

# PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## PAKISTAN

25 June 2003

Appeal no. 01.56/2003; Appeal target: CHF 2,784,097

Programme Update No. 1; Period covered: 1 January to 31 May, 2003

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### In Brief

Appeal coverage: 46.6%; please refer to the attached Contributions List for this appeal, also available on the Federation's website.

Outstanding needs: CHF 1,486,421

Related Emergency or Annual Appeals: N/A

**Programme Summary:** Despite security concerns and tension regarding the conflict in the Middle East, the Pakistan Red Crescent Society with support of the Federation made significant progress within its core programme areas. Capacity building activities regarding the Pakistan Red Crescent Society's (PRCS) Health and Training Unit, including strategic planning and policy development, using participatory, National Society driven processes, were developed providing direction and structure for PRCS health programmes. The PRCS Disaster Management policy is drafted, and incorporates two phases of the disaster cycle; response and preparedness. The Society also arranged a National Information Development Workshop to build skills in media relations in order to improve communication and information linkages. Finally, the Society has adopted improved financial management systems, which have led to better financial reporting at all levels.

### Operational Developments

The first half of the year was overshadowed by concerns in-country regarding the possible war in Iraq and the potential impact on Pakistan. The general public and the media were vocal about the issue, with numerous demonstrations but no adverse incidents. Security concerns were also heightened for a time in Balochistan Province while the authorities were undertaking anti-narcotics and possible anti-terrorist operations in the area between



Quetta and Chaman. This greatly limited access to Chaman to support the Water/Sanitation programme. Deteriorating security in southern Afghanistan, coupled with landlords' and tribal issues in the Chaman area also had a negative impact of on this programme. However, by the end of the reporting period, the situation had improved slightly, although close monitoring of the security situation is always maintained. It is of note that the water/sanitation activities have continued more or less as planned despite these operational difficulties,

but nevertheless the project will shortly be handed over to UNHCR and other international and indigenous organisations.

#### *Water trucking project in Chaman*

In early April, a new Chairman was appointed to the Pakistan Red Crescent Society (PRCS), but unfortunately he was delayed in taking up his role within the Society due to a road accident. The Board meeting planned for late June was postponed; however he is expected to be fully fit by July. Arrangements will be made for the Chairman to visit the Geneva Secretariat and receive a full briefing. However, in the meantime most of the National Society's activities were implemented according to plan, and the general operating environment remained stable. Unusually, there were no emergencies during this reporting period, although some activities that were formerly part of the Afghanistan Humanitarian Crisis operation are now integrated into the National Society's ongoing work.

The key challenges for the remainder of the year relate mostly to the ongoing organisational development of the National Society, in particular human and financial resource development, the Constitution review process and further programme management capacity development.

## 1. Health and Care

### **Goal:**

The National Society continues to build on its existing health activities and experience to improve essential health care services to the most vulnerable.

### **Objectives:**

**Health Capacity Building Project:** Measurably increased health programme management and training capacity within the National Society and community capacity to respond to health needs.

**Community Health Services Project:** Raised awareness within the community of basic health problems to enable community members to take more responsibility for their health.

### **Progress:**

- Health Capacity Building Project

*Overall health programme management will be further strengthened.*



A Health Policy Workshop was held in April 2003 with National Headquarters and Provincial National Society staff. The development of the Health Policy (draft) provides the foundation and direction for future health programmes. Clinicians and management identified priority areas for the coming five years, which include HIV/AIDS, primary health care, Hepatitis B and C prevention, blood donor recruitment, reproductive health and First Aid. Additionally, guiding principles have been identified for all health programmes including capacity building, sustainability, evidence based practice, and access for vulnerable communities. The process of development for this Policy

represents an important progression in the development of the Health and Training Unit.

*Hygiene education session, Landi Karez Afghan Refugee Camp*

In line with the Health Policy (draft) a plan of action 2003 has been developed. Activities are taking place within the planned time frame.

The position of Deputy Director of Health has been filled since July 2002. This position coordinates all health programmes, provides strategic direction and leadership within health and training, and is a member of the National Society senior management team. A significant achievement in the first half of 2003 for this position is the integration of health activities and development of communication channels between National Headquarters and Provincial Branches. To support this position, three Provincial Health and Training Officers have been employed (Punjab, North West Frontier Province (NWFP) and Balochistan). The Punjab officer primarily focuses on Community Based First Aid (CBFA) and First Aid training; the officers in NWFP and Balochistan primarily support the health activities supported by the Appeal. Sindh has yet to employ a full-time officer and National Headquarters are supporting the Provincial Branch with the recruitment of a suitable medical officer.

The National Society is developing the role of the National Headquarters Health and Training Unit in accordance with the Development and Cooperation Unit Review recommendations. A Health Delegate has been in position since February to provide support in developing and implementing the two health projects. Health personnel job descriptions are being developed by senior National Society staff, in consultation with health personnel.

The strengthening of management capacity has supported the implementation of the second Health and Care Project, Community Health Services.

*Two District Branches in each of four provinces will be strengthened or established, using health as the entry point.*

Balochistan, Punjab and NWFP have selected two District Branches for development; Sindh has so far selected one District Branch. This has close links with Disaster Preparedness (DP), Organisational Development (OD) and volunteer recruitment and retention, (through the Dissemination and Tracing Teams). Some District Branches are being developed through support for CBFA activities, others through Community Based Disaster Preparedness or establishment of a Basic Health Unit.

Through health activities, the number of volunteers recruited was increased. The Polio Eradication Program has recruited 391 volunteers. They are encouraged to join with the core volunteer group and strengthen the volunteer base at grass roots level. Some core volunteers will be trained as CBFA trainers to allow them to provide training in local schools and within their own communities.

In order to achieve the overall goal of both programmes, there was a focus on health management training during the first half of 2003. Health management training workshops were undertaken targeting the Basic and Mobile Health Units (BHU and MHU) doctors from Baluchistan and NWFP. National Society National Headquarters and Federation staff visited Provincial Branches and clinics, with a focus on health indicators, evaluation and monitoring. To further focus on training and development, a training Needs Assessment is currently underway. This will provide specific direction for training for the remainder of 2003 and 2004; ensuring resources invested in training are targeted and meet required needs.

