

# Plan 2010-2011



International Federation  
of Red Cross and Red Crescent Societies

## Pakistan

### Executive summary

This plan seeks to provide support to the core programmes of Pakistan Red Crescent Society for the coming two years, 2010-2011. The plan focuses on four core areas: disaster management, health and care, organisational development and the promotion of humanitarian principles and values.

This is the first annual plan for four years, as since the emergency appeal for a massive earthquake was launched in October 2005, there has been no International Federation secretariat annual plan to support the core work of the Pakistan Red Crescent Society (PRCS). During this period there have been four emergency appeals for Pakistan: the earthquake emergency appeal (October 2005), cyclone Yemyin/floods emergency appeal (July 2007), Baluchistan earthquake emergency appeal (November 2008) and an emergency appeal to provide humanitarian assistance to internally displaced persons (June 2009). Capacity building support has been provided through the emergency appeals, and the 2005 earthquake appeal has been extended until the end of 2010.

In the past couple of years, the security situation in Pakistan has been quite volatile. Since May 2009, the government has been carrying out a military operation against the militants in the Federally Administered Tribal Areas, Malakand division and Swat district, which has internally displaced more than two million people, leading to one of the biggest internally displaced crises in recent world history. The PRCS, with the support of the International Committee of the Red Cross, the International Federation and partner national societies, is providing support in this humanitarian crisis.

The security situation has also made it difficult for humanitarian organizations to carry out their work.

The Red Cross Red Crescent Movement is doing its utmost to maintain its neutral and independent humanitarian action (NIHA) approach in a very complex environment, where the humanitarian space is diminishing. The conflict is expected to prolong and the operating boundaries are continuously evolving, at times making it difficult for the Movement to continue its humanitarian activities within planned time-frames.

During the past four years, and with the experience gained in disasters, PRCS has greatly strengthened its capacity, and is now well recognised in the country as a leading humanitarian organisation. This 2010-2011 plan builds on the experience and achievements gained, and aims to enable PRCS to be even better able to serve vulnerable communities. With the risk of large scale natural disasters as well as manmade disasters, the main



The national society has emerged as a leading “Neutral, Impartial, Humanitarian Actor” through its work since 2005. Photo: International Federation.

focus of this plan is towards building safer communities following an integrated programming approach. Integration of all the programmes will be crucial in serving the most vulnerable.

The target number of people to be reached through this 2010-11 plan is 5,107,070. Out of these, 672,770 will be reached directly, and 4,434,300 will be reached indirectly.

Programme	Direct	Indirect	Total people to be reached
Disaster management	145,840	55,300	201,140
Health	324,930	4,370,000	4,694,930
Organizational development	200,000	-	200,000
Humanitarian values	2,000	9,000	11,000
<b>Total</b>	<b>672,770</b>	<b>4,434,300</b>	<b>5,107,070</b>

The total budget for 2010 is CHF 2,134,583 (USD 2.06 million or EURO 1.40 million) and for 2011 is CHF 3,830,183 (USD 3.71 million or EUR 2.52 million).

[Click to go directly to the attached budget summary of the plan](#)

## Country context

Pakistan is a diverse country with mountainous areas and vast deserts. Pakistan faces enormous risks from large scale natural as well as anthropogenic disasters, such as seismic events, landslides, droughts, floods, tropical cyclones, fires and conflicts. Earthquakes have been frequent events in the past history of Pakistan; the latest incidents have been the 2005 North West Frontier Province and Pakistan-administered Kashmir quake and a series of quakes in Baluchistan in 2008.

Pakistan generally gets moderate to heavy flooding in the months of July, August and September when the South Asian region is subject to monsoon rains. Flash floods also occur in northern and hilly parts of the country which sometimes cause landslides and road erosions. With global warming, the coastal belt of Pakistan is extremely vulnerable to cyclones. The last cyclone (Yemyin) in 2007 killed 450 people and affected 2.5 million people in Sindh and Baluchistan.

Pakistan is ethnically, linguistically, religiously and culturally a diverse society. In recent years, Pakistan has faced new security challenges. There has been an influx of armed militants in parts of North West Frontier Province and Federally Administered Tribal Areas (FATA) which has displaced more than two million people.

The country is largely comprised of scattered rural communities. The total expenditure on health from the gross domestic product is less than 2 per cent and health services are mainly provided by the private sector. The health indicators are very poor and high-risk diseases include waterborne diseases such as bacterial diarrhoea, pneumonia, acute respiratory infections, hepatitis A and E, and vector-borne diseases such as malaria and dengue fever. A total of 32 suspected cases of avian influenza have also been reported throughout the country. Some 31 per cent of the population receive routine Expanded Programme on Immunizations (EPI) vaccinations financed by the government (Source: 2007 UNICEF report). HIV prevalence for Pakistan is approximately 96,000 while there are more than 3,000 cases of AIDS (source: UNAIDS).

Facts and Figures	
Life expectancy	Men: 62 years; Women: 63 years (Source: WHO)
Adult literacy rate	Men: 68%; Women: 40%; Overall: 54 % (Source: UNESCO, 2007)
Infant mortality rate	79 per 1,000 live births (Source: HDI 2007-08)
Child under 5 mortality rate	99/1,000 (Source: HDI 2007-08)
Maternal mortality rate	530 per 1,000 live births (Source: HDI 2007-08)
Neonatal mortality rate	53 (Source: UNICEF)
GDP per capita on PPP	USD 2,739 (Source: IMF)
Access to safe drinking water	90% (Source: MDGs)

PRCS is committed to address the needs of the most vulnerable population and has emerged as a strong national society following years of involvement in emergency operations.

