A Review of the Pakistan Earthquake Operation: 2005 -2008

(Rehabilitation phase: Livelihood project, Kushgram NWFP November 2008)

Final Report

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Executive Summary:

The purpose and objectives of this evaluation were as follows:

1. To examine the extent to which the Pakistan Earthquake Operation has and is achieving its goal, objectives and expected results.
2. To assess key achievements, challenges and areas of success, as well as areas for improvement within the operation and make recommendations to replicate or improve and inform future programming.
3. To identify lessons learned and good practices for sharing.

The evaluation focused on the overall earthquake operation to date from the initial rapid response stage to the present recovery and reconstruction phase, undertaken in North West Frontier Province and Azad Jammu Kashmir, Pakistan, during the last two weeks of November 2008. (See appendix 1)

The intended audience for the evaluation is the IFRC Pakistan Delegation, the Pakistan Red Crescent Society, and the RC/RC Movement in general,

Summary:

The IFRC/PRCS Earthquake response has had a significant, positive impact on the recovery of the disaster victims whose lives were destroyed in a matter of minutes. The commitment and determination of the IFRC/PRCS staff, and the strength of their organisational capacity has enabled operations to support the most remote and therefore most vulnerable members of the population affected by the disaster.

The success of the operations has meant that the majority of the core goals and objectives were achieved, particular those within the immediate rapid response and emergency response phases of the operation.

Some subsidiary objectives, especially in non core area activities, were, in hindsight, overly optimistic. However the realignment of the operations, as stated in the 2008/09 Action Plan, illustrates a greater knowledge of the working environment, and has given the operations a more realistic approach and a greater chance of a comprehensive success.

The operation has substantially improved the reputation of the PRCS with the Pakistani Government and affiliated organisations. Its image within the vulnerable communities where the operations have taken place has also improved significantly.

The expertise and capability of the PRCS has significantly increased during the three years since the operations began. This has been visible in the improved responses during both the Baluchistan floods and earthquake operations. PRCS is now operational in sectors in which, prior to the earthquake response, they had little or no capacity, e.g. water and sanitation.

Although some of the IFRC/PRCS non “core area” programs were slow to get started they are now operating well, making a significant contribution to the lives of the affected villagers. The project teams operating at a village level are now very well accepted in the communities and the formation of the “Community based organisations” in the villages has in general worked well, and should be replicated elsewhere.
Health, water sanitation and livelihood projects are at present functioning very well. Methodologies adopted here could also be replicated for use in future disaster operations. The issue as to whether or not these projects can be continued into 2010, or until the relevant governmental authority is considered capable to take over (for example in the case of the health program) needs to be examined. Sustainability, of course, is a key issue.

The PRCS have undergone a period of continuous change and growth, and fully understand the need to continue developing. Plans to develop PRCS as outlined in the 2008/09 Plan of Action needs to be focused upon now as the IFRC presence begins to recede. PRCS needs to take the lead role in this process, supported by all IFRC, PNS and PRCS staff. The current revision of the PRCS Plan of Action, and the development of a transition plan for 2009 will be key processes.

An upcoming challenge for PRCS is the need to clarify strategically what will be the basis of their core operations and expertise. A great deal of “hardware” in the form of building and assets has been or will be handed over thus increasing institutional capacity. However what “software” programs (e.g. Health, HIV/AIDS, WatSan, Gender, PSP) will supplement the Disaster Management activities needs to be clearly defined.

The overall response has relied extensively on the commitment and diligence of the operational staff. Their efforts have been compromised at times by the inability to recruit the right staff, with the right experience, at the right time. This problem has affected both IFRC and PRCS. The finalisation of a PRCS HR policy and the recruitment of a HR director are needed as a matter of urgency so as to avoid the reoccurrence of this in the future.

There is a great deal of reconstruction and rehabilitation of buildings ongoing at present. The program has not been without problems, notwithstanding the very rough terrain and remote locations, and although good progress has been made on many sites, there are a number of other locations that are experiencing major delays. To ensure continued progress, there is a need for a greater on site presence in the field to deal with contractors and to ensure the presence of the consultants so as to ensure projects progress.

The quantity of goods distributed is vast. More than 105,000 families have been supported with relief items. IFRC and PRCS were the largest player, outside the government undertaking the second winter shelter operation of 2006/07. The simple and adaptable warm shelter package was highly successful and well appreciated by the beneficiaries.

This has taken a huge effort, especially in light of the incredible difficulty of the terrain and changeable climate. Logistical delays however seem to have occurred at various stages. A set of “emergency procedures”, handing greater authority to those nearer to the disaster would have facilitated the process. Normal procedures could be reinstated once the initial rapid response phase is over.

The employment of a monitoring and evaluation team throughout the response would have further improved the transparency and accountability of both organizations. This should be encouraged in future large scale operations.

Projects are dispersed over a great number of villages over a wide geographical area, where the operation is responding in different sectors. Although this may result from a lack of co-
ordination at the national level in the initial stages of the response, or a lack of integration in the cluster groups, it would be much better, should such a response be needed again, if multi-sectoral responsibility for specific villages, union councils, or a geographical area were arranged accordingly.

There are a number of highly technical, well motivated PRCS staff that could be used, not only in national response operations, but also on an international level. How to retain these staff has been and will be a challenge for both IFRC and PRCS.

The image of both IFRC/PRCS, although generally positive, has fluctuated over the last three years. Ongoing projects in NWFP and AJK are of sufficient quality and interest, to both the general public and within the movement, to form an integral element of a nationwide information campaign to raise the profile of PRCS. A suggestion made by the HOFO to make a video documentary of the projects should be supported.

Working relations between the IFRC and PRCS staff and senior management have been continually objective and positive during the response period.

Security awareness and procedures amongst IFRC and PRCS staff and within their operations have been well managed and taken seriously.

The Movement within the region and internationally needs to improve operational capacity in non core areas activities such as livelihoods, PSP and gender. The reality is that the IFRC, and PNSs are implementing such programs in large scale responses. Unfortunately, there is a lack of delegate expertise and in-house technical support.

In conclusion, the operation has been a success, notably in terms of the immediate relief, shelter and health response elements of the operation which were the most effective in meeting their goals and objectives. In addition, the ongoing community based health, water and sanitation and livelihood programs are producing excellent results. The community based methodologies of these programs should be replicated in future operations. The high technical standards achieved in the earthquake resistant structures should be institutionalised and replicated.

There have been many challenges in the operations, none more difficult than the actual terrain itself. Furthermore, neither the IFRC nor the PRCS had never dealt with an operation of such a magnitude prior to the earthquake, and therefore lacked experience. The government itself was not prepared for such an event. Despite these obstacles, there was no “second wave” of deaths or illnesses due to disease or the oncoming winter. The motivation and dedication of the IFRC/PRCS staff and volunteers have contributed greatly to this achievement.

