

EMERGENCY APPEAL



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

PAKISTAN: EARTHQUAKE REVISED EMERGENCY & RECOVERY APPEAL 2005 – 2008

Revised
Emergency & Recovery
Appeal no. 05EA022
28 March 2006

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.

In Brief

THIS REVISED EMERGENCY AND RECOVERY APPEAL IS FOR CHF 227 MILLION (USD 172 MILLION OR EUR 145 MILLION) TO ASSIST OVER 1,085,000 BENEFICIARIES FROM NOW UNTIL THE END OF 2008. THE ANNUAL APPEALS FOR 2006-2007 FOR PAKISTAN ARE CLOSED AND CAPACITY-BUILDING PROGRAMMES ARE INCORPORATED IN THIS REVISED EMERGENCY AND RECOVERY APPEAL. EXPENSES FROM OCTOBER 2005 UNTIL END OF FEBRUARY 2006 AMOUNT TO ALMOST CHF 89 MILLION (USD 67 MILLION OR EUR 57 MILLION), WHILE CASH AND IN KIND DONATIONS TO DATE TOTAL NEARLY CHF 127 MILLION (USD 96 MILLION OR EUR 81 MILLION). A FURTHER CHF 100 MILLION (USD 76 MILLION OR EUR 64 MILLION) IS NEEDED TO IMPLEMENT THIS APPEAL.

[\(click here to go directly to the revised appeal budget\)](#)

Appeal history:

- Preliminary 'South Asia: Earthquake' emergency appeal launched on 9 October 2005 for CHF 10,793,000 for four months to assist 30,000 families (some 120,000 beneficiaries).
- Operations update No. 3 published on 12 October 2005 marked the increase of the preliminary appeal budget to CHF 73,262,000 to assist up to 150,000 families (some 750,000 beneficiaries) for six months.
- Operations update no. 5 published 17 October 2005 revised down the number of targeted families to 70,000 (some 500,000 beneficiaries) based on newly-assessed delivery capacity and the calculation of average family size of seven.
- A revised emergency appeal was launched on 25 October 2005 for CHF 152 million to assist 81,000 families (some 570,000 beneficiaries) for six months.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 200,000.



More than four months after the earthquake, rehabilitation efforts are underway as the most vulnerable, especially women and children, begin the road to recovery.

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

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Background

An earthquake with a magnitude of 7.6 on the Richter scale, centred 95 km northeast of Pakistan's capital, Islamabad, struck at 08:50 local time (03:50 GMT) on 8 October 2005, with tremors felt across the region from Kabul to Delhi. The quake decimated large areas northern Pakistan and northern India. According to Pakistan's Federal Relief Commission, over 73,000 people lost their lives and 128,000 were injured in Pakistan. More than 3.5 million people were made homeless. The disaster is one of the deadliest and most destructive on record in South Asia.

The Situation

Emergency response units, including basic health care units, were part of the relief operations in Pakistan. Now that winter is ended, the focus is shifting to recovery.

While the relief operation is ongoing in all quake-affected areas and continues to some ongoing support to relief needs, it is imperative at the same time to address the recovery, rehabilitation and reconstruction needs for the coming three years and beyond. This is particularly important at the current time, when the affected population is on the move again, either spontaneously with the improving weather conditions or in response to steps to close camps. As it is still unclear what will be the timing and extent of this population movement, it is important to maintain a level of flexibility in the planning for the coming months.

With over 51 percent of houses devastated in the North West Frontier Province (NWFP) and Pakistan-administered Kashmir (see [Table 1](#) in annex 1 for details), concerted efforts are needed to support these

people to reconstruct their houses and resume livelihood activities. In some cases, longer absence from pre-earthquake residences may lead to loss of or disputes over land and property entitlements. The earthquake has also severely damaged public infrastructure, including health and educational facilities. As these facilities were often limited prior to the earthquake, this is an important element for future support.

With about a 28 percent loss of health staff and less than 40 percent of the health facilities currently functional (see [Table 4](#)), health service coverage is only about 30 percent in the affected areas. Iodine deficiency and respiratory tract infections are particularly common among children and pregnant women. Ongoing assessments indicate that over 200,000 vulnerable people are in need of the Red Cross and Red Crescent's assistance, especially in primary and basic health care at community level. The Red Cross and Red Crescent needs to bridge a considerable gap for an extended period of time until health structures are restored - a process which may take some years.

The earthquake has further weakened already insufficient water and sanitation facilities. Young children are particularly susceptible to water-related health problems. Improving household-level water collection and

storage, solid waste management, latrines and hygiene awareness is a priority for the PRCS and the Federation, to reduce the risk of epidemics.

Many educational buildings (53 percent in Pakistan administered Kashmir and 24 percent in NWFP; see [Table 2](#)) have been destroyed, rendered dangerous to use or have lost necessary furniture, equipment etc. It is estimated more than 800 teachers and 18,000 students died in the disaster. Most schools in affected areas have been closed for the five months following the disaster. Schools in relief camps supported by UN agencies and various NGOs have tried accommodating students whose schools were destroyed or damaged. A 'welcome-to-school' campaign commenced in March 2006. As of 10 March 2006, 153,060 of the 448,138 primary school age children in the affected area had been enrolled in 1,091 schools in the region with support from UN agencies and NGOs.¹

Many of the affected districts in NWFP did not have sufficient food even before the disaster. Key assessment reports show that in normal periods, agriculture barely met 50 percent of household staple food needs. The earthquake also damaged production infrastructure such as agricultural fields, over 50 percent of existing irrigation canals, and caused the loss of seeds, livestock (25 to 30 percent) and household belongings. Displacement from residences has further depleted these assets. For example, some families sold their animals and tools to survive the winter, while elsewhere, farmland has been neglected or left unattended. Overall, livelihood sources have drastically changed since before the earthquake.

The Government of Pakistan, UN, Red Cross Red Crescent and other humanitarian actors, have been working closely on plans for the transition from relief towards recovery and reconstruction in earthquake-affected areas. Following the guidance note from the UN in February 2006, an action plan is being prepared to cover continuing relief, return and early recovery over the next 12 months. Early recovery will include transitional shelter, employment, institutional and legislative capacity development (especially land and property management), psychosocial support, risk mitigation and preparedness, environmental rehabilitation, protection of vulnerable groups such as children, women, tenants and the landless, and the return of evacuees. It also includes the provision of health and education services before permanent structures are rebuilt.²

A Red Cross Red Crescent partnership meeting in January 2006 resulted in a collective intent to fill unmet and emerging needs in Pakistan. This joint PRCS and Federation revised appeal is based on the commitment coming out of that meeting, as well as the experience from the emergency phase and input from various Red Cross Red Crescent and other assessments, plus ongoing discussions with communities, PRCS staff and volunteers, the ICRC and partner societies. It is in line with PRCS's strategic thinking for the coming years and has been drawn together by the Federation recovery team. The focus is on shelter and reconstruction, livelihoods, health including water and sanitation and psycho-social support, and capacity building of the PRCS, with focus on earthquake and non-earthquake affected areas.



Building PRCS capacity for efficient and timely response to disaster will ensure that the vulnerable receive desperately needed assistance for the future.

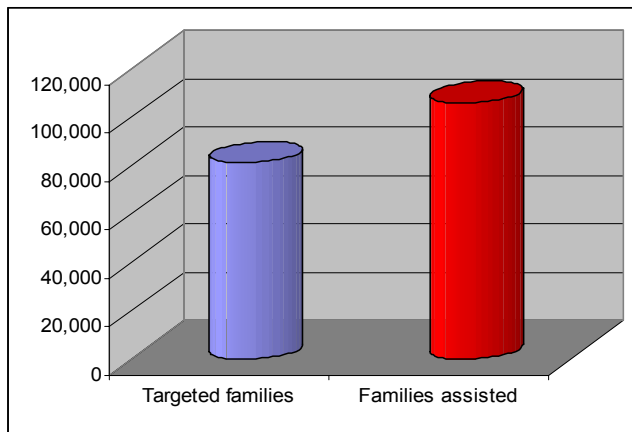
Red Cross Red Crescent response so far

The operation is approaching the six month mark and has to date focused on emergency response. From the immediate dispatch of three PRCS assessment teams just hours after the earthquake struck, the operation massively scaled up in the weeks and months that followed.

¹ OCHA Situation Report No. 39 South Asia – Earthquake Pakistan, 10 March 2006.

² Note for discussions, UN Country Team, Islamabad, 23 February 2006.

The immediate focus was on the provision of emergency relief items and health/first aid assistance to the survivors. The fast action of the Pakistan Red Crescent staff and volunteers and community members was crucial. This was supplemented by immediate regional and international support from the Federation country delegation, the South Asia regional delegation and the Geneva Secretariat. Various support teams were quickly dispatched including a field assessment and coordination team (FACT), and emergency response units (ERUs) in water and sanitation, health, logistics and IT. A total of 12 emergency response unit teams were mobilised, with six operating in the PRCS/Federation operational area of NWFP and the other six in the PRCS/International Committee of Red Cross (ICRC) area of Pakistan-administered Kashmir. The operation also involved the largest ever deployment of regional disaster response teams (RDRTs) in the history of the Movement. Over 70 RDRT members were mobilized in four rotations involving nine national societies from South Asia, South East Asia, Central Asia and Central & Eastern Europe.



The operation has exceeded its target number of beneficiaries during the relief phase by almost 30%

As of 13 March, a total of 105,801 families (approximately 740,000 people) had received support through non-food distributions of the PRCS/Federation. This number exceeds the original appeal target of 81,000 families by almost 30 percent. The distributions included items such as winterized tents, corrugated galvanized iron (CGI) sheets, shelter repair kits, blankets, sleeping bags, quilts, tarpaulins, hygiene supplies, kitchen sets, lamps, buckets, shawls, and jerry cans. This assistance proved extremely valuable to families without homes, living in harsh winter conditions.

Despite significant logistical challenges, the combined efforts response of the PRCS, Federation, and partner Red Cross/Red Crescent societies, have managed to reach widespread, remote communities with significant amounts of assistance. The sheer volume of items was immense with over 2,000 truckloads and almost 200 planeloads of items received and transported. The breakdown of the distribution of emergency relief items is outlined below:

	Shumlai	Battal/Chattar/ Hillkot	Allai	Garhi Habibullah	Balakot	Batagram/ Battal	Sirian Valley	Kohistan	Total
Families assisted	2000	12,626	7,227	16,964	24,059	14,086	13,984	14,855	105,801
Tents	0	710	581	13,566	9,559	9,488	11,567	12,233	57,704
Blankets	0	8,725	36,715	89,666	78,628	74,352	68,892	74,750	431,728
Tarpaulins	0	20,722	13,110	18,438	17,392	13,648	12,621	24,596	120,527
CGI sheets	0	12,480	0	20,120	32,550	18,352	21,981	14,750	120,233
Shelter repair kits	0	1,248	0	2,012	3,255	1,824	2,189	1,463	11,991
Sleeping bags	0	24	306	3,309	5,624	5,664	4,524	277	19,728
Quilts	0	40,350	16,963	43,792	38,711	40,824	74,195	40,891	295,726
Jerry cans	0	9,698	6,278	5,367	8,360	1,662	4,475	19,734	55,574
Kitchen sets	2,000	9,777	6,094	6,251	5,336	3,552	7,152	12,053	52,215
Hygiene kits	0	10,588	5,709	6,643	9,511	6,072	12,000	13,582	64,105
Stoves	0	433	3,043	4,742	5,985	4,415	9,948	10,013	38,579
Sheets	14,080	4,795	0	21,021	24,965	21,689	66,611	6,679	159,840
Lamps	0	9,573	0	2,657	7,819	193	4,383	8,134	32,759
Shawls	0	2,512	4,860	6,806	14,597	11,867	29,612	6,730	76,984

The Federation water and sanitation teams were quickly in place and by late October were supplying potable water daily for over 30,000 people and are still operating at that capacity for beneficiaries in Balakot, Batagram and Meira Camp.

