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Final Report

Pakistan: Earthquake

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° M05EA022
GLIDE n° [EQ-2005-000174-PAK](#)
23 July 2012

Period covered by this final report: 8 October 2005 to 31 December 2011

Appeal target (current): CHF 167.6 million (USD 153.8 million or EUR 111 million); [<click here to view the attached emergency appeal budget>](#)

Appeal coverage: 95 per cent; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)



Pakistan Red Crescent Society emergency response team moving blast/explosion victims of in a national society ambulance in Islamabad.

Photo: Pakistan Red Crescent Society.

Appeal history:

- | | |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 October 2005 | <ul style="list-style-type: none">• CHF 200,000 was initially allocated from the International Federation of Red Cross and Red Crescent Societies (IFRC) Disaster Relief Emergency Fund (DREF) to support the Pakistan Red Crescent Society (PRCS) to respond to the earthquake disaster. |
| 9 October 2005 | <ul style="list-style-type: none">• An emergency appeal was launched on preliminary basis for CHF 10.8 million for four months to assist 30,000 families (120,000 beneficiaries). |
| 12 October 2005 | <ul style="list-style-type: none">• The preliminary appeal budget was increased to CHF 73.3 million and the number of beneficiaries increased to 150,000 families (750,000 beneficiaries) for six months. |
| 17 October 2005 | <ul style="list-style-type: none">• The number of beneficiaries was revised down to 70,000 families (490,000 beneficiaries) based on delivery capacity and a revised average family size of seven. |
| 28 March 2006 | <ul style="list-style-type: none">• A revised emergency appeal was launched for CHF 227 million to assist over 1,085,000 beneficiaries through to the end of 2008. |
| 12 December 2006 | <ul style="list-style-type: none">• The budget for the appeal was revised down to CHF 165 million to assist over 1,085,000 beneficiaries till the end of 2008. |
| 7 May 2008 | <ul style="list-style-type: none">• The appeal budget was further revised down from CHF 165.2 million to CHF 164.5 million and the timeframe of the operation was extended to the end of 2009. |
| 9 December 2008 | <ul style="list-style-type: none">• The budget figures were revised up from CHF 164.5 million to CHF 167.6 million due to adjustments in the values of in-kind donations to the appeal. |
| 11 November 2009 | <ul style="list-style-type: none">• The Operation Update no.33 extended the appeal timeframe for another 12 |

13 January 2011	<p>months, to December 2010. The factors that influenced this extension included the unstable security situation leading to delays in the implementation of activities. PRCS also has been extensively involved in the operation for internally displaced persons.</p>
26 September 2011	<ul style="list-style-type: none"> • A revised plan of action under the emergency and recovery phase was presented and extended the timeframe for this appeal until 30 June 2011. • The appeal was further extended to 31 December 2011 to complete the remaining reconstruction components. The main reasons attributed to the extension were the involvement of PRCS in one of worst floods in the country in August 2010 and in Sindh in 2011, diverting much of its resources to emergency relief and recovery efforts.
31 December 2011	<ul style="list-style-type: none"> • The operation officially comes to a close, with the implementation of all activities completed. With this final report, we request that all remaining projects and funds from this appeal, which amounts to CHF 7,674,208, be transferred to the Pakistan long-term planning framework 2012-2015. Partners/donors who have any questions about the reallocation of the final balance of funds are requested to contact IFRC within the next 30 days.

Summary:

The Pakistan Red Crescent Society (PRCS) began its response to the earthquake from the very onset, through distributing in-country disaster preparedness stocks to immediately reach the most vulnerable with much-needed relief assistance. Within two days of the disaster, an International Federation of Red Cross and Red Crescent Societies (IFRC) field assessment and coordination team (FACT) arrived in country to assess the on-ground needs, while emergency response units (ERUs) and regional disaster response teams (RDRT) were also being mobilized. At the same time, teams of experts and relief shipments from different partner national societies started arriving in country.

The affected areas in the northern provinces of Pakistan presented a difficult logistical challenge due to remote mountainous terrains and vast road inaccessibility. PRCS/IFRC employed the use of helicopters and heavy duty trucks to implement its relief distributions, along with a massive workforce of several hundred PRCS staff and volunteers working round the clock. This operation proved to be the largest mobilization of Red Cross Red Crescent of its time in the country, leading to the expansion of the PRCS's structures and capacity and signaling the first of many involvements in national humanitarian response to major disasters in Pakistan over the next six years.

To support the extensive operations in far flung areas of district Mansehra and Battagram, IFRC set up base camps in Balakot (district Mansehra) and Allai valley (district Battagram). Besides that, a field office was set up in Mansehra with a radio room to facilitate field activities.

By October 2006, PRCS/IFRC reached more than one million people through provision of emergency relief.

The recovery phase of the operation was completed in December 2009, with almost all activities in the earthquake-affected areas finalized.

All the field activities planned by water and sanitation (WatSan) programme in earthquake affected areas concluded in November 2009. From October 2005 to December 2009, a total of 152,476 affected people has benefited from the programme.

The livelihood programme has targeted 200,000 people in its two interlinked phases, such as the early relief and recovery (2006-2007) and rehabilitation and development (2008-2009).

Construction projects make up the bulk of remaining implementation; of the 36 planned, 29 have now been completed. The remaining projects funded by the American Red Cross, Japanese Red Cross and Republic of Korea Red Cross are virtually complete in terms of physical construction, with the remaining procurement of medical equipment and facilities to be completed by 31 December 2012. These pending projects, along with the balance of funds amounting to CHF 7,997,203 will be transferred to the IFRC Pakistan country office long-term planning framework 2012-2015, covering the disaster management, health and care, and organisational development programmes.

Partners/donors who have any questions about the reallocation of the final balance of funds are requested to contact IFRC within the next 30 days.

PRCS is in the process of reviewing their longer-term strategy for disaster management, health and branch development to ensure a more integrated approach to increase community resilience. Together with IFRC and other partners, the National Society is also reviewing support plans for existing hardware components such as warehouse capacity, and its national network of disaster management cells and basic health units. Ideas are being developed for better future sustainability, in view of the current situation where PRCS remains reliant on support from its partners.

PRCS recognizes the need to scale down on operational staff and administrative cost to reduce current overheads to a more acceptable level. The National Society includes in its considerations an exit strategy, taking into account potential compensation packages for staff members leaving the organization. A more detailed plan and revised budget is being worked on with support from IFRC, and is expected to be ready by the end of July.

IFRC, on behalf of PRCS, would like to thank all the partners/donors for their generous response to this appeal.

The situation

An earthquake with a 7.6 magnitude on the Richter scale (centered 95 km north-east of Islamabad) struck at 08:50 local time on 8 October 2005. Khyber Pakhtoonkhwa (formerly known as North West Frontier Province/NWFP) and Pakistan-administered Kashmir (PaK) were the worst affected areas, while tremors were felt across the South Asian region. In Pakistan, according to the official figures, the earthquake claimed 73,000 lives and injured more than 128,000 people. Approximately 3.5 million people were displaced. Several villages got completely flattened and wiped out. Aftershocks continued causing landslides and panic in the already traumatized people.

Coordination and partnerships

The IFRC country office continued its active role in its coordination at various levels with the partner national societies in the country, PRCS as well as the International Committee of the Red Cross (ICRC), including meetings on bilateral and operational issues. IFRC country office attends the regular Red Cross Red Crescent Movement coordination meetings held at country office level. Furthermore, since the onset of floods in 2010, IFRC represents its active participation in the Movement coordination meetings held at provincial level.

IFRC continued to maintain coordination with the humanitarian actors in Pakistan and persistently follows the UN humanitarian coordination and the weekly humanitarian country team, including the resumed General Coordination Meeting facilitated by the Office for the Coordination of Humanitarian Affairs (OCHA) and the respective cluster meetings. However, such meetings have now focused on the humanitarian response to the floods.

As of December 2011, seven partner national societies maintain their presence in the country. These are American Red Cross, Canadian Red Cross, Danish Red Cross, German Red Cross, Qatar Red Crescent, Turkish Red Crescent and UAE Red Crescent.

The Pakistan government's Earthquake Recovery and Rehabilitation Authority (ERRA) was the lead agency in the rehabilitation projects of the earthquake affected communities. PRCS/IFRC reconstruction teams attended regular meetings organized by ERRA to ensure all government approved standards were followed in the reconstruction projects.

Red Cross and Red Crescent action

Overview

Since October 2005, in-country relief goods were transported to approachable areas in district Balakot. Helicopters were utilized to transport relief goods to areas inaccessible by roads. The operation was managed by a huge number of volunteers and supported by PRCS/IFRC staff. More than one million people were reached in the first year of emergency relief operation.

PRCS/IFRC extended this emergency appeal until 30 June 2011, with the final report due on 30 September 2011. Almost all the activities in the earthquake affected areas under the recovery phase have closed down after completion in December 2009, with the exception of the community based health and first aid (CBHFA), reorientation of traditional birth attendants (TBAs) and reconstruction programme. The focus for the remaining duration of the operation will remain towards capacity building and long-term development of PRCS.

Along with the earthquake emergency appeal, PRCS/IFRC has returned to regular planning process on the 2010-11 Pakistan country plan.

Due to PRCS/IFRC involvement in the 2010 monsoon flash flood operation and the scale of the disaster, several activities (specifically under disaster management) could not be implemented. Along with the disaster preparedness stocks, PRCS capacities such as the disaster management cell teams and the facilities of the disaster management and logistics cell acquired during the earthquake operation in Mansehra were heavily utilized in the monsoon flash flood operation.