## National Society priorities and current work with partners

Since the beginning of the Pakistan earthquake emergency operation, the PRCS has grown immensely and has acquired new capacities. These capacities include expertise in water and sanitation, psychosocial support and livelihoods. The national society has more than 150 staff trained in disaster response. There are more than

120,000 Red Crescent volunteers present throughout the country. The PRCS has gone through a continuous process of change and growth and is fully aware of the need to continue developing.

The PRCS has four provincial, one state and two regional branches and more than 80 district branches. It has more than 200 health clinics throughout the country. To respond better to disasters the national society has also established 35 disaster management cells in the most vulnerable districts. Disaster preparedness stocks for 35,000 families are also strategically placed at national, provincial, regional/state branches as well as disaster management cells.

The earthquake emergency appeal is being extended into 2010 and a transition plan has been developed. This plan will enable the International Federation country office to make a smooth transition from the huge earthquake emergency operation and move towards long-term support to PRCS. The transition plan discusses the allocation of human and hardware resources and roles and responsibilities to be implemented by December 2009. Though most of the activities in the earthquake emergency operation will be ending in 2009, however sustainable development activities in the earthquake affected areas will continue through the national society in 2010-11.

Based upon the lessons learnt from emergency operations, the main focus of the national society in 2010-11 is a "community based approach". The programmes will employ a comprehensive and "integrated service delivery approach" to programme management for more realistic and sustainable interventions. This is in line with an "Integrated Programming Approach" initiative implemented in South Asia.

PRCS is a signatory of the Singapore Declaration and has taken certain necessary steps to achieve the goals set in this declaration. The PRCS is an active participant of the regional disaster management working group forum, which is a regional coordination mechanism. The PRCS/International Federation have invested heavily in terms of preparedness and risk reduction. The national society has been developing and implementing flood contingency plans in recent years. Under the health and care programme, preparedness has been carried out for Avian Influenza and H1N1. The HIV project of the national society has made considerable progress in recent years. Apart from voluntary testing, the PRCS also disseminates knowledge on HIV and anti-stigma through the society for awareness of blood safety (SABS) and youth peer education activities. The youth programme component under organizational development has been closely coordinating with the health and disaster management programmes. PRCS volunteers have been trained under different programmes to enhance their skills.

All activities under disaster management are in line with the International Federation's 2009-2011 Secretariat disaster management operational strategy and global disaster management strategy for 2007-12. The health and care plan is in line with the International Federation's global health and care strategy 2006-2010. The organizational development programme is based on the capacity building framework and the following policies: youth policy, volunteer policy, gender policy and fundraising policy.

Since the start of the earthquake operation in 2005, numerous partner national societies came to Pakistan to support the PRCS in catering to the earthquake affected communities. As of August 2009, there are a total of six partner national societies present in country. The details of their projects are as follows:

Partner national society	Project/activity	Planned project length (provisional)
American Red Cross	Capacity building in disaster management; mother and child health; HIV stigma reduction; capacity building of PRCS Mansehra branch; saving lives through image building.	Last project to end by Dec 2010
Canadian Red Cross	Community based disaster risk reduction (one component under this project to be implemented in partnership with Danish RC); health and care; organizational development of the PRCS Batagram branch; reconstruction of three basic health units.	June 2012
Danish Red Cross	Community based disaster risk reduction (one component under this project to be implemented in	Dec 2011

	partnership with Canadian Red Cross); community based health development.	
German Red Cross	DM/DP/OD; basic health project; support to PRCS blood services; reconstruction of a rural health centre; construction of PRCS NWFP warehouse..	Last project to end by Dec 2011
Japanese Red Cross	In form of a field delegate seconded to the Federation. The delegate supports the Japanese RC funded reconstruction and livelihood projects.	
Turkish Red Crescent	Disaster management.	March 2014

## Secretariat supported programmes in 2010-2011



The PRCS stresses towards community involvement in all projects. Here a community volunteer spends time with communities in a livelihood project. Photo: Mubashir Fida/International Federation.

The 2010-2011 plan has been developed keeping in view the enhanced capabilities of the national society. In most aspects, 2005-09 was a period for growth for PRCS. The 2010-2011 plan very much focuses towards sustainability and enhancing the capacities of the national society. One of the challenges faced by the country office was setting up a realistic budgetary target. The programmes have been designed based upon the lessons learnt from the previous four years.

## Disaster Management

### a) The purpose and components of the programme

#### Programme purpose

**To reduce the number of deaths, injuries and impact of disasters.**

The disaster management programme seeks to contribute towards the Global Agenda goal 1. During the emergency phase of the earthquake operation, the PRCS/International Federation distributed a vast quantity of relief items. Catering to more than 1.1 million people, the PRCS/International Federation were the largest relief distributors outside the government's undertaking. This was a huge effort in terms of difficult terrain and changing climate.

All assessments carried out in the communities are multi-sectoral. Although the disaster management programme has been working closely with the health and organizational development programmes, to reach the most vulnerable, more integration with other programmes is required for integrated service delivery.

