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Annual report Pakistan

 International Federation
of Red Cross and Red Crescent Societies

MAAPK002

30 April 2012

This report covers the
period 1 January 2011 to
31 December 2011



Participants erecting a tent as part of the national disaster response training (NDRT) in February 2012. **Photo:** IFRC

In brief

Programme outcome

To increase and maintain Pakistan Red Crescent Society's (PRCS) preparedness and response capacity to ensure 35,000 people have access to goods, services and support in the days following a natural disaster, and to initiate community-based disaster risk reduction (CBDRR) sensitisation in 12 vulnerable districts in support of PRCS community resilience approach to disaster management.

Programme(s) summary

The International Federation of Red Cross and Red Crescent Societies (IFRC) revised the Pakistan 2011 country plan. The revision of the plan saw a scaling-up of support for the PRCS disaster management programme, while scaling down in the areas of organisational development and coordination. The health and humanitarian values programmes were also closed in 2011.

The reasoning behind this was the prioritisation of efforts in the 2005 earthquake and Cyclone Yemyin operations, both of which were closed by 31 December 2011. In addition to the 2010 monsoon floods, Pakistan was hit with another flood, this time in Sindh province. A new emergency appeal was launched in September 2011 to assist some 105,000 people for six months. All efforts were focused on the two flood operations.

In line with PRCS's Strategy 2015, under the disaster management programme, a proposed CBDRR project was developed, which focused on community and organisational preparedness. Following the key directions of the PRCS five-year strategy, the project was to support PRCS in progressing its CBDRR approach to risk reduction as well as strengthen PRCS's rapid emergency preparedness and response capabilities in the face of anticipated imminent hazards posed by monsoons, floods, earthquakes and potential man-made disasters which can lead to internal displaced people (IDP) scenarios.

The disaster management programme looked to address localised disaster risk and limited response capabilities identified above by promoting the role of disaster management cells to foster a community-centred approach to building resilience.

PRCS national preparedness and response capacity was developed with a focus on decentralised pre-positioned stock to 25 nationwide disaster management cells situated in close proximity to vulnerable communities. To ensure that 35,000 people have access to goods, services and support in the immediate days following a disaster, PRCS have the manpower capacity and sufficient emergency supplies for 200 households at each location.

The above objectives were achieved through:

1. Procurement and prepositioning of emergency relief stocks, sufficient to meet the needs of 200 households at 25 disaster management cells (totalling 35,000 people).
2. PRCS staff capacity development and training at national, provincial and district level (disaster management cells).
3. Investment in development of critical logistics systems, disaster management infrastructure and equipment.
4. Building safer communities, introducing resilience concepts through existing disaster management cell structures and encouraging community engagement with PRCS.

For the health programme, the continued transmission of wild poliovirus (WPV) in Pakistan has become a national emergency. Pakistan now at risk of becoming the last remaining reservoir of endemic poliovirus transmission in the world, and the only remaining threat to achieving global polio eradication. Poliovirus is continuing to cripple children in Pakistan because of the failure to reach all children with sufficient doses of oral polio vaccine (OPV).

In 2011, Pakistan recorded 198 polio cases, contributing to 30 per cent of global polio cases. According to the Independent Monitoring Board of the Global Polio Eradication Initiatives report, there are four poliovirus sanctuaries in Pakistan: Karachi, Quetta, Qila Abdullah and Pishin districts.

Polio is a preventable diseases that contributes to high child morbidity throughout the world. The Ministry of Health and their partners, including PRCS and IFRC, has joined hands to eradicate this virus.

Financial situation

The total 2011 budget was CHF 889,544. Coverage is 101 per cent while expenditure from January to December 2011 was 50 per cent of the total 2011 budget

Click here to go directly to the financial report. See also 2010 flood ([MDRPK006](#)) and 2011 flood ([MDRPK007](#)) operations here.

