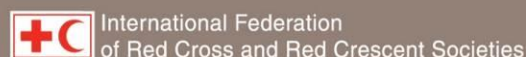




DREF final report

Pakistan: Dengue Outbreak Khyber Pakhtunkhwa



DREF n° MDRPK014	GLIDE n° EP-2017-000133-PAK
Date of issue: 23 March 2018	Date of disaster: 7 September 2017
Operation start date: 18 September 2017	Operation end date: 18 December 2017
Overall operation budget: CHF 143,429	DREF allocated: CHF 143,429
Total number of people affected: 4.2 million	Number of people assisted: 18,000 direct beneficiaries, 600,000 indirect beneficiaries
<p>Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) supported the Pakistan Red Crescent Society (PRCS) in developing the Emergency Plan of Action for the Disaster Relief Emergency Fund (DREF) request and coordinating with PRCS for information sharing with the Movement and external partners. The German Red Cross were also involved in the relief item distribution.</p>	
<p>Other partner organizations actively involved in the operation: Khyber Medical University (KMU) and North-West Hospital, Government Hospitals, Directorate of Health/Dengue Response Unit and District Administration, World Health Organization (WHO)</p>	

A. Situation analysis

Description of the disaster

The Dengue outbreak was declared in Khyber Pakhtunkhwa (KPK) province in July 2017 with more than 500 positive cases being reported. More than 15 districts in KPK Province were affected, with strong collaborative response by the government and non-governmental organizations (NGOs) assisting with preventing the outbreak from spreading further.

As per government sources, (i.e. the Dengue Response Unit working under the Directorate of Health KPK), there were around 75,000 suspected cases, more than 24,382 cases found confirmed/positive and death toll due to Dengue is 73 till date. The majority of the positive cases were reported in Peshawar city. The Pakistan Red Crescent KPK branch, with support from PRCS headquarters (HQ), conducted awareness sessions, screening and referral of positive cases to health facilities as part of the DREF operation.

Summary of response

Overview of Host National Society

The PRCS updated Red Cross (RC) movement and external partners regularly throughout the operation. During the timeframe of the operation, the implementation of activities can be summarized in the table below:

Table 1: Summary of relief activities implemented by PRCS and the number of people reached as of 18 December 2017.

Key Interventions	Targeted Activities	Achievement
Screening/Diagnostic Camps	<ul style="list-style-type: none"> Establishment of 6 new screening/diagnostic camps in collaboration with the government health department Referral in PRCS ambulance 	<ul style="list-style-type: none"> A total of 15,115 people (Male: 4,035, Female: 6,623, Children: 4,457) benefited from PRCS dengue screening camps in three districts namely Peshawar, Nowshera and Mansehra of KP¹. 5,280 screening tests (Male: 1,668 Female: 2,143 Children: 1,469) conducted on suspected persons 1,582 found positive for dengue (Male: 494 Female: 641 Children: 447) Referral services provided to 72 non-affording patients².
Awareness Campaigns	<ul style="list-style-type: none"> Orientation on dengue awareness (to volunteers) Dengue awareness campaign Distribution of 600,000 IEC materials (brochures, leaflets and pamphlets) 	<ul style="list-style-type: none"> 3,395 school health awareness sessions provided in 411 schools to 203,700 students (estimated at average 60 per session), IEC material distributed by volunteer in market and road sides to 149,024 persons, 37,852 house-holds visits benefited 189,260 residents during dengue awareness activities (estimated at average 5 individuals per household (HH)).
Distribution of Long-Lasting Insecticidal Nets (LLINs), Mosquito Repellents	<ul style="list-style-type: none"> Distribution of 4,000 LLINs Distribution of 18,000 mosquito repellents Replenishment of 4,000 LLINs Replenishment of medicines 	<ul style="list-style-type: none"> 4,000 mosquito nets distributed to high risk families in Peshawar. 18,000 mosquito repellents provided to 4,000 families.



A Dengue screening camp volunteer is taking blood sample from a woman in one of the Dengue screening camps conducted by PRCS Khyber Pakhtunkhwa (KP) branch in collaboration with the North-West General Hospital, Khyber Medical University and Government Authorities. In the screening camps, people are provided with medical consultations, those with suspected signs and symptoms are tested and cases needing referral are referred to the government hospitals. Medicine are also provided to those consulting these camps (Photo: PRCS)



A volunteer is conducting community awareness session on Dengue prevention in one of the screening camps. Raising awareness through health risk communication campaign is one of the activities carried out with the aim to reduce the risk of Dengue transmission of the target community. (Photo: PRCS)

¹ Camps were held in only three districts. The camps were in the areas requested by the authorities in which most of the Dengue cases were reported.

