



Community Appraisal & Motivation Programme

Annual Report *2014*



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ACRONYMS

AJK	Azad Jammu and Kashmir
ARI	Acute Respiratory Infections
BHU	Basic Health Unit
CAMP	Community Appraisal and Motivation Programme
CAR	Commissioner Afghan Refugees
CERD	Centre of Excellence for Rural Development
CERF	Central Emergency Response Fund
CDPM	Centre for Disaster Preparedness and Management
CFS	Child Friendly Space
CRM	Complaints Response Mechanism
CSOs	Civil Society Organisations
CPR	Contraceptive Prevalence Rate
CWW-RF	Concern Worldwide - Rapid Fund
CYP	Couple Year Protection
DDMU	District Disaster Management Unit
DFID	Department for International Development
DHQ	District Headquarter
DHS	Directorate of Health Services
DHTC	District Health Technical Committee
DHO	District Health Officer
DI Khan	Dera Ismail Khan
DM	District Manager
DMGs	Disaster Management Groups
DOTS	Directly Observed Treatment, Short-course
DRR	Disaster Risk Reduction
eDEW	electronic Disease Early Warning
EPI	Extended Program on Immunisation
ERRA	Earthquake Rehabilitation and Reconstruction Authority
ERF	Emergency Response Fund
EUD	European Union Delegation
FATA	Federally Administered Tribal Areas
FP	Family Planning
FPHC	Frontier Primary Health Care
FRs	Frontier Regions
GSM	Greenstar Social Marketing
HSRU	Health Sector Reform Unit
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IMC	International Medical Corps
INGOs	International Non-Governmental Organisations
IPC	Interpersonal Communication
IUDs	Intrauterine Devices
LFA	Logical Framework Approach
LHV	Lady Health Visitor
LHW	Lady Health Worker
MIS	Management Information System

MNCH	Maternal, Newborn and Child Health
MOU	Memorandum of Understanding
MWRA	Married Women of Reproductive Age
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
NOCs	No Objection Certificates
OFDA	Office of U.S. Foreign Disaster Assistance
OPD	Out-Patient Department
PATA	Provincially Administered Tribal Areas
PATRIP	Pakistan Afghanistan Tajikistan Regional Integration Program
PDH	Project Director Health
PDMA	Provincial Disaster Management Authority
PPHI	People's Primary Health Initiative
PPIU	Provincial Programme Implementation Unit
PTC	Primary Trauma Care
PTSD	Post-Traumatic Stress Disorder
PWD	Population Welfare Department
RHC	Rural Health Centre
RLPP	Rule of Law Programming in Pakistan
RSPN	Rural Support Programmes Network
RTC	Responding to Conflict
SFCG	Search for Common Ground
SMS	Short Messaging Service
SOs	Social Organisers
TB	Tuberculosis
THQ	Tehsil Headquarter
TOT	Training of Trainers
UAAR	Union Aid for Afghan Refugees
UK	United Kingdom
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
UTI	Urinary Tract Infection
WILL	Women's Initiative for Leadership and Learning
WHO	World Health Organization

ACKNOWLEDGEMENTS

We would like to begin by thanking everyone at CAMP who has contributed to the Annual Report for 2014; a special thank you to Ms. Sabrina Shahzad, Programme Coordinator, who sifted through numerous documents to compile and edit this report. Thanks are also due to Mr. Riaz ul Haq and Ms. Rabia Khan for their contribution.

Finally, we would like to take this opportunity to thank all of CAMP's team members: the Support, Operations, and Programme teams for their hard work and dedication. Your contributions are valued at CAMP!

Thank you and together let us look forward to 2015.

CAMP Senior Management

MESSAGE FROM THE CEO

In 2014, CAMP continued to work closely with its partners and the government to bring about a positive change in the lives of disadvantaged groups in Pakistan. While most of our programming remained focused in Khyber Pakhtunkhwa province, our capacity building and advocacy work extended across the country. Towards the end of the year, we expanded on our work in Balochistan, building on CAMP's research and advocacy efforts there.



Our support to the internally displaced people from the tribal areas continued through primary health care services at Jalozaï camp in Khyber Pakhtunkhwa, benefiting 31,715 people in 2014. In the same province, we worked to improve health indicators through rehabilitation of public health facilities and training opportunities for staff in close coordination with the district governments of Charsadda and Nowshera.

The FATA Health Programme, implemented in close coordination with the FATA Secretariat ended in 2014 – with selected health facilities improved and equipped with essential toolkits for trauma care. We also provided essential medical supplies for Afghan refugees living in Khyber Pakhtunkhwa province.

Improving reproductive health in selected districts of Khyber Pakhtunkhwa through community mobilisation and behaviour change was a new area for CAMP, and a challenging one, given the sensitivities around family planning. Coordination with district health officials helped in overcoming some of the barriers and maximised outreach in communities.

Reducing the risk of disasters featured high on the Government of Pakistan's agenda, as it did for CAMP. We continued to work in the flood-prone districts of Charsadda and Nowshera to prepare communities and support district governments to become more resilient to disasters through capacity building, awareness raising and networking efforts.

Strengthening human and institutional capacity remains at the heart of all we do. In 2014, CAMP trained over 2,000 small and medium civil society organisations from more than 100 districts across Pakistan. At the same time, we worked with 70 CSOs in Malakand region of Khyber Pakhtunkhwa to strengthen their capacities around resolving conflict and building peace with their communities.

In the last quarter of 2014, we prepared ourselves to support women-led organisations in Balochistan and Khyber Pakhtunkhwa provinces to advocate better implementation of women laws in Pakistan.

Although the political environment for NGOs in Pakistan remained challenging in 2014, our achievements give us hope and encouragement to build on our work in 2015, and beyond.

We would like to thank our donors, partners and friends for their generous support, and for the trust they put in CAMP year after year. For those who benefited from CAMP's work in 2014, we owe much of our success in the field to you.

I am equally grateful to CAMP's entire team for their dedication and hard work achieving some difficult milestones. Special thanks to my core team – Ms. Mariam A. Khan (Director Programme), Engr. Tahir Ali (Director Operations), Mr. Riazul Haq (Sr. Manager Research, Mr. Abdul Waheed (Finance Manager), Mr. Douglas David (HR Consultant) and Ms. Rabia Khan (Coordinator HR/Administration) – without whom we would not have reached this far.

The Annual Report for 2014 is a summary of our work but we hope it also inspires our readers to contribute to the cause of humanity, wherever they may be.

Naveed Ahmad Shinwari
Founding Chief Executive of CAMP
2015

ABOUT CAMP

Community Appraisal and Motivation Programme (CAMP) is a national non-profit and non-governmental organisation established and registered in May 2002, under the Societies Act of 1860 (Registration No. 192/5/2946). We work with some of the most underprivileged communities in Pakistan; responding to emergencies, improving access to quality health and education, creating livelihood opportunities and working closely with communities and government departments to promote human rights, peace and security.

CAMP has a long history of working in the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa province (KP); our research and advocacy work expanded to Balochistan, Punjab and Sindh provinces in 2012. Currently, CAMP is implementing advocacy and development projects in Punjab and Balochistan, further strengthening our network across the country.