Keeping in view the frequency of disasters under this plan the disaster management programme will focus on community (in both 2010-11) and organizational preparedness (in 2011).

Under community preparedness, special attention is being given towards "building safer communities". The community based disaster preparedness and response systems will be enhanced through district branches, vulnerability capacity assessments, mitigation projects etc. Development of community based disaster preparedness organizations will ensure participation of communities. Along with these organizations, early

warning systems will also be developed in the same communities. The organizations will be trained in disaster risk reduction.

A lesson learnt for the national society from this earthquake operation is the importance of the organizational preparedness of the PRCS for disasters. In order to minimise the impact of a disaster; there is a need to prepare communities. In 2010, organizational preparedness will be under the earthquake emergency appeal. However, in 2011, this programme component will be included under the annual plan. The organizational development component will build up the National Disaster Preparedness Mechanism of the PRCS based on the lessons learnt and capacities acquired in the recent emergency and recovery operations. The focus will be on training more PRCS personnel in disaster response and strengthening the national society's disaster management infrastructure. It also covers the maintenance of 28 disaster management cells at district level. An important aspect of this component is to update the disaster preparedness and disaster response plans. In order to ensure timely response, simulation exercises have been made an integral part of this plan in coordination with the health and care programme.

Under disaster management the estimated number of people to be reached is 201,140 (55,300 will be indirectly reached, and 145,840 directly reached). The people reached will be targeted from vulnerable communities maintaining a focus on women, children, elderly, minorities and disabled groups, and creating equity among those served.

The disaster management programme budget for 2010 the budget is CHF 97,836 and for 2011, it is CHF 916,087.

#### **Programme component 1: Organizational preparedness (2011)**

**Outcome:** PRCS has enhanced ability to plan, maintain, promote and respond to disasters.

**Key activities:**

- Develop, review and update DP-DR and contingency plans at national and provincial level followed by simulation exercises.
- Maintenance of disaster management cells and DP stock in each province (28 in total).
- Conduct training programmes for disaster response and logistics at national, provincial, state and regional levels.
- Conduct planning, monitoring, evaluation and reporting training at national level.

#### **Programme component 2: Community preparedness (2010-11)**

**Outcome:** To build and strengthen the resilience of individuals and communities to reduce their vulnerability in emergencies and disasters.

**Key activities:**

- Enhance capacities for effective disaster response by training 6 DDRT at district level and 6 CDRT at community level.
- Planning and implementation of CBDRR plans with community awareness campaigns and small scale mitigation projects based on vulnerability and capacity assessments in communities.
- Establishing community based early warning systems in 6 communities.
- Build capacities in community based disaster risk reduction (CBDRR) at national, district, tehsil and union council levels.

### **b) Potential risks and challenges**

Pakistan being a disaster prone country, any major disaster events can affect the ability to implement these activities as PRCS plays a major role in the national disaster management scene. In addition, the socio-economic and political situation in the country is also an area of concern as the conflict between the government and the militants is on-going and PRCS is heavily involved in serving the internally displaced people affected by this conflict.

## Health and Care

### **a) The purpose and components of the programme**

#### **Programme purpose**

Reduction of the numbers of deaths, injuries, impact from disasters, diseases and public health emergencies.

All the health components are in line with global health strategies, guidelines and initiatives. The health and care programme seeks to contribute towards the Global Agenda goal 2 of the International Federation. During the

earthquake and subsequent emergency operations, the national society has been able to acquire expertise in emergency health. A lesson learnt from the earthquake operation is the acceptance of the mobile health clinics by the communities, through community based health and first aid activities. The health and care programme focuses towards community based health and first aid, maternal and child health care, emergency health, HIV and water and sanitation.

The community based health and first aid (CBHFA) programme component seeks to empower vulnerable communities regarding their basic health issues. The retention of CBHFA trained volunteers and coaches, is a major hurdle in programme implementation. This is overcome by offering tangible incentives to the community to have more ownership of the programme. These new initiatives are small scale community interventions in the form of building community latrines, water supply schemes etc. CBHFA sessions at school level are planned in Punjab and Sindh provinces after being successfully piloted in earthquake affected areas. Disaster management

cells at the district level are a potential entry point for the CBHFA programme component. CBHFA is working through the disaster management cells in the districts. The main focus of the mother and child health care component is to improve the capacity of the PRCS in provision of quality primary health care services and increased awareness campaigns on basic health issues.

Coordination with other stakeholders is essential. Primary health care will comprise both curative and preventive health (integration of EPI, family planning provisions) care services. More emphasis and resources are now being directed to preventive health in addition to curative care. This plan will support 22 PRCS health facilities (19 existing and three new to be developed). The PRCS has been able to develop considerable capacity in emergency health in recent years. The national society has been able to successfully respond to emergencies recently in an integrated manner where health played a pivotal role. PRCS is taking active participation in the WHO led cluster approach. The public health in emergencies (PHiE) programme component will seek to enhance the capacity of PRCS in emergency response (maintaining one rapid response unit field hospital and capacity building in PHiE) and also the response capability of the national society responding to avian influenza and H1N1.