² These were the very serious cases who could not afford to go to the government hospitals on their own, thus were provided with the service

Overview of Red Cross Red Crescent Movement in country

The IFRC took a coordination role and maintained regular communication with in-country PNS, ICRC and external movement partners to inform them on the progress of the activities. The IFRC Pakistan Country Office shared updates on PRCS response activities with humanitarian actors in the country through different fora such as humanitarian surge capacity at country level, UNOCHA and the Pakistan Humanitarian Forum (PHF).

Overview of non-RCRC actors in country

The Provincial health authorities provided a well coordinated response to the Dengue outbreak, and worked closely with the PRCS Provincial Branch, including to coordinate screening camps, and with the sharing of surveillance and referral data. The North-West General Hospital and Khyber Medical University were also engaged in providing services to the Dengue patients. Medical Officers for the campaign were provided by the North West General Hospital, they remained committed with PRCS throughout the 26 days of the campaign and screening camps. All the infected blood samples were sent to Pakistan Health Research Council (PHRC), an affiliate of Khyber Medical University, for genotyping. In some cases, Paramedical Staff was also provided by PHRC Khyber Medical University.

Needs analysis, beneficiary selection, risk assessment and scenario planning

In Khyber Pakhtunkhwa province, the Dengue cases were reported from the districts of Peshawar, Mardan, Mansehra, Kohat, Buner/Swabi and the adjoining areas. The cases were mainly identified from the densely populated urban areas and likewise the response directed towards these. In districts other than Peshawar, screening camps were conducted in the district headquarter hospitals in collaboration with the government health department after request from the local district governments.

In Peshawar, however, the screening camps were conducted independently in order to provide the screening facilities to the affected population at their door-step. In Peshawar door-to-door awareness campaign was also conducted in the affected areas in order to spread the message regarding Dengue and its prevention while in other districts awareness walks were conducted in coordination with the local district governments. PRCS response to the Dengue outbreak was implemented based on the needs and situation.

Screening Camps: The screening camps were established in the six districts from where Dengue cases were reported and the local district government requested PRCS for assistance. The PRCS teams were closely coordinated with the government health department in these districts and camps were established in the District Headquarter Hospitals. The services of PRCS professional volunteers were utilized for this purpose. The people attended the screening camps and provided with medical consultations as well as screening services for Dengue through rapid testing kits. Medicines were also provided along with referral where needed.

Awareness Campaigns: in the 15 districts of KP awareness campaigns were conducted to create awareness among the general population regarding Dengue and its prevention. PRCS also distributed IEC material through these screening camps in order to create awareness which contributed to the positive behaviour change which was ultimate objective of any Public Health interventions.

Provision of LLINs, Mosquito-repellents, IEC Materials and Referral services: alongside screening camps and awareness campaigns PRCS provided about 4,000 LLINs (mosquito nets), 18,000 mosquito repellents, 18,000 IEC materials (brochures, pamphlets and leaflets) as well as referral services to those who were in need. All these interventions were planned based on the request from the district governments and health departments and executed through PRCS staff and volunteers in collaboration with the government health authorities.

Risk assessment

In Khyber Pakhtunkhwa districts, people were usually travelling quite frequently from one district to the other and due to lack of awareness regarding Dengue which spread more cases in Peshawar but also in the neighbouring districts. The limited resources of the government health department were over-loaded and struggling the health system. Being auxiliary to the government, PRCS with its staff and volunteers and with support from its RCRC Movement partners played a vital role to fill in the gaps and thus contributed in handling the situation.

B. Operational strategy and plan

Overall Objective

To collaborate with the government of Pakistan health department, to fulfill the immediate health needs of the Dengue affected population of Khyber Pakhtunkhwa province through diagnostic and epidemic-control services.

