



Rapid Response Fund

ACT Secretariat Approval

Project Code 05/2025

Project Name Emergency support for the people affected/at risk to the heatwave in Umerkot distr

The ACT Secretariat has approved the use of USD20,000 from its Global Rapid Response Fund (GRRF25) and would be grateful to receive contributions to wholly or partially replenish this payment.

For further information please contact:

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A handwritten signature in black ink, appearing to read 'Cyra'.

Cyra Michelle Bullecer

Global Humanitarian Operations Manager

ACT Alliance Secretariat

actalliance

Rapid Response Fund

Project Proposal

| Emergency Prepared and Response Plan | |
|---|-----------------------|
| EPRP last updated | 30-Aug-24 |
| Do you have a Contingency Plan | Yes |
| Is the plan on an online platform (or attach hard copy with proposal) | Soft copy is attached |

| | |
|--|-----------------------------------|
| Please submit this form to the Regional Humanitarian Programme Officer in your region with a copy to the Regional Representative | Date submitted to ACT Secretariat |
| | 8-May-25 |

Section 1 Project Data

| Project Information | |
|---|---|
| Project Name | Emergency support for the people affected/at risk to the heatwave in Umerkot district of Sindh province |
| Project Code | 05/2025 |
| Country Forum | ACT Forum Pakistan |
| ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member) | Community World Service Asia (CWSA) |
| Name of person leading the project | Felix Dennis Joseph |
| Job Title | Associate Regional Director |
| Email | dennis.joseph@communityworldservice.asia |
| Tel no./Whatsapp/Skype | 923008557414 |
| Location(s) of project (city / province) | District Umerkot, Sindh, Pakistan |
| Project start date (dd/mm/yyyy) | 15/May/25 |
| Project end date (dd/mm/yyyy) | 15/Jul/25 |

| Which sectors your response activities most relate to (please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance) | | |
|--|--|--------|
| Sectors | Member (Community World Service Asia) | |
| | Male | Female |
| Cash/ Vouchers | | |
| Camp Management | | |
| Education | | |
| Food/Nutrition | | |
| Health | 27,675 | 39,825 |
| Household items | | |
| Livelihood | | |
| Psychosocial | | |
| Shelter | | |
| Wash | | |

Section 2 Project Description

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (maximum 5 bullet points)

The National Disaster Management Authority (NDMA) began issuing heatwave advisories starting April 7, with subsequent alerts on April 15 and April 25, warning of upcoming heatwave spells across various parts of the country. These advisories highlight the likelihood of dry and unusually hot weather conditions, with temperatures projected to be 6 to 8 degrees Celsius above normal.

In its 2025 Heatwave Management SOPs, PDMA highlights that Sindh has witnessed a substantial rise in temperatures over the past decade, with increasing frequency and severity of heatwaves. The effects of climate change, coupled with urbanization and deforestation, have exacerbated extreme temperature conditions across the region. According to the Pakistan Meteorological Department (PMD), 2024 saw significantly higher temperatures than previous years, particularly in April, May, June, and July, with anomalies of 1.6°C in April, 2.1°C in May, 1.8°C in June, and 3°C in July compared to 2023. This marks a worrying trend, indicating that future heatwaves may become even more intense due to continued climate shifts and anthropogenic factors. See Annex 1

According to the situation report issued by PDMA Sindh on May 10, 2025, a total of 235 heatstroke cases and 22 livestock deaths have been reported to date, with 107 of these cases recorded in the Mirpurkhas Division. See Annex 2

In Sindh's Umerkot district, the heatwave is already intensifying, with temperatures expected to reach 47°C in the coming days. Due to climate change, the onset of heatwaves is occurring earlier, often beginning in April and potentially lasting through July.

In response to Chief Secretary's order, the DC Umerkot has circulated message among humanitarian organization requesting for their support in establishing heatwave facilitation camps. In response heatwave facilitation camps have been established by humanitarian organizations to provide shelter, cold water, and basic first-aid. Authorities are advised to ensure round-the-clock monitoring, establish cooling and treatment centers, safeguard agricultural activities, and ensure the timely restoration of electricity. Public awareness campaigns will inform about heat-related illnesses and preventive measures.