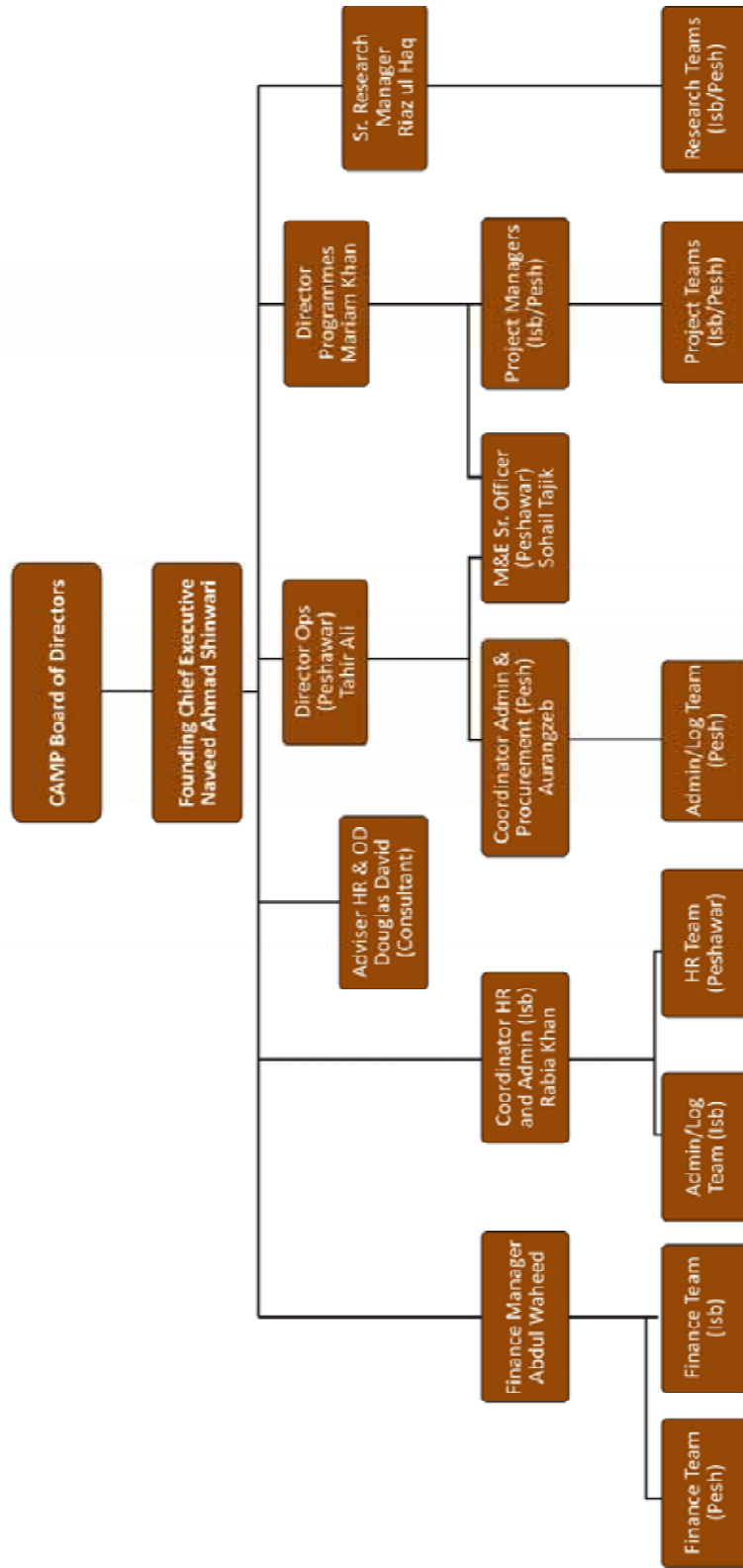
Our CAMP Family

CAMP is proud to have on board a multidisciplinary team of professionals which include Engineers, Doctors, Economists, Lawyers, Social Scientists, Community Development Specialists and Finance Specialists etc. Our team members have rich experience in several areas including research, programme design and implementation, NGO management, and monitoring and evaluation. The operational teams, mostly from the local communities, are well qualified and fully equipped with tools of social mobilisation, community development, negotiation and public relation skills, community participation, etc.

CAMP's Board of Directors

Naveed Ahmad Shinwari (Development Practitioner)
Muhammad Amin (Development Practitioner)
Aurangzeb Khan (Attorney at Law)
Muzaffar Aziz Iqbal (Engineer)
Musharaf Hussain (Freelance Consultant)
Muhammad Ibrahim Shinwari (Journalist)
Durre Shahwar (Development Practitioner/Gender Specialist)

CAMP Functional Organogram



WHAT WE DO

Our Vision: A peaceful, prosperous and progressive Pakistan where all human beings live a secure life with dignity and respect.

Our Mission: To promote an enabling environment where people have equitable access to quality services.

Our Strategy: Promoting effective partnership among institutions across Pakistan and internationally, through dialogue, building common perspectives, promoting and coordinating activities for bringing sustainable peace, harmony, prosperity and sustainable development to the marginalised/underprivileged and vulnerable communities.

Our approach is based on developing close cooperation with local communities and relevant stakeholders from the start, and relies on detailed assessments to identify and prioritise needs of communities we work with. Our technical expertise and capacity to manage projects has helped build a good working relationship with the government departments and won the support and trust of the local communities.

Thematic Areas –Translating Our Vision into Reality

CAMP has contributed to various sectors in Pakistan, including health, community infrastructure, peace-building, human rights and strengthening civil society. Following are CAMP's thematic areas:

1. Emergency Response

In times of natural disasters and mayhem, CAMP has been providing emergency relief and rehabilitation services across Pakistan. In the immediate aftermath of the October 2005 earthquake that ravaged Northern Pakistan and Kashmir, CAMP provided emergency services and during rehabilitation phase also set up a Disability Centre and a village for the earthquake affected in Mansehra.

During the largest IDP crisis in the country, CAMP provided health care services through static and mobile clinics in Peshawar and Nowshera districts. From 2009 to 2014, CAMP provided primary health care services to IDPs at Jalozi camp, in Nowshera district of KP.

During the floods emergency in 2010, CAMP implemented more than ten emergency relief and rehabilitation projects including health, livelihood, education, clean drinking water, rehabilitation of houses and community infrastructure.

2. Research and Advocacy

CAMP has undertaken over 30 qualitative and quantitative social studies on social, political, governance and peace and security issues in Pakistan. CAMP's most valued products are the series of "Understanding the Informal Justice System: Opportunities and Possibilities for Legal Pluralism in Pakistan"; "Understanding FATA: Attitudes towards Governance, Religion, and Society in Pakistan's Federally Administered Tribal Areas"; "Understanding Justice Systems of Khyber Pakhtunkhwa, FATA & Balochistan: The Pakhtun Perspective"; and "Understanding Jirga: Legality and Legitimacy in Pakistan's Federally Administered Tribal Areas. All of these are available at www.understandingfata.org and www.camp.org.pk.

3. Sustainable Development

Since its inception, CAMP has been implementing a wide-range of projects on education, primary health and community development that aim at poverty alleviation and sustainable development. Projects have focused on building and rehabilitating community physical infrastructure, primary education and adult literacy particularly for women, primary health care (preventive and curative), and clean water supply and sanitation in FATA and KP. CAMP conducts baseline surveys and develops village plans in consultation with local communities.