The IFRC security team continues to provide support to all on-going operations in affected areas with an operational radio room and monitoring from its Mansehra office.

Following the start of a military search operation in Kala Dhaka in early May 2010, the authorities advised all organizations to pull out expatriates based in Mansehra. As a result, the German Red Cross construction delegate based in Mansehra relocated to Islamabad. Activities were also hindered by violent demonstrations in Hazara Division when the current provincial government of North West Frontier Province (NWFP) changed the name of the province to Khyber Pakhtunkhwa (KPK) in May 2010. Nevertheless, the situation has since stabilized somewhat, and activities are able to continue, albeit at a conservative pace.

Progress towards objectives

Relief	
Objective: The basic shelter and household needs of 81,000 earthquake-affected families (approximately 570,000 people) in northern Pakistan are met over the next six months, enabling them to start rebuilding their future.	
Expected results	Activities planned
<p><u>Non-food/Shelter:</u> 81,000 vulnerable families (570,000 beneficiaries) in the affected regions of Garhi Habibullah, Balakot and Battagram receive immediate shelter and basic household items.</p>	<ul style="list-style-type: none"> • Distribute shelter packages to 38,000 families which include winterized tents, stoves, lamps, shawls, personal hygiene kits, tarpaulins, blankets, mattresses, kerosene and kitchen sets. • Identify/register approximately another 43,000 beneficiary families for inclusion in the distribution, and provide them with the same or equivalent assistance. • Identify those families that can rebuild their homes and distribute to them. • Construction kits that include corrugated iron sheeting, timber and appropriate tools. • Explore the feasibility of cash or voucher system to enable the population to rebuild their homes utilizing building materials available on the local market. • Assessment and determination of local markets' capacity to provide appropriate building materials and other items for the ongoing relief operation. • Identification and prioritization of communities where such an approach could work • Engage communities' participation in distribution plans (source appropriate site, air/ground distribution means and volunteers to assist distribution). • Assist specific vulnerable groups such as the elderly and pregnant women. • Continue to monitor needs and review relief plans.
<u>Food</u>	<ul style="list-style-type: none"> • Continue to monitor food needs and review relief plans.

Project 1 – Relief

Expected result: The most vulnerable communities in earthquake-affected or disaster-prone areas are identified and receive targeted assistance.

The project involved the initial emergency relief phase between October 2005 and April 2006. The target of reaching 81,000 earthquake-affected families with emergency relief supplies was exceeded, with 122,000 families assisted by May 2006. A large-scale distribution of relief goods was made to more than 41,000 families over June/July in the same year (details can be accessed from [Operations Update no 26](#)) – making this component one of the successful highlights of the operation. These distributions targeted gap areas and areas which had been under-served in the initial emergency relief phase – Thakot, Sarkool, Kaghan, Berot,

Bakot, Namal, Berengali, Patankalan, Palek, and some of the more remote union councils in Balakot. These distributions brought the total number of people reached with emergency relief items to more than 1.1 million.

Project 2 – Residual relief

The residual relief project reflected the PRCS/IFRC planning/response for the 2006 monsoon season and winter. In an effort to improve preparedness of communities for disasters, Earthquake Rehabilitation and Reconstruction Authority (ERRA), in cooperation with regional district coordination officers, conducted a mapping of available resources including those of INGOs and other international organizations. The main focus of PRCS/IFRC was to assist vulnerable communities in the transitional stage from temporary to permanent shelter. While ERRA officially deemed the emergency shelter phase to be over at the end of March 2006, by August it had re-evaluated the situation and recognized that not all families were going to have access to permanent shelter before the winter.

Expected result: Additional relief and shelter needs of the most vulnerable in earthquake-affected areas were met, ensuring their preparedness for the coming winter (2006-07) and relief and shelter activities were phased out strategically in 2007.

Over 127,000 people received warm shelter items – inclusive of tarpaulins, blankets and cooking stoves – as part of the winter assistance programme. Over a nearly 15-month period beginning on 12 January 2006 and finishing on 31 March 2007, a total of 18,205 families (127,435 people) received assistance across locations in NWFP and Pakistan-administered Kashmir.

People assisted	127,435
Truckloads	260 carrying 700 tonnes
Helicopter rotations	56 carrying 142.5 tonnes
Corrugated galvanized iron sheets distributed	133,520
Shelter tool kits distributed	13,352
Plastic sheet tarpaulins distributed	26,484
Hurricane lamps distributed	9,742
Quilts distributed	38,968
Jerrycans distributed	9,742
Wood-burning stoves distributed	9,742
Kitchen sets distributed	9,742

The areas targeted were villages in Balakot, Battagram and the Allai Valley in NWFP and Chakothi and Muzaffarabad in Pakistan-administered Kashmir. All assessed beneficiaries had their details recorded and were issued with distribution cards. These were then cross-checked and verified at the distribution points. A field monitoring delegate from the American Red Cross and regional disaster response team members helped set up a system to oversee and monitor the distribution process.

A team of 63 staff and volunteers from the PRCS and IFRC were selected to conduct assessments and distributions. All staff and volunteers had the added value of previous experience from the earthquake emergency relief phase and 2006 monsoon operation, which helped in the winter distributions.

Several packages of assistance were provided:

- 1) Hard package: For camp returnees after April 2006 who previously have not received corrugated galvanized iron sheets and shelter tool kits in camps, but who had received the soft packages.
- 2) Soft package: For families who had returned home before April 2006 who had already received the hard packages.
- 3) Full package (hard and soft): For families who had not resided in the camps and who had returned home after April 2006.

Details of the package contents are as follows:

Hard Package	Unit	Qty
Shelter tool kit	Kit	1
Corrugated galvanized iron	Sheet	10
Soft package		
Plastic tarpaulin sheet	Pcs	2
Hurricane lamp	Pcs	1
Wood burning stove	Pcs	1

Quilt	Pcs	4
Jerrycan (14 litres)	Pcs	1
Plastic bucket	Pcs	1
Ladies hygiene kit	Pcs	1
Family hygiene kit	Pcs	1
Kitchen set (for 5 people)	Set	1
Female shawls	Pcs	3
Male shawls	Pcs	4
Blankets	Pcs	7

Health

Overall objective: The health status of populations in earthquake-affected and other most vulnerable communities in Pakistan are improved through implementation of emergency response, recovery and development health programmes.

The health component of the 2005 earthquake emergency and recovery operation consisted of five projects. During the emergency period which lasted for a year, PRCS with IFRC support delivered the following projects:

1. Basic health care
2. Psychosocial support
3. Water, sanitation and hygiene promotion

Similar projects were carried out as part of the recovery program (following different timelines) though now rolled out through volunteer-driven community development approaches. The recovery programme also included two projects which covered areas outside the earthquake-affected districts:

4. Capacity building in health
5. HIV prevention

PRCS with IFRC support also contributed in the rehabilitation/reconstruction of BHU and rural health centres in worst-affected areas. These are part of the reconstruction/repairs of education and health buildings project (shelter and reconstruction programme).

1. Basic health care project	
Objective: To prevent diseases and deaths through continued provision of appropriate and quality primary health care services.	
Expected results	Activities planned
Earthquake affected people (up to 200,000) in northern Pakistan and other branches have access to appropriate basic health care.	<ul style="list-style-type: none"> • Establish and operate mobile health clinics/basic health care services 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.

Progress:

PRCS with support of IFRC established a network of health facilities to ensure continuation of the delivery of basic health services in areas which suffered destruction of health facilities. More than 416,916 people were reached through health care services¹.

During the emergency phase, a 200-bed IFRC multi-national field hospital led by the Norwegian Red Cross², two basic health care emergency response units from the French and Spanish Red Cross societies, and more than 15 mobile health units were deployed to ensure that primary and secondary health services are available thereby reducing suffering, injury/illness complications and deaths. This network served 178,164 people until October 2006 (see Table 1 below):

Table 1. Network of health facilities deployed during the emergency phase

Health facility	Location	Period of operation	People served
PRCS mobile health units/basic health units	Pakistan-administered Kashmir (various)	Oct 05 – Oct 06	96,852
PRCS/IFRC mobile health units	Balakot, Banna, Besham	Oct 05 – Oct 06	28,020
PRCS/IFRC/Korean Red Cross mobile health unit	Besham, Mansehra	Oct – Dec 05	4,382
Spanish Red Cross BHC ERU (with extended operation managed by PRCS/Federation)	Balakot	Oct 05 – Apr 06	7,629
French Red Cross BHC ERU (with extended operation managed by PRCS/French RC)	Allai Valley, Batagram	Oct 05 – Oct 06	25,476
RDRT/Malaysian Red Crescent	Mansehra	Oct – Nov 05	1,182
IFRC multi-national field hospital	Abbottabad	Oct 05 – Feb 06	14,623
Total served			178,164

The operation also provided 25 basic health units in Kohistan, Mansehra and Shangla with tents, heaters, generators, beds, and supplementary kits of the inter-agency emergency health kits (for BHU with medical officers) which enabled these facilities to resume delivery of services. Some 400 lady health workers were also provided with tents, heaters, essential medicines, female hygiene kits, equipment and supplies in order to revive 'health houses' (particularly during the winter of 2005) which catered to village health needs of an estimated 400,000 affected people. Other national and international emergency health teams – such as the Afghan and Cuban health teams – were also supported by the operation with emergency health kits, surgical kits and equipment to increase coverage of health services. For details, see Operations Update No. 10 and 25.

During the recovery phase, static health facilities were discontinued. The field hospital was handed over to the Ayoub Medical Centre while the BHC ERU to PRCS after the conduct of trainings on the setting up and operation of these facilities. In agreement with local health authorities and ERRRA, the MHU operation consisting of two units per district was continued in designated areas until permanent health facilities were re-established and able to continue delivery of services. Between Oct 2006 and Sept 2009, PRCS MHU reached 238,752 people (see Table 2 below).