Progress has been made under the HIV programme component of PRCS in 2008 and 2009. Apart from improved access to the voluntary counselling and testing centres (VCTC) in Lahore (Punjab) and Karachi (Sindh; to be opened in 2009), this component will also further disseminate knowledge (through youth peer education and awareness sessions) on HIV prevention, stigma reduction and care. To augment access to quality community based primary health care systems, through enhanced PRCS capacity in emergency health preparedness and response with involvement of PRCS volunteers and in regards to PRCS's auxiliary function concerning humanitarian health interventions with the Ministry of Health. Under the water and sanitation programme component the focus will be towards maintenance of water and sanitation/hygiene promotion rapid response units (RRUs). This component will also work towards providing improved quality of water supply, sanitation systems and hygiene promotion in targeted vulnerable communities and/or in the health facilities in two provinces.

The health programme has set up a health information system to be able to monitor the implementation of the health programme and improve surveillance. This system will be further strengthened in the coming years. The system will be piloted in the 2005 earthquake affected area, and will then be implemented across PRCS primary health care centres and mobile clinics. The system is in line with WHO reporting systems and feeds into the ministry of health surveillance system.

In 2010, activities under the mother and child health component will be split between the earthquake emergency appeal and annual plan; while the whole component of emergency health is under the emergency appeal in 2010. However, in 2011, all these activities will shift into the annual plan.

Under this plan, this programme also takes into account cross-cutting issues such as gender, global warming and humanitarian values.

The health and care programme budget for 2010 is CHF 1,705,104 and for 2011 it is CHF 2,079,103.

The number of people to be reached under the health and care programme in 2010 and 2011 is 4,694,930. Out of these, 324,930 will be reached directly while 4,370,000 will be reached indirectly.

Programme Component	Direct	Indirect
<b>CBHFA</b>	4,620	4,300,000
<b>HIV/AIDS</b>		
• SABS	120,000	
• YPEs	9,600	70,000
• VCCTC	5,000	
• PLHIV	30	
• Stigma & discrimination	4,800	
<b>PHC and PHiE</b>	160,000	
<b>Water and Sanitation</b>		
• PHAST	16,000	
• CHAST	4,800	
• Volunteers	80	
<b>TOTAL</b>	<b>324,930</b>	<b>4,370,000</b>

#### **Programme component 1: Community-based health and First Aid (CBHFA) (in 2010 and 2011)**

**Outcome:** The health seeking behaviour of the community is improved.

##### **Key activities:**

- CBHFA coaches training: 5 coach training per regional/provincial branch (20 coaches per training).
- CBHFA volunteers training: 40 trainings by 2010 (25 volunteers per training).
- CBHFA volunteer refresher training: 40 trainings in 2011 (25 volunteers per training).
- Supervision and follow up of 4,300 new CBHFA volunteers in 2010-2011.
- 4 village activities in earthquake area by year 2010 (small scale community interventions like water schemes, community latrines etc).
- Supervision and maintenance of 4 CBHFA posts in areas affected by the 2005 earthquake.

#### **Programme component 2: Maternal, new born and child health (in 2010 and 2011)**

**Outcome:** Improved access of the most vulnerable, especially women and children, to primary health care services in line with the PRCS' auxiliary role towards the Government of Pakistan.

##### **Key activities:**

- Implement the PRCS uniform health and care policy in 25 percent of the primary health centres in Sindh.
- Ensure that the new health information system is implemented in all 224 health centres and feeds into the health data base by 2011.
- Continuation of quality 7 (in 2010) and 9 (in 2011) health facility services.
- Implementation of integrated primary health care services (ante and post natal care, curative care, EPI, growth monitoring, family planning, health promotion, school health and also psychosocial support in emergency situations) in the 7 (in 2010) and 9 (in 2011) health facilities.
- Reorientation of 100 new TBAs (in 2010).
- Malaria/tuberculosis/polio/measles mass campaign.

#### **Programme component 3: Emergency health (in 2011)**

**Outcome:** Affected persons in disasters have access to emergency health services.

##### **Key activities:**

- Capacity building training of 8 PRCS staff in PHiE, HELP, ERU, PSP, data-base utilisation by 2011.
- Simulation exercises in collaboration with disaster management programme.
- Avian influenza/H1N1 contingency planning, coordination with government and other stakeholders, awareness, home visits, referral.

#### **Programme component 4: HIV (in 2010 and 2011)**

**Outcome:** Contribute towards the national efforts in reducing the burden of HIV through community-based prevention, care, stigma reduction and support with special focus on some high risk groups.

##### **Key activities:**

###### Capacity building:

- KAP studies. (in 2010)
- 240 youth peer education (YPE) sessions per year (60 per branch). Training of YPE refresher sessions p.a. (25 per branches per year).

Meetings:

- YPE quarterly provincial coordination meetings (one per quarter per branch).
- Steering committee meetings biannually (these are the meetings with the nominated members from the stakeholders, to provide support to PRCS in their HIV work).
- Establishment of a monitoring and coordination mechanism.
- Networking with community support groups, other NGOs and stakeholders.

Awareness campaigns:

- Awareness campaigns on TV, radio and other media.
- Stigma and discrimination awareness sessions with various groups of professionals.
- Awareness sessions on blood safety through society for awareness of blood safety (SABS) to enhance VNRBD focus on school children (11-15 years) by 2011 (national headquarters, Sindh).