Location	No. beneficiaries access to purified water	litres purified daily	No. of latrines	No. of bathing facilities	No. hygiene kits distributed
Balakot	15,000	210,000	264	29	7,369
Batagram	10,000	45,000	341	63	3384
Meira Camp	5,000	8,000	5		-
TOTAL	30,000	263,000	610	102	10,753

In addition, almost 235,000 people have been treated by the Federation, partner national societies and PRCS health units since the start of the operation. This includes beneficiaries served by mobile teams, emergency response units, medical teams, field hospitals and other projects. A summary of health activities since the start of the operation is as follows:

Health facility	Location	Beneficiaries
PRCS mobile health units	Pakistan administered Kashmir (various locations)	53,460
PRCS mobile health units	NWFP (including Balakot, Garhi Habibullah)	7,187
PRCS/Korean Red Cross mobile health unit	NWFP (including Mansehra base camp, Besham)	4,382
PRCS/Federation temporary facility (formerly Federation Spanish Red Cross ERU)	Balakot	7,182
French Red Cross ERU	Banna Alai, Batagram, Bateela, Pachto, Rashang	15,166
RDRT/Malaysia Red Crescent team	Mansehra base camp and Mang/mountains	1,182
Federation multinational field hospital	Abbottabad	14,623
Italian Red Cross field hospital	Mansehra	686
Qatar Red Crescent field hospital	Bagh (Dholi)	22,474
Saudi Red Crescent field hospital	Mansehra	58,224
Turkish Red Crescent field hospital	Muzaffarabad	50,028
TOTAL		234,594

A crucial component of the Red Cross Red Crescent health response has been psycho-social support. The shock and trauma experienced by communities was severe. Helping people overcome the psychological impact of the loss of family and friends and of all their worldly possessions is often as important as the provision of tangible relief items. The psycho-social programme, run by the Danish Red Cross on behalf of the Federation and supported by ECHO, has recruited 18 staff and mobilized more than 100 volunteers among the communities. These staff and volunteers have been trained in psycho-social activities and community mobilization methods and, with help from trained social workers and other team members, have assisted about 10,000 people since the operation began.

While relief activities, such as the distribution of shelter repair materials, are winding down, provision will be made to continue to monitor the beneficiary communities and provide some targeted relief assistance if needed. The team is continuing to assess a small number of as yet unsupported communities in very remote areas and to provide support, particularly shelter materials if required. In addition, due to the awareness of possible future emergencies relating to landslides, flooding or other emergencies, PRCS and the Federation will provide for contingency planning and supplies to assistance, particularly emergency or durable shelter for up to 30,000 families as and when needed (durable shelter for 10,000 families and emergency shelter for a further 20,000 families).

PRCS and the Federation also have in place a recovery team consisting of recovery, livelihoods, shelter, and gender professionals, who have been working on the recovery planning since January 2005. This team has built on the findings of four earlier assessments looking at various aspects of recovery (cash support, livelihoods, shelter and community development/gender). The team has also been working closely with the PRCS's network of field staff and volunteers, with other technical delegates and with other key stakeholders to finalise this revised appeal. Building the management and operational capacity of PRCS staff and volunteers at all levels is an integral part of this plan. A multi-disciplinary assessment is planned to

commence in late March, in collaboration with partner national societies, to produce a detailed, integrated implementation plan that will improve complementarity between the different programmes, and incorporate the capacities and expertise of partner societies. It is planned this will be completed by the end of April

Coordination

Red Cross and Red Crescent Movement

Good Red Cross and Red Crescent Movement coordination during the emergency phase will continue to ensure the best possible use of recovery resources. The ICRC and the Federation will progressively build the national society's capacity to manage these resources efficiently and effectively. PRCS, with the support of the Federation, is already taking the lead role in the implementation of the earthquake operation in various areas. The Federation delegation will continue to assist with coordination, technical support, monitoring and capacity building.

The Federation and the ICRC delegations have been jointly coordinating the Movement's international response. Subsequent to the joint statement between the Federation and the ICRC, all parties continue to operate within their mandates, taking into account respective capacities. All PRCS/Federation activities in Pakistan-administered Kashmir will be in full coordination with the ICRC on the ground. Owing to political considerations in some of the earthquake-affected areas, PRCS will liaise with the Pakistan military to facilitate the recovery operation in Pakistan-administered Kashmir.

Red Cross Red Crescent Movement coordination has been set up as the two international institutions combine to work closely together in support of the PRCS and its partners. With the UN focusing its operation in Muzaffarabad and Mansehra and with significant Movement presence in these areas, a Federation liaison delegate has been made available for cooperation and coordination purposes. At present, Movement coordination is achieved through regular meetings among senior representatives of the PRCS, the ICRC, bilateral partner national societies and the Federation delegation.

There has also been major ongoing support for this operation from more than 44 partner national societies through the Federation appeal (a full list of these national societies is available in the attached contributions list). The majority of bilateral partner national societies present in the country are coordinated by the PRCS and the Federation (for details of current or planned bilateral national society activity, see [Table 6](#)). The Federation delegation is strengthening its cooperation in Pakistan by establishing agreements with partner national societies operating under the Federation umbrella. These will outline the services to be provided and help to ensure coherence and coordination between the different partners.

A general memorandum of understanding (MoU) on the overall recovery and reconstruction process, specifying the roles and responsibilities of each partner, will be signed between the PRCS and the Federation Secretariat. In addition, specific agreements relating to the reconstruction of schools and health facilities will be signed between the PRCS, its partners and the relevant government authorities in a tripartite agreement. This will be in alignment with the general MoU.

External partners

PRCS and the Federation have been taking part in a coordination network for earthquake response in country and will continue to participate in the relevant networks throughout the recovery phase. This coordination helps to avoid duplication or gaps, and at the same time shares findings and concerns relating to the planning, development and implementation of recovery activities.

The Federation delegation plays an active role in coordination between the Government of Pakistan, UN agencies, international organisations, diplomatic missions, other organisations such as the World and Asian Development Banks and the PRCS in earthquake-affected areas. This includes participation in various sector and cluster meetings organized by the relevant cluster leads (and included the secondment of "expert" staff to set up the emergency shelter cluster and coordinate its information management). It also includes regular contact with the Government's Earthquake Rehabilitation and Reconstruction Authority (ERRA), which is leading the recovery and reconstruction process.

The Movement partners also contribute to a central database system pertaining to earthquake relief activities maintained by the Government's Federal Relief Commission. This system will continue into the recovery and reconstruction phase. The PRCS and the Federation also consider the private sector as a major key player, both as a contributor to the emergency appeal to date (see the attached contributions list), but also as an important contributor to the recovery and reconstruction work.

The PRCS and Federation field offices are also part of the local network with provincial and district level government. These field offices regularly participate in coordination meetings in close contact with international NGOs, local NGOs, local community-based organizations and groups, and other stakeholders.

The PRCS and the Federation fully recognize the need for formal links with federal, provincial and district governments in areas such as the reconstruction of health facilities and educational buildings. For this purpose, a memorandum of understanding is to be signed before reconstruction of such facilities can begin.

The needs

Ongoing Relief

The earthquake affected population in Pakistan is still living in difficult circumstances and despite steps to rebuild lives and livelihoods, ongoing relief needs are still in evidence. Communities are still facing a number of challenges from the climate and the environment. This includes concerns over the instability of the landscape – there have been a number of tremors in recent weeks and there is a massive potential for landslides - and concerns over the spring and later monsoon rains, which may cause serious flooding. In addition, the current government commitment to close the majority of the tent camps as soon as possible and to ensure the return of people and their goods to their home area, will need to be watched closely to see if additional needs arise. To this end, PRCS and the Federation are continuing to monitor remote, vulnerable communities to evaluate changing needs and provide ad hoc relief for those remaining or returning if required. They are also looking to ensure a contingency stock of relief supplies, particularly shelter materials and kitchen sets to be able to respond to small or medium scale emergencies if they arise.



Reconstruction and rehabilitation of public institutions is vital to facilitate speedy recovery.

During the recovery phase, the delegation will continue to respond to outstanding humanitarian needs for the year ahead until the end of next winter and, depending on needs, possibly well into 2007. For the remainder of 2006 and into 2007, the delegation will maintain some emergency response capacity, both in terms of human resources and materials. A small disaster management team comprising relief, disaster preparedness and logistics delegates and number of national staff will be maintained. The disaster management unit will also work closely with the PRCS to strengthen the capacity of its staff and volunteers to implement the necessary disaster management interventions and to support ongoing relief needs as required. This should enable the PRCS, supported in the initial phase by the Federation, to build the capacity to respond to future emergencies.

Shelter

Since the beginning of the operation, the PRCS and the Federation has reached more than 105,000 families with emergency shelter assistance, including winterized tents, corrugated iron sheeting, shelter repair kits, tarpaulins and other goods.

Shelter remains at the forefront of the operation for a variety of reasons. On one hand, current shelter for many beneficiaries is in poor condition after the winter months and may need reinforcement or replacement in the near future. Also, as mentioned above, there will be a number of climatic challenges, with spring rains in March/April, the monsoon season from July and the arrival of winter in October. It is possible that

the next winter may come earlier and be harsher than the relatively mild one just experienced. A tough winter on already vulnerable and impoverished families may result in further cold-related deaths. Government and other surveys also stress the increased risk of landslides in weakened slopes, which will provide a major challenge to both returning or remaining communities, potentially threatening lives, homes and livelihoods.

To prepare for re-housing the majority of the population, the Government of Pakistan is to provide a cash grant of PKR 175,000 (approx. CHF 3,840) to those that have lost their homes. This will be provided in three instalments. These grants will be based on progress payment system, based on certain conditions being met. The expectation is that families will use this support to rebuild homes, in what is termed an 'owner-driven solution'.

While the system should work for the majority, it may unintentionally discriminate against landless tenants, widows/widowers, weaker families, the elderly or infirm, who are physically or culturally unable to rebuild for themselves. While the government has requested agencies such as the PRCS and the Federation not to play a direct role in the housing programme to ensure effective coordination, the Red Cross Red Crescent will look to support this approach by preparing for the needs of families who might not achieve the 'owner-driven' solution without assistance. The PRCS, with Federation financial and technical support must be ready to help weaker families to build weather-resistant shelters before next winter, if possible prior to the onset of the monsoon rains in July.

Monitoring of the returning families this spring and summer should give a clearer picture of the number of vulnerable families needing extra assistance. The level of unpredictability regarding the pattern and volume of returns will mean that there is a need for a good deal of flexibility in terms of the level and targeting of the shelter response. Further challenges will also come to light as some returning families will be unable to rebuild on areas affected by landslides or where there are disputes over landownership.

Community productive infrastructure repairs and rehabilitation

Community productive infrastructure (infrastructure related to rural production and livelihood systems) is often given a low priority after disasters, resulting in unnecessary delays to livelihood recovery. For an effective recovery of livelihoods in affected villages, essential community infrastructure, as well as transportation and agricultural equipment damaged in the quake, need to be repaired or replaced. In a number of instances, communities will have to remain dependent on food distributions as long as agricultural terracing and irrigation canals are not repaired. The PRCS, with Federation support, will take a strong lead in supporting the affected population to rehabilitate essential community infrastructure in target areas.

Reconstruction of selected education and health facilities

As previously highlighted, a large number of education and health facilities in the earthquake-affected areas have been destroyed. Currently, education and health care are provided from makeshift facilities, which will not be suitable during the monsoon rains. The government authorities alone will not be able to reconstruct and rehabilitate the large number of education and health facilities required. Therefore, while the Government of Pakistan focuses on housing, it is inviting others to reconstruct health and educational facilities.