As the IFRC prepare to downsize, it is imperative that the development of the PRCS progresses at a strong pace over the coming year two years. A strategic plan is a necessity, as is a fundraising strategy. Key staff need to be recruited, and experienced staff need to be retained. The PRCS Constitution needs to be finalised, as does the status agreement for the IFRC.

The correct balance of software to hardware needs to be reached. The new disaster management centre will provide an impressive landmark, however focusing on the most
vulnerable needs to be at the heart of all operations. Disaster Management, Health, Water Sanitation, HIV/AIDS, Gender and Psychosocial support initiatives will all generate opportunities and challenges. The strength of any organization lies in its staff, volunteers and its impact. If current staff can be retained and the right staff can be recruited, hopefully the balance will not be too hard to find.

**Key recommendations:**

1. In future disaster scenarios, where possible, to push, within the cluster system, for a geographically co-ordinated allocation of areas of implementation.

2. Selected staff within this operation should be seen as potential delegates to be deployed either in response to regional or international disasters. A BTC selection process should be undertaken for those considered most likely to succeed.

3. The Mobile Health Unit/EPI/Preventive health model should be well documented so as to facilitate its replication in future disasters within the region or worldwide.

4. An agreed exit strategy needs to be set with the MoH so that set dates for a gradual handover of responsibility can be agreed.

5. A new MoU needs to be agreed on between IFRC and PRCS in regards to local procurement of medicines in Pakistan according to WHO/MOH standards.

6. A separate Monitoring and Evaluation department would have further added to the transparency of this operation, and any future operation, and would have supported program officers.

7. PRCS should look to become a nationwide leader in the struggle against HIV/AIDS.

8. PSP needs to be established as an integral part of any PRCS disaster response initiative.

9. To fully document the current community based approach used for Watsan and Livelihood programs so that it can be replicated in other similar disasters.

10. The possibility of utilising funds unspent in other programs should be investigated so that health, water supply and sanitation and livelihood projects may be implemented beyond 2009

11. To improve organisational capacity building at a regional and Geneva level, in terms of a livelihood staff database, and program guidance information, to facilitate any livelihood program responses in future disasters.
FACT teams should include a member with proven experience and expertise in livelihood issues.

A gender sensitive approach should be adopted by both the IFRC/PRCS as an integral element of disaster response.

Gender related program guidance information, should be made available at a national and regional level to facilitate gender sensitive interventions at future disasters.

Additional staff need to be recruited quickly to increase the IFRC/PRCS presence on reconstruction sites. These projects, like all construction projects, need continuous supervision.

The MoU, copies of standard contracts, the tendering process, and the procurement/payment system of the program should be well documented for replication elsewhere in the movement during future interventions.

PRCS should ensure gender considerations and psychosocial initiatives integrated throughout its disaster response activities.

A PRCS strategic development plan, including branch development, for perhaps the forthcoming five years, needs to be formulated as a matter of priority.

The PRCS constitution needs to be finalised so as to formalise the relations between the PRCS HQ and the provincial branches.

A fundraising strategy for PRCS needs to be established and supported. If not already appointed, there is a need for a fundraising manager.

IFRC need to increase and improve the delegate rosters on a regional and Movement basis specifically in terms of identifying future non core area delegates.

PRCS need to formulate and implement a HR policy, offering terms and conditions strong enough to attract, recruit and retain good quality candidates within the organisation.

Procurement procedures need to have an “emergency clause” during which procurements can be approved nearer to the disaster so as to speed up the response. These procedures need to be articulated within the disaster management and logistics regulations before any disaster develops.

In preparation for the reduced IFRC presence, financial control of programs should be gradually handed over to PRCS throughout the course of 2009. Reporting regulations must be clarified and monitored. Transparency must remain a priority.
xxv. The methodologies within the reconstruction assessment, planning, project identification, contracts and finance management need to be documented for future replication. As should the technical design and earthquake resistance structuring procedures.

xxvi. To organise media coverage and documentary evidence, thus utilising the current projects to highlight the activities and capacity of the PRCS.

xxvii. Finalisation of the computerisation and standardisation of PRCS financial systems should be treated as a priority. Training and support must be provided where necessary.

xxviii. The Federation needs to approach the authorities in Pakistan from the a Geneva level so as to finalise the status agreement as soon as possible.
**Background information:**

An earthquake with a magnitude of 7.6 on the Richter scale, centered 95 km northeast of Pakistan’s capital, Islamabad, struck at 08:50 local time (03:50 GMT) on 8 October 2005, with tremors felt across the region from Kabul to Delhi. The quake decimated northern Pakistan and northern India. In Pakistan alone, over 73,000 people were killed and 128,000 injured. More than 3.5 million people were made homeless.

Since the earthquake, the Pakistan Red Crescent Society (PRCS) and the International Federation of Red Cross and Red Crescent Societies (Federation) and partner national societies, have been actively engaged in their response to the earthquake and to the subsequent recovery and reconstruction needs, with a particular focus on the North West Frontier Province (NWFP) and the Azad Jammu Kashmir (AJK) region of Pakistan.

The earthquake resulted in mass population displacement due to the devastation of homes, the loss of livelihoods and increased risk of diseases due to weakened and insufficient water and sanitation facilities. The earthquake also severely damaged public infrastructure, including health and educational facilities.

The Federation launched an immediate appeal on 9th October for CHF 10,793,000. However this was to be revised upwards over the coming weeks, as information as to the extent of the devastation improved, to a revised emergency appeal issued on the 25th October for CHF 152 Million, to assist 81,000 families for a period of six months.

The principal objectives of this period were the provision of non food and shelter items, the provision of basic health care, psycho social support, and the provision of water and sanitation facilities. Initial steps were taken to build the capacity of PRCS in terms of health care, disaster management and organizational development.

At the end of March 2006 the Govt. of Pakistan through its Federal Relief Commission, declared the emergency phase of the response to be over, and that rehabilitation and reconstruction work should begin.

On March 28th 2006 IFRC launched a recovery appeal for CHF227 Million to assist 1,085,000 beneficiaries until the end of 2008.

Operation objectives of the revised appeal reflected the intended diversity of the earthquake operations response, containing specific objectives and activities for the ongoing relief efforts, shelter and reconstruction, livelihood, gender, health, water and sanitation, and psychosocial support programs, with continued expectations of the national society capacity building initiative, including disaster management programs.

Underspends have occurred in all sectors. As such, during the summer of 2008, a revised Plan of Action was formulated, together with budget revisions, to extend the operations until the end of 2009, once more clear objectives and activities for each program have been highlighted.

This evaluation, in order to gauge whether the Pakistan Earthquake Operation has, and is, achieving its goals, objectives and expected results, has measured the operational performance against the objectives highlighted in the three documents mentioned above.
Purpose of the evaluation:

The objectives of the evaluation were as follows:

1. To examine the extent to which the Pakistan Earthquake operation has, and is, achieving its goal, objectives and expected results.
2. To assess key achievements, challenges and areas of success, as well as areas for improvement within the operation and make recommendations to replicate or improve and inform future programming.
3. To identify lessons learned and good practices for sharing.