*Establish/strengthen training centres at National and Provincial level to provide first aid/ CBFA/other community based training as per PRCS Training Policy.*

The NWFP Training Centre is established and providing training to police, various multinationals, and schools in First Aid and CBFA. While the Baluchistan Training Centre is still under construction First Aid training is already being undertaken at outside venues for police, NGOs and private organizations. The Punjab Branch has been conducting First Aid training since establishment of the Branch, initially in partnership with St John Ambulance. They have recently renovated a hall which is being used for training. The Branch is supporting one trainer from its own resources, with one trainer supported through the 2003 Appeal. Punjab has trained 104 people in First Aid, out of which 11 were getting refresher training. Sindh has been conducting First Aid training since Branch establishment and they are currently recruiting a Health and Training Officer and purchasing necessary equipment. Through their part-time First Aid Trainer, 26 people were trained in First Aid. These figures do not include the First Aid orientation sessions done in schools and colleges (non certificate courses).

Apart from supporting all four Training Centres with professional development and monitoring, NHQ conducts regular First Aid training, with 379 participants trained to date. This represents a significant source of income generation as participants are mostly from multi-national organizations and UN agencies (expatriate and local staff, ranging from executive level to drivers). While this activity is not self-sustainable at this stage, the intention of the National Society is to further increase its profile in First Aid training, in particular the quality of training. The First Aid training curricula and training materials are being regularly updated to ensure Best Practice principles are adhered to.

*Increased community capacity to respond to emergencies and save lives by working towards the long-term goal of "a First Aider in every home".*

In order to achieve "a First Aider in every home" a strategic direction for the PRCS Health and Training Unit is being explored with a focus on training of trainers, and evaluating and monitoring their performance at Provincial and District level. Since 2000, 130 PRCS volunteers and staff have been trained as CBFA trainers; 27 people were trained for the first time and 16 people re-trained from January to May 2003. The CBFA Trainer's Manual has been translated into Urdu (the national language), and is being distributed to CBFA Trainers for use along with the pictorial charts developed in 2002 and a First Aid reference book.

Partnerships are established with the Family Planning Association of Pakistan by training young women in CBFA through the Girl Child Project. This project focuses on training young women in establishing schools in their homes or helping their communities in dealing with minor injuries and illnesses through the knowledge of First Aid.

A well known female TV personality is the National Society's ambassador for First Aid thus raising the profile through publicity material (posters, brochures) and events.

*Greater sustainability of health programmes through increased local resource mobilization.*

First Aid training revenue represents some income for National Headquarters and Provincial Branches.

BHUs (Basic Health Units) based in Quetta, Chaman and Torkham charge a nominal fee to beneficiaries. While not a significant income for the National Society, it promotes ownership and respect by the community served.

A plan of action to broaden the incountry donor base for health activities is currently under consideration and will be developed in the second half of the year.

*Increased partnerships in relevant sectors of health with other organisations and government departments in Pakistan.*

A formal partnership arrangement exists with WHO, UNICEF and the Government of Pakistan Ministry of Health in the Polio Eradication Program. The Blood Donor Centre has important partnerships with the Federal Ministry of Education, National AIDS Control Program (Ministry of Health), JICA and WHO. The First Aid Program is in partnership with the National Highway and Motorway Police (for accident prevention), ICRC and St John Ambulance Association, particularly in standardization of First Aid training in Pakistan and provision of training equipment.

- Community Health Services Project

*Provision of basic curative and preventive health in existing health facilities, with external support for Baluchistan/NWFP health units.*

Two BHUs, Mohammed Khial (Balochistan) and Torkham (NWFP) are providing basic curative and preventative health services to Afghan refugees. These units are each staffed by a male and female doctor, motivators, a dispenser and TBA or midwife. In the first four months of 2003, Mohammed Khial BHU saw 6,082 beneficiaries. In the first five months of 2003, Torkham BHU saw 3,168 beneficiaries. The Peshawar MHU (NWFP) visits two locations in the suburban areas of Peshawar and provides services to both Afghan refugees and the local population and in the first five months of 2003 saw a total of 5,943 beneficiaries.

The remaining BHUs and MHUs in Baluchistan (Quetta BHU, Chaman BHU, Qilla Saifullah MHU, Quetta MHU and Mastung MHU) provide basic curative and preventative health services to the vulnerable local population. Integrated into these clinics are regular health education sessions (including CBFA), motivation for EPI and polio vaccination, and distribution of hygiene kits to the villages visited by the MHU staff. From January to April 2003, 12,701 beneficiaries received health education at the Baluchistan MHUs.

Through the MHUs in Baluchistan, 1,900 volunteers have been recruited from January to April 2003. These volunteers provide their communities with information on hygiene and environment using a peer education model. Of these volunteers 1,090 have received CBFA training, which allows the volunteers to recognise acute health emergencies and refer them appropriately when the MHU is not present.

*Increased provision of reproductive health services in existing health facilities.*

Community Health facilities are currently providing variable levels of reproductive health service, ranging from provision of information only, to a limited range for reproductive health services. In order to provide comprehensive reproductive health services (as per the UNHCR, UNICEF and WHO guidelines), significant capacity building needs to be undertaken, including professional development, implementation of clinical protocols, and resources in terms of medical equipment and consumables. Partnerships with NGOs and social marketing organisations are being established, and this area will be a prime focus for the remainder of 2003.

*Increased health education and awareness, using CBFA as the basic approach.*

Most of these trainers are employed in PRCS BHUs and MHUs (NWFP and Baluchistan) which target Afghan refugee and vulnerable local populations. Volunteer CBFA trainers are from Punjab and Sindh and are undertaking informal training within their communities. Though activities are carried out, data is not being recorded. National

Headquarters is currently undertaking monitoring and support visits to the Provincial Branches, and establishing a system to record and analyse this data is a priority.

*PRCS is recognised as a key player in the prevention of the spread of HIV/AIDS.*

PRCS has developed a HIV/AIDS Strategic Plan prioritising capacity building of the National Society, information dissemination, condom distribution, voluntary testing and counseling, and blood donor recruitment. The PRCS Health Policy identifies HIV/AIDS as a priority area.