Even prior to the earthquake, health coverage in Pakistan was limited. The situation has now been further exacerbated by the earthquake with 94 percent of facilities in Pakistan-administered Kashmir damaged or destroyed and 46 percent in NWFP damaged or destroyed. In Pakistan-administered Kashmir, 2,153 primary schools (54 percent of the total educational infrastructure) were damaged or destroyed, while 2,734 primary schools (26 percent) were damaged or destroyed in NWFP. An estimated 800 teachers and 18,000 students were killed in the affected areas. Owing to the high losses and damage, there is likely to be a slump in literacy levels for some years. This will impact on present and future generations' ability to find employment and be self sufficient.

With all this in mind, the PRCS, having made assessments in consultation with communities and government authorities, have planned reconstruction of a limited number of public facilities. The PRCS, with Federation support, will contribute to government recovery efforts through the reconstruction of 19 schools/colleges and 13 health facilities in NWFP and Pakistan-administered Kashmir. The need for

reconstruction and rehabilitation was highlighted and discussed in the January 2006 partnership meeting (please see [Table 5](#) for a list of planned facilities and their estimated costs according to the ERRA). PRCS have already raised approximately CHF 13 million towards these reconstruction projects and the Federation will provide technical and risk management advice, plus a level of contingency support.

The projects have been selected with particular reference to under-served areas covered by Red Cross Red Crescent operations and will provide the infrastructure to support vulnerable groups, such as women and children. This reconstruction focus from part of the Government's overall strategy to support the recovery and rehabilitation of the health and education sectors in the affected areas and, as such, will provide a base for further services and support. It is also anticipated that these activities will have a positive spin-off for PRCS in helping to build capacity, raise profile and credibility and attract volunteers for wider PRCS programmes. It is foreseen that, integral to the reconstructed health facilities, will be activities on hygiene education, prevention of communicable diseases, raised awareness on HIV/AIDS, reproductive health, mother and child health and first aid training.

The original intention of the PRCS was to have ERRA design plans, however, although the reconstruction of public facilities remains part of the World Bank/Government plan, the UN estimates that it may take some years to address all these reconstruction needs. To address these within a shorter timeframe, the PRCS plans to source professional firms to undertake designs based on the ERRA plans to progress more rapidly to the implementation stage, however, this will still take some time to complete.

Also part of the plan is to construct 18 community centres to be run and managed by village committees. Land would be provided by individual union councils and not paid for by the project and the centres would be built with full participation and ownership of the community. Once completed, users would pay fees for attending training courses in the centre that would be aimed at developing their skills and income generation potential or at building community awareness around health or disaster management issues. These fees would contribute to the maintenance of the centres, however, operating costs would need to be subsidized initially by the project. This will be trialled in a community that has strong needs and accepts the rights of women to use the facility. The terms of the agreement and purpose of usage will be discussed and agreed with the community first.

Livelihood

Communities in northern Pakistan have always faced the challenges of poverty, scarcity of resources and services and a harsh environment. Most of these areas are remote and mountainous. Winters can be severe with heavy snowfalls, rain and landslides. Transport and communication systems are often disrupted.

Communities in these areas struggle for access to basic facilities and infrastructure in health, education and other services. The sudden loss of livelihood and assets related to agricultural production as a result of the earthquake has left families in an extremely vulnerable state and many are unable to meet their immediate survival needs. Particularly hard hit groups include women, widows/widowers, orphans, landless tenants and those living in the most remote and impoverished conditions. It is therefore very important to introduce livelihood interventions to set the foundations for sustainable economic self-sufficiency in the longer run. Villages in Allai, around Chatter Plain and in Batagram, have been selected for initial livelihood interventions, alongside support from other sectors such as health, hygiene promotion and risk reduction.



When conducting recovery or livelihood assessments, PRCS and the Federation encourage participation from every level of the community.

All livelihood activities in Pakistan-administered Kashmir will be planned and executed in close collaboration and cooperation with the ICRC (which has indicated an interest in agriculture and livestock assistance). Two livelihood coordination and information sharing meetings have been held with the ICRC.

The primary focus will be the establishment of multi-purpose community centres in 12 selected union councils in NWFP and six in Pakistan-administered Kashmir (see the section above on reconstruction of public infrastructure). These centres would be used to provide livelihood skills training. The training will cover such topics as tailoring, handicrafts, carpentry, plumbing, masonry, animal husbandry, forestry, and agriculture. These centres will function as the main hubs to integrate other recovery and community-based health, psycho-social support and disaster preparedness activities. Villages with a high demand for skills training and available communal land at no cost will be the priority targets. There will also be a focus on the poorest and on specific vulnerable groups. An important aim of this livelihoods support, will also be to reduce gender disparities and increase women's empowerment. A system of regular updating of community needs assessments and progress reports will be carried out to shape future development strategies.

Gender

Women in Pakistan do not all enjoy the same economic and social conditions across the country. This often depends on their social class. In the affected areas, apart from their traditional responsibilities, women have limited access to and control of resources, often playing a more passive role in community development. The revised appeal will include support to communities to address social imbalances (where they exist) in targeted communities and encourage women's participation.

The earthquake has had a disproportionately greater impact on women and children, in terms of death toll, injuries, homelessness and psychological and emotional shock. A total of 800,000 women (aged 15-to-49) have been affected in earthquake areas³. The extensive financial, infrastructural, agricultural and productivity losses as well as loss of loved ones have seriously set back the overall condition (physically and mentally) of women. The role and responsibilities of women and men have also been shifted.

Gender issues have already been incorporated and mainstreamed in all the sectoral components under the recovery programme. Workshops, exposure visits and training programmes will be conducted for communities. PRCS and Federation staff will be trained on gender theory and practice. Support will be given to households headed by women, widowers and orphans and those households who have lost wives and mothers. These targeted households require technical, physical, and financial assistance, in addition to the capacity building programmes on gender sensitization and awareness-raising, and community participation aspects.

Health and Care

Basic health care: Pakistan is ranked 135th in the 2005 UNDP Human Development Report and 32 percent of the population lives below the national poverty line. The infant mortality rate of 81 per 1,000 live births is the highest in South Asia apart from Afghanistan. The maternal mortality rate of 500 per 100,000 live births is in the bottom quartile for all countries. Only 23 percent of births are attended by skilled health personnel. Measles immunization coverage (2003) was only 63 percent nationwide. Literacy levels are low (35 percent for women, 62 percent for men), which hinder health information campaigns.⁴

During the initial five months of the earthquake emergency operation, more than 234,594 people have received treatment or services from Red Cross Red Crescent health facilities. Health interventions have been provided by PRCS mobile health units, Federation emergency response units, and field hospitals/primary health facilities run by various partner national societies. There is also a psycho-social support (PSP) component run by the Danish Red Cross through the Federation delegation.

The most common complaints treated during the emergency response were wounds and fractures, upper respiratory infections, diarrhoea, and skin infections. There was also a significant increase in psychosomatic conditions. In addition, iron deficiency anaemia is a serious problem among children and pregnant women. As it is generally held that at least half of anaemia cases worldwide are due to nutritional iron deficiency, anaemia prevalence can generally be taken as an indicator of the extent and trends of iron deficiency⁵. The population in the quake-affected areas have high levels of iodine deficiency disorders (prevalence of goitre

³ UN Early Recovery Framework

⁴ All statistics in his paragraph from UNDP Human Development report 2005.

⁵ J. Pak med. Associ. 1997 Feb. 47(2) 49-53.

in males is 20 percent and in women 28 percent) due to an overall deficiency of iodine in the water. Despite the current iodized oil campaign by the Pakistan Government with UNICEF, a long-term iodization programme is still urgently needed⁶.

With the winding down of the immediate emergency, some organisations are leaving while others are handing over health facilities to the authorities. Many people are expected to return from temporary camps to their communities for the planting season at the end of March. Given the widespread loss of health professionals and infrastructure, temporary health structures or mobile health clinics/services will remain operational in many areas and will need to be expanded to support longer-term primary health care needs, such as routine immunization, maternal and child health, health promotion, family planning, psycho-social support, plus basic curative care and referral. WHO, UNICEF, and the Ministry of Health are coordinating NGOs to avoid duplication.

PRCS has identified the following health priorities as the focus for its capacity:- basic health care (including community-based first aid); prevention of HIV/AIDS and hepatitis B and C; water and sanitation; and capacity building. Through these it hopes to contribute significantly to addressing prevalent health problems among underserved rural communities, particularly women and children.

PRCS and Federation health teams will regularly assess and monitor the effectiveness, appropriateness and relevance of their health interventions, especially among children, women and the elderly. The primary health care interventions will scale up in the earthquake affected areas through the support of trained volunteers (women health workers, traditional birth attendants and teachers) to form a basis of locally available and trained resources to prepare for future emergencies.

HIV/AIDS and Hepatitis B and C: While HIV/AIDS prevalence is estimated by the Pakistan Ministry of Health (MOH) to be less than 0.1 percent, there are localised epidemics amongst high-risk groups. According to the Ministry there are epidemics amongst injecting drug users in Karachi and Lahore while research shows very low HIV/AIDS awareness amongst sex workers in Karachi⁷. The MOH sees the major challenges relating to HIV/AIDS being

- Difficult accessibility of vulnerable groups
- Gaps in information and gender barriers
- Resistance to explicit safer sex messages
- Limited public support interventions for I/V drug users

There is also a growing regional threat of HIV/AIDS. In neighbouring India, absolute numbers of HIV/AIDS cases are reaching South African levels with a prevalence rate of approximately 0.9 percent and an estimated 5.1 million people living with HIV⁸.

In Pakistan, Hepatitis B affects about 10 percent of the population, and 2.4 percent is infected by Hepatitis C. Regular nationwide vaccination campaigns have been ongoing since 2002 and the PRCS/Federation are scaling up Hepatitis B immunizations in their mobile health clinics. As no vaccination is available yet for Hepatitis C, preventive measures such as screening of blood donors, sterilization of equipment and promotion of behavioural change are taken.

The health programme strategy for scaling up is based on the work of previous years to incorporate the disaster management strategies of PRCS into health programming. It provides synergy to reduce community vulnerability through working with volunteers and Red Crescent youth across integrated approaches. Therefore, the intention is to enhance PRCS's existing commitment to work with the youth and Red Crescent volunteers to address HIV/AIDS and Hepatitis B and C threats across the country, through HIV/AIDS awareness, sensitization, voluntary counselling and testing, anti-stigmatization and

⁶ BMJ 1990 9:300 (6738) 1507 – 12.

⁷ UNAIDS report 05.19E December 2005

⁸ *ibid*

discrimination work, alongside first aid programmes, promotion of non-remunerated blood donors, and safe blood programmes.

Water and Sanitation: The destruction and damage of water supply systems and sanitation facilities have further compounded the already fragile situation prior to the earthquake. In many of the earthquake-affected communities, there is a very high risk of epidemics breaking out, owing to the lack of clean water and poor hygiene practices. There is an immediate need to provide the means for water collection and storage for individual households and for solid waste management systems. Education on hygiene and sanitation is also a key priority and needs to be raised through awareness and behavioural change campaigns.

Since October 2005, two Federation ERUs have provided water treatment and distribution and sanitation and hygiene promotion to around 30,000 people in Balakot and Batagram. The German and Swedish Red Cross units are continuing to provide this support together with trained PRCS staff to ensure a successful handover. There are assessments and plans to extend the water and sanitation interventions into more remote areas severely devastated by the earthquake, ultimately reaching some 80,000 beneficiaries.

National Society Capacity Building

The scale of the earthquake has emphasized the urgent need to improve disaster management practices to better deal with disasters in the future. As Pakistan is susceptible to a variety of disasters, it is crucial that PRCS strengthen its disaster management capacity, as well as its organizational capacity.

Since 2003, PRCS has been working towards achieving its disaster management plan and has focused on reorganizing and strengthening the three-tiers of its disaster management (national headquarters, provincial headquarters and district levels). For PRCS, disaster management is a cross-cutting function, involving links to other programmes and close coordination with other institutions. It also necessitates more significant roles for district branches and local communities. This is a major challenge for the national society.