The evaluation was carried out by the consultant accompanied at all times by a representative of either the IFRC or PRCS.

The review focused on the overall operation to date from the immediate rapid response phase through to the present recovery and reconstruction activities, and addressed the following key questions / focus areas: -

Quality, relevance and accountability

- How effective has the operation been in identifying the most vulnerable among the affected population and in developing appropriate strategies to respond to their particular circumstances? What strategies were used to ensure quality, timely and relevant delivery to target beneficiaries?
- How effective has the operation been in terms of responding to the needs identified by the affected communities? Did it focus on the priorities of the target groups? And to what extent was the most vulnerable population reached / provided with assistance relevant to their needs?
- To what extent were/are the beneficiaries involved in planning, design and monitoring of the operation?
- Were the operation’s strategies and priorities in line with the priorities of the Pakistan authorities and other key coordination bodies (Federation Relief Committee, Earthquake Reconstruction and Recovery Authority and coordinating bodies including the UN co-ordination mechanisms)?
- What were some of the successes and opportunities that came out of the operation?
- What problems and constraints have been faced during the implementation of the operation (including issues of context etc) and how did the operation deal with those?
- What aspects of the operation have been improved to ensure the needs of the affected population or communities were met?
- What important lessons have been learned which can i) improve future implementation of programs in Pakistan and b) be shared with the wider Federation?
- What unanticipated positive or negative consequences arose out of the operation and why?

Effectiveness and efficiency of management

- Has the operation met and does it continue to meet its stated objectives in an efficient and effective way? (e.g. were inputs used in the best way to achieve outcomes and if not why not?)
- Were there adequate resources (financial, human, physical and informational) available and were they utilized effectively and efficiently?
What Federation mechanisms and tools used to promote good practice (e.g. Sphere, BPI, emergency assessment tools, VCA etc)

How effective were the operation's processes for planning, priority setting, monitoring and quality management (e.g. internal reviews and other quality assurance mechanisms). Were regular reviews held at different stages of the operation?

Was there adequate integration across the different programs?

Was there effective coordination with other parts of the Movement / other actors? And how appropriate and effective were the inputs of partner organizations in the implementation of the operation.

Capacity of Pakistan Red Crescent Society

What changes in capacity, capability, understanding and learning have occurred within the Pakistan Red Crescent Society as a result of the ongoing operation? Are these appropriate?
Methodology:

The review used a triangulation of the following methodologies:

- **Desk research and secondary data review of key documents:**
  - IFRC Appeal documentation and update reports,
  - IFRC Plan of action 2008/09
  - FRC Final report
  - ERRA Annual reports
  - UN reports
  - DRC Mid-term review – Psycho social program
  - Other relevant reports

- **Key informant interviews (see appendix 1 for details) / group interviews :-**
  - key PRCS staff / volunteers;
  - relevant Federation staff in Pakistan;
  - representatives of partner national societies;
  - key external stakeholders, such as ERRA.
  - meetings were held with village communities, and randomly selected members of the affected population with whom the Federation is working at a community level.

- **Active learning groups:**

  A two day participatory workshop was held on November 25th – 26th, attended by those relevant staff from IFRC and PRCS who had participated at various stages in the earthquake response.

  The workshop was in the format of morning debates, which created a forum for discussion, and afternoon feedback sessions, during which the earthquake program was analysed by sector in its separate phases, together with discussions of an exit strategy.

  Both elements of the workshop highlighted not only what successes had been achieved, but also what elements of the response had not gone so well, and what lessons had been learnt.

  When deemed appropriate, action points were noted indicating tasks which needed to be undertaken in the future.

- **Field visits to engage with recipient communities (see appendix 1 for details):**

  A six day field trip, which incorporated site visits to ongoing Health, Water and Sanitation, Livelihood, and Reconstruction projects, was undertaken during the course of the evaluation.
Results and findings:

The overall earthquake response has been broken down into three phases representing time periods, which, although inexact, and evidently not uniform from sector to sector, has facilitated the evaluation of the earthquake response in greater detail.

The phases have nominally been named:

1. The immediate rapid response phase (first two months).
2. The emergency response or relief phase (from the end of the rapid response phase until the end of the first six month)
3. The recovery/reconstruction phase (April 2006 until December 2008)

Taking each sector, and examining its performance at each phase, we can therefore interpret how successful in reaching their objectives the activities have been, what, when and where have been the challenges, what lessons have been learnt, and whether or not these lessons are relevant in a purely Pakistan context, or on a global, Movement level. Furthermore, the efficiency and effectiveness of the current operations can be investigated separately and areas for improvement highlighted.

Relief and Shelter:

Despite the incredibly harsh terrain, landslides, the inclement weather, the innumerable aftershocks, and the logistical difficulties, the IFRC/PRCS earthquake response was still able to provide over 105,000 of the most vulnerable families, in the most remote locations with essential non food items and shelter reconstruction kits to enable them to rebuild their houses (over half of all houses were either damaged or destroyed in AJK and NWFP), before the onset of the first winter.

The response was built on the determination and motivation of the staff and volunteers in the field, well supported by their branches and headquarters. PRCS was a different organisation then to the one it is now. The initial response was minimal, and it took 72 hours to realise the full extent of the disaster. There was a lack of funds and a lack of communication equipment. However despite this, the lack of experienced and skilled staff, and despite lacking a tried and tested system within which to work, the staff were able to provide a quality service, so as to gain respect within the communities in which they worked, and amongst the government and military with whom they co-ordinated.

The operation involved the largest ever deployment of regional disaster response teams in the history of the Movement. Relief operations lasted until May 2006. Initially a broad brush approach to targeting beneficiaries was adopted as there was little to differentiate families, all of whom had lost their homes and their possessions. Residual relief operations continued until March 2008, specifically targeting 18,000 families with support to get them safely through the second winter. Relief items relevant to the needs of the beneficiaries were provided, and supplemented the government funding which in itself was not enough to rebuild a family house. Furthermore the Federation warm shelter program, instigated through the cluster system, and copied across the humanitarian community, was key to preventing another disastrous winter.
In such a huge operation there were some inevitable difficulties. Initially, co-ordination with the government and other NGOs didn’t always run smoothly. This improved with the implementation of the cluster system. The Government, through the Federal Relief commission also took good control and provided leadership. Information gathering and data management was inconsistent, at times providing contradictory information. PRCS was initially seen as a branch of the government not as a separate organisation, which was not necessarily a good image to have. Some beneficiaries tried to falsify the complicated ration card system; new systems had to be designed. Some relief items were not to the required standard. Volunteers lacked training or knowledge of the organisation for whom they were working.

Health:

Eight medical health teams responded immediately to the disaster, providing first aid, medical evacuation, while dealing with the numerous injuries and fractures. This immediate response helped build the image of the PRCS in the communities.

