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Pakistan Delegation Mid-Year Report against Long Term Planning Framework 2012-2015

 International Federation
of Red Cross and Red Crescent Societies

MAAPK002

1 October 2012

**This report covers the
period 1 January to
30 June 2012.**

*A walk arranged by Pakistan Red
Crescent Society (PRCS) Sindh
branch during Red Cross Red
Crescent week 2012.
Photo: PRCS Sindh.*



Overview

Operational support by the International Federation of Red Cross and Red Crescent Societies (IFRC) towards the work of the Pakistan Red Crescent Society (PRCS) in the first two quarters of 2012 followed three tiers: the Country Programme, as highlighted in this report; the Monsoon Floods Appeal 2010; and the Floods Appeal 2011. Despite each having its own objectives, the Emergency Appeals contributed substantially to the development of the PRCS and the strengthening of its capacities. The Floods Appeal 2011 was closed in March 2012 and the Monsoon Floods Appeal 2010 was revised and entered into recovery activities which required an extensive surge in the capacity of the PRCS. Certain activities in the field of logistics development, planning, monitoring, evaluation and reporting (PMER), organisational development (OD), disaster preparedness/disaster risk reduction (DP/DRR) and health are interlinked and cannot be fully separated from the Country Programme. The experience of the integrated recovery programme (IRP) under the Floods 2010 operation in particular is envisaged to contribute to the design of the newly proposed community based disaster risk reduction (CBDRR) programme. The IRP is scheduled to end in 2013.

An example of the marked improvements in disaster preparedness and response capacities in the PRCS, as a consequence of responding to frequent disasters of increasing magnitude in recent years, is the quality of the 2012 contingency planning. The draft which will be finalised in July 2012, should be well ahead of a potential monsoon in August, and includes comprehensive preparedness actions including the implementation of standard operations procedures (SOPs), systems and processes which take cognisance of lessons learnt from past experience. The contingency plan includes steps taken to upgrade the volunteer database and identify skilled volunteers necessary for future response with volunteer retention also a major focus.

Changes in PRCS management, with a new chairman and secretary general, followed by strikes and demonstrations amongst staff, including middle management, resulted in many staff leaving or being asked to leave the organisation. These changes have certainly had an impact on progress of projects and programs and delays in decision-making.

A gradual reduction of the number of disaster management (DM)-cells supported by IFRC took place and some IFRC staff-on-loan positions were phased out to reduce the burden of extensive staff support on the available budget. A human resources (HR) review is being prepared by the PRCS senior management in

order to create a sustainable core HR structure with revised HR procedures and salary scales. However, this review has not yet been presented to the Movement partners, but PRCS have promised to do so in September. IFRC proposed to have a joint strategic review and planning exercise already in 2011. Unfortunately, due to these organizational changes this review could not be scheduled earlier than the third quarter of this year. The idea is to revise PRCS Plan of Action 2011-2012 and the Strategy 2015, with an aim to facilitate a platform for re-energised and comprehensive forward planning.

The newly proposed integrated community-based risk reduction (ICBRR) programme, focuses on long-term programming support to PRCS over a period of four years, is currently being developed with inputs from other Movement partners too. PRCS inputs have been delayed due to the reasons stated above, however concerted efforts are underway through for example branch development efforts in Khyber Paktunkhwa (KPK) and Sindh provinces, capturing branch inputs from district level into the proposed ICBRR approach.

National Society development (NSD)/OD activities in support of PRCS's internal capacity strengthening are ongoing. However, these activities were delayed due to the above mentioned issues faced by PRCS in the first half of 2012. Activities aim to support structures and procedures to measurably improve PRCS service delivery to communities. IFRC supports branch development (BD), with the aim of supporting PRCS for a well-functioning organisation, leadership and management development. Over the last few years, the PRCS youth and volunteer department has made plausible steps in formulating youth and volunteer policy, strategy, code of conduct, and volunteer manual of instructions.

PRCS plays a prominent role in the national DRR forum and is seen by many stakeholders (as evidenced by recent discussions with partners such as DFID) as a potential lead organisation for DRR. Whilst PRCS is a recognised partner in disaster response, and an auxiliary to the Government of Pakistan in coordination with the National Disaster Management Authority (NDMA), its mandate in DRR is yet to be formalized. PRCS is expected to finalize its CBDRR manual and preparatory work in the second half of 2012, whilst work on the newly proposed overall ICBRR programme framework has already begun in June 2012. One of the main issues requiring enhanced efforts in the programming preparations are HR and structural issues for PRCS, whilst a key emphasis in the ICBRR is sustainability of community-based programming.

With the closure of the 2005 Earthquake Operation in December 2011, pending completion of some construction projects were carried over into the Country Programme. Progress in the first half of 2012 has been very slow, affected in most part by the changes in management in PRCS. The PRCS project director and construction manager left their posts at the time of the appointment of the new PRCS chairperson, with replacements yet to be appointed. In addition, the Construction Committee with PRCS and IFRC membership has not convened since late 2011, which is necessary to review and approve key steps in the reconstruction activities. These delays have strained relationships with donor partners who are not able to meet their commitments due to these delays. IFRC is discussing with PRCS to find solutions to re-engaging progress on these projects and be able to complete the outstanding works by the end of 2012, as requested by the donors.

The health programmes have also been impacted by the events in the PRCS national headquarters in this past half year. Strategic decisions on the continued long-term support to the health sector through the PRCS basic health units (BHUs)/mobile health units (MHUs) – established over the past five years – has been delayed, whilst ability to recruit and retain specialised staff at these health units is a recurring issue. The health programmes lack a unitary coordinator at the PRCS national headquarters, with a result that divergent departments manage their own respective areas in silos (CBHFA, PSP, HIV and AIDS, etc). Despite these challenges which IFRC is looking at ways in which they can support the enhanced health programming management and strategic direction, programmes on the ground have been advancing, with the major focus of IFRC's support to the programme is primary health care, following community-based and integrated service delivery approaches.