Strengthening disaster management will entail a range of different approaches, including the establishment of disaster management cells, emergency response ambulance service, strengthening infrastructure, training and preparedness of volunteers, establishment of warehouses, logistics support, and human resources for effective implementation. For example, it is planned to construct four new warehouses to facilitate relief distributions and increase the logistical capacity of the national society to better cope with future disasters. A logistics centre will also be established within PRCS national headquarters compound in Islamabad, to provide storage capacity and act as a training base for staff and volunteers in logistics and relief. Three smaller warehouses will be built in other districts to provide localised storage and act as distribution hubs.

To support this, the delegation will maintain a response capacity, both in terms of human and material resources, to respond to outstanding humanitarian needs for the rest of this year and into 2007. This disaster management team will work closely with PRCS to strengthen capacity of its staff and volunteers in disaster management and will work with the regional delegation to look at issues of risk reduction and preparedness.

While disaster management is the main focus for the national society, the discussions at last year's planning identified needs in all four core areas of the Federation's *Strategy 2010*. This will enable the delegation and partners to work with and support PRCS in a more integrated way across a range of activities. The health care needs are a major part of this revised appeal and will form an important priority for the future. It will also strengthen the national society by building the skills and capacity of existing and new staff and volunteers through working in primary health care, first aid and HIV/AIDS. Close cooperation with the ICRC will be maintained to support all programmes, but in particular the humanitarian values programme.

A key need for PRCS is the development of its branch structure to enable the national society to provide appropriate national coverage. As part of the 2005 planning process, a national branch development plan was drawn for 2005 to 2010. Within this timeframe, PRCS plans each year to establish two district branches in six selected provinces. As part of the recovery and reconstruction plans, the Federation will support the construction and establishment of 20 of these new district branches, providing office space, warehouse space and accommodation. The appeal will also support the construction of two new regional branches – one in the Northern Areas and one in the Federally Administered Tribal Areas (FATA).

With the high turnover of staff at the PRCS headquarters in 2004-05, a major undertaking for the delegation will be to find new ways to support the national society to strengthen its human resource capacity - both staff and volunteers. This appeal seeks funds to provide human resource support to headquarters and the new branches mentioned above. Recruitment of these personnel will be done jointly by PRCS and the Federation. By the end of 2008, the PRCS will take full responsibility for the funding of these human resources. There will also be major support to develop effective systems to recruit, train and retain male and female volunteers to support the planned recovery and reconstruction implementation.

PRCS also needs support to build its image and credibility to attract further support and engagement by partners. The Federation will continue to support the national society's management to establish links with diplomatic missions and international organizations to help progress this. Strengthening PRCS's capacity in finance management, both at headquarters and branch levels, is also an important priority, as well as furthering the new constitution for PRCS and the Federation's legal status agreement in Pakistan.

The proposed operation

The proposed operation outlined below covers the ongoing relief and transition needs and outlines the framework for the recovery and reconstruction plans of PRCS and the Federation until the end of 2008. This provides the operational framework for future planning and will be further developed through ongoing participatory assessments in the field with partner national societies and other organizations. With the changing needs, the climatic challenges (floods and landslides) and the unpredictable needs of both the remaining and returning populations, it is important that all actors maintain a level of flexibility in relation to plans and implementation and work in close cooperation with each other.

The overall goal of this recovery plan is to help communities restore their normal lives through integrated, community-based and longer-term programmes

Objectives and activities planned

1. Ongoing Relief Needs

Objective: The immediate needs of the most vulnerable communities and families are covered as and when they arise, thus enabling them to focus on rebuilding their lives.

Expected Results	Key activities planned to meet these results
<p>Ongoing Relief The most vulnerable communities in earthquake-affected or disaster prone areas are identified and receive targeted assistance.</p>	<ul style="list-style-type: none"> • Conduct VCA analysis in earthquake-affected areas of NWFP. • Identify vulnerable communities where ongoing or later assistance may be required. • Deliver relief assistance when necessary.
<p>20,000 families (140,000 people) can be provided with emergency shelter and related assistance as required in response to future emergencies or critical needs</p>	<ul style="list-style-type: none"> • Ongoing monitoring of beneficiary communities to ensure no outstanding needs emerge or to replenish shelter materials and other assistance if urgently needed • Provision of assistance to any new communities found to be in need of support and not covered to date (e.g. provision of shelter materials, kitchen sets etc) • Three small warehouses built in affected districts to provide localised storage and act as distribution hubs for the coming months. • Contingency supplies in place to provide emergency shelter for up to 20,000 families before the monsoon season and next winter • Link to other sectors to pick up on any outstanding relief needs identified by outreach programmes

2. Shelter and reconstruction

Objective: Affected communities are better able to cope in the post-earthquake situation through improved living conditions, assistance in the recovery of homes and rehabilitation of basic community infrastructure.

Expected Results	Key activities planned to meet these results
<p>Shelter An estimated 10,000 families (70,000 people) without “owner driven” shelter have received suitable durable shelter</p>	<ul style="list-style-type: none"> • Design and estimate the price of a suitable reusable shelter for more vulnerable families unable to achieve the ‘owner-driven solution’ which is easy to transport, build and re-locate and is compliant with <i>Sphere</i> standards. This should be ready ahead of next winter and ideally by the July monsoon season. • Identify a manufacturer or supplier, preferably within Pakistan. • Field test the design as soon as possible ahead of next winter, and seek feedback from potential recipients. • Design careful criteria to target geographical areas and communities. • Compile an estimated report of numbers of families likely to have shelter needs next winter. • Deliver durable shelter to 10,000 more vulnerable families before October (and before the July monsoons if required and feasible)
<p>Community productive infrastructure repairs and rehabilitation Damaged infrastructure in two affected Tehsils (districts), beyond local capacity to repair, receives medium-term support, benefiting a catchment of 50,000 people.</p>	<ul style="list-style-type: none"> • Conduct village assessments in partnership with PRCS. • Collect secondary information from the Government of Pakistan, the UN, NGOs, military database etc • Identify suitable communities in two districts to begin implementation, with technical advice and support to these communities. • If successful, look to extend this support to other Tehsils
<p>Build PRCS capacity in infrastructure assessment and rehabilitation PRCS will have a small team of experienced staff or volunteers able to carry out infrastructure assessments and support village-level rehabilitation of small-scale infrastructure is improved.</p>	<ul style="list-style-type: none"> • Cooperate with PRCS in identifying suitable male and female staff and volunteers to benefit from capacity building in the area of small-scale rehabilitation • Identify trainers and provide appropriate training and on-the-job mentoring, to ensure effective monitoring and feedback • Oversee PRCS staff and volunteers in their work to assess and rehabilitate small-scale village infrastructure
<p>Reconstruction/repairs of education and health buildings 19 educational institutions and 13 health facilities are reconstructed, which will have the capacity to serve approximately 200,000 people.</p>	<ul style="list-style-type: none"> • Confirm initial targeting of needs and structures and of potential partners to support this reconstruction work • Prepare tripartite agreement between PRCS, the Federation and respective government departments through the ERRA to cover the roles and responsibilities in the reconstruction process • Hire consultants to design and prepare cost estimates in line with governmental specifications and standards, as well as to carry out site supervision for schools and health facilities. • Tender and contract construction contractors to implement these projects. • Handover to government authorities for running and maintenance • Support and train PRCS staff and volunteers to oversee and monitor this work • Work with other stakeholders to ensure effective use of the reconstructed facilities and the links to PRCS/Federation work around hygiene education, first aid and volunteer recruitment

3. Livelihood

Objective: Earthquake-affected people, particularly the most vulnerable, in 18 remote union councils of NWFP and Pakistan-administered Kashmir, receive assistance to speed up their livelihoods recovery.

Expected Results	Key activities planned to meet these results
<p>Multi-purpose community centres Some 10,000 people have benefited from livelihood training delivered via 18 multi-purpose community centres to improve their family's livelihood recovery</p>	<ul style="list-style-type: none"> • Conduct detailed local needs assessments • Pilot the building of one multi-purpose community centre in a target community/tehsil • Identify 17 further union councils and communities meeting the criteria for support (e.g. available land, community engagement) • Construct and equip 18 multi-purpose community centres • Train approximately 40 persons every two months as skilled workers in each centre (this will include relevant areas and training for men and women) • Implement integrated recovery projects, activities and training at community level via the 18 community centres, covering trades and skills enhancement, such as tailoring, handicrafts, carpentry and masonry (Training would also include integrated input on health/hygiene promotion, disaster preparedness and gender awareness).
<p>Livestock and gardening Some 6,000 families (42,000 people) have benefited from improvements to their livelihood through the provision of appropriate training and resources.</p>	<ul style="list-style-type: none"> • Further detailed assessments and market analysis of the livelihood needs in affected villages will be carried out across a wide range of earthquake affected areas. • Final selection of villages and beneficiaries will be done in close consultation/coordination with ERRA and other organisations working in these areas. • The final selection of type of livelihoods support will be done in a participatory way with the beneficiaries, and based on their needs, priorities and circumstances. • In the first instance, 6,000 families will be assisted to restart their livelihoods through activities such as:- <ul style="list-style-type: none"> ➤ training in livestock/animal husbandry and provision of appropriate animals (with participation from recipient family) ➤ training in vegetable gardening and provision of required seeds and tools ➤ training in nursery keeping and provision of seedlings (fruit trees and forest trees) and tools ➤ training in poultry farming and provision of chicks and poultry kits
<p>Farming seeds and tools Up to 4,000 farming families (28,000 people) have resumed farming through restoration of 45 irrigation canals and provision of agricultural seeds and tools and 5,175 individuals have benefited from associated employment in canal restoration.</p>	<ul style="list-style-type: none"> • Repair 45 irrigation canals across 18 union councils by involving 100 labourers and 15 masons for each canal project (total of 5,175 individuals). • Assist 4,000 farmers to resume their agricultural activities in 18 union councils, by providing them each with a tool kit (each kit comprising a small axe, shovel, hoe, sickle and rake), and seeds and fertilizer for six crop cycles over three years (each crop cycle includes 100 kg of seeds and 2 sacks fertilizer). • Train farmers on utilization of agricultural waste, nutrition and energy economies.
<p>Gender Women in targeted communities have greater access to services and institutions and are involved in</p>	<ul style="list-style-type: none"> • Carry out thorough vulnerability assessment and gender disaggregated data to know the current condition and position of women after the earthquake and highlight women's issues and needs.

planning and implementation of community recovery.	<ul style="list-style-type: none"> • Form 50 community interest groups (20 in Pakistan-administered Kashmir and 30 in NWFP) working through the community centres to discuss issues/needs and ensure women's participation in sectoral activities under recovery. • Conduct formal and informal meetings with female and male interest groups on awareness raising and the importance of gender participation in the development process at village level. • Hire and arrange master trainer and resource person for conducting training. • Develop training manuals, materials and session plans in Urdu. • Conduct 18 gender awareness and sensitization training workshops for communities, (12 in NWFP and 6 in Pakistan-administered Kashmir) and a further four trainings for PRCS volunteers and staff.
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4. Health and Care

Objective: The health status of the most vulnerable communities in the country is improved by revitalizing PRCS pre-earthquake health programmes and through appropriate scaling-up in earthquake-affected areas.