PRCS is an active member of the South Asian Regional Network on HIV/AIDS (SARNHA), and is hosting the third SARNHA meeting in August 2003. A National Headquarters based Programme Manager has been identified as the focal person and the HIV/AIDS Unit is currently being established. This unit is integrated with the Health and Training Unit ensuring greater support and sustainability.

A Home Care takers Course has been developed which is suitable for people caring for people with chronic or debilitating illness, including HIV. As seen below, the Blood Donor Centre is active and HIV prevention is integrated into CBFA and First Aid training.

*Polio eradication efforts are continued and other immunisation programmes scaled up.*

The polio activities of PRCS for 2002 and early 2003 have been evaluated, in consultation with National Society and Federation staff and partner organizations (WHO, UNICEF and the Ministry of Health). This evaluation highlighted the valuable contribution of PRCS in social mobilisation and volunteer recruitment. National Society clinical staff were trained in acute flaccid paralysis detection and reporting, and polio immunisation is undertaken in clinics during National and Sub National Immunisation Days. The social mobilisation material used until now has been evaluated and support is given to continue purchase of polio caps, water bottles, umbrellas and satchels for the polio volunteers. These activities are integrated with the Community Health Services Project and there is an increased focus on the high risk areas.

Scaling up of other immunisation programs will be undertaken in the second half of 2003.

*Maintain programme of recruitment of voluntary non-remunerated blood donors (VNRBD).*

In order to develop a pool of VNRBDs in the future, a school health programme has been established (Society for Awareness for Blood Safety, SABS). This focuses on prevention of blood born virus transmission (HIV, Hepatitis B and C Viruses) and improving nutritional status of young people at school. An innovative model of information, education and communication has been developed in this programme, which is grounded in religious and cultural values. This is a pilot project and the lessons learned will be valuable in the development of HIV and reproductive health programs.

PRCS is an active contributor to the Government of Pakistan Safe Blood Policy, and partnerships are with the Ministry of Health and the National AIDS Control Program. This policy has been adopted by the National Society. The National Society blood banks in Islamabad, Punjab, NWFP and Sindh have committed to a unified service. Balochistan Branch is not running a blood bank.

From January to May 2003, 500 VNRBDs were recruited at the Islamabad Blood Donor Centre.

**Impact:**

There is a focus this year on capacity building of the National Society Health and Training Unit. Strategic planning and policy development, using participatory, National Society driven processes, have been developed providing direction and structure to health programmes. Finance and management training was undertaken enhancing accountability and commitment of health programme managers. Increased participation in planning and policy development should lead to greater sustainability, and has already resulted in, for example, the reduced fragmentation that previously existed in First Aid training with uniform Best Practice standards and quality systems being developed.

The BHUs and MHUs in Balochistan and NWFP have improved access to health care for the community. With the Balochistan drought moving into its fifth year, poor roads, minimal public transport, extreme poverty and in some cases harsh living conditions, the units have provided the only health service to many. Clinical staff report changes in hygiene behaviour in spite of the lack of safe, accessible water, and this is evidenced in a reduction of skin and diarrhoeal disease seen in the clinics. Training has been delivered to clinical and management staff in reporting and analysis of morbidity reports, and there is a focus on improving the National Society assessment of programme impact.

There is an increase in demand for First Aid training as a result of the National Society advertising the benefits of a "First Aider in every home". Commercial First Aid was provided to 379 people in the reporting period at the National Headquarters Health and Training Unit.

The SABS programme is so far active in 40 schools, out of a target of 100 for the year. Information on transmissible diseases, nutrition, First Aid and blood safety has been delivered to 2,800 youths. The long term impact of this programme will be seen when the students reach their 20s and become blood donors.

### **Constraints:**

The law and order situation in Balochistan and NWFP, particularly in Quetta and along the border with Afghanistan, has at times restricted access by National Society staff and beneficiaries to the health units.

There are some inconsistencies in the communications between Districts and National Headquarters which has been recognised by the National Society. The active participation of the Deputy Director Health and Training in the constitution and rules revision process, together with strengthened management capacity at national and provincial levels, will contribute to improved communications in future.

There have been delays, at times, in financial and activity reporting. The development of improved information and communication systems is a priority for the remainder of 2003. There have been delays in procurement processes but it is anticipated all equipment will be purchased in the next quarter.

At times the demand for First Aid training exceeds the capacity of the National Society. As this is an important image building and revenue raising exercise, First Aid training is being separated from other health activities to ensure sustainability of commercial training and to enhance revenue opportunities.

## **2. Disaster Management**

### **Goal:**

The impact of disasters on vulnerable communities is reduced.

**Objective:**

Disaster management capacity of the Pakistan Red Crescent Society is increased.

**Progress:**

*PRCS has a comprehensive and integrated disaster management policy and strategy incorporating the 2002 capacity assessment exercise.*

In January a participatory workshop was held to identify the key issues for the Disaster Management (DM) Policy, in which the Capacity Assessment Report (2002) formed the basis of the discussion. A second workshop took place in March which also attracted external stakeholders including a representative of the UNDP Task Force. Participants at these workshops included relevant provincial and national level personnel. The draft policy is in line with Federation Policy on Disaster Response and Disaster Preparedness and takes account of the SARD DM Policy guidelines.

A national Vulnerability and Capacity Assessment (VCA) workshop was held to familiarise the staff on how to use VCA as a diagnostic tool for the development of appropriate interventions.

*The PRCS Disaster Response capacity at national and provincial level is improved, and community capacity is developed.*

The PRCS Disaster Response infrastructure has increased through the development of human resources and organisational structures. The DM cell in NHQ has retained three trained personnel, compiled a database of trained volunteers and staff and key documents such as VCA Formats, Disaster Assessment Formats and the DM Appeal 2003-4. The DM Cell has supported Branches to implement their planned activities, including community meetings with area residents.

The DM cell Punjab shared information on National Society programmes with the local Government authorities. Regular community meetings were held and two vulnerable districts were identified (Narowal and Jehlum) as project areas. A VCA was undertaken in these areas and programme planning is underway.

The DM cell in Sindh had regular meetings with the local Government authorities and it was agreed the Lyari DP project would continue to be the focus for 2003. This project was started in 2001 as part of DFID support for the disaster reduction programme.