Humanitarian diplomacy, with its intent of advocating on behalf of the vulnerable, has seen tangible results in programming: highlighting marginalized beneficiaries, and challenging society norms and beliefs through inclusive programming and application of the Fundamental Principles of the Red Cross and Red Crescent Movement.

Working in partnership

PRCS, as the host National Society and cooperating partner, with an auxiliary role to the Government of Pakistan and representing the Red Cross Red Crescent Movement in the country, is IFRC's core stakeholder

in Pakistan. PRCS maintains a close working relation with physical presence of a number of Red Cross and Red Crescent Partner National Societies (PNSs) in country. These National Societies contribute through IFRC or bilaterally in supporting PRCS to reach its goals. At national level, PRCS with the support of IFRC regularly organizes Movement coordination meetings. All the in-country Movement partners participate in these meetings for a well-coordinated response.

Partners are shown in the table below:

Table: Current support from Red Cross Red Crescent Societies and other partners to PRCS

Partners	DR	DRR	Health	WatSan	NSD	Comms	HD	IDRL	RM/PMER	Shelter	Livelihoods
Multilateral partner national societies through IFRC:											
Canadian RCS		✓			✓	✓			✓		
British RCS	✓	✓									✓
Danish RCS									✓		
Iranian RCS					✓						
Other multilateral partners through IFRC:											
DFID	✓	✓									
Citi Bank			✓								
Bilateral partner national societies:											
German RCS		✓	✓	✓						✓	✓
Danish RCS	✓	✓	✓	✓	✓					✓	
Qatar RCS			✓	✓	✓					✓	
Australian RCS	✓	✓		✓							
Canadian RCS	✓	✓	✓		✓						
Norwegian RCS					✓						
Swiss RCS			✓							✓	✓
Turkish RCS	✓		✓	✓	✓					✓	
British RCS			✓								
Other bilateral partners:											
ICRC	✓		✓	✓				✓	✓		

Progress towards outcomes

Business Line 1: To raise humanitarian standards

Measurement
Outcome/Output/Indicators
Outcome 1: Leadership development: Qualifications and competences of leadership and staff improved to establish a sustainable organisation for PRCS.
Output 1.1 PRCS senior managers access training and gain knowledge of management and good governance (SG 1.4)

Measurement
Outcome/Output/Indicators
Targets: by 2015, A new PRCS long term plan is made by the end of 2015.
Baseline
Data not available.
Actual this report period
<ul style="list-style-type: none"> • PRCS leadership has changed four times in the period mid 2011 - mid 2012, with orientation sessions provided to all of them, and the current SG and Chair have been briefed thoroughly both in country and in Geneva, including roles and responsibilities. • In July 2012 an extra ordinary AGM was called and a new managing board elected. Discussions are underway on providing an opportunity for new managing board members to attend trainings.
Output 1.2: PRCS core staffs develop skills relevant to their sector based on the identified staff development needs (SG 1.4)
Targets: by 2015, All core staff member receive maximum two skills development training per year.
Baseline
Data not available.
Actual this report period
No consolidated data available at present.
Comments on progress towards outcomes
Outcome progress not measured.

Business Line 2: To grow Red Cross Red Crescent services for vulnerable people

Measurement
Outcome/Output/Indicators
Outcome 1: Organisational Disaster Preparedness: PRCS has strengthened and sustainable capacities to respond to, and help communities recover from disasters and crisis.
Output 1.1: PRCS has demonstrably efficient and effective standard operating procedures (SoPs), guidelines, systems, management processes (including for volunteers), and response/ contingency plans in place and operational. (SG 2.1)
Targets: by 2015, Develop and operationalise SoPs, guidelines, systems, management processes and response / contingency plans.
Baseline (end of 2011 status)
Output 1.1
<ul style="list-style-type: none"> • Draft response SoPs (only for DM department). • Contingency plan 2011 (non-standard format). • Pre-Disaster Meeting 2011. • Pre-disaster Agreement draft shared with Movement partners for feedback.
Actual this report period
Output 1.1
<ul style="list-style-type: none"> • Work on Disaster Response SoPs has begun (DM, health, WatSan, finance, logistics and HR departments are working on response SOPs for their respective departments). • Contingency plan at national and provincial level has been developed and updated (standard format and

Measurement
Outcome/Output/Indicators
<p>printed hard copies).</p> <ul style="list-style-type: none"> Conducted pre-disaster meeting on 11-12 June 2012.
<p>Output 1.2: PRCS has appropriately skilled and sufficient human resources and available at all levels of national society for disaster response. (SG 2.1)</p> <p>Targets: by 2015, Conduct 24 DRT trainings by the end of 2015.</p>
Baseline (end of 2011 status)
<p>Output 1.2</p> <ul style="list-style-type: none"> Four national disaster response team's (NDRT) trainings (109 Individuals were trained). Seven branch disaster response team's (BDRT) trainings (172 Individuals were trained). Six district disaster response team's (DDRT) trainings (147 Individuals were trained). One workshop on reporting in emergencies (to standardise emergency assessment and reporting templates).
Actual this report period
<p>Output 1.2</p> <p>One emergency assessment and reporting training conducted in Punjab provinces (3-4 July) (27 individuals were trained).</p>
<p>Output 1.3: PRCS has appropriate logistical equipment and pre-positioned materials available at all levels of the national society response. (SG 2.2)</p> <p>Targets: by 2015, Secure warehouses and maintain pre-positioned relief materials at all times.</p>
Baseline (end of 2011 status)
<p>Output 1.3¹</p> <ul style="list-style-type: none"> National rental warehouses, provincial/regional warehouses and district DM cell warehouses strategically placed to cater the need of 35,000 families. <ul style="list-style-type: none"> Three NHQ warehouses. IFRC/PRCS Port Qasim Warehouse, Karachi – rented – under IFRC Management. IFRC/PRCS Sangjani Warehouse, Islamabad – rented – under IFRC Management. PRCS Haripur Warehouse – rented - Under PRCS Management – funded by IFRC. PRCS Sindh Branch warehouse, Karachi – rented – funded by IFRC. PRCS Punjab Branch warehouse, Multan – rented – funded by IFRC. PRCS Balochistan branch warehouse, Quetta – rented – funded by ICRC. PRCS KPK branch warehouse, Peshawar – own property. PRCS FATA Branch warehouse, Peshawar – rented – funded by ICRC. PRCS GB Branch warehouse, Gilgit – rented – PRCS. One SHQ warehouse. PRCS AJK branch warehouse, Muzaffarabad – owned property. Warehouse Equipment (two forklifts, four 27kva generators, three motor cycles, ten hydraulic pallet jack, 11 laptops, 11 desktops with UPS, 11 printers, 100 wooden pallets). DP Stocks for 35,400 households (tents, blankets, hygiene kits, kitchen sets, wood burning stoves, hurricane lamps, 20 litre jerry cans, tarpaulins, mosquito nets, shelter tool kits, CGI sheets). Basic Logistics Workshop (25 x PRCS staff – NHQ, PHQ, RHQ, SHQ). Fleet Management Training (45 x PRCS and IFRC field staff and drivers).

