



Annual Report **2007**



INTERNATIONAL RESCUE
COMMITTEE
PAKISTAN PROGRAM

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Message from the Country Director

Dear Friends,

The year 2007 was a paradox in some ways – on the one hand, it was a year of new directions and prospects; and on the other, one marred with political instability and heightened insecurity. Although security and well being of our staff is always at the forefront, the on-going instability has direct implications for our beneficiaries, and therefore only strengthens our resolve to continue working for the plight of these communities.



Our country program successfully sustained a phase of transition from relief, care and maintenance to self-reliance and sustainable development. The IRC Pakistan programs for refugees and earthquake affected communities extended from direct assistance to forming strategic alliances with key stakeholders to build capacities and institutions that ensure consistent advancement towards stability including positive co-existence of refugees with Pakistani communities.

Our Afghan refugee programs are undergoing important transformations in light of funding cut-backs as well as a renewed effort of the GoP towards Afghan repatriation and inclusion of Refugee Affected Host Areas (RAHA). As IRC phases out of direct delivery, the focus now is on strengthening capacities of government-run facilities and community development organizations to enable them to self-manage. In the Female Education Program (FEP), the process of handing over FEP schools to the School Management Committees (SMCs) has begun, with complete handover of responsibilities for managing and maintaining schools by the start of 2008. In the Primary Health Care program, as IRC-established Basic Health Units are consolidated, we are building the capacity of government-run health facilities to manage the higher caseload of patients with quality healthcare, while extending services to RAHA.

The IRC health program in the earthquake area focused on strengthening the technical and management capacities of district health service providers in Mansehra and Azad Jammu & Kashmir. Through an evidence-based planning and surveys the PRIDE project forged strategic partnerships with stakeholders and key players to improve the health and survival of mothers and newborn babies. In the education sector, the IRC, through the RISE program is working directly with multiple stakeholders to reactivate SMCs and Parent Teacher Associations and build their capacities in management, advocacy and monitoring so that they have the necessary skills to improve instruction.

Moving forward, in line with the 2008-2009 Country Strategic Plan, IRC will continue to emphasize strategic partnerships, good governance and strengthening institutional frameworks, all of which will bring us closer to realizing our vision in Pakistan.

Let me take this opportunity to express my sincerest gratitude to our donors and partners, especially the Government of Pakistan for their on-going support in helping us attain our goal.

Mustafa Elkanzi
Country Director

Our Mission

Founded in 1933, the International Rescue Committee serves refugees and communities victimized by oppression and violent conflict worldwide. The IRC is committed to freedom, human dignity and self-reliance.

Our Core Principles

Protection and Promotion of Human Rights, Participation, Capacity Building, Partnership and Holistic Programming.

The IRC in Pakistan

The IRC came to Pakistan more than quarter of a century ago to help millions of Afghan refugees who crossed over the Pak-Afghan border in the aftermath of the Soviet invasion of Afghanistan in 1980. Since then the IRC has been providing essential services to refugees as well as the host Pakistani communities in the North West Frontier Province.

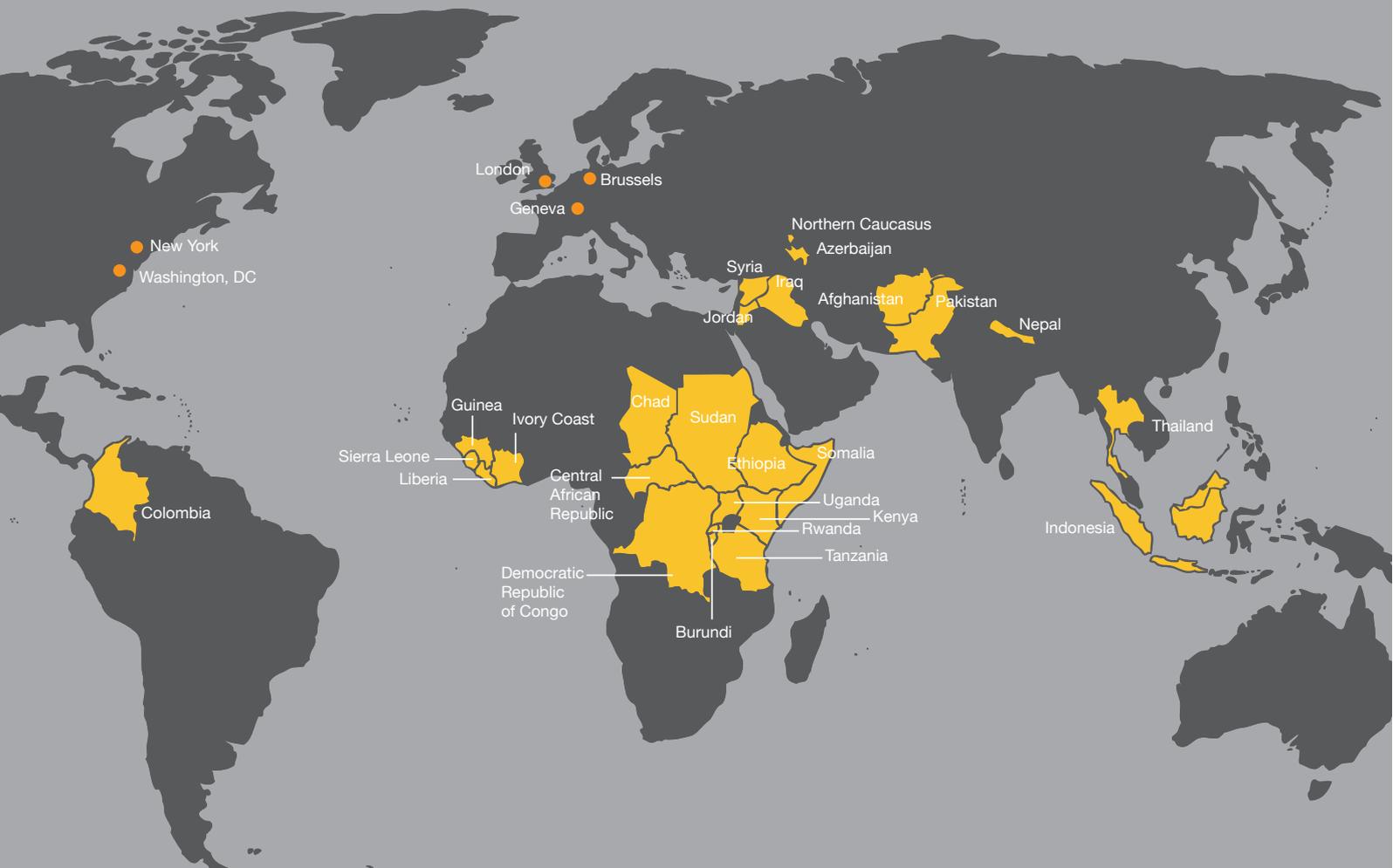
Subject to the internal situation of Afghanistan, demographic dimensions of refugee populations have been fluctuating due to phases of voluntary repatriation and waves of reflux of refugees back to Pakistan. About 2.2 million refugees still remain in Pakistan. While working for the long term goal of finding durable solutions for the refugees, the IRC continues to provide vocational training, education, WATSAN and medical assistance to the remaining Afghan refugees. IRC's strategy is also simultaneously aligned to support the local communities impacted by the presence of refugees.

