

Appeal 2004



International Federation
of Red Cross and Red Crescent Societies

PAKISTAN

Appeal no. 01.59/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	531,609
Disaster Management	186,692
Humanitarian Values	76,836
Organisational Development	447,013
Total	1,242,150¹

¹ USD 931,613 or EUR 794,976

National Context

The 2004 appeal builds on the experience of 2003, which was relatively free of emergencies and did not require any international emergency appeals. This enabled the Pakistan Red Crescent Society (PRCS) to focus more on its planned activities and also to further commit itself to a process of change management and ongoing organisational development. The appeal includes some longer-term planned activities but is mainly focused on 2004 and reflects the ongoing nature of the national society's commitment to its core programme activities, in line with *Strategy 2010*.

Pakistan remains one of the most disaster-prone countries in South Asia, threatened by a variety of natural and man-made disasters. These include drought, earthquakes, floods, and potential for conflict both internally and along the unsettled borders of both India and Afghanistan. Although 2003 was essentially a quiet year for major emergencies, there were extensive floods in the Sindh and Balochistan provinces during the monsoon period between July and August. Pakistan is the world's seventh most populous country, and the fourth in Asia, with a population of nearly 150 million and an annual growth rate of 2.1 per cent. Each year the population increases by the size of a large city such as Rawalpindi, which effectively would double the population in 20 years. Added to this, are the underlying challenges of lack of access to education and health facilities for much of the population, especially in the rural and far-flung areas, together with a long history of conservative tradition, culture and religion in many parts of the country.

Some 60 per cent of the population does not have access to safe drinking water and the chronic water crisis has had severe implications. The general health of the population is declining, with rising levels of malnutrition due to poor diet on which many people are subsisting. Social indicators show an average life expectancy of 63 years with a mortality rate 83 per 1,000. The number of child deaths under five is reported at 110 per 1,000 live births. The high rate of population growth, low life expectancy and high mortality rate puts Pakistan at the lower level among countries in the region. The 2003 UNDP Human Development Report showed Pakistan dropping 12 places down the Human Development Index to 144th placing it second to bottom in the South Asia region ahead only of Afghanistan. The HIV/AIDS threat remains a concern, especially with more population movement and business between Pakistan and Afghanistan, and with the re-opening of the Wagah border crossing between Pakistan and India.

Many of the country's health problems are preventable and stem from a lack of knowledge. The main causes of preventable deaths are malaria, tuberculosis, childhood infectious diseases, micro-nutrient deficiencies, inadequate sanitary conditions and poor nutritional practices. Insufficient financing is making Pakistan's already precarious public health sector weaker.

The Pakistan National Human Development Report 2003 (UNDP) highlights 'an unprecedented increase in poverty and unemployment', with the need to urgently address structural and institutional problems and identifying women and children as being adversely affected by the crisis of poverty and thus the 'most vulnerable sections of society'.

Following scheduled elections in October 2002, the national and provincial assemblies were established. However the elected assemblies have yet to make a significant positive impact on the lives of most of the population, as much political time has been taken up with an ongoing debate concerning the legitimacy of constitutional revisions made by the president prior to the elections and to the related issue of the president also being chief of army staff. Thus much of the hoped-for agenda for reform and uplifting of the health, education, law enforcement and anti-corruption sectors is still to be addressed. By the third quarter of 2003, there was widespread dissatisfaction with the government and the lack of political progress and growing concern about the country's relationship with the United States in particular, and its presence and reported operations on Pakistani soil. These concerns have been further exacerbated by recent events in Afghanistan and Iraq.

While around 1.8 million refugees returned to Afghanistan from Pakistan during 2002, the number of returnees in 2003 was much lower, estimated at around 400,000. This seems to be mainly due to the difficulty of maintaining a livelihood in Afghanistan, together with a lack of homes to which people can return, and the ongoing security problems, especially to the east and south of the country. In addition, there have been some border disputes in North West Frontier Province (NWFP), possibly linked to ongoing military operations on both sides of the Durand Line, along with ongoing tribal issues. There is also a lack of security in the border town of Chaman in Balochistan province, mainly due to the increased insecurity in southern Afghanistan but also the active smuggling and poppy trades.

After a period of relative calm in the country, there was a noticeable increase in violent incidents during 2003. Much of this was in the port city of Karachi involving sectarian disputes and also linked to ongoing security operations by the authorities. Balochistan continues to be an unstable part of the country, and indeed this was one of several deciding factors in the earlier than planned handover of the water sanitation project in the Chaman refugee camps. Much of the violence is again related to anti-government sentiments, tribal issues and disputes with the government regarding royalties for gas pipelines which run through tribal areas.