¹ This activity is currently covered by MDRPK006 Floods 2010 Integrated Recovery Programme funding, but contributes significantly to the Country Plan activities.

Measurement
Outcome/Output/Indicators
Actual this report period
<p>Output 1.3 One emergency assessment and reporting training conducted in Punjab province (27-28 June and 21 – 22 June in KPK province.</p>
<p><i>Outcome 2: Strengthening community resilience:</i> <i>PRCS has strengthened and sustainable capacities to implement community-based disaster risk reduction (CBDRR) approaches that increase the resilience of vulnerable communities to risks posed by hazards and climate change.</i></p>
<p><i>Output 2.1: PRCS has demonstrably efficient and effective procedures, guidelines, systems, management processes, tools and plans in place and operational for achieving quality impact in CBDRR. (SG 2.1)</i></p> <p><i>Targets: by 2015, Develop and operationalise procedures, guidelines, systems, tools and plans for CBDRR.</i></p>
Baseline (end of 2011 status)
<ul style="list-style-type: none"> • DM Policy and Strategy documents. • National DMWG meeting in August 2011 (<i>not conducted regularly</i>).
Actual this report period
<p>Output 2.1 Work on development of PRCS National DRR Framework has started. The first meeting will be held in August 2012.</p>
<p><i>Output 2.2</i> <i>PRCS has appropriately skilled and sufficient human resources, which are available at headquarter and branch levels for implementation and technical support and manage CBDRR programme. (SG2.1)</i></p> <p><i>Targets: by 2015, Recruitment skilled and maintain sufficient human resources at PRCS headquarters and six branches for CBDRR.</i></p>
Baseline (end of 2011 status)
<p>Output 2.2</p> <ul style="list-style-type: none"> • Three CBDRR national level trainings have been conducted and 82 individuals were trained. • Three VCA national level trainings have been conducted and 85 individuals were trained. • Three provincial and 1 national level social mobilization trainings have been conducted and 87 individuals trained.
Actual this report period
<p>Output 2.2 No progress to date.</p>
<p><i>Output 2.3:PRCS has effectively advocated for DRR at national and provincial levels (SG 2.1)</i></p> <p><i>Targets: by 2015, Commemorate World Disaster day and organize DRR poster competition for school children annually.</i></p>
Baseline (end of 2011 status)

Measurement
Outcome/Output/Indicators
Output 2.3 <ul style="list-style-type: none"> • Commemoration of World Disaster Day at NHQ and PHQ (not regularly). • Two poster competitions were held in 2008 and 2010, and 1,000 school children's participated at NHQ and provincial level.
Actual this report period
Output 2.3 No progress to date, planned for second half of 2012.
Output 2.4 <i>PRCS has appropriately managed and effectively implemented CBDRR projects at least in one community at each DM Cell level. (SG 2.1)</i>
<i>Targets: by 2015, Maintain functional 15 DM cells in six provincial branches.</i>
Baseline (end of 2011 status)
Output 2.4 42 PRCS DM Cells being supported by Movement partners.
Actual this report period
Output 2.4² Continue supporting 29 PCRS DM cells from January-March and 25 from April-June.
Outcome 3: Reconstruction programme: Targeted communities affected by the earthquake gain access to health, educational and community services via the reconstruction of destroyed public health, education and community buildings.
Output 3.1: Four reconstruction buildings are completed and utilised (SG 2.1)
<i>Targets: by 2015, The reconstructed buildings are sustained and functional.</i>
Baseline
Output 3.1 Data not available.
Actual this report period
Output 3.1 <ul style="list-style-type: none"> • Boys Degree College, Chinari, AJK Sate - Construction activities ongoing. Building is 95% completed. • Branch Office, Warehouse & Vocational Training Centre (VTC), Swat District, KPK Province – Construction activities ongoing. Building is 30% completed. This is a new project started in April 2011 and planned to finish by end December 2012. • Basic Health Unit (BHU) Shohal Najaf Khan, Mansehra District, and KPK Province – This facility is functional and the final invoice remains to be paid to the contractor. • BHU Hilkot, Mansehra district, KPK Province - Functional since beginning 2012. • RHC (Rural Health Centre – 20-bed hospital) Battal, Mansehra District, KPK Province – Construction activities completed. External electricity and water connection to be provided. • BMS (Boys Middle School) Amra Sawan, AJK State – Construction activities almost finished on the building. Construction activities on retaining wall 50% completed. New activity of additional protection

² This activity is currently covered by MDRPK006 Floods 2010 Integrated Recovery Programme funding, but contributes significantly to the Country Plan activities.