Table 2. People and areas served by PRCS MHU during the recovery period

Year	Operation areas					Total
	Balakot	Banna	Batagram	Besham	Oghi	
	2 units, 13 sites	2 units, 6 sites	2 units, 7 sites	2 units, 10 sites	2 units	10 units
2006	12,000	4,356	3,375	8,800	-	28,531
2007	19,168	18,356	6,076	33,780	-	77,380

¹ People reached through health care services would reach more than 812,725 if bilateral and unilateral contributions of partner national societies are included.

² Supported with human resources from the German, Japanese, New Zealand and Bangladesh Red Cross and Red Crescent societies.

2008	14,509	26,670	-	17,050	9,988	68,217
2009	7,871	14,457	-	35,274	7,022	64,624
Total	53,548	63,839	9,451	94,904	17,010	238,752

Note: Period covered Oct 2006 – September 2009. PRCS MHU in Batagram areas served until end of second quarter of 2007, while services in Oghi started in the second quarter of 2008.

While disease prevention and health promotion activities were carried out since the start of the earthquake response, these were scaled up at the start of the recovery phase through the training and mobilisation of volunteers and by employing the community-based health and first aid approach. These were carried out in the districts of Battagram, Mansehra and Shangla in KPK, and Bagh, Muzaffarabad and Neelum in AJK. Through 43 trained coaches and 1,725 volunteers, an estimated 241,500 people have benefitted from health education sessions and house to house visits.

Health coordination

In the delivery of this project (and the whole health programme), PRCS health teams have worked and coordinated with health authorities at national, provincial and district levels, as well as with WHO, UNICEF, other UN agencies and humanitarian organisation through the health cluster. Through the Movement Health Technical Committee, the planning and implementation of the health programme of the earthquake response was carried out in a coordinated and integrated way with the PRCS health department as lead and working closely with in-country partner NS, ICRC and IFRC.

Relevant bilateral activities

In the implementation of the earthquake response, a number of partner national societies directly supported PRCS in the delivery of basic health services during the emergency and recovery phases. These were not part of the emergency appeal.

Between November 2005 and March 2008, the *Qatar Red Crescent* operated a 40-bed field hospital in Bagh, in the Pakistan-administered Kashmir, which reached a total of 132,361 people. The facility provided in- and out-patient services, including vaccinations and mobile health services. As part of its exit strategy, the national society partnered with Islamic Relief to construct a new basic health unit in the area which was to be completed in Sept. 2008.

As part of the recovery period, the *American Red Cross* supported the implementation of a three-year mother and child health project in Balakot (2007-2009), particularly in six union councils and 27 villages. The *Danish Red Cross* also implemented a community health development project in Balakot, while *Canadian Red Cross* community health programme in Banna. These projects included training and/or re-orientation of traditional birth attendants.

There were also other partner national societies which delivered earthquake emergency response under the umbrella of their national government response (see Table 3 below).

Table 3. Other partner NS running health facilities during the emergency period

Health facility	Location	Period of operation	People served
Italian Red Cross field hospital	Manshera	Oct – Nov 05	686
Saudi Red Crescent field hospital	Manshera	Oct 05 – Apr 06	208,327
Turkish Red Crescent field hospital	Muzaffarabad	Oct 05 – Mar 06	54,435
Total served			263,448

2. Psychosocial support

Objective: To support earthquake-affected people cope with prolonged psychological stress and actively contributed to community efforts during the post-emergency/transition period.

Expected results	Activities planned
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<p>Up to 30,000 people have been provided with psychosocial social support.</p>	<ul style="list-style-type: none"> • Provide psychosocial education and support on disasters, targeting communities in affected areas. • Mobilise 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 PSS, project management and related activities. • Provide PSS 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 to promote understanding on the importance of PSS.
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Progress:

This project was implemented between October 2005 and April 2007 by the Danish Red Cross using funds from ECHO. By April 2007, the project reached more than 32,000 people from 23 villages in Batagram and Manshera districts. Some 27,000 people were reached in camps during the emergency phase. Some 21 IFRC staff, 70 government health staff, and 100 government teachers have been trained, while 652 volunteers were trained and mobilised. Please refer to Operations Update No. 29 for a detailed summary.

Relevant bilateral activities

The Belgian Red Cross and Turkish Red Crescent also carried out PSS activities in Batagram and Muzaffarabad districts. The Danish Red Cross has continued PSS activities after April 2007 as part of its community-based health programme. See Operations Update No. 29 for details.

3. Water, sanitation and hygiene promotion	
Objective: The health status of vulnerable people in Pakistan is improved through hygiene and health promotion, provision of sanitation facilities and safe drinking water.	
Expected results	Activities planned
<p><u>Hygiene promotion:</u> To support NWFP communities in the rehabilitation and maintenance of safer water and sanitation facilities destroyed by the earthquake, using community-based hygiene promotion methodologies, in order to reach sustainable improvement in health and wellbeing for 160,000 vulnerable people by the end of 2009.</p>	<ul style="list-style-type: none"> • Community mobilization activities. • Community participation: formation of village water committees. • Impact assessments. • Participatory hygiene and sanitation training (PHAST) refresher community trainings and field staff workshops/trainings. Children hygiene and sanitation training (CHAST) methodology with school children. • Interaction and integration with PRCS/International Federation Muss and clinics, with gender, livelihood: provision of 5,000 hygiene parcel to the school children. • Meetings with stakeholders: publications. • Clean-up campaigns. • Human resources.
<p><u>Sanitation:</u> By the end of 2009, a total of 80,000 people have achieved sustainable improvement in relation to their health and to a reduced risk of sanitation related diseases through better access to sustainable and appropriate sanitation facilities in the areas of Battagram, Allai, Balakot and Shangla (Besham) and in other areas prioritized by the relief recovery programme and PRCS.</p>	<ul style="list-style-type: none"> • Construction of 1,300 family latrines and washrooms until the end of 2009. • Four operation and maintenance trainings for community volunteers with the provision of plumbing tools kits. • Solid waste and drainage works. • Human resources. • Contingency planning of emergency stock of sanitation items.
<p><u>Water supply:</u> Provision of safe water for 80,000 affected people through water supply scheme reconstruction and rehabilitation in the earthquake affected areas of Balakot and Battagram.</p>	<ul style="list-style-type: none"> • Technical and financial support of PRCS water and sanitation teams – Total 16 personnel for three components. • Completion of 75 water supply schemes until end of 2009 for the earthquake area. • Water emergency earthquake equipment training.

Progress:

During the emergency period the emergency response units (ERUs) in Battagram and Balakot continued provision of safe drinking water and emergency sanitation to approximately 30,000 people. The last emergency response unit was closed down in July 2006.

The planned activities in the earthquake affected area were completed by December 2009. The programme targeted 152,476 beneficiaries in the earthquake-affected areas.

The water and sanitation project has been divided into three components:

1. Hygiene promotion
2. Sanitation
3. Water supply schemes.



A Pakistan Red Crescent Society livelihoods programme officer inspecting a hydropower generator constructed by Pakistan Red Crescent Society/International Federation at Kushgram village in Allai Valley. The generator runs on the kinetic energy of water and can produce five KVA electricity, allowing 130 households in this remote village of northern Pakistan have access to electricity. **Photo:** IFRC.

Hygiene promotion:

Hygiene promotion was a key component to ensure the sustainable operation and use of the hardware components (water supply systems, sanitation facilities).

A total of 203 participatory hygiene and sanitation transformation (PHAST) trained volunteers conducted hygiene promotion in their respective communities within 76 committees. These committees were formed by the target village community at the time of initiation of activities and were responsible for operation and maintenance of hardware components. They maintained regular contact with PRCS hygiene promotion teams to hold meetings with them to solve any issues and problems.

PRCS hygiene promotion teams also carried out community sessions for more than 93,000 people. A total of 73 facilitators and 12 trainers of trainers completed the training out of seven PHAST trainings.

Using the same methodology, two day-long PHAST sessions were conducted in each village while two to three male and female community volunteers were trained in each programme area to continue future activities. Overall, 15 PHAST trainings were conducted for communities, four clean up campaigns were launched and 6,000 school hygiene bags were distributed among the school children in the programme areas.

By using the children's hygiene and sanitation training (CHAST) methodology (PHAST modified for children), hygiene promotion sessions were also carried out in 28 schools.

Table 4. PHAST sessions carried out and reach in operation areas.

Location	PHAST session	Beneficiaries reached	Schools reached	Students reached
Balakot	132	1,987	14	1,025
Battagram	102	1,574	10	1,950
Total	234	3,561	28	2,975

Sanitation:

A total of 5,318 (2,746 in Balakot and 2,572 in Battagram) latrines were constructed to give access to improved sanitation for 129,725 people overall, well exceeding the four-year target of 5,000.

Water Supply:

Overall PRCS/IFRC completed 89 water supply systems in four years of the earthquake rehabilitation programme which gave access to safe drinking water for 18,300 households.

Table 5. Water systems completed and population reach in operation areas.

Location	Completed	Households benefited	Beneficiaries reached
Balakot	64	12,000	83,376
Battagram	25	6,300	44,100
Total	89	18,300	128,100

After the completion, water supply systems were handed over to communities to continue operation and maintenance, following operation and maintenance trainings. The ERRA has issued completion certificates to PRCS as token of completion.