In countries where already present, the IRC also responds to emergencies caused by natural disasters. The IRC responded immediately to the devastating earthquake of 2005 by providing emergency relief and assistance to more than 230,000 earthquake victims. As the initial emergency phase ended, IRC moved its focus to longer-term reconstruction and rehabilitation, working alongside local communities and the government to "Build Back Better."

Vision in Pakistan

Pakistan consistently advances towards good governance, sustained stability, and people's trust in institutions at all levels - including positive co-existence with Afghans living in Pakistan.

Rescuing Families Around the World





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A Parent-Teacher Council (PTC) ensures that students have clean water at schools

For years, students at the Government Boys' Primary School Taranna in a mountainous area of Pakistan's North West Frontier Province had no water. Not only did this raise an issue of cleanliness – since they couldn't wash their hands – but it also inhibited their ability to complete their school work. In this area, students write their assignments in ink on a wooden board that is checked by the teacher and then washed to be ready for the next assignment. Without water, it was difficult for anyone to begin a day with a "clean slate."

Under the RISE project, staff are forming or reactivating Parent-Teacher Councils (PTCs) for each school, with at least 8 members, including: the head teacher, one other teacher, and six members of the community. After receiving training in their roles and responsibilities, each PTC works to analyze and prioritize the needs of its school and prepares a School Improvement Plan. The PTC thinks about infrastructure improvements and about the "softer" side of education, including the training and support of the teachers, useful learning materials, and the comfort of students.

Taranna's School Improvement Plan gave priority to the issue of a clean and accessible water supply. The district's education department was not able to respond to their need, so they discussed their options in their monthly meeting and decided that the PTC would solve the problem using its own resources. First, it needed about 400 feet of pipe, which a village elder agreed to supply. Then other community members agreed to contribute needed materials and expertise. The PTC successfully completed the installation of the pipe and tap, and now water is flowing. Students, teachers, and parents have noted an increase in the cleanliness standards of students, their major goal, and also that this success has provided a stimulus for (and confidence to) the PTC and community: they can solve the school problems themselves!

EDUCATION



Strengthening Afghan Capacities through Education

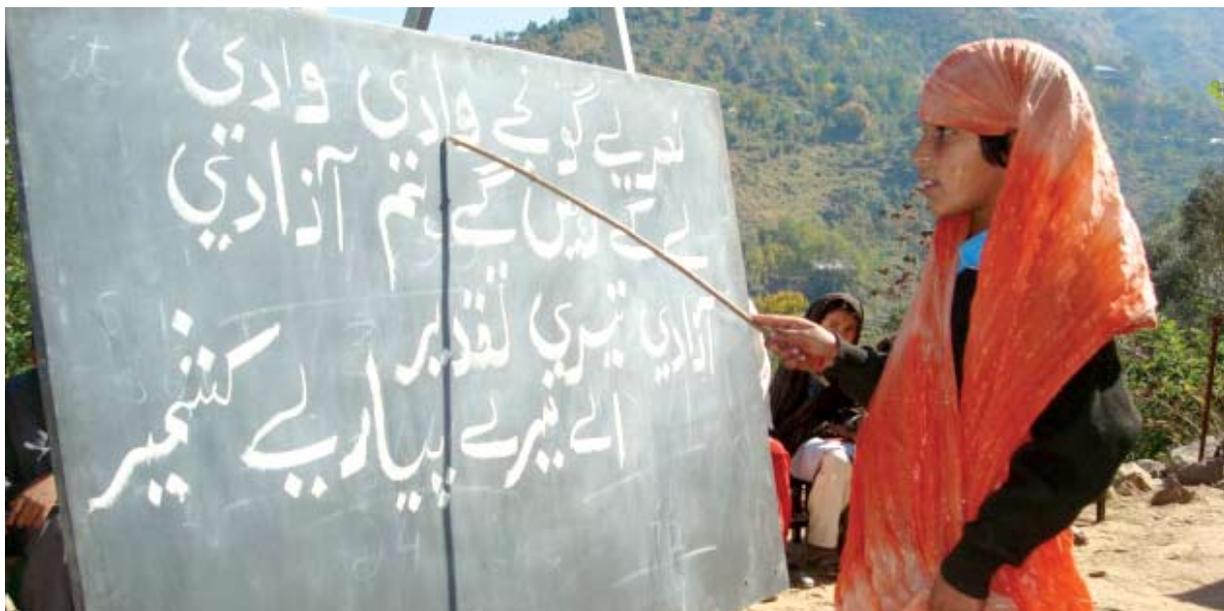
Access to basic education is a critical development need if progress is to be realized. For Afghan refugees, particularly girls, getting a good education is their only hope for a better future. The Female Education Program (FEP) began in 1992 to offer educational services during emergencies, chronic crises and reconstruction. What began as a direct delivery initiative that addressed pressing educational needs of Afghan refugee girls, is today a holistic program, encompassing partnership development, community engagement, human resources development and institution building.