Measurement
Outcome/Output/Indicators
<p>wall to retain the adjacent land not yet initiated.</p> <ul style="list-style-type: none"> VTC (Vocational training Centre) Mansehra, KPK Province. – Only final invoice payment is pending. The building is not yet functional. VTC (Vocational Training Centre) Chakar, AJK state – This facility is functional but, as this a female students' facility a boundary wall is requested in accordance with cultural norms, this new activity is yet to be started. BHU Reshian, AJK State- Only final invoice payment is pending. BHU Khaliana, AJK State - Completed in 2011 and functional since beginning 2012. RHC (Rural Health Centre) Lassan Nawab, Mansehra District, KPK province – PRCS procured medical equipment for this facility. Pending to settle invoices of completed activities. BHS (Boys High School) Khaliana, AJK State – This facility is functional. The final payment is pending. GMS (Girls Middle School) Battang, Mansehra, and KPK province – This facility is functional. The school requested additionally computers; this activity is yet to start.

Comments on progress towards outcomes
Outcome progress not measured.

Business Line 3: To strengthen the specific Red Cross Red Crescent contribution to development

Measurement															
Outcome/Output/Indicators															
<i>Outcome 1: Primary Health Care: Improved primary health care services to reduce mortality and morbidity of vulnerable communities</i>															
<i>Output 1.1: PRCS implement integrated health and care services to address health inequities with special focus to women and children. (SG 3.2)</i>															
<i>Targets: by 2015, Maintain 24 health facilities fully functional and integrated in district health care delivery system.</i>															
Baseline (end of 2011 status)															
Output 1.1 45 Health facilities supported by Movement partners.															
Actual this report period															
Output 1.1 <ul style="list-style-type: none"> PRCS received on-going support for integration of MNCH services. Under the Country Programme, there are nine health care centres providing primary health care services. The health centres consist of six basic health units (BHUs) and three mobile health units (MHUs). The maternal and child care services are integrated as part of health services, including ante-natal, post-natal checkups, and expanded programme of immunizations. The location and catchment of these health centres is as follows: <table border="1"> <thead> <tr> <th rowspan="2">Location</th> <th rowspan="2">Annual Target</th> <th rowspan="2">Catchment</th> <th colspan="2">Directly Assisted</th> </tr> <tr> <th>Female</th> <th>Male</th> </tr> </thead> <tbody> <tr> <td>Balochistan BHUs</td> <td rowspan="4">30,000</td> <td rowspan="4">90,000</td> <td rowspan="4">17,881</td> <td rowspan="4">7,395</td> </tr> <tr> <td>Quetta</td> </tr> <tr> <td>Chamman</td> </tr> <tr> <td>Nushki</td> </tr> </tbody> </table>	Location	Annual Target	Catchment	Directly Assisted		Female	Male	Balochistan BHUs	30,000	90,000	17,881	7,395	Quetta	Chamman	Nushki
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	Female	Male													
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Measurement				
Outcome/Output/Indicators				
KPK BHU	30,000	90,000	14,706	1,957
Baragate				
Punjab BHUs³				
Faisalabad				
Dinanat				
Balochistan MHUs	14,700	24,500	11,964	7,089
Quetta				
Mastung				
Killa Safullah				
<i>Sub-total</i>			44,551 (73%)	16,441 (27%)
Total	59,700	139,500	60,992	

- An evaluation of BHUs and MHUs took place in October 2011 in Balochistan. The draft report has been shared with PRCS for their comments.

Output 1.2: Standardization of services across all PRCS health facilities. (SG 3.2)

**Targets: by 2015,
All functional BHUs are oriented and using SOPs.**

Baseline

Data not available

Actual this report period

Output 1.2

- Immunization services have started.
- Family planning supplies were procured and distributed to branches.
- Discussions are ongoing with PRCS for identification of midwife/lady health workers (LHWs) in the catchment areas for training.
- BHU assessment conducted in Baluchistan conducted with support from BRC and shared with PRCS desk review of medicine procurement procedures were done jointly by the medical procurement department in Geneva and the country office logistics unit. The recommendations have been shared with PRCS. The recommendations have been incorporated in the revised MoU with PRCS.
- To improve the medical ware house management capacity, a series of meeting were held with WHO for standardized medical warehousing. WHO Agreed to provide technical assistance in launching inventory tracking software for PRCS medical warehouse. Discussions are ongoing at senior management level for improvement of PRCS medical warehouse capacity.
- Out of nine health centres, six are reporting on standard PRCS health reporting formats, despite formats and instructions shared with all the relevant branches. An understanding has been developed with PRCS for setting up of online data management at national and provincial headquarters level.
- Capacity building of BHU staff will be done in the fourth quarter of 2012. The following trainings were identified for the staff by the BHUs evaluation:
 - Rational use of medicines.
 - Integrated management of neonatal and childhood illnesses.
- Development of guidelines and SOPs for PRCS health facilities in case of emergency as well as for day-to-day functioning is in progress.

Outcome 2: Community Based Health and First Aid (CBHFA): Improved health status of vulnerable communities by provision of community-based health and First Aid services.

³ Data on directly assisted beneficiaries not received from PRCS for the two BHUs supported in Punjab Province.