4. Promoting Human Rights

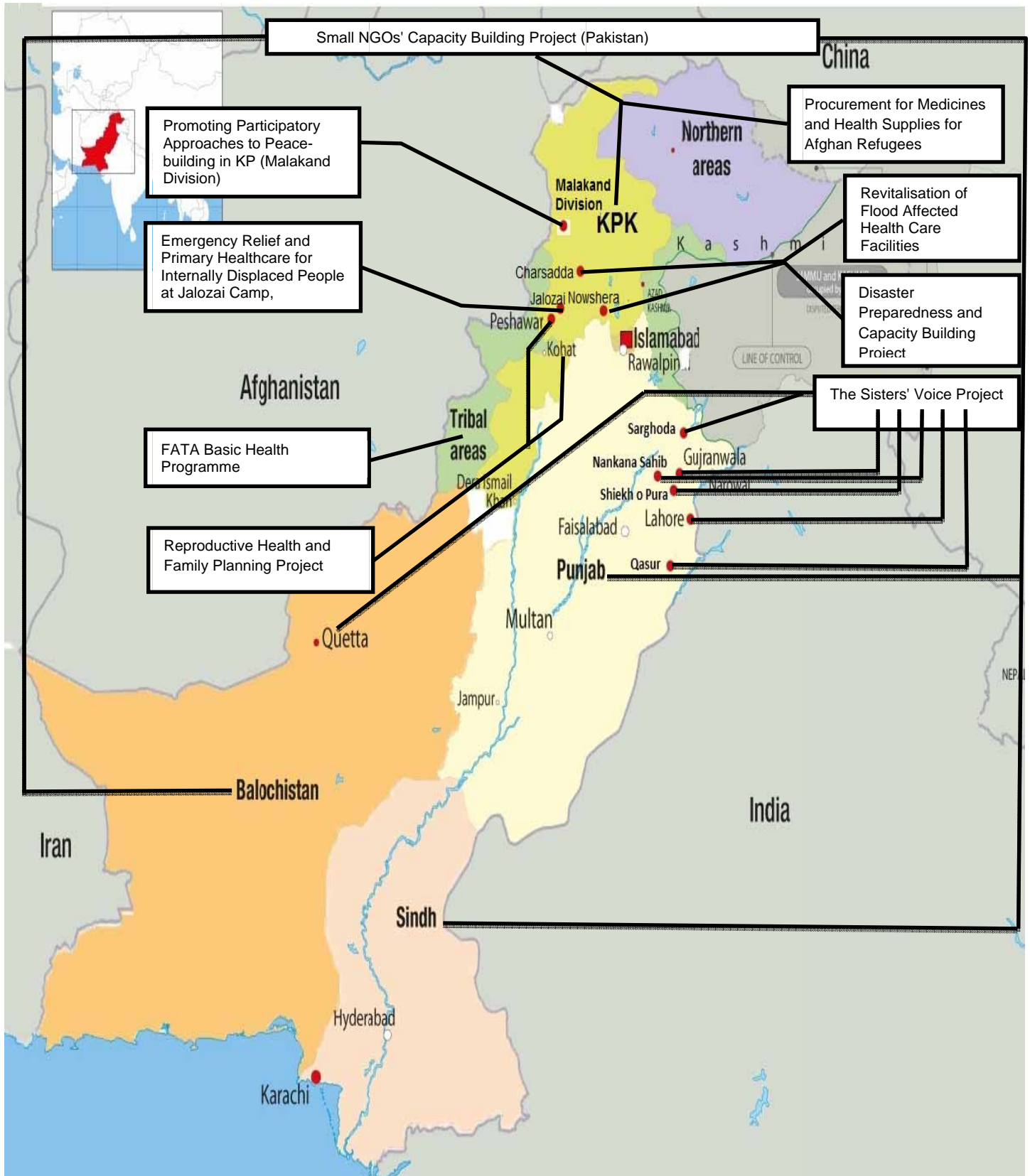
Promoting human rights and liberties is one of CAMP's core programming areas, and a major cross-cutting theme in all our work. Our human rights work involves empowering communities to claim their fundamental rights, guiding them to advocate for these rights, and creating dialogue between communities and key stakeholders for realization of these rights. Through our programmes we speak out for some of the most vulnerable groups including people with disabilities, and raise our voice on the issue of human trafficking (especially women and children), governance reforms in FATA, and the right to basic services for all.

Cross-cutting Theme: Strengthening Human and Institutional Capacity

Strengthening human and institutional capacity is the foundation for CAMP's work and we believe in building on available resources for greater sustainability. Over 2,500 small and medium civil society organisations, and more than 5,000 individuals (including members from civil society, judges, parliamentarians, police officials etc.) have been trained in various thematic areas through CAMP's platform. A pre-requisite to the training is a needs assessment of organisations and individuals, which helps in addressing the priorities of the target groups.

The organisation has also developed numerous training manuals which are publicly available. These include: *Laws Protecting Women in Pakistan; Transforming Conflict and Building Peace; Reforming the Tribal Jirga: Sensitisation on Human Rights; Networking for CSOs; etc.*

CAMP's AREAS OF OPERATIONS IN PAKISTAN



OUR PROJECTS IN 2014: PROGRESS AND RESULTS

Emergency Relief and Primary Health Care for Internally Displaced People in Phase III and VII of Jalojai Camp

The IDP situation in Pakistan has been one of the worst displacements in recent times. In the wake of the military operation, the displaced population of FATA has been forced to face severe hardships. Women, children, people with disabilities, and the elderly are particularly vulnerable. Children face malnutrition; many of them die from curable diseases such as gastroenteritis, typhoid and respiratory tract infections. Skin infections, malaria, dengue, watery and bloody diarrhoea, stress and trauma are some of the other problems that afflict them. Responding to the situation, CAMP established two static Health Units in the year 2009 to provide Primary Health Care Services to the IDPs.

The Jalojai Camp operates in an environment where all NGOs have defined roles and dedicatedly provide services to the IDPs. During 2014, CAMP implemented three projects on 'Emergency Relief and Primary Health Care for Internally Displaced People' at Jalojai Camp, District Nowshera with financial support from three partners – UNOCHA Emergency Response Fund (ERF), WHO Central Emergency Response Fund (CERF), and Rapid Fund Concern Worldwide/USAID-OFDA (CWW-RF/OFDA).



The overall objective of the projects was to prevent avoidable death, disease, and disability in the camp population through provision of high quality health care services and to specifically address the essential needs of women and children within the camp population.

The duration of each project with the three funding partners is given below:

- CERF: October 2013 – February 2014
- ERF: March – October 2014
- CWW-RF/OFDA: September – December 2014

CAMP provided free medical consultations and free essential medicines to the IDPs. The Out-Patient Department (OPD) services included:

- Consultations against all acute and chronic ailments
- Reproductive health services for women
- Antenatal & postnatal care for pregnant women including timely referral to Tehsil Headquarter (THQ) or District Headquarter (DHQ) Hospitals for safe delivery
- Management of major childhood diseases; minor trauma and wound care; mild to moderate dehydration

- Referral of suspected cases of tuberculosis (TB) to DHQ Hospitals for diagnosis, subsequently supporting the delivery of TB-DOTS
- Provision of free medicines as per WHO standards
- Investigation of diseases through already established medical laboratory in the health units

These services were provided by qualified medical practitioners who worked in shifts through the week. The morning shift served people from 9am to 3pm while the evening shift continued from 3pm to 9am. On Sundays, primary health care services were provided during the evening shift only.

Health services were provided to pregnant women. Those found at risk were immediately referred to the Obstetrical Care Centre in Peshawar. Normal antenatal cases were referred to the Maternal Newborn and Child Health (MNCH) Centres located in the camp. Apart from antenatal care, these women were also provided with health education and nutrition supplements. Common gynaecological problems like fungal infections, UTI and other gynaecology and obstetrics related complaints were also addressed during these visits. In addition to provision of medical support against common seasonal ailments, new-borns were also examined for malnutrition. WHO recommended protocols were followed to handle complicated medical cases.

MNCH services were provided by a female Doctor and an LHV. Since CAMP's static health unit did not have delivery facility, all pregnant women were referred to either CERD or Merlin-managed MNCH Centre or to government-run hospitals in District Peshawar.

Complicated health cases were referred to district and provincial level hospitals. Round the clock referral service through an ambulance was made available for the beneficiaries. Patients in critical condition were stabilized at the health facility and referred to the Secondary (THQ Pabbi) or Tertiary Care hospitals in Peshawar, as per need. Elderly and/or those with disabilities were provided ambulance services at their doorstep.

CAMP also provided psychosocial counselling (funded by ERF from March-October 2014) to beneficiaries through one to one sessions or group counselling. A Child Friendly Space (CFS) was also established to engage children in health activities who had been exposed to trauma. CAMP managed minor trauma, wound care (First Aid), dehydration in children, and psychiatric problems such as Post-Traumatic Stress Disorder (PTSD). All these services were provided as per WHO standards.



The psychosocial component of the project was led by a female psychosocial counsellor who was technically supported by the Health and Hygiene Surveillance Officer. Medical Officers and Health Promoters (both male and female) identified IDPs who were found in traumatic condition and referred them to the counsellor. After initial assessment, the counsellor would decide the counselling approach and number of counselling sessions.