Message of Chief Secretary and DC are attached. See Annex 3 and Annex 4

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help (maximum 5 bullet points)

Severe health impacts: Vulnerable groups—especially laborers, children, women, the elderly, and low-income families—are experiencing a surge in heat-related illnesses like heatstroke, dehydration, and respiratory issues, overwhelming rural health systems.

Water and agriculture crisis: Prolonged heat is intensifying water scarcity, reducing crop yields, and causing livestock deaths, threatening the livelihoods and food security of smallholder farmers and herding communities.

Economic disruption: Outdoor and manual laborers in agriculture, construction, transport, and informal sectors are losing income and facing unsafe working conditions due to unbearable heat.

Field reports confirm that heatstroke cases are being reported daily across affected areas. As of May 10, 2025, a total of 107 heatstroke cases have been recorded in the Mirpurkhas Division alone. Umerkot district in Mirpur Khas division, which partly falls within the Thar Desert region and is more vulnerable due to its arid terrain and limited health infrastructure, is experiencing particularly severe conditions as the heatwave intensifies.

The psychological toll is also significant. Parents worry about sending their children to school in soaring temperatures, and daily laborers must choose between working in dangerous conditions or losing income. In addition, repeated exposure to such environmental stressors is eroding the coping capacity of these communities, making them more susceptible to future climate-related shocks.

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis. (maximum 3 bullet points)

- CWSA is currently managing the heatwave facilitation center with its own limited funding.
- The only available funding option at the moment is the ACT RRF, for which an alert has been submitted.

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

Community World Service Asia (CWSA) proposes to establish heatwave facilitation centers in Umerkot district, Sindh, to provide immediate relief to communities vulnerable to extreme heat. This initiative is a proactive and anticipatory response to the escalating threat of climate-induced heatwaves in Pakistan. It aims to address both the immediate health risks and longer-term community resilience needs through a dual approach: provision of lifesaving hydration support and targeted awareness-raising interventions. Additionally, this is in line with the priorities and needs identified by local authorities.

Three facilitation centers will be set up and operated for two months during the peak summer period (May-July). Each center will offer clean, cold drinking water and juice, and shaded rest areas for affected individuals. To ensure continuity of care and run the operations, each center will be staffed by two trained volunteers.

The centers will be fully equipped with pedestal fans, generators, basic medical supplies (such as ORS, cold sponging kits, Thermometer, BP apparatus etc) and essential furniture to accommodate patients in distress.

To complement the response, awareness campaigns will be carried out at facilitation centers and through walk-in engagements. These will focus on promoting key health messages, particularly around heatwave safety, prevention of heat-related illnesses, and access to essential services. Trained volunteers will engage communities using culturally appropriate methods such as group discussions, one-on-one conversations, and the distribution of IEC materials in the local language. Posters, loudspeaker announcements, and support from community elders will help extend the outreach. The aim is to equip individuals with the knowledge to recognize early symptoms of heat-related conditions and adopt practical preventive measures.

We have selected this response because access to cold hydration and knowledge about heat-related illnesses are critical during heatwaves, particularly for vulnerable groups such as children, the elderly, and those with chronic illnesses. Based on CWSA's past experience with emergency health responses, including

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

The project activities are designed to avoid large purchases that could cause delays. Field teams are ready and can start the activities immediately. CWSA is currently managing one camp using its own limited resources, and with RRF approval, this camp will continue while two additional camps will be established. The project implementation period is set for two months, covering the critical summer months when the proposed support is most needed.

3. CHS Commitment 6. How are you co-ordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

Community World Service Asia (CWSA) is actively collaborating with multiple stakeholders to establish and operate heatwave facilitation centers in Umerkot district. While the ACT forum in Pakistan is currently inactive, coordination continues with its engaged members, including NCA and DKH, who have been informed about the Rapid Response Fund (RRF) initiative. At the local level, CWSA is coordinating closely with the district government and health department. Regular coordination meetings, chaired by the Assistant Commissioner, serve as platforms for humanitarian organizations to share updates and plans. CWSA consistently participates in these meetings, providing timely updates on its ongoing and planned activities.