International ERUs were deployed, field hospitals were established, and a co-ordination mechanism was established with the MoH, and with the cluster group. Seemingly there was some duplication with INGOs, however this should not detract from what was a committed and motivated response.

The overriding fact that there were no major outbreaks of disease during the ensuing period after the earthquake is a testament to the hard work of all the health workers active in the area, including the IFRC and PRCS teams. The disease early warning system (DEWS) was a helpful tool in this respect.

The earthquake had decimated what was already a weak health infrastructure, and there was an obvious gap to fill. Whilst a lot of other organisations have left the field, PRCS continues to fill that gap. This state of affairs will continue for a while yet, especially while reconstruction attempts, in some areas, are delayed.

PRCS mobile health units are offering an excellent service in the affected villages, providing male and female doctors at appointed times each week, an immunization program, and free medicines. The teams are much appreciated and needed by the local communities as indicated in the participatory rural appraisal of the health teams in Besham during March 2008. The lack of alternative facilities, and access to a female doctor, necessitate the continuance of this program in the short, if not longer term. Local pharmacies provide low standard medicines and lack a proper storage system. Beneficiaries questioned were satisfied with the quality of the health workers and of the medicines.

Traditional Birth Assistant re-orientation sessions and health promotion are ongoing. Community based first aid volunteers are now active at a village level. This ties in well with the hygiene promotion element of the Water and Sanitation program. Unfortunately, the two programs do not always coincide in the same village. The system of allocating programmatic NOCs to geographically separate locations was not well co-ordinated across sectors within the cluster system. This was a missed opportunity and has led to an increased workload for the operation as whole both practically and logistically, and has prevented a holistic approach within the response.
Security in the region has been a challenge, with operations having to be intermittently closed in those areas near to the military operations in Swat.

Similarly, the logistics for medical supplies has been strained on occasions. Most medicaments are purchased overseas and shipped into the country. It would be better to look for good quality locally made products, analysed in country to ensure the correct quality of ingredients.

**HIV/AIDS:**

This element of the earthquake response was introduced in the March 2006 appeal, with some ensuing success at the Lahore Voluntary Counseling and support centre, where a number of awareness sessions were organized, and HIV patients could be tested.

Plans to expand the operation however seem to have been curtailed.

Pakistan suffers from several factors that make it a high risk area for the rapid spread of HIV/AIDS namely: a weak health structure, poor economic conditions, a large number of drug users, a widespread sex industry, a lack of safe sex education, and a large number of migrant workers. There is also a great deal of stigma related to the illness.

This is a catastrophe waiting to happen, which will most likely hit hardest on the most vulnerable in the community: women, children and the poor.

**PSP**

The psycho-social support program was broadly split geographically with the Turkish Red Crescent training and developing PRCS staff in Azad Jammu Kashmir and the Danish Red Cross focusing likewise on NWFP (Mansehra and Battagram). Both elements supported a great number of beneficiaries, helping them to understand the emotion reactions that they, their family members, and their children were undergoing. Vocational training classes were undertaken to improve the rehabilitation of the disaster affected population. Staff as well received support and training.

Unfortunately, there were language and access difficulties in AJK, PSP staff themselves had problems coping with the stress, and some staff left the program. The program is however ongoing, working through community centres supported by the program staff and volunteers.

The integration of the DRC PSP with other sector programs met with difficulties, both of a practical and inter-personal nature. Operations were phased out on October 2007. Currently PSP is only operational in AJK.

**Water and Sanitation:**

ERU teams were on the ground within the first week of the disaster. 250,000 litres of safe drinking water were provided each day. 30,000 people in Balakot and Batagram were supported with clean water and sanitation facilities in the immediate aftermath of the earthquake. Hygiene promotion was undertaken and latrines, especially in the tent camps, were provided. Initial objectives were achieved. The incidence of water and hygiene related illnesses were minimized and contained.
Federation and PNS ERU teams trained their PRCS staff well, and now that this emergency provision is no longer necessary, the staff are now implementing impressive, large scale water and sanitation projects in some of the most remote areas affected by the earthquake. They also performed a positive role in the 2007 floods in Sindh and southern Baluchistan.

The remoteness of these projects needs to be stressed. Roads are poor and dangerous, and at times inaccessible. The weather is changeable and can be very harsh, landslides are common, roads turn into streams, 4 x 4 vehicles are a necessity, and mistakes can be life threatening. The logistics of transporting the equipment, the distances involved, and the dedication required, are all in the extreme. This is applicable to all programs operational in these areas.

Staff members are well received and highly respected amongst the village communities. This has taken time, energy, and patience, within community participation ensured through the formation of village committees. This is also applicable to all programs operational in these areas.

The current program is separated into hygiene promotion, sanitation and water supply. The PHAST methodology is being promoted within the communities.

The Watsan program integrates well with the Health program, specifically in terms of hygiene promotion, which may go some way to deal with the number of cases of scabies within the communities. Unfortunately, as mentioned previously, the two programs do not always coincide in the same village.

Watsan staff within this program have already been seconded to respond to disasters on a national basis. This is a reflection of their newfound experience and expertise.

Livelihoods:

Livelihood project were, perhaps understandably, not deemed a priority during the rapid response phase. However, a lack of experienced staff hampered any real progress during the emergency phase as well. Initial activities within the livelihood program were limited to the distribution of cereal crop seeds, tools, fertilizers, and some fruit plants. There was a need for better integration with other programs. Plans for 18 multi-purpose community centres in the March 2006 appeal failed to materialise.

It was only at the start of 2008 that the livelihoods program started to properly deliver a rounded program. The main strategic change was from a relief based approach to a much more development based approach. Experienced staff, no longer needed in agencies that had now left the earthquake zone, were recruited, and a more dynamic program manager was appointed.

There was a shift away from the targeting of individuals to the support of communities as a whole. In this respect the beneficiaries became more involved in the planning and designing of each intervention. The need, for all affected communities, to rehabilitate their kitchen gardens and livestock, historically a traditional survival technique, was unquestionable.

A four pronged approach of organizational capacity building of the communities, infrastructure rehabilitation, agricultural support and skills training was adopted. This is now being successfully implemented, integrating well with other programs such as Watsan, and
utilising the community groups already established. Training for agricultural extension workers was undertaken in April 2008, kitchen garden trainings are ongoing.

**Gender**

As per Livelihoods, Gender also was not considered a priority during the immediate phases of the earthquake, although it appeared that female headed households were specifically struggling due to cultural and sociological imbalances towards women.

This issue was addressed in the March 2006 appeal. However the proposals were again somewhat optimistic and these objectives have not been achieved. This does not mean that the issue was ignored. Support was specifically aimed at women in the kitchen garden activities within the Livelihoods program, and the provision of female doctors in the mobile health clinics was critical. The provision of water at taps within villages greatly reduced the amount of time spent by women fetching and carrying water to their home. By contrast, items within the hygiene kits were found to be culturally inappropriate for their intended female users.