The DM cell in Balochistan identified Quetta city and Nushki as the focus communities for this year. In coordination with the health programme, the MHU teams regularly visit villages to provide basic preventive and curative health services. Volunteer teams were established to assist in community assessment after undertaking appropriate training.

The DM cell in NWFP was newly established earlier this year and a CBDP Workshop was held in March 2003. VCAs were undertaken in District Charsadda and a plan of action developed. The Branch has recruited a DP Officer, who will manage the implementation of the programme.

PRCS personnel have attended the following workshops during the reported period:

- SARD Regional Workshop on GIS, to prepare for the installation of this technology;
- Federations Logistic/Relief Workshop, for middle and lower management levels;
- PRCS CBDP Workshop, to prepare for DP projects in NWFP;
- PRCS and Federation DM Policy Formulation;
- SARD Regional Disaster Response Team Training; and,
- PRCS Federation National VCA Workshop.

*A total of 68,000 Afghan refugees sheltered in the camps of Balochistan Province have access to safe water as well as hygiene and sanitation services.*

The Federation has monitored the quantity and quality of water delivered to Chaman Afghani Refugee Camps and supplied water to Dara I and II, and Landi Karez Camps. The water storage and distribution capacities of the reticulation networks of Dara and Landi Karez Camps has been increased, rehabilitation of buildings housing water supply plants has been achieved and concrete tap aprons have been constructed. The Water and Sanitation (wat-san) Team has protected water supply and distribution stations as well as recovered and reconstructed some damaged pipelines in Dara I and II, which were washed away by the storm waters

In Landi Karez, daily cleaning, maintenance of communal and cluster latrines and closing of full latrines has been conducted by Federation employees. A participatory approach in the construction of family latrines has been adopted since the beginning but it was unfortunately unsuccessful.

The hygiene education sessions conducted, particularly towards women and children, in Landi Karez Camp has been positively received and successful.

The Federation has ensured the minimum supply of 15 litres of safe water per person per day in Landi Karez, Dara I and II and Roghani Camps to a total population of 72,272. This requires over 1,000 cubic meters of safe water to be supplied on a daily basis. Minimum sanitation levels have been maintained in Landi Karez, with a total of 700 cluster latrines, giving the ratio of 1:24 (latrine/persons). The water storage facilities of all camps provide a minimum capacity of 20 litre/capita/day (LCD). All camps, except Roghani, have an equal distribution capacity of 20 LCD and all beneficiaries have access to a water point within 500 metres.

The Federation has commenced the distribution of water in Landi Karez through the reticulation network by increasing the distribution pipe network by 1.8 km and installing one more 95,000 litre capacity water tank. In Dara I and II, two 75,000 litre water capacity tanks have been installed, 2,800 metres of pipeline have been shifted from the natural drainage line and reconstructed in the upper, flood protected areas, 34 aprons have been constructed and 12 new tap stands installed. In Roghani, only water supply work has been done as the camp was not accessible for sanitation construction activities.

All refugees in Landi Karez have access to a communal latrine with an average of 15 persons per facility. Every block has a washing slab. No family latrines are in place yet. The sanitation team conducted 16 sessions for camp elders on family latrine mobilisation and distributed 54 latrine slabs. A new refuse dumping site has been identified and excavated and the services of sweepers and tractors have continued.

Health and hygiene messages were given on individual, household, group and community levels, targeting women and children in Landi Karez Camp. Over 20,000 women and 6,000 children have attended the hygiene sessions during the reported period. Six female volunteers from the refugee community have been identified and trained.

Over 4,000 tablets of soap have been received by the refugees as an incentive for active participation during hygiene sessions and ten key hygiene messages were developed and displayed on boards in poster form in the camp.

**Impact:**

There is a focus this year on capacity building of the DP Unit. Strategic planning and policies, using participatory processes, have been developed providing direction and structure. The PRCS DM policy is drafted, and incorporates two phases of the disaster cycle; response and preparedness. Policy development has assisted the National Society in devising clear roles and responsibilities for internal stakeholders and should assist attraction of funds. The overall expected impact will be improved community understanding of their areas of vulnerability and increased capacity to deal with disaster.

In Chaman, adequate safe drinking water is accessible to refugees within their dwelling blocks throughout the day, reducing the disease burden and enhancing quality of life in the severe Chaman desert plain. 72,272 refugees remain healthier and less vulnerable than they otherwise would have been. No refugee camp has suffered from any water borne/related disease outbreak.

In Landi Karez Camp, no water trucking was undertaken reducing operational costs. Continuous water supply to the refugees, with additional water for development activities such as construction, animal watering, laundry and bathing, was provided. In Dara I and II Camps, continuous water was supplied to the refugees, with additional water for development activities such as construction, animal watering, laundry and bathing. In Roghani, sufficient water was delivered to refugees.

As a result of sanitation interventions, there was a decrease in parasitic infections in the camps, a more hygienic environment, fewer fire accidents due to proper rubbish disposal and a reduction in water and air borne diseases.

Positive practices have been identified and implemented by the majority of the women's groups in the camps. These practices include hand washing after latrine use, clean clothes, covering food, bathing regularly with soap and defecating in latrines. The women have chosen six volunteers to work with the project staff. Children have also shown rapid behavioural transformation from negative to positive practices.

**Constraints:**

DP projects were commenced in 2001 and policies and programmes are still in early stages of development, therefore it will take time to institutionalize DM into the mainstream activities. The management capacity still requires considerable further development.

During the reporting period, the Balochistan Provincial Branch experienced the five month absence of the Secretary, resulting in difficulty developing programmes and activities. In particular, this severely slowed down the integration and strengthening of a watsan component within its structure. The lack of capacity and resources of the Branch has also a negative impact on the development of such activities.

Security has always been the greatest concern in Balochistan, and it deteriorated during the reporting period, due to the war in Iraq, deterioration of the situation in Afghanistan, tribal disputes and Government response against drug producers and smugglers. Military operations in relation to Taliban and Al-Qaeda members in the area have severely affected the humanitarian operation and the proximity of the border with Afghanistan has generated several security incidents.