Operation and Maintenance Trainings:

For the capacity building of the communities two or three volunteers from each community were trained for the operations and maintenance of the projects for long-term sustainability. Eight trainings were conducted, four in Battagram (Allai) and four in Balakot, where 89 and 70 volunteers were trained in Balakot and Battagram respectively. Trained volunteers were also provided with plumbing tool kits and some pipe fittings.

During the first quarter of 2010 monitoring visits to provincial branches were carried to check the status of ERU equipment, which was previously handed over to PRCS after 2005 earthquake and subsequent Yemyin cyclone/flood operation in 2007. The PRCS conducted district-, provincial- and national-level trainings to prepare water and sanitation kits from the ERU equipment, to cope with small-scale disasters. During the 2010 and 2011 floods operations, these were used in the emergency response with technical support from partner national societies. These played a major role in providing safe drinking water to those affected by the floods.

4. Capacity building in Health	
Objective: PRCS capacity in emergency health preparedness and response, and community-based primary health care programming are developed to better serve at risk communities.	
Expected results	Activities planned
PRCS capacity in emergency health preparedness and community based health is enhanced.	<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. <ul style="list-style-type: none"> • Support training and coaching of PRCS staff and volunteers in water and sanitation and PSP to support scaling up in these areas
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Progress:

PRCS health programming, including that supported by the Federation, was severely affected as a result of the earthquake. As the PRCS moved on the recovery programming, it has been decided that health projects supported by the Federation be incorporated as part of the emergency appeal. During this period, health care services in Baluchistan and in the Khyber Pakhtunkhwa/KPK (then named the North West Frontier Province), avian influenza prevention project, and HIV prevention, were included in the appeal.

Health policy and strategies

In 2008, PRCS developed its health policy with supported from the Federation. Through request of a health technical committee (consisting of health experts from PRCS, and country offices of ICRC, partner national societies and the Federation), a national society health strategy was also formulated which took account MNCH and emergency health. Said committee, through the emergency health preparedness working group, drafted an influenza contingency and preparedness plan.

Trainings and technical support to staff and volunteers

Throughout the operation period, more than 150 PRCS staff at headquarters and branches received a range of trainings, support and mentoring to enhance programme planning and implementation. These included mobile health operation including organization, crowd control and logistics; CBHFA; first aid; avian influenza prevention and preparedness; and emergency health.

As an evolving flagship programme, PRCS made substantial investment in training and equipping staff and volunteers on the CBHFA approach. In addition to training coaches and volunteers in earthquake-affected areas, some 136 coaches and 3,266 volunteers have been trained and mobilized between 2005 and 2011. These coaches have been provided with bags, household toolkit, manuals in Urdu or Sindhi, as well as reporting forms.

Health services in Baluchistan and KPK

With multi-lateral support of the British Red Cross, PRCS has been running three BHU and three MHU in Quetta, Nushki and Chaman (northern Baluchistan), and covering a catchment of 160,000 people. Operational since 2002 serving Afghan refugees and host communities, these units provided out-patient curative health services in the above-mentioned areas which included health education, CBFA trainings, reproductive health care and immunisation services. Since the incorporation of this project in 2007 to the earthquake recovery programme, more than 315,420 persons have been reached. Please see table below for details:

Table 6. Annual total number of persons reached by PRCS health services in northern Baluchistan

Year	MHU	BHU	Total
2007	11,797	25,727	37,524
2008	21,605	39,120	60,725
2009	36,666	46,459	83,125
2010	31,571	31,725	63,296
2011	22,891	47,859	70,750
	124,530	190,890	315,420

Note: 2011 figures only cover Jan – July period.

In KPK, PRCS also operated one MHU and one BHU in Peshawar and Torkham, respectively, since 2002 for the same population.

Avian influenza prevention

PRCS initiated prevention efforts in Dec 2006 when Pakistan reported animal cases of the highly-pathogenic avian influenza (HPAI) H5N1. Guided by a plan, pamphlets in various local languages were produced and used to reinforce prevention education activities through MHU, CBFA volunteers and village committees. Some 400 volunteers were trained on prevention messaging, and 160 on community preparedness and health promotion; these volunteers reached more than 3,300 people. As part of pandemic preparedness, 500 personal protective equipment and 400 household hygiene kits were procured.

Through a small grant from the Humanitarian Pandemic Preparedness (H2P) Programme, PRCS carried out influenza prevention tools and messages through its network of health and hygiene promoters and CBHFA volunteers.

Health coordination

Please refer to basic health care narrative for details.

5. HIV/AIDS prevention project	
Objective: Up to 30,000 people have benefitted from community-based HIV/AIDS prevention, care and support activities to the reduction of the burden of HIV/AIDS in the country.	
Expected results	Activities planned
Vulnerability to HIV and its impact reduced through community-based HIV/AIDS prevention and support activities.	<ul style="list-style-type: none"> Continuation of the voluntary counselling and testing VCT services on HIV/AIDS in PRCS Punjab branch. HIV/AIDS VCT resource material development. Youth peer education sessions in Punjab, Sindh, Baluchistan and northern areas. Awareness, anti-stigma and discrimination activities among the target group (health care providers, religious leaders, IV drug users) in Sindh, Punjab, Baluchistan and Gilgit Baltistan. Continuation of the voluntary non-remunerated blood donor recruitment (VNRBDR). Development of voluntary blood donor data base in national headquarter and provincial headquarter.

Progress:

Part of the South Asia regional programme (2005-2010), the HIV/AIDS prevention project had the following main activities: youth peer education (YPE), voluntary counselling and confidential testing (VCCT), addressing stigma and discrimination, and voluntary non-remunerated blood donor recruitment (VNRBD). During the implementation period (despite the slow start resulting from the earthquake response and considering that HIV was a somewhat new undertaking for PRCS), the project reached the following:

Table 7. People reached by the HIV project (Jan 2005 – March 2010)

Activity	Male	Female	Total
People reached by peer education programme	93,820	55,540	149,360
People who were referred to VCCT services	3,084	3,091	6,175
PLHIV supported on positive prevention (number only)	34	20	54
People reached by Peer education for VNRBD strengthening	N/A	N/A	60,558
NS staff and volunteers participating in workplace HIV education	616	725	1,361

For details of the five year project, please refer to Annex A - Final Report of the PRCS HIV/AIDS Programme.

Since the completion of the five-year project, the main activities of the HIV/AIDS prevention project were funded through this operation and carried out in the cities of Lahore, Karachi, Quetta, Gilgit-Baltistan and Islamabad. Progress during the period April 2010 – Dec 2011; please refer to [Operations Update no. 35 and 36](#).

Challenges

While the health programme has achieved a lot during the period of implementation, it was faced with a number of challenges. Particularly during the emergency phase, the programme had difficulty in recruiting and mobilising women/lady staff and volunteers. It can also be recalled that a big proportion of health workers either died or could not return to work because they have to take care of their injured or ill family members. This resulted to reduced uptake of PRCS health services – about 70 per cent of the people reached during the emergency phase were men. Through continued efforts to recruit lady health staff both in- and outside of Pakistan, the update of PRCS/IFRC health services eventually improved at the start of the recovery period: 60 per cent women, 40 per cent men.

The programme faced frequent staff turnovers. Although salary scales for health staff have been revised, the issue of retaining experienced health staff, particularly the specialized medical staff, for the mobile and basic health units has continued to be a challenge as government health authorities and many other organisations offered more competitive salaries and benefits.

Implementation of the multi-year operation was usually affected by weather conditions which resulted either to floods or landslides, making access to operation areas difficult. There were also other emergencies that took place during the implementation period, resulting to the temporary re-direction of PRCS, Federation and partner NS human and material resources. Noteworthy were the cyclone and floods in Baluchistan in 2009, the IDP crisis in KPK in 2009, and the unprecedented Pakistan floods in 2010.

The conservative nature of remote communities, strife between castes, and opposition to women being employed by NGO/humanitarian organisations also added to the complexity of the situation and had disrupted the delivery of health services.

Raising awareness regarding sexual and reproductive health issues is skewed with cultural barriers in a country with a diverse population. In Pakistan strong cultural values prohibits the open discussion on sexual issues. Cultural barriers are significant and cannot be denied but obstruct the awareness raising process. To overcome this issue PRCS has employed male and female youth peer educators in each provincial branch with male and female counsellors for VCCT in Punjab (Lahore) to spread awareness with ease.

Disaster management programme

Overall objective: The vulnerability of communities has reduced through development of effective disaster management systems of the PRCS and better coordination between the local authorities and other key actors in the country.

Under the earthquake operation, the disaster management programme consisted of disaster response, disaster preparedness and livelihood. In 2010, the main focus of the disaster management programme was the establishment of disaster management cells in identified districts.

As of December 2011, the earthquake appeal, through its DM programme, supported 117 PRCS staff and 29 DM cells. Any personnel working under this appeal will now be supported by the ongoing IFRC country long-term planning framework 2012-2015.

Disaster management programme

Objective: To enhance and sustain the capacity of communities in disaster prone areas, to reduce the impact of disasters. Building safer communities by reducing the impact of disasters.

Expected results	Activities planned
<p><u>Community based disaster risk reduction (CBDRR):</u> To build the capacity of communities in targeted disaster prone areas to prepare and respond better to disasters.</p>	<ul style="list-style-type: none"> • Standardization of disaster management orientation/induction module, district and tehsil administration and community awareness sessions. • Development of school safety project, piloting of school safety project. • Vulnerability capacity assessment (VCA) training and VCA of identified districts. • CBDRR module (translation and compilation), training and mitigation projects. • Development of community mobilization module, community mobilization training. • National/international exchange visits.