Measurement
Outcome/Output/Indicators
Output 2.1: PRCS has improved capacity on CBHFA programmes towards healthy communities, which are able to cope with health and disaster challenges. (SG 3.1)
Targets: by 2015, Conduct 20 CBHFA trainings.
Baseline
Data not available
Actual this report period
Output 2.1 <ul style="list-style-type: none"> • Training of community based health and first aid (CBHFA) coaches and volunteers took place in 22 districts. A total of 134 coaches and 4,316 were trained⁴. • The CBHFA household toolkit was revised and reprinted and CBHFA bags were also produced. • The CBHFA volunteers' manual was adapted to the local context and translated into Urdu and Sindhi languages. • Reporting formats were developed. • Data on establishment of village health committees is not yet available.
Output 2.2 PRCS provides first aid services with particular emphasis on harmonization of material and accreditation. (SG 3.1)
Targets: by 2015, Standardise, approve and facilitate accreditation of the PRCS FA Services.
Baseline
Data not available
Actual this report period
Output 2.2 PRCS already have a first aid working group and development of first aid policy is in progress. Technical inputs into the policy document have been given. A formal request has been sent to PRCS for inclusion of IFRC into the first aid working group.
Outcome 3: Voluntary Non Remunerated Blood Donation (VNRBD): Strengthened and expanded donor recruitment by creating enabling environment for voluntary non remunerated blood donation services (VNRBD).
Output 3.1: PRCS working on specific campaigns to increase pool of voluntary non-remunerated blood donors. (SG3.4)
Targets: by 2015, Maintain blood donor club (at national headquarters) with 50 members and support Society for Awareness on Blood Safety (SABS) programme upon their request by PRCS.
Baseline
Data not available
Actual this report period
Output 3.1 <ul style="list-style-type: none"> • HIV and AIDS and safe blood donations support interventions are active in Punjab, Sindh, Balochistan and Gilgit Baltistan (GB) provinces. • Since unsafe blood is one of the major HIV and hepatitis transmission routes; in order to provide information about blood safety and enhancement of voluntary non-remunerated blood donations, the

⁴ This activity is currently covered by MDRPK006 Floods 2010 Integrated Recovery Programme funding, but contributes significantly to the Country Plan activities.

Measurement																							
Outcome/Output/Indicators																							
<p>blood donor centre at PRCS national headquarter is supported by HIV and AIDS programme.</p> <ul style="list-style-type: none"> PRCS blood donor centre is running a school-based blood safety education programme, through the Society for Awareness on Blood Safety (SABS). This is implemented in 200 schools (rural and urban). Some of these schools are located in the farthest corner of rural surroundings of Islamabad and have never been visited or supported by any such programme before. Statistical data is as follows: <table border="1"> <thead> <tr> <th colspan="2">STATISTICAL DATA (January-June 2012)</th> </tr> </thead> <tbody> <tr> <td>No. of visits to School</td> <td>242</td> </tr> <tr> <td>Lectures</td> <td>140</td> </tr> <tr> <td>Participants</td> <td>21,241</td> </tr> </tbody> </table> <ul style="list-style-type: none"> PPRCS in collaboration with Safe Blood Transfusion Services Programme (SBTP) initiated a 15-day campaign in connection with World Blood Donor Day on 14 June 2012 and organized activities including seminars at numerous educational institutes, Walk for Life at Lake View Park etc. PRCS Blood Donor Centre conducts donor recruitment in educational institutions, offices, factories and markets and converting the replacement donors to voluntary donors, and for the new donors to regular donors. The statistics are shown in the table below: <table border="1"> <thead> <tr> <th colspan="2">PRCS VCCTC- STATISTICS (January-June 2012)</th> </tr> </thead> <tbody> <tr> <td>Pre and post test counselling done for HIV</td> <td>766</td> </tr> <tr> <td>Male</td> <td>259 (34%)</td> </tr> <tr> <td>Female</td> <td>507 (66%)</td> </tr> <tr> <td>Tests conducted</td> <td>232</td> </tr> <tr> <td>Male</td> <td>42 (18%)</td> </tr> <tr> <td>Female</td> <td>190 (82%)</td> </tr> </tbody> </table>		STATISTICAL DATA (January-June 2012)		No. of visits to School	242	Lectures	140	Participants	21,241	PRCS VCCTC- STATISTICS (January-June 2012)		Pre and post test counselling done for HIV	766	Male	259 (34%)	Female	507 (66%)	Tests conducted	232	Male	42 (18%)	Female	190 (82%)
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Output 3.2: Donor Recruitment Policy developed and endorsed. (SG 3.4)																							
<i>Targets: by 2015, Operationalize donor recruitment policy.</i>																							
Baseline																							
Data not available																							
Actual this report period																							
Output 3.2																							
Discussions are on going on development of donor recruitment policy.																							
Outcome 4: HIV and AIDS: Strengthened PRCS capacities to deliver and sustain scaled-up HIV programme to reduce the spread of epidemic.																							
Output 4.1: Prevented further HIV infection through social mobilization and community awareness. (SG 3.5)																							
<i>Targets: by 2015, 40 counselling sessions for PLHIV.</i>																							
Baseline																							
Data not available																							
Actual this report period																							