Investing in education of girls, particularly from Afghan communities, requires informed decision-making at every level of the education system. At the community level, the IRC is mobilizing local communities to form school management committees (SMCs), and training them in aspects of school administration; at the institutional level, on-going training and technical assistance is provided to teachers, principals and trainers. Finally, at the policy level, the IRC is strengthening ties with the Ministry of

Education in Afghanistan to officially recognize education and teaching experience acquired through the program, which will facilitate a smooth transition into the Afghan education system and workforce upon repatriation.

The FEP has instituted strategic methods of education to reflect the conservative Afghan culture, including formal and home-based schooling, adult literacy programs, as well as community health education and psychosocial programs. Also important to program success was the training and retaining of female teachers which directly impacted student enrolment and interest in schools.

The past few years has seen a greater focus on the formulation and strengthening of SMCs made up of headmasters, teachers, and community members that will oversee the maintenance and administration of the schools. In late 2006, the IRC introduced a strategic change in programming that will transfer the responsibility of school administration to the SMCs on a pilot basis. The main purpose of this exercise is to



create school independence and self-reliance, thus ensuring program sustainability. Based on the success of this initiative, the IRC will hand over all remaining schools to SMCs by 2008, while continuing to provide teacher training, teacher salaries, textbooks, stationery, lab kits, mobile libraries as well as other educational materials and supplies. The program today is benefiting over 12,000 students, with more than half of them girls. It has produced more than 22 training manuals in subjects including pedagogy, health, art activities, psychosocial approaches, language, and sciences, and has trained more than 8,000 teachers from the refugee community in up-to-date teaching methodologies.

With stronger efforts on the part of the Government of Pakistan to encourage voluntary repatriation of Afghans to their homeland, relevant and recognized education is imperative not only for their transition, but in rebuilding their nation.

The Non-formal Education and Life Skills Project was designed to provide young girls and women

the chance to move towards self autonomy by providing vocational training. By empowering girls in refugee affected areas with information and essential market oriented skills they will be able to strengthen their position in their families, communities and society.

In 2007, the IRC was awarded the Promoting Early Childhood Education in Pakistan Project. Through this project, the IRC will collaborate with the Provincial Institute of Teachers Education (PITE) and government schools in the NWFP to build the capacity of public sector teachers to provide sustainable, quality early childhood education to children in refugee impacted communities.

Restoring Education in Earthquake Affected Areas

In 2006, the Government of Pakistan realigned its strategy with partner agencies to "Build Back Better" – an integrated, participatory process that will result in sweeping changes to the entire education sector in the earthquake

affected area. Prior to the earthquake, the quality of education in northern Pakistan was dismal at best, and the challenges were immense – from dilapidated infrastructure, combined with lack of qualified instructors and educational supplies to deficiencies in institutional management and financial capacity and general government apathy to effect change.

Responding to this challenge is the Revitalizing, Innovating and Strengthening Education (RISE) program, which initially targeted Bagh and Mansehra districts, but has since expanded to include Poonch and Muzaffarabad districts as well. RISE provides sustainable solutions to education with a focus on improved financial and human resource management, enhanced teacher performance and dynamic community participation in schooling. This is being achieved by establishing and strengthening the capacity of SMCs through training, technical assistance and advocacy so they can independently and effectively manage their own schools. So far the RISE program has formed/reactivated 84 SMCs and 202 Parent Teacher Councils (PTCs) – with the aim of establishing 2300 SMCs by the end of 2010. RISE produced a training manual outlining their roles and responsibilities and a school improvement plan. The Program works through a consortium comprised of: American Institutes for Research, IRC, Sungi Development Foundation, Sarhad Rural Support Program and the National Rural Support Program.

In 2007, the IRC continued to support healing classrooms for students still recovering from the effects of the earthquake two years earlier. The IRC launched innovative projects aimed at rebuilding an improved educational system in earthquake-hit areas. Programs were designed to facilitate the healing of traumatized students



through a child-focused, inclusive and protective environment, using trained professionals to provide psychosocial counseling and improve students' cognitive development. The program also explored ways to increase enrolment and improve the overall quality of education through training and learning materials, direct community involvement, facilitation of school-community links, and promotion of co-curricular activities. Using participatory methods, the project brought together members of the community to reactivate PTCs to be responsible for school administration and management. In the span of one year, the project had reached more than 23,000 students in 200 schools.



HIV-positive mother benefits from improved infection prevention practices

Farida Shah, one of PRIDE's Public Health Officers, was on a routine weekly visit to the Rurul Health Centre, Chatter 2 in Bagh District when she met 27 year old *Kaneez Fatima from nearby Nazarpur Village. Kaneez Fatima was 9 weeks pregnant with her third child and had come for her ante-natal checkup. Her husband, a truck driver, was diagnosed with AIDS three years ago at a hospital in Rawalpindi when he was admitted for the treatment of repeated respiratory problems. Kaneez Fatima herself was subsequently found to be HIV-positive when tested at the District Head Quarter Hospital, Bagh .

Farida counseled Kaneez Fatima, who appeared completely ignorant of her condition except for the fact that she was carrying a report indicating her HIV-positive status. Farida's counseling included matters relevant to safe delivery, breast feeding, modes of transmission of HIV and the importance of screening the remaining family members.

The Rurul Health Centre staff was very apprehensive and reluctant to conduct Kaneez Fatima's delivery at the health facility. However, Farida Shah counseled them about using appropriate infection prevention practices that have been introduced by PRIDE as part of the Standards Based Management and Recognition approach. This includes use of 0.5% chlorine solution for decontaminating medical instruments—an easy and cost-effective way to prevent the spread of deadly viruses including HIV. Safe disposal of medical waste is also critical to prevent the spread of infection, and Rurul Health Centre Chatter 2 now has an incinerator and waste disposal pit.