The relationship between Pakistan and India improved during 2003, although allegations of infiltration into Indian-administered Kashmir along the Line of Control continued. On the positive side, the 'Dusti' friendship bus route between Lahore and Delhi through the Wagah border crossing was re-established mid-2003.

In summary, Pakistan remains a country with significant potential for conflict, violence and instability both inside the territory and across the borders. However, apart from Balochistan, the work of the Federation in support of the PRCS has not been seriously affected to date.

Red Cross Red Crescent Priorities

Movement context

The national society was established as the Pakistan Red Cross Society in 1947 through a decree declared by the head of state, and at the time of the founding of Pakistan after partition from India. The society was recognised by ICRC and became a member of the Federation in 1948, formally changing its name to the Pakistan Red Crescent Society (PRCS) in 1974. The PRCS is officially recognised by the Government of Pakistan through an act of parliament, and serves as an auxiliary to the government and armed forces. It is represented throughout the country and each of the four provinces, with 66 out of a possible 110 district branches.

Both the Federation and the ICRC have delegations in Pakistan. Due to prevailing circumstances, PRCS works closely with and receives support from the ICRC, mostly in the areas of dissemination, tracing and conflict preparedness in an integrated manner with the Federation-supported organisational and disaster preparedness initiatives. The ICRC is also working with PRCS to develop Red Crescent activities in Azad Jammu and Kashmir.

The PRCS maintains good cooperation with other national societies, both in the South Asia region where PRCS is an active participant in all regional initiatives and meetings, and also beyond, with an increasing number of national societies supporting PRCS activities. The society has also increased coordination and cooperation with both government and non-government organisations (NGOs) in Pakistan.

The development of the national society's four-year strategic development plan should be completed by the end of 2003, leading to the development of a new cooperation agreement strategy (CAS) in the first quarter of 2004 and a possible 'partnership' meeting. This will prove a challenging process as it will involve the establishment of new partnership principles for PRCS through a participatory process and with a possible specific focus on potential in-country partners.

In the spirit of the Seville Agreement, a memorandum of understanding (MoU) will be developed clearly outlining the roles and responsibilities of the PRCS, Federation and ICRC in Pakistan. The Federation will continue its lead role in support to the national society for its programmes in health and care, disaster management, humanitarian values and organisational development.

With due consideration to the humanitarian environment in the country and a long-term development perspective for the national society, the Federation's appeal for 2004-2007 concentrates on maintaining and further supporting the PRCS' clear commitment to the change management process in order to move closer towards the characteristics of a well functioning national society, while addressing and reducing vulnerability in selected areas around the country.

National Society strategy and programme priorities

The PRCS made progress in 2003 with regard to the managing board's decision to implement a change management process, building on the six recommendations of the joint Federation/ICRC review of the development and cooperation unit in mid-2002. These recommendations were to:

- review the existing PRCS constitution;
- develop a harmonised organisational structure at all levels;
- develop a new long-term strategic plan;
- develop human resources policy;
- raise the national society's image and profile; and
- plan and implement programmes which address the identified needs of the most vulnerable.

These recommendations continue to form the main focus for the organisational development agenda and while progress is being made on all of these, PRCS acknowledges the need for further attention to the development of the organisation. This is in order to truly become a leading humanitarian player in Pakistan, as despite its numerous activities in response to ongoing and emergency needs of the most vulnerable communities, PRCS is still not a well known name within the country. With this in mind, the PRCS priorities for 2004 relate mainly to organisational development and also to the increased promotion of the Movement's Fundamental Principles and humanitarian values. In particular the national society will focus on:

- further building a positive image and raising the profile of PRCS;
- human resources development, including volunteer recruitment;
- local resource mobilisation;
- improved financial management at all levels;
- long-term strategic planning and CAS development; and
- greater strategic partnership development.

As an extension of the Federation secretariat and part of the South Asia regional team, the Pakistan delegation will continue to provide facilitation and support to the PRCS to achieve its strategic objectives and programme priorities, as well as to endeavour to mobilise international resources for emergencies when necessary. The delegation will also continue to represent the work of PRCS and the Federation on the international stage. The Federation has been successful in recent years in mobilising international assistance, both from Red Cross Red Crescent (RCRC) societies and from international donors for planned and emergency activities of PRCS, and has developed a significant representational capacity in Pakistan.

