14: Data quality, validation and completeness checks

Chapter 4. Results and Findings

This chapter presents the core evidence generated through the evaluation by synthesizing household survey data, FGDs, KIIs, and secondary review. It assesses PPAF's emergency response against the OECD-DAC criteria of relevance, efficiency, effectiveness, connectedness, impact, and sustainability, while also examining cross-cutting issues such as GEDSI and Do No Harm. Overall, the chapter shows that the intervention was timely, relevant, and effective in meeting urgent needs and protecting vulnerable households, while also highlighting areas where stronger transition to recovery and resilience is needed.

4.1. Data Triangulation and Synthesis

The evaluation findings given in the sections of this chapter below are based on a systematic triangulation of quantitative and qualitative evidence collected through household surveys, FGDs, and KIIs. This is complemented by a comprehensive secondary data review. Quantitative data from 650 sampled households provided statistically grounded insights into coverage, satisfaction, effectiveness, and outcome-level changes, while qualitative inputs from FGDs and KIIs helped contextualize these findings, explaining underlying patterns, operational dynamics, and community perceptions.

The synthesis process involved cross-validation across these data sources. Where findings converged, they were treated as strong evidence of programme performance. Where variations emerged, particularly across districts, these were interpreted in light of contextual differences such as severity of flood impact, access constraints, and local priorities. This approach ensured that the analysis reflects both measurable results and ground realities.

4.2. Overview of OECD-DAC Criteria

The evaluation of PPAF's emergency relief assistance is structured around the OECD-DAC evaluation criteria, providing a comprehensive lens to examine programme performance. Relevance focuses on alignment with community needs and priorities in the immediate aftermath of floods. Efficiency examines the timeliness and cost-effectiveness of delivery mechanisms. Effectiveness assesses the extent to which intended outputs and short-term outcomes were achieved.

Connectedness reviews coordination and linkages with stakeholders and available systems. Impact captures early changes in household well-being and coping capacity. Sustainability explores the extent to which benefits are likely to continue beyond the relief phase. Each criterion is analyzed using integrated evidence from surveys, FGDs, and KIIs, allowing for a balanced and context-sensitive assessment.

4.3. Evaluation Findings and Results

The evaluation finds that the programme delivered a strong and timely emergency response, with clear strengths in relevance, efficiency, and effectiveness, while showing a good performance on connectedness and early impact. The assistance was well aligned with immediate community needs and reached deserving and vulnerable households, with high levels of beneficiary satisfaction and timely delivery. It played a critical protective role by stabilizing household conditions, improving access to food, health, and water, and reducing reliance on negative coping strategies. Coordination with local actors and institutions was generally effective, enabling smooth implementation and minimizing duplication. Overall, the

programme performed strongly as a relief intervention, while highlighting the need to better integrate early recovery and resilience components in future responses.

> "PPAF was amongst the first responders to reach the flood-affected communities. Its well-coordinated and systematic efforts have set a new benchmark for humanitarian assistance. PPAF's presence on the ground, its strong partnerships and the transparency reflect what effective national response should look like."
>
> ***Federal Minister for Poverty Alleviation and Social Safety, Syed Imran Ahmad Shah***

4.3.1. Relevance

Findings indicate a strong alignment between the assistance provided and the priority needs of affected households. 65% of households reported that the assistance addressed all three of their top priority needs (Food, Medical Care & Safe Drinking Water). The most prioritized needs included food, medical care, and safe drinking water, reflecting the immediate survival concerns in the post-flood context.

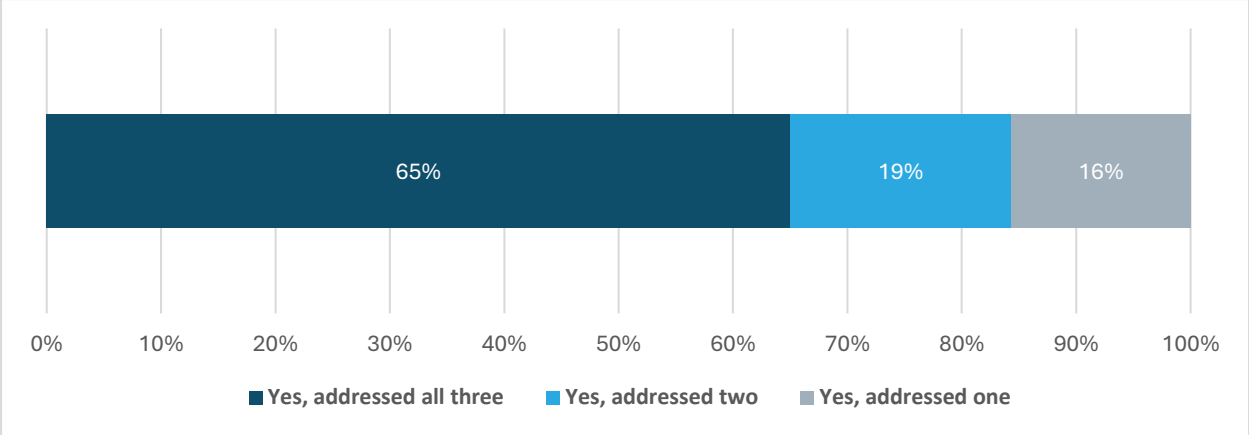


Figure 15: HHs reported, relief assistance met their top priority needs

Targeting effectiveness is further supported by the fact that around 50% of beneficiary households were BISP recipients (Figure 16), indicating that the intervention reached economically vulnerable populations. Additionally, over 90% of beneficiaries rated the assistance as relevant or extremely relevant (Figure 17), reinforcing strong alignment with community needs. This data reflects the responses collected from sample households related to the PPAF's interventions relevance to the local community needs.

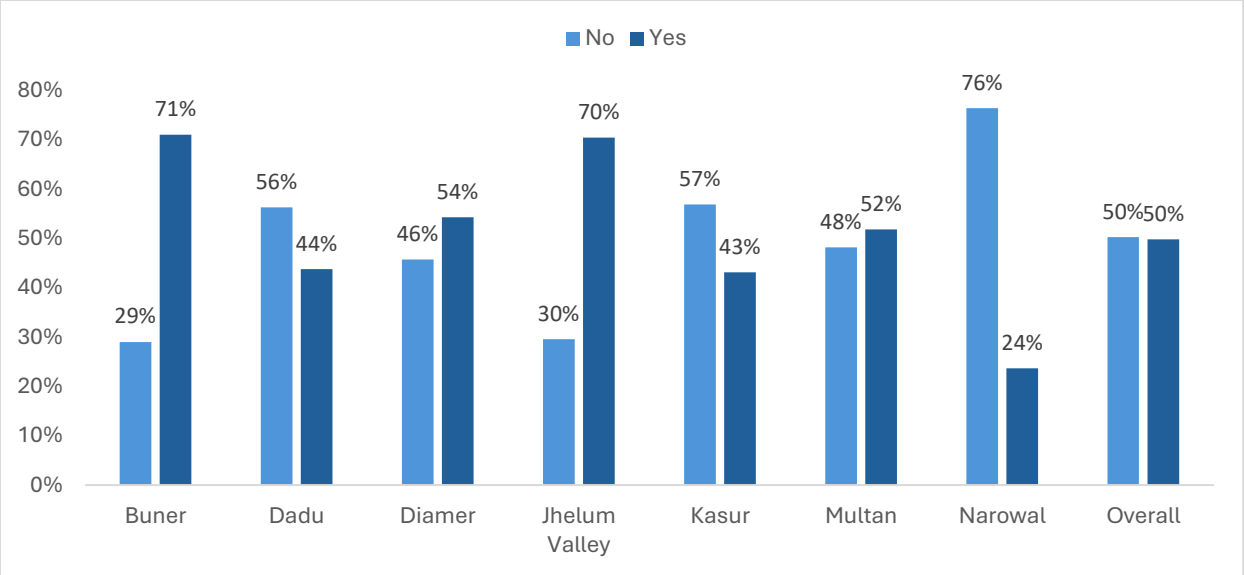


Figure 16: Households which are BISP beneficiaries

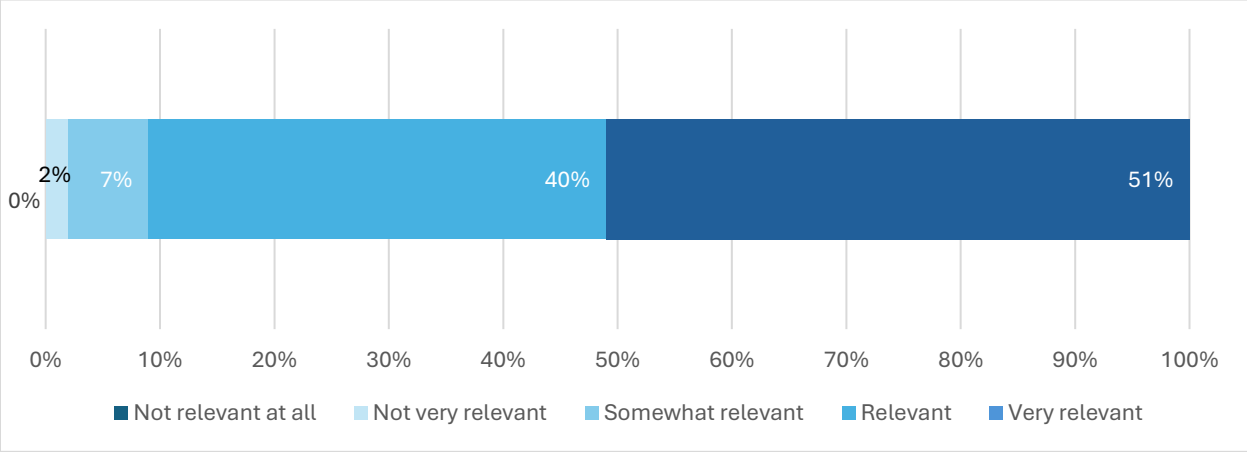


Figure 17: Households reporting relevance of interventions with local needs

Qualitative findings reinforce these results. FGDs highlighted that food, hygiene kits, and water-related support were particularly valuable in areas where market access and water systems were disrupted. Women respondents specifically emphasized the importance of hygiene items in maintaining household dignity and daily functioning. KIIs further highlighted that inclusion of food assistance; hygiene items & water-related support was particularly relevant in locations where flood damage had disrupted access to markets and safe water sources.

Women were specifically asked (through the women enumerators) to share their experiences w.r.t the needs and priorities of women or girls that were addressed by the assistance they received (Figure 18). Amongst the responses "Hygiene and Menstrual Items" was shared by 34% of the women respondents as their most relevant need that was addressed through the assistance package they received.

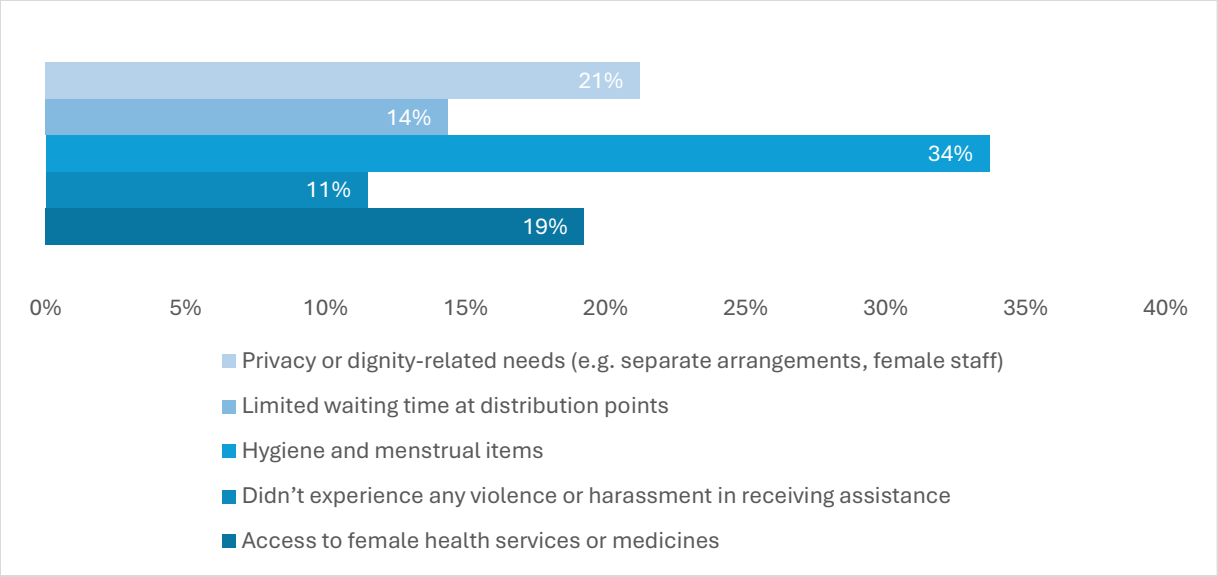


Figure 18: Needs & priorities of women or girls addressed by the assistance

The figure below (Figure 19) captures the community-level and PPAF's targeting (and its clear communication at local levels) relevance affecting household's ability to benefit from the relief assistance.

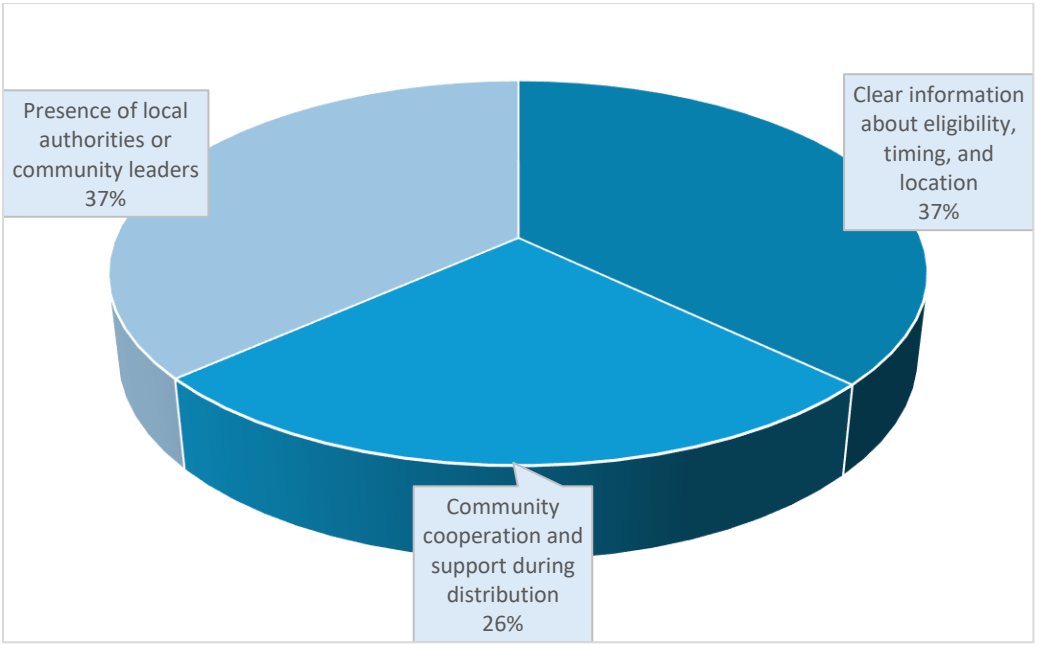


Figure 19: Factors affecting HH's ability to benefit from the relief assistance

4.3.2. Efficiency

The intervention demonstrates high levels of efficiency, particularly in terms of rapid response and delivery mechanisms. A significant 89% of households reported that PPAF was among the first responders, highlighting strong institutional readiness. In terms of timeliness, 75% of households received assistance within the first four weeks, including around 30% within 1–2 weeks.

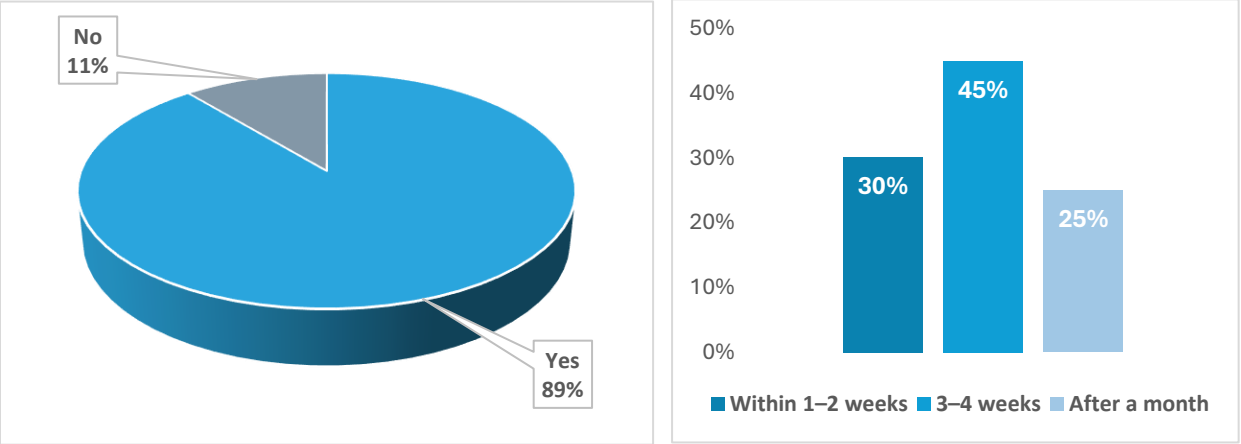


Figure 20: HHs reporting PPAF amongst the first responders to provide relief assistance (left) and Timelines – HHs received assistance after the floods (right)

Accessibility of distribution processes was rated highly, with over 95% of respondents reporting 'clear prior information' and 'convenient access to distribution points. Key enabling factors included prior approval of emergency funds, pre-qualified vendor networks, and the use of digital management systems to ensure supply chain visibility.

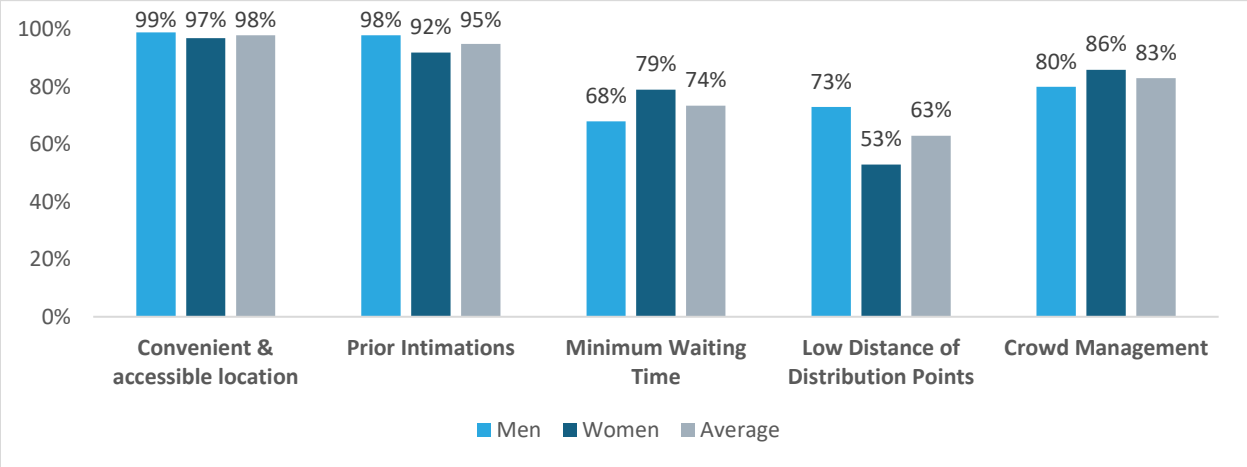


Figure 21: Factors affecting accessibility of HHs in receiving assistance packages

Evidence from FGDs and KIIs further strengthens these findings. FGDs described distribution processes as organized and respectful, with no major procedural issues. KIIs highlighted the role of Partner Organizations' local presence and familiarity with communities in facilitating efficient targeting and delivery. However, a few localized delays were reported, primarily linked to verification processes, access constraints, and coordination challenges at the field level.

Another vital feature which contributed towards PPAF's efficient implementation is its 'Centralised Monitoring Dashboard'. Figure 20 below shows its homepage. The web-based interface was accessible to all the management levels from senior managers to field-level distribution partners' staff.

Figure 22: PPAF's Centralised Monitoring Dashboard

4.3.3. Effectiveness

The intervention was highly effective in achieving its intended outputs and immediate outcomes. Survey data indicates that over 95% of households reported that assistance met their immediate post-flood needs to a 'good' or 'great' extent, with high levels of overall satisfaction.

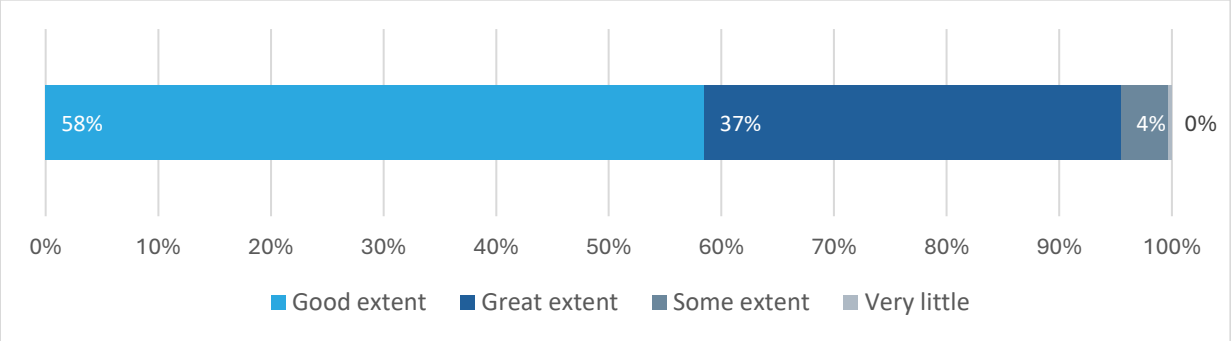


Figure 23: HHs reporting PPAF's Assistance helped meet post-flood immediate needs

Disaggregated analysis of satisfaction levels shows strong approval across all assistance components, particularly for water filtration plants, food items, and hygiene kits, where satisfaction levels were consistently high. Additionally, around 70% of households reported that food assistance increased meal frequency and met their daily consumption needs.

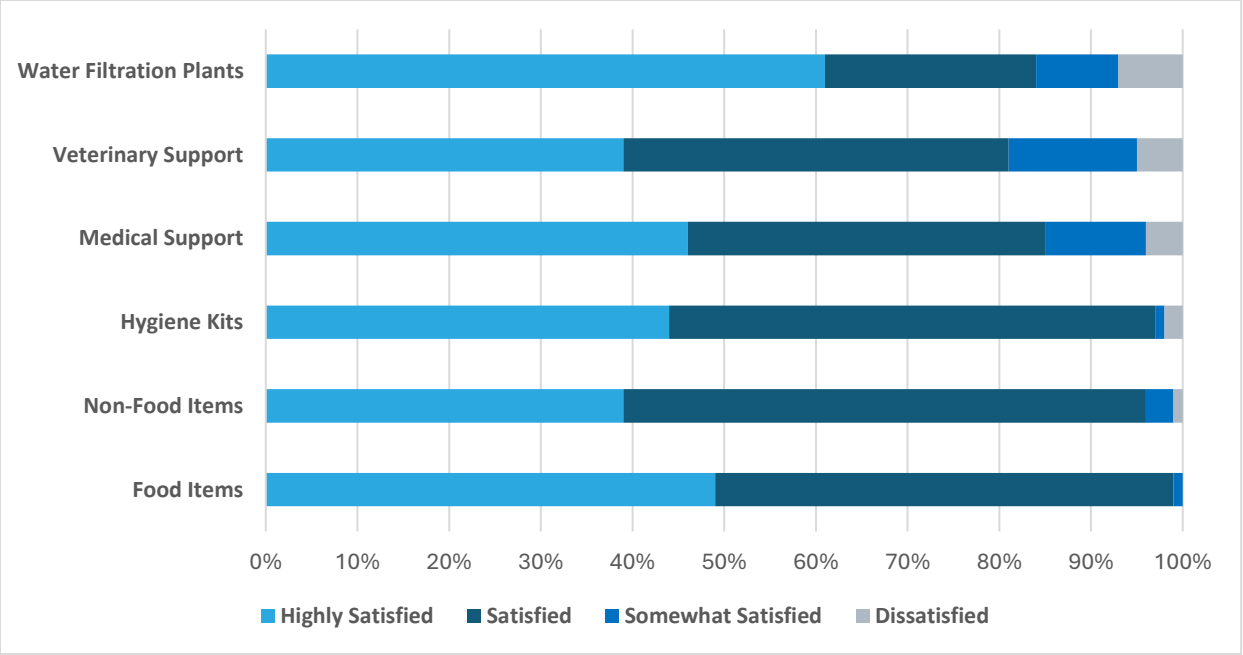


Figure 24: Relief Assistance Interventions - Households' level of satisfaction

Women-specific questions were administered through women enumerators during the HHs data collection. The contents of 'hygiene kit' included items to meet women daily dignity needs. The below pie-chart reflects the levels of satisfaction women showed w.r.t the contents of the hygiene kits distributed as part of the assistance package. The majority of women respondents i.e. 90% rated the contents of hygiene kits to be highly effective/effective in a situation where floods completely changed the dynamics of their daily life.:

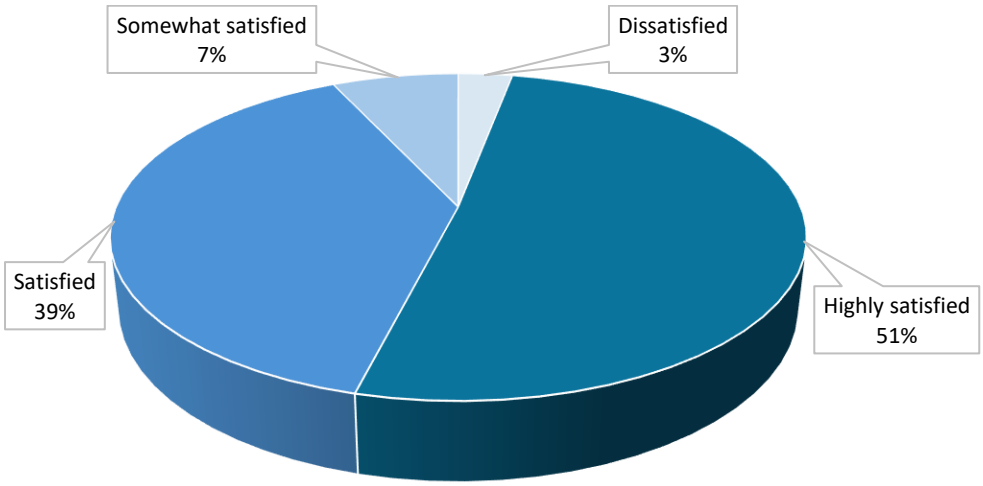


Figure 25: Women/girls satisfaction with contents of hygiene kits

The figures below (Figure 26 & 27) reflect the overall effectiveness of the 'Medical Camps' and 'Veterinary Camps' launched by PPAF in partnership with various stakeholders.