No. of people we have reached

The total number of direct beneficiaries who benefitted from different trainings organised under the disaster management programme are 122, while approximately 16,000 individuals are indirect beneficiaries of the 12 vulnerable communities (each community has an estimated 1,400 individuals or 200 households) where the CBDRR programme has reached. The health programme reached and trained 80 volunteers on social mobilisation of polio.

Our partners

Contributors to this appeal include American Red Cross, British Red Cross/British Department for International Development (DfID), Canadian Red Cross and private donors.

Besides Red Cross Red Crescent Movement Coordination, PRCS and IFRC maintain a close working relationship with the National Disaster Management Authority (NDMA), provincial- and district-level disaster management authorities and local government. The IFRC country office regularly attends the humanitarian country team meetings – equivalent to the inter-agency standing committee (IASC) – which constitutes the highest level coordination of the international humanitarian community in Pakistan and under which the cluster system (now referred to as the working groups) works.

PRCS works closely with the Ministry of Health for the polio vaccination project.

On behalf of PRCS, IFRC would like to thank all partners for their generous support to this appeal.

Context

Pakistan is geographically and topographically diverse, bordering India in the east; Iran and Afghanistan in the west and China in the north. Its climate is dramatically different ranging from arctic temperatures in the north through hot dry desert southwards merging into humid tropical weather on the coast of the Arabian Sea.

The country frequently experiences large-scale natural disasters such as earthquakes, landslides, drought, cyclones, and flooding throughout the year. These, coupled with unsustainable environmental practices and limited natural fresh water resources, constitute tremendous challenges for humanitarian assistance. Earthquakes have been frequent in recent times, such as the 2005 earthquake which affected the Khyber Pakhtunkhwa (KPK; formerly known as North West Frontier Province) and Azad Jammu and Kashmir (AJK) provinces, and the 2008 series of earthquakes in Baluchistan.

During July to September with the onset of the southwest monsoon in the South Asia region, flooding is rampant and often punctuated with flash floods in the northern and hilly parts of the country, causing landslides and erosions. The country's coast is also highly vulnerable to cyclones as is seen by the 2007 Cyclone Yemyin which killed some 450 people and affected 2.5 million in Sindh and Baluchistan, and 2010's Cyclone Phet which also struck Sindh, albeit on a smaller scale, forcing the evacuation of some 7,000 people to safer areas. Also in 2010, the area of Hunza in the northern Gilgit Baltistan province experienced a series of landslides which dammed an arterial river and caused flooding, displacing some 27,000 people.

Pakistan is also diverse in ethnicity, language, religion and culture. These factors, together with a complex political condition, have constituted a volatile security situation throughout the country over recent years, largely in the KPK and Federally Administered Tribal Areas (FATA) in the northern part of the country. In 2009, military operations and civil unrest displaced some 2.5 million people in these provinces, though to date, small pockets of people have begun moving back to their places of origin.

Facts and Figures	
Life expectancy	Men: 63.51 years; Women: 67.11 years (Source: CIA-World Factbook)
Adult literacy rate	Overall: 55 % (Source: UNICEF, 2003-2008)
Infant mortality rate	67.36 deaths per 1,000 live births (Source: CIA-World Factbook)
Child under 5 mortality rate	89/1,000 (Source: UNICEF 2008)
Maternal mortality rate	276 per 100,000 live births (Source: WHO 2007*)
Neonatal mortality rate	53 (Source: UNICEF 2008)
GNI per capita on PPP	USD 2,410 (Source: World Health Statistics 2008)
GDP per capita average annual growth rate (%)	1.7 (Source: UNICEF 1990-2008)
Population using improved drinking water sources	90% (Source: UNICEF 2006)

Communities are largely rural and scattered across the country. The total expenditure on health from the gross domestic product is less than two per cent, and health services are mainly provided by the private sector. The health indicators are very poor and high-risk diseases include water-borne diseases such as bacterial diarrhoea, pneumonia, acute respiratory infections, hepatitis A and E, and vector-borne diseases such as malaria and dengue fever. With the current monsoon flood, other health issues have to be taken into

consideration, such as water-borne diseases, malaria, skin infections and acute watery diarrhoea, among others.