The financial demands of the landowners where refugee camps have been settled is an ongoing threat to the continuation of the project, and has had a significant impact on the security of personnel operating in the camps. It also prevented the Federation from adopting a fully participatory approach, especially regarding the construction of the family latrines.

Due to the above constraints, the Federation was required to remotely manage the project from Quetta for several months which resulted in a partial loss of control and a decrease of the quality of the service provided. This initiated the decision to discontinue the project and hand it over to other implementing agencies under the coordination of the UNHCR. Another important constraint is the difficulty in recruiting qualified technical personnel.

Integration of wat-san activities into the ongoing long term Health Programme has been explored and agreed by both PRCS and Federation as a viable option for the capacity development of the Balochistan PRCS branch. Six consultative meetings have been conducted at a provincial level (Watsan Delegate and PRCS Acting Branch Secretary). A project area for wat-san integration into existing health programmes was identified and a draft project document has been produced and submitted to the PRCS.

### **Coordination:**

This year coordination with the INGOs and the NGOs has increased. For example, National Society staff attended a UNDP Regional Level Workshop on Disaster Preparedness; a workshop organized by WHO and the Ministry of Health, Government of Pakistan on Emergency Preparedness and Humanitarian Values; and, the UNDP and Government of Pakistan Task Force for developing emergency preparedness services in Pakistan.

The National Society is providing training in Punjab for the Rural Development Policy Institute. PRCS was involved in the translation of the SPHERE Handbook in Urdu, these books have been distributed to other organisations.

Cooperation meetings with UNHCR take place in Quetta every two weeks, where operational issues are addressed. Several exceptional meetings took place concerning security, future planning and relocation of the refugees. Until mid March UNHCR was in charge of security, this was then handed over to UNAFSCO (UN Area Field Security Coordination). Due to the complexity of the situation in Balochistan UNHCR is sensitively reducing its presence in the Province and is planning to progressively hand over part of its responsibilities to the Government of Pakistan Commissionerate for Afghan Refugees (CAR).

UNAFSCO is the new UN body in charge of security for the UN agencies and implementing partners of UNHCR. Its role is to inform aid agencies on security issues and facilitate the obtaining of Non Objection Certificates (NoC), provided and required by the Government of Balochistan. A system has been put in place (a phone tree), as an information sharing tool allowing the NGOs to get information related to security incidents at short notice.

CAR was created to facilitate implementation of programmes in the refugee camps, and has been mainly involved in the difficult dealings with the landowners, as well as the local authorities in the field or in the provincial capital, Quetta. Its role is to ensure the security of the humanitarian workers and the refugees in the camps, including the process to obtain the NoCs. CAR is the designated body to take over coordination and leadership of the operation at some point.

The Home Department is the government body responsible for the issuance of NoCs and the provision of the required armed escorts without which travel to Chaman is impossible.

The Federation has relationships on an as needed basis with the UNHCR implementing partners including, MSF Holland, ICMC, MCI, ACF, Plan Pakistan, Save the Children, AMDA, Tear Fund, Guardians and Global Movement. Guardians is the designated NGO to take over the Watsan Programme.

PRCS is not involved in implementing the Watsan Programme due to a lack of capacity in this area, but does assist the Federation in the process to obtain NoCs.

The ICRC closed its office in Quetta in early 2002, and will now re-establish its presence. The cooperation is very productive and the Federation will facilitate the process for the ICRC. The ICRC is co-funding some PRCS activities in Balochistan.

### **3. Humanitarian Values**

#### **Goal:**

The overall goal of the programme is to bring about a change in the behavior of people, increase tolerance, mutual understanding and respect for human beings by a greater dissemination of humanitarian values and the Movement's fundamental principles.

#### **Objective:**

Promote the Red Cross and Red Crescent fundamental principles and humanitarian values both inside and outside of the society.

#### **Progress:**

PRCS arranged a National Information Development Workshop to build skills in media relations in order to improve communication and information linkages. The 17 participants included staff and volunteers from all levels, focusing on those who implement National Society activities. Sessions on developing creative writing skills, story building, media relations and photography techniques were arranged with professional support from external resource persons. The external facilitator from *Dawn*, one of the leading newspapers of Pakistan, explained the sensitivities of humanitarian reporting. Participants were also briefed on effective photography skills by a professional photographer. The two days of training covered exercises on newspaper articles, press releases, understanding news, communication skills, interviewing techniques and image building.

Provincial Branches are finalising plans for future Train the Trainer workshops on dissemination and communication and orientation for staff and volunteers on International Humanitarian Law (IHL). They will identify the most suitable people at Provincial level who can effectively disseminate knowledge and to have key trainers, staff and volunteers with a better understanding of IHL and the Movement's role.

The PRCS web site is updated on a regular basis incorporating changes and additions from all functional areas of PRCS and currently includes:

- A list of key personnel;
- a redesigned press release page which includes key PRCS activities and pictures. For example, key safe blood messages (includes excerpts of a speech by Minister of Education), The Valleys of Disasters (regarding Astore valley earthquakes), and important HIV information;

- an events page;
- dissemination materials and publications;
- the bi-monthly PRCS magazine;
- job vacancies; and,
- programme information.

PRCS is trying to incorporate resource mobilisation with its dissemination initiatives. In the past there has been the sale of greeting cards and auction of paintings to test the potential. The National Society has recently started to include in the PRCS magazine a Pledge Form which is a cash or in kind donation guide.

The fundamental principles and humanitarian values are currently being integrated in most training programmes, such as the Basic and Refresher Training Courses and all First Aid Courses.

An orientation workshop is planned for July to develop initial relationships with NGO and related groups. NGOs able to support and partner with PRCS initiatives in the future and those addressing similar issues will be targeted.

It was intended that a newsletter be included with the daily newspaper *Dawn* on the 8<sup>th</sup> of May to increase public understanding of the PRCS role and history of the Movement, however a lack of advertising space at this time led to postponement of its publication. It is planned that sponsorship be confirmed in advance for a similar newsletter on the launch of the World Disaster Report.