Service provision:

- Provision of youth friendly reproductive health service at the existing VCCT centre in Lahore and at the newly established VCCT centre in Sindh within the premises of the branch.
- Provision of Hep B vaccination for PLHIV (15 a year).
- Creation of a National VNRBD forum.
- Development of PRCS HIV workplace policy in line with the Red Cross Red Crescent workplace policy guidelines.

**Programme component 5: Water and sanitation**

**Outcome:** To reduce water and sanitation (WASH) diseases in vulnerable targeted communities also during disasters.

- Supervision, maintenance and storage of the 6 water and sanitation/hygiene promotion RRU.
- One annual training of staff in RRU deployment (20 persons per training).
- Formation and training of 8 water management committees (4 each year).
- Building of 8 water/sanitation supply systems (4 a year) and hygiene promotion sessions in the 8 target areas (8000 direct beneficiaries).
- Hygiene promotion (CHAST) in 8 schools (4 per year).
- Distribution of 2,400 child hygiene bags (300 in each school).
- International Water Day/clean-up campaign in 8 communities.
- Ensure water and sanitation availability in the 22 health facilities.

**b) Potential risks and challenges**

Long-term retention of health staff is a challenge, as there has been a significant amount of investment in capacity building during the last few years. These trained health professionals are an asset for PRCS and need to be retained for further capacity building. Improved salary structure in accordance with the market rates will overcome this issue. To further enhance this there is a need to provide proper counselling and opportunities for career development. With the evolution of new diseases and threat of pandemics, PRCS needs to shift some of its focus from natural disasters towards developing contingency plans, strategies and capacity to counter the possible devastating effects of epidemics and pandemics. As auxiliary to the government of Pakistan, PRCS needs to improve its coordination mechanism with the Ministry of Health and other partners like World Health Organization (WHO), local and international non-governmental organizations. Mother and child health, EPI immunization, polio eradication, tuberculosis control and prevention of other communicable diseases are areas of significant importance, where PRCS can effectively coordinate with government and other partners for joint ventures.

**Organizational Development/Capacity Building**

**a) The purpose and components of the programme**

**Programme purpose**

**Increase local community, civil society and Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability.**

This programme seeks to contribute towards the Global Agenda goal 3. The organizational development programme focuses towards capacity building and fundraising development of the national society and youth and volunteer development.

Organizational development is one of the main priorities of the PRCS which will focus on the maintenance of existing branches (total of seven branches), implementation of organizational systems, structures and procedures and capacity building of the national society in planning, monitoring, evaluation and reporting (PMER),

communications and financial management development activities also a part of this component. The focus will also be on establishing a sustainable resource mobilization and fund-raising strategy and plan and PRCS is committed to take part in the regional fundraising development programme.

In 2010, most of the activities under organizational development will be implemented under the earthquake emergency appeal; only financial development is under the annual plan. However, in 2011, all the programme components will be covered under the annual plan.

Organizational development is a cross-cutting programme. Capacity building is an important aspect under disaster management, health and care, as well humanitarian values. Establishment of new disaster management cells and health centres is also a part of organizational development. The human resource and youth policies cover all the programmes.

The organizational development programme will also look to increase the ability of the PRCS to mobilize, recruit, develop, manage and retain volunteers. The volunteer database will be maintained and attention will be given to involve volunteers from vulnerable communities. Under this programme component, coordination with other programmes like health and disaster management will also be carried out and trainings in disaster management, First Aid, CBHFA, and water and sanitation will be conducted to have a base of skilled volunteers. A youth corps with organized structures will be developed and capable of responding to and participate in PRCS activities.

Although, at the start of the earthquake operation, the organizational development programme made slow start, it has been making steady progress recently. In 2008-09, an organizational policy and strategy have been developed. A youth policy has also been put in place. The PRCS unified constitution is in the final stages of being approved. Through integration with organizational development, policies and strategies for disaster management and health care are also in place. In 2010, the national society will focus towards developing a national strategy aligned with Strategy 2020 and strategies of the four programmes.

The organisational development/capacity building programme budget is CHF 292,749 for 2010 and CHF 795,080 for 2011.

#### **Programme component 1: Support to national society organizational development process**

**Objective:** Overall PRCS governance, management and programming are improved to enable better service delivery.

**Key activities:**

- Strengthen the seven existing branches supported by the International Federation by 2011.
- Branch development plans in place in 7 branches which clearly define roles and responsibilities at NHQ/PHQ/DHQ that are disseminated and well understood (in 2011).
- Educating district managing committee and members on RC/RC issues for 7 branches (in 2011).
- Develop necessary systems and procedures at national, provincial and district level (in 2011).
- Assist District branch in fund raising/awareness activities including membership recruitment drives targeting at least 50 new members per target district (in 2011).
- Advocate with provincial governors for the insurance notification to identify and recognize the roles of the district coordination officers (DCOs) and to establish respective PRCS branches (in 2011).
- Organise orientation sessions for PRCS governance on the new uniform constitution to ensure dissemination (in 2011).
- Ensure that job descriptions, performance appraisal and promotion mechanisms are in place by 2011.
- Strengthen and improve the selection criteria of staff by 2011.
- Yearly upgrading and adaptation of unified financial systems and procedures (in 2010 and 2011).
- Provide training on financial system and procedures, budgeting and reporting (in 2010).
- Computerization of financial records. Upgrading of computer hardware/software at national and provincial levels (in 2010).
- PMER trainings for PRCS national and provincial staff (2 in 2011).