Recent years have seen a volatile security environment in Pakistan, with high-profile incidents in early 2011 bringing levels of conflict and insecurity not seen since the military operations in Swat in 2009. The unique position of PRCS as a grassroots organization working closely with local authorities have allowed it to work in all areas of the country without major issues.

Progress towards outcomes

Disaster management

Programme purpose
Save lives, protect livelihoods, and strengthen recovery from disasters and crises.

Achievements

Outcome 1: PRCS have sufficient prepositioned emergency relief stocks to ensure that in the event of a disaster, 35,000 people have access to goods, services and support allowing for a return to normality.	
Outputs	Activities planned
Support cost of 25 DM cells enabling each to provide adequate non-food items (NFIs) for 200 households in the event of an emergency (total 5,000 households or 35,000 people).	<ul style="list-style-type: none"> Support each DM cell with one officer and one security guard.

The procurement of items was bilateral from British Red Cross but support in the custom clearance; transportation and warehousing of these stocks were part of the IFRC country plan. This relief stock for 5,000 families have been received, transported and properly warehoused at Haripur, Nowshera and Karachi warehouses.

Outcome 2: PRCS identification of humanitarian needs and the capacity to deliver a quality, coherent response improved through development of systems, equipment and staff training.	
Outputs	Activities planned
To ensure increased delivery capacity for goods and services to 35,000 people and accurate, timely monitoring of distributions.	<ul style="list-style-type: none"> Procurement of Trucks for transportation of DP Stocks during emergency. Initiate development of an Integrated Disaster Response System.

The branch disaster response team (BDRT) training for the PRCS Gilgil-Baltistan branch was conducted from 21-25 October 2011. This training has built the response capacity of 26 official and volunteers of PRCS Gilgit-Baltistan branch.

Similarly, a district disaster response team (DDRT) training was organised for the disaster management cell of Hunza district branch on 26-29 October 2011. The DDRT training enhanced the response capacity of Hunza branch by capacitating 22 branch officials and volunteers on disaster response and adding them to the existing disaster response team roster.

The procurement of two Toyota Hilux D/CAD has been completed and handed over to PRCS. The procurement of two Hino trucks has been completed and handed over to PRCS. The procurement of national disaster response team (NDRT) deployment kits has been completed and delivered to PRCS. The

support for two major warehouses at two strategic locations (Islamabad and Karachi) has been provided for eight months.

Outcome 3: A community resilience approach to disaster management is initiated in 12 vulnerable communities engaging with local people and institutions so as to strengthen local capacity.	
Outputs	Activities planned
12 vulnerable communities introduced to resilience concepts and consulted regarding PRCS disaster management planning in their area.	<ul style="list-style-type: none"> • CBDRM sensitization and awareness sessions. • Formation of village committees. • CBDRM training for village committees. • Village Disaster Management Plans developed.

The 12 most vulnerable communities were identified in 12 disaster management cell districts. The disaster awareness sessions, community mobilisation and village committee formation was completed during the period under review.

Constraints or Challenges

The 2011 monsoon flood in Sindh resulted in another response operation which took the attention and a substantial part of the human resources of the national society and IFRC country office.

The 2010 flood operation and the pace of the implementation cautioned donors to 'invest' in the country plan, which saw no funding for the disaster management programme for the first six months of last year. The late submission of funds was the outcome of the good results in the DRR activities of PRCS, with DFID showing interest in utilizing available funds for its continuation. PRCS and the IFRC country office still managed to implement whatever was agreed within the given timeframe.