Publicity material is regularly updated and shared with PRCS stakeholders. PRCS publications at present include First Aid, HIV/AIDS, Fundamental Principles, Emblem information, greeting cards, First Aid books, PRCS merchandise and the annual report. There is a regular information flow to the Branches which includes PRCS Magazines, RC/RC Magazine, Federation News and publications from IFRC. 500 magazines are distributed on a bi-monthly basis to stakeholders within and outside Pakistan; these include sister National Societies, Federation Delegates, the ICRC, departmental contacts, requesting NGOs, donors and individuals. 200 are distributed to major libraries in Pakistan, and magazines have also been distributed to book stores in Islamabad for free distribution.

A media contact list is being maintained in a database and expanded as and when new links are made. Links are maintained with leading and smaller newspapers and news agencies. All press releases are accompanied by PRCS dissemination and information material. Expertise from this list is at times selected for participation in PRCS capacity building and other initiatives. In the electronic media video coverage has been provided on a sports channel on HIV/AIDS, volunteers and First Aid during the Sharjah Cup (cricket) in April. Geo TV covered the launching ceremony of SABS earlier in the year. PTV recently covered the interview of PRCS Secretary General.

Following the Information Workshop there has been an increase in the quality and quantity of information, including photographs, from the Branches. Also, due to the inclusion of fundamental principles and humanitarian values in training, there is a greater understanding of the Movement's humanitarian values and principles within the Society.

#### **Constraints:**

Capacity has been limited due to staff changes in the Information and Dissemination Department.

## **4. Organizational Development**

**Goal:**

PRCS is empowered to provide sustainable assistance to the marginalised communities it serves.

**Objective:**

PRCS makes further measurable progress towards a well-functioning national society in order to provide high quality assistance with greater impact and relevance to the most vulnerable people in each of the communities it serves.

**Progress:**

- Organisational Capacity Building Project

*Consolidated legal framework for the National Society.*

The PRCS Constitution is being revised in accordance with the Federation Guidelines for National Society Statutes. Four participatory Constitution Revision Workshops have been held to date. Representatives of PRCS governance and management from National and Provincial levels participated and agreed upon the final draft of the PRCS Constitution. The revised PRCS Constitution will be sent to the Joint ICRC/Federation Commission for National Society Statutes after formal approval of the PRCS Central Governing Board.

An awareness and advocacy campaign on the misuse of the emblem has commenced. Advocacy with the Government for the adoption of a new Federal law on the emblem will be launched after the analysis of the impact of the campaign.

*New rules and procedures are adopted.*

A draft PRCS Rules and Regulations has been developed in a participatory workshop, by a committee of Governance and Management representatives from National and Provincial levels. This draft will be submitted to the Central Governing Board for their approval along with the revised PRCS Constitution. Training to National and Provincial governance and management to assist implementation will be facilitated after these documents are approved.

*Standardised organisational structure.*

Following on from the joint Federation and ICRC review of the Development and Cooperation Unit (DCU) last year, it was recommended that the organisational structure be revised. An interim PRCS organisational structure has been developed as a precursor to the establishment of full departments. An OD Manager has been employed since January 2003.

*Better understanding of governance and management roles.*

A workshop for the new governance was planned to be held at the same time as the Managing Board meeting planned for June. A new national chairman was appointed in April. Due to his lack of availability for unforeseen circumstances, the board meeting has been postponed.

The provincial branch secretaries and key PRCS personnel have met at least once a quarter, as planned, for regular discussions for planning and coordination.

*A five year strategic development plan.*

PRCS is developing a five year strategic plan using the Project Planning Process (PPP). PPP orientation was provided to key personnel in all four provincial branches. A draft PRCS Strategic Framework was developed by a taskforce comprising National Society representatives and facilitated by the Delegation. A national planning workshop will be held in July 2003 to finalise the strategic plan.

*Co-operation Agreement Strategy (CAS).*

The CAS will be completed following finalisation of the strategic plan.

- Human Resource Development Project

*Human resource development policy and procedures.*

To date a Human Resources (HR) manager has not been appointed and recruitment and selection will take place in July. The OD Manager attended the South Asia Region HR Managers Forum in Sri Lanka, where the draft of the HR Manual was finalised.

*Youth and volunteer development.*

Planning is underway for the launch of the volunteer recruitment and management plan. The total number of volunteers at national level has been collected and data collection about the volunteers' skills, interests and experience is in progress.

*Gender equity is increased.*

A gender equity component was included in many of the training programs. On average, female participation in PRCS training programmes is about 25 per cent. Planning is currently underway for gender awareness training in the second half of the year.

*Standardization of training.*

As indicated in the sections on health and DM, ongoing training is being provided to staff and volunteers. A training manager has not been recruited as yet.

*Networking.*

PRCS continues to establish and maintain contacts with key public and private sector organizations for sharing training and information resources in the fields of community participation and mobilization, fund raising and image building. PRCS is developing a database for internal and external resource people, and the services of resource people are already being utilised frequently in the above-mentioned fields. The Government of Pakistan has established an emergency response cell of which PRCS is a member. The government will provide training and other support to build the capacity of PRCS staff and volunteers in emergency response.

**Impact:**

Following the active participation of governance and management in the constitution revision process, their role is more clearly defined. The active participation of members and volunteers contributed to successful development of the draft constitution. The PRCS rules and regulations are being revised to ensure the correct implementation of the constitution and regulate the work of all bodies of PRCS. PRCS governance and management is now committed to the development of human resources to improve efficiency, motivation and technical competence through appropriate and effective training.

PRCS has a strategic vision towards the alleviation of the suffering of vulnerable communities through developing a long term strategic plan. Female staff and volunteers are deployed in the fields of dissemination, tracing and health, to alleviate the suffering of the most vulnerable communities. There is a clear understanding of the need to increase capacity and image building efforts.

**Constraints:**

There has been significant difficulty in recruiting Human Resources and Training managers. However, the recruitment process for the former is now underway.

**Coordination:**

The National Centre for Rural Development, as a partner with PRCS, is providing training in community mobilisation and participation, project planning and human resource development. These training programs have primarily focussed on the development of rural areas of Pakistan.

- Finance and Resource Development

**Goal:**

PRCS makes further measurable progress towards a well functioning Society in order to provide high quality assistance with greater impact and relevance to the most vulnerable people in each of the communities it serves.