#### **Programme component 2: National society fundraising**

**Objective:** PRCS funding base has become more diversified and sustainable.

**Key activities:**

- Local fundraising events (in 2011).
- SMS Donation (in 2011).
- Proposals responding to the bids of international donor agencies (in 2011).
- An eclectic documentary unveiling themes (in 2011).
- Corporate presentations (in 2011).
- Approaching analysts & columnists for publicity (in 2011).

- Brochures, flyers, car stickers (in 2011).

### **Programme component 3: Volunteer development**

**Objective:** A strong and committed volunteer corps is in place capable of responding to and participating in all PRCS programmes and activities.

**Key activities:**

- Maintenance of volunteer database (in 2011).
- Trainings of volunteers at community level (this will be done through core programmes).
- 3-day orientation/induction sessions/trainings of volunteers at branch level (total of 32, in 2011).
- Implementation of International Year of Volunteers in 2011.
- Volunteer convention at district level (total 4; in 2011).

### **Programme component 4: Youth development**

**Objective:** Youth corps with organized structure are in place and are capable of responding to and participating in all PRCS programmes and activities.

**Key activities:**

- Mobilization and formation of 238 Junior Red Crescent clubs in schools targeting age 10-15 years (in 2011).
- Mobilization and formation of 218 Youth Red Crescent Clubs in colleges and universities targeting age 15-25 years (in 2011).
- 238 (in 2011) awareness sessions in educational institutions in coordination with respective programmes.
- Organizing youth and volunteer camps (7 in 2011).

### **b) Potential risks and challenges**

The organizational development activities in the past have been disrupted due to frequent disasters. A continued focus on organizational development can become a challenge for the national society with the ever changing operational environment. Organizational development has been identified as one of the priority areas by the national society and the PRCS plans to continue the work under this programme during any emergencies. Motivation/retention of the volunteers and youth and their commitment towards the PRCS programmes is something on which the national society needs to extensively work. This will ensure long-term retention of trained youth and volunteers. The PRCS' volunteer policy addresses the retention issue by introducing various incentives for the volunteers.

For communications, the dynamic situation in the country poses a challenge as the humanitarian crisis deepens and Pakistan continues to get the world attention and media headlines. Most media people prefer to get stories straight from the field rather than other sources. The presence of several humanitarian players provides a tight competition for media space. Most of these international humanitarian organizations have a better organized communications network/system with a number of communication staff deployed in the field gathering information and the rest focusing on other aspects of communication.

## **Principles and Values**

### **a) The purpose and components of the programme**

#### **Programme purpose**

**Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.**

This programme seeks to contribute towards Global Agenda goal 4. Principles and values is cross-cutting and is covered under health and care, disaster management and organizational development. Fundamental principles and humanitarian values as well as gender and anti-discrimination are to be disseminated to various PRCS and International Federation programme staff.

Dissemination of fundamental principles and humanitarian values is to be carried out among the communities in coordination with health care and disaster management programmes. For instance in recent years, the disaster management programme has modules on sphere standards and the code of conduct in various trainings like NDRT, BDRT, DDRT, youth camps and volunteer induction sessions. The health programme also conducts sessions on sphere standards and has modules on anti-stigma regarding HIV. These trainings have helped the programme staff strengthen programme implementation in terms of issues related to gender, diversity, respect for human dignity and reducing intolerance, discrimination and social exclusion.

The principles and values programme budget is CHF 38,894 for 2010 and for 2011, it is CHF 39,913.

The target number of people to be reached under this programme component is 11,000 (2,000 directly and 9,000 indirectly).

#### **Programme component 1: Promotion of fundamental principles and humanitarian values**

**Objective:** Enhanced internal understanding of the fundamental principles and humanitarian values including gender and anti-discrimination.

##### **Key activities:**

- TOT at national level for 7 youth and volunteer focal persons from the branches.
- Trainings on FP and HV for the provincial staff (7 each year, 20 participants each training).
- National level training of national programme managers and provincial programme officers on gender, discrimination and violence.

#### **Programme component 2: Integration of fundamental principles and humanitarian values**

**Objective:** Target population is aware of fundamental principles and humanitarian values including gender, violence, anti-discrimination.

- Include the global modules on code of conduct, SPHERE standards, Fundamental Principles and humanitarian values (2 hr on a whole) into the disaster management, health and care and organizational development trainings.
- Train provincial programme officers and national programme managers (total 25) in gender and discrimination issues so they are able to do a gender analysis of the programmes and mainstream gender and anti-discrimination in the programmes (including a gender balanced human resource and volunteer base).
- Gender Advisor at National Headquarters level.

#### **b) Potential risks and challenges**

Implementation of the humanitarian values programme can become a challenge in emergency situations. Humanitarian values should also be addressed while designing the plan of action for any emergency operation. Success of the programme is hard to measure. In 2010-11, special surveys with staff and targeted communities will be conducted in order to gauge their level of understanding of humanitarian values.