Expected Results	Key activities planned to meet these results
<p>Basic health care/community-based health Up to 200,000 people in northern Pakistan have access to appropriate quality health care</p>	<ul style="list-style-type: none"> • Establish and operate mobile health clinics/basic health care services (mother and child health/expanded immunisation programme) in Besham, Batagram and Balakot, to ensure primary health care services are available in underserved earthquake-affected areas while permanent health structures are being rehabilitated. • Conduct health education to raise awareness of major health issues, including the need to improve levels of iron and iodine through nutritional supplements, psychosocial support and coping with stress, and water and sanitation and hygiene. • Support the local health structure/system ('lady health volunteers/workers and other health providers) in communities where health services are severely disrupted through the provision of medicines, training and medical supplies. • Train traditional birth attendants (TBA) in safe delivery methods, ante-natal care, at risk identification and referrals. • Conduct quarterly participatory rapid situation assessments and monitoring visits and contribute to addressing identified health needs and gaps. • Organize relevant knowledge transfer trainings for staff from PRCS and local health authorities, as part of the handover of the emergency response units and to enable local staff to use these facilities when needed. • Maintain a strong team of PRCS and Federation medical/public health professionals to ensure that appropriate health care interventions/programmes are effectively and efficiently implemented, monitored, and coordinated with other health actors and sectors.
<p>HIV/AIDS 30,000 people benefit from community-based HIV/AIDS prevention, care and support activities that contribute to the reduction of the burden of HIV/AIDS in the country.</p>	<ul style="list-style-type: none"> • Provide voluntary counselling and testing (VCT) services, including outreach awareness and risk reduction counselling for high-risk groups. • Train youth peer educators and develop/adopt information, education and communication (IEC) materials to carry out youth peer education and life skill development sessions through the PRCS youth network. • Develop an HIV/AIDS strategic plan, create HIV/AIDS steering and managing committees, and support their work. • Initiate and support programmes/activities that promote HIV/AIDS prevention and control and voluntary blood donation.

	<ul style="list-style-type: none"> • Design and pilot a care and support programme in Lahore. • Establish partnerships and collaboration with organisations working with people living with HIV/AIDS (PLWHA) and work with PLWHA to help them identify their needs and priorities. • Establish partnerships with associations of health professionals and providers for the reduction of stigma and discrimination in relation to health services for PLWHA. • Launch awareness campaigns in schools/colleges/workplaces and with the general public for HIV/AIDS, Hepatitis B and C, as well as for voluntary donor recruitment/registration, blood camps, etc, for World AIDS Day, World Blood Donors' Day and other relevant occasions. • Conduct Hepatitis B routine immunization to children under the age of 5. • Develop a database of volunteer blood donors • Promote behavioural change among the general public and health care workers to reduce overuse of injections and to use safe injection practices. • Implement and maintain infection control practices in health care settings, including the appropriate sterilization of medical equipment.
<p>Psychosocial support Up to 30,000 people are able to cope with prolonged psychological stress and actively contribute to community efforts during the post-emergency/transition period.</p>	<ul style="list-style-type: none"> • Provide psychosocial education and support on disasters, targeting communities in affected areas, particularly marginalised groups including women, children, the disabled and the elderly. • Mobilize communities to become more active in the process of their own rehabilitation and recovery, including providing training on new coping and life skills and participatory community needs assessments and planning. • Train and support PRCS staff, branch volunteers and community volunteers in the organisation of community-based PSP, project management and related activities. • Provide psychosocial support for staff and volunteers engaged in the earthquake operation. • Follow up on previous clients after they have returned to their communities to assess if additional support is needed. • Work with relevant groups at various levels, such as the general public, children, teachers, lady health workers/visitors, NGOs, government to promote understand of the importance of psychosocial support.
<p>Water and sanitation 80,000 people have access to sustainable and appropriate water and sanitation facilities and hygiene promotion activities in Batagram, Allai, Balakot, and Shangla (Besham)</p>	<p><i>Water supply</i></p> <ul style="list-style-type: none"> • The two Federation water and sanitation ERUs (run by the German and Swedish Red Cross in Batagram and Balakot respectively) continue to produce 255,000 litres of potable water for 25,000 beneficiaries daily until their planned handover. Supply will also continue in Meira camp • Recruit and train one PRCS water and sanitation coordinator, four hygiene promotion supervisors, two PRCS water and sanitation engineers, six PRCS water and sanitation technicians and about 70 volunteers to fully operate the PRCS water and sanitation programme by the end of 2007. • Rehabilitate 120 water schemes in the above-mentioned areas, based on assessments carried out with various partners. <p><i>Sanitation</i></p> <ul style="list-style-type: none"> • The two ERUs continue to support Federation/PRCS sanitation activities (latrine and bathroom construction) until end of June 2006. • Carry out the construction of 4,000 latrines (pit latrines and ventilated improved pit latrines) at a ratio of one latrine per 20 people, with appropriate community participation in site planning and digging. • Construct 240 viable and adequate eight-stall latrines in schools and health centres by the end of 2007. • Federation manages the sanitation programme until the end of 2006, while building PRCS capacity to manage the entire programme by end of 2007

	<p><i>Hygiene Promotion</i></p> <ul style="list-style-type: none"> • Conduct village joint assessments to identify sanitation needs and establish hygiene baseline data in primary health care target areas. • Identify and select community-based facilitators and form village committees. • Train communities on safe excreta disposal as well as proper use and management of latrines and provide them with hand washing facilities and hygiene kits. • Mobilize and sensitize communities to a three-step Participatory Hygiene and Sanitation Transformation (PHAST) process. • Develop PHAST tool kits by March 2006 • Train 20 PHAST facilitators and mobilize community motivators to support the three-step PHAST programme by February/March 2007.
<p>Health and care capacity building (estimated 200,000 beneficiaries) PRCS capacity in emergency health preparedness is enhanced and its community-based primary health care system is developed with volunteer involvement, enabling the national society to better serve communities at risk.</p>	<ul style="list-style-type: none"> • Continue to support the operation of seven basic health units in Balochistan and NWFP (five in Balochistan and two in NWFP). • Establish and equip five new basic health centres in disaster-prone districts (two in FATA and one each in Balochistan, Sindh and Punjab as entry points for district branch development.) • Implement a training programme for PRCS staff and volunteers to ensure that health services delivered comply with established standards. • Strengthen PRCS community-based first aid programme (CBFA) at national and provincial branch levels. • Identify, train and equip community-based first aid volunteers and support their work in the community. • Conduct community-based advocacy activities in order to promote first aid. • Work with disaster management and other sectors to ensure integrated implementation of the CBFA programme in identified communities. • Support training and coaching of PRCS staff and volunteers in water and sanitation and PSP to support scaling up in these areas

5. National Society Capacity Building

(Health and Care is covered in the table above)

Prior to the earthquake, the national society had prepared a development plan covering the core areas of the Federation's *Strategy 2010*. The plan outlined implementation across headquarters, provincial and district levels through to 2010. It was formalised during a detailed planning exercise in 2005 and integrated plans for programming in disaster preparedness/response with health, organizational development and humanitarian values. This revised appeal builds on those plans.

The scale of the earthquake has only served to highlight the urgent need to improve PRCS's capacity in disaster management, but also in health and as a well functioning national society, so that it is better able to deal with disasters and assist the vulnerable in future. The emphasis is on enhancing the organizational and operational capacity of PRCS to emerge as one of the leading relief agency in the country.

The Federation delegation in Pakistan and the South Asia regional delegation will continue to provide capacity building support to PRCS across all core areas and to coordinate with the Movement's partners and other stakeholders both at national and international levels.

Disaster Management objective: The PRCS capacity is reinforced in its mandate to respond to disasters within the earthquake affected/disaster-prone areas.

Expected Results	Key activities planned to meet these results
Nationwide PRCS disaster management	<ul style="list-style-type: none"> • Conduct VCA risk analysis in earthquake and non-earthquake affected areas of Pakistan and prepare relevant risk maps

capacities are enhanced, especially in high-risk areas, for effective and timely disaster response.	<ul style="list-style-type: none"> • Select high-risk areas where the strategic branches will be established. • Select most vulnerable communities, where recovery projects and disaster preparedness will be targeted. • Develop and finalise PRCS's 2005-2010 national disaster management plan • Construct four new warehouses (one at headquarters and three in districts) by end of 2008. • Establish a national disaster response team, 20 branch disaster response teams and 20 local disaster preparedness response teams. • Preposition disaster preparedness stock for 20,000 families at national, provincial and district levels (for 4,000 families at headquarters, 2,000 at each of four provincial centres, 1,000 at each of 3 regional centres and 225 at each of 22 district branches). • Establish a nationwide high frequency (HF) radio network with HF base stations to be located in Islamabad, Muzaffarabad, Peshawar, Lahore, Karachi and Quetta, and provide mobile stations and vehicle VHF kits. • Establish community-based disaster preparedness (CBDP) and first aid programmes in high-risk areas, focusing on vulnerable communities, (where possible using the new district branches and the multi-purpose community centres as a base for activities) • Establish community-based risk reduction and community service programmes. • Organise exchange visits with national societies in the region to learn from their experience of CBDP and branch/volunteer systems (e.g. Bangladesh, Philippines and Nepal Red Cross societies)
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Organisational Development Objective: PRCS strengthens its foundation and organizational capacity in order to deliver effective and relevant services to vulnerable populations.

Expected Results	Activities planned to meet these results
The institutional capacity of the PRCS to deliver effective and efficient services to the most vulnerable communities is developed and strengthened through expansion of PRCS branches in disaster-prone areas	<ul style="list-style-type: none"> • Establish 20 new district branches countrywide by the end of 2008 and two new regional branches in the Northern Areas and FATA respectively. • Provide human resource support, during 2006-2008, for 22 district branches, three provincial headquarters and to the national headquarters. • Develop fundraising strategy and programme for self-sustainability. • Develop a human resources and volunteer policy and manual. • Establish staff and volunteer recruitment, training and development programmes. • Develop a dissemination strategy and plan to improve awareness of PRCS and its programmes, including at a local level
Overall PRCS governance, management and programme planning is improved to enable better service delivery.	<ul style="list-style-type: none"> • Establish dialogue with PRCS on governance, management, and the Federation's "Well-Functioning National Society" approach. • Train staff members (headquarters, provincial and district levels) and volunteers on programme planning (PPP) and on the Federation appeal and reporting systems • Install, upgrade and maintain financial software installed at national headquarters and six provincial branches and provide related training.

Principle and Values Objective: The PRCS has contributed to creating a culture of tolerance and non-discrimination in the society through awareness-raising in communities of humanitarian values and the Movement's fundamental principles.

Expected Results	Activities planned to meet these results
The Red Cross Red Crescent image and	<ul style="list-style-type: none"> • In collaboration with colleges, hold youth summer camps for young men and women in all provinces and Islamabad in 2007 and 2008.

awareness of the Movement is improved among vulnerable groups and communities.	<ul style="list-style-type: none"> • Conduct dissemination sessions among vulnerable communities, especially youth, on Red Cross and Red Crescent principles and values, as well as on PRCS, Federation and ICRC activities and programmes in Pakistan.
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5. Communications – Advocacy and public information

Overall objective: To raise the profile of the Red Cross and Red Crescent Movement, while setting an example to encourage more people to join the PRCS as agents of change, to contribute to building of a civil society.

Expected Results	Activities planned to meet these results
PRCS has the capacity to meet communication and advocacy needs.	<ul style="list-style-type: none"> • Collaborate with PRCS communications staff and train volunteers in developing and disseminating media materials to raise the profile of the national society and communicate with earthquake survivors. • Train and build capacity of PRCS to handle national/international media and stakeholders during disaster and non-disaster periods. • Recruit an information assistant to restructure the official PRCS website, in cooperation with PRCS media department, especially by translating it into Urdu to improve information sharing on the relief/recovery operation nationally.
Awareness on ongoing earthquake recovery efforts is raised locally and internationally through the media, enhancing funding support.	<ul style="list-style-type: none"> • Produce articles, photos, videos and publications in local and international media on a regular basis to promote the operation. • Liaise with media and facilitate field visits of journalists, donors and officials. • Produce public information materials highlighting the recovery phase programmes and how earthquake survivors can access these services through effective communication with beneficiaries. • Organize communication activities during the key dates/anniversaries, such as producing press packages, organising media conferences etc. • Produce and distribute public information materials in cooperation with PRCS: <ul style="list-style-type: none"> - Brochures to raise awareness and knowledge on basic community-based preparedness. - Notebooks for school children to show how to act before, during and after an earthquake with cartoon illustrations/drawings. - Brochures on basic information on first aid during emergencies. • Conduct public information activities with PRCS, including: <ul style="list-style-type: none"> - Public events/seminars to raise awareness/knowledge on basic community-based preparedness for community members and leaders, teachers, volunteers etc. - Advocacy seminars for sharing knowledge and expertise between relevant partners for rehabilitation and reconstruction phase: such as local authorities, NGOs, academicians, builders and the public.