Strengthening the National Society

1. Health and Care

Background

While the economy is expanding, social indicators continue to reflect poor social and health status for the majority of the population. Life expectancy stands at 63 years, with a high infant mortality rate of 83 per 1,000 live births and maternal mortality rate estimated at 350-435 per 100,000 live births. The fertility rate continues to drop slowly compared to other countries in the region, and is currently 4.3 per woman aged 15 to 49 years. Adult literacy rates have increased to 51.6 per cent (Economic Survey of Pakistan 2003). The country has some 5,308 basic health units and 550 rural health centres. However, most health care is concentrated in urban areas where less than one third of Pakistan's population lives, and rural facilities are often badly understaffed and under-equipped. Health-related problems in Pakistan are considerable and generally trends in health continue downwards (Economic Survey of Pakistan 2003).

Until September 2002, 1,741 HIV infected cases and 231 AIDS cases have been officially reported (National AIDS Programme). However, HIV prevalence in Pakistan is currently estimated to be 0.1 per cent of the adult population, or 70,000-80,000 cases (World Bank 2002). The potential for a rapid, widespread epidemic is high, with risk factors common to other countries with high HIV prevalence. There is a sense of urgency in the country to address this issue while prevalence remains low and in concentrated populations.

The main activities of the PRCS are in the health field, ranging from general hospitals, TB hospitals and a leprosy home, to mother and child health (MCH) centres located throughout the country. The Federation, through partner national societies, provides support in the implementation of various health-related programmes, with particular

focus on basic curative and preventive health care within vulnerable communities, reproductive health, HIV/AIDS and first aid training.

The drought programme in Balochistan province in 2001 enabled the branch to establish four mobile health units to provide preventive and basic curative health care to 40 drought-affected village communities. Around 8,000 people in these villages benefit each month from this work. Basic health units in both Balochistan and NWFP formed the basis for additional health facilities provided to the Afghan refugee population and the local vulnerable population during the 2001/2 Afghan humanitarian crisis appeal. Most of the health activities which started as emergency operations are included in the ongoing planned work of the society and the country appeal 2004/5, as the needs have not yet diminished and the situation remains a chronic one.

A major achievement during 2003 has been the strengthening of the national health team, building on work done in 2002. This team is responsible for coordination and management of PRCS health activities, and is adopting a more strategic role, coordinating, providing technical expertise and long-term planning for national society health activities. This has resulted in strategic plans developed for HIV/AIDS and first aid, a national society health policy, and an increase in monitoring and evaluation of activities across the country. For 2004/5, there is a clear vision for the direction and focus of the health programme, focusing on first aid, HIV/AIDS, reproductive health and provision of basic curative and preventative health services to vulnerable populations (local and Afghan refugee communities). Health activities will continue to take place within an overall capacity building context, focusing on further strengthening of health programme management and implementation capacity.

The PRCS has strong relationships with ICRC, which supports first aid and community-based first aid activities, and partner national societies. There is a strong bilateral relationship with German Red Cross, which has supported PRCS for 20 years through basic preventative and curative health services in NWFP. In addition, the Chinese Red Cross bilaterally supports the basic health unit in Nushki, Balochistan.

An ongoing priority is the national society's commitment to scaling-up HIV/AIDS activities. In 2003 training was provided to PRCS staff, and an HIV/AIDS component was integrated with first aid and community-based first aid (CBFA) activities. An HIV/AIDS strategic plan is being developed which includes capacity building of the PRCS in HIV/AIDS, anti-stigmatisation, recruitment of non-remunerated blood donors, gender awareness and voluntary counselling and testing. The PRCS is an active member of the South Asia Regional Network for HIV/AIDS (SARNHA) and hosted the third SARNHA meeting in Islamabad in August 2003.

In terms of lessons learned, the issue of sustainability of health programmes always arises. Provision of health services is inherently not sustainable but nevertheless, given the huge health needs in far-flung areas of the country and the harsh geographical conditions, a balance needs to be struck between the sustainability issue and the need to provide essential health services where no other organisation or government agency is providing them. Cost recovery is important to PRCS and a small financial contribution is required of beneficiaries attending basic health units in Balochistan and which is forfeited if beneficiaries are unable to pay. During 2003, there has been an increase in commercial first aid training provided to private organisations. In addition, it is anticipated the commencement of a pilot voluntary counselling and testing HIV centre in late 2003 will develop expertise in this area in PRCS, providing future opportunities to market training to other organisations. In the current socio-economic context in Pakistan, there are possibilities for broadening the in-country donor and partner base for health activities.

The number and makeup of beneficiaries for the health and care programme are as follows:

- An average 75 people are trained per month in first aid. This is a reflection of the rapidly growing area of first aid for the national society, and recognition of PRCS as a leader in this area.
- Approximately 11,000 beneficiaries are served every month from the basic and mobile health units, most provided with information on CBFA.
- The reproductive health programme is commencing in the latter half of 2003, and it is projected a minimum of 4,500 beneficiaries will be served per month.
- The HIV voluntary counselling and testing (VCT) centre is also commencing in late 2003, and it is projected a minimum of 300 people will be served in this pilot project.