Again it would seem that only in comparatively recent months has the operation found a way to start integrating gender concepts into its activities. This has been done by a mixture of gender awareness building and training for the IFRC/PRCS staff, who had lacked a real understanding of what “Gender issues” meant, and by looking at programs in turn, to see how better to incorporate gender issues into their implementation.

It must be stressed that the operation areas are very traditional in their mindset. This was a considerable challenge. Non conformance to local cultural conditions would lead to the unacceptance of particular staff and organisations in a community. Failure to dress “properly” was an issue faced not only by expatriate staff, but also by Pakistani staff from more liberal parts of the country. As such, any attempts to change cultural practices would be almost impossible.

**Reconstruction Program**

There is a great deal of public building rehabilitation and construction work ongoing at present: thirty five separate sites spread over AJK (19) and NWFP (16), some in the most remote and difficult to access locations. This is a mixture of educational structures (16), rural health centres (3), basic health centres (9), and vocational training centres (7). In addition to this, there is a disaster management centre being built at the PRCS HQ.

Two buildings have been completed, work is generally to a good standard, other projects will be completed soon. There have been delays regarding the acquisition of suitable land, and in the project design approval process undertaken by ERRA with their design consultants NESPAK. Contractors have proved, somewhat understandably, unwilling to work in the most remote locations, and the consultants overall have lacked commitment. In addition to this, construction material prices have increased greatly over the last two years, eating away at the contractors’ profits, thus reducing the speed of implementation whilst contractors hold off on purchasing materials, hoping for prices to fall.

The tendering process has also taken up a great deal of time. The reconstruction team, working in conjunction with the PRCS Construction committee, lacked the internal
procedures and expertise to manage this element of the program quickly. However, overall timescales show some similarities to construction work undertaken by IFRC in Indonesia after the Tsunami, and to health facilities constructed in India after the Bhuj earthquake. Considering the extremes of the terrain, the inherent security conditions, and the greater technical requirements for the buildings constructed, it can be easily argued that the task in Pakistan has been more difficult.

On a positive note, the planning procedures were well managed, and the costs of Federation buildings are much more competitive than many other agencies. Many PNSs decided to work with the Federation multilaterally as there was a greater efficiency in terms of cost and quality.

The construction budget of Chf 15 Million is the largest component of the remaining earthquake response activities. Projects are progressing, but some are not moving quickly enough and need to be addressed to prevent cost and time overruns.

Higher standards are required of the contractors in terms of finishing the projects properly. Field engineers need to exercise strong vigilance when monitoring this stage.

Payments to the contractors are made through the IFRC with bills prepared by the consultant and the PRCS. Seemingly this is because the Federation system is faster and simpler. Gradually, PRCS need to accept more responsibility for this themselves should they need to continue operations once the IFRC has left.

Time has been lost: there was a time delay for the MoU between IFRC and PRCS, and there were delays in the recruitment of staff, and during the design and tendering process. The new Disaster Management centre looks impressive; however this is a further time consuming distraction for the construction team who need to be out in the field. Together, these issues have had a negative impact on the speed of the reconstruction process.

**Capacity Building of PRCS**

**Disaster management**

The dedication and devotion of the staff involved in the immediate rapid response has to be appreciated. This, in itself, has created a bond amongst the PRCS staff which will hopefully facilitate future co-operation and communication in future disaster responses.

A great deal of on the job and classroom based training has improved the operational capacity of the PRCS.

The PRCS responses to last year’s Sindh and Baluchistan floods as well as the recent earthquake in Baluchistan have further increased the operational experience of PRCS teams. Initial reports are that the responses went reasonably well, but could have been better.

PRCS procedures for data management did not exist at the rapid response stage. These now need to be documented and included in the PRCS standard operating procedures. For these to become effective they need to be institutionalised by in the HQ and branch level.
The plan to establish disaster management cells at 43 branches is more than half complete, with 25 currently in place. The intention is to stock sufficient emergency relief items for 35,000 families.

The national disaster management centre in Islamabad, once completed, will further promote the profile of the PRCS on a national level.

ERU equipment left behind by PNSs have helped increase the capacity of the PRCS

*Organisation Development*

PRCS branches within the earthquake zone had little capacity to support operations. A plan to develop 22 new branches is ongoing; so far 9 have been developed.

An OD delegate started work in summer of 2008, and has since spent a great deal of time visiting the branches throughout the country. This will of course benefit the PRCS capacity building program; however the position should have been filled much earlier, at least within the first year of the earthquake response.

The volunteer base of PRCS has expanded a great deal over this period. The volunteers’ database needs to be well managed and a concerted effort needs to be made so as to retain the interest of the volunteers.

PRCS human resource management processes have improved over the earthquake response period (see below).

*Support Services*

*Human resources:*

Throughout the three years there have been difficulties recruiting the right staff at the right time. This has affected both IFRC (Livelihoods, Reconstruction, Health, DM, Security and OD) and PRCS, and has been detrimental to the progress of the operation. This has been particularly problematic in the non-core program areas.

Some expat staff were on short three month contracts. This led to a lack of continuity and inefficiencies. For the IFRC this has been partly caused by the number of experienced delegates already active in the Tsunami response, and partly due to a lack of non core area staff held on national society staff rosters.

For the PRCS one obstacle to the recruitment of the right staff is the fact that the package offered in terms of salary and conditions did not compete well with or NGOs or INGOs recruiting at the same time. Although there has been a significant improvement in salary levels recently, this issue has not yet been fully resolved.

HR staff have played a positive role in culturally sensitizing new international staff to the project. This issue has been an important one when dealing with very traditional beneficiary communities. The IFCR/PRCS staff are well received and well respected in the communities they are working. This has taken a long time to develop, and was not without its setbacks initially.
Locally recruited staff, speaking the local dialect, are preferable for the success of the programs in the long run, however in the initial rapid response phase this criteria is less important.

Logistics:

A vast quantity of goods has been purchased and transported to the numerous remote locations by either helicopter, trucks, or by donkey, over the past three years. The extent of these efforts must be appreciated and applauded.

Warehouses were very quickly established in rubhalls during the rapid response phase and were well managed. These have since been handed over to the PRCS.

Local procurement undertaken during the rapid response phase went well, however once the quantities and costs grew, authorisation level requirements meant some commodities had to authorized at a Headquarters, or even Geneva level. These extra layers of hierarchy and bureaucracy inevitably led to delays.

Managers in the field have complained about the speed of the procurement of items, albeit admitting they also lacked the necessary planning experience.

Initially the government waived import regulations, which was very helpful. However, once the rapid response stage was completed the regulations were reinstated. This led to some delays.

These factors led, at times, to the fragmented and occasionally untimely release of relief items, slowing down the operations. This did nothing for the reputation of the operation with the beneficiaries, who had sometimes traveled a fair distance to come down to a distribution point to collect the items.