	<ul style="list-style-type: none"> • International trainings/workshops. • Disaster management IEC material (brochure, posters). • Administration/human resource cost.
<p><u>Disaster response:</u> To build the capacity of PRCS (personnel, hardware, resources) so that it has a disaster management system that is able to respond effectively in targeted disaster-prone areas in Pakistan.</p>	<ul style="list-style-type: none"> • PRCS national disaster response planning workshop (NDPRM). • Development of standard operating procedures for emergency response. • Development of national/provincial/regional contingency plans (floods, earthquake and cyclone). • Development of district disaster response team (DDRT) module, training and formation of branch disaster response teams BDRT) - (piloting). • Development of BDRT module, training and formation of BDRT. • Finalization of national disaster response team (NDRT) module, NDRT- relief. • Training of RDRT. • Simulation exercise (based on contingency planning). • Development of logistics module, logistic training. • Development of water and sanitation NDRT module, procurement of Rubb halls. • Procurement and standardization of emergency response kits for response team. • HF/VHF base establishment. • Procurement of disaster preparedness stocks and pre-positioning. • International trainings/workshops. • Disaster management IEC material (brochures, posters).
<p><u>Coordination, Monitoring and Evaluation</u></p>	<ul style="list-style-type: none"> • National disaster management working group (DMWG) meeting. • Regional DMWG meeting. • Coordination meetings (at national headquarters/provincial headquarter). • Disaster management cells sustainability evaluation. • Monitoring and evaluation visits (by national headquarters/provincial headquarters).
<p><u>Youth and Volunteerism:</u> To ensure the volunteer base of the PRCS is trained to be an effective resource to improve communities' resilience to disasters.</p>	<ul style="list-style-type: none"> • Celebration of International Youth Day, volunteer day/convention for retention of volunteers, annual award ceremony and organizing Red Crescent week in schools. • Mobilization and formation of junior Red Crescent in schools (target group aged 10-14 years) and youth Red Crescent clubs at colleges, universities and community level (target group aged 15-24 years). • Conduct awareness sessions in educational institutes. • Organizing poster competitions on school safety. • Youth camps at PRCS branches and national youth camp at national headquarters, youth and volunteer exchange visits to branches.
<p><u>Training hall and warehouse</u></p>	<ul style="list-style-type: none"> • Partial financial support to PRCS to strengthen warehouse capacity and training centre within PRCS building construction plan in national headquarters.

Progress:

The most recent information on this component can be found in [Operations Update no.34](#).

Livelihood programme

Objective: To restore the livelihoods through self-development skills whose agriculture assets were damaged by more than 60 per cent by the earthquake/floods/landslides, at least to the same level, which was present at pre earthquake time.

Expected results	Activities planned
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<p><u>Organizational capacity building of communities:</u> Targeted communities have the organizational infrastructure for sustainable livelihood management.</p>	<ul style="list-style-type: none"> • Setting up community based organizations. • Provision of community management skills training. • Development of linkages with government line departments, other non-governmental organisations and agencies working in the area. • Proposal formulation.
<p><u>Community based livelihood project:</u> With provision of maintenance skills to the communities.</p>	<ul style="list-style-type: none"> • Rehabilitation of community based livelihood projects which includes irrigation channels, community paths, small scale retention walls, watermills etc. • Provision of maintenance skills for those structures.
<p><u>Agriculture capacity building:</u> Provision of modern agriculture tools and trainings on vegetable production along with necessary communal tool kits according to identified needs by the communities.</p>	<ul style="list-style-type: none"> • Provision of agriculture trainings along with communal tool kits. • Provision of use of modern agriculture tools by the communities.
<p><u>Vocational training:</u> Provision of skills development training with sewing machine, necessary tool kits and practice material to women only according to identified needs by the communities.</p>	<ul style="list-style-type: none"> • Provision of skills development trainings for women. • Provision for sewing machines and necessary tool kits and practice material.

Progress:

Livelihood project was recovery-specific which targeted nearly 200,000 people in its two interlinked phases – early relief and recovery (2006-2007) and rehabilitation and development (2008-2009), and completed in December 2009. Livelihood programme was carried out in 35 communities in six union councils of District Balakot and Battagram.

During early relief and recovery phase, emphasis was given on food security and revival of immediate assets like agriculture, livestock and vocational skills. Initial support of maize, wheat seeds, fertilizer, kitchen garden seed, tool kits and fruit plants were provided to the most vulnerable households. However during the rehabilitation and development phase, the programme revised its plan of action and placed more emphasis on restoration of communal assets which could serve masses instead of individuals.



A Pakistan Red Crescent Society vulnerability and capacity assessment practitioner (national and regional disaster response trained) facilitating the community members during a practical vulnerability and capacity assessment exercise in Baluchistan.
Photo: Pakistan Red Crescent Society.

A total of 73 community organizations were formed and 58 community management skills trainings were conducted benefiting 27,173 people (4,080 households). Strengthening of community organizations will lead to sustainable developed communities even after the phase out of livelihood programme.

Community-based livelihood rehabilitation projects: By the end of December 2009, ten irrigation channels were rehabilitated which would improve the agriculture output in the coming years. Previously in some villages, people had to walk on narrow paths for hours to access transportation. With seven community foot tracks rehabilitated, 1,900 households could easily access the main road and nearby health facilities. Rehabilitation of farm-to-market link roads was also a priority among remote communities after the earthquake. Four farm- to-market link roads were rehabilitated and benefited 3,800 households. These roads also offer farmers easy access to transport their goods to the nearby markets.

A gabion wall was built in Shohal Najaf Khan which would benefit 200 households and protect 2,000 canals of agricultural land. One community protection wall was

constructed at village Pori to protect 100 houses and some agriculture land from flooding caused by monsoon rains.

With the rehabilitation of two water mills, 3,663 peoples (550 households) have benefited and able to flour their grains at their door step which would save them time and money.

Six operations and maintenance trainings were arranged at Balakot and Battagram to equip the community members with basic skills to maintain the community-based livelihood recovery programme (CBLRP) when it comes to completion. Every community also received a communal tool kit.

A total of 94,386 peoples (14,172 households) were provided with maize/wheat seed along with basal doses of fertilizers and tool kits. The target communities of District Mansehra and Battagram were provided with 30 communal vegetable dryers and 21 modern threshers. Meanwhile, 173 extension workers were trained in cooperation with line departments of district Mansehra and Battagram respectively. These extension workers would provide services to 17,300 people and disseminate knowledge about latest agriculture technologies to the communities as well as serve as a strong link between communities and government agencies.

Due to cultural barriers, women in the programme areas tend to have a limited contribution for income generation for their family. The programme established 23 skill development training centres in the target areas, in which training 600 females in tailoring skills. Furthermore, female community members were given kitchen gardening trainings and later were involved in the activities.

Reconstruction programme	
Objective: Targeted communities affected by the earthquake gain access to health, educational and community services via the reconstruction of destroyed public health, education and community buildings.	
Expected results	Activities planned
Construction of 36 public buildings encompassing health, education and community/vocational facilities to be completed during 2011 and to be utilized by communities by end of 2011.	<ul style="list-style-type: none"> • Regular monitoring of sites for efficient planning and management and quality control purposes • Review and reallocate monies with budgets • Procure furniture and equipment for all facilities and handover all facilities to relevant authorities.

Progress:

The earthquake's impact was most pronounced through the destruction of public health and educational infrastructure (clinics, hospitals and schools) that were important to affected communities. The reconstruction programme under this appeal aimed to restore, rehabilitate and construct 36 public buildings.

The reconstruction programme covers 16 educational facilities (two degree colleges, four high schools, nine middle schools and one primary school), 12 health facilities (nine basic health units and three rural health centres), six vocational training centres and two branch offices and warehouses. As of December 2011, 29 out of 36 projects were completed and the remaining seven projects are at various stages of completion.

No.	Projects completed	
1.	Girls primary school	Toferabad, Pakistan-administered Kashmir (Phase II)
2.	Girls middle school	Shohal Najaf Khan in KP (Phase I)
3.		Mansehra in KP (Phase I)
4.		Mera Bakot in Pakistan-administered Kashmir (Phase I)
5.		Khalana, Pakistan-administered Kashmir (Phase II)
6.		Phal, Pakistan-administered Kashmir (Phase II)
7.		Shohal Maazulla, KP (Phase I)
8.		Boys middle school
9.	Hattian Bala in Pakistan-administered Kashmir (Phase I)	
10.	Batang in KP (Phase II)	
11.	Boys high school	Shohal Mazullah, KP (Phase II)
12.		Saran, Pakistan-administered Kashmir (Phase II)
13.		Khalana, Pakistan-administered Kashmir (Phase II)
14.	Boys degree college	Garhi Dupatta in Pakistan-administered Kashmir (Phase I)
15.	Vocational training centre	Plat Muzzafarabad, Pakistan-administered Kashmir (Phase III)
16.		Hattian Dupatta, Pakistan-administered Kashmir (Phase III)
17.		Chakkar, Pakistan-administered Kashmir (Phase III)

18.		Mansehra, KP (Phase III)
19.		Lamnia, Pakistan-administered Kashmir (Phase III)
20.	Basic health unit	Saran in Pakistan-administered Kashmir (Phase II)
21.		Shohal Najaf Khan, KP (Phase I)
22.		Salmia, Pakistan-administered Kashmir (Phase II)
23.		Reshain, Pakistan-administered Kashmir (Phase II)
24.		Lamnia, Pakistan-administered Kashmir (Phase III)
25.		Khalana, Pakistan-administered Kashmir (Phase II)
26.		Hilkot, KP (Phase I).
27.		Rural health centre
28.	Oghi, KP (Phase II)	
29.	Branch Office and Warehouse	Mansehra, KP (Phase III)

No.	Projects near completed	
30.	Boys Middle School, Amra Sawan, Pakistan-administered Kashmir (Phase I)	
31.	Boys Degree College, Chinari, Pakistan-administered Kashmir (Phase I)	
32.	Rural Health Centre, Battal, KP (Phase I)	

The remaining projects funded by the American Red Cross, Japanese Red Cross and Republic of Korea Red Cross are virtually complete in terms of physical construction, with the remaining procurement of medical equipment and facilities to be completed by 31 December 2012. These pending projects, along with the balance of funds have now been transferred to the ongoing IFRC country long-term planning framework 2012-2015.