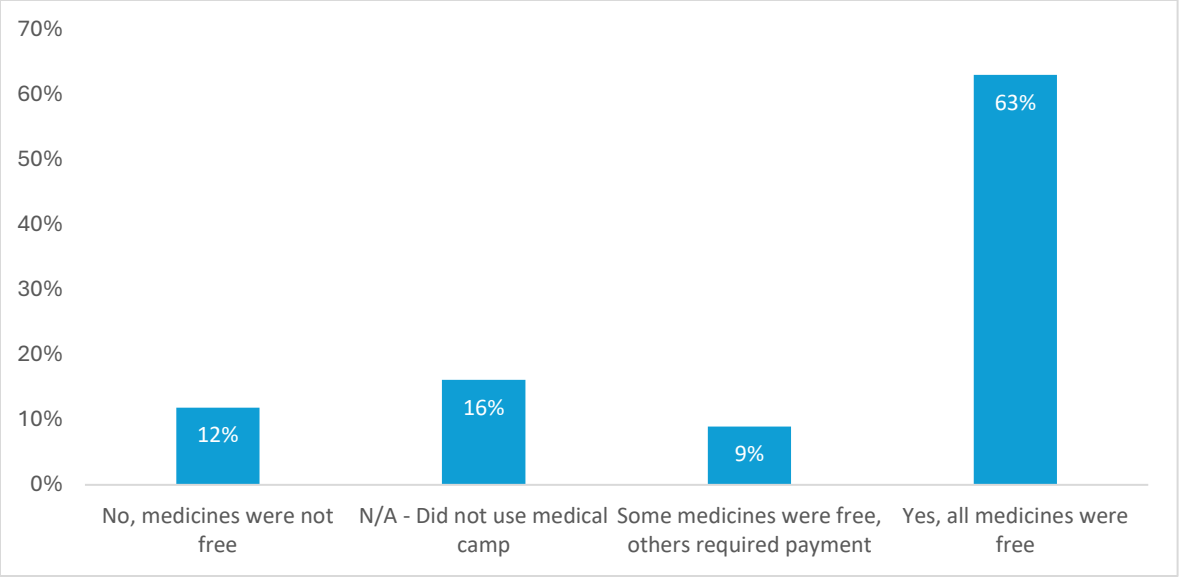


Figure 26: Respondents reporting on availability of medicines at Medical Camps

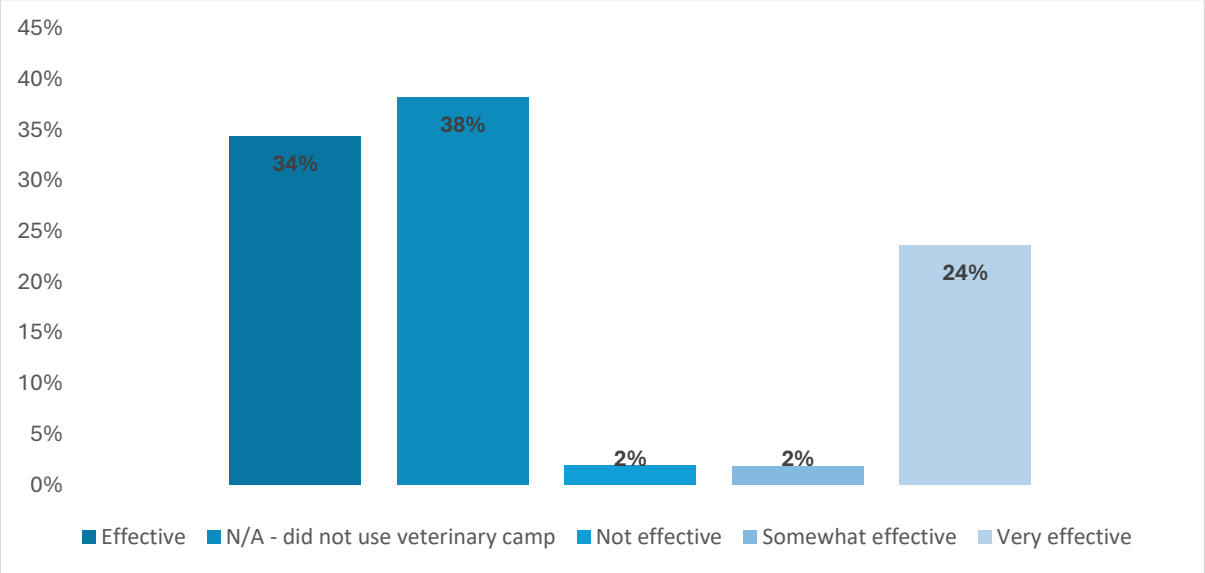


Figure 27: Respondents reporting effectiveness of 'Veterinary Camps" organised in their Union Councils

Qualitative findings (from FGDs and KIIs) further confirm effectiveness in PPAF's relief assistance package and interventions. The key evidence documented during these sessions include:

- Interviews with PO's staff cited 'online MIS' to be a critical success factor in effectively targeting the beneficiaries and overall supply chain management.
- Majority of FGDs reported that medical camps treated common flood-related illnesses and reduced the burden of 'paying' for treatment.
- Key informants viewed the intervention as aligned with flood-affectees requirements, especially in locations where formal service systems were disrupted or unable to respond adequately.
- Veterinary services helped protect animals that were central to household livelihoods in several areas (though it was not relevant for all the communities across the board).

4.3.4. Connectedness

The evaluation finds strong evidence of PPAF's effective coordination and connectedness across stakeholders. Survey findings indicate that assistance was largely distinct or only minimally overlapping with support received by beneficiaries from other sources/programmes, suggesting good coordination and reduced duplication.

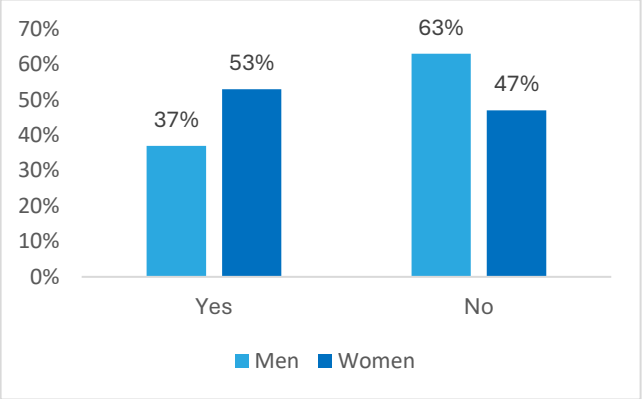


Figure 28: Households having received flood relief assistance from other organizations or government

The analysis in figure below (Figure 29) reflects % of HHs reporting "Yes" in graph (**Figure 23**), meaningly the beneficiaries which received assistance from other sources (government, UN, NGOs, etc.), majority of them reported that PPAF's assistance package was either completely unique (blue bars in graph) from others or there were minimal level of items similar to others (grey bars in graph)

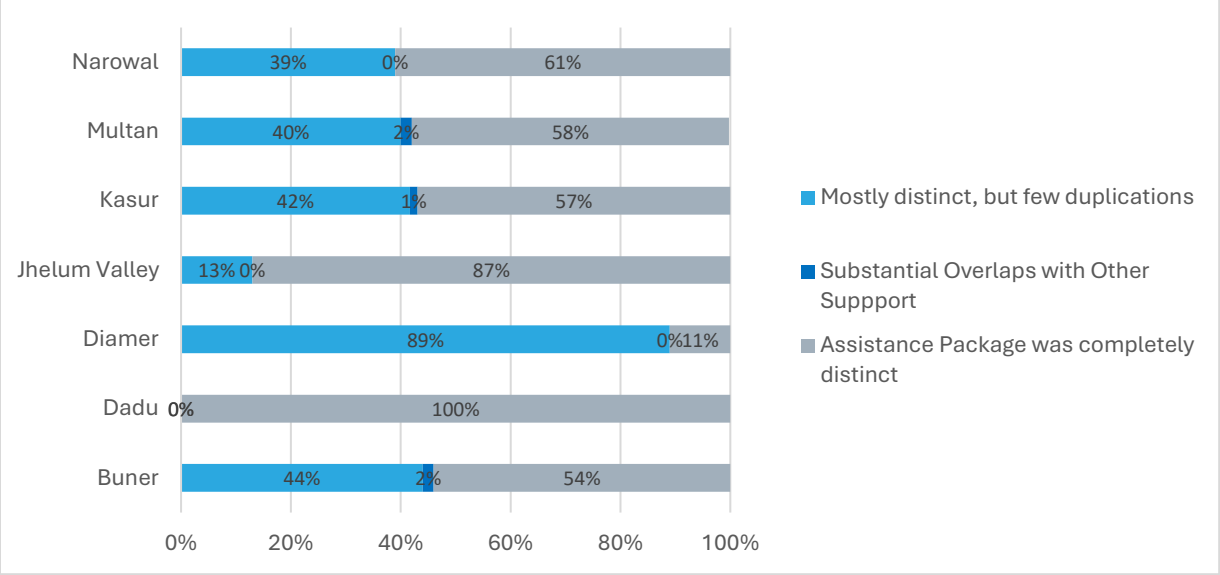


Figure 29: PPAF's assistance complemented other support you received or were there overlaps/duplications?

The evidence from qualitative discussions broadly reinforced the HH survey findings. In addition, the following key pointers were identified:

- Coordination, partnership, and transparency acted as defining features of an effective response, setting a benchmark for future humanitarian work.
- Key informants reported: district-level coordination meetings & information sharing mechanisms with NDMA/PDMAs helped guide geographic targeting and reduce potential duplication of assistance .
- Strategic engagement of senior political leaders emerged as a pivotal mechanism for accelerating relief-package distribution, resulting in better bureaucratic responsiveness and undivided administrative attention.

- Productive connectedness between district administration, PPAF, and its partner organizations – enabled seamless communication, joint information sharing, and coordinated planning that contributed to a notably coherent and well-managed district-wide response.
- Weekly coordination meetings with all the stakeholders served as key platforms for reviewing field updates, identifying gaps and duplications, and ensuring that relief efforts sufficiently avoided overlap.
- Pre-existing local networks and CRPs – Local actors helped communicate, verify, organize, distribute and maintain trust.
- Coordination, partnership, and transparency acted as defining features of an effective response, setting a benchmark for future humanitarian work.
- Strong partnership between PPAF and partners such as Allied Bank Limited (ABL) and Transparent Hands (medical camps and supplies) helped leverage financial and technical resources for enhanced beneficiary coverage.

4.3.5. Impact

The interventions within PPAF's relief assistance package contributed to meaningful short-term improvements/ impact in household well-being. A substantial 91% of households reported reduced need to borrow money or sell assets, indicating a protective effect against negative coping strategies.

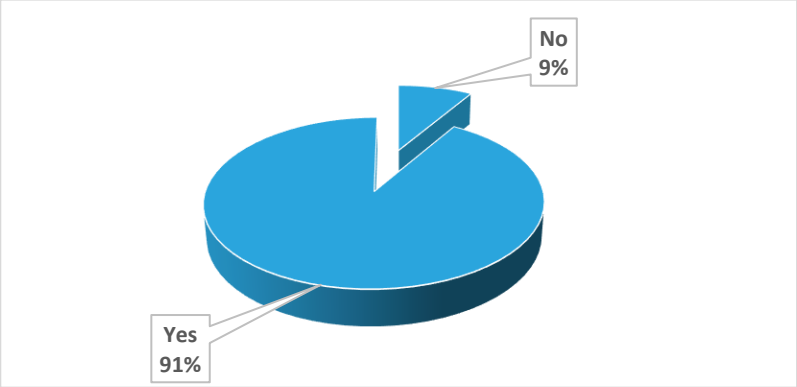


Figure 30: PPAF's assistance reduced household's need to borrow money or sell assets?

Similarly, a large proportion of households reported improvements in overall well-being at household level, with most indicating changes to a 'good' or 'great' extent following the assistance.

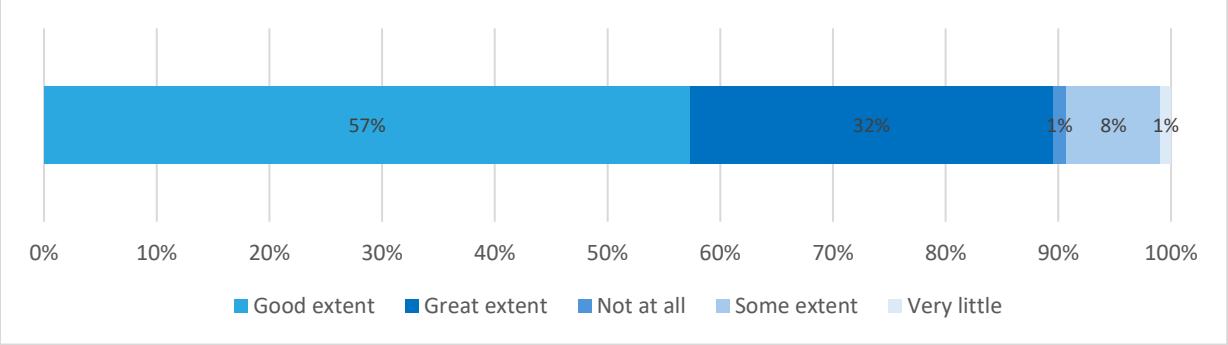


Figure 31: Households' well-being changed compared to before receiving PPAF's relief assistance

The most significant impact that PPAF's assistance created at the community and household-level was the immediate availability of 'food items' at the doorsteps of flood affected, which helped meet their daily dietary requirements without being forced to sell their assets or borrow money.

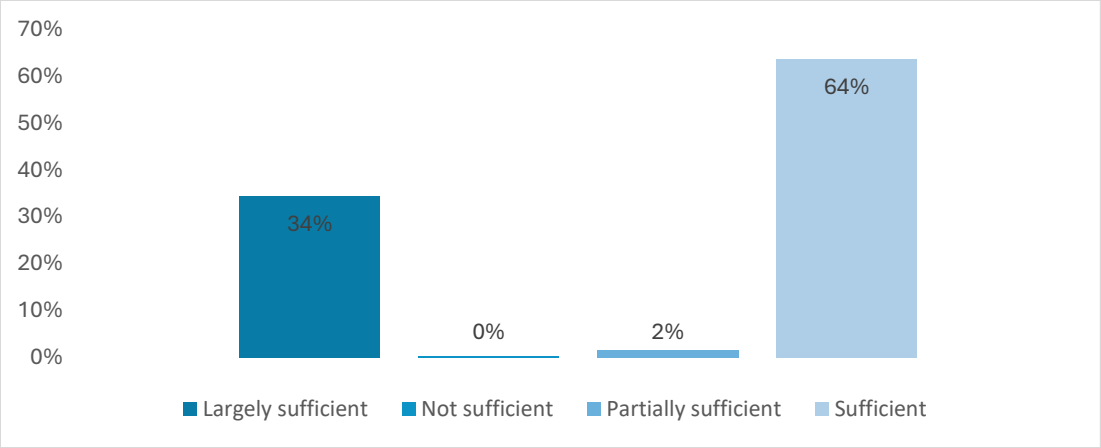


Figure 32: HHs reporting impact of PPAF's assistance towards meeting their immediate food needs

The other major impact was helping the communities in managing their family's health needs, through the Medical Camps and availability of free medicine. This helped households to avoid spending money on health issues and priorities other pressing needs.

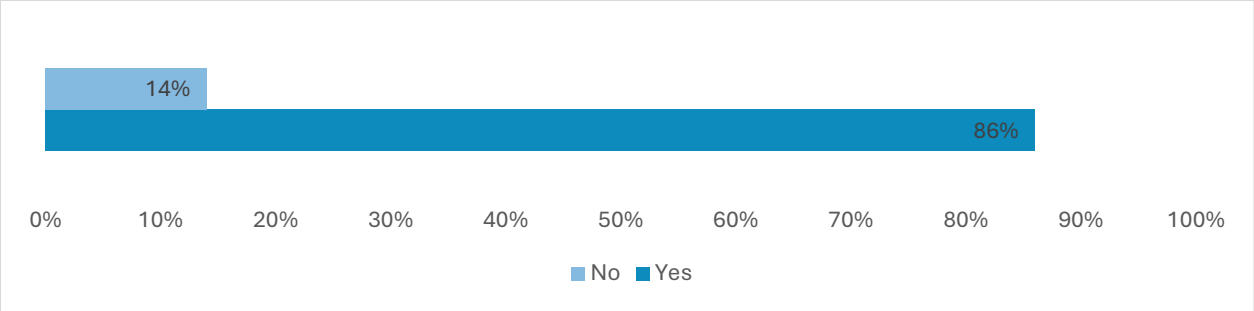


Figure 33: HHs able to save or avoid spending money that would otherwise have been used for illness or treatment

Access to safe water also contributed to improved health outcomes, with more than 70% of respondents confirming reduced flood-related disease risks due to PPAF's support in facilitating access to safe drinking water through water filtration plants.

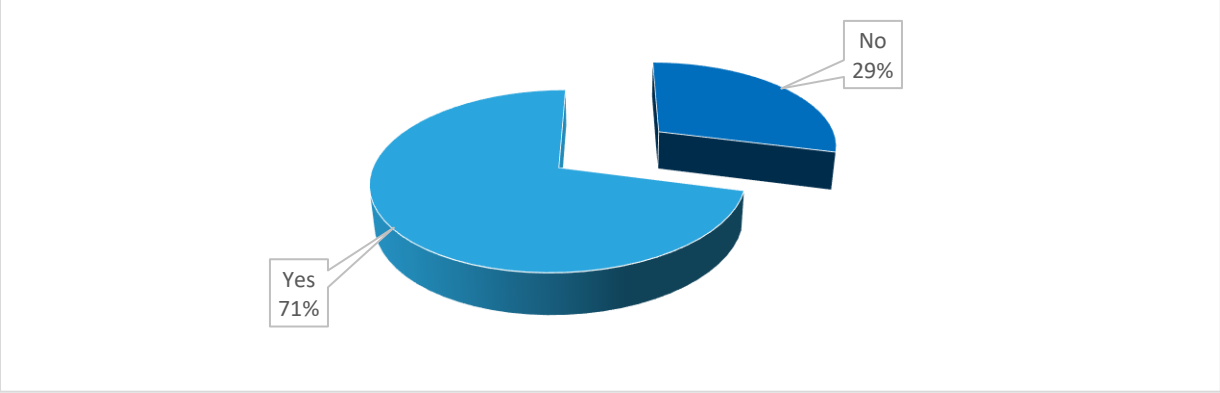


Figure 34: HHs confirming Water Filtration Plants helped reduce chances of flood-related diseases

The pie-chart below shows some immediate positive impacts of PPAF's assistance for aspects related to daily food needs, health, stress, etc.

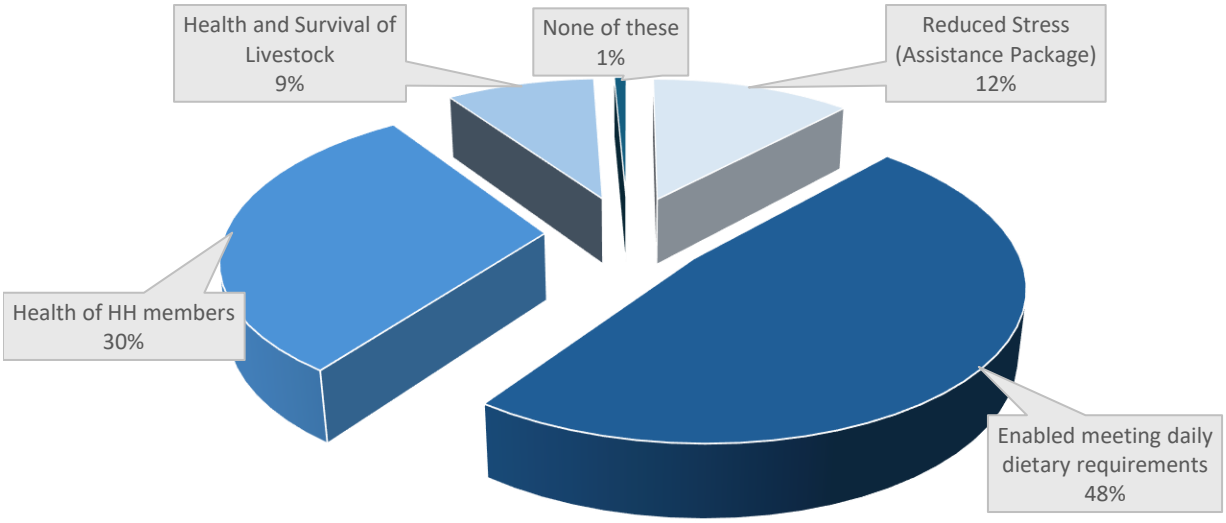


Figure 35: Household experience positive changes after receiving assistance

The graph below reflects the early indications of positive changes reported by women respondents; they experienced as a result of this assistance, enhancing their community-level role and more awareness regrading disasters and available services.

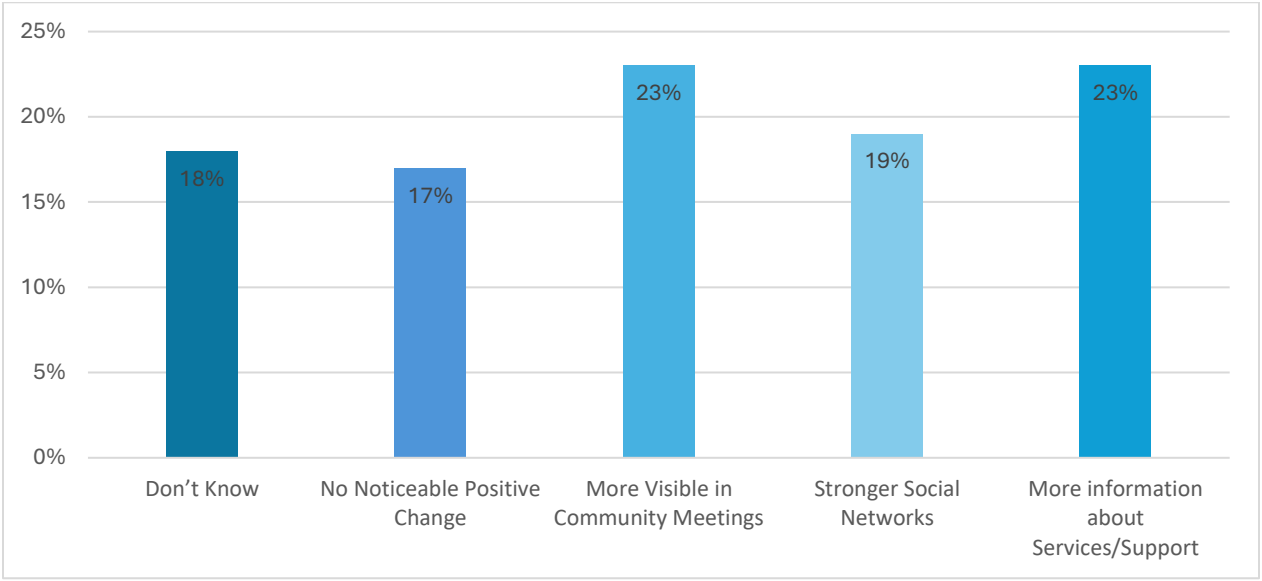


Figure 36: Women experiencing early indications of positive change

Qualitative insights suggest that while the intervention did not fully eliminate financial stress, it provided critical support that helped households manage immediate pressures and avoid severe coping mechanisms. FGDs indicated that the presence of free veterinary and medical services contributed to addressing urgent health concerns among both community members and livestock-dependent

households, and enabling households to save money related to paid health services. Women also reported early signs of increased visibility and stronger social networks, indicating emerging social impacts beyond immediate relief.

4.3.6. Sustainability

The evaluation findings suggest that while the intervention delivered strong immediate impact, sustainability remains mixed. A large proportion of households (89%) reported that they were able to cope better with flood impacts, selecting their ability to a 'good' or 'great' extent following the assistance.

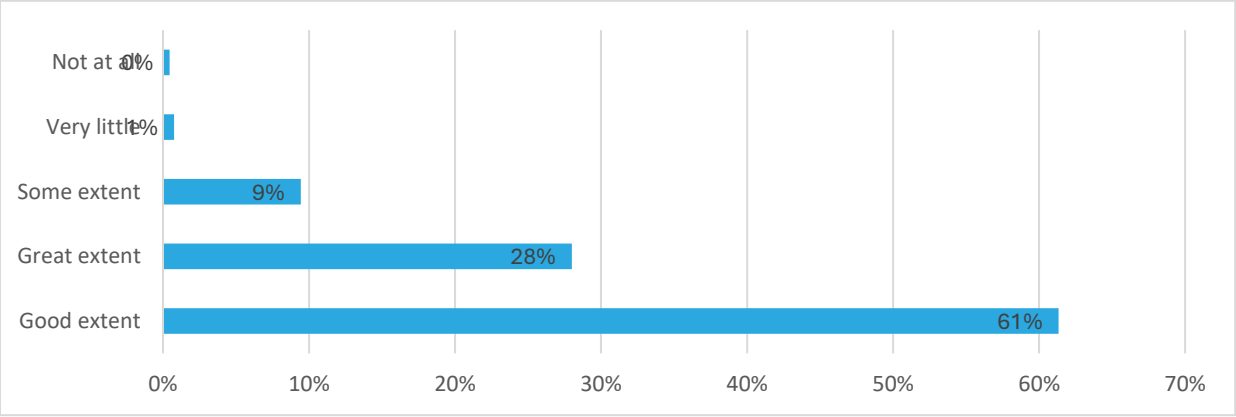


Figure 37: Extent PPAF's assistance helped households cope better with flood impacts

A total 74% of women reported continued access to health services post-relief, indicating some sustained benefits.

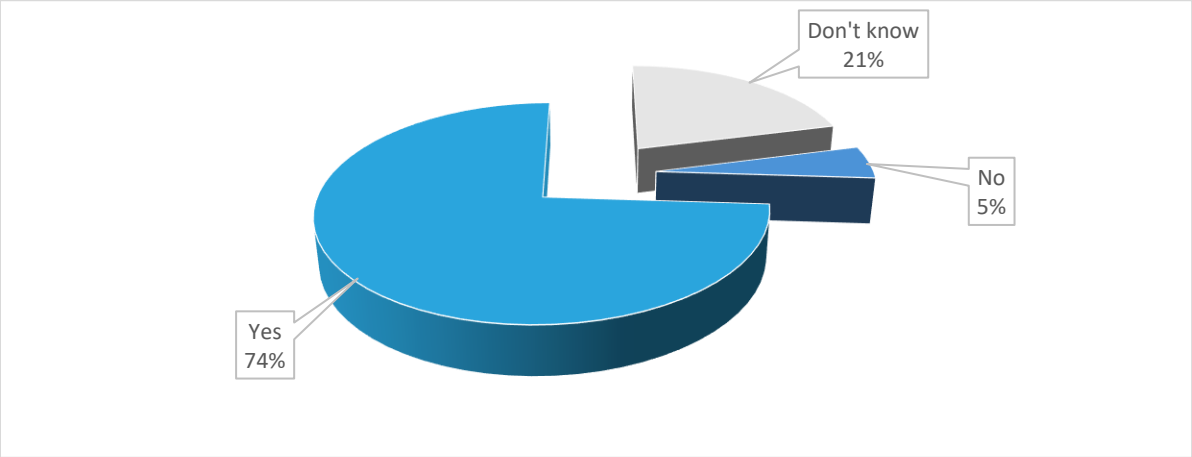


Figure 38: Post Relief-Assistance, women able to continue accessing Health Services

In terms of households establishing or strengthening post-assistance linkages and contacts with relevant local and government entities, the survey results indicate that where linkages sustained, they were primarily with community organizations and local government services. And nearly 29% of households reported no new or strengthened institutional linkages. The graph below (**figure 31**) depicts data related to sustained linkages creation.