Proposed strategy

The proposed duration of the response operation was one month, focusing on diagnostic, medical assistance and distribution of dengue prevention and awareness material to vulnerable population of 15 targeted districts in Khyber Pakhtunkhwa. The PRCS Provincial Branch and district branches had close coordination with the district administrations and health department, these districts of operation were Peshawar, Charsadda, Mardan, Nowshera, Mansehra, Battagram, Kohistan, Shangla, Swat, Lower Dir, Kohat, Bannu, DI Khan and Chitral. At the request of the government, the PRCS had conducted Dengue screening camps in October and November 2017. All remaining IEC materials and kits were handed over to the respective District Branches, where positive Dengue cases had been reported for utilization in the future.

Operational support services

To minimize duplication and maximize resources, the implementation plan was shared and discussed with government health bodies such as the Dengue Response Unit. To meet the response needs, the dengue diagnostic kits as well as other necessary equipment was made available to KPK branch so that the operation could be implemented quickly and effectively. Technical support from IFRC Pakistan Country office and Asia Pacific Regional Office (APRO) was provided to PRCS throughout the operation.

Human resources (HR)

At PRCS National Headquarters (Islamabad), the National Health Coordinator was responsible for overall monitoring and supervision of the operation through response focal person (Provincial Branch Health Officer) at the PRCS Provincial branch KP. At the provincial level, the Provincial Branch Health Officer was the overall in-charge of the whole operation, with support from all the relevant departments, coordinating with Provincial and District colleagues and reporting to National Health Coordinator at NHQ. All these positions had been in place before the start of the operation and no new paid staff was engaged for this operation. Implementation was supported by 105 volunteers (male:75 and female:30) and 12 professional volunteers (male:6 and female:6) and staff members existing in PRCS (KP) PHQ and district branches. Due to visa constraints, the identified Health Regional Disaster Response Team (RDRT), and then the second identified RDRT (Relief) were not able to be deployed as they were unable to secure a Pakistani visa. All of the reporting, monitoring and implementation was done in coordination with the PRCS NHQ, PRCS PHQ and IFRC Pakistan and APRO.

Logistics and supply chain

Logistics activities were in accordance with the IFRC logistics standards and procedures.

The 4,000 LLINs were transported from PRCS NHQ warehouse to KP Provincial branch, which were replenished locally by the PRCS procurement team with the support of IFRC CO. A total of 1,000 Dengue diagnostic/screening kits have been provided by the German Red Cross (GRC).

The IEC material was utilized from the PRCS KP provincial branch's existing stocks (CBHFA³/IFRC). Medicines, mosquito-repellents and more IEC material was printed and provided to the branch in coordination with the PRCS logistics department. The IFRC Operational Logistics, Procurement and Supply Chain Management Unit (OLPSCM) extended its support to PRCS and IFRC CO as needed.

Communications

PRCS regularly shared information and updates on the operation with key stakeholders. The National Health Coordinator was responsible for communication to external stakeholders. At the operational level, the communication department undertook communication activities aimed to increase visibility of the PRCS and to show impact of our contribution. The IFRC supported with the documentation and publication of stories on the PRCS and IFRC website.

³ Community-based Health and First Aid

Security

Compliance to the security protocols and procedures has always been a mandatory consideration and all the activities were planned in accordance with these. This included field/monitoring visits and carrying-out of planned activities in the field for which the PRCS/IFRC Security unit was always consulted. The PRCS operation team comprised of locals and PRCS district office who were familiar with the proposed operational areas and had been advised on the acceptance and acceptability of these locations.

All the relevant security agencies, Line departments, Police and traffic police were informed before the start of the awareness campaign. For Dengue Screening Camps in the targeted areas, Health Department and District Administrations were also taken on-board. There was no major security incident in the area. Team travelled in day light and day timings were followed strictly.

Planning, monitoring, evaluation, &reporting (PMER)

The plan had been developed based on the needs identified in the field. Continuous assessment of the developing situation, disease spread and local body response, monitoring of services with feedback from beneficiaries were emphasized. Analysis of field monitoring through observations helped with timely decision-making regarding the security and population. Data management, inclusive of data entry of disaggregated beneficiary data, storage and analysis was supported Regular communication with the field teams, along with weekly situation updates on the operation were reported timely.

Lessons learnt workshop had been conducted. It was participated by all the relevant partners, i.e. PRCS KP PHQ, PRCS NHQ and IFRC. The lesson Learnt workshop took place in Peshawar on 24 November 2017. The workshop was participated by PRCS KP PHQ, NHQ and IFRC. Field Team leaders who took part in the campaign were also invited to get their feedback.

Findings are attached as Annex-A and B.