The overall management is done by the PRCS national headquarters in Islamabad with the National Society and IFRC construction teams working together. Supervision of the contractor's on-ground work will continue to be the responsibility of a consultant engineering company.

Phase I project status:

Funding	Facility/location	Status	Est. Finish
IFRC/ Japanese Red Cross	Girls Middle School, Amra Sawan, PaK	The superstructure along with fixing of roof truss and CGI roof sheets has been done. Building in finishing stages. Work for the construction of reinforced cement concrete (RCC) wall has been awarded but the contractor has not mobilised the construction activities.	Nov 2012
IFRC/ Japanese Red Cross	Girls Middle School, Shohal Mazulla, KP	The project is completed and is functional.	-
IFRC/ Friends of Al Shifa	Boys Middle School, Hattian Bala, PaK	Handed over to government authorities.	-
IFRC/ Japanese Red Cross	Boys Middle School, Shohal Najaf Khan, KP	Handed over to government authorities.	-
IFRC	Boys Degree College, Garhi Dopatta, PaK	Handed over to government authorities.	-
IFRC/ American Red Cross	Rural Health Centre, Battal, KP	The superstructure along with fixing of roof truss and CGI roof sheets has been done. Building in finishing stages. Furniture is supplied. Supply of medical equipment remaining.	Nov 2012
IFRC/ American Red Cross	Basic Health Unit, Shohal Najaf Khan, KP	Project completed.	-
IFRC/ American Red Cross	Basic Health Unit, Hilkot, KP	Project completed.	-
IFRC/ Hong Kong branch of the Red Cross Society of China	Girls Middle School, Shohal Najaf Khan, KP	Handed over to the local authorities on 5 August 2008.	-
IFRC/ British Red Cross	Girls Middle School, Mera Bakot, PaK	Project completed.	-

IFRC	Boys Degree College, Chinari, PaK	The superstructure along with fixing of roof truss and CGI roof sheets has been done. Building in finishing stages.	Nov 2012
IFRC/ Red Cross Society of China	Girls High School, Mansehra, KP	Project completed.	-

Phase II project status:

Funding	Facility/location	Status	Est. finish
PRCS/ Bahrain Red Crescent (bilateral)	Girls Middle School, Phal, PaK	Project completed.	-
IFRC/ Republic of Korea Red Cross	Basic Health Unit, Khalana, PaK	Project completed.	-
PRCS/ Bahrain Red Crescent (bilateral)	Boys High School, Saran, PaK	Project completed.	-
PRCS/ HSBC (bilateral)	Girls Primary School, Toferabad, PaK	Project completed.	-
IFRC/ Republic of Korea Red Cross	Basic Health Unit, Salmiah, PaK	Project completed.	-
IFRC/ Republic of Korea Red Cross	Basic Health Unit, Reshian, PaK	Project completed.	-
PRCS/ Bahrain Red Crescent (bilateral)	Boys High School, Shohal Mazulla, KP	Project completed.	-
IFRC/ Republic of Korea Red Cross	Basic Health Unit, Saran, PaK	Handed over to the local authorities on 4 November 2008.	-
IFRC/ Singapore Red Cross	Boys High School, Khalana, PaK	Project completed.	-
IFRC/ Singapore Red Cross	Girls Middle School, Khalana Khurd, PaK	Project completed.	-
IFRC/ Taiwan Red Cross Organisation	Boys Middle School, Batang, KP	Project completed.	-
IFRC/ Republic of Korea Red Cross	Rural Health Centre, Lassan Nawab, KP	Project completed.	-
PRCS/ German Red Cross (bilateral)	Rural Health Centre, Oghi, KP	Project completed.	-

Phase III projects status:

Funding	Facility/location	Status	Est. finish
IFRC/ American Red Cross	Vocational centre, Hattian Dupatta, PaK	Project completed and handed over to the govt of AJK.	-
IFRC/ American Red Cross	Vocational centre, Lamnia, PaK	Project completed.	-
IFRC/ Japanese Red Cross	Vocational centre, Chakkar, PaK	Project completed.	-
IFRC	Vocational centre, Swat, KP	Construction activities started in July 2011.	Dec 2012
IFRC	Branch Office and warehouse, Swat, KP	Construction activities started in July 2011.	Dec 2012
IFRC/ Japanese Red Cross	Vocational centre, Mansehra, KP	Project completed.	-
IFRC/ Japanese Red Cross	Branch Office and warehouse, Mansehra, KP	Project completed.	-
PRCS/ UAE Red Crescent (bilateral)	Vocational centre, Muzafarabad, PaK	Project completed.	-
PRCS/ Canadian Red Cross (bilateral)	Basic health unit, Lamina, PaK	Project completed.	-
PRCS/ Canadian Red Cross (bilateral)	Basic health unit, Batley, Thalkot, PaK	Superstructure completed.	-
PRCS/ Canadian Red	Basic health unit, Roupkani,	Superstructure completed.	-

Cross (bilateral)	Bateela, PaK		
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Challenges:

The construction activities of three remaining projects (degree college Chinnari, middle school Amra Sawan and rural health centre Battal) were slow to complete due to weak commitments from contractors. Intense supervision and support was required. Furthermore, the tough terrain in Amra Sawan is challenging to access during rain or snow.

Procurement of medical equipment (a 20-bed hospital) for rural health centres Battal and Lissan Nawab has been time-consuming. The equipment being complex in design and specifications was difficult to source and the process to shortlist suitable suppliers was lengthy.

National society capacity building programme (Organizational development)

Overall Objective: The organizational development programme seeks to contribute towards Global Agenda Goal 3 – Increasing local community, civil society and Red Cross Red Crescent capacity to address the most urgent needs of vulnerability.

Organizational development

Objective: PRCS has a well-functioning organizational platform so that it may provide quality assistance and services, with greater impact and relevance to the most vulnerable in all core areas.

Expected results	Activities planned
PRCS is focused on the development of a branch based service delivery system.	<ul style="list-style-type: none"> Implement a plan aimed at influencing the senior management, boards, and branch secretaries. Various workshops and coordination meetings. Development of a two to five-year organizational development plan. Define clear roles and responsibilities for district branches.
PRCS governance is supported.	<ul style="list-style-type: none"> Support development of a unified constitution. Ten governance training sessions of board members at national headquarters and provincial headquarter (including district board members). Support regular national headquarters, provincial headquarter and district headquarter board meetings. Support Movement partnership meeting in 2009. Support 2010 – 2014 strategic planning process. Chairman, secretary general international visit.
PRCS develops strategic and operational plans, which are realistic and owned by national headquarters and provincial headquarters boards and management.	<ul style="list-style-type: none"> Establishment of organizational development working group. Six organizational development working group meetings held in national headquarters and provinces. Develop a two to five-year organizational development plan. Develop a four-year PRCS strategic plan. Develop 2009/2010 plan of action. PRCS develops a monitoring and evaluation, human resource, finance, policies and plans.
The platform for future institutional development of PRCS is enhanced by the systematic creation and development of a functioning organizational development team.	<ul style="list-style-type: none"> PRCS to fill current vacancies in national headquarters organizational development during 2009. Director, organizational development. Deputy Director, human resource. Deputy Director, marketing and fundraising. Deputy Director Communication. Deputy, international relations. PRCS organizational development team to receive intensive training and education from PRCS and the International Federation. Establishment of relationship with reputable Pakistan training institute.
Support PRCS to implement a sustainable resource management programme	<ul style="list-style-type: none"> Train deputy director, fundraising (to be appointed) and marketing staff member. Undertake donor mapping. Develop donor proposal material.

	<ul style="list-style-type: none"> • Update PRCS website. • Lobby commercial sector.
Support PRCS to revitalise four existing and establish six new branches. Continue support northern areas branch.	<ul style="list-style-type: none"> • Establish nation-wide standard for minimum district branch structure. • Establish six new district branches. • Revised job description of deputy director, organizational development to include responsibility for branch development. • Provide basic branch kits to six new branches. • Develop volunteer incentives to ten functioning branches. • Continued financial support of key national headquarters and provincial headquarter staff.
Organizational development develops cross-cutting activities that benefit all programmes. Specifically targeting integrated community based activities.	<ul style="list-style-type: none"> • Managing board meetings once every six months (with delegates and PRCS programme managers). • Provincial branch chairman meeting once every three months (with delegates and PRCS programme managers). • Provincial branch secretaries meeting once every two months as organizational development working group (with delegates and PRCS programme managers).
PRCS financial structures and procedures are strengthened.	<ul style="list-style-type: none"> • Replacement of existing software with Navision system. • Replacement of existing computer hardware. • Internal/external financial audits.
Construction of two branch offices.	<ul style="list-style-type: none"> • Construction of offices.

Progress:

The progress and components under this programme have been incorporated into the 2010 monsoon floods appeal (MDRPK006). These would also continue as part of IFRC's long-term planning framework 2012-2015. The most recent information on this programme can be found in [Operations Update no. 35](#).