The project provided counselling to IDPs within the static health unit and through outreach services as well. When required,

patients were also referred to male and female doctors for medical treatment of psychological issues.

Health sessions were conducted with men, women and school-going children to sensitise them about personal hygiene and steps for preventing communicable and non-communicable diseases. Two Hygiene Promoters, one male and one female, provided hygiene education to IDPs in the selected phases of Jalozaï camp. The modus operandi was that Female Medical Officers would review and assess clinical data and discuss disease trend with Male Medical Officers on weekly basis. The review and discussion would result in determining topics for Health Sessions.

Both in-camp and off-camp health sessions were conducted in the target community. The male Hygiene Promoter planned off-camp sessions in coordination with the Camp *Shura*, while the female Health Promoter conducted sessions within the static health units. The sessions generally focused on communicable diseases linked with hygiene practices, their symptoms and preventive measures.

CAMP also supported the Extended Program on Immunization (EPI) initiative of the KP Health Department vis-à-vis provision of space and cold chain to one male and one female government employed vaccinator for vaccinating children under 5 years of age.

WHO identified situations and diseases that warrant generation of “alert messages”. “Alert Charts” were displayed in the static health unit at prominent places. All identified “alerts” were shared with WHO initially through Short Messaging Service (SMS) and then through emails.

CAMP coordinated with PDMA, Health Cluster, World Health Organisation (WHO), Health Department of District Nowshera, and Health Committee of IDPs (locally known as Health *Shura*) and sister organisations to ensure smooth delivery of services.

The implementation of the project adhered to Sphere Minimum Standards:

- No discrimination was done in service delivery. All patients who visited the static health unit were provided medical care
- All patients were examined in isolation to ensure privacy
- Individual records of patients were not shared with anyone
- Cultural sensitivity was respected; female patients were examined by Female Medical Officer and LHV. Nursing support was provided through female nurse
- Elders, the disabled, and severely ill patients were treated on priority basis
- Health Education was imparted to visiting patients to supplement “curative approach” with “preventive approach”
- Government Health System was supported through generating and sharing eDEW (electronic Disease Early Warning) Reports and “Alert Messages”
- The CRM (Complaints Response Mechanism) ensured accountability

The project ensured adherence to the basic humanitarian principle of neutrality and impartiality by establishing a complaint response mechanism (CRM). This transparent and effective mechanism provided opportunities to the beneficiaries to raise their voice against issues and get them resolved. It also made the project staff accountable to the project beneficiaries. The CRM cycle consisted of three steps: (a) Information Dissemination, (b) Complaint Registration, and (c) Response Mechanism.

While designing the CRM, CAMP involved *shura* members in finalising entitlements for beneficiaries such as the use of ambulance, provision of free medical consultations, free medicines, free lab investigations, and other such services. At the implementation stage, *shura* members were involved in

deciding language, mode of information dissemination, and locations where CRM information was to be displayed.

CAMP displayed CRM banners on prominent places within and outside the health facility. Banners were developed in the national language i.e. Urdu. Complaint boxes were placed in male and female waiting areas for “undisclosed” complaints. A complaint register was also placed with the Camp Coordination Officer for beneficiaries who wished to register their complaints in person.

CAMP takes pride in the fact that no serious verbal or written complaint was received during the project life.

Services Provided/Project Interventions	Funding Partner CERF	Funding Partner ERF	Funding Partner CWW-RF/OFDA
Total Beneficiaries	8,958	9,500	13,257
Free Medical Consultations	19,599 individuals	23,500 individuals	9,923 Individuals
Health Services Provided to Pregnant Women	331 Women	Data not available	116 women
Complicated Cases Referred to Fixed Health Facilities	203 individuals	210 individuals	46 individuals
Health & Hygiene Education	11,402 individuals (women: 8,220 men: 3,182)	7,670 individuals (women: 5,452 men: 2,218) 88 sessions conducted in Phase 3 schools of Jalozaï Camp	7,743 individuals (women: 7,228 children: 515)
Antenatal and Postnatal Visits	63 (out of 331 women) visited at least twice	Data not available	134 visits (116 antenatal and 18 postnatal)
Hygiene Kits	--	645	--

The story of Shehnaz - an IDP in Jalozai Camp

Displacement from her hometown in Bara Tehsil of Khyber Agency had taken a toll on the mental health of Shehnaz who was once a devoted and caring mother. With no hope of return, Shehnaz believed that life is useless and aimless. Shehnaz had arrived in Jalozai Camp in January 2012; since then she had lost interest in her family and children. Although food, medical care, shelter, drinking water, and sanitation facilities were provided to Shehnaz and her family in the camp, she had a strong desire to move back to her home town. This desire had made her mentally ill turning her into an un-productive mother who could not invest time in the proper upbringing of her children.

Dr. Ali – CAMP’s Health and Hygiene Surveillance Officer, found Shehnaz severely depressed during a Health Promotion Session in February 2014. He referred her to Ms. Rizwana Tabassum, Psychosocial Counsellor, for comprehensive examination and possible treatment. On examination, the Psychosocial Counsellor diagnosed Shehnaz as a patient of severe depression with co-morbid anxiety. *“Depression is a common phenomenon in IDPs living in Jalozai Camp; the trend is more conspicuous in women than men. Causes like uncertain future, low self-esteem due to no permanent family income source, confined living with fewer opportunities for social gathering, and strong desire for an early but seemingly impossible repatriation, are contributory factors in depression” noted the counsellor.*

The Psychosocial Counsellor adopted three pronged approach to treat Shehnaz. First, the counsellor conducted psychotherapeutic sessions adopting cognitive behaviour therapy and progressive muscle relaxation therapies with Shehnaz. Second, the counsellor provided psycho-education to the family members of Shehnaz. And finally, medication was administered to Shehnaz in consultation with Female Medical Officer present in the static health unit.

Three weeks of continuous treatment and regular follow-ups by the counsellor began giving some hope to Shehnaz for leading a normal life. The Psychosocial Counsellor noted *“Although her circumstances have not changed much yet Shehnaz feels more confident now. Her stable voice, positive outlook, and positive thinking are clear signs that days of depression and anxiety are now over for her.”*



Shehnaz is pouring filtered water from pitcher. Her “henna” hands are the reflection of her normality and interest in daily life

The counsellor further noted, *“If it were up to Shehnaz alone, the treatment would have taken longer. The desire to be a productive mother, coupled with good family support, made her early recovery possible. The chances of recurring depression and associated complications are much higher in patients who are not supported by their families during their recovery phase. In case of Shehnaz, I have observed that her family also wanted her to recover soon and therefore supported her through this”.*

Shehnaz is living a content life now. She is optimistic that things will change and better days are not far away. After recovery she mentioned, *“My good health is important to my family. I have realised that I should not be too worried about something that I cannot change. Instead I should focus on what I have, and how I can use my time in a better way to raise my family. I shall now send my children to school and shall also concentrate on their physical health. Allah willing, I shall try to spend my life happier as compared to the past”.*

Relief could also be seen on the radiant face of Gul Mat Khan – Shehnaz’s husband, for whom his wife’s recovery meant a lot. He said, *“Earlier I was not able to leave my wife and children alone at home. I was always fearful of any untoward accident due to fits of depression that she had. I was unable to go out and look for a job. Thanks to Allah, and thanks to CAMP, my wife can now take care of herself and the children, can cook and feed the children, and can perform other chores at home. Now that the year-long ordeal of my family has ended, I can confidently go out and try to earn bread and butter for my family”.*

Disaster Preparedness and Capacity Building Project

The 2010 floods were a reality check for the government and humanitarian aid agencies. As the toll mounted, it became clear that the government and other agencies were ill-prepared and ill-equipped to deal with such calamities. This gave a new impetus to CAMP to implement a Disaster Management and Capacity Building Project. It was a 27-month project (July 2012 – September 2014) and was funded by BMZ Germany through HELP. It aimed at empowering target communities through volunteering and capacity building initiatives for reducing the impact of disasters, thereby improving community resilience to natural disasters. Two districts, Nowshera and Charsadda were selected as target communities due to their vulnerability to floods.