## **Role of the secretariat**

#### **a) Technical programme support**

As of July 2009, the country office has nine delegates and 95 local staff. The International Federation maintains a country office in Islamabad and a field office in Mansehra (for the earthquake operation). The human resource of the country office was increased to undertake the massive earthquake operation however there will be staff reductions once the earthquake operation ends. Only necessary delegates will be left in 2010. The field office in Mansehra will be handed over to PRCS by the end of the year.

Technical support in the form of “facilitators” from the International Federation’s South Asia region and Zone offices will be called upon, mainly for training. Regional and zonal support (for facilitating) will be required under organizational development (standardization of systems, including global alliances and CAS), communications and PMER (capacity building), disaster management (disaster risk reduction and NDRT trainings) and health and care (PHiE, HIV/AIDS) trainings.

#### **b) Partnership development and coordination**

As a membership organization, the International Federation will play a pivotal role in the coordination and cooperation of different Movement partners present in the country. As of August 2009, a total of six partner national societies have offices in Pakistan. Coordination will help the Movement partners in aligning and striving for the common goals, hence vulnerable communities being served in a better manner.

In 2010-11, the International Federation will support the national society in developing operational and global alliances. The PRCS will also work on developing a cooperation agreement strategy (CAS) for better coordination with its partners and implementation of the programmes in more effective and efficient manner.

Most of the partner national societies in Pakistan plan to continue their interventions beyond 2009. The PRCS hosts regular coordination meetings with the Movement partners. All the partner national societies, PRCS, International Federation and ICRC share their progress and discuss any issues. Tripartite meetings between PRCS, International Federation and ICRC are also regularly held. These coordination mechanisms will be duplicated in 2010-11. The International Federation also attends humanitarian country team meetings.

A cooperation agreement between the PRCS and International Federation was signed in February 2007 for this earthquake emergency appeal (M05EA022). A second cooperation agreement specifically for the construction programme was also signed in February 2007. These agreements formalize the relationship between the national society and the International Federation in operational matters. In 2010-11, PRCS and International Federation will sign separate memorandums of understanding for each programme, which was the case before the earthquake. As of August 2009, the International Federation has service agreements with Canadian Red Cross and Danish Red Cross Societies and has a security memorandum of understanding with American Red Cross.

Each programme has developed its own coordinating mechanism. Health technical committee meetings are held every two months. Quarterly disaster management working group meetings are being organized since early 2008. The organizational development working group was established in the fourth quarter of 2008. These platforms will continue functioning through 2010-11 to further strengthen cooperation.

PRCS (blood service) signed a memorandum of understanding with Telenor (Telecommunication Company) in 2008. Through its (Telenor's) SMS service, potential blood donors are mobilized.

The International Federation signed a memorandum of understanding with the World Health Organization (WHO) in 2008; this has enabled the country office to locally procure medicines based on WHO specifications. By doing this, the Pakistan country office has attained a unique position as it is the only International Federation office in the world to procure locally; procurement for all other country offices is carried out by Geneva (Secretariat). The Secretariat agreed to allow local procurement after observing the improved capacity of PRCS.

Under the health programme, the PRCS set up an HIV management team, which meets regularly with UNAIDS to discuss activities and strategies. Also cooperation exists with UNICEF regarding TBA re-orientation and with UNFPA in regards to safe delivery kits and contraceptives. The health programme is also liaising frequently with the WHO and ministry of health for Avian Influenza and H1N1 (Swine Flu). The Ministry of health is also being consulted for the EPI project by the PRCS.

Given the recent history of natural disasters in the country, the government has established disaster management for response and rehabilitation. After the earthquake in 2005, the Earthquake Reconstruction and Rehabilitation Authority (ERRA) was established to coordinate the rehabilitation activities related to earthquakes. Response activities related to other disasters are coordinated by National Disaster Management Authority (NDMA), which was established in 2006. The NDMA has its presence at both provincial (PDMA) and district levels (DDMA). Any relief/recovery related activities will be liaised with the National Disaster Management Authority (NDMA).

Within the Movement, the PRCS has established disaster management partnerships with the Danish Red Cross and German Red Cross.

### **c) Representation and advocacy**

The 2005 earthquake operation has positively impacted the image of PRCS as a humanitarian organization in the country. The work of the national society has been advocated (through dissemination of various brochures and reports) both among potential donors and target beneficiaries and has received positive feedback. With the security situation in the country, the dissemination of the seven fundamental principles has played an important role in cementing the neutral stand of the Red Cross Red Crescent Movement. The 3-year "Your World, Our Move" campaign will further advocate the PRCS position in the next two years.

The International Federation head of country office/country programme coordinator will continue to attend the monthly Humanitarian Country Team meetings, covering all the main humanitarian actors working across the country. The Red Cross Red Crescent Movement also attends UN-cluster meetings, which have been operational since October 2005 due to frequent disasters. The International Federation has successfully played its role of a shelter cluster convener in Cyclone Yemyin/floods and Baluchistan earthquake operations. Given the probability of disasters, the cluster systems meetings will continue to take place.

The PRCS has been recognised as an auxiliary to the government and as the only national society which may carry out its activities in Pakistan territory. The national society has been asked by the authorities on several occasions to support the government in certain relief operations.

### **d) Other**

The International Federation will continue to work with PRCS to improve financial systems, procedures and capacity. Support from the South Asia regional office finance development delegate will be requested in this regard. Continued support from the zone will required in terms of human resources for delegate recruitment and support.