**Objective:**

The Society has a sound system of financial management, budgeting, accounting and effective financial resource mobilisation strategies.

**Progress:**

*Standard financial procedures and systems at National & Provincial levels.*

A national Finance Workshop was conducted in May 2003 attended by Federation and National Society staff. The objectives were to improve financial management at all levels, comply with relevant statutory obligations, improve financial reporting according to Federation standard reporting and cash request formats, provide a sound base for budget accounting and improve internal control systems.

### *Computerisation of financial management.*

Computer hardware was provided to Provincial Branches in 2002. However, due to technical problems with the software, installation could not be done at the branch level until now. Revision of the Chart of Accounts is in progress and software will be installed in the branches by the end of third quarter of this year after running successfully at the national level.

### *Resource mobilization and fundraising policy.*

A Fundraising Manager was recruited in March 2003. In order to explore the current and potential fundraising possibilities this manager and the OD Delegate visited all four Provincial Headquarters. As a result, the National Fundraising and Marketing Strategy is being developed in conjunction with development of the Strategic Communication Plan.

### *Fundraising campaign.*

Fundraising Committees are being established at Provincial level and will also involve district level personnel and key influential individuals and organisations. A Donor Database and Relationship Management System has been initiated at the National Headquarters. Following attendance at the South Asia National Societies Regional Fundraising Managers' Forum, a strategy is being developed to identify appropriate fundraising activities and income generation projects.

The activity to develop Red Crescent Youth Fundraising in education institutes is being carried out in some provinces. A corporate fundraising campaign is planned to commence once the PRCS Fundraising Policy is approved.

### *Internal Audit.*

An Internal Auditor was recruited in January 2003 and an Audit Assistant will be recruited in July 2003. The Auditor has given technical support and advice to Branches, has undertaken a comprehensive internal audit, and is working closely with the senior management of the National Society to address key issues.

### **Impact:**

There are improved financial management systems, which have led to better financial reporting at all levels. The recruitment of the Fundraising Manager has brought about greater awareness of resource mobilization potential and a change in management approach to fundraising. There are improved internal control systems at national level and the process of conducting internal audits of projects has been started.

### **Constraints:**

There have been no significant constraints however this project, as with other organizational development, is closely linked to the Constitutional Review.

### **Coordination:**

New contacts have been established with a marketing consultancy company to assist in development of a marketing strategy and image building.

## 5. Federation Coordination

### **Goal:**

PRCS develops sustainable capacity building and programming.

### **Objective:**

Longer term strategic partnerships between the National Society and wider Movement and non Red Cross Red Crescent Movement partners are realised.

### **Progress:**

*A new country cooperation agreement strategy is developed, establishing new partnership principles.*

The development of the new country cooperation agreement strategy (CAS) is currently scheduled for the fourth quarter of this year, and is closely linked to the development of a new long-term strategic plan for the National Society. This participatory process is well under way with a National Planning Task Force and active involvement of the Provincial Branches. It is anticipated the strategic plan will be finalised by the end of this year. It is still hoped to develop the CAS towards the end of this year, but clearly the first priority is the strategic plan, in order to inform the CAS process. The timing of the partnership meeting will also need to be taken into consideration.

*A partnership meeting is held with participation of the main stakeholders to share the strategic plan of the PRCS and coordinate the programming and support of various partners.*

It was agreed in the last quarterly planning meeting of the Regional Delegation, held in June, that there would not be any partnership meetings this year. This was decided as there is a small window of opportunity in September and October, after the appeal planning process and before the General Assembly in Geneva, when both the National Societies and the partners or potential partners from within the Movement might have the necessary time, resources and availability. It was decided in principle to have a regional partnership, with additional country focus, in the first quarter of 2004.

However, it is possible that a different type of partnership meeting may still be held in Pakistan later this year. One option is to hold a partnership meeting which primarily seeks to address potential in-country fundraising and partnership opportunities, with the option of also welcoming key Movement partners. This approach recognises the National Society is committed to broadening the funding base and to becoming less dependent in the long term on international support.

*Cooperation agreement is signed between the PRCS, Federation and ICRC outlining the roles which the three Movement partners will undertake together with regards to further strengthening and development of the National Society.*

The Trilateral Agreement between the National Society, ICRC and Federation is in final draft and should be signed during the month of July.

Regular monthly meetings of the Trilateral Coordination Group and the Trilateral Finance Group are held. In addition, the Federation Head of Delegation formally meets with her ICRC counterpart at least twice a month and

informally on an ongoing basis with other ICRC colleagues as appropriate. In a genuine on-the-ground commitment to the spirit of the Seville Agreement, the working relationship between the Federation and the ICRC has become increasingly close and cooperative over the last three years, and this relationship continues to develop in a way which is providing additional Movement support to the National Society.

*Strategic partnerships are developed with country based and international agencies/organisations.*

For 2003, the objective is for two country based and two international agencies/organisations strategic partnerships to be developed. As yet, it is too early to name specific organisations with whom a strategic partnership may be developed, but there are several possibilities which are currently being explored. In the meantime, the National Society continues to have a good working relationship with, WHO, UNICEF and the Ministry of Health for the polio eradication campaign.

Federation's Appeal 2003-2004 is being developed in a participatory manner. A four day participatory workshop involving PRCS personnel from the Provincial Branches and the National Headquarters will be held in mid July. This will be facilitated and supported by the full Federation team of programme managers, and in coordination with ICRC's Planning for Results process.

**Impact:**

As indicated above, the overall goal is that PRCS develops sustainable capacity building and programming, with the specific objective of developing longer term strategic partnerships between the National Society and wider Movement and non-Red Cross/Red Crescent Movement partners. Thus it is early to comment about impact on the lives of vulnerable people, but the ongoing work of developing a new cooperation agreement strategy and new strategic partnerships will lead to an increased capacity to develop, implement and manage programmes which respond to the needs of vulnerable people. One current example, based on the work of the National Society over the last two and a half years, is the additional impact which the National Society has created, in conjunction with UNICEF, WHO and the Ministry of Health, in the area of social mobilisation activities around the Polio National Immunisation Days. This is a key element in reducing new polio cases during 2002 and 2003, and illustrates the need for a long-term approach in the area of Federation Coordination.