Overall Goal

The national society has the capacity to successfully plan, implement and manage programmes which have a

positive effect on the health of the community.

Programme Objective

To increase the capacity of the national society's health management and training programmes to deliver health services to vulnerable communities.

1. Health Management

To strengthen overall health management in PRCS

2. First Aid

To run a sustainable first aid programme that increases health awareness in the community.

3. Basic and Mobile Health Units

To provide basic curative and preventive health care via the existing three mobile health units and three basic health units in Balochistan, and mobile health unit and basic health unit in NWFP.

4. Reproductive Health

To provide comprehensive reproductive health (RPH) services through health units in NWFP (7), Sindh (2), Punjab (1) and Balochistan (7).

5. HIV/AIDS

For PRCS to be recognised as a key player in the prevention of the spread of HIV/AIDS.

Expected Results	Indicators	Risks/Assumptions	Activities
Project One: Health Management			
Overall health management will be further strengthened.	Relationships with other organisations. Four-year strategic plan developed. Internal health network established. Integration of health activities.	Funding for key positions secured for 2004. Commitment of provincial headquarters and selected branches. Community pay fee at health clinics.	Integration of health activities Monitoring and evaluation. Strategic planning, technical support. Build partnerships. Develop financial sustainability. Cost recovery
Project Two: First Aid			
Sustainable first aid programme which increases health awareness in the community.	Development of quality systems. First aid includes gender, stigma and psychological issues. CBFA in basic health units. Less dependence on external funds.	Volunteer policy. Law and order situation stable. ICRC funding. Volunteers supported. Fundraising policy in place. Partnerships with other organisations. Regional sharing of best practices	Train, support, monitor first aid trainers. Train master trainers. CBFA in vulnerable communities through health units, conflict and disaster response Cost recovery in commercial first aid training.
Project Three: Basic and Mobile Health Units (BHU/MHU)			
Provision of basic curative and preventive health in existing MHUs and BHUs.	Health services for 11,000 beneficiaries per month. Relationship with partners.	Funding is available. Security situation allows reasonable access to areas of activity.	Support for 1 BHU and 1 MHU in NWFP. Support for 3 BHUs and 3 MHUs in Balochistan.
Project Four: Reproductive Health (RPH)			

Expected Results	Indicators	Risks/Assumptions	Activities
Provide RPH through health units in NWFP (7), Sindh (2), Punjab (1) and Balochistan (7).	5-10% increase in uptake of contraceptives and counselling. Services and information available in health facilities.	The government is stronger on population issues; there are still cultural aspects to overcome. Partnership with Ministry of Public Welfare/social marketing service.	RPH provided in 14 health units across Pakistan. Training of staff in RPH. Monitoring and evaluation of RPH activities in the 4 provinces.
Project Five: HIV/AIDS			
PRCS recognised as a key player in the prevention of the spread of HIV/AIDS.	HIV in training. Partnerships with other organisations. Provide HIV IEC. Pilot started in 2003. Voluntary Non-Remunerated Blood Donors conference.	HIV a sensitive issue in Pakistan. Partnerships strengthened. Conference delayed in 2003 due to SARS.	Link with other organisations. Train PRCS staff and volunteers. VCT Centre. Provide IEC materials. Attend SARNHA meetings/ regional blood donor motivation meeting.

2. Disaster Management

Background

Pakistan, which borders India, Afghanistan, China and Iran, has the mountain ranges of the Himalayas, Karakoram and the Hindukush forming the country's North West Frontier Province. Punjab province is a flat, alluvial plain with five major rivers joining the Indus River to the Arabian Sea. The province of Sindh is bound on the east by the Thar Desert and the Rann of Kutch and on the west by the Kirthar range, while the Balochistan Plateau is an arid tableland, encircled by dry mountains.

Like its neighbouring countries, Pakistan is at high risk in terms of its vulnerability to different disasters. Natural hazards include floods, earthquakes, cyclones, drought, landslides, and mud flows. The northern region is prone to earthquakes and seasonal floods, the flat regions of Punjab and Sindh are faced with seasonal torrential rains causing flash floods while Balochistan has experienced seven years of drought. In the last decade a total of 9,188,302 people were killed or affected by the disasters (*World Disaster Report 2003*).

The droughts in Balochistan and the district of Tharparkar in the province of Sindh have affected more than two million people. The average loss of animals among nomad populations was estimated to be between 60-70 per cent. The drought has impacted severely on farmers who rely predominantly on rainfall for irrigation. A total of 23 districts out of 26 in Balochistan and five districts out of 21 in Sindh have been affected.