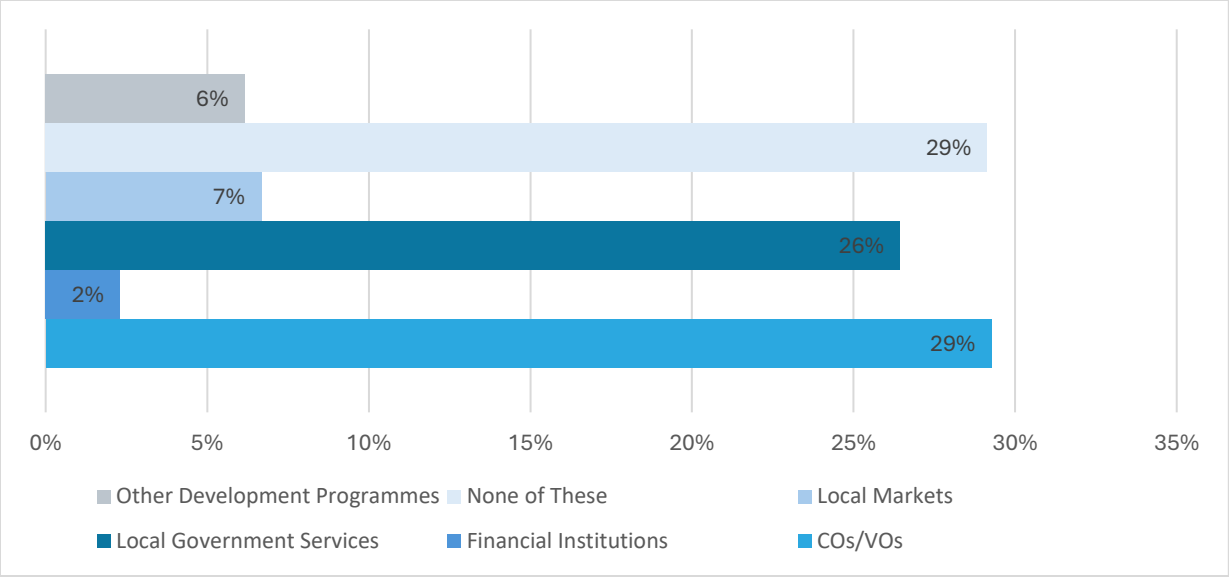


Figure 39: Post Relief-Assistance, Households Established/Strengthened Contacts

And the figure below (Figure 40) shows the utilization of these established/strengthened contacts, when asked by respondents, if they any of the household members used any of these contacts in last three months:

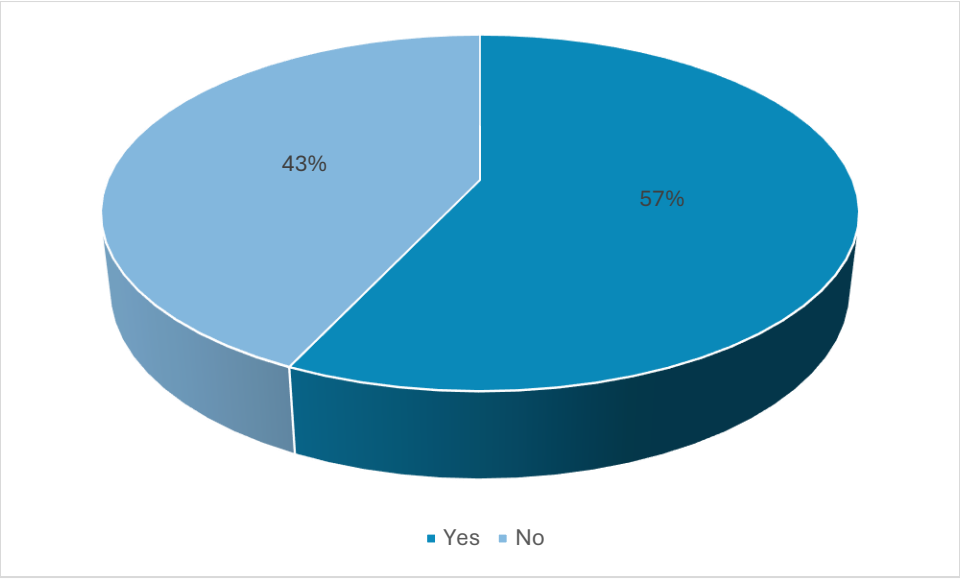


Figure 40: Respondent utilizing the strengthened/established contacts in last three months

Qualitative findings emphasize that long-term recovery depends on follow-on interventions. Communities highlighted the need for livelihood support, early warning systems, environmental measures, and income-generation activities to sustain gains. Existing community structures, including those established during the 2022 flood response, were found to play a catalytic role in sustaining communication and support mechanisms. FGDs also indicated that community members continued to rely on established communication channels, such as phones, WhatsApp groups, mosque announcements, and collective meetings, alongside active roles played by community leaders, COs, VOs, and women's groups in information sharing and mutual support.

4.4. Cross-Cutting Themes

The evaluation findings indicate that Gender Equality, Disability, and Social Inclusion (GEDSI) considerations were meaningfully reflected in the design and delivery of the intervention, particularly through inclusive targeting, high satisfaction levels among women beneficiaries, and equitable access to services.

Quantitative results show that around 90% of women beneficiaries reported their satisfaction with the contents of hygiene kit. Women FGD notes also reflected the same notion that inclusion of hygiene kit in the relief assistance package surely contributed towards addressing women needs and dignity.

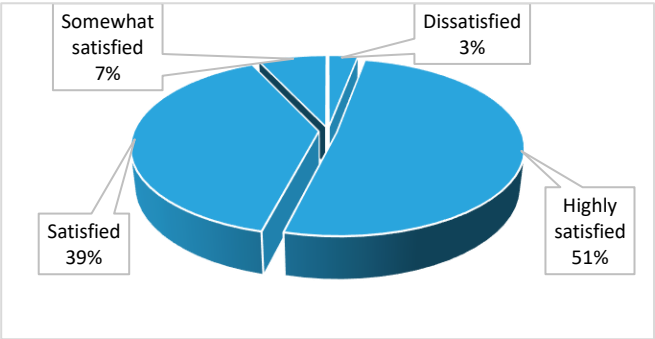


Figure 41: Women Satisfaction with contents of Hygiene Kits

In terms of early indications of positive change (impact), a majority percentage of women respondents reported having more information about services/support or having stronger social network post flood relief assistance.

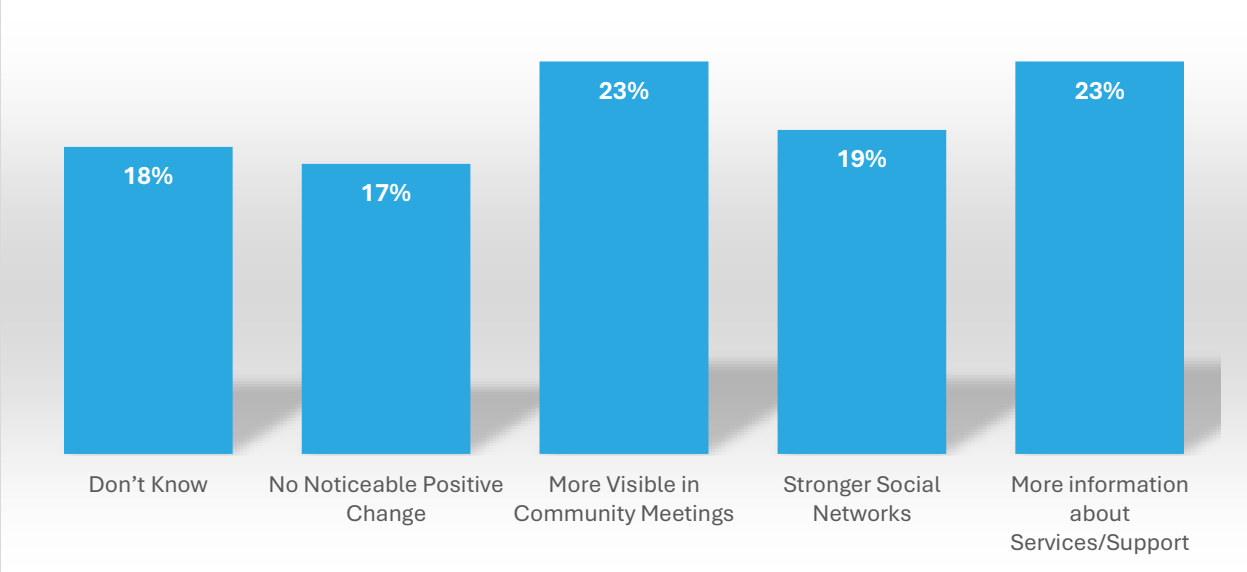


Figure 42: Women experiencing early indications of positive change

The below graph **(Figure34)** reflects both men and women equally benefited from PPAF's assistance in the form of medical camps for flood-affected communities.

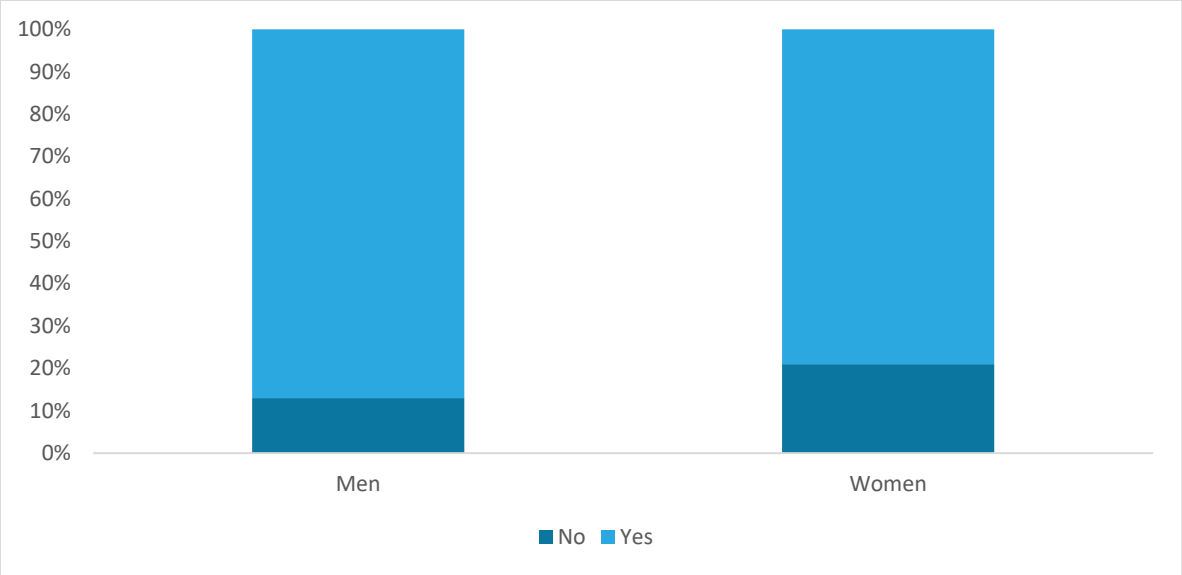


Figure 43: HHs able to save money after receiving services through the Medical Camps

Qualitative findings reinforce these results, with women in FGDs highlighting the importance of hygiene kits, access to medical camps, and improved availability of safe water as key contributors to household well-being and dignity. In some cases, women also reported increased participation in community discussions and stronger informal support networks, indicating early signs of positive social change.

From a Do No Harm perspective, the intervention was largely implemented in a manner that minimized risks of social tension and exclusion. Survey findings reflect strong satisfaction with targeting and distribution processes, and FGDs generally described these processes as transparent and well-organized. However, in contexts where needs were widespread, some resentment among non-beneficiaries was reported, not as a result of flawed targeting, but due to the visible distinction between recipients and non-recipients in highly affected communities. This highlights the sensitivity of humanitarian targeting in resource-constrained settings. Importantly, there was no evidence of elite capture, significant conflict, or misuse of resources. Coordination with local actors, use of community structures, and clear communication during distributions contributed to maintaining trust and social cohesion. Overall, while the intervention adhered well to Do No Harm principles, the findings suggest that enhanced communication and community engagement could further mitigate perceptions of exclusion in future responses.

4.5. Process, Risks and Safeguarding

The evaluation findings indicate that PPAF's emergency relief assistance was implemented through processes that were largely perceived by beneficiaries as transparent, well-organized, and respectful. Household survey results suggest that the majority of respondents received timely information regarding distributions, understood the eligibility and distribution processes, and reported that assistance was delivered in an orderly and dignified manner. Beneficiaries generally indicated that field teams demonstrated respectful behaviour during interactions, with no widespread concerns regarding discrimination or preferential treatment.

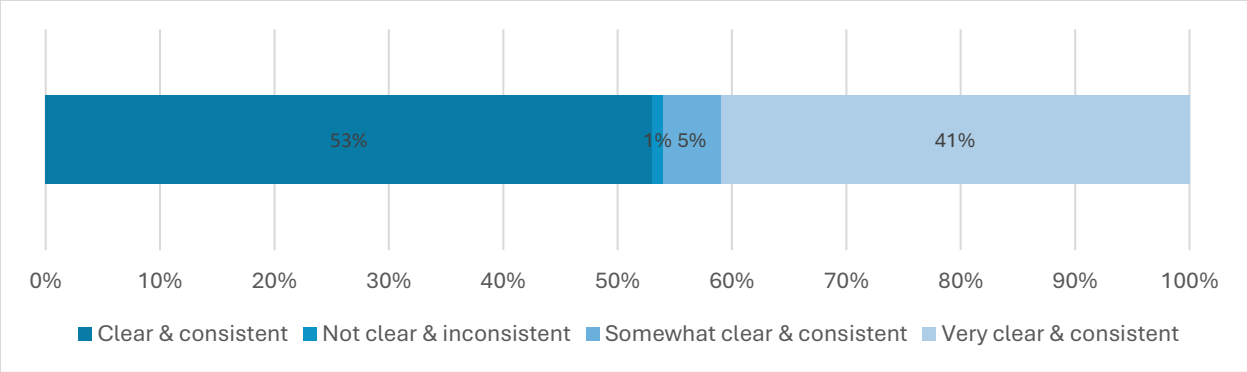


Figure 44: HHs reporting their perception of clear and consistent processes for receiving relief assistance

Household survey findings indicate that largely beneficiary households were largely aware of the available complaints and feedback mechanisms (Figure 45), suggesting that information on raising concerns or seeking clarification was effectively communicated during programme implementation. Qualitative consultations further confirmed that communities generally knew whom to approach, either through Partner Organization staff, Community Resource Persons (CRPs), or local focal persons, contributing to transparency, accountability, and beneficiary confidence in the intervention.

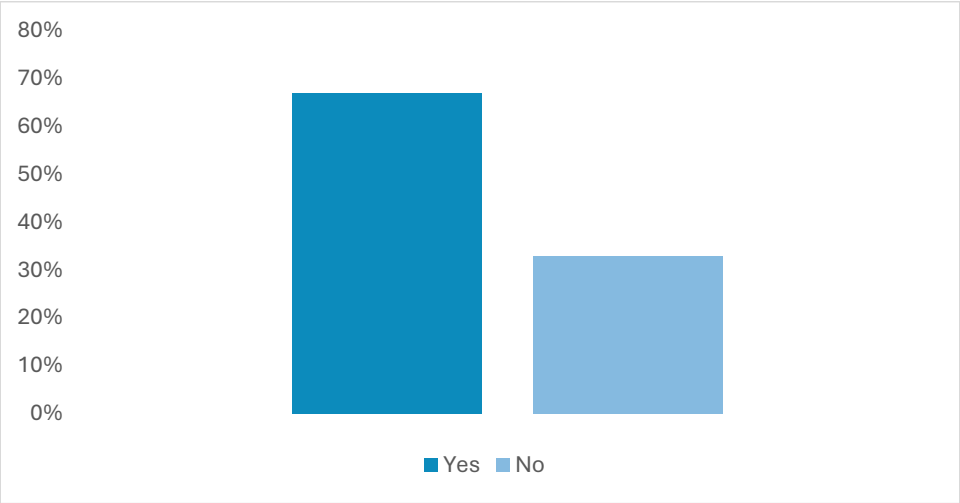


Figure 45: HHs reporting their awareness on available complaints management

From a safeguarding perspective, the evaluation found no evidence of systematic protection concerns, exploitation, abuse, or coercive practices associated with the delivery of assistance. Female respondents participating in the household survey and Focus Group Discussions reported that they were generally able to access assistance safely and without restrictions. 97% HHs repeated that women were treated respectfully during the assistance delivery. Qualitative findings further suggest that the presence of Partner Organizations' local staff and Community Resource Persons (CRPs) contributed to maintaining trust, facilitating communication, and reducing potential protection risks during distributions.

The assessment nevertheless identified a few operational risks inherent to large-scale humanitarian responses. In communities where flood impacts were extensive, some non-beneficiary households expressed dissatisfaction over exclusion from assistance, despite generally acknowledging that targeting had prioritized the most vulnerable families. This reflects a common humanitarian challenge where

resource limitations may create perceptions of inequity rather than shortcomings in the targeting methodology itself.

Chapter 5. Conclusion and Recommendations

This chapter synthesizes the overall findings of the evaluation and presents the key conclusions emerging from the assessment of PPAF's emergency relief assistance using the OECD-DAC criteria. It highlights the programme's major strengths, particularly in terms of relevance, timeliness, efficiency, effectiveness, and coordination, while also reflecting on the limitations of a short-term relief approach in addressing longer-term recovery and resilience needs. The chapter further distills the main lessons learned and best practices identified through the evaluation and translates them into a forward-looking agenda for strengthening future humanitarian programming. In doing so, it provides a clear evidence-based bridge between findings and action, ensuring that the evaluation contributes not only to accountability, but also to institutional learning and improved response design.

5.1. Conclusion

The evaluation concludes that PPAF's Emergency Relief Assistance to the 2025 flood-affected communities was a timely, relevant, and operationally effective response that addressed critical survival needs during the immediate post-disaster period. The programme performed strongly across the core OECD-DAC criteria, particularly in relation to relevance, efficiency, effectiveness, and connectedness. Evidence from the household survey, FGDs, KIIs, and document review consistently shows that the assistance package responded well to the priority needs of affected households, especially food, safe drinking water, hygiene support, medical care, and veterinary services. The intervention also reached economically vulnerable groups, with a substantial proportion of beneficiaries already linked to BISP, and was generally perceived by communities as well-targeted, useful, and responsive to local realities.

In terms of efficiency, the response demonstrated strong institutional readiness and field-level coordination. A large majority of households identified PPAF as among the first responders, and most surveyed households reported receiving assistance within the first four weeks of the floods. This was made possible through a combination of early fund mobilization, use of pre-qualified vendors, digital management systems, partner presence in affected locations, and reliance on local community structures and Community Resource Persons. Distribution arrangements were largely viewed as organized and accessible, and the response appears to have achieved strong value for money by leveraging existing networks rather than creating parallel systems. These findings reinforce the conclusion that PPAF has a credible and effective delivery model for rapid humanitarian response in difficult operating environments.

The evaluation also finds the intervention to be effective in meeting immediate needs and protecting households from deeper crisis. A very high proportion of respondents reported that the assistance helped them meet their immediate post-flood needs to a good or great extent. Food packages contributed to improved meal frequency and basic consumption, medical camps reduced the need for paid treatment, veterinary camps protected livestock assets, and water-related support helped reduce disease risk in relevant locations. Beyond immediate outputs, the intervention had clear short-term protective effects: a large number of households reported reduced need to borrow money or sell productive assets, and respondents also reported improvements in household well-being. Women's accounts further suggest that the intervention had early social effects by supporting dignity, strengthening informal support networks, and improving access to information and services.

Connectedness was another notable strength. The evaluation found limited evidence of duplication, suggesting that PPAF's assistance was largely complementary to support provided by other actors. Qualitative evidence indicates that district-level coordination, information sharing with NDMA/PDMAs, administrative facilitation, and trusted local relationships helped improve geographic targeting and smooth implementation. This coordination function was especially important in contexts where

infrastructure disruption, difficult terrain, and administrative bottlenecks could easily have slowed relief delivery. At the same time, the evaluation suggests that while operational coordination was strong, more formalized institutional arrangements with national/provincial disaster response institutions would further improve role clarity, information flow, and strategic readiness in future large-scale emergencies.

The evaluation's main qualification relates to sustainability and the limits of a relief-focused model. Although the programme generated important early benefits, these gains remain fragile without follow-on support. While many households reported improved coping capacity and some strengthening of linkages with local services, markets, community institutions, and government actors, a sizeable share reported no new or strengthened institutional connections after assistance. Communities were also clear that flood recovery needs extended beyond the scope of emergency relief and included livelihood restoration, livestock rehabilitation, early warning systems, environmental protection, and other resilience measures. This means that the programme was successful as an emergency intervention, but the durability of its results depends heavily on what happens next.

The evaluation finds that PPAF has demonstrated a strong and credible humanitarian response capability built on community presence, operational agility, and trusted partnerships. The central strategic implication is not simply that PPAF should continue doing what it already does well, but that it should now build on this strength to develop a more integrated disaster response model that links rapid relief with early recovery, resilience-building, and institutional preparedness. In a context where climate-related shocks are becoming more frequent and severe, the challenge ahead is no longer only rapid response, but response that also protects recovery pathways and reduces the likelihood of repeated crisis.

5.2. Lesson Learned and Best Practices

1. Local Networks Are a Strategic Asset
Lesson: Pre-existing community structures and PPAF's Community Resource Persons were central to rapid delivery, local access, and trust-building.
Takeaway: Continue investing in and social capital as a core institutional strength for faster, more credible, and more reliable emergency response.

2. Preparedness Determines Response Efficiency
Lesson: The speed and efficiency of relief delivery were shaped significantly by decisions, systems, and partnerships that existed before the disaster.
Takeaway: Strengthen anticipatory planning, preparedness systems, and pre-agreed operational arrangements to improve response timeliness and effectiveness.

3. Access Constraints Remain a Key Operational Risk
Lesson: Delays, where they occurred, were driven primarily by access-related challenges in affected areas.
Takeaway: Strengthen field-level coordination, access planning, and verification arrangements in advance to reduce implementation delays during future responses.

4. The Response Reinforced PPAF's Core Institutional Strength
Lesson: The intervention reflected PPAF's comparative advantage in community-based outreach and rapid mobilization.
Takeaway: Continue building on community-driven delivery models as a defining strength of PPAF's humanitarian response architecture.

5. Assistance Design Must Reflect Context
Lesson: Priority needs varied across locations depending on geography, severity of impact, and local

conditions.
Takeaway: Future response packages should allow greater contextual flexibility so assistance can be tailored to differing needs across affected areas.

6. Sustainability Depends on the Transition Beyond Relief
Lesson: The benefits of emergency assistance are at risk of fading unless they are linked to follow-on support.
Takeaway: Design future responses with clearer pathways from relief to recovery and resilience, including livelihoods, preparedness, and early warning measures.

5.3. Way Forward

1. Transition from relief-centered to a phased humanitarian approach

The way forward for PPAF is to move from a primarily relief-centred model to a phased humanitarian approach that links immediate assistance with early recovery and resilience-building. Future responses should continue to protect the strengths evidenced in this evaluation, speed, relevance, strong community engagement, and operational discipline, but should also include deliberate pathways for households to transition from stabilization to recovery. This may include integrating livelihood restoration, livestock recovery, reactivation of service access, shelter support, and community preparedness elements within an expanded response architecture. A phased model would be especially valuable in Pakistan's climate-vulnerable context, where flood emergencies are increasingly recurrent and the boundary between humanitarian response and resilience programming is becoming thinner.

2. Strengthen Institutional Disaster Governance

PPAF should also use the momentum of this response to strengthen institutional disaster governance. This means formalizing strategic coordination with NDMA, PDMAs, district administrations, and relevant technical departments, while also defining clearer operational interfaces with partner organizations and local institutions. More formalized agreements and information-sharing arrangements would enhance coherence, reduce delays, and strengthen PPAF's visibility and convening role in future emergencies. The findings suggest that coordination worked well in practice; the next step is to systematize and institutionalize it.

3. Setup a permanent disaster response financing mechanism

A further forward-looking priority is to deepen PPAF's preparedness systems. A permanent disaster response financing mechanism, stronger contingency planning, improved response protocols, standard learning systems, and scalable operational templates would help preserve the efficiency gains demonstrated in this intervention. Preparedness should include not only financial and logistical readiness, but also stronger data systems, package flexibility, inclusive targeting protocols, and field communication mechanisms that can be activated quickly during future crises.

4. Embedded learning model as core preparedness function

Finally, PPAF should treat documentation, after-action review, and operational learning as core preparedness functions. This evaluation has already generated a valuable body of evidence on what worked, where constraints emerged, and how field systems adapted. To maximize institutional benefit, those lessons should feed directly into updated response SOPs, staff orientation, partner protocols, and future programme design. In that sense, the way forward is not only programmatic but organizational:

strengthening PPAF’s ability to respond faster, learn faster, and connect relief more effectively to resilience outcomes.

5.4. Recommendations

The recommendations presented in this chapter are drawn directly from the evaluation findings and are intended to support PPAF in strengthening the design, delivery, and sustainability of future emergency responses. Detailed recommendations are provided in the table below **(Table 4)**.