Health and care

Programme purpose
Enable healthy and safe living

Achievements

Outcome 1: The capacity of PRCS in emergency response during disasters is enhanced.	
Outputs	Activities planned
Emergency health services to disaster-affected persons will be adequately and promptly provided.	<ul style="list-style-type: none"> • Procurement of medical supplies for mobile health units and basic health units.

The public health in emergencies programme component will seek to enhance the capacity of PRCS in emergency response during disasters. This will take place by supporting the emergency health department, and capacity building in public health in emergencies as well as the response capacity of the National Society, responding to health needs of displaced populations.

Outcome 2: To participate in polio national immunization days (NIDs) and sub-national immunization days (SNIDs) through implementation of Pakistan Red Crescent Society social mobilization activities in one district of Karachi (Gadap) and two districts of Balochistan.

Outputs	Activities planned
<ul style="list-style-type: none"> Increased OPV coverage during polio campaigns in the intervention areas. Strengthened partnership between Pakistan Red Crescent Society, Ministry of Health, key UN agencies (WHO, UNICEF) and other polio stakeholders. Enhanced PRCS capacities in volunteer management through participation in polio campaigns with key stakeholders. Committed Pakistan Red Crescent Society volunteers participating in continuous prevention activities in the fight against different vaccine-preventable diseases (VPDs), including polio. 	<ul style="list-style-type: none"> Identify project structure at headquarters, regional and district levels. Participate in SNIDs and NIDs. Participate in various committee meetings at national (polio steering committee), regional and district level. Mobilize and recruit volunteers. Training of volunteers. Volunteers participate in the campaign and disseminate key messages every day pre/during campaign during house-to-house visits.

PRCS trained eighty volunteers with the support of UNICEF on social mobilization of Polio. PRCS, with support of IFRC, initiated the polio social mobilization campaign through its volunteers in Balouchistan and Sindh. Social mobilization and awareness is vital to spread the message against deliberating the disease. The main aim is to gain public trust, provide them with the knowledge about polio and enhance access to the vaccination teams to the most deprived and inaccessible communities. The role of the Red Cross Red Crescent volunteers in the campaigns involved mobilising families to encourage them to vaccinate their children, joining teams in carrying out door-to-door vaccinations.



Engaging communities in understanding the disease is the best way to achieve polio eradication. The cultural background and context has to be understood for effective strategies to fight this virus. As auxiliary to the government, PRCS, with its wide network of volunteers who live and work in these communities, can help to link communities with the vaccination teams and make a difference.

PRCS with the support of IFRC participated in national immunization days (NIDs) campaign in village Pushtoonbagh in Quetta, Baluchistan. **Photo:** PRCS.

PRCS volunteers participated in three polio campaigns in two districts of Baluchistan.

Name Of District	No of volunteers	No of Union Councils
Quetta	50	7
Pishin	30	2
Total	80	9

The volunteers were divided into 40 teams, and each team comprised of two volunteers. Teams covered all the high risk areas of Quetta and Pishin. The areas of work were identified with collaboration with UNICEF and the government's Department of Health. The volunteers were trained on social mobilization and concepts of polio.

The volunteers visited the areas prior to immunization campaigns, allowing them to connect with the local people and gain their trust.

Constraints or Challenges

One of the challenges faced under the polio project was the refusal of cooperation from households due to the lack of trust in vaccination campaigns. The lack of knowledge and awareness coupled with old fashioned superstitions led to the belief that polio is a natural course of life and polio vaccines would not prevent illness and death.

The implementation of polio project was also hampered in areas where security was a major concern.

Organizational development

Programme purpose
Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

The organization development programme for the country plan was closed in 2011. No income or expenditures were booked to this programme.

Principles and values

Programme purpose
Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The principles and values programme for the country plan was closed in 2011. No income or expenditures were booked to this programme.