With basic infection prevention practices in place, it is feasible and safe for Rurul Health Centres such as Chatter 2 to conduct deliveries and provide other health care services to any and all clients—irrespective of their HIV status or the presence of other more common infections. PRIDE has, to date, supported 30 health facilities in Bagh and Mansehra Districts to establish effective infection prevention practices, including facilitating priority action planning, on-the-job training and mentoring and providing basic, low-cost, equipment and supplies.

The staff at Rurul Health Centre Chatter 2 gave their assurance that they are now willing to conduct Kaneez Fatima's delivery at the health facility, using best practices for infection prevention. PRIDE is also working with the staff to improve a wide range of maternal and child health services so that Kaneez Fatima's child will not only have a good start in life, but good health and access to quality health care for years to come.

HEALTH



Meeting Basic Health Needs of Afghan Communities

The IRC's long-standing Primary Health Care Program (PHC) began initially as a direct response to the large influx of Afghan refugees settling along the borders of Pakistan. With limited access to clean drinking water and sanitation facilities, Afghan and host communities faced increased risk of waterborne diseases, such as malaria and Diarrhoea.

The IRC addressed those immediate concerns through the provision of drugs, hygiene awareness campaigns and diagnostic services. Three decades into the program, the IRC has established eight basic health units (BHUs), a well-equipped laboratory, two basic emergency obstetric care (EmOC) facilities and one dental clinic, serving nearly 100,000 Afghan refugees from the Hangu-Thal region of NWFP, of whom over 85% are women and young children. To date, close to 30,000 deliveries have taken place in the IRC's EmOC facilities, with direct impact on child mortality rates.

Concurrent health awareness campaigns have been an integral component of the PHC

initiative, results of which are evident in the 90% immunization coverage against ailments like measles, polio and Hepatitis B for newborns.

More recently, the IRC ran malaria and leishmania control awareness programs and mobilized the Hangu community to help manage the epidemic. The IRC team provided malaria treatment in BHUs, distributed insecticide treated nets to community members and sprayed insecticides in ponds and stagnant water. The program boasts a 95% treatment rate for those infected with malaria in the Hangu area.

Over the years, the IRC's approach to meeting the health needs of Afghan refugees has expanded from direct assistance to forging strategic alliances, strengthening institutional frameworks and building local capabilities. Looking forward, the PHC program will extend to support the health needs of the host communities. The PHC program will strengthen government capacity in HIV/AIDS & malaria prevention, management and microscopy, while also delivering much needed logistical,

material and technical support to the district health department, including support to 19 health facilities. In 2008, the PHC will also offer a comprehensive treatment program for those living with HIV/AIDS including provision of basic health care and anti-retroviral therapy, alongside a community support program and a Voluntary Counseling and Testing Centre for HIV.

Sustainable Health Services for the Earthquake Affected

Since 2006, the IRC has shifted its focus from emergency relief to rehabilitation of health services in the earthquake affected areas with emphasis on program sustainability through the strengthening of public sector institutions and building local management and technical capacities.

This year the IRC in strengthening the technical

and management capacity of the district health management team and service providers in Mansehra and Azad Jammu & Kashmir (AJK). By giving on-the-job training to the Ministry of Health and lady health workers in reproductive health and communicable diseases, the IRC significantly increased their technical knowledge as well as the capacity to manage public health interventions. The IRC's health program provided direct medical services to the communities of District Muzaffarabad, AJK that included vaccinations, free ultrasound sonograms, patient consultations, mother child health care, laboratory testing, and the strengthening of the referral system.

In Mansehra, more than 13,000 patients were treated at the BHU in Chakkal which the IRC helped rehabilitate. In consultation with the Earthquake Rehabilitation and Reconstruction Authority (ERRA) and Executive District Officer (EDO) Health, the IRC built the EDO Health Office Block III. When construction was completed in



late 2007, the building was handed over to the EDO Health.

This year, 137 deliveries took place through the IRC-established basic EmOC in Danna, District Muzaffarabad, AJK. The IRC also provided equipment, furniture, drugs and medical supplies to six health facilities in the five union councils of Khawara Valley, and reconstructed the Central Blood Transfusion Service (BTS). The BTS supplies the most basic yet indispensable service in the post-earthquake scenario – a sufficient supply of blood to those suffering from critical injuries, obstetric complications or blood-related illnesses. In a grand inauguration ceremony where the AJK Prime Minister was the Guest of Honor, the IRC handed over the Central BTS to the Ministry of Health, AJK. Two BHUs are under construction in District Muzaffarabad and are expected to be completed in the first quarter of 2008, and subsequently handed over to the Ministry of Health, AJK.

In 2006, the IRC became the lead agency in a \$30m Primary Healthcare Revitalization, Integration and Decentralization in Earthquake-affected areas (PRIDE) project that will provide better health for the approximately 2 million people of Bagh and Mansehra Districts through revitalizing the primary health care system, particularly for maternal, newborn and child health. Nearly 120 primary health care facilities across the two districts are involved in quality improvement processes to ensure better health services and outcomes for the people. PRIDE is now well on way to achieving significant improvements in health systems, health services and community participation. An in-depth household survey conducted by PRIDE in 2007 revealed very poor maternal, newborn and child health indicators in the project area.



PRIDE is developing strategic partnerships with stakeholders at all levels of the health sector and local communities to improve the health and survival of mothers, newborns and children.

In its first year of implementation, PRIDE set the stage for evidence-based planning and implementation through household surveys and assessments of health systems and services. In addition, health service performance standards were agreed upon with the respective health departments and health care workers. PRIDE is using a facility-by-facility approach to assessing performance, formulating improvement action plans, measuring improvements and rewarding success. A community mobilization strategy was formulated and Health Management Committees (HMCs) are now being mobilized around every health facility. Their purpose is to improve the overall cooperation between communities and service providers – a key weakness in the current health system.

PRIDE is implemented by a consortium of three partners: IRC, Management Science for Health (MSH) and JHPIEGO, an affiliate of Johns Hopkins University.