## Promoting gender equity and diversity

Gender is a cross-cutting issue and is being addressed under all the programmes. In Pakistan, women are identified as the weaker gender. All the programmes strive to create gender equity. Volunteers play a very important role in community development. The youth and volunteer projects endeavour to expand the women (and diversified) volunteer base. It has been a made a point to include a considerable number of women in any assessment team so that the needs of females (in affected communities) and other vulnerable groups are taken into account while designing an operation. The youth policy addresses the inclusion of gender equity in the volunteer base. Also gender sensitization sessions for volunteers will be incorporated in the training modules.

All programmes aim to ensure gender balance and diversity in recruitment of their staff and volunteers. However, given the current security situation in the country (and threats being sent to the women working at the NGOs in Mansehra) it has been a difficult task to implement at times. The gender component under humanitarian values will disseminate gender and anti-discrimination issues among the Red Cross Red Crescent staff and targeted communities.

Under health and care, women and children are the main target population. In order to reach these vulnerable groups and be culturally acceptable, PRCS/International Federation recruits female staff in its health teams. During the emergency phase of the earthquake operation, certain items were specifically designed keeping in view the needs of the women and other vulnerable groups. The activities for kitchen gardening (under the livelihood programme) cater to women. With the start of the recovery phase in the earthquake operation, a gender team was put into place, which trained staff and volunteers in order to address gender issues. Trainings on gender sensitive planning and budgeting have also been conducted.

Use of gender sensitization in programmes has made the national society more acceptable by vulnerable communities throughout the country.

## Quality, accountability and learning

All programmes are designed keeping in view the lessons learnt from the recent emergency operations. The activities will be implemented following the International Federation's guidelines on minimum standards. Implementation will be carried out in close coordination with the target communities.

The PRCS district branches send monthly reports to the provincial/regional/state branches. Quarterly reports are then sent to the national headquarters (in Islamabad) by the provincial/regional/state branches.

A mid-term evaluation of the earthquake operation was carried out in December 2008. Apart from this, different programmes have carried out several evaluations for certain components; namely: disaster risk reduction project, DIPECHO project, HIV project and health clinics. Continuous improvements have been made based on the results of these evaluations. A final earthquake evaluation will be carried out in 2010. Programmes will continue to do separate component evaluations in 2010-11.

Currently the PMER department in Geneva is finalising a revision of the planning training module based on the PPP approach and a monitoring and evaluation training. This training will be rolled out in 2010-11 to enhance the quality and accountability of programmes. More specifically the monitoring and reporting of the HIV programme will be further strengthened and lessons learnt from the pilot project on setting up an M&E in the DRR programme will be used in other PRCS programmes. The health programme will also be further strengthened by the health management information system that was set up in 2009 and will be further improved in 2010-11.

In terms of financial accountability, the country office is operating in accordance with the International Federation's procedures and anticipates at least one financial audit in 2010.

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

For further information specifically related to this plan, please contact:

- In Pakistan: Pakistan Red Crescent Society: Ilyas Khan, PRCS secretary general: phone 00 92 333 511 4223; email: [sec.general@prcs.org.pk](mailto:sec.general@prcs.org.pk).
- In Pakistan: Federation country office: Pepe Salmela, Head of country office, phone: +92 308 888 8054; email: [pepe.salmela@ifrc.org](mailto:pepe.salmela@ifrc.org).
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  - Jagan Chapagain, Deputy Head of Zone, email: [jagan.chapagain@ifrc.org](mailto:jagan.chapagain@ifrc.org)
  - Penny Elghady, resource mobilization and PMER coordinator, phone: +603 9207 5775, email: [penny.elghady@ifrc.org](mailto:penny.elghady@ifrc.org).
  - Please send all funding pledges to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org).

[<map below; click to return to title page>](#)

## MAAPK002 - Pakistan

### Budget 2010 - 2011

#### Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies		544,849		3,800		548,649
Land, vehicles & equipment			35,714			35,714
Transport & Storage		41,480				41,480
Personnel	22,518	709,585	220,333	14,434		966,870
Workshops & Training	58,400	196,762	10,000	17,910		283,072
General Expenditure	10,559	101,596	7,673	222	0	120,050
Depreciation						
Contributions & Transfers						
Programme Support	6,359	110,832	19,029	2,528		138,748
Services						
Contingency						
<b>Total Budget 2010</b>	<b>97,836</b>	<b>1,705,104</b>	<b>292,749</b>	<b>38,894</b>	<b>0</b>	<b>2,134,583</b>

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies		605,849		3,800		609,649
Land, vehicles & equipment			35,714			35,714
Transport & Storage	101,870	82,576	6,155	319		190,920
Personnel	335,784	852,001	483,352	13,488		1,684,625
Workshops & Training	307,724	198,613	48,204	17,958		572,499
General Expenditure	109,163	204,922	169,975	1,754	0	485,814
Depreciation	2,000					2,000
Contributions & Transfers						
Programme Support	59,546	135,142	51,680	2,594		248,962
Services						
Contingency						
<b>Total Budget 2011</b>	<b>916,087</b>	<b>2,079,103</b>	<b>795,080</b>	<b>39,913</b>	<b>0</b>	<b>3,830,183</b>



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



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, GRUMP, Federation