The drought stricken areas of Balochistan and Sindh experienced flash flooding due to heavy monsoon rains in July 2003, affecting vulnerable communities already living in appalling conditions due to the drought. The floods affected more than 800,000 people, leaving 280 dead.

The PRCS has been making serious endeavours to improve its disaster preparedness/disaster response activities at all levels. Fourteen community-based disaster preparedness (CBDP) workshops have been held since 1997 to raise awareness and improve disaster management skills of national society volunteers and staff as well as government employees.

Mechanisms to counter the effects of disasters are relatively weak in Pakistan. Hence, PRCS focus has always been on community awareness for effective preparedness. Community participation therefore has made the national society's intervention efforts results oriented.

A consultant was hired to carry out a disaster management capacity assessment at various levels of PRCS and the report shared with internal stakeholders. In 2003 PRCS developed its disaster management policy which will assist in formulating the disaster management plan for 2004.

Regular contacts with external information services including government, UN, non-governmental organisations (NGOs) and media have been maintained. The PRCS website is regularly updated with relevant information.

Fully equipped PRCS disaster management cells exist at headquarters and provinces. The PRCS, in a bid to institutionalise disaster management in its mainstream activities according to Federation's *Strategy 2010*, has conducted vulnerability capacity assessments (VCA) in the most disaster-prone areas of the four provinces.

The approach to programme planning in 2003 was over-optimistic. Disaster management programme planning for the coming two years will be more realistic and achievable.

The national society still has a limited capacity to implement community level programmes, which underlines the need for more focus on capacity building. Effective disaster response in targeted communities should be an integral component of PRCS disaster preparedness and mitigation activities. Strengthening of PRCS district branches should be the focus of disaster management endeavours, so as to delegate responsibilities at the grassroots level. This will not only strengthen district branches but also ensure sustainability in community-based projects.

The presence of a strong and effective national disaster management department equipped with necessary resources (human, material, financial) at PRCS is essential to ensure successful planning, implementation, and evaluation of all disaster management activities.

Overall Goal

The impact of disasters on vulnerable communities is reduced.

Programme Objective

PRCS has the organisational and operational capacity to mobilise local communities to reduce the impact of disasters by utilising and further strengthening existing coping mechanisms.

1. Disaster Preparedness

PRCS has the capacity to reduce the vulnerability of disaster-prone communities through implementation of a disaster management plan and policy which provides the framework for disaster preparedness activities at all levels

2. Disaster Response

To enhance the capacity of vulnerable communities to respond to and cope with disasters and increase capacity of the PRCS for efficient and effective management of crisis through a functional disaster management plan.

Expected results	Indicators	Risks/ Assumptions	Activities
Project One: Disaster Preparedness			
Implementation of DM policy .	The DM policy/system for implementation is approved.	PRCS further develops DM as a priority.	Gain PRCS approval for, and ensure implementation of DM policy.
Plan of action for disaster preparedness/disaster response (DP/DR).	Identify disaster-prone areas. VCA conducted.		Conduct VCA in disaster -prone areas Conduct workshops to collect data on disaster-prone areas.
National society DR capacity is improved	Functioning DM cells at all levels. Rapid delivery of relief items. Well-equipped national disaster response team (NDRT).	PRCS has sufficient trained staff.	Draft DP/DR plan. Capacity building through DM trainings. Establish NDRTs. Strengthen DM cells. Produce and distribute a disaster relief handbook.

Expected results	Indicators	Risks/ Assumptions	Activities
	Maintains stocks for emergency response.		Exchange visits to share knowledge.
Project Two: Disaster Response			
Community capacity building.	Targeted most vulnerable areas. Training on CBDP and CBFA staff/volunteers.	Support from communities.	Increase volunteer base and provide training to volunteers/communities. Develop effective disaster warning systems in target communities. Distribution of DP/DR material.
Coordination and advocacy.	PRCS participates/ initiates workshops and meetings at provincial and national levels. PRCS shares reports and documents with other disaster management key players.	Commitment to DM at all levels.	Define PRCS role in DM. Advocate with the government for a proactive DM strategy. Coordination with local government, NGOs and other agencies in DM. Incorporate conflict preparedness programme of ICRC into PRCS DP programme.
Information management capacities	DM training materials, reports and case studies in DM. Regularly update PRCS website. Quarterly DP newsletter.	PRCS website updated regularly with relevant information.	Maintain contacts with external information sources. Produce case studies on DM practice and quarterly newsletters. Develop information material.