Working in partnership

Since the 2005 earthquake operation, PRCS has grown immensely and acquired new capacities in the relief and early recovery. These capacities include expertise in water and sanitation, psychosocial support and livelihoods. However, since the 2005 earthquake, PRCS has also been involved in six other operations: Cyclone Yemyin/floods, the earthquake in Baluchistan, internally displaced persons (IDPs), Cyclone Phet, Hunza floods and landslides, and the current monsoon flash floods. The last three operations took place in 2010.

Both the 2005 earthquake and 2007 Cyclone Yemyin/flood operations closed in December 2011. A transition plan for the remaining funds of the earthquake operation is under discussion with the PRCS and with the original donors. The plans will enable the IFRC country office to adjust and reduce its size, moving from an emergency and relief operation towards long-term support to PRCS. The current flood operation also aims to include more long-term programming once the recovery phase is finalized. This will include a strong focus on organisational development of PRCS in cooperation with the Movement partners.

Since the start of the earthquake operation in 2005, numerous partner national societies have come to Pakistan in support of PRCS in catering to the earthquake-affected communities. As of September 2010, there are a total of five partner national societies present in-country. The details of their projects are as follows:

Partner national society	Project/activity	Planned project length (provisional)
American Red Cross	Capacity building in disaster management; mother and child health; HIV stigma reduction; capacity building of PRCS Mansehra branch; saving lives through image building.	Last project to end by Dec 2010
British Red Cross	Disaster preparedness, disaster risk reduction	March 2012
Canadian Red Cross	Community-based disaster risk reduction (one component under this project to be implemented in partnership with Danish Red Cross); health and care; organizational development of the PRCS Batagram branch; reconstruction of three basic health units.	June 2012
Danish Red Cross	Community-based disaster risk reduction (one component under this project to be implemented in partnership with Canadian Red Cross); community based health development project	Dec 2011
German Red Cross	DM/DP/OD; basic health project; support to PRCS blood services; reconstruction of a rural health centre; construction of PRCS NWFP warehouse.	Last project to end by Dec 2012
Turkish Red Crescent	Disaster management, training, psychosocial support programme.	March 2014

Contributing to longer-term impact

The disaster management component of the 2011 country plan has supported PRCS to increase and maintain PRCS preparedness and response capacity to ensure 35,000 people have access to goods, services and support in the immediate days following a disaster and to initiate CBDRR sensitisation in 12 vulnerable districts in support of PRCS community resilience approach to disaster management.

The management structure of the programme placed great emphasis on having an integrated approach to monitoring and evaluation to allow staff to work together with beneficiaries to ensure that project activities are implemented effectively and are accounted for. PRCS and IFRC project staff were jointly responsible for the day-to-day monitoring of progress of activities and use of resources, and the project staff remained responsible for establishing the systems for monitoring, evaluating and reporting on all programme activities.

For specific indicators, the project management team adopted appraisal of results delivery and impact within the nine-month timeframe of the programme which was laid out in the logical framework. The system for monitoring and evaluation was organised in a manner that ensured efficient collection of relevant data so the programme can respond promptly to reporting needs and provide effective information on programme performance.

Looking ahead

Pakistan is severely influenced by the instability in the region. Political and social unrest in the country indirectly influence the National Society. IFRC will use its capacity and influence, not only for supporting the operations, but also to develop PRCS into a well-functioning National Society. This efforts are undertaken in cooperation with other partners with a clear coordinating role for IFRC.

The IFRC country office will continue to work together with PRCS on finalizing the recovery in 2013 and provide support to the operation, with the view that capacities gained from this operation will be re-absorbed into the country office's annual programming and built upon to further strengthen the National Society.

Alongside the ongoing flood operation, the country office will continue to work on the IFRC's new long-term planning framework 2012-2015, which will directly support PRCS's Strategy 2011-2015. In 2012, the IFRC country office will seek to sustain this view through its support and provision of advice to PRCS in ways that it can increase its growing reputation through representation and advocacy, as well humanitarian diplomacy.