Table 4: Recommendations

S. No.	Recommendation	Detailed Description	Rationale / Evidence from Evaluation	Priority	Suggested Timeframe	Lead Responsibility	Supporting Actors
1	Establish a permanent PPAF Disaster Response Pool Fund	PPAF should institutionalize disaster readiness through a dedicated multi-year response fund supported by public, private, philanthropic, and development partner contributions. The fund should be linked to predefined activation criteria, rapid procurement arrangements, and internal response protocols so that resources can be mobilized without delay.	The evaluation showed that timeliness and efficiency were major strengths, with nearly 89% of households identifying PPAF as among the first responders and around 75% receiving assistance within four weeks. Building a permanent pooled mechanism would help preserve and strengthen this readiness advantage.	High	Medium Term	PPAF Senior Management / Finance and Strategy Units	Government, private sector, donors, philanthropic partners
2	Formalize coordination with NDMA, PDMAs, and district administrations	PPAF should establish structured coordination arrangements with national, provincial, and district disaster management authorities through formal MoUs, standard operating procedures, data-sharing protocols, and joint planning arrangements. These should clearly define targeting, referral pathways, information exchange, and operational roles during future disasters.	The evaluation found connectedness to be generally strong and duplication (limited) but also highlighted the need for stronger formalised institutional linkages and clearer coordination mechanisms for future large-scale responses.	High	Immediate to Short Term	PPAF Senior Management	NDMA, PDMAs, district administrations, Partner Organizations
3	Scale safe drinking water interventions in future flood responses	Safe drinking water support should become a standard component of flood response programming in highly affected districts. Depending on context, this may include water filtration plants, temporary community water points, household-level water treatment options, or bottled water where immediate safe supply is not possible.	The evaluation found strong beneficiary appreciation for water-related support, and evidence indicated reduced flood-related disease risks in areas where water filtration support was available. Safe water consistently emerged as one of the most valued needs.	Medium	Short Term	PPAF Programme Wing	WASH teams, Partner Organizations, district administrations

4	Leverage community structures for continuity, preparedness, and sustainability	PPAF further strengthened the Community Organizations, Village Organizations, Community Resource Persons, women's groups, and other local networks not only for relief distribution but also for preparedness, communication, early warning dissemination, referral support, and post-relief follow-up. These structures can serve as continuity mechanisms between relief and resilience.	The evaluation repeatedly highlighted the value of local networks and community structures in enabling quick access, trusted delivery, communication, and follow-up. It also found that community-based linkages helped sustain some benefits after the relief phase.	Medium	Short to Medium Term	PPAF Programme Wing	Partner Organizations, COs, VOs, CRPs, local leaders

Annex-1: Progress Update to Project's Logframe

This section provides a structured progress review against the project's results framework, comparing baseline values, targets, and actual progress achieved. It shows how the intervention performed against the overall objective, specific objective, and expected results, including delivery of food packages, hygiene kits, NFIs, medical camps, and veterinary camps. In this way, the chapter serves as a concise results-accountability section that links field evidence with programme targets and reported accomplishments.

Results Chain		Indicator	Baseline	Target	Progress
Overall Objective	To contribute to poverty reduction among flood-affected populations of Pakistan	% of targeted households reporting satisfaction with the relief support received	0%	≥ 80% of targeted households report satisfaction.	90% of HHs report satisfaction
Specific Objective	To provide protection assistance to flood-affected targeted households and address their immediate social needs, with a particular focus on vulnerable and marginalised groups, such as women and disabled-headed households, during a short-term relief phase	1. % of targeted households that received relief assistance packages (disaggregated by gender, age and disability status of household head) 2. % of women and PWDs reporting satisfaction with distribution arrangements (timing, location, safety, accessibility)	0% households supported 0%	1. 100% of targeted households, including women/disabled headed households (if available) reached 2. ≥ 80% of beneficiaries (women and persons with disability if present) report satisfaction with distribution arrangements	1. 100% HHs (including women/ disabled headed HHs) reported having received the assistance package 2. 87% of women and PWDs report satisfaction with distribution arrangements

Results Chain		Indicator	Baseline	Target	Progress
Expected Results	Result 1: Improved access of target households to safe and nutritious food	1.1. No. of households receiving food packages	0 HHs	49,127 households receive food packages	49,127 households receive food packages
	Result 2: Enhanced self-esteem and psychological wellbeing of households through provision of personal hygiene products and essential household items leading to better sanitation practices and quality of life	2.1. No. of households receiving hygiene kits 2.2. No. of households receiving essential non-food household items	0 HHs 0 HHs	49,127 households receive hygiene kits 49,127 households receive NFIs	49,127 households receive hygiene kits 49,127 households receive NFIs
	Result 3: Improved access to primary basic health services through providing immediate medical assistance, including treatment for waterborne diseases, injuries, and other flood-related health issues	3.1. No. of medical camps organised 3.2. No. of patients treated in each district (disaggregated by gender, disability)	0 medical camps 0 patients treated	124 medical camps organized No. of patients treated across 120 medical camps	124 medical camps organized 47,928 patients treated
Results Chain		**Indicator**	**Baseline**	**Target**	**Progress**
Expected Results	Result 4: Enhanced access to essential care of livestock through setting-up veterinary health camps, including vaccination, treatment for injuries, and nutritional support	4.1. No. of veterinary camps/drives organized 4.2. No. of animals treated /vaccinated	0 camps 0 animals treated	141 veterinary camps/drives organized No. of animals treated/ vaccinated	141 veterinary camps/drives organized 61,937 animals treated/ vaccinated

Annex-2: Project's Log frame

Results Chain		Indicator	Baseline	Target	Sources of Data /MoVs	Assumptions
Overall Objective	To contribute to poverty reduction among flood-affected populations of Pakistan	% of targeted households reporting satisfaction with the relief support received	0%	≥ 80% of targeted households report satisfaction.	Monitoring reports	- No major new flooding disrupts distribution and response activities - Security situation in target areas remains stable - Local govt. political and community leaders continue cooperation - Access to affected areas, roads/bridges remain functional - Community acceptance of aid distribution - No major supply chain disruption
Specific Objective	To provide protection assistance to flood-affected targeted households and address their immediate social needs, with a particular focus on vulnerable and marginalised groups, such as women and disabled-headed households, during a short-term relief phase	1. % of targeted households that received relief assistance packages (disaggregated by gender, age and disability status of household head) 2. % of women and PWDs reporting satisfaction with distribution arrangements (timing, location, safety, accessibility)	0 households supported 0%	1. 100% of targeted households, including women/disabled headed households (if available) reached 2. ≥ 80% of beneficiaries (women and persons with disability if present) report satisfaction with distribution arrangements	Beneficiary lists; Relief distribution records; beneficiary feedback forms/Monitoring reports	
Expected Results	**Result 1:** Improved access of target households to safe and nutritious food	1.1. No. of households receiving food packages	0 HHs	49,127 households receive food packages	MIS data, Distribution records, monitoring report	- Distribution sites remain accessible. - Households safely store and use food received
	Result 2: Enhanced self-esteem and	2.1. No. of households receiving hygiene kits	0 HHs	49,127 households receive hygiene kits	MIS data, Distribution records,	- Households utilise kits properly

	psychological wellbeing of households through provision of personal hygiene products and essential household items leading to better sanitation practices and quality of life				monitoring report	- No secondary flooding contaminating hygiene facilities.
		2.2. No. of households receiving essential non-food household items	0 HHs	49,127 households receive NFIs		
	Result 3: Improved access to primary basic health services through providing immediate medical assistance, including treatment for waterborne diseases, injuries, and other flood-related health issues	3.1. No. of medical camps organised	0 medical camps	124 medical camps organized	Medical camp setup reports, monitoring reports, MIS data	- Qualified medical staff available - Communities able to access camp sites
		3.2. No., of patients treated in each district (disaggregated by gender, disability)	0 patients treated	No. of patients treated across 120 medical camps		
	Result 4: Enhanced access to essential care of livestock through setting-up veterinary health camps,	4.1. No. of veterinary camps/drives organised	0 camps;	141 veterinary camps/drives organized	Medical camp setup reports, monitoring reports, MIS data	- Veterinary medicines/supplies available - Livestock owners bring animals to camps
		4.2. No. of animals treated /vaccinated	0 animals treated	No. of animals treated/vaccinated.		

	including vaccination, treatment for injuries, and nutritional support					

Annex-3: Evaluation Framework

Criterion	Main Evaluation Questions (from RFP)	Sub-Questions/Aspects	Suggested Indicators	Data Collection	Related Questions from Instruments
1. Relevance	Evaluate whether the implementation processes and relief assistance were aligned with the needs of the target beneficiary households, the proposed results and guidelines as well as being relevant to PPAF's overall mandate.	- To what extent did the relief interventions address the urgent needs of flood-affected communities? - How well did the assistance align with beneficiary priorities (e.g., food, health, hygiene)? - Most significant aspects of the project environment that affected the achievement of project objectives. - Was the assistance relevant to PPAF's mandate in poverty alleviation and community resilience?	- % beneficiaries (disaggregated by sex and vulnerability) confirming relevance of assistance. - % of women/girls reporting that assistance addressed their specific needs. - % HHs confirming that the received PPAF relief package adequately addressed urgent post-flood needs (disaggregated by sex of household head) - % HHs in targeted villages reporting that their village was among the "most affected" in the UC (Cross-verify with village-level flood data from NDMA, other sources) - % HHs reporting that medical and veterinary camps adequately addressed their most urgent post-flood health and livestock-related needs - Level of perceived influence of key environmental factors on project objectives, as reported by stakeholders	- Desk review: Project log-frame, proposals, guidelines. - Primary: HH-level surveys, separate FGDs with women/men, KIIs with PPAF/POs/district officials. - Triangulation: Beneficiaries & stakeholders feedback vs reports and dashboard.	HH-16; FGD-2; KII-2-6; KII-2-7; HH-18; FGD-5; KII-3-23 HH-17; FGD-3; FGD-4; KII-3-9 HH-13; FGD-6; FGD-7; KII-1-9; KII-3-6 HH-17; FGD-4; KII-3-21; KII-3-22 HH-19; FGD-8
2. Efficiency	Assess and document whether the implementation strategy and approach were the most efficient.	- Were inputs utilized efficiently and timely? - How timely was the distribution? - Efficiency in resource allocation.	- Variance (in days) between planned & actual delivery of relief packages (disaggregated by district and beneficiary type). - Cost per household assisted vs budgeted unit cost (disaggregated by sex of household head).	- Desk review: Financial records, work plans, MIS data. - Primary: HH-level survey, KIIs with POs/field teams,	DR; DR: KII-2-18

Criterion	Main Evaluation Questions (from RFP)	Sub-Questions/Aspects	Suggested Indicators	Data Collection	Related Questions from Instruments
	Was the relief assistance carried out timely? How efficiently were the allocated resources utilised to achieve the stated objectives? Was there any alternative cost-efficient approach to achieve the desired objectives?	- What alternative cost-efficient approaches could have been used?	- Level of perceived timeliness of relief distribution as reported by beneficiaries (from 'very timely to 'delayed') - Proportion of budget allocated to gender-specific items (e.g., dignity kits, women's health camps) vs utilization rate. - % respondents reporting the relief distribution processes (e.g., fair targeting, prior announcements, minimal waste, good coordination, reasonable waiting time at distribution points) to be well organized and efficient - Funds utilization ratio. - Number of feasible alternative cost-efficient modalities (e.g., cash transfers, vouchers, community-managed distribution)	separate FGDs with women/men - Analysis: Cost vs Actual comparisons with gender lens.	HH-20; FGD-9; KII-1-12; KII-2-17; KII-3-14 DR; HH-21, HH-22, HH-23; FGD-10 DR HH-24; FGD-11; KII-2-19
3. Effectiveness	Evaluate how effectively allocated resources were used to transform inputs into outcomes. Report on the effectiveness of relief assistance in achieving project objectives. Consider the cost-effectiveness of relief assistance	- To what extent were project outputs and outcomes achieved? - How effectively did the assistance improve food security, and livelihoods? - Was cost-effectiveness optimized? - Progress against log-frame indicators.	- % HHs satisfied after receiving relief packages, health services & veterinary support (disaggregated by sex of recipient/head). - % of women reporting improved access to safe hygiene/health services. - % HHs reporting that the medical camp services effectively reduced or treated urgent health issues (e.g., diarrhea, skin infections, fever/malaria, respiratory problems, or maternal/child health needs) - % HHs reporting improvement in immediate food needs, and livelihood	- Primary: HH-level surveys, separate FGDs with women/men, field observations. - Desk review: Distribution registers, PO reports. - Triangulation: Beneficiary surveys vs. health data.	HH-27; FGD-12 HH-28; FGD-12; KII-3-23 HH-29; HH-27; FGD-14; KII-2-21; KII-3-21 HH-25; HH-26; FGD-12;

Criterion	Main Evaluation Questions (from RFP)	Sub-Questions/Aspects	Suggested Indicators	Data Collection	Related Questions from Instruments
	and assess whether available means were optimally utilised.		recovery (disaggregated by sex of recipient/head). - % HHs that accessed veterinary camps reporting that the services effectively treated or prevented livestock health issues (e.g., deworming, vaccination, wound treatment, or disease control) - Cost-effectiveness ratio: Total project expenditure divided by the number of HHs reporting improvement in immediate food needs, health conditions, and livelihood recovery.		KII-1-10; KII-1-11; KII-2-20; KII-3-20 HH-30; HH-27; FGD-15; KII-2-21; KII-3-22 DR
4. Connectedness	Assess whether the relief assistance and processes carried out were coherently linked to each other. Whether relief assistance implemented was linked and complemented to the relief assistance carried out by other agencies.	- Were PPAF's efforts coordinated with other actors? - How coherent were internal processes? - Did the assistance complement efforts by NDMA, INGOs?	- Coordination mechanisms established with other agencies (NDMA, UN, INGOs, etc.). - Informed area (UC/villages) targeting through coordinated efforts with district administration/NDMA, other agencies. - Documented examples (at least 2-3) of strong internal process linkages, identified and verified through triangulated evidence (progress reports, meeting minutes, and staff interviews) - Operational coordination mechanisms or referrals involving gender issues (e.g., joint women-focused distributions, or shared gender data in cluster meetings) with other agencies. - Documented & verified instances (2-3) of active complementarity (e.g., joint needs assessments, referral	- Desk review: Meeting minutes, coordination records, reports. - Primary: KIIs with PPAF/POs/district administration/gender officers, separate FGDs with women/men (proxy questions)	DR; FGD-16; KII-2-14; KII-2-15; KII-3-17 DR; KII-3-7; KII-3-8 DR DR; FGD-17; KII-2-15; KII-2-16; KII-3-18

Criterion	Main Evaluation Questions (from RFP)	Sub-Questions/Aspects	Suggested Indicators	Data Collection	Related Questions from Instruments
			mechanisms, geographic/ sectoral division of labour, or resource sharing) amongst PPAF's intervention and other humanitarian actors (NDMA, UN agencies, INGOs, govt, etc.)		DR; KII-3-18; KII-3-19
5. Impact	Assess and document the project objectives achieved so far and the intervention potentially leading towards the fulfillment of the project outcomes.	- What short- and medium-term impacts emerged? - Contribution to livelihood restoration and resilience? - Secondary/unintended positive impacts.	- % HHs reporting positive changes in well-being indicators (e.g., reduced food insecurity, improved health status, retained livestock, and enhanced community resilience) (disaggregated by sex of recipient/head). - % HHs reporting that the received food items were sufficient to meet their household's immediate food needs (disaggregated by sex of recipient/head). - % of HHs that accessed medical camps, reporting a significant reduction in household illness burden, thereby able to retain resources - Community- or HH level resilience-enhancing practices or mechanisms adopted (e.g., joined CO/VO, early warning linkages, women organized, community linkage with govt. departments) - % HHs reporting that they did not sell or distress-sell any major assets due to the immediate support received (disaggregated by sex of recipient/head) - Unintended positive: Enhanced women's visibility in community	- Primary: HH-level surveys, FGDs. - Desk review: Health/education data, PO reports. - Analysis: Contribution analysis with gender lens.	HH-33, HH-34; FGD-18; HH-35; FGD-19; KII-1-13; HH-36; FGD-20 HH-38, HH-39; FGD-22 HH-37; FGD-21; KII-3-29 HH-40; FGD-23; KII-1-14; KII-2-24; KII-3-25

Criterion	Main Evaluation Questions (from RFP)	Sub-Questions/Aspects	Suggested Indicators	Data Collection	Related Questions from Instruments
			meetings or strengthened social networks from collective distributions.		
6. Sustainability	Evaluate the institutional, social, and economic sustainability of the benefits after the relief assistance was completed. Assess linkages developed by target beneficiary households with primary and secondary stakeholders and explore the continuity and upscaling of project outcomes.	- Mechanisms for sustaining benefits post-intervention? - Sustainability of institutional/social/economic benefits? - Linkages with stakeholders for continuity/upscaling. - Recommendations for coping mechanisms.	- Strengthened social networks or community support mechanisms indicating improved access to information/early warning systems or community decision-making - % of women maintaining access to health services post-relief. - Beneficiary communities expressing increased confidence in their ability to cope with or recover from future floods - % HHs reporting active linkage with primary or secondary stakeholders (e.g., local government services, markets/suppliers, financial institutions, community organizations, or development programs) that was established or strengthened by the PPAF relief assistance (disaggregated by sex of recipient/head).	- Primary: HH-level surveys, KIIs with POs/district officials, FGDs, women-focused field visits. - Desk review: PO reports.	HH-41; FGD-26 HH-42; FGD-27; HH-43; FGD-25; KII-2-25; KII-3-29 HH-44; HH-45; FGD-24; KII-2-26; KII-3-30
Process Review (Additional)	Document key processes and identify gaps and good practices in the process undertaken during the project implementation.	- How were processes designed, monitored, improved? - Identify gaps and good practices. - Clarity of roles, feedback loops, supervision.	- Clarity of partner roles and guidelines (including gender protocols). - Level of clarity & consistency in key implementation processes (e.g., beneficiary selection, relief packages, distribution planning, monitoring, and feedback mechanisms) - Operational robustness (local POs, approvals, procurements, logistics, financial management, quick fixes, etc.)	- Desk review: Operational manuals, training reports. - Primary: FGDs, KIIs with project teams/district officials/gender focal points.	DR DR; KII-2-8 FGD-29; KII-3-28 HH-50; FGD-30 DR; KII-3-26 DR; KII-2-29; KII-3-27

Criterion	Main Evaluation Questions (from RFP)	Sub-Questions/Aspects	Suggested Indicators	Data Collection	Related Questions from Instruments
			- Existence and use of (gender-sensitive) complaint/feedback mechanisms. - Frequency of supervision visits. - Strength of feedback loops and adaptive management during implementation.		
Risks and Challenges (Additional)	Evaluate access-related risks and challenges, such as volatile security situations, floods impact on beneficiary household economic position, and administrative bottlenecks. Provide recommendations for effective coping strategies.	- What barriers affected implementation? - Assess risks (security, flood impacts, administrative issues). - Recommendations for effective coping strategies. - Most significant environmental aspects.	- Most significant risks/challenges faced during implementation (e.g., access barriers due to damaged roads/bridges, recurrent flooding, security volatility, administrative delays in approvals/NOCs, economic shocks from crop/livestock loss), including gender-specific risks. - Vulnerable beneficiary HHs (woman-headed, PWDs, elderly, or livestock-dependent) reporting that flood-related risks/challenges had a greater negative impact on them as compared to others - Documented risk mitigation measures implemented during the project (e.g., contingency planning for access, alternative distribution points, coordination with PDMA for security, pre-positioning of stocks, rapid response to administrative bottlenecks) - Differential impact on men- vs women-headed households (e.g., due to prolonged/recurrent flooding, damaged infrastructure, security volatility, administrative delays, market disruptions, etc.)	- Primary: FGDs, KIIs with PO, field staff, beneficiaries (separate women groups). - Desk review: Progress reports, incident logs.	DR; FGD-31; KII-1-13; KII-2-27; KII-3-13; FGD-33; KII-1-14 DR; KII-2-28; KII-2-28; KII-3-16 FGD-34 FGD-35; FGD-36; KII-2-30; KII-2-31

Criterion	Main Evaluation Questions (from RFP)	Sub-Questions/Aspects	Suggested Indicators	Data Collection	Related Questions from Instruments
			- Practical, evidence-based recommendations for coping strategies (e.g., contingency planning for access/security, safe access for women, GBV prevention in distributions, enhanced coordination protocols, etc.)		

Annex-4: Household Survey Questionnaire (with Urdu Translation)

گھریلو سروے کا سوالنامہ

***Guiding Note**: Male and female enumerators shall be engaged for carrying out HH survey, based on the HH head being male and female, respectively.*

رہنمائی نوٹ: گھریلو سروے کے لیے مرد اور خواتین شماری کاروں کو تعینات کیا جائے گا، اس بنیاد پر کہ گھر کے سربراہ مرد ہو یا عورت، بالترتیب۔

Introduction by the Enumerator

شمار کنندہ کا تعارف

Assalam-o-Alaikum. My name is _____ and I am part of an independent team conducting an evaluation on behalf of the Pakistan Poverty Alleviation Fund (PPAF). We are speaking with households who received emergency assistance during the 2025 floods to understand how the support was delivered and how helpful it was for affected families.

Your household has been randomly selected for this survey. The information you share will be kept strictly confidential and will be combined with responses from many other households. Your name or identity will not be used anywhere. Your participation is completely voluntary, and if at any time you feel uncomfortable or do not wish to answer a question, you may skip that question or stop the interview.

This survey is not linked to any future assistance or benefits, and your answers, whether positive or negative, will not affect any support you may receive. The interview will take approximately 20-25 minutes.

With your permission, may I proceed with the interview?

السلام علیکم۔ میرا نام _____ ہے اور میں ایک خود مختار ٹیم کا حصہ ہوں جو پاکستان غربت مکاؤ فنڈ کی جانب سے ایک جائزہ لے رہی ہے۔ ہم اُن گھرانوں سے بات کر رہے ہیں جنہوں نے 2025 کے سیلاب کے دوران ہنگامی امداد حاصل کی تھی، تاکہ یہ سمجھا جا سکے کہ مدد کس طرح فراہم کی گئی اور متاثرہ خاندانوں کے لیے وہ کتنی مفید ثابت ہوئی۔

آپ کے گھر کو اس سروے کے لیے تصادفی طور پر منتخب کیا گیا ہے ۔ آپ کی فراہم کردہ معلومات کو مکمل طور پر خفیہ رکھا جائے گا اور انہیں دیگر گھرانوں کے جوابات کے ساتھ یکجا کیا جائے گا۔ آپ کا نام یا شناخت کہیں بھی ظاہر نہیں کی جائے گی۔ آپ کی شرکت مکمل طور پر رضاکارانہ ہے، اور اگر کسی بھی وقت آپ کو بے آرامی محسوس ہو یا آپ کسی سوال کا جواب نہ دینا چاہیں تو آپ اُس سوال کو چھوڑ سکتی/سکتے ہیں یا انٹرویو روک سکتی/سکتے ہیں۔

یہ سروے کسی بھی آئندہ امداد یا فائدے سے منسلک نہیں ہے، اور آپ کے جوابات، خواہ مثبت ہوں یا منفی، آپ کو ملنے والی کسی بھی مدد پر اثر انداز نہیں ہوں گے۔ اس انٹرویو میں تقریباً 20 سے 25 منٹ لگیں گے۔

آپ کی اجازت سے، کیا میں انٹرویو شروع کر سکتا/سکتی ہوں؟

Section 1: Location and Household Identification

سیکشن 1: مقام اور گھرانے کی شناخت

- Province/Region: ☐ Punjab ☐ Khyber Pakhtunkhwa ☐ Sindh ☐ AJK ☐ GB
- District: _____
- Union Council: _____
- Village / Mohallah: _____
- Household ID: _____ *(Auto Generated)*
- Enumerator Name & Code: _____

- Supervisor Name & Code: _____
- Partner Organization (PO): _____
- Date: ___ / ___ / 2026
- Start Time: _____ End Time: _____
- GPS Coordinates: _____

***Guiding Note**: The above data items will be pre-filled and not to be asked by the respondent/HH.*

صوبہ / خطہ: ☐ پنجاب ☐ خیبر پختونخوا ☐ سندھ ☐ آزاد جموں و کشمیر ☐ گلگت بلتستان

ضلع _____
یونین کونسل _____
گاؤں / محلہ _____
گھرانہ شناختی نمبر: _____ (خودکار طور پر تیار شدہ)
شمار کنندہ کا نام اور کوڈ _____
نگران کا نام اور کوڈ _____
شراکت دار ادارہ _____
تاریخ: ___ / ___ / 2026
آغاز کا وقت: _____ اختتام کا وقت _____
جغرافیائی محلِ وقوع کے نقاط _____

رہنمائی نوٹ: مندرجہ بالا معلومات پہلے سے درج ہوں گی اور انہیں جواب دہندہ / گھرانے سے نہیں پوچھا جائے گا۔

Section 2: Respondent Profile

سیکشن 2: جواب دہندہ پروفائل

1. Respondent Name _____
2. Gender: ☐ Male ☐ Female ☐ Transgender
3. Contact #: _____
4. Age of respondent (years): _____ [18 or above]
5. Relationship of respondent to household head:
   ☐ Self ☐ Spouse ☐ Son/Daughter ☐ Other (specify): _____
6. Is the household head: ☐ Male ☐ Female ☐ Person with disability
7. Total household size: _____ persons
8. Number of children (under 18 years): _____
9. Any household member with disability: ☐ Yes ☐ No [If yes, number: ____]
10. Occupation/Income source of HH members before floods *(Multiple responses)*:
    ☐ Agriculture/livestock worker ☐ Non-agricultural ☐ Daily wager ☐ Enterprise/ Shopkeeper ☐ Services (barber, tailor, etc.) ☐ Government Job ☐ Private Job
    ☐ No Source ☐ Other, please specify _____
11. Is your household BISP beneficiary?
    ☐ Yes ☐ No
12. Is this household currently residing in the same location as during the floods?
    ☐ Yes ☐ No (temporarily displaced) ☐ No (permanently relocated)
13. If "No" in Q12 above, for how long was your household temporarily displaced?
    ☐ Less than 1 week ☐ 1–4 weeks ☐ More than 1 month

14. What type of damage did your household experience due to floods? *(Multiple responses)*
☐ House fully damaged ☐ House partially damaged ☐ Livestock lost ☐ Crops fully destroyed ☐ Crops partially destroyed ☐ Death ☐ Injury/illness ☐ Loss of income source

1. جواب دہندہ کا نام _____

2. جنس: ☐ مرد ☐ خاتون ☐ ٹرانس جینڈر

3. رابطہ نمبر _____

4. مدعا علیہ کی عمر (سال): _____ [18 یا اس سے اوپر]

5. گھر کے سربراہ سے جواب دہندہ کا رشتہ

☐خود ☐ شریک حیات ☐ بیٹا/بیٹی ☐ دیگر (وضاحت کریں _____

6. کیا گھر کا سربراہ ہے: ☐ مرد ☐ عورت ☐ معذور شخص

7. کل گھریلو سائز: _____ افراد

8. بچوں کی تعداد (18 سال سے کم) _____

9. معذوری کا شکار گھریلو رکن: ☐ ہاں ☐ نہیں [اگر ہاں، نمبر: _____]

10. ۔ سیلاب سے پہلے گھر کے افراد کا پیشہ / آمدنی کا ذریعہ (متعدد جوابات دیے جا سکتے ہی

زراعت/لائیو سٹاک ورکر ☐ غیر زرعی ☐ یومیہ اجرت ☐ انٹرپرائز/ دکاندار ☐ خدمات (حجام، درزی وغیرہ) ☐ سرکاری نوکری ☐ نجی نوکری ☐

کوئی ماخذ نہیں ☐ دیگر، براہ کرم وضاحت کریں

11. کیا آپ کا گھرانہ بینظیر انکم سپورٹ پروگرام کا فائدہ اٹھانے والا ہے؟

ہاں ☐ نہیں ☐

12. کیا یہ گھرانہ اس وقت اسی جگہ پر مقیم ہے جو سیلاب کے دوران تھا؟

ہاں ☐ نہیں (عارضی طور پر بے گھر) ☐ نہیں (مستقل طور پر نقل مکانی) ☐

13. اگر اوپر سوال ۱۲ میں جواب "نہیں" ہے، تو آپ کا گھرانہ عارضی طور پر کتنی دیر کے لیے منتقل ہوا تھا؟