In a recent coordination meeting, the District Commissioner of Umerkot called upon humanitarian partners to establish heatwave centers to support the affected population. Responding to this appeal, CWSA established a facilitation center at the DC Office in Umerkot. This center was among the first to begin operations, offering cold drinking water, delivering public awareness sessions, and referring patients with symptoms of heatstroke to the District Headquarters Hospital (DHQ).

Awareness messages are shared directly with pedestrians, local citizens, and school students, while loudspeakers are also used to disseminate key health messages to the wider public. Each day, the center serves 800-1000 individuals—providing critical relief in an area where no fresh water facilities exist in surroundings. Among those receiving services are 60% women, 30% men and 10% children.

In addition, CWSA's health team has set up dedicated heatstroke response corners at all dispensaries under its management. These units are equipped to handle heat-related emergencies and provide care to patients from nearby villages impacted by extreme temperatures. Services include the provision of cold drinking water, first aid, oral rehydration salts (ORS), and glucose sachets. On average, over 100 individuals

4. CHS Commitment 3, 9. How are you planning to procure your goods or services? (This includes cash transfer methodologies) Please tick boxes that apply. *Goods and services procured locally supports and revitalises economic activity either as livelihood for people or income for small businesses.*

| | | | | | | | |
|--------------------------------------|---------|------------|--|--------------------------------------|--|-----------------|--|
| Locally or within the affected areas | locally | Nationally | | Regionally or neighbouring countries | | Internationally | |
|--------------------------------------|---------|------------|--|--------------------------------------|--|-----------------|--|

Do you have a procurement policy? What factors did you consider when you made this decision?

Yes, CWSA has a stringent procurement policy that will be strictly adhered to for all purchases under this project. Goods and services will be procured locally. The project will involve purchasing equipment for the facilitation centers, such as pedestal fans, necessary furniture, steel water coolers, basic lifesaving supplies and equipments. To provide cold and clean drinking water, items like drinking water, ice, juice packs, lemon, and sugar will also be procured locally. IEC material will be printed, and distributed to disseminate awareness-raising messages. The procurement department and HR ensures compliance with the policies during the selection and finalization of contracts with vendors.

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the beneficiary numbers for this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

The beneficiary numbers for this project are calculated based on the estimated daily reach of each heatwave facilitation center, the number of operational days, and the scope of outreach through awareness activities and IEC material dissemination.

Each of the three heatwave centers is expected to serve an average of 350 individuals per day, providing cold drinking water, juice, ORS, cold sponging and basic medical support. Over a two-month period (approximately 50 days), this translates to a direct service reach of around 52,500 individuals (i.e., 350 people × 3 centers × 50 days).

In addition to the direct services, the awareness campaign—including face-to-face sessions, use of loudspeakers, and distribution of Information, Education, and Communication (IEC) materials—is projected to reach a broader segment of the population. Through these outreach activities, an additional estimated 15,000 (100 individuals/center/day × 3 centers × 50 days) people will be indirectly reached with critical information on recognizing danger signs and preventing heat-related illnesses.

Therefore, the total estimated number of beneficiaries for the project combines both direct recipients of services and indirect beneficiaries of awareness efforts, bringing the overall reach to approximately 67,500 over the project's two-month duration. Of this total, approximately 50% will be women, 30% men, and 20% children (9% girls and 11% boys).

2. CHS Commitment 1, 2, 3, 4. Which vulnerable groups are you specifically targeting? What makes them vulnerable? Please explain.

The project specifically targets vulnerable groups within the catchment areas of the heatwave facilitation centers, with a focus on the following populations:

1. **Daily wage laborers and agricultural workers** – These individuals are among the most exposed to extreme heat conditions due to the nature of their work, which often requires prolonged outdoor activity under direct sunlight with limited access to shade, hydration, or rest. Their economic dependence on daily earnings also limits their ability to take preventive breaks during peak heat hours, increasing their risk of heatstroke, dehydration, and related health issues.