3. Humanitarian Values

Background

Years of instability in the region, compounded by the consequences of continued political and economic uncertainty, along with numerous man-made disasters, have resulted in many humanitarian issues in Pakistan. In light of these circumstances, the role of PRCS as an auxiliary to the government in relation to humanitarian values issues has increased dramatically. The national society's task is to champion those individual and community values which encourage respect for other human beings, and to promote a willingness to work together to find solutions to community problems. The PRCS is in the unique position to bring this about through its mandate, its physical presence throughout the country and its network of volunteers.

The core activity of raising awareness about humanitarian values is taking place both internally and externally through a series of carefully thought out activity plans. A yearly internal dissemination session with ICRC for managers and staff ensures good assimilation and integrity. Programme managers have already integrated humanitarian values into many of the key national society programmes, giving it multi-sectoral promotion. These operations include blood donor recruitment, CBDP, CBFA and information activities. The PRCS also receives support for dissemination and training activities and puppet shows from the ICRC, in which the Fundamental Principles and humanitarian values are key core components.

An information and communication workshop conducted at the beginning of 2003 for training of focal staff in all aspects of good information coverage and reporting has helped streamline inputs and information updates.

The PRCS has regularly disseminated information on its own programmes and on global Red Cross Red Crescent programmes through its normal channels of publications. Free air time on radio and television were successfully negotiated. The PRCS documentary segment on World Population Day and free emergency blood appeal was

broadcast on Pakistan television station, PTV. A two-hour live discussion session on the safe blood programme was broadcast on the popular FM100 radio station. Articles and press releases coinciding with important events regularly appear in the national daily newspapers and are posted on the Federation's website.

A workshop on 'Humanitarian Aspects in Journalism' organised for trainee and working journalists has helped build valuable media, NGO and volunteer contacts. Influential senior journalists invited as facilitators have also begun to show a genuine interest in the activities of PRCS, and many participants have made voluntary journalistic contributions for the national society.

High profile events commemorating landmark days have played an important role in the image building of the society. The month-long schedule of events to mark World Red Cross Red Crescent Day provides an excellent opportunity to imprint the profile on the public's consciousness. Events such as the launch of the *World Disasters Report*, World First Aid Day and World AIDS Day also help maintain partnerships and public interest in the messages and activities of the PRCS.

In 2004, the national society plans to shift from a rather broad approach towards a more focused attention on humanitarian values and the Federation global agenda to fight discrimination. A humanitarian values workshop towards the end of 2003 will provide the ingredients for development of pilot projects in the branches along these lines. The society plans to structure projects along predefined areas of action to register maximum impact and measurable results.

Overall Goal

Bring about a change in the behaviour of people, increase tolerance, mutual understanding and respect for human beings by a greater dissemination of humanitarian values and the Movement's Fundamental Principles.

Programme Objective

To increase PRCS capacity to promote the Red Cross Red Crescent's Fundamental Principles and humanitarian values.

Expected results	Indicators	Risks/Assumptions	Activities
Project: Humanitarian Values			
Dissemination within PRCS	<p>Clear understanding of HV and dissemination.</p> <p>Trainings at all levels.</p> <p>By the end of 2004, 650 staff / volunteers to have a better understanding of the Movement's role and Fundamental Principles.</p> <p>Strengthening co-operation with ICRC.</p>	<p>Commitment of the governance to HV.</p> <p>A coordinated, committed volunteer base.</p>	<p>Training sessions for staff and volunteers on HV.</p> <p>Printing of dissemination material.</p>
Dissemination outside PRCS	<p>PRCS is recognised as a leading humanitarian organisation in Pakistan.</p> <p>Volunteer and member base is increased by 10%.</p> <p>Pilot projects are adopted and started by provincial branches.</p>	<p>Volunteer database.</p> <p>Volunteer coordinator is employed.</p> <p>Revised constitution is adopted by the national society and implemented.</p>	<p>Updating the website.</p> <p>Resource mobilisation programmes.</p> <p>Newspaper inserts and media coverage on World RCRC Day and launch of <i>World Disasters Report</i>.</p> <p>Expand network of media contacts.</p> <p>Press releases, publications, photographs, video footage, advocacy campaigns on:</p>

Expected results	Indicators	Risks/Assumptions	Activities
			World RCRC Day, World First Aid Day, World AIDS Day. National level HV workshop.

4. Organisational Development

Background

In 2003, PRCS launched efforts to strengthen its legal base, improve the quality of planning and implementation, and effectively and efficiently manage, develop and mobilise its financial and human resources to deliver better services to the vulnerable.

The leadership of PRCS is committed to better delivery of services to the vulnerable in consonance with its mandate given in the PRCS Act and Constitution. This has been clearly illustrated in the decision of the governing board of PRCS mandating implementation of the recommendations developed by a joint Federation/ICRC team following the assessment of the PRCS development and cooperation unit (DCU) in May 2002. This assessment offered an integrated change management plan initiating substantial organisational restructuring in the PRCS, in particular focusing on capacity building, finance and resource development, and human resource development. It sets out the key tasks for the RCRC Movement to support PRCS development and capacity building in conformity with the statutes of the Movement, the Federation's capacity building framework, and the ten conditions for recognition of a national society.