☐ ہفتے سے کم ☐ 1–4 ہفتے ☐ 1 ماہ سے زیادہ

14. سیلاب کی وجہ سے آپ کے گھرانے کو کس قسم کا نقصان ہوا؟ (متعدد جوابات)

مکان مکمل طور پر تباہ ☐ گھر کو جزوی طور پر نقصان پہنچا ☐ مویشیوں کا نقصان ☐ فصلیں مکمل طور پر تباہ ☐ فصلیں جزوی طور پر تباہ ☐ موت ☐ چوٹ/بیماری ☐ ذرائع آمدن کا نقصان

Section 3: Relevance

سیکشن 3: مطابقت

15. Immediately after the floods, what were the three most urgent needs of your household *(Select any 3)*?
☐ Food ☐ Safe drinking water ☐ Shelter / housing materials ☐ Clothing / bedding

☐ Hygiene items ☐ Medical care ☐ Livestock support ☐ Cash / income support
☐ Non-food items (related to WASH, kitchen, anti-mosquito, lighting, etc.)
☐ Other (specify): _____

16. Which out of the following assistance did your household receive? *(Multiple responses)*
☐ Food Items ☐ Non-Food Items ☐ Hygiene Kits ☐ Medical Support ☐ Veterinary Support ☐ Filtered Water (through Filtration Plant) ☐ None
17. Did the assistance you received [Food Items, Non-Food Items, Hygiene Kits, Medical Support, Veterinary Support, Safe drinking water through Water Filtration Plant *(in Buner only)*] address any of your top three priority needs as you mentioned in Q15?
☐ Yes, addressed all three ☐ Yes, addressed two ☐ Yes, addressed one
☐ No, addressed none

15. سیلاب کے فوراً بعد، آپ کے گھر کی تین سب سے فوری ضرورتیں کون سی تھیں (کوئی منتخب تین کریں)؟
کھانا ☐ پینے کا محفوظ پانی ☐ پناہ گاہ / رہائش کا سامان ☐ کپڑے / بستر ☐
حفظان صحت کی اشیاء ☐ طبی نگہداشت ☐ مویشیوں کی مدد ☐ نقد / آمدنی کی مدد ☐
نان فوڈ آئٹمز (دھونے، کچن، اینٹی مچھر، لائٹنگ وغیرہ سے متعلق) ☐
دیگر (وضاحت کریں): ☐

16. درج ذیل میں سے آپ کے گھر والوں کو کون سی امداد ملی؟ (متعدد جوابات)
کھانے کی اشیاء ☐ غیر کھانے کی اشیاء ☐ حفظان صحت کی کٹس ☐ طبی امداد ☐ ویٹرنری سپورٹ ☐ فلٹر شدہ پانی (فلٹریشن پلانٹ کے ذریعے) ☐ کوئی نہیں ☐

17. کیا آپ کو موصول ہونے والی امداد [خوراکی اشیاء، غیر خوراکی اشیاء، حفظان صحت کے کٹس، طبی امداد، ویٹرنری سپورٹ، پانی کے فلٹریشن پلانٹ کے ذریعے محفوظ پینے کا پانی (صرف بنوں میں)] نے آپ کی تین اہم ترین ضروریات میں سے کسی کو پورا کیا جیسا کہ آپ نے سوال ۱۵ میں ذکر کیا تھا؟
ہاں، تینوں کو مخاطب کیا ☐ ہاں، دو کو مخاطب کیا ☐ ہاں، ایک کو مخاطب کیا ☐
نہیں، کسی کو مخاطب نہیں کیا۔ ☐

18. How relevant was the above-mentioned assistance to your household's most urgent needs at that time?

اس وقت آپ کے گھرانے کی سب سے فوری ضروریات کے لحاظ سے مذکورہ بالا امداد کتنی متعلقہ تھی؟

Assistance Type امداد کی قسم	Very relevant انتہائی موزوں	Relevant موزوں	Somewhat relevant کسی حد تک موزوں	Not very relevant زیادہ موزوں نہیں	Not relevant at all بالکل موزوں نہیں
Food Items خوراک کی اشیاء					
Non-Food Items غیر خوراکی اشیاء					
Hygiene Kits حفظانِ صحت کی کٹس					
Medical Support طبی معاونت					
Veterinary Support					

Assistance Type امداد کی قسم	Very relevant انتہائی موزوں	Relevant موزوں	Somewhat relevant کسی حد تک موزوں	Not very relevant زیادہ موزوں نہیں	Not relevant at all بالکل موزوں نہیں
ویٹرنری معاونت (مویشیوں کے علاج کی سہولت)					
Safe drinking water through water filtration plants* واٹر فلٹریشن پلانٹس کے ذریعے محفوظ پینے کا پانی					

** This option will be asked only to sample households from Buner District.*

یہ آپشن صرف بونیر ضلع کے منتخب گھرانوں سے پوچھا جائے گا۔

Guiding Note: *Question 19 will be asked by female enumerators from women respondents only.*

رہنمائی نوٹ: سوال 19 صرف خواتین جواب دہندگان سے خواتین شمار کنندگان پوچھیں گی۔

19. Which of the following needs and priorities of women or girls were addressed by the assistance you received? *(Multiple responses)*
    - ☐ Hygiene and menstrual items
    - ☐ Privacy or dignity-related needs (e.g. separate distribution arrangements, female staff)
    - ☐ Access to female health services or medicines
    - ☐ Limited waiting time at distribution points
    - ☐ Didn't experience any violence or harassment in receiving assistance

    آپ کو موصول ہونے والی امداد نے خواتین یا لڑکیوں کی درج ذیل کون سی ضروریات اور ترجیحات کو پورا کیا؟ (ایک سے زیادہ جوابات ممکن ہیں)
    - ☐ حفظانِ صحت اور حیض کے سامان
    - ☐ نجی جگہ یا وقار سے متعلق ضروریات (مثلاً الگ تقسیم کے انتظامات، خواتین عملہ)
    - ☐ خواتین کے لیے صحت کی خدمات یا ادویات تک رسائی
    - ☐ تقسیم کے مقامات پر کم انتظار کا وقت
    - ☐ امداد حاصل کرنے کے دوران کسی بھی قسم کے تشدد یا ہراسانی کا سامنا نہیں ہوا

20. Which of the following factors most affected your household's ability to benefit from the relief assistance? *(Multiple responses)*
    - ☐ Presence of local authorities or community leaders
    - ☐ Clear information about eligibility, timing, and location
    - ☐ Community cooperation and support during distribution

    درج ذیل میں سے کون سے عوامل نے آپ کے گھرانے کی امداد سے فائدہ اٹھانے کی صلاحیت پر سب سے زیادہ اثر ڈالا؟ (ایک سے زیادہ جوابات ممکن ہیں)
    - ☐ مقامی حکام یا کمیونٹی رہنماؤں کی موجودگی
    - ☐ اہلیت، وقت اور مقام کے بارے میں واضح معلومات
    - ☐ تقسیم کے دوران کمیونٹی کا تعاون اور مدد

Section 4: Efficiency

سیکشن 4: کارکردگی

21. Was PPAF *[mentioning Partner's name as well]* amongst the first organizations to respond in your area by providing relief assistance?

کیا پی پی اے ایف [شراکت دار کا نام بھی ذکر کریں] آپ کے علاقے میں ریلیف امداد فراہم کرنے والی پہلی تنظیموں میں شامل تھی؟

☐ Yes ☐ No
If No, which organization? _____
اگر نہیں، تو کون سی تنظیم

22. How soon did your household receive assistance from PPAF (through PO Name) after the floods?
سیلاب کے بعد آپ کے گھرانے کو پی پی اے ایف (پی او کے ذریعے) سے امداد کتنی جلدی موصول ہوئی؟
☐ Within 1-2 weeks ☐ 3-4 weeks ☐ After a month

۔ ☐ ۱-۲ ہفتوں کے اندر ☐ ۳-۴ ہفتوں کے اندر ☐ ایک ماہ کے بعد

23. Was the assistance delivered at a convenient and accessible location?
کیا امداد ایک مناسب اور قابل رسائی مقام پر فراہم کی گئی؟
☐ Yes ☐ No
If no, please explain: _____
اگر نہیں، تو وضاحت کریں

24. Were you informed in advance about distribution time and location?
کیا آپ کو تقسیم کے وقت اور مقام کے بارے میں پہلے سے مطلع کیا گیا تھا
☐ Yes ☐ No

25. What factors affected timely accessibility of HHs in receiving assistance? *(Multiple responses)*
کن عوامل نے گھرانوں کے لیے بروقت امداد حاصل کرنے میں اثر ڈالا؟ (ایک سے زیادہ جوابات ممکن ہیں)
☐ Minimum waiting time ☐ Low distance of distribution points ☐ Crowd management ☐ Prior intimations ☐ Accessibility of distribution points

کم انتظار کا وقت ☐
تقسیم کے مقامات کا کم فاصلے پر ہونا ☐
ہجوم کا انتظام ☐
پہلے سے اطلاع دینا ☐
تقسیم کے مقامات تک رسائی ☐

26. In your opinion, which other types of assistance would have worked equally well or better for your household in this situation? *(Multiple responses)*
☐ Cash assistance
☐ Vouchers to buy items from local markets
☐ Combination of cash and in-kind assistance
☐ The assistance received was the most suitable option
☐ Don't know / cannot say

آپ کے خیال میں اس صورتحال میں آپ کے گھرانے کے لیے کون سی دیگر امداد بھی اتنی ہی مؤثر یا زیادہ مؤثر ثابت ہو سکتی تھی؟ (ایک سے زیادہ جوابات ممکن ہیں)
نقد امداد ☐
مقامی بازار سے اشیاء خریدنے کے لیے واؤچرز ☐
نقد اور اشیاء کی امداد کا مجموعہ ☐

موصول ہونے والی امداد سب سے موزوں تھی ☐
معلوم نہیں / نہیں کہہ سکتے ☐

Section 5: Effectiveness

سیکشن 5: مؤثریت

27. To what extent did the assistance help your household meet immediate needs?
☐ Great extent ☐ Good extent ☐ Some extent ☐ Very little ☐ Not at all
امداد نے آپ کے گھرانے کی فوری ضروریات کو کس حد تک پورا کرنے میں مدد کی؟ .
بہت زیادہ ☐
اچھی حد تک ☐
کسی حد تک ☐
بہت کم ☐
بالکل نہیں ☐

28. After receiving the food assistance, how did your household's daily meals change compared to before?
☐ Increased and were sufficient ☐ Increased but still not sufficient ☐ No change
خوراک کی امداد حاصل کرنے کے بعد، آپ کے گھرانے کے روزانہ کے کھانوں میں پہلے کے مقابلے میں کیا تبدیلی آئی؟
بڑھ گئی اور کافی تھی ☐
بڑھ گئی لیکن پھر بھی ناکافی تھی ☐
کوئی تبدیلی نہیں ہوئی ☐

29. Please rate your satisfaction with the assistance received.
براہ کرم موصول شدہ امداد سے اپنی اطمینان کی درجہ بندی کریں

Assistance Type امداد کی قسم	Highly Satisfied انتہائی مطمئن	Satisfied مطمئن	Somewhat Satisfied کسی حد تک مطمئن	Dissatisfied غیر مطمئن	Highly Dissatisfied انتہائی غیر مطمئن
Food Items خوراک کی اشیاء					
Non-Food Items غیر خوراکی اشیاء					
Hygiene Kits حفظانِ صحت کی کٹس					
Medical Support طبی معاونت					
Veterinary Support ویٹرنری معاونت (مویشیوں کے علاج کی سہولت)					
Safe drinking water through					

Assistance Type امداد کی قسم	Highly Satisfied انتہائی مطمئن	Satisfied مطمئن	Somewhat Satisfied کسی حد تک مطمئن	Dissatisfied غیر مطمئن	Highly Dissatisfied انتہائی غیر مطمئن
water filtration plants* واٹر فلٹریشن پلانٹس کے ذریعے محفوظ پینے کا پانی					

** This option will be asked only to sample households from Buner District.*

یہ آپشن صرف بونیر ضلع کے منتخب گھرانوں سے پوچھا جائے گا۔

Guiding Note: *Question 30 will be asked by female enumerators from women respondents only.*

رہنمائی نوٹ: سوال 30 صرف خواتین جواب دہندگان سے خواتین شمار کنندگان پوچھیں گی۔

30. Are you satisfied with contents of the hygiene kits provided to meet women and girls' hygiene management needs?
☐ Highly Satisfied ☐ Satisfied ☐ Somewhat Satisfied ☐ Dissatisfied ☐ Highly Dissatisfied
کیا آپ خواتین اور لڑکیوں کی حفظانِ صحت کے انتظام کی ضروریات کے لیے فراہم کی گئی حفظانِ صحت کی کٹس کے مواد سے مطمئن ہیں؟
انتہائی مطمئن ☐
مطمئن ☐
کسی حد تک مطمئن ☐
غیر مطمئن ☐
انتہائی غیر مطمئن ☐

31. Were any medicines provided at the project-supported medical camp given to your household free of cost?
☐ Yes, all medicines were free ☐ Some medicines were free, others required payment
☐ No, medicines were not free ☐ Not applicable (did not use medical camp)
کیا پروجیکٹ کے زیرِ انتظام طبی کیمپ میں فراہم کی گئی ادویات آپ کے گھرانے کو بلا معاوضہ دی گئیں؟
ہاں، تمام ادویات بلا معاوضہ تھیں ☐
کچھ ادویات بلا معاوضہ تھیں، کچھ کی ادائیگی ضروری تھی ☐
نہیں، ادویات بلا معاوضہ نہیں تھیں ☐
قابل اطلاق نہیں (طبی کیمپ استعمال نہیں کیا) ☐

32. For the livestock services at the veterinary camp, how effective were the services in treating or preventing health problems?
☐ Very effective ☐ Effective ☐ Somewhat effective ☐ Not effective ☐ Not applicable (did not use veterinary camp)
ویٹرنری کیمپ میں مویشیوں کی خدمات، صحت کے مسائل کے علاج یا روک تھام میں کتنی مؤثر تھیں؟
بہت مؤثر
مؤثر ☐
کسی حد تک مؤثر ☐

غیر مؤثر ☐
قابل اطلاق نہیں (ویٹرنری کیمپ استعمال نہیں کیا) ☐

33. *[Asked only from sample HHs of Buner district]* How effective did you find the Water Filtration Plant in meeting your HHs safe drinking water needs?
☐ Very effective ☐ Effective ☐ Somewhat effective ☐ Not effective ☐ Not applicable (did not use Filtration Plant)
[صرف بونیر ضلع کے منتخب گھرانوں سے پوچھا جائے] واٹر فلٹریشن پلانٹ نے آپ کے گھرانے کے محفوظ پینے کے پانی کی ضروریات کو پورا کرنے میں کتنی مؤثر ثابت ہوا؟
بہت مؤثر ☐
مؤثر ☐
کسی حد تک مؤثر ☐
غیر مؤثر ☐
قابل اطلاق نہیں (فلٹریشن پلانٹ استعمال نہیں کیا) ☐

Section 6: Connectedness

سیکشن 6: رابطہ اور ہم آہنگی

34. Did your household receive flood assistance from other organisations or government?
☐ Yes ☐ No
کیا آپ کے گھرانے کو سیلاب کی امداد دیگر تنظیموں یا حکومت کی جانب سے بھی موصول ہوئی؟
ہاں ☐ نہیں ☐

35. If yes in Q34, in your opinion, did PPAF assistance complement other support you received or were there any overlaps and duplications?
☐ Types of assistance were completed distinct
☐ Mostly distinct, but few duplications
☐ Substantial Overlaps
اگر سوال ۳۴ میں جواب ہاں ہے، تو آپ کی رائے میں، کیا پی پی اے ایف کی امداد نے آپ کو موصول ہونے والی دیگر امداد کی تکمیل کی یا کیا اس میں کوئی تکرار اور نقل موجود تھی؟
امداد کی اقسام بالکل الگ تھیں ☐
زیادہ تر الگ تھیں، لیکن کچھ تکرار موجود تھی ☐
نمایاں اوورلیپ موجود تھی ☐

Section 7: Impact

سیکشن 7: اثرات

36. In which of the following areas did your household experience positive changes after receiving assistance? *(Multiple responses)*
☐ Ability to meet daily food needs
☐ Health of household members
☐ Health or survival of livestock
☐ Ability to cope with future shocks (e.g. savings, support, reduced stress)
☐ None of the above
درج ذیل میں سے کون سے شعبوں میں آپ کے گھرانے کو امداد حاصل کرنے کے بعد مثبت تبدیلیاں محسوس ہوئیں؟
(ایک سے زیادہ جوابات ممکن ہیں)
روزانہ کے کھانے کی ضروریات پوری کرنے کی صلاحیت ☐
گھرانے کے افراد کی صحت ☐

مویشیوں کی صحت یا بقا ☐
مستقبل کے صدموں (مثلاً بچت، مدد، دباؤ میں کمی) سے نمٹنے کی صلاحیت ☐
مذکورہ بالا میں سے کوئی نہیں ☐

37. Compared to before receiving assistance, how has your household's overall well-being changed?
☐ Great extent ☐ Good extent ☐ Some extent ☐ Very little ☐ Not at all
امداد حاصل کرنے سے پہلے کے مقابلے میں آپ کے گھرانے کی مجموعی فلاح و بہبود کس حد تک بدل گئی ہے؟
بہت زیادہ ☐
اچھی حد تک ☐
کسی حد تک ☐
بہت کم ☐
بالکل نہیں ☐

38. Were the food items your household received sufficient to meet your household's immediate food needs?
☐ Largely sufficient ☐ Sufficient ☐ Partially sufficient ☐ Not sufficient
کیا آپ کے گھرانے کو موصول ہونے والی خوراک کی اشیاء آپ کے گھرانے کی فوری غذائی ضروریات کو پورا کرنے کے لیے کافی تھیں؟
بڑی حد تک کافی ☐
کافی ☐
جزوی طور پر کافی ☐
ناکافی ☐

39. After receiving services from the medical camp, was your household able to save or avoid spending money that would otherwise have been used for illness or treatment?
☐ Yes ☐ No ☐ Not applicable (did not use medical camp)
میڈیکل کیمپ سے خدمات حاصل کرنے کے بعد، کیا آپ کے گھرانے نے وہ پیسہ بچایا یا خرچ سے گریز کیا جو بصورت دیگر بیماری یا علاج پر استعمال ہوتا؟
ہاں ☐ نہیں ☐ لاگو نہیں)میڈیکل کیمپ استعمال نہیں کیا ☐

40. Did the assistance reduce your household's need to borrow money or sell assets?
☐ Yes ☐ No ☐ Not applicable
کیا امداد نے آپ کے گھرانے کی قرض لینے یا اثاثے بیچنے کی ضرورت کو کم کیا؟
ہاں ☐ نہیں ☐ قابل اطلاق نہیں ☐

41. *[Asked only from sample HHs of Buner district]* Did the consumption of safe drinking water through Water Filtration plants help reduce the chances of related diseases at your HH-level?

☐ Yes ☐ No ☐ Not applicable (did not use Filtration Plant)

[صرف بونیر ضلع کے منتخب گھرانوں سے پوچھا جائے] واٹر فلٹریشن پلانٹس کے ذریعے محفوظ پینے کے پانی کے استعمال نے آپ کے گھرانے میں متعلقہ بیماریوں کے امکانات کو کم کرنے میں مدد کی؟
ہاں ☐ نہیں ☐ قابل اطلاق نہیں)فلٹریشن پلانٹ استعمال نہیں کیا ☐

42. After the floods and the assistance received, has your HH adopted any of the following practices to better cope with future emergencies? *(Multiple responses)*
☐ Joined or strengthened a CO or VO or permanent liaising with LSO
☐ Established or improved links with early warning or disaster information systems
☐ Women in the household/community became part of organised groups or committees
☐ Improved links with government departments (e.g. health, livestock, disaster management)
☐ None of the above

سیلاب اور موصول شدہ امداد کے بعد، کیا آپ کے گھرانے نے مستقبل کے ہنگامی حالات سے بہتر نمٹنے کے لیے درج ذیل میں سے کوئی عمل اپنایا ہے؟ (متعدد جوابات دیے جا سکتے ہیں)

کمیونٹی یا مقامی تنظیم میں شامل ہونا یا مضبوط رابطہ قائم کرنا ☐

ابتدائی انتباہ یا آفات کی معلوماتی نظام کے ساتھ روابط قائم کرنا یا بہتر بنانا ☐

گھرانے/کمیونٹی کی خواتین منظم گروپوں یا کمیٹیوں کا حصہ بننا ☐

سرکاری محکموں)مثلاً صحت، مویشی، آفات کے انتظام(کے ساتھ روابط بہتر بنانا ☐

مندرجہ بالا میں سے کوئی نہیں ☐

43. Do you think these practices or linkages (selected in Q42) will help your household or community cope better with future floods or emergencies?

☐ Yes, a lot ☐ Yes, to some extent ☐ No ☐ Don't know

کیا آپ کے خیال میں یہ اقدامات یا روابط (جو سوال ۴۲ میں منتخب کیے گئے ہیں) آپ کے گھرانے یا کمیونٹی کو مستقبل میں سیلاب یا ہنگامی حالات سے بہتر نمٹنے میں مدد دیں گے؟

ہاں، بہت زیادہ ☐

ہاں، کچھ حد تک ☐

نہیں ☐

معلوم نہیں ☐

Guiding Note: *Question 42 will be asked by female enumerators from women respondents only.*

رہنمائی نوٹ: سوال 42 صرف خواتین جواب دہندگان سے خواتین شمار کنندگان پوچھیں گی۔

44. As a result of receiving assistance and participating in distributions or related activities, did women in your household or community experience any positive changes in participation or social connections? *(Multiple responses)*

☐ Women became more visible or confident in community meetings or gatherings

☐ Women interacted more with other women and built stronger social networks

☐ Women had more information or awareness about community services or support

☐ Women were consulted or listened to more in household or community matters

☐ No noticeable positive change

☐ Don't know

امداد حاصل کرنے اور تقسیم یا متعلقہ سرگرمیوں میں شرکت کے نتیجے میں، کیا آپ کے گھرانے یا کمیونٹی کی خواتین نے شرکت یا سماجی روابط میں کوئی مثبت تبدیلی محسوس کی؟ (ایک سے زیادہ جوابات ممکن ہیں)

خواتین کمیونٹی کی ملاقاتوں یا اجتماعات میں زیادہ نمایاں یا پر اعتماد ہو گئیں ☐

خواتین نے دیگر خواتین کے ساتھ زیادہ رابطہ قائم کیا اور مضبوط سماجی نیٹ ورک بنایا ☐

خواتین کو کمیونٹی کی خدمات یا مدد کے بارے میں زیادہ معلومات یا آگاہی حاصل ہوئی ☐

خواتین سے گھر یا کمیونٹی کے معاملات میں زیادہ مشورہ لیا گیا یا ان کی بات سنی گئی ☐

کوئی واضح مثبت تبدیلی نہیں ☐

معلوم نہیں ☐

Section 8: Sustainability

سیکشن 8: پائیداری

45. Has your household head or any adult member been more involved in community meetings or decisions related to emergency preparedness or community issues after the assistance?

☐ Yes ☐ No ☐ Not applicable (no such meetings/groups)

کیا آپ کے گھرانے کے سربراہ یا کوئی بالغ فرد امدادی سرگرمیوں یا کمیونٹی کے مسائل سے متعلق ایمرجنسی تیاری کے اجلاسوں یا فیصلوں میں امداد کے بعد زیادہ شامل ہوا ہے؟

ہاں ☐ نہیں ☐ قابل اطلاق نہیں)ایسے کوئی اجلاس/گروپس نہیں ☐

46. After the emergency relief phase ended, were women in your household able to continue accessing health services when needed?
☐ Yes, without major difficulty ☐ Yes, but with some difficulty ☐ No, access became difficult or stopped ☐ Don't know

ہنگامی امداد کے مرحلے کے ختم ہونے کے بعد، کیا آپ کے گھرانے کی خواتین ضرورت پڑنے پر صحت کی خدمات تک رسائی جاری رکھ سکیں؟

ہاں، بغیر بڑی مشکل کے ☐
ہاں، لیکن کچھ مشکل کے ساتھ ☐
نہیں، رسائی مشکل یا بند ہو گئی ☐
معلوم نہیں ☐

47. Did the assistance help your household cope better with flood impacts?
☐ Great extent ☐ Good extent ☐ Some extent ☐ Very little ☐ Not at all

کیا امداد نے آپ کے گھرانے کو سیلاب کے اثرات سے بہتر نمٹنے میں مدد دی؟

بہت زیادہ ☐
اچھی حد تک ☐
کسی حد تک ☐
بہت کم ☐
بالکل نہیں ☐

48. As a result of the PPAF (through PO Name) relief assistance, has your household established or strengthened contact with any of the following services or entities?
☐ Local government services (e.g. health, livestock, disaster management)
☐ Local markets or suppliers
☐ Financial institutions (banks, microfinance, savings groups)
☐ Community Organisations (COs) / Village Organisations (VOs)
☐ Other development programmes or NGOs
☐ None of the above

پی پی اے ایف (پی او کے ذریعے) کی رلیف امداد کے نتیجے میں، کیا آپ کے گھرانے نے درج ذیل میں سے کسی خدمات یا اداروں کے ساتھ رابطہ قائم کیا یا مضبوط کیا ہے؟

مقامی حکومتی خدمات (مثلاً صحت، مویشی، آفات کے انتظام) ☐
مقامی بازار یا سپلائرز ☐
مالیاتی ادارے (بینک، مائیکرو فنانس، بچت گروپ) ☐
کمیونٹی تنظیمیں / گاؤں کی تنظیمیں ☐
دیگر ترقیاتی پروگرام یا این جی اوز ☐
مندرجہ بالا میں سے کوئی نہیں ☐

49. Have you or any household members used any of these linkages (selected in Q48) in the last three months?
☐ Yes ☐ No ☐ Not applicable (no linkages established)

کیا آپ یا آپ کے گھرانے کے کسی فرد نے پچھلے تین مہینوں میں ان روابط (سوال 48 میں منتخب شدہ) میں سے کسی کو استعمال کیا ہے؟

ہاں ☐ نہیں ☐ قابل اطلاق نہیں (کوئی رابطے قائم نہیں کیے گئے) ☐

Section 9: Process, Risks & Safeguarding

سیکشن 9: عمل، خطرات اور تحفظ

50. How clear and consistent were the processes for receiving relief assistance in your area (e.g., how you were selected as a beneficiary, how you were informed about the distribution, and how the items were given out)?
☐ Very Clear & Consistent ☐ Clear & Consistent ☐ Somewhat Clear & Consistent
☐ Not Clear & Inconsistent ☐ Very Unclear & Inconsistent
آپ کے علاقے میں امداد حاصل کرنے کے عمل کتنے واضح اور مستحکم تھے؟
مثلاً، آپ کو بطور مستحق کس طرح منتخب کیا گیا، تقسیم کے بارے میں کیسے مطلع کیا گیا، اور اشیاء کس طرح فراہم کی گئیں)
بہت واضح اور مستحکم ☐
واضح اور مستحکم ☐
کسی حد تک واضح اور مستحکم ☐
غیر واضح اور غیر مستحکم ☐
بالکل غیر واضح اور غیر مستحکم ☐
51. During that time, the relief was being distributed in your area, which of the following challenges did your household or community face?
☐ Damaged roads/bridges made it hard to reach the distribution point
☐ Flooding or bad weather delayed the distribution
☐ Security problems or fear of violence made it difficult or unsafe to go
☐ Long waiting time or crowds at the distribution point
☐ Problems with how beneficiaries were selected (e.g., some deserving people were left out)
☐ Any other problem (please specify): _____
اس دوران جب آپ کے علاقے میں امداد تقسیم کی جا رہی تھی، آپ کے گھرانے یا کمیونٹی کو درج ذیل میں سے کون سی مشکلات کا سامنا کرنا پڑا؟
خراب سڑکیں/پل، تقسیم کے مقام تک پہنچنا مشکل بنا دیا ☐
سیلاب یا خراب موسم نے تقسیم میں تاخیر کی ☐
سیکیورٹی مسائل یا تشدد کا خوف، جانے میں مشکل یا غیر محفوظ ☐
تقسیم کے مقام پر طویل انتظار یا ہجوم ☐
مستحقین کے انتخاب میں مسائل (مثلاً کچھ مستحق افراد شامل نہیں کیے گئے) ☐
کوئی اور مسئلہ (براہ کرم وضاحت کریں) ☐
52. Were women and vulnerable groups treated respectfully during assistance delivery?
☐ Yes ☐ No ☐ Don't know

کیا امداد کی فراہمی کے دوران خواتین اور کمزور گروپس کے ساتھ احترام سے پیش آیا گیا؟
ہاں ☐ نہیں ☐ معلوم نہیں ☐

53. Did you feel safe and respected during distribution and interactions?
☐ Yes ☐ No

تقسیم اور تعاملات کے دوران کیا آپ نے خود کو محفوظ اور معزز محسوس کیا؟
ہاں ☐ نہیں ☐

54. Were you aware of the complaints or feedback mechanisms?
☐ Yes ☐ No

کیا آپ شکایات یا رائے دینے کے نظام کے بارے میں آگاہ تھے؟
ہاں ☐ نہیں ☐

Closing Statement (Enumerator to read):

Thank you for sharing your time and experiences. Your responses will help gauge performance of this assistance and improve future emergency assistance for flood-affected communities.