Annex-A: [Points from Lessons Learnt Workshop.docx](#)

Annex-B: [Wall Walk Method for LLW.xlsx](#)

C. Detailed Operational Plan

The operations started from 9 October 2017 with the provision of emergency screening and medicines, and an awareness Campaign in 15 districts of KP Province

After the approval DREF on 18 October 2017, PRCS Khyber Pakhtunkhwa Branch commenced ongoing operations in 14 Union Councils in Peshawar, after consultation with the Health Department and District Authorities. In all other districts, the authorities asked PRCS cover the whole area in their awareness campaigns.

At the request of the Health Department, trained PRCS volunteers assisted with Vector Surveillance with WHO for seven days, which identified vector 'hot spots' to target response activities.

PRCS KP branch had already started responding to the outbreak immediately after the requests were received by the local authorities, using PHQ's resources (from 24 August 2017). These included primarily conduction of screening camps in the areas from where most of the Dengue cases were being reported. In addition to the screening camps, awareness campaigns were also organized to raise awareness about dengue and its prevention (mainly in Peshawar city).

Quality Programming / Areas Common to all Sectors

Outcome 1:	Outputs		% of achievement
PRCS Dengue response strengthened	Output 1.1 PRCS Dengue response coordination strengthened.		100%
Activities	Is implementation on time?		% Progress (estimate)
	Yes (x)	No (x)	
Continuous monitoring the dengue situation	Yes		100%
Organize a lesson learnt workshop	Yes		100%
Progress towards outcomes			
<p>Continuous assessment of the situation regarding disease spread, authorities' response, security and monitoring of services was planned with intentions to assist local government.</p> <p>Observations made on the monitoring reports assisted in locating the areas of intervention. Field teams communicated the data regarding the activities, areas of intervention, response and number of beneficiary on weekly basis. This timely activity has convened the compilation of the reports.</p> <p>PRCS volunteers assisted with Vector Surveillance with WHO for seven days, which identified vector 'hot spots' to target response activities. The activity was requested by the local authorities.</p> <p>At the end of the operation, a lesson learnt workshop was conducted in Peshawar on 24 November 2017 in which all the concerned staff and volunteers from NHQ and PHQ participated. i.e. PRCS KP PHQ, PRCS NHQ and IFRC. During the workshop, all the participants shared their perspectives in terms of things that worked well and things that could have been done better. The whole process of the operation from the start to the end and at all levels (Geneva, KL, NHQ, PHQ and Districts) was overviewed in order to identify the gaps in preparedness, coordination, planning and implementation were discussed in order to highlight the areas which needed improvement. The detailed findings of the Lessons Learnt Workshop are attached as Annex-A and Annex-B.</p> <p>The findings are useful as a guide that may inform PRCS in further strengthening coordination by establishing better guidelines, priorities and plans, in implementation of ongoing or future operations. This would also further strengthen PRCS' Dengue response in future operations.</p>			

Health and Care

Outcome 2:	Outputs		% of achievement
The immediate risks to the health of population exposed to Dengue are reduced	Output 2.1 Target population is provided with Screening Services for Dengue, and is better able to understand and prevent Dengue		100%
Activities	Is implementation on time?		% Progress (estimate)
	Yes (x)	No (x)	
Establishment of 6 new screening/diagnostic camps in collaboration with the government health department	Yes		100%

Referral in PRCS ambulance	Yes		100%
Distribution of 4,000 LLINs	Yes		100%
Distribution of 18,000 mosquito repellents	Yes		100%
Replenishment of 4,000 LLINs	Yes		100%
Replenishment of medicines	Yes		100%
Orientation on dengue awareness (to volunteers)	Yes		100%
Dengue awareness campaign	Yes		100%
Distribution of 600,000 IEC materials (brochures, leaflets and pamphlets)	Yes		100%

Progress towards outcomes

PRCS KP branch started responding to the outbreak from 24 August 2017 shortly after requests were received from the local authorities, using PHQ's and media sources. Screening camps were set up in the areas requested by the authorities in which most of the Dengue cases were reported. In the screening camps, supported by the German Red Cross, awareness campaigns were also organized to raise awareness about dengue and its prevention (screening camps mainly in Peshawar city and an awareness campaign in 15 districts of KP Province).

On 18 October 2017, immediately after DREF was approved, PRCS Khyber Pakhtunkhwa Branch widened the outreach of operations in 14 Union Councils in Peshawar, after consultation with the Health Department and District Authorities. In all other districts, the authorities asked PRCS cover the whole area in their awareness campaigns.