By August 2014, the project team had successfully achieved the target of forming and training 264 Disaster Management Groups (132 DMGs in each district) and a small surplus in the budget allowed for re-allocation of funds for formation of another 15 DMGs. By the end of the project, 279 DMGs (140 from Charsadda and 139 from Nowshera) were trained and handed over disaster toolkits.

Each DMG comprised 5 male and 3 female members (1 volunteer represented 20 households). These DMGs have been affiliated and registered directly with CAMP.

Respecting the Pukhtun culture and understanding gender sensitivity in the area, separate training sessions were held for men and women in the selected villages; training sessions for men were held in *hujra* while for women these were held in nearby homes. The table below gives a breakdown of the number of men and women in each selected district that received the DMG training.

Gender	Nowshera	Charsadda	Total
Trained Males	695	700	1395
Trained Females	417	420	837
Total	1112	1120	2232

A comprehensive Training Manual on Disaster Preparedness and Risk Reduction was developed through a consultant, with input from CAMP team. The manual was translated into Urdu so that it could eventually be used by the communities. The training manual included the following contents:

- Introduction to Disaster (types, characteristics, categories of natural disasters)
- The Disaster Cycle (causes and effects/impacts)
- Natural Disasters in KP
- Flood Management and Mitigation
- Strengthening Safety Measures
- Roles, Responsibilities, Core Strengths and Challenges as DMG members
- Linkage Development and Coordination
- Introduction and Use of Emergency Kit
- Action Plans for DMGs

Information, Education and Communication (IEC) Material containing awareness messages and knowledge relating to disaster scenarios were designed and printed for dissemination.

Equipping communities for disaster reduction was imperative. Disaster Management Toolkits were, therefore, provided to the DMGs as part of the project activities. The toolkit consisted of approximately 55 items. A Memorandum of Understanding (MOU) was signed between CAMP and the respective DMGs to ensure overall responsibility of the toolkit along with its effective use.



To ensure a trickle-down effect, the trained DMG members conducted roll-out trainings (community sessions) focusing on pre, during and post disaster scenarios. Each male DMG member trained 20 volunteers, while each female member trained 33 volunteers. On completion of these sessions, a small honorarium was paid to each DMG member.

The project team worked in coordination with PDMA, DDMU, CDPM, other DRR networks, DRR clusters, NGO and INGO forums, district, provincial and national level disaster management authorities including ERRR, NDMA, Meteorology department, and Radio Pakistan. We are proud of our project team that implemented the project successfully despite the state of insurgency, terrorist attacks on polio teams in the selected districts; bearing with road blocks and severe weather conditions in winters and power breakdowns in summers. CAMP regional office remained closed for one month in March 2013 and then in October 2013 due to security constraints.



Success Story

“The 2010 floods were devastating. We witnessed and suffered loss of lives and property in our village. It gave rise to one question: why could we not cope with such a situation?”

“In early February 2013, the CAMP team arrived in our village with a project on disasters and precautionary measures. It formed a group (Disaster Management Group) of volunteers in our village comprising five men and three women. I volunteered to join this group and luckily I got selected. We were trained on disaster risk reduction and preparedness measures through a four-day training. At the end of the training, our group received a toolkit which contained many useful tools and equipment. We transferred the knowledge to our village households through short sessions and distributed posters with information on disaster risk reduction. We built linkages with the concerned government authorities who could be contacted during disaster scenarios. We developed a village level contingency plan to follow during disasters identifying potential human resources, communal building for seeking refuge, safe passages, transportation, and early warning system.

“On 2 August 2013, we were intimated through our locally established early warning system about flood approaching our village. The DMG members gathered urgently and, as per village contingency plan, duties were assigned to each member. All assets including stored grains, furniture and appliances were kept in safe places. Livestock were unfastened and marked for identification. Women and children were ready to leave and go to safer places along with food, clothing and drinking water. Safe routes were shown to volunteers having vehicles and tractor trolleys to escort women, children, and the elderly. Volunteers started building a protection wall using toolkit items like wheel barrows, spades and ropes with sand bags on the bank of the perennial stream to stop the flood water from entering the village. Soon flood water started entering the village. The concerned government departments were informed in advance and their officials reached well in time and offered best possible assistance.

“Miraculously, water level began receding and in a couple of hours the stream started to flow in its channel. A big calamity was averted; there was no human loss, no livestock was lost, and all our assets remained safe. Our linkages with government departments proved useful as they reached the village in time. Techniques learned through the training were very useful and the toolkit was of great help. We cannot stop natural disasters but with knowledge and skills we can minimise the loss.”

(Sakhi, age 19, student, resident of Mohallah Ziaryani, Momin Garhi, Nowshera District).

Revitalisation of Flood Affected Primary Health Care Facilities-Phase III

Over the years, CAMP has undertaken extensive relief and rehabilitation operations in different areas of Pakistan. During 2011-13, with financial assistance from the Government of the Federal Republic of Germany through HELP Germany, CAMP revitalised twenty-two (22) health facilities in Districts Charsadda, Nowshera and Peshawar. CAMP also built the capacity of 959 health staff (LHWs and Paramedics) by providing comprehensive trainings on primary health services. In addition, CAMP also provided necessary medical equipment and furniture to the selected health facilities. The aim was to improve overall health indicators of the population by improving the capacity of health staff and upgrading facilities in the target districts.



“I am really thankful to CAMP’s management and the donor for construction of classroom in District Nowshera as we are already short of classrooms for LHWs. This classroom will help LHWs to attend routine meetings regarding EPI, vaccination, polio, measles and other health related trainings organized by the Health Department and other NGOs”

Muzafar Wazir-District Support Manager-PPHI-Nowshera (2014)

Assessment of further eight (8) health facilities in Charsadda and Nowshera Districts allowed for continuation of the project, “Revitalization of Flood Affected Primary Health care Facilities” in the third phase. This was a one-year (October 2013 to September 2014) project funded by the German Government through HELP Germany. The goal of this phase was to improve the health status of the target population and strengthen the capacity of the health sector in the target area. The identified health units in District Nowshera were: BHU Shaidu, BHU Badrashi, Civil Dispensary Misri Banda and RHC Pir Piai. In District Charsadda BHU Cheena, BHU Ibrahim Zai, Civil Dispensary Agra and Rural Health Centre Jamal Abad were selected.

During this phase, CAMP revitalised eight flood affected primary health care facilities. This included rebuilding, repairing and redecorating them.

A total of 698 health staff members were trained through a structured training program for government health workers permanently attached to these facilities. Twenty six (26) capacity building workshops were conducted to train participants on various topics like health education, vaccination, diarrhoea, ARI, Leishmaniasis and Dengue fevers (diagnosis and preventive measures), mother and child health, birth spacing, etc.

Out of the eight identified health facilities in the two target districts, CAMP provided necessary medical equipment to seven of them. RHC Pir Piai had already been provided with medical equipment in phase II. It is anticipated that the new equipment will benefit 350 patients per day at these seven health facilities.

In addition, CAMP also developed LHW-MIS system for Provincial Programme Implementation Unit (PPIU) for Lady Health Worker (LHW) Programmes. This will enable District Health Authorities to



punch data coming from the field at the district level and LHWs would be able to generate daily, weekly and monthly reports on the provincial level. The CAMP team also maintained close liaison with the Health Committees in each of the target Union Councils to ensure ownership and involvement of the local community in the monitoring and evaluation of the project.

“Trainings imparted by CAMP NGO are really very comprehensive and cover different aspects of primary health care. Now we need to work more on the preventive side in the communities which is possible through awareness and by communicating this knowledge to mothers and children. Thanks to CAMP for conducting capacity building training for our health staff in District Charsadda”

*(Dr. Jamshid-Executive District Officer
(2013))*

Continuing its support to the PPIU, CAMP printed material including registers and health house boards for LHWs. The registers would serve as reporting tools and would facilitate the LHWs in performing their duties. Health house boards were installed on the houses of LHWs for identification and accessibility purposes.