Measurement											
Outcome/Output/Indicators											
<p>Output 4.1</p> <ul style="list-style-type: none"> Awareness sessions/ seminars are being conducted on regular basis for sensitization and reducing stigmatization of HIV positive people. The targeted participants are health professionals, journalists, paramedics, religious leaders, police personnel, teachers and parents of high school children, members of Girl Guide associations, Madrassah students and teachers (religious), PRCS volunteers and staff. To reduce self-stigmatisation sessions were conducted among injecting drug users and people diagnosed as HIV positive. During January to June 2011, participants of information disseminated through awareness sessions were 17,671 in 59 sessions, of which 10,663 were female (60%) and 7,008 male (40%). RC Youth club sessions have been conducted in the established youth clubs at different schools .Two sessions have been conducted in which a total of 106 persons participated (86 male, 20 female). From January-June 2012, 1,523 people were trained through the peer education programme in 52 sessions conducted, of which 630 were male (41%) and 893 (59%) female. 											
<table border="1"> <thead> <tr> <th colspan="2">STATISTICAL DATA FOR THE YEAR (January-June 2012)</th> </tr> </thead> <tbody> <tr> <td>Mobile Blood Camps</td> <td>33</td> </tr> <tr> <td>Units Collected</td> <td>2,655</td> </tr> <tr> <td>Visits to Institutions</td> <td>152</td> </tr> <tr> <td>Participants of Mass Awareness sessions</td> <td>124,000</td> </tr> </tbody> </table>		STATISTICAL DATA FOR THE YEAR (January-June 2012)		Mobile Blood Camps	33	Units Collected	2,655	Visits to Institutions	152	Participants of Mass Awareness sessions	124,000
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<p>Output 4.2 Reduced stigma and discrimination and expanded care and support of PLHIV and their families(SG 3.2)</p> <p><i>Targets: by 2015, Maintain PLHIV social support (in access to treatment, livelihood, school fees etc).</i></p> <p style="text-align: center;">Baseline (end of 2011 status)</p>											
<p>Output 4.2 Eid Packages for People living with HIV and AIDS (PLHIV) -15 PLHIV</p> <p style="text-align: center;">Actual this report period</p>											
<p>Output 4.2 Development of PRCS Work Place Policy (including printing/publishing) is in progress and will be adopted and implemented by the end of 2012. No training has taken place.</p>											
<p><u>Outcome 5: Health Emergencies: Improved capacity of PRCS in dealing with health emergencies.</u></p>											
<p>Output 5.1: Capacity of PRCS to respond to disasters and basic health needs in emergencies is increased. (SG 3.3)</p> <p><i>Targets: by 2015, Four ERU-BHC training.</i></p> <p style="text-align: center;">Baseline (end of 2011 status)</p>											
<p>Output 5.1</p> <ul style="list-style-type: none"> A total of 36 health care providers trained on emergency health. PRCS Health Deputy Director trained in health emergency in large population (HELP) course Four ERU-BHC are in-country. <p style="text-align: center;">Actual this report period</p>											
<p>Output 5.1</p> <ul style="list-style-type: none"> Contingency plan for health in floods done and incorporated into the PRCS overall contingency plan. Resource identification and mapping of ERU- BHCs is in progress. 											

Measurement
Outcome/Output/Indicators
<ul style="list-style-type: none"> Development of SOPs for deployment of medical teams in emergencies is in progress.
<p>Outcome 6 <i>Psychosocial Support Programme (PSP): Strengthened facilitation of resilience within vulnerable communities by provision of psychosocial interventions and establishment of referral system.</i></p>
<p>Output 6.1: Psychosocial support guidelines and policy developed and endorsed at national level. (SG 3.1)</p> <p><i>Targets: by 2015, Be operational for the policy and programme guideline for PSP.</i></p>
<p style="text-align: center;">Baseline</p>
Data not available
<p style="text-align: center;">Actual this report period</p>
<p>Output 6.1 Initial discussions have taken place with the PRCS for development of PSP policy and guidelines. It has been suggested to have a consultant for development of PSP policy. There are delays due to structural and reporting channels redefinitions for PSP programme between health or disaster management within PRCS NHQ level.</p>
<p>Output 6.2: Psychosocial component is integrated in planning, implementation; monitoring and evaluation of all PRCS related programmes. (SG 3.1)</p> <p><i>Targets: by 2015, Four PSP policy development workshops.</i></p>
<p style="text-align: center;">Baseline</p>
Data not available
<p style="text-align: center;">Actual this report period</p>
<p>Output 6.2 Training on basic PSS community-based manual will be conducted in the next quarter for volunteers.</p>
<p><i>Outcome 7 Branch Development: PRCS branch structures strengthened and broadened to support PRCS execute and achieve its mission and vision</i></p>
<p>Output 7.1: The NS' branch structures are reactivated and procedures established to measurably improve service delivery to communities. (SG 3.1, 3.3)</p> <p><i>Targets: by 2015, Develop and implement Branch development plans in 80 targeted districts.</i></p>
<p style="text-align: center;">Baseline</p>
Data not available
<p style="text-align: center;">Actual this report period</p>
<p>Output 7.1</p> <ul style="list-style-type: none"> Branch development (BD) capacity and needs assessment framework developed with NHQ applied in two Provinces (KPK and Sindh). NHQ-level endorsement of provincial-led process. Branch development plans including resource mobilisation drafted in two provinces and at least 11 districts – pending approval of final draft. In process in a further 12 districts (Sindh province). Branch development steering groups established in two provinces, BD officer role created in Sindh.
<p><i>Outcome 8: Well-functioning organisation: PRCS has improved capacity to implement coordinated OD processes that ensure quality service delivery to the vulnerable people based on the tenets of a well functioning national society (WFNS).</i></p>

Measurement
Outcome/Output/Indicators
<p>Output 8.1: <i>PRCS has developed key elements of a consolidated legal framework to deliver services efficiently, including the adoption of a new Constitution. (SG 3.3)</i></p> <p>Targets: <i>by 2015, review PRCS Constitution in 2012.</i></p>
Baseline
Data not available
Actual this report period
<p>Output 8.1 Discussions are in process but this is not likely to be achieved by the end of 2012.</p>
<p>Output 8.2: <i>Sustainable resource mobilisation capacity developed including through strengthened partnerships. (SG 3.3)</i></p> <p>Targets: <i>by 2015, develop and implement resource mobilisation plan in 80 districts.</i></p>
Baseline
Data not available
Actual this report period
<p>Output 8.2</p> <ul style="list-style-type: none"> • At least eight new district-level resource mobilisation activities planned for in KPK and Sindh draft BD Plans, and selected districts have begun to implement these activities • Funding for core operating costs not yet mapped so no clear baseline for comparison. • Resource mobilisation plan forms part of BD plan for two provinces (Sindh, KPK) and at least 11 districts (all districts in KPK). • Support to PRCS BD from Movement partners mapped through the BD coordination meeting in April 2012.
<p>Output 8.3: <i>Regular coordination mechanism(s) with Movement partners is/are established and effectively utilised, supporting strengthening of integrated programming approach in all PRCS programme areas. (SG 3.3)</i></p> <p>Targets: <i>by 2015, Movement coordination meetings held monthly.</i></p>
Baseline
Data not available
Actual this report period
<p>Output 8.3 OD working group not held. These have been removed from PRCS plan.</p>
<p>Output 8.4 <i>Standardised planning, monitoring, evaluation and reporting at all levels ensure transparent and effective programme performance and accountability. (SG 1.3, 3.3)</i></p> <p>Targets: <i>by 2015, 12 PMER workshops.</i></p>
Baseline