Lessons learnt and looking ahead

The operation was supported with assessment, monitoring and evaluation personnel consisting of four RDRT members and a 'winter relief monitor' delegate seconded from the American Red Cross.

Two RDRT members from the Nepal Red Cross Society and two members from the Bangladesh Red Crescent Society were deployed from end of January to end of February 2012. The RDRT members, with experiences in relief operations, assisted with maintaining proper assessment procedures and relief distributions. They also conducted on-job training for staff and reinforced the code of conduct. They worked on informing beneficiaries on selection criteria, the type and content of relief packages.

Some major findings in the assessment survey included:

- Beneficiaries in all areas rated that the corrugated galvanized iron sheets as the most useful relief items, followed by blankets/quilts and tarpaulins. This reflected expectations.
- Women's sanitary napkins in the ladies hygiene kits were rated as the least useful relief items. Most respondents did not use it and/or unfamiliar with the commercially produced sanitary napkins.
- Satisfaction levels with services provided by PRCS were generally high with approval ratings of 75 to 97 per cent.
- Communities for the most part acknowledged that prior to the earthquake they knew little or nothing of PRCS. Following the disaster response, PRCS had gained more visibility as a result of door-to-door assessments and community distributions.
- Most respondents identified seeds and fertilizer as being the most needed livelihoods item in the first year following the disaster, followed by animals and vocational training. However, vocational training was commonly rated as the most useful livelihoods assistance within the five-year period.

The assessment survey also offered some recommendations, which included:

- Translation of monitoring forms into the local language(s) of the country is strongly recommended. This will help in maximizing the understanding of the questions.
- Increase the capacity of PRSC/IFRC relief teams in the field by providing refresher trainings on conducting post-distribution surveys.
- Monitoring should be planned and budgeted in the development of the relief plan of action.
- Improve coordination between programmes to ensure monitoring data collecting is shared to avoid duplication, save cost and maximize resources.

- Monitoring tools should have GPS coordinate fields to relay key findings and exact community locations to other concerned sectors.
- Recruit women volunteers as part of the core PRCS volunteer cadre to provide gender sensitive services as well as gender balance in community response.

A final evaluation of the overall operation is planned for September 2012, focusing on the successes, failures and challenges that lead to learning experiences for PRCS and IFRC's Pakistan country office.

Contact information

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Click here

1. **Emergency Appeal budget below**
2. **Return to the title page**

How we work

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

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

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Saving lives, changing minds.



The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

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

M05EA022 - Pakistan - Earthquake

Appeal Launch Date: 09 oct 05

Appeal Timeframe: 09 oct 05 to 31 dec 11

Final Report
I. Funding

Selected Parameters	
Reporting Timeframe	2005/10-2012/5
Budget Timeframe	2005/10-2011/12
Appeal	M05EA022
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	138,093,079	14,492,780	3,475,209	248,880	11,370,935	167,680,883	
B. Opening Balance	0	0	0	0	0	0	
Income							
Cash contributions							
<i>Altria</i>	65,600					65,600	
<i>American Red Cross</i>	9,636,700	481,102	150,000		581	10,268,384	
<i>Andorran Red Cross</i>					30,246	30,246	
<i>Australian Red Cross</i>	4,165,542	1,185,573	22,855		76,164	5,450,134	
<i>Austrian Red Cross</i>	218,263	23,865	13,000			255,128	
<i>Belgian Red Cross</i>	28,819					28,819	
<i>Belgian Red Cross (Flanders)</i>	152,000					152,000	
<i>BP British Petroleum</i>	647,000					647,000	
<i>BP Foundation</i>	0		99,353			99,353	
<i>British Red Cross</i>	13,191,501	770,375	339,200		581,534	14,882,610	
<i>Cambodian Red Cross Society</i>	19,668					19,668	
<i>Cambodia - Private Donors</i>	131					131	
<i>Capacity Building Fund</i>			29,660			29,660	
<i>China Red Cross, Hong Kong branch</i>	976,340	672,269				1,648,609	
<i>China Red Cross, Macau Branch</i>	40,000					40,000	
<i>Croatian Red Cross</i>	0				30,756	30,756	
<i>Cyprus Red Cross</i>	20,867					20,867	
<i>Cyprus Red Cross Society</i>	31,987					31,987	
<i>Czech Red Cross</i>					12,940	12,940	
<i>Danish Red Cross</i>	512,286	124,002			496,250	1,132,538	
<i>Denmark - Private Donors</i>	0				4,783	4,783	
<i>Ecuadorian Red Cross</i>	0				7,481	7,481	
<i>EMC Corporation</i>					133,265	133,265	
<i>Enterprise Foundation</i>	78,000				250,000	328,000	
<i>Estonia Red Cross</i>					3,847	3,847	
<i>European Commission - DG ECHO</i>	1,265,340					1,265,340	
<i>Finland - Private Donors</i>	1,084					1,084	
<i>Finnish Red Cross</i>	518,252	173,533			387,785	1,079,570	
<i>France - Private Donors</i>	1,952				150,063	152,015	
<i>French Red Cross</i>	143,432	69,048	69,048		359,152	640,679	
<i>German Red Cross</i>	2,443,086	309,901	154,520			2,907,507	
<i>Germany - Private Donors</i>	1,890					1,890	
<i>Ghana Private Donors</i>					17,929	17,929	
<i>Great Britain - Private Donors</i>	963				3,974	4,937	
<i>Harris Foundation</i>	131,200					131,200	
<i>Hellenic Red Cross</i>	54,180					54,180	
<i>Hewlett Packard</i>					290,296	290,296	
<i>Icelandic Red Cross</i>	98,397	2,574	71,755		270,600	443,325	
<i>IFRC at the UN Inc</i>	16,200				97,178	113,378	
<i>Indonesia - Private Donors</i>	0				129	129	
<i>Intel Foundation</i>	656,000				92,398	748,398	
<i>Ireland - Private Donors</i>	0				1,035	1,035	
<i>Irish Government</i>	1,399,575				619,000	2,018,575	
<i>Irish Red Cross Society</i>	2,084,929	392,166				2,477,095	
<i>Italian Government Bilateral Emergency Fund</i>	311,400					311,400	
<i>Italian Red Cross</i>	231,825					231,825	
<i>Japanese Government</i>	3,627,509				71,291	3,698,800	
<i>Japanese Red Cross Society</i>	7,872,486	2,562,992	453,818		1,500,000	12,389,296	
<i>Latvian Red Cross</i>	129,400					129,400	

M05EA022 - Pakistan - Earthquake

Appeal Launch Date: 09 oct 05

Appeal Timeframe: 09 oct 05 to 31 dec 11

Selected Parameters	
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Appeal	M05EA022
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Final Report

Latvia - Private Donors	23					23
Lehman Brothers Foundation	216,846					216,846
Libyan Red Crescent	10,000					10,000
Lithuanian Red Cross Society				3,567		3,567
Luxembourg Government	309,100					309,100
Luxembourg - Private Donors				193		193
Luxembourg Red Cross	74,666					74,666
Mauritius Red Cross Society				1,895		1,895
Medicor Foundation			300,000			300,000
Nepal Red Cross Society	16,208					16,208
Netherlands - Private Donors	500			825		1,325
New Zealand Red Cross	312,679	3,451	353,400	7,254		676,784
Norway - Private Donors			3,186			3,186
Norwegian Red Cross	2,879,262	1,505,111	679,629	978,652		6,042,653
On Line donations	498,270	0		383,471		881,741
OPEC Fund For International Development	957,029					957,029
Other	-19,962	597	496	525		-18,344
Philip Morris Int.				38,820		38,820
Poland - Private Donors	3,235					3,235
Province of Bozen	78,250					78,250
Qatar Red Crescent Society	150,186					150,186
Red Crescent Society of the United Arab Emirates	0			13,100		13,100
Red Cross of Monaco	46,710			18,145		64,855
Red Cross Society of China	1,230,000					1,230,000
Saudi Arabia - Private Donors				4,157		4,157
Schering Plough				26,031		26,031
Sigma Paints	0			13,245		13,245
Singapore - Private Donors	77,850					77,850
Singapore Red Cross Society	1,119,156					1,119,156
Slovenia Government	0			66,077		66,077
Slovenian Red Cross	10,443					10,443
South Africa - Private Donors	1,294					1,294
Spain - Private Donors	0			6,026		6,026
Spanish Red Cross	7,745					7,745
Swedish Red Cross	7,018,892	3,836,007	221,821	1,547,635		12,624,355
Swiss Red Cross	135,208	1,612		100,000		236,820
Switzerland - Private Donors	15,350			25,323		40,673
Taiwan Red Cross Organisation	643,325					643,325
The Barbados Red Cross Society	0			1,973		1,973
The Canadian Red Cross Society	6,510,491	436,291	318,428	198,196		7,463,406
The Netherlands Red Cross	5,499,840	522,112	35,660	236,028	30,009	6,323,648
The Red Cross of The Former Yugoslav Rep.Macedonia	0				4,637	4,637
The Republic of Korea National Red Cross	2,239,584	620,544	130,000	254,218		3,244,346
The Trinidad and Tobago Red Cross Society	3,370					3,370
Unidentified donor	-6,060	-330	-0		-0	-6,390
United States Government - PRM		29,594				29,594
United States - Private Donors	62,597			168,807		231,404
VERF/WHO Voluntary Emergency Relief	4,000			1,605		5,605
C1. Cash contributions	80,879,890	13,722,388	3,445,828	236,028	9,383,063	107,667,197