CAMP also constructed two training rooms/classrooms for the LHWs; one at BHU Shaidu, District Nowshera and the other at Civil Dispensary Barbara, District Charsadda. This saved the LHWs the hassle of going to the DHQ Hospital for attending various meetings, trainings and orientation sessions. They now conduct routine programme meetings, polio campaign meetings, other trainings, and plan their field activities at the newly constructed classrooms.

Procurement of Medicines and Health Supplies for Afghan Refugees

In December 2011, PATRIP Foundation and CAMP entered into an agreement, whereby PATRIP Foundation would provide funding to CAMP for implementation of six selected projects in the Khyber Pakhtunkhwa (KP) and FATA. The agreement, however, was cancelled in February 2014 because CAMP could not obtain NOCs from the relevant government authorities. The cancelled agreement called for utilisation of the unspent PATRIP funds through a small and quick-impact project. The project 'Medicines and Health Supplies for Afghan Refugees' was taken up which aimed at delivering medicines to refugees in coordination with UNHCR, the lead agency responsible for protection of Afghan refugees in Pakistan.



The target was to procure supplies that will fulfil the six-months requirements of thirty (30) Basic Health Units (BHUs) located in Afghan refugee populations near the Pak-Afghan border. Keeping in view the vital role of important stakeholders such as UNHCR and Commissioner Afghan Refugees, a Technical Committee was anticipated to monitor the implementation of the procurement and delivery process.

A Technical Committee (to oversee the technical aspects of the procurement process) and a Sub-Committee (to manage logistics) were formed in April 2014. The formation of the Technical Committee was facilitated by the Public Health Officer, UNHCR. The Committee included a Pharmacist from Project Director Health (PDH) Commissioner Afghan Refugees (CAR); health coordinators from International Medical Corps (IMC), Frontier Primary Health Care (FPHC), and Union Aid for Afghan Refugees (UAAR); and health/procurement staff from CAMP.

The Terms of Reference defined and agreed upon unanimously for the Technical Committee were to



carry out appropriate listing of the health supplies and medicines; to grant approval for the procurement of the supplies after completion of the bidding process; to carry out inspection for ensuring quality and quantity of the supplies; to look into compliance of articles set and agreed in the contract between the vendor/supplier and procuring entity; and to monitor the provision of allocated supplies to each selected BHU.

A three member Sub-Committee—comprising Chief Pharmacist (Project Directorate Health-CAR), Assistant Health

Officer (UNHCR) and Chief Pharmacist (IMC) – was formed by the Technical Committee. The general responsibilities of the Sub-Committee were to check the dates of expiry, storage, labelling, verification of quality, quantity, packaging, and reviewing order quantification against the stock, etc. The Sub-Committee was also responsible for ensuring maintenance of stock book records, sharing it with donor agencies and other relevant offices; producing quarterly reports of the products procured, consumed and left over; and supervision and monitoring of the process.

The Technical and Sub-Committee held meetings for setting up priorities for the procurement of medicines and health supplies. After formulating list of the target BHUs in the project area and conducting need assessment of the selected BHUs, it was decided to initiate the bidding process through an open tender advertisement. The available stock of supplies, population covered, daily OPD and types of prevailing diseases in the area were taken into account to avoid duplication of stocks and provision of appropriate medicines as per the needs of the beneficiaries.

Competitiveness and transparency were ensured in the bidding process and in the implementation of procurement contract. After evaluation and comparison of bids, and approval from PATRIP Foundation, the contract was awarded to a local supplier.

The project ended with the delivery of all medical supplies as per the approved bidding documents. The supplies were officially received at the PDH warehouse by PDH/CAR Pharmacist. The distribution of medicines from the warehouse to the health facilities will be done by PDH on monthly or quarterly basis.

Reproductive Health and Family Planning

According to the World Bank, the Contraceptive Prevalence Rate (CPR) in Pakistan was last measured at 35 percent in 2013. Contraceptive prevalence rate is the percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception. It is usually measured for married women aged 15-49.



Greenstar Social Marketing (GSM) has made significant contribution to strengthening the concept of birth spacing in Pakistan. In April 2013, GSM awarded a subcontract to Community Appraisal and Motivation Programme (CAMP) in support of Provision of Reproductive Health Services through Social Marketing. The Project was funded by Department for International Development (DFID), UK.

The two-year project (April 2013 to March 2015) was a Behaviour Change Communication (BCC) Programme aimed at improving maternal and new-born health in Khyber Pakhtunkhwa (KP) province of Pakistan. The expected outcome was an increase in the use of modern birth spacing methods, focusing particularly on affordability, acceptability, and accessibility of these methods thereby increasing the Contraceptive Prevalence Rate (CPR). The project areas included districts Kohat and Peshawar in Khyber Pakhtunkhwa province.

CAMP's key performance indicators, the targets and achievements until 2014 are as follows:

Sr. #	Indicators	Targets	Achievements (Until Dec 2014)
1	More couples using modern contraception	27,084	42,946
2	CYPs Generated	61,146 (revised target)	50,602
3	No. of District Technical Committees meetings participated	24 (12 per district per month)	11

For successful implementation of the project and to improve collaboration with the public sector, CAMP coordinated regularly with the Directorate of Health, Population Welfare Department (PWD), District Health Officers (DHO) KP, District Manager (DM) People's Primary Health Initiative (PPHI) in Kohat and Peshawar. CAMP also coordinated closely with Greenstar and its other partners including the Rural Support Programmes Network (RSPN).

The project aimed at accessing, educating, and mobilising Married Women of Reproductive Age (MWRAs) by following the Community Resource Person (CRP) Model. The CRPs were residents of the

target areas and were trained female activists. These activists made door to door visits, registered MRWAs and educated potential clients on modern birth spacing methods to enable them to make informed choices for birth spacing.



The CRPs also conducted community meetings with the MWRAs to identify clients willing to get family planning (FP) services. The side effects and contraindications of contraceptive methods were also discussed during these meetings. New clients willing to get FP services were provided with condoms and pills on the spot, while those who opted for prolonged protection were offered Intra Uterine Devices (IUDs) by trained female service providers and LHV's. The CRPs were supervised by female Social Organisers (SOs) and Lady Health Visitors (LHVs) in the community. They actively participated in the community meetings to address any issue regarding contraception.

LHVs were trained on Interpersonal Communication (IPC) skills, Couple Year Protection or CYP generation, registration of target groups, maintenance of data registers and counselling sessions organised in the community. The LHVs were also trained on aseptic insertion of IUDs and sterilisation of the IUD kits.

Male SOs conducted community and *jirga* meetings with the men in the target communities, including religious and political leadership, to motivate them about the importance of birth spacing and its impact on mother and child health. Moreover, male SOs helped organise District Health Technical Committee (DHTC) meetings in Peshawar and Kohat.

Community Meetings	Kohat	Peshawar
Male Community Meetings	18	55
No. of participants	282	857
Jirga Meetings	7	13
No. of participants	110	213
Female(CRPs) Community Meetings	471	497
No. of participants	9166	9333

CAMP had established a strong referral network for facilitating clients in areas where access to FP products was either difficult or not available at all. The main points of referrals were PWD outlets, government health facilities and hospitals, private clinics and clinics of the CRPs. Regular follow-up was carried out especially for clients who had opted for injectables and pills. A record of these visits was maintained to prevent dropouts.

The LHVs and CRPs were responsible for data compilation of new users and for calculating CYP generated against each method. CYP is the estimated protection provided by contraceptive methods during a one-year period, based on the volume of all contraceptives sold or distributed free of charge to clients during the period. All data was shared with Greenstar and line departments on monthly basis.

Participatory Approaches to Peace-building in Khyber Pakhtunkhwa

The three year project “Promoting Participatory Approaches to Peace-building in Khyber Pakhtunkhwa” is funded by the European Union Delegation (EUD) in Pakistan, and implemented by CAMP and its partner Saferworld UK. The project started in January 2012.