A father comforting his child while blood sample is taken for Dengue screening .(Photo: PRCS)



Health promotion session at one of the screening camps (Photo: PRCS)



Dengue screening kits used in the screening camps (Photo: PRCS)



A woman taking a Dengue screening test as others curiously watched while waiting for their turn (Photo: PRCS)



Awareness session (Photo: PRCS)



OPD Consultations session (Photo: PRCS)



Dengue Virus Awareness Walk in procession. The participants aim to create awareness among the people about dengue fever and its prevention (Photo: PRCS)



School health awareness session in one of the targeted schools (Photo: PRCS)



Dengue Virus Awareness Walk in procession. The participants of the walk held banners and placards inscribed with information about preventive measures to avoid the risk of dengue. (Photo: PRCS)



School health awareness session in one of the targeted school (Photo: PRCS)

Challenges were faced during the operation. There was no pre-existing mechanism in PRCS, to respond to an outbreak on such a large scale. Rolling-out of the whole Response Plan to the district level was also a challenge since the staff at district level needed to be explained the complete methodology in a very short time. The visa processing of RDRT took a long time so that in the end the RDRT could not even make it to Pakistan by the end of the operation. Regular and frequent monitoring from NHQ could not be ensured due to engagement of the concerned personnel in other tasks. The procurement process took quite long and therefore, the branch had to manage some items locally in order to run the operation without any disruption.

Overall, target population was provided with screening services for Dengue and also reached with awareness campaign with the aim for them to be better able to understand and prevent Dengue. Alongside these, the distribution of mosquito nets and repellents also contributed in the effort to reduce the immediate risks to the health of population exposed to Dengue in the longer term.

D. Budget

CHF 143,429 was allocated to respond to the Dengue outbreak in Khyber Pakhtunkhwa. In all, the operation utilized CHF 120,409, recording 84 per cent utilization of the allocation. The balance of CHF 23,020 will be returned to the DREF pool.

The final financial report is appended to this narrative report

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Click

1. Final financial [below](#)
2. Click [here](#) for Annex-A: Points from Lessons Learnt Workshop
3. Click [here](#) for Annex-B: Wall Walk Method for LLW
4. Click [here](#) to return to the title page

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Disaster Response Financial Report

MDRPK014 - Pakistan - Dengue Outbreak KP

Timeframe: 18 Sep 17 to 18 Dec 17

Appeal Launch Date: 18 Sep 17

Final Report

Selected Parameters

Reporting Timeframe	2017/9-2018/1	Programme	MDRPK014
Budget Timeframe	2017/9-2017/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		143,429				143,429	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		143,429				143,429	
C4. Other Income		143,429				143,429	
C. Total Income = SUM(C1..C4)		143,429				143,429	
D. Total Funding = B +C		143,429				143,429	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		143,429				143,429	
E. Expenditure		-120,409				-120,409	
F. Closing Balance = (B + C + E)		23,020				23,020	

Disaster Response Financial Report

MDRPK014 - Pakistan - Dengue Outbreak KP

Timeframe: 18 Sep 17 to 18 Dec 17

Appeal Launch Date: 18 Sep 17

Final Report

Selected Parameters

Reporting Timeframe	2017/9-2018/1	Programme	MDRPK014
Budget Timeframe	2017/9-2017/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			143,429			143,429		
Relief items, Construction, Supplies								
Clothing & Textiles	19,470		11,754			11,754	7,716	
Medical & First Aid	49,861		50,006			50,006	-145	
Total Relief items, Construction, Sup	69,331		61,760			61,760	7,571	
Logistics, Transport & Storage								
Transport & Vehicles Costs	16,727		13,717			13,717	3,009	
Total Logistics, Transport & Storage	16,727		13,717			13,717	3,009	
Personnel								
Volunteers	22,581		20,580			20,580	2,001	
Total Personnel	22,581		20,580			20,580	2,001	
Workshops & Training								
Workshops & Training	1,770		586			586	1,184	
Total Workshops & Training	1,770		586			586	1,184	
General Expenditure								
Travel	7,540		1,882			1,882	5,658	
Information & Public Relations	13,010		12,051			12,051	958	
Office Costs	3,717		2,149			2,149	1,568	
Financial Charges			335			335	-335	
Total General Expenditure	24,267		16,417			16,417	7,849	
Indirect Costs								
Programme & Services Support Recove	8,754		7,349			7,349	1,405	
Total Indirect Costs	8,754		7,349			7,349	1,405	
TOTAL EXPENDITURE (D)	143,429		120,409			120,409	23,019	
VARIANCE (C - D)			23,019			23,019		

ANNEX-A

Lessons Learnt Workshop

1. *Activation:*

The PRCS emergency response mechanism should be activated soon after the management agrees on launching of DREF and must start with a full-board meeting involving all the concerned departments in which the “Lessons Learnt” from the previous DREF and PRCS Emergency guidelines for response and SOPs must be considered.