Measurement
Outcome/Output/Indicators
<p>Output 8.4</p> <ul style="list-style-type: none"> • Three PMER staff, one in each province (Sindh, Punjab and KPK) were hired in 2011. • First PMER working group meeting held in last quarter of 2011 with PRCS, ICRC and IFRC participation. • Supported DM with workshop for standardisation of emergency reporting template at national level in December 2011.
Actual this report period
<p>Output 8.4⁵</p> <ul style="list-style-type: none"> • PMER training workshops held in Punjab and Larkana in March 2012. • PMER training workshop held in KPK in April 2012. • Supported DM with workshop for emergency reporting templates at provincial level in Punjab and in KPK and Sindh in June. • Drafted ToRs for the 2005 earthquake evaluation. • PMER network review meeting IFRC/ PRCS in June 2012. • PMER pilot in two districts Swat and Shangla in KPK province. • Developed and implemented monthly monitoring tool (MMT) for IFRC since January 2012. • PMER staff at branch level conducting monitoring visits. • Support and inputs provided to development of harmonised ICBDRR programme draft.
<p>Output 8.5: Improved financial management at headquarters and branch levels through a standardised system and operating financial procedures to ensure accurate recording, processing, analyses, verification, reporting of financial data. (SG 3.3)</p> <p><i>Targets: by 2015, 16 SAP trainings.</i></p>
Baseline
Data not available
Actual this report period
<p>Output 8.5 KPK and Sindh draft BD plans include plan of action for strengthening and disseminating existing provincial finance management procedures.</p>
<p>Output 8.6: Integrated programme approach is mainstreamed for more effective service-delivery in all programme areas. (SG 3.3)</p> <p><i>Targets: by 2015, All programmes implemented through integrated programme approach.</i></p>
Baseline
Data not available.
Actual this report period
<p>Output 8.6</p> <ul style="list-style-type: none"> • Integrated model drafted for CP support from 2013. • No health-DM-OD coordination mechanism established, but this task is part of the ICBRR plan 'preparatory phase' (second half 2012).

⁵ This activity is currently covered by MDRPK006 Floods 2010 Integrated Recovery Programme funding, but contributes significantly to the Country Plan activities.

Measurement
Outcome/Output/Indicators
<i>Outcome 9 Leadership and Management development:</i> NS leadership (governance and management) have functional and strengthened structures and capacity for optimal organisational performance and accountability, including widely sharing and operationalisation Strategy 2015.
<i>Output 9.1:</i> Organisational systems, structures and procedures are standardised and implemented at all levels enabling PRCS carry out humanitarian activities effectively and efficiently. (SG 3.3)
<i>Targets:</i> by 2015, Review and implement PRCS organisational systems, structures and procedures.
Baseline
Data not available
Actual this report period
Output 9.1
<ul style="list-style-type: none"> • Branch development steering groups established in two provinces. • BD officer role created in Sindh province. • KPK district secretaries identified seven priority procedure/ guideline documents to be developed, of which work has begun on one (PMER).
<i>Output 9.2:</i> Capacity, motivation, commitment, performance, retention and efficiency of staff are enhanced as a result of strengthening human resource management, to deliver effective and relevant services. (SG 3.3)
<i>Targets:</i> by 2015, <i>Human resource policy in place.</i>
Baseline
Data not available
Actual this report period
Output 9.2
No progress on training needs assessment. However, district-level staff and volunteer training current status and needs information is included in district capacities survey (completed in KPK province, underway in Sindh province).
<i>Outcome 10: Volunteer and Youth development:</i> PRCS develop and sustain a motivated, organized and well-trained youth and volunteer corps, representing all segments of society effectively and efficiently participating in PRCS programmes and operations.
<i>Output 10.1:</i> Sustainable and self-reliant youth committees at national, provincial and district levels carry out humanitarian services contributing to realisation PRCS mission and vision including promotion of volunteerism. (SG 3.4, 3.5)
<i>Targets:</i> by 2015, 140 new Junior Clubs and 131 new Youth Clubs are functional.
Baseline
Data not available.
Actual this report period
Output 10.1
<ul style="list-style-type: none"> • No recruitments yet activated. • 78 youth clubs and 78 junior clubs established (all provinces except Punjab and FATA). • National Youth Camp held in May 2012, with 210 participants. • Provincial youth camps scheduled for the third and fourth quarter of 2012.

Measurement
Outcome/Output/Indicators
Output 10.2: Further integration of youth and volunteer activities in PRCS programmes to enhance its response capacity. (SG 3.4, 3.5)
Targets: by 2015, 1,000 new professional volunteers are trained.
Baseline
Data not available
Actual this report period
Output 10.2 <ul style="list-style-type: none"> One province and NHQ using new online database; 12,000 volunteers registered to date. Two induction sessions covering 237 volunteers completed in Balochistan province; 15 induction sessions across six districts, covering 604 volunteers completed in KPK province. No information for other provinces. Volunteers in Emergencies Annex developed and approved. Annex to be incorporated into reprint of the Youth & Volunteers Policy and Procedures document (English version) in July 2012. The updated document will be translated into four additional local languages in September 2012.
Comments on progress towards outcomes
Outcome progress not measured.