The project area covers Malakand Division of Khyber Pakhtunkhwa (KP), also known as the Provincially Administered Tribal Areas (PATA). The Malakand Division consists of seven districts, namely Buner, Chitral, Dir Upper, Dir Lower, Malakand, Shangla, and Swat.

The main objectives of the project are:

- To enhance the institutional and operational capacity of civil society actors active in the field of peace-building in Khyber Pakhtunkhwa;
- To develop EUD partnerships with and among non-governmental stakeholders active in the field of peace-building at the operational level in Khyber Pakhtunkhwa.

The main activities under this project included:

- Capacity assessment of CSOs (Civil Society Organisations) to engage in community building process in Khyber Pakhtunkhwa;
- Development of a ‘People-Focused Peace-Building’ Training of Trainers (TOT) manual for CSOs;
- Organisation of capacity building TOT workshops for CSOs active in the field of peace-building; and
- Provision of small grants to CSOs for implementing ‘Community Driven Development Initiatives for Peace’.

Needs assessment of the existing capacity of 120 CSOs in conflict resolution, mediation and dialogue was carried out in 2012 in KP. The findings of the needs assessment culminated into a CSO Needs Assessment Report in 2013. The report is available at http://camp.org.pk/CSO%20Needs%20Assessment%20Report_English.pdf. The report was translated into Urdu and disseminated in 2014.

Based on the needs assessment, a total of 70 CSOs were selected for the capacity building programme; 35 CSOs were scheduled to be trained in the first phase (January – March 2014) while 35 in the second phase (November 2014 – January 2015).

A one-day validation workshop was held in July 2013 with representatives of the 35 selected CSOs in KP. The purpose of this workshop was to present and validate the core findings of the assessment. The CSO Needs Assessment Report, together

“I learned a lot from the training and want to continue practising things learnt here in future.”

Sher Zaman, Malakand Welfare Society, Malakand (Participant of the training held from 6-10 January 2014)

with feedback from the validation workshop, led to the development of a 'People-Focused Training of Trainers (TOT) Manual on Peace-building' in October 2013. The manual was produced by Responding to Conflict (RTC) International with inputs from CAMP and Saferworld.

Four trainings were held from January to March 2014. The first training was held from 6-10 January 2014. A total of 35 participants attended the training. The second training was held from 13-17 January 2014. A total of 34 participants (29 men and 5 women) attended this training. A total of 35 participants (18 men and 17 women) attended the third training that was held from 24-28 February 2014. The fourth training was held from 10-14 March 2014. A total of 36 participants (17 men and 19 women) attended this training.

Trainings in the second phase started in November 2014. The first training was held from 23-28 November 2014 where a total of 34 participants (32 men, 2 women) were trained. The second training was held from 8-12 December 2014. A total of 35 participants (30 men, 5 women) attended this training. The third training was held from 22-26 December 2014. This training was attended by a total of 34 participants (28 men, 6 women). The fourth training was held from 5-9 January 2015. A total of 34 participants (29 men, 5 women) received the training.

The trainees included executive heads, senior and other personnel such as Chairman, President, Vice President, General Secretary, Executive Chairman, Executive Director, Managers, Project Managers, Programme Officers, Project Officers, Coordinators, Capacity Building Trainers and Social Organisers.

The five-day training workshops were based on the modules in the training manual and covered the following topics:

1. Exploring Our Context: Participatory Conflict Analysis
2. Conflict Sensitivity
3. Dialogue: Mediation, Negotiation and Peace-building
4. Advocacy for Conflict Transformation
5. Understanding and Measuring Change
6. Community-Driven Initiatives for Peace and Security



The "Community Driven Development Initiatives for Peace" (small grants) was an important activity under this project. A Grant Orientation Workshop was held on 16 June 2014 in Islamabad. The selected CSOs were given briefing on the grant

"Through this training, I was able to learn about cultural and structural violence and was very pleased to get theoretical support for the gender-based work I am doing. After the training, I could very clearly relate the concepts of direct, structural and cultural violence to my work".

*Tabassum Adnan, Khewendo Jirga
(Participant of the training held from 8-12 December 2014)*

application, guidelines, and the theme of the grant. They were also encouraged to form district level clusters for a larger impact at the grassroots level. Besides, the idea of working in clusters and network was to help develop joint strategies and resilience against conflicts. The 35 CSOs formed fourteen (14) clusters and planned to submit joint proposals.



Proposals revolved around peace-building and conflict resolution. After a careful review by CAMP and Saferworld teams, the small grant proposals were finalised in September 2014.

Ten out of fourteen small grants proposals revolved around community disputes arising out of lack of infrastructure such as disputes over water distribution or on common passage ways. A couple of proposals aimed at sensitising youth on the importance of peace-building as young political workers and students. One project focused on the restoration of natural resources while another one dealt with the sensitive issue of women’s right to family inheritance. CSOs proposed various activities in their plans including awareness raising campaigns, infrastructure rehabilitation or development, community meetings, formation of *jirgas*, development and distribution of Information, Education and Communication (IEC) material, and capacity building trainings on conflict transformation and peace-building.

By the end of December 2014, fourteen (14) additional clusters of 35 new selected CSOs were working on their project small grants proposals. Implementation of the 14 new projects on “Community Driven Development Initiatives for Peace” was to begin in March 2015.

The Sisters' Voice Project

"The Sisters' Voice" is a two-year project funded by the Commonwealth Foundation. The project started in October 2014 and aims at improving advocacy for better implementation of pro-women laws, through women-led Civil Society Organisations(CSOs) in Balochistan and Punjab¹ provinces of Pakistan.

While pro-women legislation has been promoted and adopted by the Government of Pakistan, there are gaps in enforcement. CAMP believes that women CSOs can play a vital role in highlighting women's issues and the gaps in the implementation of laws, thereby supporting policy makers and state institutions.

Through the Sisters' Voice project, CAMP will provide training to women from 40 women-led CSOs in a range of skills and knowledge, including awareness of existing laws and policies, advocacy and networking skills. The selected organisations will constructively engage in dialogue with policy makers and state institutions through network meetings. With improved knowledge, skills and linkages, it is hoped that women-led CSOs will play a more active role in advocating for better protection of women in Pakistan.

Based on the needs assessment exercise, CAMP will compile a training manual for the women-led CSOs in 2015. Other activities will include setting up network of women CSOs in Punjab and Balochistan; supporting CSOs to advocate better implementation of laws with policy makers, police etc. and publishing a quarterly newsletter.



¹ The project was initially designed for Balochistan and Khyber Pakhtunkhwa provinces, however due to restrictions to work in KP, with the donor's approval, CAMP had to move the KP component to Punjab province in 2015.

Small NGOs' Capacity Building Project

CAMP has been a partner of Greenacre UK, in the Small NGOs' Capacity Building Project since May 2013. The project aimed at building the capacity of 5,000 selected NGOs across Pakistan, including Azad Jammu and Kashmir (AJK) and Gilgit Baltistan, to enable them to perform more effectively and efficiently with an impact-oriented approach.

In the second phase (January – July 2014) of the project, CAMP imparted training to 2,282 NGOs through 94 generic trainings from all over Pakistan. These included NGOs from 111 districts of Punjab (29), Khyber Pakhtunkhwa (22), Sindh (21), Balochistan (25), AJK (10), and Gilgit Baltistan (4).



The project entered its third phase in August 2014 (ending March 2015). During this phase, CAMP conducted 20 advance level capacity building trainings for 111 'champion' NGOs. These NGOs were selected by Greenacre on account of their level of participation in the generic trainings and their professional approach in reviewing or developing policies for their organisations. Selected from across Pakistan, these champion NGOs were to receive further support from Greenacre based on their exemplary performance in the project.

Of the 20 training workshops conducted for the champion NGOs, CAMP conducted workshops on "Governance and Advocacy" and another ten on "Project Management and Report Writing Skills". Two hundred and twenty-one (221) representatives from the selected NGOs came from 41 districts of Pakistan, which brought diversity to the events.