The provision of medical supplies through the PRCS warehouse operates well and without delays.

Finance:

The financial management of the earthquake response and the funds involved appears to have gone well, although it must be stressed that this evaluation has not included a financial audit.

There will be a certain amount of funding available at the end of the 2008/09 period as some programs are unlikely to expend their allocated budget. How to allocate such funding will depend on the flexibility of the donors, and the priorities of the IFRC/PRCS into the future.

Communications:

Radio rooms are well manned and function well. Surprisingly, reception for mobile phones is very good in the most remote areas. This is a good standby system and is used as such. Drivers carry mobile phones, and have been well trained to not answer them while driving.

PRCS are intending to install a nationwide communication network within their disaster management program. There are trained staff available for them to utilise.
Reporting:

The whole appeal process has been well managed. Donor funding has been well tracked and reported thereon.

Appeals and situation updates are well written and comprehensive, containing a great deal of factual and statistical information. There is a tendency however, to accentuate the positive.

IFRC/PRCS have had mixed reviews over the course of the response, in terms of what is reported about them in the newspapers. In general however, public appreciation of the activities has been good, especially within the operational areas.

The current programs would make a great documentary, usable in a nationwide information campaign and for raising the profile of the PRCS within the movement.

Security:

Regulations and procedures are well managed and enforced, and are appropriate for the security situation in country.
Conclusions:

Relief and Shelter:

Overall, this has been an excellent “learning by doing” exercise, with a great deal of experience gained. Many lives were saved from exposure to an intensely cold winter, and many families were supported in rebuilding their lives.

Lessons learned in the earthquake response have enabled PRCS to better respond to the 2007 floods in Baluchistan and more recently the November 2008 earthquake in Baluchistan.

Although some delays occurred, in general items were distributed on time, in an organized manner.

Core goals and objectives of the March 2006 appeal have been achieved and exceeded.

In future operations it should be noted that the time spent inducting volunteers into the organisation can save time spent later solving problems this lack of knowledge might cause.

Health:

The objectives laid out in the March 2006 appeal have, have been substantially achieved. The IFRC And PRCS health teams have not only been able to fill the gap left by the breakdown of normal health services, moreover, they are now providing a better health service than what was available prior to the earthquake.

The needs for this service will continue until at least the end of 2009, and possibly further.

The construction of basic health units needs to be completed as a matter of urgency.

There has been a considerable under spend within the health program.

HIV/AIDS:

There is scope within the health community for another big player in the HIV/AIDS arena in Pakistan. This is an excellent opportunity for the PRCS.

In the long run a successful nationwide hard hitting awareness campaign, matched with the long term nationwide provision of testing and treatment of HIV/AIDS patients, could greatly enhance the national and international reputation of the PRCS.

This could quite possibly be funded through the UNAIDS or WHO channels and structures.

PSP

The programs have supported both beneficiaries and program staff. However, PSP does not appear to be regarded as an integral element of a disaster response. It is not included in the 2008/09 Plan of action, nor is it considered a core activity within the PRCS. This is surprising considering the worldwide acceptance of PSP as a necessity within a comprehensive, holistic disaster response. We need only too look to the Turkish Red Crescent as a good example.
Staff trained in PSP could be utilised in future interventions. As such, there is a readily accessible resource to hand.

It may sound obvious, but PSP staff themselves need psychological support, as do their colleagues from other programs.

**Water and Sanitation**

This element of the response can be deemed a success. The projects are more akin to civil engineering, and are on a much larger scale than Watsan project the Movement normally implements.

The Watsan staff have acquired a great deal of knowledge and experience that will be vital for the PRCS in future disaster responses. As such the retention of these staff is a necessity.

**Livelihoods:**

This has been a missed opportunity. The failure to attract experienced staff until well into the recovery phase, and the lack of integration of the activity with other programs, has meant that we have done less for our beneficiaries than we could have done in this sector, so far.

Sadly, as a non “core area” activity, the Movement not only lacks the institutional expertise and guidance at both a local and Geneva level, but also an available source of experienced livelihood delegates for deployment.

However, the program is now running well and having an effective impact on the communities in which it is based. It would be a shame now to curtail its activities, specifically as there is funding still available. The decision to carry on operations until the end of 2009 is positive.

The reality is that the Movement is increasingly incorporating livelihood programs in its response to large scale disasters. The level of experienced staff and guidance available needs to be substantially improved.

**Gender**

Again, the lack of understanding and expertise in gender based programming has led to an underutilization of staff and a less effective approach in programming, in terms of reaching the extremely vulnerable female members of the vulnerable communities.

The operation has struggled in another “non core” activity.

That said, the current activities outlined in the 2008/09 Plan of action seem reasonable, and the ongoing training of staff, together with the examination of our current activities to look for ways to integrate gender related responses seems appropriate.
**Reconstruction Program**

It has taken an immense amount of work to get the project this far. In general the quality of the work seems to be of a good standard, particularly in terms of the standard of structural engineering. However, the construction program is at a pivotal stage of its completion. Projects need to be finishing in quick succession over the following few months in order to keep the overhead cost element of the budget to a minimum, and to enable PRCS to state that the program was finished within a reasonable timeframe.

Problems with contractors need to be solved quickly. There are some issues that have been or are dragging on for too long.

Greater pressure needs to be placed on the project consultants to ensure that their supervisors are on site.

More support need to be given to the PRCS field monitors to add weight to their supervision.

Reporting from the field to HQ needs to be more detailed. The subjective percentage finished figures do not provide enough information.

**Capacity Building of PRCS**

*Disaster management:*

There is no comparison between the response capacity of the PRCS now, to what it was three year ago. Staff are much more experienced not only in core areas but also in sectors in which PRCS hadn’t previously operated. PRCS’s overall capacity to respond is much greater.

PRCS were, and to a certain extent, still are unfamiliar with gender considerations and psychosocial support initiatives within their disaster response activities.

A network of nationwide warehouses with logistical capabilities and relief items will further raise the profile of the IFRC with the government.

*Organisation Development*

The image and reputation of the PRCS has grown considerably over the last three years.

The capacity of local branches needs to be improved. This needs to be a nationwide development initiative.

*Support Services*

*Human resources*

There are currently a number of open positions within the PRCS HQ and field structure that need to be filled. To avoid missed opportunities, or programming delays these issue need to be addressed as a priority.
Logistics

A colossal task had been undertaken. However, operations, at times, have been delayed whilst exhaustive procurement procedures are adhered to.

Finance:

Results of the exercise to examine what non earmarked funding can be moved from its originally designated role to alternative programs should be made available as early as possible so as to ensure sufficient time for planning 2009/2010 staffing and resource requirements.

Communications:

Staff have been well trained and are have accrued a great deal of experience over the last few years.

Reporting:

This part of the operation seems to have gone well. Reporting standards are high.

There is scope for increased coverage of current programs.