Monitoring and evaluation

As mentioned earlier (under the section “Situation”), a joint Federation/PRCS and sister national societies assessment is planned during March/April 2006 to put in place a practical and integrated implementation plan. As part of this process, it is foreseen that an integrated Plan of Action (2006-08) will be drawn up, including a logical framework for each programme area with outlines of expected results, activities, indicators, means of verification and assumptions/risks. This process will also look at establishing a practical and thorough monitoring and evaluation plan. It is planned that a resource person from the Geneva Secretariat, dealing with quality and accountability, will be able to work with the delegation to provide guidance on this process. This will also draw on the lessons learned from drawing up such a similar process in the tsunami operations. The monitoring and evaluation plan will also include systems for beneficiary impact measurement and reporting.

This will also build on the standard Federation monitoring and reporting processes. Regular monitoring reports are and will continue to be drawn up and shared with field management to inform on the progress of the various programmes, such as shelter, livelihoods and health (this includes weekly and monthly reports, delegate debriefs, field visits etc). VCA findings will serve as reference of baseline data in areas of health, disaster preparedness and branch/volunteers development. Regular technical support and monitoring will also be sought from technical departments at regional and global levels.

The Federation will produce regular operations updates covering progress and issues relating to recovery – this will move to a quarterly basis after the six month anniversary. Monthly ‘fact sheets’ will be produced and published summarizing progress and consolidating data. It is planned to produce a consolidated report on the first six months on or around the time of the six month anniversary.

An evaluation of the emergency operations is planned for May/June 2006. In addition, an informal lesson learning study will be carried out in mid April to look at the key lessons to date to inform future planning. A review of the Regional Disaster Response Team (RDRT) deployments carried out in December/January has already been shared with partners and will inform a regional RDRT workshop to be held in the region in late April to use learning from the Pakistan operation to improve future deployments. Further external reviews and evaluations for the recovery programme will be carried out during 2006, 2007 and 2008 (including a mid-term review by mid 2007). A final evaluation will be conducted before the end of 2008.

It is also planned that there will be an audit in 2006 to look at the financial management of the operation to date.

Budget summary

See [Annex 2](#) for details.

Susan Johnson
Director
National Society and Field Support Division

Markku Niskala
Secretary General

Budget below; click here to return to the title page and contact information.

REVISED APPEAL, BUDGET SUMMARY
Pakistan Earthquake

Appeal No. 05EA022

TYPE	Annual Budgets				
	2005	2006	2007	2008	TOTAL
	CHF	CHF	CHF	CHF	CHF
RELIEF NEEDS					
Shelter & construction	23,466,838	37,927,435	22,513,767	6,344,867	90,252,907
Clothing & textile	4,588,906	17,188,773	598,795	393,145	22,769,619
Food & seeds	131,637	1,783,630	1,769,741	1,769,741	5,454,749
Water & sanitation	173,516	540,062	511,927	451,142	1,676,647
Medical & first aid	1,339,659	2,673,211	2,950,402	2,866,310	9,829,582
Teaching Materials	0	49,091	0	0	49,091
Utensils & tools	1,706,762	2,542,207	293,485	266,825	4,809,279
Other Relief Supplies	6,024,879	4,762,345	289,966	159,966	11,237,156
TOTAL RELIEF NEEDS	37,432,197	67,466,754	28,928,083	12,251,996	146,079,030
CAPITAL EQUIPMENT					
Vehicles	118,400	1,880,586	277,778	0	2,276,764
Computers & telecom equipments	317,843	829,721	147,248	174,210	1,469,022
Office/Household Furnitue & Equipm	69,909	23,420	0	0	93,329
Medical Equipment	0	0	0	0	0
PROGRAMME SUPPORT					
Programme support (6.5% of total)	2,718,680	6,455,047	2,975,633	1,627,567	13,776,927
TRANSPORT STORAGE & VEHICLE COSTS					
Storage	234,773	1,784,037	748,706	506,294	3,273,810
Distribution & Monitoring	11,985,290	3,725,574	0	0	15,710,864
Transport & Vehicle Cost	496,151	5,857,496	1,872,347	1,259,561	9,485,555
PERSONNEL					
International staff	849,356	6,827,953	3,750,028	2,924,028	14,351,365
Regionally Deployed Staff	39,537	67,000	61,800	63,780	232,117
National Staff	101,892	1,123,534	1,032,140	892,873	3,150,439
National Society Staff	18,896	2,579,839	3,056,643	2,894,491	8,549,869
Consultants	102,878	227,000	138,033	95,150	563,061
WORKSHOPS & SEMINARS					
External Workshops & Seminars	5,943	928,184	871,649	864,370	2,670,146
ADMINISTRATIVE & GENERAL SERVICES					
Travel & related expenses	202,587	621,334	544,962	316,860	1,685,743
Information Expenses	29,793	250,586	168,678	150,570	599,627
Office Running Costs	112,205	900,207	816,957	828,162	2,657,531
Communication Costs	115,971	185,181	154,587	155,171	610,910
Professional fee	10,689	30,000	30,000	30,000	100,689
Other General Expenses	94,038	39,433	7,500	5,250	146,221
TOTAL OPERATIONAL NEEDS	17,624,831	34,336,132	16,654,689	12,788,337	81,403,989
TOTAL APPEAL CASH, KIND, SERVICES	55,057,028	101,802,886	45,582,772	25,040,333	227,483,019
LESS AVAILABLE RESOURCES (-)					126,801,108
NETT REQUEST					100,681,911

REVISED APPEAL, BUDGET SUMMARY
Pakistan Earthquake

Appeal No. 05EA022

TYPE	ORIGINAL APPEAL	EXPENSES OCT05-FEB06	REVISED APPEAL
	CHF	CHF	CHF
RELIEF NEEDS			
Shelter & construction	43,917,012	35,971,419	90,252,907
Clothing & textile	16,534,000	9,825,492	22,769,619
Food & seeds	60,000	167,475	5,454,749
Water & sanitation	5,065,500	253,598	1,676,647
Medical & first aid	11,301,757	1,473,739	9,829,582
Teaching Materials	53,800	49,091	49,091
Utensils & tools	2,420,725	2,793,996	4,809,279
Other Relief Supplies	15,479,176	10,787,224	11,237,156
TOTAL RELIEF NEEDS	94,831,970	61,322,033	146,079,030
CAPITAL EQUIPMENT			
Vehicles	1,257,091	635,193	2,276,764
Computers & telecom equipments	913,668	381,816	1,469,022
Office/Household Furnitue & Equipm	0	93,329	93,329
Medical Equipment	203,300	0	0
PROGRAMME SUPPORT			
Programme support (6.5% of total)	9,882,205	4,867,842	13,776,927
TRANSPORT STORAGE & VEHICLE COSTS			
Storage	6,885,472	541,649	3,273,810
Distribution & Monitoring	0	15,710,864	15,710,864
Transport & Vehicle Cost	20,791,226	1,492,058	9,485,555
PERSONNEL			
International staff	12,883,251	2,118,562	14,351,365
Regionally Deployed Staff	2,091,241	86,236	232,117
National Staff	5,000	265,317	3,150,439
National Society Staff	3,500	126,418	8,549,869
Consultants	165,575	85,947	563,061
WORKSHOPS & SEMINARS			
External Workshops & Seminars	486,045	20,552	2,670,146
ADMINISTRATIVE & GENERAL SERVICES			
Travel & related expenses	667,530	305,096	1,685,743
Information Expenses	324,910	47,765	599,627
Office Running Costs	414,575	216,104	2,657,531
Communication Costs	191,970	149,716	610,910
Professional fee	29,000	18,911	100,689
Other General Expenses	6,400	34,498	146,221
Operatinal Provisions	0	219,258	
TOTAL OPERATIONAL NEEDS	57,201,959	27,417,131	81,403,989
TOTAL APPEAL CASH, KIND, SERVICES	152,033,929	88,739,164	227,483,019
LESS AVAILABLE RESOURCES (-)			126,801,108
NETT REQUEST			100,681,911

Pakistan - earthquake

ANNEX 1

APPEAL No. 05EA022

PLEDGES RECEIVED

29/03/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				227,483,019	TOTAL COVERAGE 55.7%	
AMERICAN - RC		850,000	USD	1,099,900	17.10.05	
AMERICAN - RC		1,000,000	USD	1,280,500	01.11.05	
AMERICAN - RC		362,100	USD	475,075	08.12.05	HELICOPTER OPERATIONS ONE MONTH
AMERICAN - RC		1,500,000	USD	1,968,000	29.12.05	CORRUGATED IRON SHEETS
AMERICAN - RC		1,500,000	usd	1,968,000	30.01.06	
AUSTRALIAN - GOVT		3,000,000	AUD	2,956,500	10.10.05	TENTS, BLANKETS, TARPULINS, KITCHEN SETS, AIRFREIGHT
AUSTRALIAN - RC		500,000	AUD	480,500	19.10.05	MEDICAL SUPPLIES, VACCINES, CHOLERA KITS
AUSTRALIAN - RC		500,000	AUD	480,500	25.10.05	NEW EMERGENCY HEALTH KITS
AUSTRALIAN - RC				300,000	15.11.05	56 NEW EMERGENCY HEALTH KITS
AUSTRIAN - RC		50,000	EUR	77,825	03.01.06	
AUTONOMOUS PROV. BOLSANO		50,000	EUR	77,825	08.01.06	
BARBADOS - RC		1,015	USD	1,305	07.02.06	
BRITISH - RC		250,000	GBP	569,500	09.10.05	
BRITISH - GOVT/DIFD		1,470,588	GBP	3,344,117	27.10.05	
BRITISH - RC		250,000	GBP	568,500	17.11.05	
BRITISH - GOVT/DEC		214,663	GBP	488,143	18.11.05	PROCUREMENT OF STOVES
BRITISH - GOVT/DEC		1,331,250	GBP	3,027,263	18.11.05	PROCUREMENT OF HYGIENE KITS
BRITISH - GOVT/DEC		692,250	GBP	1,574,176	18.11.05	PROCUREMENT OF SHELTER KITS
BRITISH - RC		500,000	GBP	1,129,500	20.12.05	CORRUGATED IRON
BRITISH - RC		490,197	GBP	1,114,732	06.02.06	
BRITISH - RC		200,000	GBP	459,000	14.02.06	HYGIENE KITS
BRITISH - PRIVATE DONOR		405	GBP	918	05.01.06	
BRITISH - PRIVATE DONORS				15,857	03.11.05	
BRITISH PETROLEUM		500,000	USD	647,000	11.10.05	
BRITISH PETROLEUM FOUNDATION		75,726	USD	99,353	22.12.05	
CAMBODIAN - RC		15,000	USD	19,410	13.10.05	
CAMBODIAN - PRIVATE DONOR		100	USD	131	01.11.05	
CANADIAN - GOVT/CIDA/HAPS		990,000	CAD	1,093,455	13.10.05	
CANADIAN - GOVT/CIDA/HAPS		99,000	CAD	109,346	18.10.05	
CANADIAN - RC		1,000,000	CAD	1,088,200	19.10.05	PROCUREMENT 1300 WINTERISED TENTS
CANADIAN - RC		1,000,000	CAD	1,088,200	02.11.05	
CANADIAN - GOVT CIDA/HAPS		990,000	CAD	1,077,318	09.11.05	
CANADIAN - RC		750,000	USD	984,000	09.12.05	HELICOPTER OPERATIONS 2 MONTHS
CHINA - HONG KONG RC BRANCH		500,000	HKD	83,100	10.10.05	PROCUREMENT SHELTER KITS