ENVIRONMENTAL HEALTH



Facilitating Peaceful Co-existence between Afghan Refugees and Local Communities

As one of the most populated countries in the world, Pakistan faces tremendous burden on its already fragile ecosystem. With the addition of 2.2 million Afghans in concentrated areas combined with a critically low supply of water and run-down water and sanitation infrastructure, the pressure on Pakistan's depleting resources are immense, with serious consequences for sustainable human development. Not only will there be increased risk of waterborne diseases from lack of clean water, but also an increased potential for conflicts among communities forced to share these scarce resources.

The IRC's environmental health program uses a two pronged approach to address the immediate and long term needs of the approximately 152,000 Afghan refugees in 19 camps across the N.W.FP: 1) by improving quantity and quality of water supply through renewed infrastructure and water testing, and 2) by involving and strengthening the capacity of local communities through hygiene education and development of Water Management Committees (WMCs).

The IRC with the help of communities provided essential water and sanitation facilities in Afghan camps. By doing so, the project attempted to take some of the burden off local resources and facilitate co-existence among the communities.

The success of the water and sanitation program in refugee camps depends heavily on the participation of community members. The IRC's first point of entry in sensitive areas such as Afghan refugee camps is to mobilize communities, engage them in the decision-making process and formulate WMCs made up of the community members themselves to oversee the operation and maintenance of their water systems as well as spread health and hygiene awareness. One of the most significant indicators of community ownership and thus empowerment is that they pay utility costs of tube wells along with WMC salaries, and most importantly, now share 60% of maintenance costs.

With the IRC slowly phasing out the program, the focus is now on building Afghan capacities

to enable them to effectively manage their resources. Training and technical assistance is provided to Afghan men in the installation and maintenance of hand pumps, drilling operations, shallow well development and water chlorination. By the end of 2007, 106 Afghans had been trained on hand pump maintenance, with almost 50% of hand pumps in the camps repaired by the camp members themselves. Women receive education on health and hygiene, prevention of water wastage and safe water handling, with IRC hygiene promoters targeting around 200 families every month. To minimize the risk of waterborne diseases, the IRC regularly collects and tests water quality through a well equipped water testing laboratory and ensures that contaminated sources are chlorinated.

Next year, the IRC will shift its focus to extend its services to the surrounding communities in line with the Refugee Affected and Host Areas (RAHA) initiative. Aiming for program sustainability and its ultimate goal of durable solutions, the IRC will phase out of direct service provision, including

equipment repair activities, transferring these responsibilities to local technicians, while strengthening technical knowledge and the capacity of targeted populations to self-manage their own water supply systems.

Rebuilding Health Infrastructure in Earthquake Areas

By the beginning of 2007, the IRC's environmental health program in the earthquake areas had already transitioned from its emergency response phase into long term development, guided by ERRAs Water and Sanitation Sector Strategy. With community involvement, particularly of women, the IRC initiated work on gravity-fed water supply schemes to be rehabilitated on a permanent basis, including reconstruction of durable pour flush latrines for extremely vulnerable populations. 27 WMCs, with an average of 20 members per committee were formed, mobilized, trained and involved throughout the implementation of the water





schemes. Towards the end of the project, WMCs were fully capable of operating and maintaining the water supply systems.

The IRC rehabilitated 35 major water supply schemes in Districts of Mansehra, Muzaffarabad and Battagram, and additionally laid over 3km of pipeline distribution networks for irrigation channels, benefiting close to 50,000 beneficiaries. Alongside physical construction, the IRC hygiene promoters used participatory methodologies to bring people together for information sharing about health and hygiene. Training sessions were held in schools and throughout the communities on issues related to personal and community hygiene, proper use of latrines and minimizing risks of waterborne diseases. Responding quickly to the 2007 cholera

outbreak in the area, the IRC held numerous sessions on health education and proper hygiene, targeting school-going children, which resulted in a 63% reduction in the number of Diarrhoea cases reported in the area.

As programming in earthquake areas nears completion, the IRC is concentrating on program sustainability starting with the successful hand-over of its activities and constructed infrastructure to the communities, local community based organizations (CBOs), and/or local government. By taking over key areas of responsibilities and solidifying their linkages with the local government, communities will have a stronger sense of ownership, which in turn will result in the greater likelihood of program sustainability.



IRC builds community knowledge and confidence in managing recurring emergencies

*Ahmed Nawaz, a 45 years old resident of Village Sreekh in District Charsadda was one of the victims of winter floods of 2005. He was working in the fields when the floods hit his village. Next to where he worked was a five foot high safety wall made of heavy stones to protect agriculture land from over-flowing waters of the Swat River. A panicked Ahmed Nawaz rushed to his family home, only to find the floods had already caused extensive damage to his property. Though he managed to escape the flood-ravaged village with his family, it would be 18 hours before he found enough food from an emergency camp to feed his family.

When IRC arrived at the scene in late 2006 to implement the Disaster Preparedness Project in Ahmed Nawaz's village, he was quick to volunteer as a member of the Emergency Management Committee (EMC) through which he received trainings in disaster preparedness, early warning system, proper drainage management and protection of water sources. The Sreekh Village was once again hit by floods, but this time Ahmed Nawaz took some comfort in the knowledge that he had disaster preparedness training to deal with these emergencies. During the floods he regularly monitored the Water Level Indicators IRC had installed at the river bank which were marked with visible signs making it easy for him to assess the situation. He used the mosque loudspeaker to inform his villagers of the impending dangers of flooding and evacuation procedures. Ahmed Nawaz's children all now wear bracelets with their names and contact information, so that in case they become lost during an emergency evacuation, they can be easily identified.

Recalling his experience from the previous year, Ahmed Nawaz simply says, "I wish that I had received these trainings a year ago so I could have helped minimize the extent of damage and loss."