Security:

Again, this element of the response is well organised and appropriate
Recommendations:

**General:**

- In future disaster scenarios, wherever possible, to push, within each cluster system, for a geographically co-ordinated allocation of areas of implementation.

- Selected staff within this operation should be seen as potential delegates to be deployed either in response to regional or international disasters. A BTC selection process should be undertaken for those considered most likely to succeed.

- The Federation needs to approach the authorities in Pakistan from the a Geneva level so as to finalise the status agreement as soon as possible. This will benefit future operations in the country, particularly in terms of facilitating imports in to the country, and visa requirements, but will also give IFRC official legal status.

**Relief and Shelter:**

- A separate Monitoring and Evaluation department would have further added to the transparency of the operation, and would have supported program officers.

**Health:**

- The Mobile Health Unit/EPI/Preventive health model here should be well documented so as to facilitate its replication in future disasters within the region or worldwide. A separate evaluation to highlight specific areas of learning would be beneficial.

- Funds underutilized by the end of 2008/09 should be carried forward wherever donor approval can be reached, to continue filling the gap left by the MoH, and to ensure that Health initiatives remain prominent within PRCS disaster response initiatives.

- An agreed exit strategy needs to be set with the MoH so that set dates for a gradual handover of responsibility can be agreed.

- Improved integration and co-ordination with the MoH would be beneficial.

- The commercial possibilities of first aid training need to be fully researched on a national basis.

- Volunteers within the region should be adopted by the nearest PRCS branch, retained and nurtured.

- The future for health operations should be clarified as soon as possible to enable staff retention and resource allocation.

- A Data base on the web needs to be established for uniform reporting and access to PRCS health data. This is going to be piloted in the EQ affected area during 2009

- A new MoU needs to be agreed on between IFRC and PRCS in regards to local procurement of medicines in Pakistan according to WHO/MOH standards.
**HIV/Aids:**

- PRCS should look to become a nationwide leader in the struggle against HIV/AIDS. This could be one element of the software needed to counterbalance the hardware of the Disaster Response structure.
- PRCS need to examine the feasibility of establishing a nationwide network of VCT centres, as suggested in 2008/09 Plan of Action, compared to the effectiveness of working alongside the government system.
- Once finalized, this approach should be evaluated to see if it can be replicated within the region.
- Sensitization of the issues related to HIV/AIDS must be conducted amongst all IFRC/PRCS staff.

**PSP**

- PSP needs to be established as an integral part of any PRCS disaster management initiative.
- All staff should receive training as to what emotional fluctuations they may expect during a disaster response.
- It is important to allocate responsibility for the psychological support for the PSP staff themselves.

**Water and Sanitation**

- To fully document the current community based approach so that it can be replicated in other similar disasters.
- A Watsan co-ordinator role needs to be established at PRCS HQ with representations at a provincial level.
- Operational guidelines for use in a Pakistan disaster context should be drawn up and included within PRCS disaster response standard operating procedures.
- The possibility of utilising funds unspent in other programs should be investigated so that the program can continue to implement water supply and sanitation schemes beyond 2009, and ensure Watsan activities remain an integral part of the PRCS structure.
- In future disaster scenarios, where possible, to push, within the cluster system, for geographically co-ordinated allocated areas of implementation.
- To organize media coverage and documentary evidence, thus utilising the current Watsan projects to highlight the activities and capacity of the PRCS.
- Selected staff within this program should be seen as potential delegates to be deployed either in response to regional or international disasters. A BTC selection process should be undertaken for those considered most likely to benefit.

**Livelihoods:**

- To fully document the current program community based approach so that it can be replicated in other similar disasters, albeit at an earlier stage of the response.
- To organize media coverage and documentary evidence thus utilising the current livelihood interventions to highlight the activities and capacity of the PRCS.
- To extend the activities of the program into 2010 and onwards if financially sustainable.
• To improve organisational capacity building at a regional and Geneva level, in terms of a livelihood staff database, and program guidance information, to facilitate any livelihood program responses in future disasters.
• FACT teams should include a member with proven experience and expertise in livelihood issues.

**Gender**

• A gender sensitive approach should be adopted by both the IFRC/PRCS as an integral element of disaster response.
• Gender related program guidance information, should be made available at a national and regional level to facilitate gender sensitive interventions at future disasters.
• Program staff should continue to co-ordinate with the Gender Dept in the District Rehabilitation Centre in Mansehra so as to remain aware of, and learn from, any localized interventions, and where appropriate to utilize the same implementation methodologies.

**Reconstruction Program**

• Additional staff need to be recruited quickly to increase the IFRC/PRCS presence on site. These projects, like all construction projects, need continuous supervision.
• Now that the tendering processes are finished, the senior engineers at HQ need to be more in the field pushing these projects along.
• For future, similar interventions, specifically during the early stages of the tendering process, there needs to be enough construction professionals with a proven record of working within the Federation tendering process, to ensure that any delays are kept to a minimum. Once identified these individuals should be retained within the Movement.
• The possibility of including a clause dealing specifically with the price inflation of construction materials should be investigated by GVA legal and procurement departments
• The MoU, copies of standard contracts, the tendering process, and the procurement/payment system of the program should be well documented for replication elsewhere in the movement during future interventions.
• The methodologies within the reconstruction assessment, planning, project identification, contracts and finance management need to be documented for future replication. As should the technical design and earthquake resistance structuring procedures.

**Capacity Building of PRCS**

Disaster management:

• PRCS need to instill within its systems an ongoing feedback and review mechanism for all its emergency responses, thus creating a learning culture within the organisation.
- Standard operating procedures, assessment documents and questionnaires need to be institutionalized in the relevant language for any area geographical area of response.
- PRCS should incorporate gender considerations and psychosocial initiatives integrated throughout its disaster response activities.
- The new DM centre should be used as a fundraising source as well.

Organisational Development

- A PRCS strategic development plan, including branch development, for perhaps the forthcoming five years, needs to be formulated as a matter of priority.
- Branch development should not be restricted to the construction of buildings. Programs and impact on the most vulnerable should remain the focus.
- The PRCS constitution needs to be finalised so as to formalise the relations between the PRCS HQ and the provincial branches.
- A fundraising strategy for PRCS needs to be established and supported. If not already appointed, there is a need for a fundraising manager.
- All staff and volunteers need to be inducted and receive CBFA training.
- The 2008/09 plan of action regarding OD needs to be fully adopted and implemented as a priority.
- For future operations it is strongly recommended that OD delegates are recruited within the first 6-12 months of the intervention.

Support Services

Human resources

- IFRC need to increase and improve the delegate rosters on a regional and Movement basis specifically in terms of identifying future non core area delegates.
- One salary scale across all PNSs/IFRC would be better than a fragmented approach.
- PRCS need to formulate a HR policy, offering terms and conditions strong enough to attract, recruit and retain good quality candidates within the organisation.
- The sustainability of the above needs to be planned strategically.
- PRCS needs to examine how it intends to identify and retain key staff.