Pakistan - earthquake

ANNEX 1

APPEAL No. 05EA022

PLEDGES RECEIVED

29/03/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CHINA - HONG KONG RC BRANCH		4,000,000	HKD	679,600	29.11.05	
CHINA - HONG KONG RC BRANCH		2,000,000	HKD	330,600	23.12.05	PURCHASE OF WINTERISED TENTS
CHINA - MACAU - RC BRANCH				25,000	10.10.05	PURCHASE OF MEDICINES, BLANKETS & TENTS
CHINA - MACAU - RC BRANCH				15,000	09.12.05	PURCHASE OF MEDICINES
CROATIAN - RC		20,000	EUR	30,950	30.11.05	
CYPRUS - RC				20,867	12.10.05	
CZECH - RC		10,000	USD	12,940	25.10.05	
DANISH - RC				95,920	14.10.05	
DANISH - GOVT through RC				492,769	20.10.05	
DANISH - GOVT through RC				294,069	16.11.05	
DANISH - GOVT through RC				196,842	28.11.05	
DANISH - PRIVATE DONORS				4,783	03.02.06	
ECHO (05004)		810,747	EUR	1,262,333	13.10.05	
ECUADORIAN - RC		5,702	USD	7,481	25.01.06	
FINNISH - PRIVATE DONORS		700	EUR	1,083	12.10.05	
FRENCH - RC		400,000	EUR	618,200	07.11.05	
FRENCH - PRIVATE DONORS				1,952	21.10.05	
GERMAN - RC		500,000	EUR	778,500	27.10.05	
GERMAN - RC		500,000	EUR	772,750	21.11.05	PURCHASE WINTERISED TENTS
GERMAN - PRIVATE DONORS				148	18.10.05	
HELLENIC - RC				50,000	11.10.05	PURCHASE 10'000 BLANKETS
ICELANDIC - GOVT		75,000	USD	97,050	09.10.05	
ICELANDIC - RC		17,000,000	ISK	357,000	14.11.05	
INDONESIA - PRIVATE DONOR				128	28.10.05	
IRISH - GOVT		300,000	EUR	467,100	13.10.05	
IRISH - GOVT		350,000	EUR	540,925	28.10.05	
IRISH - RC		100,000	EUR	154,550	16.11.05	
IRISH - RC		500,000	EUR	772,750	25.11.05	PROCUREMENT OF HYGIENE KITS
IRISH - RC		350,000	EUR	541,625	13.12.05	PURCHASE WINTERISED TENTS
IRISH - RC		400,000	EUR	622,600	13.12.05	
IRISH - RC		250,000	EUR	391,250	06.03.06	PURCHASE CORRUGATED IRON SHEET
IRISH - PRIVATE DONOR				1,035	17.01.06	
ITALIAN - GOVT		200,000	EUR	311,400	17.10.05	
ITALIAN - RC		150,000	EUR	231,825	10.10.05	+ FOR INDIA, EUR 50'000 (DM , see AA047), FOR RELIEF SUPPLIES
JAPANESE - RC		262,513	USD	339,692	11.10.05	
JAPANESE - RC		2,800,000	USD	3,585,400	25.10.05	PROCUREMENT OF 10000 FAMILY TENTS, 10000 KEROSENE LAMPS, 10000 KEROSENE STOVE, 50000 BLANKETS
JAPANESE - RC		150,000,000	JPY	1,662,000	09.11.05	
JAPANESE - GOVT		2,800,000	USD	3,599,400	15.02.06	PROCUREMENT & DISTRIBUTION OF WINTERIZED TENTS, SHAWLS
KOREA, REPUBLIC - RC		50,000	USD	64,700	10.10.05	
LATVIAN - GOVT		100,000	USD	129,400	13.10.05	
LIBYAN - RC				10,000	10.10.05	

Pakistan - earthquake

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APPEAL No. 05EA022

PLEDGES RECEIVED

29/03/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
LICHTENSTEIN - PRIVATE DONOR				300,000	28.10.05	
LITHUANIAN - RC				3,567	13.01.06	
LUXEMBOURG - GOVT		200,000	EUR	311,400	24.10.05	
LUXEMBOURG - RC		40,000	EUR	61,900	21.12.05	PROCUREMENT OF CORRUGATED IRON SHEETS
MACEDONIA, FYR - RC		3,000	EUR	4,671	28.10.05	
MONACO - RC		30,000	EUR	46,710	17.10.05	
NETHERLANDS - GOVT		160,428	EUR	247,941	13.10.05	
NETHERLANDS - RC		213,904	EUR	330,588	03.11.05	
NETHERLANDS - RC		534,759	EUR	826,471	10.11.05	
NETHERLANDS - RC		855,615	EUR	1,324,064	28.11.05	
NETHERLANDS - RC		213,904	EUR	331,016	19.12.05	
NETHERLANDS - PRIVATE DONORS				825	28.10.05	
NETHERLANDS - PRIVATE DONOR				500	19.12.05	TENTS
NEW ZEALAND - RC		100,000	NZD	89,600	20.10.05	
NEW ZEALAND - GOVT		400,000	NZD	358,400	25.10.05	
NEW ZEALAND - GOVT		250,000	NZD	231,125	28.11.05	
NORTH CYPRUS - M.GOKHAN KODAK		25,000	USD	32,800	31.01.06	
NORWEGIAN - GOVT/RC		10,000,000	NOK	1,975,000	09.11.05	RELIEF ACTIVITIES INCL. CHILDREN & VULNERABLE GROUPS
NORWEGIAN - GOVT/RC		5,500,550	NOK	1,086,359	09.11.05	
NORWEGIAN - RC		1,748,067	NOK	339,125	15.12.05	TSU
OPEC FUND F.INTERNATIONAL DEV.		600,000	USD	768,300	13.10.05	+ INDIA (DM, 05AA047) AND AFGHANISTAN (DM, 05AA045), USD 200'000 EACH FOR RELIEF SUPPLIES
PHILIP MORRIS		30,000	USD	38,415	24.10.05	
PHILIPPINES - RC		10,000	USD	12,805	03.11.05	
POLAND - PRIVATE DONORS				3,235	17.10.05	
PRIVATE DONORS ON LINE				804,873	17.11.05	
PRIVATE DONORS ON LINE				39,341	26.01.06	
PRIVATE DONORS ON LINE				10,640	02.02.06	
SAUDI ARABIA - PRIVATE DONOR		10,344	USD	13,245	16.11.05	
SAUDI ARABIA - PRIVATE DONOR		3,200	USD	4,227	27.03.06	
SINGAPORE - GOVT & RC				100,000	26.10.05	PROCUREMENT OF RELIEF ITEMS
SINGAPORE - GOVT & RC				100,000	09.11.05	PROCUREMENT EMERGENCY RELIEF & MEDICAL
SINGAPORE - PRIVATE DONOR		50,000	EUR	77,850	11.10.05	
SLOVENIAN - GOVT		14,981	EUR	23,153	17.11.05	
SLOVENIAN - GOVT		27,737	EUR	42,924	07.12.05	
SOUTH AFRICA - PRIVATE DONOR		1,000	USD	1,280	27.10.05	
SPANISH - PRIVATE DONORS				4,467	14.11.05	
SWEDISH - GOVT through RC		2,000,000	SEK	334,000	11.10.05	
SWEDISH - GOVT through RC & RC		15,400,000	SEK	2,571,800	14.10.05	
SWEDISH - RC		25,000,000	SEK	4,050,000	08.11.05	
SWEDISH - RC		20,000,000	SEK	3,250,000	15.12.05	

Pakistan - earthquake

ANNEX 1

APPEAL No. 05EA022

PLEDGES RECEIVED

29/03/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SWISS - RC				100,000	28.11.05	
SWISS - PRIVATE DONORS				14,850	12.10.05	
SWISS - PRIVATE DONOR				25,000	09.12.05	
TAIWAN RED CROSS ORGANISATION		59,000	USD	77,408	05.12.05	PROCUREMENT OF MEDICAL SUPPLIES
TRINIDAD & TOBAGO - RC				3,370	30.12.05	
UNITED ARAB EMIRATES -RC		10,000	USD	12,805	01.11.05	
USA - COCA-COLA		1,000,000	USD	1,294,000	11.10.05	BILATERAL PAKISTAN RC
SWISS WHO/VERF STAFF				4,000	09.11.05	
USA - ADC FOUNDATION		10,000	USD	12,805	31.10.05	
USA - ALTRIA KRAFT		50,000	USD	65,600	15.12.05	
USA - APPLIED MATERIALS		34,684	USD	45,505	15.12.05	
USA - EMC		36,000	USD	47,232	15.12.05	
USA - ENTERPRISE FOUNDATION		250,000	USD	328,000	15.12.05	
USA - HARRIS FOUNDATION		100,000	USD	131,200	15.12.05	
USA - INTEL FOUNDATION		500,000	USD	656,000	15.12.05	
USA - LEHMAN BROTHERS		165,279	USD	216,846	15.12.05	
USA - PRIVATE DONORS				86,289	25.10.05	
USA - PRIVATE DONORS		1,276	USD	1,674	09.12.05	
USA - PRIVATE DONORS		7,851	USD	10,371	13.02.06	
USA - SAMYATEX		2,500	USD	3,280	15.12.05	
SUB/TOTAL RECEIVED IN CASH				72,607,618	CHF	31.9%
IN-KIND AND SERVICES						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
in kind list updated					21.03.06	
AMERICAN - RC				5,669,973		30518 BEDSHEETS, 28000 BUCKETS, 70000 BLANKETS, 3000 TARPULINS, 5000 FAMILY TENTS , 18000 KITCHEN SETS, 3200 WINTERISED FAMILY TENTS, 18000 HYGIENIC PARCELS, 50000 SHAWLS, 2000 TENTS GAMMAX, 152900 BLANKETS QUILTS, SHIPPING/TRANSPORT
AUSTRIAN - RC				2,019,212		21000 HYGIENIC PARCELS, 7 EMERGENCY HEALTH KITS, 300 FAMILY TENTS, 1800 WINTERISED FAMILY TENTS, 76000 BLANKETS, 18000 BLANKETS QUILT, SHIPPING/TRANSPORT
AUSTRIAN - RC				463,650		ERU WATER TREATMENT & SUPPLY LINE, PERSONNEL
BELGIAN - RC/FL				3,251,428		60000 BEDSHEET, 11720 BLANKETS, 95305 BLANKETS QUILT, 20060 JERRYCANS, 2275 WINTERISED FAMILY TENTS, 3500 KITCHEN SETS, 20000 CORRUGATED IRON SHEET, SHIPPING/TRANSPORT