RISK REDUCTION AND DISASTER MANAGEMENT



Strengthening Community Engagement in Mitigating Disasters

The topographic makeup of the district Charsadda in NWFP makes it naturally prone to seasonal flooding resulting from melting snowfall from surrounding mountains followed by annual monsoon rains. However, the floods in the summer of 2005 were particularly severe for the low lying basins of Pakistan, inundating entire villages and wreaking havoc on the residential, property and agriculture land. Entire villages were flooded and washed away leading to the displacement of thousands of people. With the entire environmental health infrastructure in ruins, those left behind in the aftermath of the floods, were faced with inadequate and contaminated sources of drinking water leading to severe waterborne and hygiene related diseases, such as diarrhoea and cholera, as well as skin and eye infections.

The IRC conducted a survey of the district to understand the community's disaster mitigation and coping strategies, and it was revealed that there were serious institutional deficiencies in managing emergencies at the district government level – from lack of effective policies

or the skills and resources to handle frequent disasters to non-existent coordination between the government and the affected community. At the local level, a general lack of awareness often lead to loss of life as a consequence of adverse health and hygiene conditions.





After initial relief operations and distribution of food and essential items, the IRC initiated a much needed interventions in disaster preparedness at the household, community and district levels, with special focus on water and sanitation, hygiene, early warning systems and awareness-raising.

At the community level, with active community involvement and participation, the IRC helped form 22 Emergency Management Committees (EMCs) made up of local community members and elected representatives. EMCs participated in intensive training in disaster preparedness, including management of community water and sanitation sources, monitoring early warning indicators, informing communities of impending dangers and facilitating linkages between the affected communities and local government bodies.

At the household level, the IRC educated women and children on health, hygiene, water and sanitation issues in disaster situations as they are the most susceptible to the effects of natural disasters. The most vulnerable women, those identified as widowed, disabled, elderly or head of households also received psychosocial counselling to strengthen their coping mechanisms. To ensure continuity, the IRC provided training to 119 female EMC members, out of which 66 were trained as 'multipliers' that would continue imparting preparedness skills to their fellow community members after the completion of the project.

Finally, at the district government level, the IRC established a water testing laboratory at the Public Health Engineering Department (PHED) and trained PHED staff on sampling, testing and chlorination of water sources so



they can regularly monitor and maintain the quality of the water in the area. The IRC also provided assistance to the district Government in Charsadda to set up a District Disaster Management Committee, the first of its kind in NWFP, and linked it to the National Disaster Management Committee.

When the program ended in 2007, the EMCs had created disaster response plans and a change in their behaviour was evident. When the floods arrived again in the spring of 2007, the early warning system was closely monitored by EMC members who managed to inform surrounding villages and helped evacuate 500 individuals to safety. The program has been lauded for bringing a holistic, comprehensive, and sustainable approach to disaster preparedness.



Practical help and a chance to share experiences

Having grown up in a culture where female education is not a priority, 23-year old Afghan refugee Yasmin never got the chance to go to school. She therefore jumped at the chance to attend one of the IRC's skill development centers in Khazana camp, where 30 women at a time can learn vocational training, health education and functional literacy.

"I've only been attending the center for two weeks and already I can write my name", claims Yasim, beaming at the paper where she has written her full title in perfect script. Yasim is one of around 15,000 Afghans currently in Khazana, one of the first camps to be established for Afghan refugees who fled the Soviet invasion of Afghanistan in 1979.

The center provided her with vocational training in embroidery and tailoring, health education, access to psychosocial and legal counseling, information on repatriation and – best of all for someone who has never attended school – a chance to acquire functional literacy.

The center provided another attraction, which is a space to speak out about their personal problems and general concerns to a trained psychosocial counselor. A professional counselor is present in the center to lead group discussions as well as individual sessions on topics ranging from anxiety and depression, to trauma and reproductive health.

The skills development center in Khazana is one of four run by the International Rescue Committee to help Afghan women in refugee camps across Peshawar. Some 480 women have learned vocational skills such as tailoring and food processing, while another 150 are studying the basics of becoming a traditional birth attendant.

"The skills we are learning are very useful, but it's more than that," admits Yasmin. "We women have never had an opportunity like this to get together for a few hours, away from the daily demands and stress of life, and just relax and talk to each other. Just to be able to leave home and come here for a few hours helps us forget our worries; it's peace of mind for a few hours."

LIVELIHOOD



Economic Empowerment through Skills Development

The crux of the Durable Solutions Program is the economic empowerment of Afghan men and women through provision of vocational training and skills development designed to improve their marketability. For Afghan refugees planning to eventually return home, attaining skills calibrated to the needs of the Afghan markets is not only necessary, it makes economic and practical sense. With mounting pressure from the Government of Pakistan to repatriate, Afghans seek opportunities that increase their potential for attaining gainful employment, thus boosting their level of self reliance.

By the time the program came to a close this year, almost 2000 Afghan men and women had benefited from a comprehensive program offering vocational training, business management training, and developing market linkages. Running parallel with skills development and training were sessions on psychosocial counseling and life skills for women through the Women Empowerment Program (WEP), a unit under the umbrella of the Durable Solutions Project. This included functional literacy training

and reproductive health education, as well as counseling on stress, anxiety, depression, and gender based violence. A total of 630 participants graduated from the IRC's four Skills Development Centers in courses on tailoring, embroidery/beadwork and traditional birth attendant training. 1012 men graduated from programs offered through government training institutes and apprenticeship training programs, which included civil drafting, cellphone repair, computer hardware, auto mechanics, accounting and business administration.

An additional 210 Afghan women graduated from the Women's Training Centre with certification in office based courses such as English language, basic computing, accounting, office reception and management. These courses were tailored specifically for female refugees with some education to fill the growing needs of the Afghan employment market.

The IRC also facilitated peaceful co-existence between the local Pakistani and Afghan communities by improving environmental health

through the development of water distribution, sanitation and waste management systems. The IRC partnered with the Norwegian Refugee Committee (NRC) and the Trade Union Institute of Development Cooperation (ISCOS).