The IFRC head of delegation and staff will continue to represent IFRC and attend monthly humanitarian country team meetings which involve the main humanitarian actors working across the country, as well as UN cluster meetings.

IFRC will also extend its own humanitarian diplomacy work through the humanitarian diplomacy delegate, who in the past year has been involved in persuading decision-makers and opinion leaders in Pakistan to act in the interests of vulnerable people with whom PRCS engage, and with full respect for humanitarian principles. This line of work and way of thinking will continue in the foreseeable future.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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[<financial report below; click to return to title page>](#)

Development Programme Financial Report

MAAPK002 - Pakistan

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAPK002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	717,762	164,543			7,240	889,544	
B. Opening Balance	0	0	0	0	0	0	
Income							
<u>Cash contributions</u>							
<i>American Red Cross (from United States - Private Donors)</i>		174,540				174,540	
<i>British Red Cross (from DFID - British Government)</i>	718,013					718,013	
<i>The Canadian Red Cross Society</i>					7,243	7,243	
C1. Cash contributions	718,013	174,540			7,243	899,796	
C. Total Income = SUM(C1..C4)	718,013	174,540			7,243	899,796	
D. Total Funding = B + C	718,013	174,540	0	0	7,243	899,796	
Coverage = D / A	100%	106%			100%	101%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0	0	0	0	0	0	
C. Income	718,013	174,540			7,243	899,796	
E. Expenditure	-279,394	-163,900			-5,398	-448,692	
F. Closing Balance = (B + C + E)	438,619	10,640	0	0	1,845	451,104	

Development Programme Financial Report

MAAPK002 - Pakistan

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAPK002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		717,762	164,543			7,240	889,544	
Relief items, Construction, Supplies								
Medical & First Aid	140,500							140,500
Other Supplies & Services	4,000							4,000
Total Relief items, Construction, Supplies	144,500							144,500
Land, vehicles & equipment								
Vehicles	169,000	56,991					56,991	112,009
Computers & Telecom		4,740					4,740	-4,740
Total Land, vehicles & equipment	169,000	61,731					61,731	107,269
Logistics, Transport & Storage								
Storage	156,000	97,783					97,783	58,217
Distribution & Monitoring	91,540	4,247					4,247	87,293
Transport & Vehicles Costs	9,000	2,720					2,720	6,280
Total Logistics, Transport & Storage	256,540	104,750					104,750	151,790
Personnel								
International Staff	6,798					3,086	3,086	3,712
National Staff		12,691					12,691	-12,691
National Society Staff	173,115	47,403					47,403	125,712
Total Personnel	179,913	60,094				3,086	63,180	116,733
Consultants & Professional Fees								
Professional Fees						499	499	-499
Total Consultants & Professional Fees						499	499	-499
Workshops & Training								
Workshops & Training	72,800	21,084					21,084	51,716
Total Workshops & Training	72,800	21,084					21,084	51,716
General Expenditure								
Travel		108				1,438	1,546	-1,546
Information & Public Relations		370					370	-370
Office Costs		10,051					10,051	-10,051
Communications		473				-2	471	-471
Other General Expenses	12,500	591					591	11,909
Total General Expenditure	12,500	11,592				1,436	13,028	-528
Operational Provisions								
Operational Provisions			152,000				152,000	-152,000
Total Operational Provisions			152,000				152,000	-152,000
Indirect Costs								
Programme & Services Support Recov	54,291	16,851	9,880			326	27,058	27,234
Total Indirect Costs	54,291	16,851	9,880			326	27,058	27,234
Pledge Specific Costs								
Pledge Earmarking Fee		2,593	1,520			50	4,163	-4,163
Pledge Reporting Fees		700	500				1,200	-1,200
Total Pledge Specific Costs		3,293	2,020			50	5,363	-5,363
TOTAL EXPENDITURE (D)	889,544	279,394	163,900			5,398	448,692	440,852
VARIANCE (C - D)		438,368	643	0	0	1,842	440,852	