اختتامی بیان (شمار کنندہ پڑھیں):

آپ کا وقت اور تجربات شیئر کرنے کا شکریہ۔ آپ کے جوابات اس امداد کی کارکردگی کا جائزہ لینے میں مدد کریں گے اور سیلاب سے متاثرہ کمیونٹیوں کے لیے مستقبل میں ہنگامی امداد کو بہتر بنانے میں معاون ثابت ہوں گے۔

Annex-5: Focus Group Discussion Tool (with Urdu Translation)

ضمیمہ-III: فوکس گروپ مباحثے کا آلہ

***Guiding Note**: Separate FGDs for men and women shall be conducted; male & female 'Qualitative Facilitators' and 'Note Takers' shall be engaged, respectively.*

رہنمائی کا نوٹ: مردوں اور عورتوں کے لیے الگ الگ ایف جی ڈی کرائے جائیں گے۔ بالترتیب مرد اور خواتین 'معیاری سہولت کار' اور 'نوٹ لینے والے' شامل ہوں گے۔

Section A: FGD's Type & Location

حصہ الف: فوکس گروپ مباحثے کی قسم اور مقام

- Province: ☐ Punjab ☐ Khyber Pakhtunkhwa ☐ Sindh ☐ AJK ☐ GB
- District: _____
- Union Council: _____
- Village / Mohallah: _____
- FGD Type: ☐ Men ☐ Women
- Date: ___ / ___ / 2026
- Start Time: _____ End Time: _____
- Partner Organization (PO): _____
- Facilitator Name & Code: _____
- Note-taker Name & Code: _____

- صوبہ: ☐ پنجاب ☐ خیبر پختونخوا ☐ سندھ ☐ آزاد جموں و کشمیر ☐ گلگت بلتستان
- ضلع _____
- یونین کونسل _____
- گاؤں / محلہ _____
- فوکس گروپ مباحثے کی قسم: ☐ مرد ☐ خواتین
- تاریخ: ___/___/2026
- آغاز کا وقت: _____ اختتام کا وقت _____
- سہولت کار کا نام اور کوڈ _____
- نوٹس لینے والے کا نام اور کوڈ_____

Section B: Participants Profile

حصہ ب: شرکاء کا تعارف

- Total number of participants: _____ *(Recommended: 15-16)*
- Representation (tick all that apply):
  ☐ Men-headed households ☐ Women-headed households
  ☐ Households with persons with disabilities ☐ Displaced households
  ☐ Livestock-owning households ☐ Agriculture land-owning households

- (شرکاء کی کل تعداد: ___ ( )تجویز کردہ: ۱۵-۱۶
- نمائندگی (ان سب پر نشان لگائیں جو لاگو ہوں)

مردوں کی سربراہی والے گھرانے ☐ خواتین کی سربراہی والے گھرانے ☐

معذور افراد والے گھرانے ☐ بے گھر گھرانے ☐

مویشیوں کے مالک گھرانے ☐ زرعی زمین کے مالک گھرانے ☐

Introductory Script (To Be Read Aloud by the Facilitator)

تعارفی اسکرپٹ (سہولت کار کے ذریعہ بلند آواز سے پڑھنا)

Assalam-o-Alaikum. Thank you for joining this discussion. We are an independent team working on behalf of Pakistan Poverty Alleviation Fund (PPAF) to learn from communities affected by the 2025 floods. This discussion will take 35-40 minutes.

السلام علیکم۔ اس گفتگو میں شامل ہونے کا شکریہ۔ ہم ایک آزاد ٹیم ہیں جو پاکستان پاورٹی ایلیوی ایشن فنڈ کے نمائندے کے طور پر ۲۰۲۵ کے سیلاب سے متاثرہ کمیونٹیز سے سیکھنے کے لیے کام کر رہی ہے۔ یہ گفتگو ۳۵-۴۰ منٹ پر مشتمل ہوگی۔

We would like to hear your views about the assistance provided; what worked well, what did not, and what could be improved. There are no right or wrong answers. Everything shared here will be kept confidential, and no names will be used. Participation is voluntary, and you may choose not to answer any question. Let us speak one at a time and respect each other's views.

ہم فراہم کردہ امداد کے بارے میں آپ کے خیالات سننا چاہیں گے۔ کیا اچھا کام کیا، کیا نہیں کیا، اور کیا بہتر کیا جا سکتا ہے۔ کوئی صحیح یا غلط جواب نہیں ہیں۔ یہاں شیئر کی گئی ہر چیز کو خفیہ رکھا جائے گا، اور کوئی نام استعمال نہیں کیا جائے گا۔ شرکت رضاکارانہ ہے، اور آپ کسی بھی سوال کا جواب نہ دینے کا انتخاب کر سکتے ہیں۔ آئیے ایک وقت میں ایک بات کریں اور ایک دوسرے کے خیالات کا احترام کریں۔

Do you have any questions? *[Answer each question politely and be specific]*

I think now we are ready to start the discussion!

کیا آپ کا کوئی سوال ہے؟ [ہر سوال کا جواب شائستگی سے دیں اور مخصوص رہیں]

میرے خیال میں اب ہم بحث شروع کرنے کے لیے تیار ہیں

Section 1: Relevance

سیکشن 1: مطابقت

1. What were the most urgent needs of your community immediately after the floods?

   سیلاب کے فوراً بعد آپ کی کمیونٹی کی سب سے فوری ضرورتیں کیا تھیں؟

   _____
   _____
   _____

2. Which of these needs were addressed through PPAF *(through PO Name)* -supported assistance?

   ان میں سے کون سی ضروریات کو پی پی اے ایف (پی او نام کے ذریعے) - سپورٹڈ امداد کے ذریعے پورا کیا گیا؟

   _____
   _____
   _____

3. Could you recall and share w.r.t the timing (urgent response) of the PPAF *(through PO Name)* team in distributing the relief packages? *[Facilitator probes: 1-2 weeks, 3-4 weeks, More than a month]*

   کیا آپ یاد کر کے بتا سکتے ہیں کہ پی پی اے ایف (پی او کے ذریعے) کی ٹیم نے امدادی پیکجز کی تقسیم کے حوالے سے فوری ردعمل کے طور پر کب کارروائی کی؟ [سہولت کار کے لیے رہنمائی: ۱-۲ ہفتے، ۳-۴ ہفتے، ایک ماہ سے زیادہ

   _____
   _____
   _____

4. How relevant was the below-mentioned assistance to your household's most urgent needs at that time? *[Facilitator pre-requisite: Ask if participants received all below mentioned 'types of assistance' and then mark responses only for the received assistance]*

اس وقت آپ کے گھر کی انتہائی فوری ضروریات کے لیے ذیل میں دی گئی امداد کتنی متعلقہ تھی؟ [سہولت دہندہ کی پیشگی شرط: پوچھیں کہ کیا شرکاء کو نیچے دی گئی تمام 'امداد کی اقسام' موصول ہوئی ہیں اور پھر صرف موصول ہونے والی امداد کے لیے جوابات کو نشان زد کریں]

Assistance Type امداد کی قسم	Very relevant انتہائی موزوں	Relevant موزوں	Somewhat relevant کسی حد تک موزوں	Not very relevant زیادہ موزوں نہیں	Not relevant at all بالکل موزوں نہیں
Food Items خوراک کی اشیاء					
Non-Food Items غیر خوراکی اشیاء					
Hygiene Kits حفظانِ صحت کی کٹس					
Medical Support طبی معاونت					
Veterinary Support ویٹرنری معاونت (مویشیوں کے علاج کی سہولت)					
Safe drinking water through water filtration plants* واٹر فلٹریشن پلانٹس کے ذریعے محفوظ پینے کا پانی					

** This option will be asked only to sample households from Buner District.*

یہ اختیار صرف ضلع بونیر سے گھرانوں کے نمونے کے لیے پوچھا جائے گا۔ *

***Guiding Note for Q4**: Ask group to discuss briefly & agree on one option that best represents their collective view for each type of Assistance received.*

سوال ۴ کے لیے رہنمائی نوٹ: گروپ سے کہیں کہ وہ مختصراً بحث کریں اور ہر قسم کی موصول شدہ امداد کے لیے ایک ایسا آپشن منتخب کریں جو ان کے اجتماعی موقف کی بہترین نمائندگی کرتا ہو۔

Notes (in case of varied responses): (نوٹس (مختلف جوابات کی صورت میں

_____

_____

_____

5. Please share your thoughts on the assistance relevance to women, girls, children, and persons with disability, in meeting their immediate food, hygiene, and health needs.
براہِ کرم خواتین، لڑکیوں، بچوں، اور معذور افراد کی فوری خوراک، حفظانِ صحت اور صحت کی ضروریات کو پورا کرنے میں مدد سے متعلق اپنے خیالات کا اشتراک کریں۔

_____

_____

_____

6. Compared to other villages in this Union Council, how was your village affected by the floods? *[Facilitator probes (if needed): damage to houses/infrastructure, loss of livelihoods, crops & livestock, displacements, duration of floods]*

اس یونین کونسل کے دیگر دیہاتوں کے مقابلے آپ کا گاؤں سیلاب سے کیسے متاثر ہوا؟ [سہولت کار تحقیقات (اگر ضرورت ہو): مکانات/بنیادی ڈھانچے کو نقصان، معاش کا نقصان، فصلوں اور مویشیوں کا نقصان، نقل مکانی، سیلاب کا دورانیہ

_____

_____

_____

7. If we compare all villages in this Union Council, where would you place your village in terms of flood impact?
☐ Among the most affected villages ☐ Moderately affected ☐ Less affected than most villages

اگر ہم اس یونین کونسل کے تمام دیہات کا موازنہ کریں تو سیلاب کے اثرات کے لحاظ سے آپ اپنے گاؤں کو کہاں رکھیں گے؟

سب سے زیادہ متاثرہ دیہاتوں میں ☐ اعتدال سے متاثرہ ☐ زیادہ تر دیہاتوں سے کم متاثر ☐

***Guiding Note for Q7**: Ask group to discuss briefly & agree on one option that best represents their collective view.*

سوال ۷ کے لیے رہنمائی نوٹ: گروپ سے کہیں کہ وہ مختصراً بحث کریں اور ایک ایسا آپشن منتخب کریں جو ان کے اجتماعی موقف کی بہترین نمائندگی کرتا ہو۔

8. What conditions or factors in your area helped or made it difficult for the relief assistance to achieve its intended objectives? *[Facilitator probes (if needed): Local leadership, coordination, role of COs/VOs, complementarity by other agencies, community cooperation]*
آپ کے علاقے میں کون سے حالات یا عوامل امدادی سرگرمیوں کے مطلوبہ مقاصد حاصل کرنے میں مددگار ثابت ہوئے یا مشکلات پیدا کیں؟
[سہولت کار کے لیے رہنمائی (اگر ضرورت ہو): مقامی قیادت، ہم آہنگی، کمیونٹی/گاؤں کی تنظیموں کا کردار، دیگر اداروں کی تکمیلی خدمات، کمیونٹی کا تعاون]

_____
_____
_____

Overall Probing-related guiding notes (Relevance):

مجموعی طور پر پروبنگ سے متعلق گائیڈنگ نوٹس (وابستگی)

- *How did relevance differ for different groups (women vs men, livestock owners vs non-owners, etc.)?*
- *Did relevance change as the flood situation evolve?*
  - مختلف گروہوں (خواتین بمقابلہ مرد، مویشیوں کے مالکان بمقابلہ غیر مالک وغیرہ) کے لیے مطابقت کیسے مختلف تھی؟
  - کیا سیلاب کی صورت حال کے بدلتے ہی مطابقت بدل گئی؟

Section 2: Efficiency

سیکشن 2: کارکردگی

9. Was PPAF *[mentioning Partner's name as well]* amongst the first organizations to respond in your area and provided flood relief items?
☐ Yes ☐ No
If No, which organization? _____

کیا پی پی اے ایف [شراکت دار کا نام بھی ذکر کریں] آپ کے علاقے میں ابتدائی ردعمل دینے والی تنظیموں میں شامل تھی اور سیلابی امدادی اشیاء فراہم کیں؟

ہاں ☐ نہیں ☐

اگر نہیں تو کون سی تنظیم_____؟

10. How soon did assistance reach the community after the floods?

سیلاب کے بعد کمیونٹی تک کتنی جلدی امداد پہنچی؟

_____
_____
_____

11. What worked well in the distribution process? *[Facilitator probes (if needed): fair targeting, prior announcements, minimal waste, good coordination, reasonable waiting time at distribution points]*

،تقسیم کے عمل میں کس چیز نے اچھا کام کیا؟ [سہولت کار تحقیقات (اگر ضرورت ہو): منصفانہ ہدف بندی، پیشگی اعلانات، کم سے کم فضلہ اچھی ہم آہنگی، تقسیم کے مقامات پر انتظار کا معقول وقت

_____
_____
_____

12. Apart from the assistance that was provided, what other ways of support do you think could have met your needs more efficiently or with less cost or effort? *[Facilitator probes (only if needed): cash transfers, vouchers, community-managed distribution]*

فراہم کردہ امداد کے علاوہ، آپ کے خیال میں مدد کے اور کون سے طریقے آپ کی ضروریات کو زیادہ مؤثر طریقے سے یا کم لاگت یا کوشش کے ساتھ پورا کر سکتے تھے؟ [سہولت کار کی تحقیقات (صرف ضرورت پڑنے پر): نقد منتقلی، واؤچرز، کمیونٹی کے زیر انتظام تقسیم

_____
_____
_____

Overall Probing-related guiding notes (Efficiency):

- *Were distribution locations and timings suitable for women?*
- *Timeliness ratings: 1-2 weeks, 3-4 weeks, more than a month?*

مجموعی رہنمائی نوٹ برائے جانچ (کارکردگی)

- کیا تقسیم کے مقامات اور اوقات خواتین کے لیے موزوں تھے؟
- بروقت درجہ بندی: 1-2 ہفتے، 3-4 ہفتے، ایک ماہ سے زیادہ؟

Section 3: Effectiveness

سیکشن 3: تاثیر

13. How did the assistance help households meet immediate food, health, hygiene, safe drinking water *(only for Buner district)* or livestock needs?

امداد نے گھرانوں کو فوری خوراک، صحت، حفظان صحت، پینے کے صاف پانی (صرف ضلع بونیر کے لیے) یا مویشیوں کی ضروریات کو پورا کرنے میں کس طرح مدد کی؟

_____
_____
_____

14. How the assistance helped reduce HH's hardships and stress? Share examples

امداد نے گھرانے کی مشکلات اور ذہنی دباؤ کو کس طرح کم کرنے میں مدد دی؟ براہ کرم مثالیں فراہم کریں۔

_____
_____

15. How did the medical camps help households in this village deal with urgent health problems after the floods? *[Facilitator probes: Treatment of common illnesses (fever, diarrhea, infections), Care for women, children, or PWDs, Availability of medicines and advice]*

سیلاب کے بعد اس گاؤں میں طبی کیمپوں نے گھرانوں کو فوری صحت کے مسائل سے نمٹنے میں کس طرح مدد دی؟
منتظم وضاحت کرے: عام بیماریوں کا علاج (بخار، دست، انفیکشن)، خواتین، بچوں یا معذور افراد کی دیکھ بھال)، ادویات اور مشورے کی دستیابی

_____
_____

_____

16. What changes, if any, did households notice in the health of their livestock after using the veterinary camp services? *[Question on usage of Veterinary Services (Yes/No) should be preceded; And Facilitator probes (use selectively): Recovery from illness or injury, Prevention of disease (e.g. vaccination, deworming), Reduction in livestock deaths, Improvement in feeding or animal condition]*

گھرانوں نے ویٹرنری کیمپ کی خدمات استعمال کرنے کے بعد اپنے مویشیوں کی صحت میں کون سی تبدیلیاں محسوس کیں، اگر کوئی ہوئی؟ ویٹرنری خدمات کے استعمال (ہاں/نہیں) پر سوال پہلے پوچھا جائے؛ اور منتظم وضاحت کرے (انتخابی طور پر استعمال کریں): بیماری یا چوٹ سے صحت یابی، بیماری کی روک تھام (مثلاً ویکسینیشن، کیڑے مار دوائی)، مویشیوں کی اموات میں کمی، خوراک یا جانور کی مجموعی حالت میں بہتری

_____

_____

_____

Overall Probing-related guiding notes (Effectiveness):

- *Did medical camps reduce illness-related expenses?*
- *Did veterinary services help protect or improve livestock health?*

مجموعی رہنمائی نوٹس (مؤثریت سے متعلق وضاحت کے لیے)

- کیا طبی کیمپوں نے بیماری سے متعلق اخراجات کو کم کرنے میں مدد دی؟
- کیا ویٹرنری خدمات نے مویشیوں کی صحت کو محفوظ رکھنے یا بہتر کرنے میں مدد کی؟

Section 4: Connectedness

سیکشن 4: رابطہ اور تعلقات

17. Did different organisations know about each other's work here, or did they work separately?
☐ Fully ☐ Partially ☐ Not at all ☐ Don't know

کیا مختلف تنظیمیں یہاں ایک دوسرے کے کام سے آگاہ تھیں، یا انہوں نے الگ الگ کام کیا؟

مکمل طور پر ☐
جزوی طور پر ☐
بالکل نہیں ☐
معلوم نہیں ☐

***Guiding Note for Q17**: Ask group to discuss briefly & agree on one option that best represents their collective view.*

سوال ۱۷ کے لیے رہنمائی نوٹ: گروپ سے کہیں کہ وہ مختصراً بحث کریں اور ایک ایسا آپشن منتخب کریں جو ان کے اجتماعی موقف کی بہترین نمائندگی کرتا ہو۔

18. Which of the following did you observe during the relief response? *(Multiple responses)*
☐ Joint or coordinated distributions focused on women
☐ Referral of women or girls to services provided by another organisation
☐ Information sharing about women's needs between organisations
☐ None of the above
☐ Not sure

امدادی ردعمل کے دوران آپ نے مندرجہ ذیل میں سے کس کا مشاہدہ کیا؟ (متعدد جوابات)

خواتین پر مرکوز مشترکہ یا مربوط تقسیم ☐

کسی دوسری تنظیم کی طرف سے فراہم کردہ خدمات کے لیے خواتین یا لڑکیوں کا حوالہ ☐

تنظیموں کے درمیان خواتین کی ضروریات کے بارے میں معلومات کا اشتراک ☐

مندرجہ بالا میں سے کوئی نہیں۔ ☐

یقین نہیں۔ ☐

***Guiding Note for Q18**: Ask group to discuss briefly & agree on one or more options that best represent their collective view.*

سوال ۱۸ کے لیے رہنمائی نوٹ: گروپ سے کہیں کہ وہ مختصراً بحث کریں اور ایک یا زیادہ ایسے آپشن منتخب کریں جو ان کے اجتماعی موقف کی بہترین نمائندگی کرتے ہوں۔

Overall Probing-related guiding notes (Connectedness):

- ***Were community leaders or local authorities involved in coordination?***
- ***Did assistance help connect communities to other services?***

مجموعی رہنمائی نوٹ برائے جانچ (رابطہ کاری)

- کیا کمیونٹی لیڈرز یا مقامی حکام رابطہ کاری میں شامل تھے؟
- کیا امداد نے کمیونٹیز کو دوسری خدمات سے مربوط کرنے میں مدد کی؟

Section 5: Impact

سیکشن 5: اثر

19. What immediate positive changes did you observe in households or the community after receiving assistance? *[Facilitator probes: reduced food insecurity, improved health & hygiene status, retained livestock, reduced drinking water-related infections (only for Buner district) and enhanced community resilience]*

امداد ملنے کے بعد آپ نے گھرانوں یا کمیونٹی میں فوری طور پر کن مثبت تبدیلیوں کا مشاہدہ کیا؟ [سہولت کار کی تحقیقات: خوراک کی عدم تحفظ میں کمی، صحت اور حفظان صحت کی بہتر صورتحال، مویشیوں کو برقرار رکھا گیا، پینے کے پانی سے متعلق انفیکشن میں کمی (صرف ضلع بونیر کے لیے) اور کمیونٹی کی لچک میں اضافہ

_____
_____
_____

20. Thinking about the food assistance your households received, how sufficient was it in meeting your household's immediate food needs? *[Facilitator probes: meals consumption pre & post assistance]*
    - ☐ Fully sufficient for immediate food needs
    - ☐ Partially sufficient (covered some needs but not all)
    - ☐ Not sufficient for immediate food needs
    - ☐ Not applicable (did not receive food assistance)

***Guiding Note for Q20**: Ask group to discuss briefly & agree on one option that best represents their collective view.*

آپ کے گھر والوں کو ملنے والی خوراک کی امداد کے بارے میں سوچتے ہوئے، یہ آپ کے گھر والوں کی فوری خوراک کی ضروریات کو پورا کرنے کے لیے کتنی کافی تھی؟ [سہولت کار کی تحقیقات: کھانے کی کھپت سے پہلے اور بعد میں مدد

فوری خوراک کی ضروریات کے لیے مکمل طور پر کافی ہے۔ ☐

جزوی طور پر کافی (کچھ ضروریات کا احاطہ کرتا ہے لیکن تمام نہیں) ☐

فوری خوراک کی ضروریات کے لیے کافی نہیں ہے۔ ☐

قابل اطلاق نہیں (کھانے کی امداد نہیں ملی) ☐

سوال ۲۰ کے لیے رہنمائی نوٹ: گروپ سے کہیں کہ وہ مختصراً بحث کریں اور ایک ایسا آپشن منتخب کریں جو ان کے اجتماعی موقف کی بہترین نمائندگی کرتا ہو۔

Notes on meals comparison responses:

کھانوں کے موازنہ کے جوابات کے حوالے سے نوٹ

_____

_____

_____

21. After households used the medical camp services, how did this affect illness in your households and the need to spend money or other resources on treatment? *[Facilitator probes: Reduced need to visit private doctors or pharmacies, Savings on medicines, transport, or consultation fees, Ability to use saved money for food, repair, or other needs, fewer sick days]*
Include notes, citing reasons, if majority participants didn't use medical camps:
گھر والوں کی جانب سے میڈیکل کیمپ کی خدمات استعمال کرنے کے بعد، اس نے آپ کے گھرانوں میں بیماری کو کیسے متاثر کیا اور علاج پر ،رقم یا دیگر وسائل خرچ کرنے کی ضرورت پر کیا؟ [سہولت کار کی تحقیقات: پرائیویٹ ڈاکٹروں یا فارمیسیوں کا دورہ کرنے کی ضرورت میں کمی ادویات، ٹرانسپورٹ، یا مشاورتی فیس پر بچت، کھانے، مرمت یا دیگر ضروریات کے لیے بچائی گئی رقم استعمال کرنے کی اہلیت، کم بیمار دن وجوہات کا حوالہ دیتے ہوئے نوٹس شامل کریں، اگر زیادہ تر شرکاء نے میڈیکل کیمپ کا استعمال نہیں کیا

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_____

Guiding Note for Q21*: Ask group to discuss briefly & agree on one option that best represents their collective view.*

سوال ۲۱ کے لیے رہنمائی نوٹ: گروپ سے کہیں کہ وہ مختصراً بحث کریں اور ایک ایسا آپشن منتخب کریں جو ان کے اجتماعی موقف کی بہترین نمائندگی کرتا ہو۔

After receiving immediate assistance, how did households manage their financial needs? Did most households have to sell important assets, or were they able to avoid doing so? *[Facilitator probes (use selectively): Sale of livestock, land, tools, machinery, or household goods, Borrowing instead of selling assets, Using relief assistance to cover urgent needs]*

فوری امداد ملنے کے بعد، گھر والوں نے اپنی مالی ضروریات کو کیسے پورا کیا؟ کیا زیادہ تر گھرانوں کو اہم اثاثے بیچنے پڑے، یا کیا وہ ایسا کرنے سے گریز کر سکتے تھے؟ [سہولت کار تحقیقات (منتخب طور پر استعمال کریں): مویشیوں، زمین، اوزار، مشینری، یا گھریلو سامان کی فروخت، اثاثے بیچنے کے بجائے قرض لینا، فوری ضروریات کو پورا کرنے کے لیے امدادی امداد کا استعمال

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_____

_____

22. Which of the following changes have occurred in this community since the relief response? *(Multiple responses)*
☐ More households joined or became active in COs/VOs
☐ Women organised themselves for mutual support or decision-making
☐ Community established or strengthened links with government departments
☐ Collective savings, resource sharing, or preparedness actions
☐ Improved access to early warning or disaster-related information
☐ No significant new practices or mechanisms adopted

Guiding Note for Q23*: Ask group to discuss briefly & agree on one or more options that best represent their collective view.*