Economic Independence for the Vulnerable

A significant portion of the population affected by the earthquake lost their main source of income, either through complete devastation of physical infrastructure or the loss of heads of households and key income providers. Working alongside communities, the IRC is focusing on improving economic livelihoods in earthquake affected areas via sustainable income-generating activities. Through comprehensive vocational training and apprenticeship, communities will possess the necessary skills to be self-sufficient, with increased access to markets and production materials as well as support from the private sector.

In the districts of Muzaffarabad and Mansehra, the IRC established 15 Women and Children Community Centres (WCCCs), through which over 900 women have accessed basic vocational and skills training, hygiene promotion, psychosocial counseling, reproductive health education, income generation schemes, and functional computer and literacy programs. In addition, the IRC also established three Women and Children Centers (WCCs) in Mansehra and four vocational centers in Panjgagan (AJK) through the HOPE project providing psychosocial counseling, vocational training, and awareness on reproductive health and hygiene issues. Through this project five child-friendly spaces

and computer centers were established to provide space for joyful learning and computer-based skills training to children and youth. Since its inception, 751 women and children, including Afghan refugees have benefited from the program.

Another innovative approach to sustainable livelihoods, the Kitchen Gardening scheme, not only provided food security but also income savings. Through this intervention, the most vulnerable participants were given the necessary skills and tools, including seeds, fertilizer and gardening equipment to sow their own vegetables. As many as 377 households have profited from this important intervention in two ways – they not only saved at least one





year's income on home-grown produce, but more importantly, they now possess the knowledge to potentially generate income through the commercial production of vegetables.

Under the livelihoods program, the IRC provided the necessary support in reviving local agricultural activities, including distribution of quality wheat seed and fertilizer to over 800 households. Through these provisions, local farmers were immediately impacted by higher yields and improved household incomes.

Activities for revitalizing the agricultural sector included vocational training and technical assistance in restarting livelihood enterprises and strengthening market linkages. By actively engaging the community, the IRC has built local capacities in areas of poultry farming, animal health and gender appropriate livestock enterprises. In addition to the above the rehabilitation of two mega irrigation channels, capable of irrigating 250 acres of agricultural land, is a major step towards revitalizing the agriculture activities in Panjgaran, AJK.



IRC builds house of hope and learning in Durbang

Shoaib Mughal lives in Durbang, a village in the Khawara Valley of Pakistani Kashmir, where he works as a day laborer making 150 rupees (\$2.50) per day to feed his wife and six children.

Until the October 8, 2005 earthquake that devastated parts of Pakistan, Shoaib lived with his wife, Roma, and their children, three girls and three boys between the ages of one and twelve, in a small two-room house. They lived on a compound with another house where Shoaib's relatives, including his three brothers and their families, and his parents lived. The earthquake destroyed the houses.

The Earthquake Reconstruction and Rehabilitation Authority (ERRA), a Pakistani government agency, compensated Shoaib's relatives to rebuild the house, however, Shoaib's house was deemed too small to rebuild. Shoaib received no compensation, and his family remained homeless.

When IRC came to Durbang, the community recommended Shoaib's family receive a new house. Shoaib provided 30,000 rupees (\$500) to help pay for the wood and masons, and the IRC covered the remaining cost in materials and skilled labor.

The new house site was located near the busiest road in Durbang. The site's location served as an ideal open air classroom for IRC trainers to conduct training sessions demonstrating earthquake-resistant construction techniques, cinder block and brick placement and steel reinforcement, to the community.

Community members participated in the trainings. People from Durbang and the surrounding area stopped by everyday to see the house's progress and observe construction techniques. Community members particularly valued learning steel fixing skills for reinforcing structures. Shoaib's brothers utilized the techniques to rebuild their home. "I am very happy to have a home constructed," Shoaib said. "It had been my greatest worry."

Once again Shoaib can focus on work and providing for his family, including raising enough money for his oldest three children to attend school. "Now, I can try to send my children to school and work hard to give them a better future," Shoaib said.

SHELTER



Providing Homes to the Homeless

The 2005 earthquake in northern Pakistan destroyed the entire physical infrastructure and halted government services, leaving 3 million homeless and without critical services to meet their immediate medical, educational and livelihood needs. Two years later, the IRC has made tremendous strides towards reconstruction of damaged buildings and in the delivery of essential training to artisans in seismically appropriate construction. This year, the IRC signed a Memorandum of Understanding with ERRA to collaborate in the implementation of a program under the Build Back Better initiative. The main objective of this program was to provide training to the skilled and unskilled labourers from the communities of the five Union Councils of Khawara Valley in Muzaffarabad to assist in the construction of 12,680 safe and earthquake resistant houses.

Under this program 154 Village Reconstruction Committees (VRCs) were formed who identified individuals from their community to participate in training and to provide oversight to reconstruction activities. By year end, the IRC had delivered more than 40 training sessions,

in which over 500 local artisans and carpenters received skills training to build more earthquake-resistant, permanent housing- streamlined with ERRA's rural housing strategy. During the year, ten demonstration points and an additional nine demonstration houses were constructed using ERRA's seismically safe designs.





PROTECTION



Protection is an over-arching principle in all IRC programming. The IRC Pakistan's protection team ensures all programs promote and protect human rights, especially those of the most vulnerable groups including women, children, and people with disabilities, the extremely poor and the elderly. The Protection Unit, guided by the IRC's Mandatory Reporting Policies (MRPs) ensures staff performance is in accordance with international standards of behavior and laws and monitors the IRC's programs to identify and fill gaps within the human rights framework. Under these directives, the unit regularly looks after legal rights and compensation issues within the communities IRC serves, while at the same time, providing the necessary training in human rights, gender based violence and MRP to staff and beneficiaries. Referrals of protection cases are forwarded to mandated agencies such as UNHCR, UNICEF, NRC, Pakistan Bait-ul-Mal and ERR.

Securing Fundamental Rights for Afghan Refugees

In NWFP, the IRC Protection Team visited

and monitored all project sites to ensure that protection concerns are identified and addressed appropriately.