Logistics:

- Procedures need to have an “emergency clause” during which procurements can be approved nearer to the disaster so as to speed up the response.
- Managers in the field need to be trained and supported in terms of ordering items to be procured in a timely manner.

Finance:

- In preparation for the reduced IFRC presence, financial control of programs should be gradually handed over to PRCS throughout the course of 2009.
Reporting regulations must be clarified and monitored. Transparency must remain a priority.

- Finalisation of the computerisation and standardisation of PRCS financial systems should be treated as a priority. Training and support must be provided where necessary.
- Procurement for PRCS projects should be gradually handed over to PRCS themselves. The establishment of a PRCS procurement team should be seen as a priority.

Communications:

- While downsizing, the IFRC should gradually hand over its radio equipment for use of PRCS during their continued operations. This should be undertaken on a needs basis.
- To organise media coverage and documentary evidence, thus utilising the current projects to highlight the activities and capacity of the PRCS.
- Trained staff should be on standby for assignment to any regional disasters that may be able to utilise their skills and experience.

Reporting:

- A video documentary of the current activities should be undertaken for use by both the IFRC and the PRCS.
- Whilst operational the current projects should be utilised to promote the image of the PRCS.

Security:

- Current security procedures should be well documented for replication within the region on any future disasters.
Appendix 1: Information gathering

The review was undertaken during November 2008 with preliminary reading, provided by the IFRC, and administrative matters, undertaken in the UK during the first two weeks of November, with the field visit being undertaken during the last two weeks of November 2008, specifically from November 16th until November 28th.

The review was undertaken by Jeff Duncalf, accompanied on all field trips by a representative from either the IFRC or the PRCS.

Methodology:

1. Desk research and secondary data review of key documents:
   - IFRC Appeal documents
   - IFRC Situation Updates
   - FRC Final report
   - ERRA Annual reports
   - IFRC Plan of action 2008/09
   - UN reports

2. Key informant interviews/ Field visits to engage with recipient communities:

   Undertaken at IFRC/PRCS HQ on Monday November 17th:
   - Iliaz Khan, Secretary General – PRCS
   - Azmat Ulla, HOD – IFRC
   - Odaya Regmi, Deputy HOD - IFRC
   - Arne Anderson, Logistics Co-ordinator - IFRC
   - Asif Khan, Country Representative Danish RC
   - Asar Ul Haq, Senior Manager DM - IFRC
   - Arooj Bilal, Senior Manager Admin/HR - IFRC

   Undertaken during the field trip:

   Day 1:
   - Travel to Mansehra:
     - Presentations from IFRC/PRCS
     - Dr Asif Iqbal Awan Field Health Monitor IFRC
     - Niaz Muhammad, Watsan Program Manager PRCS
     - Muhammad Azhar Khan, Program Manager Livelihood IFRC
     - Introduction and brief discussions with Rob Linker, IFRC Head of Field Office
     - Introduction and brief discussions with Muhammad Nisar Khan, Program Co-ordinator, Earthquake operations, PRCS

   Day 2: Travel To Banna: (accompanied by IFRC HOFO, Muhammad Qasim Hassan, District Program Manager ERRA)
   - Discussions/situation update with travel companions
   - Discussion/Observation with Mobile Health Team Shang Village, near Besham
   - Discussions with Local community re the Mobile Health Team.
   - Visit to Watsan/Livelihood project at Baab (UC Batkool).
Meeting with village CBO and village inhabitants
Discussions with Watsan and livelihood project officers
Continuation to Banna Base camp
Observation/Discussion with camp manager

Day 3
Travel to Mansehra (accompanied by IFRC HOFO, District Program Manager ERRA)
Visit to Watsan/Livelihood project at Kushgram:
Observation/Discussions with livelihood project officers
Continuation to Telus:
Discussion/Observation with Canadian RC Mobile Health Team, local health officers.
Return to Banna Base Camp
Continuation to Watsan project at Kinnai
Observation of project/ Discussions with Watsan and livelihood project officers
Meeting with village CBO and village inhabitants
Continuation to Mansehra:
Discussions with Munis Kashmeeri, Gender advisor IFRC, and Khalid, Gender Officer, IFRC
Discussions with Yoko Yoshida, IFRC Field Delegate

Day 4
Travel to Balakot (accompanied by PRCS Program Coordinator for Earthquake operations, District Program Manager ERRA)
Discussions/situation update with travel companions
Observation/site visit to Girls school in Mansehra
Interview/discussions with Head of School
Discussions with PRCS Field officer for construction and local contractor
Continuation to further site visits for Boys Middle School in Shoha Khan, the AmCross Basic Health Unit nearby, and Hong Kong RC Girls School.
Interview/Discussions with MoH Doctor at health facility.
Continuation to Balakot Base camp
Observation/Discussion with camp manager
Continuation to Watsan project in Allari:
Inauguration of project/ Discussions with Watsan and livelihood project officers
Meeting with village CBO and village inhabitants
Return to Balakot base camp.

Day 5
A.M: Travel to Kapi Gali (accompanied by PRCS Program Coordinator for Earthquake operations, District Program Manager ERRA)
Observation of project/ Discussions with livelihood project officers
Meeting with village CBO and village inhabitants
Return to base camp
P.M: Travel to Muzaffarabad (accompanied by Cormac Rooney, IFRC Construction Coordinator)
Discussions/situation update with travel companion
Site visit to Shohal Mazulla – girl’s middle school
Continued to the boys middle school in Batangi near Ghabi Habibulla
Continuation to Overnight in Muzaffarabad
Day 6
A.M: Travel to (accompanied by IFRC Construction Co-ordinator)
Site visit to Ghari Dopatta boys Degree College – discussions with PRCS construction field
engineer/local contractor representative/project consultant.
Continued to Hattian Dopatta, vocational training centre.
Return to Muzaffarabad, lunch and discussions with provincial branch secretary, his training
officer and branch deputy.
Continuation to Islamabad

Undertaken at IFRC HQ on Monday November 24th:

Jos Miesen, Health Co-ordinator, IFRC
Engr. Salahuddin, Project Director for Construction – PRCS
Engr. Gohar Shah, Joint Director for Reconstruction - PRCS
Engr Imran Siddique, Federation Senior Construction Manager
Jo Wood, Finance Delegate – IFRC
Appendix 2 – Abbreviations:

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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>PRCS</td>
<td>Pakistan Red Crescent Society</td>
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<tr>
<td>DRC</td>
<td>Danish Red Cross</td>
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<tr>
<td>ERA</td>
<td>Earthquake Reconstruction and Rehabilitation Agency</td>
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<td>FRA</td>
<td>Federal Relief Agency</td>
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<td>UN</td>
<td>United Nations</td>
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<td>AJK</td>
<td>Azad Jammu and Kashmir</td>
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<td>NWFP</td>
<td>North West Frontier Province</td>
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<tr>
<td>HOFO</td>
<td>Head of Field Office</td>
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