امدادی ردعمل کے بعد سے اس کمیونٹی میں درج ذیل میں سے کون سی تبدیلیاں آئی ہیں؟ (متعدد جوابات)

مزید گھرانے کمیونٹی یا گاؤں کی تنظیموں میں شامل ہوئے یا فعال ہوئے ☐
خواتین نے باہمی مدد یا فیصلہ سازی کے لیے خود کو منظم کیا ☐
کمیونٹی نے سرکاری محکموں کے ساتھ روابط قائم یا مضبوط کیے ☐
اجتماعی بچت، وسائل کی تقسیم، یا ہنگامی تیاری کے اقدامات ☐
ابتدائی انتباہ یا آفات سے متعلق معلومات تک رسائی میں بہتری ☐
کوئی اہم نئے عمل یا طریقہ کار اپنایا نہیں گیا ☐

سوال ۲۳ کے لیے رہنمائی نوٹ: گروپ سے کہیں کہ وہ مختصراً بحث کریں اور ایک یا زیادہ ایسے آپشن منتخب کریں جو ان کے اجتماعی موقف کی بہترین نمائندگی کرتے ہوں۔

Did the relief activities change how women participated in community interactions or supported each other? If yes, how? *[Facilitator probes: Women attending or speaking in community meetings, Relief distributions creating new connections among women, Increased confidence in approaching community leaders or service providers]*

کیا امدادی سرگرمیوں میں تبدیلی آئی ہے کہ خواتین نے کمیونٹی کی بات چیت میں کس طرح حصہ لیا یا ایک دوسرے کی مدد کی؟ اگر ہاں تو کیسے؟ [سہولت کار کی تحقیقات: خواتین کمیونٹی میٹنگز میں شرکت یا تقریر کرتی ہیں، ریلیف کی تقسیم سے خواتین کے درمیان نئے روابط پیدا ہوتے ہیں، کمیونٹی لیڈرز یا سروس فراہم کرنے والوں سے رابطہ کرنے میں اعتماد میں اضافہ ہوتا ہے

_____
_____
_____

Overall Probing-related guiding notes (Impact):

- ***Did women's participation or visibility in community activities change?***
- ***Did assistance help households retain resources or assets?***
- ***Did savings due to assistance helped spend resources on other key priorities?***

مجموعی رہنمائی نوٹ برائے جانچ (اثر)

- کیا کمیونٹی کی سرگرمیوں میں خواتین کی شرکت یا مرئیت تبدیل ہوئی ہے؟
- کیا امداد نے گھرانوں کو وسائل یا اثاثے برقرار رکھنے میں مدد کی؟
- کیا امداد کی وجہ سے بچت نے دیگر اہم ترجیحات پر وسائل خرچ کرنے میں مدد کی؟

Section 6: Sustainability

سیکشن 6: پائیداری

23. Have households or women established new linkages with community groups, government services, or markets? *[Facilitator probes: local government services, markets/suppliers, financial institutions, community organizations, or development programs]*

کیا گھرانوں یا خواتین نے کمیونٹی گروپس، سرکاری خدمات، یا بازاروں کے ساتھ نئے روابط قائم کیے ہیں؟ [سہولت کار کی تحقیقات: مقامی حکومتی خدمات، مارکیٹس/سپلائرز، مالیاتی ادارے، کمیونٹی تنظیمیں، یا ترقیاتی پروگرام

_____
_____
_____

24. Do you think the benefits of assistance will last?
☐ Yes ☐ To some extent ☐ No
Reasons for choosing the option:

کیا آپ کو لگتا ہے کہ امداد کے فوائد جاری رہیں گے؟
ہاں ☐ کسی حد تک ☐ نہیں۔ ☐
آپشن کو منتخب کرنے کی وجوہات

_____
_____

Guiding Note for Q26*: Ask group to discuss briefly & agree on one option that best represents their collective view.*

سوال ۲۶ کے لیے رہنمائی نوٹ: گروپ سے کہیں کہ وہ مختصراً بحث کریں اور ایک ایسا آپشن

25. How did people in this village share information or make collective decisions (during floods & relief assistance), compared to before the floods? If one or more options are selected, do people anticipate sustaining these practices? *(Multiple responses)*
☐ Use of phones, WhatsApp groups, mosque announcements, or community meetings

☐ Role of community leaders, COs/VOs, or women's groups
☐ Mutual help or collective action during recent risks
Notes:
سیلاب سے پہلے کے مقابلے اس گاؤں کے لوگوں نے (سیلاب اور امدادی امداد کے دوران) کیسے معلومات کا اشتراک کیا یا اجتماعی فیصلے کیے؟ اگر ایک یا زیادہ اختیارات کا انتخاب کیا جاتا ہے، کیا لوگ ان طریقوں کو برقرار رکھنے کی توقع رکھتے ہیں؟ (متعدد جوابات)
فون، واٹس ایپ گروپس، مسجد کے اعلانات، یا کمیونٹی میٹنگز کا استعمال ☐
کمیونٹی کے رہنماؤں، کمیونٹی یا گاؤں کی تنظیموں، یا خواتین کے گروپوں کا کردار ☐
حالیہ خطرات کے دوران باہمی مدد یا اجتماعی کارروائی ☐
نوٹس

_____
_____

26. Since the relief assistance and medical camps ended, have you or your family members (especially women and children) continued to access health services? *[Facilitator probes: government health centers, lady health workers, private clinics, or any other facility]*

امدادی امداد اور طبی کیمپ ختم ہونے کے بعد، کیا آپ یا آپ کے خاندان کے افراد (خاص طور پر خواتین اور بچوں) نے صحت کی خدمات تک رسائی جاری رکھی ہے؟ [سہولت کار کی تحقیقات: سرکاری مراکز صحت، لیڈی ہیلتھ ورکرز، پرائیویٹ کلینک، یا کوئی دوسری سہولت

_____
_____
_____

Overall Probing-related guiding notes (Sustainability):

- ***Access to community structures, govt. services, other programmes?***
- ***Continued access to health or livestock services?***
- ***Strengthened community cooperation?***

مجموعی رہنمائی نوٹ برائے جانچ (پائیداری)
- کمیونٹی ڈھانچے تک رسائی، حکومت۔ خدمات، دیگر پروگرام؟
- صحت یا مویشیوں کی خدمات تک مسلسل رسائی؟
- کمیونٹی تعاون کو مضبوط کیا؟

Section 7: Process, Risks and Safeguarding

سیکشن 7: عمل، خطرات اور حفاظت

27. What were the strongest aspects of how assistance was delivered? [*Facilitator probes: Timely assistance, The way items were distributed, Behaviour of the staff, Location of distribution points, Food before severe hunger]*

امداد کیسے پہنچائی گئی اس کے مضبوط ترین پہلو کیا تھے؟)سہولت کار کی تحقیقات: بروقت امداد، اشیاء کی تقسیم کا طریقہ، عملے کا برتاؤ، تقسیم کے مقامات کا مقام، شدید بھوک سے پہلے کھانا

_____
_____
_____

28. What did you like most about the team's presence and the way they worked with the community? *[Facilitator probes: Local teams or COs involved, listening to concerns, treating women respectfully, explaining things clearly]*

آپ کو ٹیم کی موجودگی اور کمیونٹی کے ساتھ کام کرنے کے طریقے میں سب سے زیادہ کیا پسند آیا؟
منتظم وضاحت کرے: مقامی ٹیمیں یا کمیونٹی آرگنائزیشنز شامل تھیں، خدشات کو سنا گیا، خواتین کے ساتھ احترام سے پیش آیا گیا، چیزیں واضح طور پر بیان کی گئیں

_____
_____
_____

29. Did you or anyone in your family or close community share a concern, complaint, or suggestion? *[Facilitator probes: about the items in the package, how distribution was done, treatment at the camp, fairness, safety]*

کیا آپ یا آپ کے خاندان یا قریبی کمیونٹی کے کسی فرد نے کوئی تشویش، شکایت یا تجویز شیئر کی؟
[منتظم وضاحت کرے: پیکج میں موجود اشیاء کے بارے میں، تقسیم کے طریقہ کار کے بارے میں، کیمپ میں سلوک، منصفانہ عمل، حفاظت]

_____
_____
_____

30. What risks or challenges did the community face during distributions? *[Facilitators probes: Access-related risks, Administrative bottlenecks, Gender-specific vulnerabilities, Problems reaching the site]*

کمیونٹی کو تقسیم کے دوران کون سے خطرات یا چیلنجز درپیش آئے؟
[منتظم وضاحت کرے: رسائی سے متعلق خطرات، انتظامی رکاوٹیں، صنفی مخصوص کمزوریاں، تقسیم کے مقام تک پہنچنے میں مشکلات]

_____
_____

31. Some challenges affect women, girls, elderly people, or persons with disabilities more than others. In your experience, did any of specific risks or difficulties make it harder for these groups to receive assistance?

کچھ چیلنجز خواتین، لڑکیوں، بوڑھے افراد، یا معذور افراد کو دوسروں سے زیادہ متاثر کرتے ہیں۔ آپ کے تجربے میں، کیا کسی خاص خطرات یا مشکلات نے ان گروپوں کے لیے امداد حاصل کرنا مشکل بنا دیا؟

_____
_____

32. Of all the risks and challenges you mentioned, which one(s) do you think had the biggest negative effect on your household or community during the relief distribution period?

ان تمام خطرات اور چیلنجوں میں سے جن کا آپ نے ذکر کیا، آپ کے خیال میں امداد کی تقسیم کے دوران آپ کے گھرانے یا کمیونٹی پر سب سے زیادہ منفی اثرات کس نے ڈالے؟

_____
_____

33. For the challenges you have shared, which ones do you think had the biggest negative effect on women-headed households compared to men-headed ones during the relief distribution time? (Multiple responses)

☐ Traveling to the distribution point or medical/veterinary camp (damaged roads, bridges, long distances, or security concerns)
☐ Waiting in lines or dealing with crowds (safety, harassment, or physical difficulties)
☐ Getting information about when/where assistance would arrive
☐ Managing livestock or crop losses while waiting for veterinary support

آپ نے جن چیلنجوں کا اشتراک کیا ہے، آپ کے خیال میں ریلیف کی تقسیم کے وقت مردوں کے مقابلے میں خواتین کی سربراہی والے گھرانوں پر کون سے سب سے زیادہ منفی اثرات مرتب ہوئے؟ (متعدد جوابات)

☐ ڈسٹری بیوشن پوائنٹ یا میڈیکل/ویٹرنری کیمپ کا سفر کرنا (خراب سڑکیں، پل، لمبی دوری، یا حفاظتی خدشات)
☐ لائنوں میں انتظار کرنا یا ہجوم سے نمٹنا (حفاظت، ہراساں کرنا، یا جسمانی مشکلات)
☐ اس بارے میں معلومات حاصل کرنا کہ امداد کب/کہاں پہنچے گی۔
☐ ویٹرنری سپورٹ کا انتظار کرتے ہوئے مویشیوں یا فصلوں کے نقصانات کا انتظام کرنا

دیگر

Others: _____
_____

34. How did women-headed households try to cope or overcome these extra challenges?

خواتین کی سربراہی والے گھرانوں نے ان اضافی چیلنجوں سے نمٹنے یا ان پر قابو پانے کی کوشش کیسے کی؟

_____
_____

35. In your opinion, what could the relief team have done differently to make the process easier or fairer (especially for women-headed households)?
آپ کی رائے میں، امدادی ٹیم اس عمل کو آسان یا بہتر بنانے کے لیے مختلف طریقے سے کیا کر سکتی تھی (خاص طور پر خواتین کی سربراہی والے گھرانوں کے لیے)؟

_____
_____

Overall Probing-related guiding notes (Process, Risks and Safeguarding):

- ***Any exclusion, tension, or conflict?***
- ***Any suggestions to reduce harm in future responses?***

Thank participants and close the discussion!

مجموعی رہنمائی نوٹ برائے جانچ (عمل، خطرات اور حفاظت):

- کوئی اخراج، تناؤ، یا تنازعہ؟
- مستقبل کے ردعمل میں نقصان کو کم کرنے کے لیے کوئی تجویز؟

شرکاء کا شکریہ اور بحث بند کرو

FGD Guidelines/Facilitator Notes:

General:

- Encourage participation from quieter members.
- Avoid attributing statements to individuals.
- Probe differences across gender, age, and vulnerability.
- Avoid blame, speculation, and inflammatory language.
- Treat contradictions as valuable data, not errors.
- Commit to learning, not debating.

فوکس گروپ مباحثے کے رہنما اصول / سہولت کار کے نوٹس

عمومی

- پرسکون اراکین کی شرکت کی حوصلہ افزائی کریں۔
- افراد سے بیانات منسوب کرنے سے گریز کریں۔
- جنس، عمر، اور کمزوری کے فرق کی جانچ کریں۔
- الزام تراشی، قیاس آرائی اور اشتعال انگیز زبان سے گریز کریں۔
- تضادات کو قیمتی ڈیٹا سمجھیں، غلطیاں نہیں۔
- سیکھنے کا عہد کریں، بحث کرنے کی نہیں۔

Evaluation Specific:

- Anchor probes to PPAF's actual relief: relief packages (food/non-food/hygiene items), medical/veterinary camps, community presence, coordination with local POs/district administration
- If there is disagreement amongst participants, record the majority view, and briefly note dissenting perspectives in the notes.
- Probe for gender differences: Regularly ask "Was this the same for women-headed households?" or "How did this affect women/girls differently?"

- Encourage participants to base responses on actual experiences, not expectations.
- Encourage participants to reflect on most households, not exceptional cases. If views differ, record the majority view and key reasons.
- Debrief immediately after each FGD: Facilitator + note-taker discuss key themes, surprises, and quality issues.

مخصوص تشخیص

- پی پی اے ایف کے حقیقی ریلیف کے لیے اینکر کی تحقیقات: امدادی پیکجز (خوراک/غیر خوراک/حفظان صحت کی اشیاء)، طبی/ویٹرنری کیمپ، کمیونٹی کی موجودگی، مقامی پی او ز/ضلعی انتظامیہ کے ساتھ ہم آہنگی
- اگر شرکاء کے درمیان اختلاف ہے، تو اکثریت کا نقطہ نظر ریکارڈ کریں، اور اختلافی نقطہ نظر کو مختصراً نوٹس میں نوٹ کریں۔
- صنفی اختلافات کی تحقیقات: باقاعدگی سے پوچھیں "کیا یہ خواتین کی سربراہی والے گھرانوں کے لیے بھی ایسا ہی تھا؟" یا "اس نے خواتین/لڑکیوں کو مختلف طریقے سے کیسے متاثر کیا؟"
- شرکاء کی حوصلہ افزائی کریں کہ وہ حقیقی تجربات پر ردعمل کی بنیاد رکھیں، توقعات پر نہیں۔
- شرکاء کی حوصلہ افزائی کریں کہ وہ زیادہ تر گھرانوں پر غور کریں، غیر معمولی معاملات پر نہیں۔ اگر آراء مختلف ہوں تو اکثریتی نظریہ اور اہم وجوہات کو ریکارڈ کریں۔

ہر فوکس گروپ مباحثے کے فوراً بعد جائزہ: سہولت کار اور نوٹس لینے والا اہم موضوعات، حیرت انگیز باتیں، اور معیار سے متعلق مسائل پر تبادلہ خیال کریں۔

Annex-6: Key Informant Interview Tool – PPAF's Senior/Programme Management (with Urdu Translation)

سینئر/پروگرام مینجمنٹ

Introduction by the Moderator

تعارف سے طرف کی ناظم

Assalam-o-Alaikum. My name is _____ and _____ is with me as note-taker. Thank you for taking the time to meet with us. We are conducting an independent evaluation of PPAF's Emergency Relief Assistance to communities affected by the 2025 floods. The purpose of this discussion is to document institutional perspectives on the design, implementation, coordination, and early results of the response, and to capture lessons that can inform future emergency and early-recovery programming. This is a learning-focused exercise and not an assessment of individual performance. Your inputs will be treated confidentially and reflected in an aggregated and anonymised manner in the evaluation report.

With your permission, we would like to proceed with a few open-ended questions that should take approximately around 40 minutes.

السلام علیکم۔ میرا نام _____ ہے اور _____ میرے ساتھ نوٹس لینے والے کے طور پر موجود ہیں۔
ہمارے ساتھ ملاقات کے لیے وقت نکالنے کا شکریہ۔ ہم ۲۰۲۵ کے سیلاب سے متاثرہ کمیونٹیوں کو فراہم کی جانے والی پی پی اے ایف کی ہنگامی امدادی سرگرمیوں کا ایک آزاد جائزہ کر رہے ہیں۔ اس گفتگو کا مقصد ادارہ جاتی نقطہ نظر کو دستاویزی شکل دینا ہے، جس میں ردعمل کے ڈیزائن، عملدرآمد، ہم آہنگی، اور ابتدائی نتائج شامل ہیں، اور ایسے اسباق حاصل کرنا ہے جو مستقبل میں ہنگامی اور ابتدائی بحالی کے پروگرامنگ کے لیے مددگار ثابت ہوں۔ یہ ایک سیکھنے پر مرکوز سرگرمی ہے اور کسی فرد کی کارکردگی کا جائزہ نہیں ہے۔
آپ کے فراہم کردہ معلومات کو خفیہ رکھا جائے گا اور جائزے کی رپورٹ میں مجموعی اور گمنام انداز میں شامل کیا جائے گا۔
آپ کی اجازت سے، ہم کچھ کھلے سوالات کے ساتھ آگے بڑھنا چاہتے ہیں، جس میں تقریباً ۴۰ منٹ لگیں گے۔

Section 1: Respondent Profile and Role

سیکشن 1: جواب دہندہ کا پروفائل اور کردار

1. Name and Designation: _____
2. Department / Unit:
   ☐ Senior Management ☐ Programme ☐ Operations ☐ Grants ☐ M&E / MIS ☐ Finance ☐ Partnerships ☐ Other
3. Role in the 2025 Flood Emergency Response:
   ☐ Strategic oversight
   ☐ Programme design
   ☐ Partner onboarding and coordination
   ☐ Monitoring / reporting or finance
   ☐ Resource mobilization or logistics
4. Date: ___ / ___ / 2026 Start Time: _____ End Time: _____

1. _____ نام اور عہدہ
2. محکمہ / یونٹ
سینئر مینجمنٹ ☐ پروگرام ☐ آپریشنز ☐ گرانٹس ☐ مانیٹرنگ و جائزہ / ایم آئی ایس ☐ مالیات ☐ شراکت داریاں ☐ دیگر ☐
3. ۲۰۲۵ کے سیلابی ہنگامی ردعمل میں کردار:۔

اسٹریٹجک نگرانی ☐
پروگرام ڈیزائن ☐
پارٹنر آن بورڈنگ اور کوآرڈینیشن ☐
مانیٹرنگ/رپورٹنگ یا فنانس ☐
وسائل کو متحرک کرنا یا لاجسٹکس ☐

4. تاریخ: ___ / ___ / 2026 آغاز کا وقت: _____ اختتامی وقت _____

Section 2: Relevance

سیکشن 2: مطابقت

5. At the outset of the 2025 floods, what were the key factors that informed PPAF's decision to launch the emergency response from its own resources? *[Moderator Probes: severity, geographic spread, government response, comparative advantage]*

۔ ۲۰۲۵ کے سیلاب کے آغاز میں کون سے اہم عوامل تھے جن کی بنیاد پر پی پی اے ایف نے اپنے وسائل سے ہنگامی ردعمل شروع کرنے کا فیصلہ کیا؟ [موڈریٹر کے لیے رہنمائی: شدت، جغرافیائی پھیلاؤ، حکومتی ردعمل، تقابلی فائدہ

_____

_____

6. How were priority provinces, districts, and initial target populations determined at the head-office level? *[Moderator Probes: NDMA/PDMA data, partner intelligence, rapid needs assessments]*

:کس طرح ترجیحی صوبے، اضلاع، اور ابتدائی ہدف شدہ آبادیوں کا تعین ہیڈ آفس کی سطح پر کیا گیا؟)موڈریٹر کے لیے رہنمائی
این ڈی ایم اے/پی ڈی ایم اے کے اعداد و شمار، شراکت دار کی معلومات، فوری ضروریات کا جائزہ

_____

_____

7. To what extent do you feel the response aligned with PPAF's broader poverty alleviation and resilience mandate?

۔ آپ کے خیال میں یہ ردعمل کس حد تک پی پی اے ایف کے وسیع تر غربت کے خاتمے اور لچک سازی کے مقصد کے مطابق تھا؟

_____

_____

8. How were decisions made regarding the mix of assistance (food, non-food items, hygiene kits, water filtration plants, medical and veterinary camps) and implementation planning?

امداد کے اختلاط (خوراک، نان فوڈ آئٹمز، حفظان صحت کی کٹس، واٹر فلٹریشن پلانٹس، میڈیکل اور ویٹرنری کیمپ) اور عملدرآمد کی منصوبہ بندی کے بارے میں فیصلے کیسے کیے گئے؟

_____

_____

9. Were there trade-offs or constraints that influenced what could or could not be included in the relief package? *[Moderator Probes: funding ceilings, logistics, market functionality]*

کیا کوئی ایسی تجارت یا رکاوٹیں تھیں جو متاثر کرتی تھیں کہ امدادی پیکج میں کیا شامل کیا جا سکتا ہے یا نہیں؟ [ماڈریٹر پروبس: فنڈنگ سیلنگ، لاجسٹکس، مارکیٹ کی فعالیت]

_____

_____

10. In hindsight, were there any priority needs—particularly for women, persons with disabilities, or livestock-dependent households—that could have been addressed differently?

پس پردہ، کیا کوئی ترجیحی ضرورتیں تھیں—خاص طور پر خواتین، معذور افراد، یا مویشیوں پر انحصار کرنے والے گھرانوں کے لیے جنہیں مختلف طریقے سے حل کیا جا سکتا تھا؟ —

_____

_____

Section 3: Efficiency & Effectiveness

سیکشن 3: کارکردگی اور تاثیر

11. How did PPAF identify and onboard Partner Organisations (POs) for this response?

- پی پی اے ایف نے اس ردعمل کے لیے شراکت دار تنظیموں کی شناخت اور شمولیت کیسے کی؟

_____

_____

12. What worked well in leveraging PO local presence and experience during the emergency phase?

ہنگامی مرحلے کے دوران مقامی موجودگی اور تجربے سے فائدہ اٹھانے میں کس چیز نے اچھا کام کیا؟

_____

_____

13. What implementation challenges were encountered at the partner level, and how were these managed from head office? [Moderator Probes: access, reporting, quality, compliance]

:شراکت دار کی سطح پر نفاذ کے کن چیلنجوں کا سامنا کرنا پڑا، اور ہیڈ آفس سے ان کا انتظام کیسے کیا گیا؟ [ماڈریٹر پروبس رسائی، رپورٹنگ، معیار، تعمیل]

_____

_____

Section 4: Connectedness

سیکشن 4: ربط

14. How did PPAF engage with NDMA, PDMAs, district administrations, and other agencies at the strategic level?

پی پی اے ایف نے اسٹریٹجک سطح پر این ڈی ایم اے، پی ڈی ایم اے، ضلعی انتظامیہ، اور دیگر ایجنسیوں کے ساتھ کس طرح مشغول کیا؟

_____

_____

15. Were there any formal or informal coordination mechanisms that significantly influenced targeting, coverage, or avoidance of duplication?

کیا کوئی باضابطہ یا غیر رسمی کوآرڈینیشن میکانزم تھا جس نے ہدف بندی، کوریج، یا نقل سے اجتناب کو نمایاں طور پر متاثر کیا؟

_____

_____

16. From head office perspective, how effective was coordination on gender-related issues (e.g., women-focused services, referrals, data sharing)?

ہیڈ آفس کے نقطہ نظر سے، صنف سے متعلق مسائل (مثلاً، خواتین پر مرکوز خدمات، حوالہ جات، ڈیٹا شیئرنگ) پر کوآرڈینیشن کتنا موثر تھا؟

_____

_____

Section 5: Efficiency

سیکشن 5: کارکردگی

17. How would you assess the timeliness of the response from approval to delivery, given the evolving flood situation?

سیلاب کی بدلتی ہوئی صورتحال کے پیش نظر، آپ منظوری سے لے کر ترسیل تک ردعمل کی بروقت تشخیص کیسے کریں گے؟

_____

_____

18. What were the main cost drivers in this response, and how were efficiency considerations balanced with urgency and access constraints?

اس جواب میں بنیادی لاگت کے ڈرائیور کیا تھے، اور کس طرح کارکردگی کے تحفظات کو عجلت اور رسائی کی رکاوٹوں کے ساتھ متوازن کیا گیا؟

_____

19. Why didn’t PPAF consider alternative modalities (e.g., cash, vouchers, local procurement)? Why were these not adopted?

پی پی اے ایف نے متبادل طریقوں پر غور کیوں نہیں کیا (مثلاً کیش، واؤچرز، مقامی خریداری)؟ ان کو کیوں نہیں اپنایا گیا؟

_____

_____

Section 6: Effectiveness

سیکشن 6: تاثیر

20. Based on monitoring data and feedback, to what extent did the assistance achieve its immediate objectives of protection and stabilisation of affected households?

نگرانی کے اعداد و شمار اور تاثرات کی بنیاد پر، امداد نے متاثرہ گھرانوں کے تحفظ اور استحکام کے اپنے فوری مقاصد کو کس حد تک حاصل کیا؟

_____

_____

21. What evidence do you have regarding the effectiveness of water filtration plants, medical and veterinary camps in addressing urgent needs?

واٹر فلٹریشن پلانٹس، طبی اور ویٹرنری کیمپوں کی فوری ضرورتوں کو پورا کرنے کے لیے آپ کے پاس کیا ثبوت ہیں؟

_____

_____

22. Were there any notable differences in effectiveness across provinces or partner organisations?

کیا صوبوں یا پارٹنر تنظیموں میں تاثیر میں کوئی قابل ذکر فرق تھا؟

_____

_____

Section 7: Gender & Inclusion

سیکشن 7: جنس اور شمولیت

23. How were gender and vulnerability considerations operationalised at the design and implementation stages?

ڈیزائن اور نفاذ کے مراحل میں صنفی اور کمزوری کے تحفظات کو کیسے عمل میں لایا گیا؟

_____

_____

24. Did PPAF observe any unintended positive or negative gender-related outcomes emerging from the response?

کیا پی پی اے ایف نے اس ردعمل سے پیدا ہونے والے کسی غیر متوقع مثبت یا منفی صنفی اثرات کا مشاہدہ کیا؟

_____

_____

Section 8: Impact & Sustainability

سیکشن 8: اثر اور پائیداری

25. Beyond immediate relief, what early changes—positive or negative—do you observe at household or community level?

فوری ریلیف سے ہٹ کر، کیا آپ گھریلو یا کمیونٹی کی سطح پر ابتدائی تبدیلیاں—مثبت یا منفی—دیکھتے ہیں؟

_____

_____

26. How has PPAF's 2025 flood emergency response been designed or leveraged to contribute to longer-term resilience of the affected communities, beyond immediate relief, and any early signs of this transition?