2. **Women** – In rural settings, women often shoulder both household responsibilities and outdoor labor, including collecting water or working in the fields. Cultural norms may also limit their access to public facilities and health information, making them more vulnerable to the impacts of extreme heat. During emergencies, women—especially pregnant and lactating mothers—face additional health risks due to physiological changes and limited mobility.

3. **Children** – Young children have underdeveloped thermoregulation systems and are unable to recognize or communicate symptoms of heat-related illness, making them highly susceptible to dehydration, fever, and heat exhaustion.

4. **Elderly persons** – Aging reduces the body's ability to regulate temperature, and older adults are more likely to suffer from pre-existing conditions that can be worsened by heat stress. Limited mobility and social isolation further compound their vulnerability during heatwave events.

5. **Persons with disabilities (PWDs)** – Individuals with physical or cognitive disabilities may have restricted mobility, limited access to care, or be dependent on others for support. This makes it harder for them to reach services or take protective measures against heat exposure.

While the centers will serve all members of the community within their reach, priority will be given to

women, children, elderly, and persons with disabilities, ensuring they receive hydration support, rest, and

3. CHS Commitment 4. Explain how the target population has been/is involved in the design of the proposed intervention (maximum 5 bullet points)

Community World Service Asia has been engaged in different capacities with the target communities

- * During the facilitation meetings, the targeted communities have been consulted to propose the required facilitation at the time of prevailing heatwave situation.

- * The immediate needs identified by the communities were the provision of clean and cold drinking water along with emergency first aid medical treatment to the affected people

2.4 Expected Results

1. What will this project's success look like based on your time frame? *Please write your activities milestones including dates.*

We anticipate a 100% success rate in achieving the project's targets. The primary goal is to minimize the impacts of the heatwave on affected and at-risk communities, and we are confident that our project design will effectively achieve this. The provision of emergency first aid treatment will help prevent the worsening of health conditions among those affected. The availability of cold drinking water and juice will provide immediate relief to at-risk individuals, helping them recover energy lost due to sun exposure or lack of electricity. Additionally, the awareness campaign and distribution of IEC material will equip communities with the knowledge to protect themselves and manage the adverse effects of the heatwave in the long term.

2. Describe the risks to a successful project and how you are managing them.

One key risk to the success of the project is the potential intensification of the heatwave, which could worsen conditions in the target areas and increase the number of affected individuals. This may require the establishment of additional facilitation centers to adequately respond to rising needs. To manage this risk, we are closely monitoring weather patterns and community health indicators. If the situation escalates, we are prepared to scale up our response and will proactively seek additional funding from

2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

Monitoring, Evaluation and Learning team of CWSA will conduct regular monitoring to collect relevant data that allows to keep the progress on track and ensure quality. MEAL unit along with the program team for emergencies and Communication teams will pay visits to the project target areas and will ensure the compliance at all the heatwave facilitation centres. Specific attention will be paid to Do-No-Harm principles while designing the monitoring tools. CFM will be established to receive stakeholders' feedback and complaints.

The Project staff will ensure documentation such as progress reports, photographs and case studies to capture the overall progress as well as process. It will report on the learnings of the project during implementation for future considerations.

2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

CWSA adheres to a number of Code of Conduct's that primarily include:

- The Principles of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.
- The ACT Alliance code of conduct for the prevention of sexual exploitation and abuse, fraud and corruption and abuse of power.
- The Code of Good Practice for the ACT Alliance.
- CWSA also has a Safeguarding policy in place to ensure the prevention of sexual exploitation and abuse.
- CWSA adheres to humanitarian standards such as SPHERE and CHS etc.

Regular orientation sessions and refresher trainings are conducted for staff at various intervals. CWSA also has both internal and external complaint response mechanisms in place, allowing staff and other project stakeholders to raise concerns or provide feedback through three channels: direct interaction with staff, complaint/feedback boxes, and mobile phone communication.