Pakistan - earthquake

ANNEX 1

APPEAL No. 05EA022

PLEDGES RECEIVED

29/03/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
BELGIAN - RC/FR				546,759		12500 BLANKETS, 1250 KITCHEN SETS, 1552 FAMILY TENTS, 1250 TARPAULINS, SHIPPING/ TRANSPORT
BRITISH - RC				2,770,126		600 KITCHEN SETS, 6000 WINTERISED FAMILY TENTS, 2000 JERRYCANS 10L., 20060 JERRYCANS 20L., 504000 WATER PURIFICATION TABLETS, 25000 HURRICANE LAMPS, 600 FAMILY TENTS, 42300 TARPAULINS 4X6M, 300 TARPAULINS 4X60M., 21700 BLANKETS, 50 KITS TAPSTAND & PIPEWORK WAT/SAN
CANADIAN - RC				3,585,575		3000 WINTERISED FAMILY TENTS, 2000 GAMMAX TENTS, 3300 BLANKETS HIGH LOFT, 12000 BLANKETS 80%, 5 EMERGENCY HEALTH KITS, 94 SHEETING TARPAULINS, 11000 TARPAULINS, TRANSPORT/SHIPPING
DANISH - RC				1,025,320		1.5, BASE CAMP, 30 EMERGENCY HEALTH KITS, 50 DELEGATE HEALTH KITS, 8000 KITCHEN SETS, 9000 TARPAULINS, 750 WINTERISED FAMILY TENTS
DANISH - RC				563,850		ERU TELECOM & LOGISTICS UNITS
EGYPTIAN - RC				78,716		2000 BLANKETS, 20 FAMILY TENTS, TRANSPORT/SHIPPING
FINNISH - RC				3,871,778		10000 KEROSENE STOVES, 5500 HURRICANE LAMPS, 6607 WINTERISED FAMILY TENTS, 10000 CORRUGATED IRON SHEET , TRANSPORT/SHIPPING
FRENCH - RC				582,247		4791 KITCHEN SETS, 20910 JERRYCANS, 1440 HURRICANE LAMPS, 15000 SHAWLS, 2300 TARPAULINS, TRANSPORT/ SHIPPING
FRENCH - RC				261,791		ERU BASIC HEALTH CARE UNIT (ECHO FUNDED)
GERMAN - RC				787,278		ERU SPECIALISED WATSAN MODULE (ECHO FUNDED)
GERMAN - RC				5,915,846		10000 SLEEPING BAGS, 30380 TARPAULINS, 10000 HURRICANE LAMPS, 10000 BLANKETS, 8000 WINTERISED FAMILY TENTS, 200 HOSPITAL BEDS, 1 MOBILE KITCHEN, TRANSPORT/SHIPPING
IRISH - RC				936,500		7300 BLANKETS, 2250 WINTERISED FAMILY TENTS
LUXEMBURG - RC				215,594		6000 BLANKETS, 10 EMERGENCY HEALTH KITS,
NEPAL - RC				5,000		1000 BLANKETS
NETHERLANDS - RC				4,771,896		573 FAMILY TENTS, 27 EMERGENCY HEALTH KITS, 20000 TARPAULINS, 51516 BLANKETS 80 %, 30000 BLANKETS 50%, 7000 KEROSENE HEATERS, 288520 BEDSHEETS, 72000 BLANKETS QUILTS, 45000 HYGIENIC PARCELS, 2427 WINTERISED TENTS, 16000 KITCHEN SETS, 10 SUPPL.UNITS OF NEHK,

Pakistan - earthquake

ANNEX 1

APPEAL No. 05EA022

PLEDGES RECEIVED

29/03/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
NORWEGIAN - RC				2,902,452		11320 BLANKETS, 1 DIATHERMY, 2 DOCTORS OFFICE MODULES, 9 HEATERS, 3 CHOLERA KITS, 1 LABORATORY MODULE, VARIOUS MEDICAL ITEMS, 2 PROPAC ECG MONITORS, 7355 SLEEPING BAGS, 95 SURGICAL SUPPLY KITS, 2 MOTHER AND CHILD CARE MODULE, 1620 TARPULINS, 5 TENTS ALFA, 29 TENTS DELTA, 870 TENTS GAMMAX 24M2, 21 TENTS 90M2, 50 FAMILY TENTS 16M2, 8 TENTS WAREHOUSE, 40 TRUCKS M6, 4 WATER PURIFICATION UNITS, 2 WATERTANKS 10M3, 2 WATERTANK 5M3, 1 X-RAY MODULE
NORWEGIAN - RC				730,000		ERU REFERRAL HOSPITAL
QATAR - RC				2,312,371		20000 AMOXYCILLIN, 6158 FAMILY TENTS, 1170 BEDS RIGID FRAME, 6582 BEDSHEETS, 34881 BLANKETS QUILT, 45960 BLANKETS 50%, 2200 BODY BAGS, 700 BUCKETS, 44 GENERATORS, 12569 HYGIENIC PARCELS, 1998 JERRYCANS 10L, 1200 JERRYCANS 20 L., 40 FIRST AID KITS FOR CAR, 1001 KITCHEN SETS, 300 HURRICANE LAMPS, 925 SHAWLS, 92 VARIOUS MEDICINE, DATES, LENTILS, ASSORTED FOOD
SINGAPORE - RC				1,123,621		13900 FOOD RATION MRS, SHIPPING/TRANSPORT
SLOVENIAN - RC				404,690		5 MEDICAL ITEMS VARIOUS, 10000 SLEEPING BAGS
SPANISH - RC				119,225		8125 BLANKETS, 504 SLEEPING BAGS, 2400 TARPULINS, 150 FAMILY TENTS
SPANISH - RC				415,580		1 ERU BASIC HEALTH CARE UNIT (ECHO FUNDED)
SWEDISH - RC				339,900		ERU WAT-SAN, MASS SANITATION MODULE UNIT
SWEDISH - RC				391,762		904 WINTERISED TENTS, 3000 SLEEPING BAGS, TRANSPORT/ SHIPPING
SWISS - RC				2,681,514		4000 AMOXYCILLIN, 40000 BEDSHEETS, 4500 TARPULINS, 200 FAMILY TENTS, 2 EMERGENCY HEALTH KITS, 12500 BLANKETS QUILT, 6140 BLANKETS, 80%, 20000 BLANKETS 50%, 1562 KEROSENE HEATERS, 2500 KITCHEN SETS, 10000 SHAWLS, 18000 CORRUGATED IRON SHEETS, 2000 WINTERISED TENTS, TRANSPORT/SHIPPING
AUSTRALIA	DELEGATES			90,800		
AUSTRIA	DELEGATES			17,800		
CANADA	DELEGATES			24,600		
DENMARK	DELEGATES			68,800		

Pakistan - earthquake

ANNEX 1

APPEAL No. 05EA022

PLEDGES RECEIVED

29/03/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
FINLAND	DELEGATES			50,600		
GERMANY	DELEGATES			8,800		
GREAT BRITAIN	DELEGATES			76,400		
ICELAND	DELEGATES			65,000		
NETHERLANDS	DELEGATES			76,600		
NEW ZEALAND	DELEGATES			6,200		
NORWAY	DELEGATES			460,600		
SWEDEN	DELEGATES			59,600		
SWISS RC	DELEGATES			100,600		
VARIOUS DONORS				4,349,377		ESTIMATED INTERNATIONAL TRANSPORT/INSURANCE COSTS (30% OF TOTAL VALUE OF RELIEF ITEMS)
SUB/TOTAL RECEIVED IN KIND/SERVICES				54,199,431	CHF	23.8%

ADDITIONAL TO APPEAL BUDGET

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

List of acronyms

CBDP – community based disaster preparedness
CBFA – community based first aid
DREF – disaster relief emergency fund
ERRA – Earthquake Rehabilitation and Reconstruction Authority
ERU – emergency response unit
FANA – Federally Administered Northern Areas
FATA – Federally Administered Tribal Areas
ICRC – International Committee of the Red Cross
LHV – lady health volunteer
LHW – lady health worker
MCH – mother and child health
MoU – memorandum of understanding
NGO – non-government organisation
NWFP – North West Frontier Province
PaK – Pakistan administered Kashmir
PHAST – participatory hygiene and sanitation transformation
PLWHA – people living with HIV/AIDS
PNS – partner national society
PPP – project planning process
PRCS – Pakistan Red Crescent Society
PSP – psychosocial support
RCRC – Red Cross Red Crescent
TBA – traditional birth attendant
UNDP – United Nations Development Programme
VCA – vulnerability capacity assessment
VCT – voluntary counselling and testing
Watsan – water and sanitation
WHO – World Health Organisation

ANNEX 1**Table 1: Houses damaged and destroyed in NWFP and Pakistan-administered Kashmir**

Region	Total Units	Units Destroyed	Units Damaged	Total Damaged	Percentage Damaged
Pakistan-administered Kashmir (affected districts)	244,979	116,572	88,368	204,940	84%
NWFP (affected districts)	542,604	87,007	108,205	195,212	36%
TOTAL	787,583	203,579	196,573	400,152	51%

Source: Asian Development Bank and World Bank Preliminary Damage and Needs Assessment, Islamabad, November 2005

Table 2: Impact of earthquake on education facilities in PaK and NWFP

Pakistan-administered Kashmir				NWFP		
Level	Institutions in Pakistan-admin Kashmir	Institutions in affected districts	Institutions in affected districts as %percentage of total	Institutions in NWFP	Institutions in affected districts	Institutions in affected districts as percentage of total
School	5,898	3,192	54%	25,955	6,704	26%
College	203	89	44%	112	16	14%
Private	1,157	598	49%	4,884	857	18%
Total	7,258	3,879	53%	30,951	7,577	24%

Source: Asian Development Bank and World Bank Preliminary Damage and Needs Assessment, Islamabad, November 2005

Table 3: Estimated employment baseline and change post-earthquake in NWFP and PaK

Employment Sector	Employment 2005 prior to earthquake	Loss of employment 2005 post-earthquake
Agriculture and livestock	912,772	472,391
Industry (mining, manufacturing and construction)	194,761	134,152
Services (many informal)	544,907	326,958
Other	35,540	16,609
Total	1,687,980	950,110 (56%)

Source: UN Early Recovery Framework, Islamabad, November 2005

Table 4: Status of health facilities in Pakistan-administered Kashmir and NWFP

Area	Pre-earthquake Total	Destroyed	Partially Damaged	Percentage damaged/destroyed	Functional Presently
Pakistan-adm Kashmir	262	224	22	94%	16
NWFP	258	67	52	46%	183
Total	520	291	74	70%	199

Source: UN Early Recovery Framework, Islamabad, November 2005

Table 5: Estimated costs of RCRC planned facilities in their respective province/area

Facility	Province/area		Cost per unit in PKR	Total unit cost in PKR	Total unit cost in CHF
	PaK	NWFP			
<i>Education Sector</i>					
Degree college	2	1	60 million	180 million	3,924,000
High school	4	2	6 million	36 million	800,000
Middle school	6	4	3.6 million	36 million	960,000
<i>Health Sector</i>					
Base hospital	1	-	270 million	270 million	5,887,000
40- to 50-bedded hospital	1	1	135 million	270 million	5,887,000
Rural health centre	2	2	27 million	108 million	2,356,000
Basic health unit	4	2	13.5 million	54 million	1,766,000
<i>Other Projects</i>					
Community centres	6	12	10 million	180 million	3,875,000
TOTAL COST				1,134 million	25,455,000

Table 6: Partner national society current or planned bilateral operations in earthquake-affected areas (These projects are not included in the budget)

PNS	Location		Current Projects	Planned Projects
	City/Town	NWFP/PaK		
American Red Cross	To be specified			Planned support to health programme
Belgian Red Cross	To be specified			Planned support to shelter/reconstruction and PSP
Canadian Red Cross	To be specified			Planned support to health programme
Danish Red Cross	Havelian, Garhi Habibullah, Batagram (NWFP and Islamabad)		Psychosocial support (PSP) programme	
	Affected areas of NWFP			Second phase of PSP Primary health care programme (PHC)
French Red Cross	Battagram (NWFP)		Basic health care unit 2 mobile health teams	Continue support to basic/mobile health programme Work in shelter/reconstruction and PSP
Qatar Red Crescent	Dhuli (PaK)		1 field hospital	21 schools to be completed by 30 April 2006
	Bagh (PaK)		2 mobile health teams	
Saudi Red Crescent	Mansehra (NWFP)		1 field hospital	First aid training PSP (job rehabilitation) 40-bed mobile hospital
Turkish Red Crescent	Balakot (NWFP)		2 mobile bakeries	
	Muzaffarabad (PaK)			
	Muzaffarabad (PaK) and Islamabad		1 field hospital PSP	

	Muzaffarabad –PaK and Islamabad		PSP
	Muzaffarabad –PaK		1000 durable shelters
	Muzaffarabad -PaK		1 community centre
			Disaster management and organisational development activities together with social services