The national society programmes and activities cover a wide range of issues, encompassing disaster preparedness and response, health and care and development programmes in support of poor and distressed people. In recent years, the PRCS has made impressive progress in developing its organisational capacity to enhance its stature and strengthen its partnership with the government and other agencies operating in Pakistan.

The PRCS has 1,005 paid staff (including 133 temporary staff), 50,300 volunteers, of which nine per cent are female, and some 22,000 members nation-wide (five per cent female).

The Government of Pakistan makes an annual grant of approximately CHF 6,300 to PRCS. The society has a well developed branch network, with some branches financially independent of national headquarters, raising their own funds through a variety of activities. Branches contribute ten per cent of their local fundraising to headquarters; funding potential, however, has not been fully explored.

The PRCS constitution revision process started in 2002 in accordance with the Federation *Guideline for National Society Statutes*. Representatives of PRCS governance and management from all levels actively participated in this process and agreed upon the final draft of the PRCS constitution. The final draft of the PRCS rules and procedures has also been formulated and agreed upon. The draft of revised PRCS constitution and rules is with provincial branches to share with their respective chairpersons. The PRCS is in a process of developing a four-year strategic development plan using the project planning process (PPP) methodology. A draft strategic framework was developed and agreed to in a meeting of the planning taskforce. The cooperation agreement strategy (CAS) will be reviewed and finalised in addition to the development of the four-year plan.

The development of human resources (HR) is one of the key recommendations developed by the joint Federation/ICRC assessment of the overall capacity of PRCS, carried out in 2002. Over the last three years, considerable human resource development has begun in the form of regular workshops and participation of staff and volunteers in country, regional and international training events. Further efforts, however, are needed to develop effective management, development and mobilisation strategies, to increase skills and professionalism of Red Crescent staff and volunteers and to increase gender equity and awareness at all levels of the society's activities. The PRCS has initiated a process to establish a HR department and formulation of its unified 'service rules' for staff.

A finance workshop for PRCS provincial branches and national headquarters was conducted in May 2003 to standardise financial procedures and systems at national and provincial levels. Objectives of the workshop were to

improve the financial management at national and provincial levels and to comply with relevant national and international statutory obligations.

Computer hardware was provided to provincial branches in 2002. The PRCS revised its chart of accounts software which will be installed in branches of two provinces by the end of 2003, after running successfully at the national level.

A national fundraising manager was hired in March 2003. In order to explore the current and potential fundraising possibilities at national level, the fundraising manager visited all four provincial headquarters along with the organisational development delegate. The PRCS national fundraising and marketing strategy is under consideration alongside the society's strategic communications plan. Fundraising committees have been established in all provinces to involve senior executives of each provincial headquarters, officials of district headquarters and influential individuals and organisations of each province as external resource personnel. A donor database system and relationship management system have been installed at national headquarters. Activities to develop Red Crescent youth fundraising in educational institutions is being carried out in some provinces.

The internal audit unit which was established in January 2003 is functioning efficiently and contributing in bringing about a positive change in the financial management of PRCS. In this regard orientation visits to all provincial branches were conducted by the unit manager to primarily improve the financial management of PRCS. This improvement is being reflected in the financial statements, reporting, budgeting, and inventory management of the national society.

Overall Goal

The national society has a well functioning, strong organisational base providing high quality assistance with greater impact and relevance to the most vulnerable people in each of the communities it serves.

Programme Objective

To make further progress towards a strong foundation and organisational capacity in PRCS in order to deliver effective and relevant services to vulnerable populations

Expected results	Indicators	Risks/Assumptions	Activities
Project: Organisational Development			
Consolidated legal framework for the national society.	Revised rules and constitution. Draft of new laws on emblem, international humanitarian law (IHL) and the Red Crescent.	Commitment of PRCS leadership remains unchanged.	Adoption of constitution by the General Assembly. Staff orientation. Advocacy with the Government to adopt new laws on emblem, IHL and the Red Crescent National workshops on constitution and rules. Orientation of governance on the Movement.
Standardised and developed organisational systems, procedures and structure.	Development of staff/ volunteers. Increase volunteer activities. Better understanding of systems. Internal control procedure system further strengthened.		Develop organisational structure and capacities. Cooperation agreement between PRCS and the Federation. Approval of HR policy. Develop standardised formats. Organise training sessions. Build capacity and sustainability of staff.