The IRC's Durable Solutions Project, in collaboration with NRC and ISCOS addressed the most pressing human rights and protection issues of Afghan refugees, including cases of land disputes, resettlement, harassment, gender based violence, and human rights violations. Since 2006, in light of the Government of Pakistan's decision to legally register Afghans living in Pakistan and to facilitate their voluntary repatriation, the IRC has conducted over 40 information sessions on repatriation policies and the process for obtaining Proof of Registration (POR) cards, along with economic and political developments within Afghanistan. The latter included sessions on the UNHCR voluntary repatriation program, Afghanistan's development programs, micro-credit loan schemes, Employment Services Centers, and the general security situation in different regions of Afghanistan. The sessions were informal and participatory, allowing women a voice in decision-making, as well as encouraging them to discuss openly any harassment issues or human rights violations.

For Afghan women and girls, the need for protection information is more critical since they are more vulnerable to sexual and physical abuse and exploitation, as well as sexual discrimination in the delivery of goods and services. In response to this need, the Protection Unit provided gender sensitization training to refugee women at the four Skills Development Centres, particularly violence against women and prevention strategies. The participants were encouraged to share their acquired skills and knowledge with other vulnerable community women especially single headed households, widows and unaccompanied girls to help them recognize and take appropriate action against sexual abuse, exploitation or harassment.

Sustainable Outcome for the Internally Displaced

The widespread devastation caused by the 2005 earthquake forced many to flee to areas where they could be guaranteed some sanctuary. Moving from emergency to recovery, the Protection Unit has been working collaboratively with the local and federal government to initiate, register and vigilantly monitor the voluntary return process of Internally Displaced Persons (IDPs) from NWFP residual camps following ERRA/UN policy guidelines. All return convoys were provided free transport from the local government from camps to their places of origin to ensure families returned safely and with dignity. A total of 1073 families from various camps have been assisted by the IRC in the return process.

The IRC Protection team supported the district



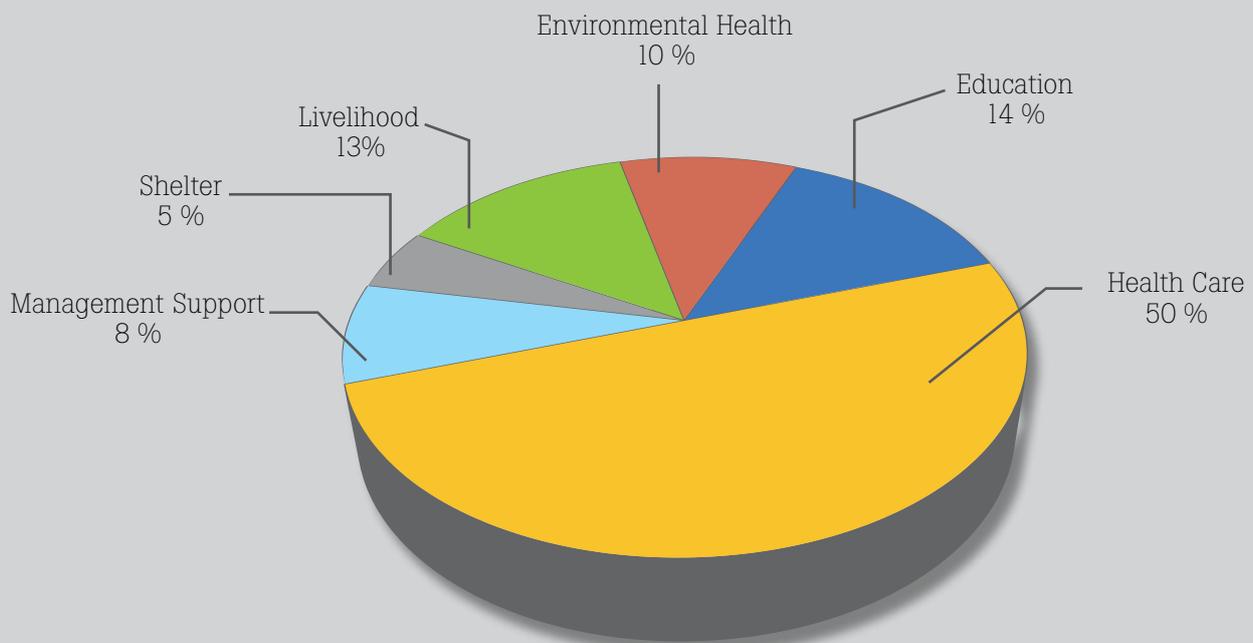
administration to identify and assist extremely vulnerable families receive provisions during the harsh winter months. More than 600 vulnerable families in Jabba camp and 102 families in Siran camp in Mansehra, NWFP received winterized bedding kits. The Protection team also distributed more than 4600 liters of milk among children and pregnant women in various camps.

Alongside regular trainings and referrals, the IRC Protection Unit maintains strong links with ERRA, helping them identify policy implementation gaps. The IRC's support unit includes World Vision, Norwegian Refugee Council, Save the Children, UNICEF, Plan Pakistan, Terre des Hommes (TDH), Social Welfare Department, Office of the United Nations Recovery Coordinator (UNORC), and other local NGOs. The IRC Protection unit provides on-going monitoring of IRC program activities in the earthquake areas, and has installed complaint boxes for both staff and beneficiaries to lodge grievances anonymously.

IRC List of Donors

- US Department of State:
 - Bureau of Population, Refugees and Migration
 - Bureau of Democracy, Human Rights and Labor
- US Agency for International Development (USAID)
- European Commission, Europe Aid, ECHO
- Stichting Vluchteling
- United Nations Agencies
- South Asia Earthquake Relief Fund (CECP)
- Department for International Development (DFID)
- Johnson & Johnson
- Bill and Melinda Gates Foundation
- Young Green Foundation
- Refugee International Japan
- Partridge Foundation
- Luther Foundation
- Pearson Foundation
- Private and Corporate Donors

Programming by Sector 2007



Total Operational Budget FY 2007
\$ 13,569,600

REFUGEE

From Harm to Home

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