پی پی اے ایف کے 2025 کے سیلاب کے ہنگامی ردعمل کو کس طرح ڈیزائن کیا گیا ہے یا اس سے متاثرہ کمیونٹیز کی طویل مدتی لچک میں حصہ ڈالنے کے لیے، فوری امداد کے علاوہ، اور اس منتقلی کے کسی بھی ابتدائی آثار کو کیسے بنایا گیا ہے؟

_____

_____

27. Have any linkages been established between beneficiary communities and government systems or services that could continue beyond the relief phase?

کیا فائدہ اٹھانے والی کمیونٹیز اور حکومتی نظام یا خدمات کے درمیان کوئی رابطہ قائم ہوا ہے جو امدادی مرحلے سے آگے جاری رہ سکتا ہے؟

_____

_____

Section 9: Risks & Challenges

سیکشن 9: خطرات اور چیلنجز

27. What were the most significant risks faced during implementation (e.g., access, security, political pressure, reputational risk)?

نفاذ کے دوران سب سے زیادہ اہم خطرات کون سے تھے (مثلاً رسائی، سیکورٹی، سیاسی دباؤ، شہرت کا خطرہ)؟

_____

_____

28. How did PPAF adapt its strategy as floods expanded or conditions changed?

سیلاب کے پھیلنے یا حالات تبدیل ہونے پر پی پی اے ایف نے اپنی حکمت عملی کو کیسے اپنایا؟

_____

_____

29. What internal systems (decision-making, approvals, MIS) supported or constrained adaptive management?

کون سے داخلی نظام (مانیٹرنگ و معلوماتی نظام ,فیصلہ سازی، منظوری،) نے موافقت پذیری کے انتظام کی حمایت کی یا محدود؟

_____

_____

Section 10: Lessons Learned and Recommendations

سیکشن 10: سیکھے گئے اسباق اور سفارشات

30. What are the top three lessons PPAF has drawn from this emergency response at an institutional level?

ادارہ جاتی سطح پر اس ہنگامی ردعمل سے پی پی اے ایف نے کون سے تین اہم سبق حاصل کیے ہیں؟

_____

_____

31. What specific changes would you recommend for future emergency relief interventions—both programmatically and institutionally?

آپ مستقبل میں ہنگامی امدادی مداخلتوں کے لیے کن مخصوص تبدیلیوں کی تجویز کریں گے — پروگرام کے لحاظ سے اور ادارہ جاتی طور پر؟

_____

32. Is there anything you would advise donors or government counterparts to do differently to enable more effective emergency responses?

کیا کوئی ایسی چیز ہے جو آپ عطیہ دہندگان یا حکومتی ہم منصبوں کو زیادہ مؤثر ہنگامی ردعمل کو فعال کرنے کے لیے مختلف طریقے سے کرنے کا مشورہ دیں گے؟

_____

_____

Closing Question

33. Is there any critical issue or insight related to the 2025 floods response that we have not discussed but you feel should be reflected in this evaluation?

اختتامی سوال

کیا 2025 کے سیلاب کے ردعمل سے متعلق کوئی اہم مسئلہ یا بصیرت ہے جس پر ہم نے بحث نہیں کی ہے لیکن آپ کو لگتا ہے کہ اس تشخیص میں جھلکنا چاہئے؟

_____

_____

Annex-7: Key Informant Interview Tool – Partner Organization Staff (with Urdu Translation)

تنظیمی عملہ

Introduction by the Moderator

تعارف سے طرف کی ناظم

Assalam-o-Alaikum. My name is _____ and _____ is with me as note-taker. Thank you for taking the time to meet with us. We are conducting an independent evaluation of the Pakistan Poverty Alleviation Fund's emergency relief assistance provided to communities affected by the 2025 floods. The purpose of this discussion is to understand the implementation experience from the Partner Organisation's perspective i.e. how activities were carried out on the ground, what worked well, and what challenges were faced. This is a learning-focused exercise and not an audit or assessment of your organisation or individual performance. All inputs will be treated confidentially and reflected in an aggregated manner to help strengthen future emergency responses.

With your permission, we would like to proceed with a few open-ended questions that should take approximately around 40-45 minutes.

السلام علیکم۔ میرا نام _____ ہے اور _____ میرے ساتھ بطور نوٹ لینے والا ہے۔ ہم سے ملنے کے لیے وقت نکالنے کے لیے آپ کا شکریہ۔ ہم پاکستان پاورٹی ایلیویشن فنڈ کی 2025 کے سیلاب سے متاثرہ کمیونٹیز کو فراہم کی جانے والی ہنگامی امدادی امداد کا آزادانہ جائزہ لے رہے ہیں۔ اس بحث کا مقصد عمل درآمد کے تجربے کو پارٹنر آرگنائزیشن کے نقطہ نظر سے سمجھنا ہے یعنی زمین پر سرگرمیاں کس طرح انجام دی گئیں، کیا اچھا کام کیا، اور کن چیلنجوں کا سامنا کرنا پڑا۔ یہ ایک سیکھنے پر مرکوز مشق ہے نہ کہ آپ کی تنظیم یا انفرادی کارکردگی کا آڈٹ یا تشخیص۔ مستقبل کے ہنگامی ردعمل کو مضبوط بنانے میں مدد کے لیے تمام معلومات کو رازداری کے ساتھ برتا جائے گا اور ان کی مجموعی طور پر عکاسی کی جائے گی۔

آپ کی اجازت کے ساتھ، ہم کچھ کھلے سوالات کے ساتھ آگے بڑھنا چاہیں گے جن میں تقریباً 40-45 منٹ لگیں گے۔

Section 1: Respondent Profile and Role

سیکشن 1: جواب دہندہ کا پروفائل اور کردار

1. Name _____
2. Organisation Name: _____
3. Designation / Role:
   - ☐ Project Manager
   - ☐ Field Coordinator
   - ☐ M&E / MIS Officer
   - ☐ Logistics / Procurement
   - ☐ Community Mobiliser
4. District: _____
5. Date: ___ / ___ / 2026 Start Time: _____ End Time: _____

1. نام _____
2. تنظیم کا نام _____
3. عہدہ/ کردار

پروجیکٹ مینیجر ☐

فیلڈ کوآرڈینیٹر ☐

مانیٹرنگ و جائزہ / معلوماتی نظام افسر ☐

لاجسٹکس / پروکیورمنٹ ☐

کمیونٹی موبلائزر ☐

4. ضلع _____

5. تاریخ: ___ / ___ / 2026 آغاز کا وقت: _____ اختتامی وقت _____

Section 2: Relevance

سیکشن 2: مطابقت

6. Based on your field presence, how severe was the flood impact in the areas where your organisation implemented PPAF-supported activities?

آپ کی فیلڈ میں موجودگی کی بنیاد پر، ان علاقوں میں سیلاب کا اثر کتنا شدید تھا جہاں آپ کی تنظیم نے پی پی اے ایف کے تعاون سے چلنے والی سرگرمیاں نافذ کیں؟

_____

_____

7. How were Union Councils, villages, and beneficiary households identified and prioritised? *[Moderator Probes:, district administration, community verification, PPAF guidance]*

یونین کونسلوں، دیہاتوں اور فائدہ اٹھانے والے گھرانوں کی شناخت اور ترجیح کیسے دی گئی؟

[ماڈریٹر پروبس: ضلعی انتظامیہ، کمیونٹی کی تصدیق، پی پی اے ایف رہنمائی]

_____

_____

8. In your view, did the targeting effectively reach the most affected and vulnerable households? Why or why not?

آپ کی نظر میں، کیا ٹارگٹنگ مؤثر طریقے سے سب سے زیادہ متاثرہ اور کمزور گھرانوں تک پہنچی؟ کیوں یا کیوں نہیں؟

_____

_____

9. How well did the assistance package (food, non-food items, hygiene kits, water filtration plants *(only for SRSP)*, medical camps, veterinary camps) match the immediate needs observed in your communities?

امدادی پیکج (خوراک، نان فوڈ آئٹمز، حفظان صحت کی کٹس، واٹر فلٹریشن پلانٹس (صرف ایس آر ایس پی کے لیے)، میڈیکل کیمپ، ویٹرنری کیمپ) آپ کی کمیونٹیز میں دیکھی جانے والی فوری ضرورتوں سے کتنی اچھی طرح میل کھاتا ہے؟

_____

_____

10. Were there specific needs of women, children, persons with disabilities, or livestock-dependent households that required additional adjustments?

کیا خواتین، بچوں، معذور افراد، یا مویشیوں پر منحصر گھرانوں کی مخصوص ضروریات تھیں جن کے لیے اضافی ایڈجسٹمنٹ کی ضرورت تھی؟

_____

_____

11. Were there any priority needs that could not be addressed during the emergency phase?

کیا ایسی کوئی ترجیحی ضروریات تھیں جو ہنگامی مرحلے کے دوران پوری نہیں کی جا سکتی تھیں؟

_____

_____

Section 3: Efficiency & Effectiveness

سیکشن 3: کارکردگی اور تاثیر

12. Please describe how the relief activities were implemented in your area—from planning to delivery or service provision.

براہ کرم بیان کریں کہ آپ کے علاقے میں امدادی سرگرمیاں کیسے لاگو کی گئیں — منصوبہ بندی سے لے کر ترسیل یا خدمت کی فراہمی تک۔

_____

_____

13. What aspects of implementation worked particularly well? *[Moderator Probes: community mobilisation, distribution arrangements, service delivery]*

نفاذ کے کن پہلوؤں نے خاص طور پر اچھا کام کیا؟ [ماڈریٹر پروبس: کمیونٹی موبلائزیشن، ڈسٹری بیوشن کے انتظامات، سروس ڈیلیوری]

_____

14. What were the main operational challenges faced during implementation? [Moderator Probes: access, weather, security, staffing, verification, crowd management]

عمل درآمد کے دوران درپیش اہم آپریشنل چیلنجز کیا تھے؟ [ماڈریٹر پروبس: رسائی، موسم، سیکورٹی، عملہ، تصدیق، ہجوم کا انتظام]

_____

_____

15. How timely was the delivery of relief items and services in relation to community needs?

کمیونٹی کی ضروریات کے سلسلے میں امدادی اشیاء اور خدمات کی ترسیل کتنی بروقت تھی؟

_____

_____

16. What logistical or supply chain challenges did your organisation face?

آپ کی تنظیم کو کن لاجسٹک یا سپلائی چین چیلنجوں کا سامنا کرنا پڑا؟

_____

_____

17. Were there any adaptations or local solutions used to overcome these challenges?

کیا ان چیلنجوں پر قابو پانے کے لیے کوئی موافقت یا مقامی حل استعمال کیے گئے؟

_____

_____

Section 4: Connectedness

سیکشن 4: ربط

18. How did coordination work with PPAF teams during implementation?

نفاذ کے دوران پی پی اے ایف ٹیموں کے ساتھ کوآرڈینیشن کیسے کام کرتی تھی

_____

_____

19. What coordination took place with district administration, or other organisations at field level?

ضلعی انتظامیہ، یا فیلڈ لیول پر دیگر تنظیموں کے ساتھ کیا رابطہ ہوا؟

_____

_____

20. Did you observe any duplication, gaps, or complementarities with other agencies’ assistance?

کیا آپ نے دوسری ایجنسیوں کی مدد سے کوئی نقل، خلاء، یا تکمیلات کا مشاہدہ کیا؟

_____

_____

21. Were there any coordination mechanisms or referrals related to women or other vulnerable groups?

کیا خواتین یا دیگر کمزور گروہوں سے متعلق کوئی کوآرڈینیشن میکانزم یا حوالہ جات موجود تھے؟

_____

_____

Section 5: Effectiveness

سیکشن 5: تاثیر

22. Based on beneficiary feedback, how effective was the food assistance in meeting immediate household food needs?

فائدہ اٹھانے والوں کے تاثرات کی بنیاد پر، فوری گھریلو خوراک کی ضروریات کو پورا کرنے میں خوراک کی امداد کتنی مؤثر تھی؟

_____

_____

23. What feedback did you receive regarding the water filtration plants *(only for SRSP)* and medical camps in addressing urgent health issues?

واٹر فلٹریشن پلانٹس (صرف ایس آر ایس پی کے لیے) اور صحت کے فوری مسائل کو حل کرنے کے لیے میڈیکل کیمپوں کے حوالے سے آپ کو کیا رائے ملی؟

_____

_____

24. How effective were the veterinary camps in treating or preventing livestock health problems?

مویشیوں کی صحت کے مسائل کے علاج یا روک تھام میں ویٹرنری کیمپ کتنے موثر تھے؟

_____

_____

Section 6: Gender, Inclusion, and Accountability

25. How were women, female-headed households, and other vulnerable groups identified and prioritised?

سیکشن 6: جنس، شمولیت، اور احتساب

خواتین، خواتین کی سربراہی والے گھرانوں، اور دیگر کمزور گروہوں کی شناخت اور ترجیح کیسے دی گئی؟

_____

_____

26. Were there any challenges related to women's participation, access, or safety during distributions or services?

کیا تقسیم یا خدمات کے دوران خواتین کی شرکت، رسائی، یا حفاظت سے متعلق کوئی چیلنج تھے؟

_____

_____

27. Did you observe any unintended positive or negative social or gender-related effects of the assistance?

کیا آپ نے امداد کے کسی غیر ارادی مثبت یا منفی سماجی یا صنف سے متعلق اثرات کا مشاہدہ کیا؟

_____

_____

28. What complaint or feedback mechanisms were in place, and how were issues addressed?

کیا شکایت یا تاثرات کا طریقہ کار موجود تھا، اور مسائل کو کیسے حل کیا گیا؟

_____

_____

Section 7: Monitoring, Data, and Quality Assurance

سیکشن 7: نگرانی، ڈیٹا، اور کوالٹی اشورینس

29. What monitoring and reporting responsibilities did your organisation have under this project?

اس پروجیکٹ کے تحت آپ کی تنظیم کی نگرانی اور رپورٹنگ کی کیا ذمہ داریاں تھیں؟

_____

_____

30. How was beneficiary data collected, verified, and shared with PPAF?

فائدہ اٹھانے والوں کا ڈیٹا کیسے اکٹھا کیا گیا، تصدیق کی گئی اور پی پی اے ایف کے ساتھ اشتراک کیا گیا؟

_____

_____

31. Were there any data quality challenges (e.g., missing data, verification issues)? How were these resolved?

کیا کوئی ڈیٹا کوالٹی چیلنجز تھے (مثلاً ڈیٹا غائب ہونا، تصدیقی مسائل)؟ یہ کیسے حل ہوئے؟

_____

_____

Section 8: Impact & Sustainability

سیکشن 8: اثر اور پائیداری

32. Beyond immediate relief, what early changes did you observe among households or communities? [Moderator Probes: reduced distress sales, improved coping, social cohesion]

فوری امداد کے علاوہ، آپ نے گھرانوں یا برادریوں میں ابتدائی تبدیلیوں کا مشاہدہ کیا؟ [ماڈریٹر پروبس: دباؤ میں فروخت میں کمی ، بہتر مقابلہ، سماجی ہم آہنگی]

_____

_____

33. Did the project help establish or strengthen linkages between communities and government services or community organisations?

کیا اس پروجیکٹ نے کمیونٹیز اور سرکاری خدمات یا کمیونٹی تنظیموں کے درمیان روابط قائم کرنے یا مضبوط کرنے میں مدد کی؟

_____

_____

34. Have you observed any resilience-enhancing practices emerging at household or community level?

کیا آپ نے گھریلو یا کمیونٹی کی سطح پر ابھرتے ہوئے لچک کو بڑھانے والے کسی طریقے کا مشاہدہ کیا ہے؟

_____

Section 9: Risks/Mitigation, Lessons Learned/Recommendations

سیکشن 9: خطرات/تخفیف، سیکھے گئے اسباق/سفارشات

35. What were the most significant risks or constraints faced during implementation?

نفاذ کے دوران سب سے اہم خطرات یا رکاوٹوں کا سامنا کیا تھا؟

_____

_____

36. How did your organisation adapt when conditions changed or challenges emerged?

جب حالات بدلے یا چیلنجز سامنے آئے تو آپ کی تنظیم نے کس طرح اپنایا؟

_____

_____

37. What are the key lessons learned from implementing this emergency response?

اس ہنگامی ردعمل کو نافذ کرنے سے اہم سبق کیا سیکھے گئے ہیں؟

_____

_____

38. What practical recommendations would you suggest for improving future PPAF emergency relief responses?

آپ مستقبل میں پی پی اے ایف کی ہنگامی امدادی کارروائیوں کو بہتر بنانے کے لیے کون سی عملی سفارشات پیش کریں گے؟

_____

_____

39. Is there anything else you would like to add that we have not discussed but consider important?

کیا کوئی اور چیز ہے جسے آپ شامل کرنا چاہیں گے جس پر ہم نے بحث نہیں کی ہے لیکن اہم سمجھتے ہیں؟

Annex-8: Key Informant Interview Tool – District Administration/UC Officials (with Urdu Translation)

انتظامیہ کے افسران

Introduction by the Moderator

تعارف سے طرف کی ناظم

Assalam-o-Alaikum. My name is _____ and _____ is with me as note-taker. Thank you for giving us your time. We are conducting an independent evaluation of the Pakistan Poverty Alleviation Fund's emergency relief assistance to communities affected by the 2025 floods. The purpose of this discussion is to learn from your experience and observations as a key public-sector representative who engaged with the response through field visits, meetings, coordination and overall administration. This is a learning exercise to understand what worked well, what challenges were faced, and how future emergency responses can be improved.

With your permission, we would like to proceed with a few open-ended questions that should take approximately 20-25 minutes.

السلام علیکم۔ میرا نام _____ ہے اور _____ میرے ساتھ نوٹس لینے والے کے طور پر موجود ہیں۔
ہمارے ساتھ وقت دینے کا شکریہ۔ ہم پاکستان پاورٹی ایلیوی ایشن فنڈ کی ہنگامی امدادی سرگرمیوں کا ایک آزاد جائزہ کر رہے ہیں ،جو ۲۰۲۵ کے سیلاب سے متاثرہ کمیونٹیوں کو فراہم کی گئی تھیں۔ اس گفتگو کا مقصد آپ کے تجربات اور مشاہدات سے سیکھنا ہے بطور ایک اہم سرکاری نمائندہ جو فیلڈ وزٹس، اجلاسوں، ہم آہنگی اور مجموعی انتظام کے ذریعے ردعمل میں شامل رہے۔ یہ ایک سیکھنے پر مرکوز سرگرمی ہے تاکہ یہ سمجھا جا سکے کہ کیا اچھا کام کیا، کون سی مشکلات آئیں، اور مستقبل کے ہنگامی ردعمل کو کس طرح بہتر بنایا جا سکتا ہے۔
آپ کی اجازت سے، ہم کچھ کھلے سوالات کے ساتھ آگے بڑھنا چاہتے ہیں، جس میں تقریباً ۲۰-۲۵ منٹ لگیں گے۔

Section 1: Respondent Profile

سیکشن 1: جواب دہندہ پروفائل

1. Name, Designation and Office _____
2. District: _____
3. Role in 2025 Flood Response:
   ☐ Overall coordination
   ☐ Damage assessment / reporting
   ☐ Relief coordination
   ☐ Security / access facilitation
4. Date: ___ / ___ / 2026 Start Time: _____ End Time: _____

1. نام، عہدہ اور دفتر _____
2. ضلع _____
3. ۲۰۲۵ کے سیلابی ردعمل میں کردار:۔
   ☐ مجموعی کوآرڈینیشن
   ☐ نقصان کی تشخیص / رپورٹنگ
   ☐ ریلیف کوآرڈینیشن
   ☐ سیکیورٹی / رسائی کی سہولت
4. تاریخ: ___ / ___ / 2026 آغاز کا وقت: _____ اختتامی وقت _____

Section 1: Relevance

سیکشن 1: مطابقت

5. From the district administration's perspective, how severe was the impact of the 2025 floods in this district compared to other affected districts?

ضلعی انتظامیہ کے نقطہ نظر سے، دیگر متاثرہ اضلاع کے مقابلے اس ضلع میں 2025 کے سیلاب کا اثر کتنا شدید تھا؟

_____

_____

6. What were the main criteria used by the district administration to prioritise Union Councils or villages for relief assistance?

ریلیف امداد کے لیے یونین کونسلوں یا دیہاتوں کو ترجیح دینے کے لیے ضلعی انتظامیہ نے کون سے بنیادی معیارات استعمال کیے؟

_____

_____

Section 2: Connectedness & Efficiency

سیکشن 2: مربوطیت اور کارکردگی

7. How would you describe coordination between the district administration and relief agencies during the floods, including PPAF and its Partner Organisations?

۔ آپ سیلاب کے دوران ضلعی انتظامیہ اور امدادی اداروں، بشمول پی پی اے ایف اور اس کی شراکت دار تنظیموں، کے درمیان ہم آہنگی کو کس طرح بیان کریں گے؟

_____

_____

8. Were there any mechanisms used for sharing information on affected areas, needs, or beneficiary targeting (e.g., meetings, shared lists, assessments)?

کیا متاثرہ علاقوں، ضروریات، یا فائدہ اٹھانے والوں کے ہدف کے بارے میں معلومات کے اشتراک کے لیے کوئی طریقہ کار استعمال کیا گیا تھا (مثلاً ملاقاتیں، مشترکہ فہرستیں، تشخیص)؟

_____

_____

9. From your observation, did relief agencies coordinate sufficiently to avoid duplication and ensure coverage of the most affected areas?

آپ کے مشاہدے سے، کیا امدادی ایجنسیوں نے نقل سے بچنے اور سب سے زیادہ متاثرہ علاقوں کی کوریج کو یقینی بنانے کے لیے کافی مربوط کیا؟

_____

_____

Section 3: Relevance (Targeting)

سیکشن 3: مطابقت (ہدف بندی)

10. In your view, did the areas and communities supported by PPAF represent some of the most affected and vulnerable within the district? Why or why not?

آپ کے خیال میں، کیا پی پی اے ایف کے تعاون یافتہ علاقوں اور کمیونٹیز ضلع کے اندر سب سے زیادہ متاثرہ اور کمزور لوگوں کی نمائندگی کرتے ہیں؟ کیوں یا کیوں نہیں؟

_____

_____

11. Were there any notable gaps or overlaps in coverage that you observed during the response?

کیا کوریج میں کوئی قابل ذکر خلاء یا اوورلیپس تھے جن کا آپ نے جواب کے دوران مشاہدہ کیا؟

_____

_____

Section 4: Efficiency & Effectiveness

سیکشن 4: کارکردگی اور تاثیر

12. How timely was the arrival and delivery of relief assistance by PPAF, relative to the evolving flood situation?

سیلاب کی بدلتی ہوئی صورتحال کے مقابلہ میں پی پی اے ایف کی طرف سے امدادی امداد کی آمد اور ترسیل کتنی بروقت تھی؟

_____

13. Did district-level access, security, or logistical arrangements facilitate or constrain relief delivery? Please explain.

کیا ضلعی سطح تک رسائی، سیکورٹی، یا لاجسٹک انتظامات نے امدادی ترسیل کو آسان یا محدود کیا؟ برائے مہربانی وضاحت فرمائیں۔

_____

_____

Section 5: Gender, Inclusion, and Community Engagement

سیکشن 5: جنس، شمولیت، اور کمیونٹی کی مصروفیت

14. From the administration's perspective, how well were women and other vulnerable groups considered in relief planning and delivery?

انتظامیہ کے نقطہ نظر سے، امدادی منصوبہ بندی اور ترسیل میں خواتین اور دیگر کمزور گروہوں کا کتنا خیال رکھا گیا؟

_____

_____

15. Did you observe any community-level issues (e.g., tensions, complaints) related to relief distribution? How were these addressed?

کیا آپ نے ریلیف کی تقسیم سے متعلق کمیونٹی کی سطح کے مسائل (مثلاً تناؤ، شکایات) کا مشاہدہ کیا؟ ان کو کیسے مخاطب کیا گیا؟

_____

_____

Section 6: Impact & Sustainability

16. What immediate positive or negative outcomes of the relief response were most visible at district or community level?

سیکشن 6: اثر اور پائیداری

امدادی ردعمل کے فوری طور پر کیا مثبت یا منفی نتائج ضلع یا کمیونٹی کی سطح پر سب سے زیادہ نظر آئے؟

_____

_____

17. Do you see any linkages or practices emerging that could improve preparedness or coordination for future disasters?

کیا آپ کسی ایسے روابط یا عمل کو ابھرتے ہوئے دیکھتے ہیں جو مستقبل کی آفات کے لیے تیاری یا ہم آہنگی کو بہتر بنا سکے؟

_____

_____

H. Lessons and Recommendations

اسباق اور سفارشات

18. What are the key lessons for improving coordination between district administration and relief agencies in future flood or disaster responses?

مستقبل میں سیلاب یا آفات کے ردعمل میں ضلعی انتظامیہ اور امدادی اداروں کے درمیان ہم آہنگی کو بہتر بنانے کے لیے اہم سبق کیا ہیں؟

_____

_____

19. What specific recommendations would you give to organisations like PPAF to strengthen future emergency assistance at district level?

آپ پی پی اے ایف جیسے اداروں کو ضلعی سطح پر مستقبل کی ہنگامی امداد کو مضبوط بنانے کے لیے کون سی مخصوص سفارشات دیں گے؟

_____

_____

Closing اختتام

20. Is there anything else you would like to add regarding the flood response or coordination efforts that we have not discussed?

کیا آپ سیلاب کے ردعمل یا رابطہ کاری کی کوششوں کے حوالے سے کوئی اور چیز شامل کرنا چاہیں گے جس پر ہم نے بحث نہیں کی؟

_____

_____

Annex-9: Risks and Challenges

During the implementation of evaluation activities, certain operational and contextual challenges were encountered, which were effectively managed through proactive planning, field-level adaptations, and methodological safeguards, ensuring that the quality and reliability of evaluation findings are not affected. The table below **(Table 3)** reflects some key challenges faced, alongwith the relevant mitigation measures adopted:

Table 5: Challenges and Mitigation Measures

Risk / Challenge	Severity	Mitigation Measures Taken
Beneficiary identification & verification delays	Medium	Engagement with PO focal persons and community representatives to validate and locate households; use of replacement sampling where required
Recall Bias from Respondents	Medium	Use of probing techniques; simplifying questions; triangulation with FGD and KII data to validate responses
Beneficiary sensitivities during FGDs	Medium	Careful facilitation of FGDs; clear explanation of evaluation purpose; ensuring balanced participation and neutral moderation
Time constraints for Fieldwork	High	Deployment of multiple teams simultaneously; strong supervision structure; daily progress tracking and adjustments
Variation in Local Contexts	Medium	Contextual interpretation of findings; use of qualitative data to explain variations; analysis disaggregated where relevant
Logistical Coordination Challenges	Medium	Pre-field planning meetings; clear communication protocols; designated focal persons at district level
Language and Comprehension Barriers	Low	Use of Urdu-translated tools; reliance on local enumerators familiar with context; supervisors support during interviews
Potential Response Bias (Courtesy Bias)	Medium	Assurance of confidentiality; neutral phrasing of questions; triangulation with FGDs and KIIs