**Constraints:**

There have been no major impediments during this reporting period. It should be noted that the decision as to when to develop the new country coordination assistance strategy and hold a partnership meeting will be made a little later in the year, on the basis of progress on the development of the National Society's new five year strategic plan. It is essential for this document to be in place before the other activities can follow.

## **6. International Representation**

**Goal:**

The Federation and its policies are well known in the international arena.

**Objective:**

The Federation's role in Pakistan as an effective coordinator of programmes in the core areas is maximised.

**Progress:**

A country advocacy strategy is developed with the National Society to highlight Pakistan's needs within the Federation global advocacy priorities of HIV/AIDS and disaster preparedness.

As indicated in Health and Care, the National Society is actively working on the scaling up of HIV/AIDS activities, and the anti-stigmatisation campaign will be a central focus for this programme.

In the area of disaster preparedness, the Federation Delegation facilitated a working relationship between the National Society and UNDP. UNDP seeks to support the Government of Pakistan with an integrated policy and infrastructure for disaster management rather than just disaster response. In this regard, UNDP has identified and acknowledged the key role which PRCS can play in the area of preparedness, especially First Aid training, community level vulnerability and capacity assessments, and local community based preparedness projects. The outcome of the UNDP initiative, and the possible funding support which may arise from it, will not be known until later in the year.

A country advocacy strategy has not yet been developed. This is a priority for the second half of 2003.

Good relationships are developed and maintained with national authorities and donor governments.

The Delegation has maintained good contacts with the Ministries of Interior and Foreign Affairs. The National Society has close ongoing links and communication with the Ministry of Health and the Cabinet Division, as well as the President's office from time to time.

Not mentioned in the Appeal as an objective, but a key Delegation priority for this year is the obtaining of a Legal Status Agreement for the Federation in Pakistan. This has been agreed in principle by the Ministry of Foreign Affairs and by the Permanent Mission in Geneva, and is now lodged with the Ministry of Interior. It is expected the agreement will be secured in due course.

The Head of Delegation maintains a list of key embassies and other organisations in Islamabad, and regular visits are made providing information on the National Society's and the Federation's activities. To date, additional funding has not been sought from these potential partners, but the intention is to further develop these relationships to enable future support for emergencies and/or for next year's programmes.

The Federation Delegation has ensured ongoing representation at international, government and non-government meetings to achieve Federation objectives. These meetings have, for example, included:

- UNDP/Cabinet Division/NGO meeting on the drought;
- UNDP concerning disaster management policy in Pakistan;
- UNHCR at Quetta and Islamabad concerning coordination of the watsan programme in Chaman;
- Programme related meetings with WHO/UNICEF/UNAIDS;
- EU/ECHO concerning funding in 2003;
- launch of Sphere Project with Urdu/Pashto materials by Mercicorps;
- representation at several National Society events, such as Red Cross/Red Crescent Day; Emblem Awareness Day in Sindh Provincial Branch; an art exhibition; launch of Societies for the Awareness of Blood Safety;
- NHO Security Coordination Group; and,
- the Global Press Briefing on Polio.

Advocacy materials are produced and disseminated to counterparts, agencies, organisations and partners.

Federation and National Society dissemination and information materials, such as the World Disasters Report, PRCS magazine and the Pakistan Country Appeal, are provided at most representational meetings and often form the basis for discussion.

Red Cross/Red Crescent programmes have sufficient and diversified donor support from national and international sources.

The operating budget was approved in full with minimal exposure as most of funds sought were hard pledges or nearly at the hard pledge stage. This was achieved by maintaining close relationships with existing and potential partners. It was intended that at least ten donors would collectively support the Country Appeal in 2003, in a concerted effort to broaden the donor base. This has been achieved, and indeed exceeded, as in the table below.

Donor	Disaster Management	Health	Organisational Development	Hum. Values	Other
Swedish RC	✓	✓	✓		
British RC	✓				Plus HOD
Australian RC		✓			
Norwegian RC	✓				
French RC	✓				
German RC		✓	✓		
American RC	✓	✓			
Japanese RC		✓			Expected
Saudi RC	✓				
Capacity Building Fund			✓		
Global Polio Fund		✓			
USBPRM	✓				
UNDP	✓				Expected
DFID	✓				
Other, reallocations	✓	✓	✓	✓	

#### **Impact:**

The near full funding of the Country Appeal for 2003 means the National Society has every possibility to meet the needs of vulnerable people as planned in the four core programmes.

#### **Constraints:**

There have been no significant constraints to the implementation of the Representation programme.

#### ***For further information please contact:***

- *Pakistan Red Crescent Society, phone +92 51 925 7404, fax +92 41 925 7408*
- *Delegation contact: Jamila Ibrohim (Head of Delegation), email ifrcpk08@ifrc.org, phone +92 51 9257 122, fax +92 51 443 0754.*
- *Regional Department: Ewa Eriksson; Phone: 41 22 739 4353, e-mail: ewa.Eriksson@ifrc.org*

*All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation website at <http://www.ifrc.org>*

APPEAL No. 01.56/2003

## PLEDGES RECEIVED

26.06.2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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## CASH

						TOTAL COVERAGE
REQUESTED IN APPEAL CHF ----->				2'784'097		46.6%
CASH CARRIED FORWARD				449'903		
BRITISH - RC		10'000	GBP	21'475	28.04.03	DISASTER PREPAREDNESS, ORGANISATIONAL DEVELOPMENT DELEGATE
NORWEGIAN - GOVT/RC		2'755'048	NOK	520'015	12.03.03	WATER & SANITATION FOR AFGHAN REFUGEES
SAUDI ARABIAN - RC		40'000	USD	54'300	21.02.03	
CAPACITY BUILDING FUND ALLOCATION				148'000	07.04.2003	PPK005
SUB/TOTAL RECEIVED IN CASH				1'193'693	CHF	42.9%

## KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRALIA	DELEGATE(S)			46'160		
NORWAY	DELEGATE(S)			14'784		
GREAT BRITAIN	DELEGATE(S)			43'039		
SUB/TOTAL RECEIVED IN KIND/SERVICES				103'983	CHF	3.7%

## ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	