Expected results	Indicators	Risks/Assumptions	Activities
PRCS has developed a long-term development plan and partnership strategy.	Develop a 4-year plan/CAS.		Finalise long-term development plan. National PPP workshop .
Strong and coordinated network of PRCS branches to deliver efficient and effective services to the vulnerable is measurably increased.	Increase volunteer and member base.		Membership and volunteer recruitment. Fundraising. Strengthen operational capacity. Develop standardised reporting formats. Staff on loan and knowledge sharing visits.
Sustainable resource development, mobilisation and fundraising strategy and plan.	Fundraising campaigns	Socio-economic conditions.	Explore methods of fundraising activities (Zakat campaign, donation boxes, direct mail).

5. Representation, Management and Implementation

The Pakistan delegation has seen considerable changes over the last four years, moving from a country office with no expatriate presence to the out-posting of the regional health delegate in 2000, and then the scaling-up of the delegation's capacity in late 2001 to some 20 delegates to respond to the Afghanistan humanitarian crisis. Since mid-2002, delegate numbers have been reducing and by 2003 the complement of delegates was four – head of delegation (HoD), head of sub-delegation, OD/DP delegate and health delegate. This will be further reduced in 2004 to two, (HoD and OD delegate), in line with the planned Federation support for PRCS and reflecting both the OD and national society leadership support priorities for 2004 and the ability of the delegation to maintain a flexible approach to changing needs. The Pakistan delegation is an active member of the South Asia regional team and tries to maximise possibilities to use regional human resources. During 2003, the delegation provided the water sanitation delegate for a short-term mission for the floods in Sri Lanka and received technical support from the India delegation construction delegate. In 2003, two of the four delegates were from the wider Asia Pacific region and gender was balanced 50-50.

The overall goal for the delegation, in line with the Secretariat's mission statement, is to maximise the impact and effectiveness of the PRCS to improve the lives of vulnerable people. The current objective is to provide appropriate support to PRCS through the Pakistan delegation, as part of the South Asia regional team of the secretariat and in coordination with Movement partners and other stakeholders.

With this in mind, key activities for 2004 will focus on increasing the number and level of strategic partnerships between the national society, Movement partners and other organisations, to include the development of a CAS and memorandum of understanding with ICRC. Linked to this, further effort will be made to represent and advocate for PRCS and Federation work in Pakistan, through a planned process of regular interaction and coordination with government and NGOs, other international agencies and institutions and in-country stakeholders.

Appropriate technical, financial and material support will be provided to PRCS, both for the country appeal and also in the event of emergencies. As indicated above, a priority focus for Federation support during 2004 will be strategic support for the governance and management of the national society, in line with recent governance changes and taking into account the need to adopt and implement PRCS' revised constitution and other aspects of the change management process to which the national society is committed.

An active programme of Federation personnel development will be continued in 2004. The delegation is fortunate to have a well-established national team, with a collective Federation experience of around 70 years. This has resulted in the possibility of handing more responsibility for various areas of Federation support to national colleagues.

For further information please contact:

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.59/2004

Name: Pakistan

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	53,100	0	0	0	0	0	53,100
Teaching materials	3,125	0	0	0	0	0	3,125
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	8,300	0	0	0	0	8,300
SUPPLIES	56,225	8,300	0	0	0	0	64,525
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	1,935	602	258	1,505	0	0	4,300
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	540	168	72	420	0	0	1,200
CAPITAL EXPENSES	2,475	770	330	1,925	0	0	5,500
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	28,785	2,650	1,038	6,430	0	0	38,903
TRANSPORT & STORAGE	28,785	2,650	1,038	6,430	0	0	38,903
Programme Support	34,555	12,135	4,994	29,056	0	0	80,739
PROGRAMME SUPPORT	34,555	12,135	4,994	29,056	0	0	80,739
Personnel-delegates	64,800	20,160	8,640	194,400	0	0	288,000
Personnel-national staff	239,655	55,391	16,124	101,215	0	0	412,385
Consultants	20,565	798	580	13,425	0	0	35,368
PERSONNEL	325,020	76,349	25,344	309,040	0	0	735,753
W/shops & Training	31,750	51,847	20,299	45,493	0	0	149,389
WORKSHOPS & TRAINING	31,750	51,847	20,299	45,493	0	0	149,389
Travel & related expenses	6,114	6,765	396	16,411	0	0	29,686
Information	0	1,217	2,949	0	0	0	4,166
Other General costs	46,685	26,659	21,486	38,658	0	0	133,488
GENERAL EXPENSES	52,799	34,641	24,831	55,069	0	0	167,340
TOTAL BUDGET:	531,609	186,692	76,836	447,013	0	0	1,242,150