Inkind Goods & Transport

American Red Cross	5,640,535					5,640,535
Austrian Red Cross	2,010,050					2,010,050
Belgian Red Cross	469,549					469,549
Belgian Red Cross (Flanders)	3,806,033					3,806,033
British Red Cross	2,754,831					2,754,831
Danish Red Cross	1,436,324					1,436,324
Egyptian Red Crescent Society	12,940					12,940

M05EA022 - Pakistan - Earthquake

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Final Report

<i>Finnish Red Cross</i>	3,569,456				3,569,456
<i>French Red Cross</i>	841,261				841,261
<i>German Red Cross</i>	6,154,239				6,154,239
<i>Irish Red Cross Society</i>	874,018				874,018
<i>Luxembourg Red Cross</i>	217,036				217,036
<i>Nepal Red Cross Society</i>	5,000				5,000
<i>Norwegian Red Cross</i>	3,586,758				3,586,758
<i>Qatar Red Crescent Society</i>	2,310,550				2,310,550
<i>Singapore Red Cross Society</i>	1,080,930				1,080,930
<i>Slovenian Red Cross</i>	160,664				160,664
<i>Spanish Red Cross</i>	534,730				534,730
<i>Swedish Red Cross</i>	738,581				738,581
<i>Swiss Red Cross</i>	2,668,799				2,668,799
<i>The Canadian Red Cross Society</i>	3,548,747				3,548,747
<i>The Netherlands Red Cross</i>	5,841,662				5,841,662
C2. Inkind Goods & Transport	48,262,693				48,262,693

Inkind Personnel

<i>American Red Cross</i>	8,680				8,946	17,626
<i>Australian Red Cross</i>	76,800	106,040				182,840
<i>Austrian Red Cross</i>	13,200					13,200
<i>British Red Cross</i>	23,587	72,333		348,500		444,420
<i>Danish Red Cross</i>	22,913	30,800		53,550		107,263
<i>Finnish Red Cross</i>	41,066			206,420		247,486
<i>German Red Cross</i>	1,467	4,693				6,160
<i>Icelandic Red Cross</i>	21,120	39,599				60,719
<i>Irish Red Cross Society</i>	245,346					245,346
<i>Japanese Red Cross Society</i>	189,260					189,260
<i>New Zealand Red Cross</i>	11,366	53,094		108,500		172,960
<i>Norwegian Red Cross</i>	281,125	59,627	52,507	52,800		446,059
<i>Other</i>	6,200	6,200				12,400
<i>Swedish Red Cross</i>	23,200	25,373		25,420		73,993
<i>Swiss Red Cross</i>	61,327	24,800				86,127
<i>The Canadian Red Cross Society</i>	293			161,297		161,590
<i>The Netherlands Red Cross</i>	2,480	234,067		25,960		262,507
C3. Inkind Personnel	1,029,430	656,626	52,507	991,393		2,729,956

Other Income

<i>Balance Reallocation</i>	-0					-0
<i>Services Fees</i>		782	15,195		986,789	1,002,767
<i>Sundry Income</i>	-13,000				34,067	21,067
C4. Other Income	-13,000	782	15,195		1,020,857	1,023,834

C. Total Income = SUM(C1..C4)	130,159,014	14,379,796	3,513,530	236,028	11,395,313	159,683,680
D. Total Funding = B + C	130,159,014	14,379,796	3,513,530	236,028	11,395,313	159,683,680
Coverage = DIA	94%	99%	101%	95%	100%	95%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0	0	0	0	0	0	
C. Income	130,159,014	14,379,796	3,513,530	236,028	11,395,313	159,683,680	
E. Expenditure	-123,254,868	-13,753,397	-3,409,914	-214,758	-11,376,536	-152,009,472	
F. Closing Balance = (B + C + E)	6,904,146	626,399	103,616	21,270	18,777	7,674,208	

Selected Parameters	
Reporting Timeframe	2005/10-2012/5
Budget Timeframe	2005/10-2011/12
Appeal	M05EA022
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	138,093,079	14,492,780	3,475,209	248,880	11,370,935	167,680,883		
Relief items, Construction, Supplies								
Shelter - Relief	48,553,849	40,372,643	37,331			40,409,974	8,143,876	
Shelter - Transitional		165,320				165,320	-165,320	
Construction - Facilities	4,734,122	9,364,704	3,685	265,580		9,633,969	-4,899,847	
Construction Materials	6,508,971	2,143,918	16,742		6,129	2,166,789	4,342,182	
Clothing & Textiles	13,269,641	11,609,852	239,402		190	11,849,445	1,420,196	
Food	728,905	166,832	15,371		147	182,350	546,555	
Seeds & Plants	180,610	706,525	1		8	706,534	-525,924	
Water, Sanitation & Hygiene	1,884,256	7,258,451	1,649,873	1	628	8,908,953	-7,024,697	
Medical & First Aid	3,518,166	1,370,740	1,333,230		137	2,704,108	814,058	
Teaching Materials	78,285	44,299	19,457			63,756	14,529	
Utensils & Tools	4,580,750	4,548,552	40,289		163	4,589,004	-8,254	
Other Supplies & Services	11,461,649	695,907	12,487		6,924	715,318	10,746,331	
ERU		4,693,891				4,693,891	-4,693,891	
Total Relief items, Construction, Supl	95,499,203	83,141,633	3,367,869	265,581	14,327	86,789,410	8,709,793	
Land, vehicles & equipment								
Land & Buildings	28,563	26,201				26,201	2,362	
Vehicles	2,239,958	1,615,238	522,303	51,314	919	2,190,843	49,116	
Computers & Telecom	693,482	442,086	50,243	61,851	1,134	601,894	91,588	
Office & Household Equipment	71,293	106,685	10,160	3,013		153,357	-82,064	
Others Machinery & Equipment	24,000	23,759				23,759	241	
Total Land, vehicles & equipment	3,057,297	2,213,969	582,706	116,178	2,053	2,996,054	61,243	
Logistics, Transport & Storage								
Storage	9,285,430	2,327,040	210,041	2,135		9,078	2,548,294	6,737,136
Distribution & Monitoring	9,030,759	16,049,082	90,433	1,193		10,645	16,151,353	-7,120,594
Transport & Vehicles Costs	5,802,386	3,150,053	830,147	82,065	32,694	491,553	4,586,511	1,215,874
Logistics Services		57,805	15,757	43		7,050	80,655	-80,655
Total Logistics, Transport & Storage	24,118,575	21,583,979	1,146,377	85,437	32,694	518,325	23,366,813	751,762
Personnel								
International Staff	10,787,116	3,410,684	2,057,432	667,401	134	5,503,536	11,639,186	-852,070
National Staff	6,153,297	1,162,186	1,017,556	197,960	117,775	1,583,546	4,079,023	2,074,274
National Society Staff	4,194,300	1,233,226	2,625,318	665,336	4,938	211,934	4,740,753	-546,453
Volunteers		152,893	64,496	1,063	74	1,037	219,562	-219,562
Total Personnel	21,134,713	5,958,988	5,764,802	1,531,760	122,921	7,300,053	20,678,524	456,189
Consultants & Professional Fees								
Consultants	402,870	186,412	37,592	54,254	204	70,507	348,969	53,902
Professional Fees	465,001	296,359	173,830	30,440		469,789	970,419	-505,418
Total Consultants & Professional Fe	867,872	482,771	211,422	84,694	204	540,296	1,319,388	-451,516
Workshops & Training								
Workshops & Training	1,285,546	502,142	361,289	211,638	37,703	114,957	1,227,729	57,818
Total Workshops & Training	1,285,546	502,142	361,289	211,638	37,703	114,957	1,227,729	57,818
General Expenditure								
Travel	760,495	399,786	161,137	106,393	51	334,252	1,001,619	-241,124
Information & Public Relations	539,841	152,076	259,358	281,470	1,902	89,348	784,154	-244,313
Office Costs	3,136,046	716,447	330,236	222,099	2,043	1,065,488	2,336,312	799,735
Communications	629,765	225,430	86,817	20,323	997	454,502	788,070	-158,305
Financial Charges	399,593	501,633	482,222	222,705	150	118,731	1,325,442	-925,849
Other General Expenses	1,763,679	334,033	112,865	50,788	139	-25,150	472,675	1,291,005
Total General Expenditure	7,229,419	2,329,406	1,432,635	903,779	5,282	2,037,169	6,708,271	521,149



Selected Parameters	
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Appeal	M05EA022
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III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		138,093,079	14,492,780	3,475,209	248,880	11,370,935	167,680,883	
Depreciation								
Depreciation and impairment	62,530	32,266	2,387	2,770		57,198	94,621	-32,091
Total Depreciation	62,530	32,266	2,387	2,770		57,198	94,621	-32,091
Operational Provisions								
Operational Provisions	3,701,765	0	0	-8,452		8,452	0	3,701,765
Total Operational Provisions	3,701,765	0	0	-8,452		8,452	0	3,701,765
Indirect Costs								
Programme & Services Support Recov	10,723,963	7,007,758	880,168	215,220	13,901	703,303	8,820,349	1,903,614
Total Indirect Costs	10,723,963	7,007,758	880,168	215,220	13,901	703,303	8,820,349	1,903,614
Pledge Specific Costs								
Pledge Earmarking Fee		1,957	2,342	1,110		1,107	6,515	-6,515
Pledge Reporting Fees			1,400	200		200	1,800	-1,800
Total Pledge Specific Costs		1,957	3,742	1,310		1,307	8,315	-8,315
TOTAL EXPENDITURE (D)	167,680,883	123,254,868	13,753,397	3,409,914	214,758	11,376,536	152,009,472	15,671,411
VARIANCE (C - D)		14,838,211	739,384	65,294	34,122	-5,601	15,671,411	