2. *Guidelines for Emergency Response and SOPs:*

The PRCS Guidelines for Emergency Response and SOPs should be developed/updated in order to make them up to date and practical. These should clearly describe to roles and responsibilities and the processes so that in a condition when the team-members are new, they should know how to handle the situation.

3. *Duration:*

In future, No DREF should be launched for less than three months at least i.e. enough time to enable detailed planning and complete narrative and financial reporting.

4. *Planning:*

The planning should be done with the compulsory involvement of all the concerned departments i.e. DM, Health, WASH, Procurement/Logistics, Finance, PMER, Y&V and Communications from both PRCS as well as IFRC to ensure clarity regarding the roles and responsibilities, planning and implementation.

5. *Orientation:*

The detailed orientation of the branch, implementing the DREF must be ensured, in order to be clear about the methodology, timelines, templates and responsibilities.

6. *Procurement/Logistics:*

The process and methodology of procurement should be carefully and realistically planned keeping in mind the situation and the capacities in order to ensure timely availability of all the required goods for the operation.

7. *Training:*

The proper training/thorough orientation of the volunteers involved in the operation must be planned, budgeted and endured at the start of the operation. This is necessary as these trained volunteers will have to execute the response in a standardized and uniform manner.

8. *Monitoring:*

Regular periodic monitoring of activities must be ensured by all the stakeholders and at all levels to ensure implementation of planned activities according to the agreed standards as well as to identify and rectify any gaps in the execution of response.

9. *Miscellaneous Costs:*

Costs like communication, transport, mailing/postage, repairs, refreshments for the volunteers etc. must be carefully planned at the start of the planning learning from the previous responses as they affect the smooth running of operation.

10. e-contracting:

e-contracting should be kept in mind as it will be an essential feature and that funds will only be transferred after e-contracting has been duly completed. This is a new methodology and needs proficiency and time but is necessary.

11. Reporting:

The narrative and financial reporting should be regular, timely and according to the set templates and procedures with the involvement of PMER at NHQ and PHQ levels.

12. Volunteers:

Where the response has to involve volunteers, the Youth & Volunteers departments at PHQ and NHQ should be involved with due recognition and appreciation of the volunteers showing commitment and dedication.

13. RDRT:

The decision about the RDRT should be made early and all the necessary paper work completed to ensure the availability of RDRT during the operation as inviting the RDRT after the response is over makes no sense.

ANNEX-B

Plan of Action 2016

No.	Response Phase	Components	Recommendations Framework	Timeframe	Responsibility
1	Preparedness	1 - Contingency Planning	Develop a comprehensive Contingency plan at tiers		
		2 - Disaster Response Teams			
		3 - Stock	Ensure timely replenishment of NFI stocks		
		4 - Finances	There should be a funding available at PHQ level in case of emergency		
2	Assessment	1 - Assessment Report	Rapid and detailed assessment report formats should be updated according to IFRC-ENA. P1 At district level the staff should be allowed to write in Urdu report?		
		2 - Data Collection & Analysis			
		3 - Beneficiary Targeting	Details of relief package should be communicated to beneficiaries.		
3	Planning	1 - Need-based Planning	Branches should be included in planning process and only key people should be involved.		
		2 - Decision-making on Case Load	There should be a thumb rule for caseload and it can be changed according to availability of resources. [P2]		
		3 - Selection of Areas	Area selection criteria should be well-defined in CP based on different scenarios.		
4	Service Delivery (Implementation of EPoA)	1 - NFI/FI	NFI item list (contents) should be revised		
		2 - Shelter			
		3 - Health			
		4 - Wat-San			
5	Monitoring & Evaluation	1 - Process Monitoring (Exit Poll/ Obs)	1. PMER NHQ should take lead in Emergency Monitoring 2. M&E should be detailed in contingency plan 3. Review of existing M&E templates/ tools		
		2 - Post Distribution Monitoring			
6	Coordination	1 - Stakeholders Coordination	Training and availability of spokespersons at all tiers. P1		
		2 - PHQ- NHQ Coordination	Response SOPs at all tiers are required.		
		3 - Beneficiary Coordination	Beneficiary complaints handling mechanism P2		