3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5

Orientation sessions will be held with all relevant stakeholders, including government line departments and community members, to explain the project's objectives and targets. As part of our commitment to accountability, a Complaint Response Mechanism (CFM) will be established to ensure that project stakeholders, including participants, can share concerns or feedback. The CFM will offer multiple channels: direct interaction with staff, complaint boxes, email, and a dedicated phone number. The project team will engage with communities to explain how the system works, the types of complaints they can submit, and how CWSA manages and responds to feedback. To support awareness, banners in the local language with complaint registration details will be displayed at each center. CWSA will ensure that complaints are reviewed and, where possible and appropriate, responses are provided to the complainants to close the feedback loop.



Rapid Response Fund

Financial Budget and Report

Project Code

Project Name

Emergency support for the people affected/at risk to the

15th May 2025 - 15th July 2025

Budget Exchange rate (1 USD to local currency)

0.003597

278 12510000

Please use exchange rate from this site:

<http://www.floatrates.com/historical-exchange-r>

| Description | | Type of Unit | No. of Units | Unit Cost | Budget | |
|----------------------------------|---|--------------|--------------|----------------|----------------|--------|
| | | | | local currency | local currency | USD |
| | | | | | | |
| DIRECT COSTS | | | | | | |
| 1 PROJECT STAFF | | | | | | |
| 1.2.1 | Program Coordinator | Months | 2 | 285,000 | 171,000 | 615 |
| | | | | | - | - |
| TOTAL PROJECT STAFF | | | | | 171,000 | 615 |
| | | | | | | |
| 2 PROJECT ACTIVITIES | | | | | | |
| 2.5. | Health | | | | 3,873,750 | 13,934 |
| | | | | | | |
| 2.5.1. | Life saving Medicine and Medical supplies | Months | 2 | 100,000 | 200,000 | 719 |
| | | | | | | |
| 2.5.2. | Establishment of Heatwave facilitation center | Nos | 2 | 280,000 | 560,000 | 2,014 |
| | | | | | | |
| 2.5.3. | Heatwave facilitation center running cost | Days | 50 | 50,275 | 2,513,750 | 9,042 |
| | | | | | | |
| 2.5.4. | Community workers (6) for heat wave center | Days | 50 | 12,000 | 600,000 | 2,158 |
| TOTAL PROJECT ACTIVITIES | | | | | 3,873,750 | 13,934 |
| | | | | | | |
| 4 QUALITY AND ACCOUNTABILITY | | | | | | |
| | | | | | | |
| 4.1 | Communication and visibility | Lumpsum | 1 | 150,000 | 150,000 | 540 |
| | | | | | | |
| 4.2 | Monitoring & evaluation | Months | 2 | 65,000 | 130,000 | 468 |
| | | | | | | |
| 4.3 | Printing of IEC Materials | Lumpsum | 1 | 200,000 | 200,000 | 719 |
| TOTAL QUALITY AND ACCOUNTABILITY | | | | | 480,000 | 1,727 |
| | | | | | | |

| 5 LOGISTICS | | | | | | |
|---|---|--------|---|---------|-----------|--------|
| 5.1.1 | Vehicle Rental/Forfiet 4*4 (01) | Months | 2 | 140,000 | 280,000 | 1,007 |
| 5.1.2 | Fuel & Maintence (1) | Months | 2 | 225,000 | 450,000 | 1,619 |
| TOTAL LOGISTICS | | | | | 730,000 | 2,626 |
| | | | | | | |
| TOTAL DIRECT COST | | | | | 5,254,750 | 18,902 |
| | | | | | | |
| INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT | | | | | | |
| | Salaries (accountant and other admin or s | Months | 2 | 140,000 | 280,000 | 1,007 |
| Staff salaries - Cost shared | | | | | 280,000 | 1,007 |
| | | | | | | |
| | Meals & Incidental / Staff Care Cost | Months | 2 | 12,650 | 25,300 | 91 |
| | | Months | | - | - | - |
| Office Operations | | | | | 25,300 | 91 |
| TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT | | | | | 305,300 | 1,098 |
| Percentage of Indirect Costs against Total Budget | | | | | 5% | 5% |
| | | | | | | |
| Total Budget | | | | | 5,560,050 | 20,000 |