Business Line 4: To heighten Red Cross Red Crescent influence and support for our work

Measurement
Outcome/Output/Indicators
Outcome 1: Improved PRCS/ IFRC Pakistan Delegation's reputation through technical support in developing partnerships and promoting the goals of the Movement.
Output 1.1: Mind-set is created within PRCS/IFRC that it is a responsibility to raise a stronger voice for the vulnerable people when working in the field (SG 4.1).
Targets: by 2015, 30 sensitization sessions on HD at various workshops / trainings.
Baseline
Data not available.
Actual this report period
Output 1.1 <ul style="list-style-type: none"> Six sensitization sessions and two regional/provincial workshops for PRCS and the media were carried out. A written case study on the landless issues in Pakistan was published, and was shared at the South Asian Regional workshop on HD and at the global level HD team meeting in Geneva.⁶
Output 1.2: Humanitarian diplomacy as an evidence-based approach is adopted by advocating on IFRC's International Disaster Response Law (IDRL) and leads to the introduction of national legislation in Pakistan and on other humanitarian diplomacy initiatives such as on shelter, migration and gender. (SG 4.2)

⁶ This activity is currently covered by MDRPK006 Floods 2010 Integrated Recovery Programme funding, but contributes significantly to the Country Plan activities.

Measurement
Outcome/Output/Indicators
Targets: by 2015, Five dissemination or awareness raising workshops on IDRL.
Baseline
Data not available.
Actual this report period
Output 1.2 <ul style="list-style-type: none"> The IDRL legal survey was completed and the final report is being developed after feedback from relevant parties. The workshops will be conducted only after sharing the report with NDMA and upon finalization of the second phase of the IDRL project. Produced a HD documentary on the issue of landless people in Pakistan which is now taken as a good example of HD in action in the field. It is uploaded on the IFRC You-Tube page.⁷
Output 1.3: The position of PRCS/IFRC humanitarian diplomacy is strengthened through relationships with external partners, such as key governments and civil society organisations. (SG 4.3)
Targets: by 2015, 20 sensitization sessions on Red Cross and Red Crescent Movement/IFRC for diplomatic missions.
Baseline
Data not available.
Actual this report period
Output 1.3 <ul style="list-style-type: none"> Two visits to diplomatic missions were carried out and informal meetings with seven ambassadors took place during this period. Initial work on contextualizing the parliamentarian's hand book is completed and awaits Geneva/PRCS approval. Prepared Project Agreement and Cooperation Agreement with PRCS, waiting for PRCS final response.
Comments on progress towards outcomes
Outcome progress not measured.

Business Line 5: To deepen our tradition of togetherness through joint working and accountability

Measurement
Outcome/Output/Indicators
Outcome 1: The coordination role of the IFRC Secretariat in Pakistan is strengthened through engagement, quality service support and humanitarian diplomacy initiatives.
Output 1.1: The coordination role of the IFRC is adapted to meet the changing humanitarian needs.(SG 5.1)
Targets: by 2015, Maintain Senior Management Group meeting (Level 1 meeting) regularly and required basis.

⁷ This activity is currently covered by MDRPK006 Floods 2010 Integrated Recovery Programme funding, but contributes significantly to the Country Plan activities.

Measurement
Outcome/Output/Indicators
Baseline
Data not available.
Actual this report period
Output 1.1 After a period of seven months without tripartite meetings, two tripartite meetings were held between PRCS, IFRC and ICRC.
Output 1.2: Harmonised planning surrounding the PRCS' Strategy 2015 imbedded as a standard approach across all RCRC partners working in Pakistan. (SG 5.3)
Targets: by 2015, Joint planning meeting with PRCS, PNS, ICRC and IFRC annually.
Baseline
Data not available.
Actual this report period
Output 1.2 <ul style="list-style-type: none"> • After a long layoff the Movement coordination meeting will be reconvened in July 2012. • Monthly updating of movement activities are being done regularly. • Strategic Review and Planning 'Think-tank' meeting is planned for September 2012.
Comments on progress towards outcomes
Outcome progress not measured.

Stakeholder participation and feedback

The branch development (BD) planning process was based on the PRCS Strategic Plan 2015 objectives, as well as the draft two-year Plan of Action circulated in late 2010. Development of framework documents was done with the involvement of NHQ OD staff, provincial secretaries, and later in consultation with district secretaries and BD steering groups (once formed). The Plan of Action format used in Sindh province was based on this original draft framework document, while a revised format was developed in KPK province by the steering group and district secretaries, employing a format already in use in several districts. Movement partners were consulted on the initial draft 'BD assessment and planning framework' during its development in May-July 2011, and this draft was the basis for KPK province and then Sindh province processes initiated by the respective provincial secretaries. No formal NHQ or partner endorsement of the framework has taken place to date, although draft outputs of the initial provincial BD workshops were circulated to partners for information. The format for the district survey now being completed in KPK and Sindh provinces was



PRCS Swat district branch under construction, KPK province.

Photo: PRCS.

consulted with relevant technical departments (logistics, DM, health, beneficiary communications, and PMER) and circulated to movement partners for inputs. Two partners have provided feedback so far.

Two branch development coordination meetings have been held since late 2011, and a matrix mapping partner support has been developed. While input to the matrix has been of varying quality, the two coordination meetings served as a forum for expression of needs for nationally-led approach, the April meeting resulted in a checklist of requests from Movement partners to PRCS national leadership in terms of an endorsed approach on branch development. To date, this has not been communicated, due to more urgent issues taking precedence.

Lessons learned and looking ahead

For reasons articulated in the above report, targets for 2012 will have to be adjusted to reflect limited progress in some areas during the first part of the year. The impact of the 2010 mega floods and again the 2011 floods in Sindh province on the implementation of development activities within the LTPF have been significant and operational plans are being adjusted accordingly. Additionally management and structural issues faced by the PRCS in the first six months of 2012 have impacted programmes with slower implementation rates than desired.

Financial situation

[Click here to go directly to the financial report.](#)

How we work

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

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

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

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

Find out more on www.ifrc.org

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