Use legal size flips for 'X axis'

EQ Lessons Learned Workshop Organization of Wall Walk

No.	Response Phase	Components	What Went Well (Green Post It/ Group 1)	What Needs to be Improved (Yellow Post It/ Group 2)	Recommendations (White Post It/ 6 Groups)	Responsibilities
1	Preparedness	1 - Contingency Planning		Planning to be next year	Seperate Contingency Plan for Outbreaks should be prepared	NHQ Health Department
		2 - Disaster Response Teams	Available and Deployed on Time, Emergency Planning Done	Health Focused response team need to be trained, Capacity assessment	include health/ CBHFA related modules in CDRT/ DDRT/ERT	NHQ Health Department
		3 - Stock	Stock Available	DP Stock availability, Resource Mapping	Prepositioning of medicines and Equipments	NHQ Health Department and PHQ
		4 - Finances and Procurement	Tool were developed	DREF (PRCS) on resources, Emergency SOPs, Budgeting need to be improve	involve all stakeholders in Budgeting/EMER.SOPs	NHQ
2	Assessment	1 - Assessment Report	Dengue and Continues assessment done	Need to be improved Primary assesst, External Coordination Improved	Develop emergency assessment Check List	NHQ and PHQ (Health)
		2 - Data Collection & Analysis	Data was collected Comprehensively, analysis not done yet	Need to be improved, proper tools for data collection, Standard format forms PMER	Review and Uptade data collection tool	NHQ and PHQ (Health)
		3 - Beneficiary Targeting	As per criteria maximum no beneficiaries was reached	.....	.....	.....
3	Planning	1 - Need-based Planning	Planning was done	Reguar review meetings, Review and plannig meetings.	.....	.....
		2 - Decision-making on Case Load	Case load cannot be identified	.....	.....	.....
		3 - Selection of Areas	Stakeholder were on board also area were selected after PRC assessment	.....	.....	.....
4	Service Delivery (Implementation of EPoA)	1 - Screening	Tool were developed	Availability of kits timely	Prequalification of Vendors for Screening Kit,	NHQ and PHQ (Health)
		2 - Free OPD Medicines	Doctors + Ambulace were available, All aspect of servive delivery were taken in to account	Availibility of medicines timely	Prequalification of vendors for medicines	NHQ (Health)
		3 - Awareness/ IEC Material	Content was very good	Training to Volunteers, IEC Material, Other means of Dessimination, Mobile Txt, Radion, TV/ Bill board	Prequalification of vendors for Printing of IEC	NHQ (Health)
		4 - Referrals	Refferal was done in PRCS on ambulances	need more ambulance, coordination with hospitals for referrals, PRCS Desk, Referrals paths	effective coordination with hospitals/ PRCS desk in hospitals	NHQ and PHQ (Health)
		5 - LLINs/ Repelents	Nets available, Repelents an issue	Timely availlibility	Prequalification of vendors for LLINs/ Repelents	NHQ and PHQ (Health)
5	Monitoring & Evaluation	1 - Process Monitoring (Exit Poll/ Obs)	Localized Monitoring done, Monitoring of other district not done	involvement of other stakeholders	Develop and Strictly follow the M&E Plan	NHQ and PHQ (Health)
		2 - Post Distribution Monitoring	.....	deploy team were applicable	Develop and Strictly follow the M&E Plan	NHQ and PHQ (Health)
6	Coordination	1 - Stakeholders Coordination	stakeholders recognized the efforts of PRCS	regularly budget, in planning, during impletation.	insure involvement of all relevent stakeholders	NHQ and PHQ (Health)
		2 - PHQ- NHQ Coordination	PHQ and NHQ Coordination well done	Communication flow chart orgonogram, Timely meetings	there should be a communication flow chart	NHQ and PHQ
		3 - Beneficiary Coordination	the localized people accepted the services of PRCS	Focal Person Assigned	allocation of BEN.COMM focal point	NHQ and PHQ

These six phases (y axis) will be written on a legal size flip.