During the third phase, CAMP also assessed documents of the selected NGOs in accordance with the standards set by its implementing partners. The documents that were reviewed included Mission Statement, Strategic and Annual Plan, Governance Structure, Risk Management Policy, Financial Management Policies, Monitoring & Evaluation Policy, Stakeholders' Consultation Policy and Impact Assessment Policy. This assessment enabled CAMP to gain good knowledge about policies that need to be adopted and practiced to enhance the institutional capacity of an organisation. The assessment is an on-going activity which will continue throughout the third phase.

The Greenacre Small NGOs' Capacity Building Project has been an enriching experience for CAMP. It has helped CAMP expand on its existing network of NGOs across Pakistan, and has provided it the opportunity to enhance its institutional capacity. CAMP has also received countrywide recognition through this project.

FATA BASIC HEALTH PROGRAMME

The Federally Administered Tribal Areas (FATA) remain one of the most underprivileged and volatile areas in Pakistan. Historically, FATA has been kept away from the mainstream development process and the *status quo* of the volatile tribal agencies has been maintained. Due to its geostrategic location and policies, FATA has become the epicentre of regional and local conflicts. The crisis in FATA today has been shaped not only by historical events but also other factors, including extremely low development indicators, an outdated governance system, economic underdevelopment and depleting natural resources.

Few reliable statistics on socioeconomic indicators in FATA are available. Those that do exist, however, reveal that these indicators remain abysmally low, with nearly 60% of the population in FATA living below the poverty line². Literacy level is at 17.4%, male literacy at 29.5% and a pitiful 3% for females. Latest health indicators are unavailable. However, judging from the 1998 census, only one doctor is available for 7,670 people in FATA, which indicates poor health conditions. Where hospitals and clinics are running, they are generally short-staffed, poorly equipped and unhygienic. There are either no facilities of clean drinking water or they are in a dilapidated condition.



There is a huge burden of trauma within FATA, arising primarily from road traffic accidents, gunshot wounds, and landmines and unexploded ordnance. Obviously, the burden is currently much greater given the conflict that has ravaged the region. Due to a lack of suitably skilled health workers and necessary equipment, people are dying unnecessarily and being left with avoidable disability. CAMP worked with IDEALS, a UK based NGO, and the FATA Health Directorate, to address some of these issues through Primary Trauma Care (PTC) courses, as well as providing equipment to trained health staff in FATA in 2008.

CAMP built on this project with generous support from the German Development Bank (KfW) in 2009. The project started after some delays in December 2010 and aimed at providing equipment and training for health workers in the more remote facilities within FATA, and addressing other aspects of emergency health care in the region.

The project took a two pronged approach starting with needs assessment of identified health facilities in the seven Agencies and Frontier Regions (FRs), which suggested the need for trained staff and improved health facilities. On the basis of the needs assessment, equipment for the health facilities was procured following the standards outlined by CAMP and KfW. Training on the use of equipment was to follow.

²<http://www.globalsecurity.org/military/world/pakistan/fata.htm>

The project started a few months late, due to minor issues regarding the roles of the partners involved in the project. In March 2011, a Memorandum of Understanding (MoU) was signed between CAMP and the Directorate of Health Services (DHS). The MoU outlined the roles of both the partners. Soon after the signing of the MoU, the main activities of the project started in coordination with DHS.



Until the end of 2014, the Project achieved the following:

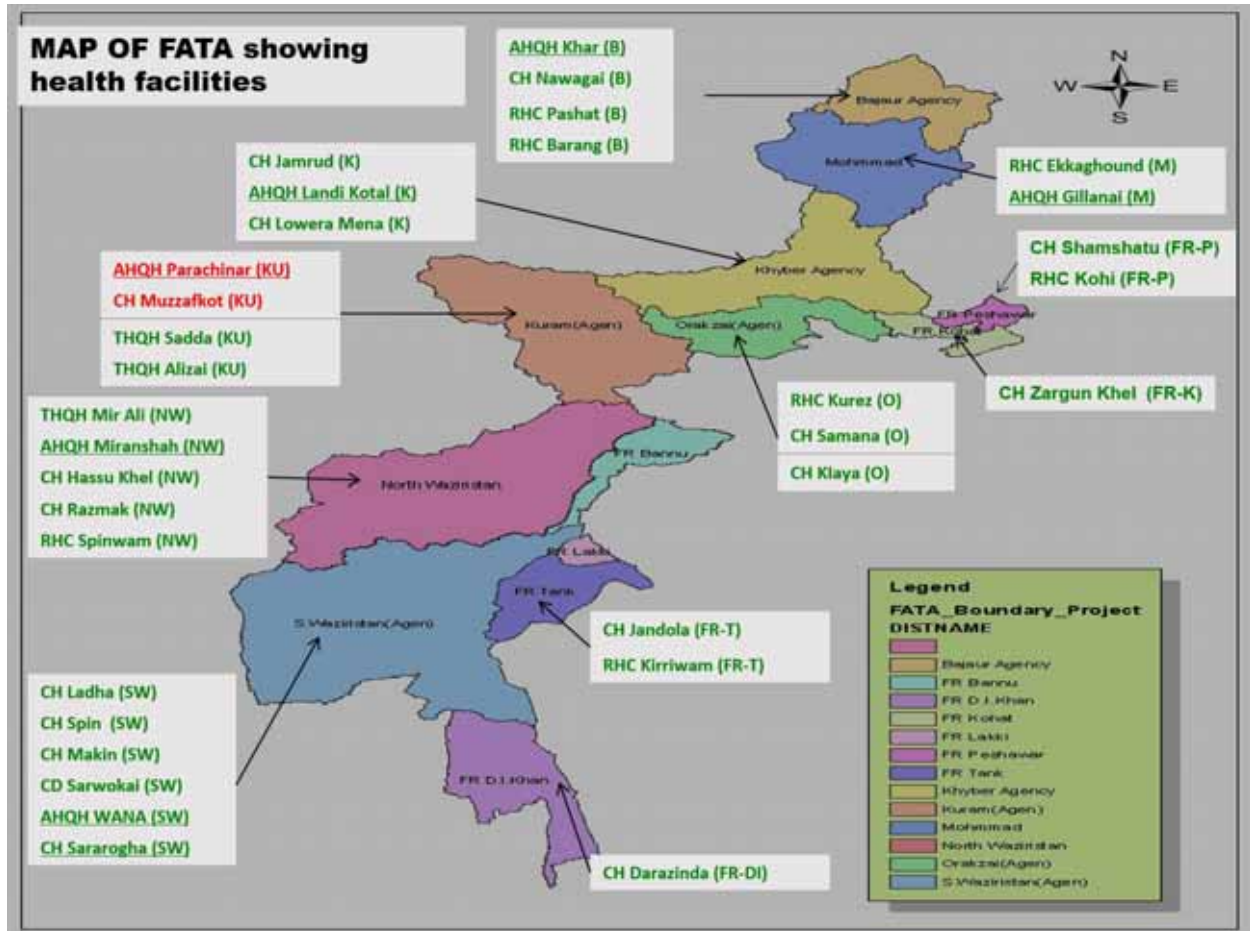
- Procurement of Equipment for 33 health facilities with 69 items for emergency care and related departments
- Capacity building through hands-on tools trainings for ten major electrical and electronic equipment
- Rehabilitation and minor construction work completed in eight facilities, including refurbishment of four health facilities, and construction of water supply schemes for improved water and sanitation in four health facilities
- Provision of repair toolkits to 33 facilities which included 38 tools being used for equipment repair

List of Agency wise Health Facilities

Agency/FR	Agency Headquarter Hospital	Rural Health Clinic	Tehsil Headquarter Hospital	Civil Hospital
Mohmand Agency	1	1	0	0
Khyber Agency	1	0	0	2
Orakzai Agency	0	1	0	2
Bajour Agency	1	2	0	1
Kurram Agency	1	0	2	1
FR Peshawar	0	1	0	1
FR Kohat	0	0	0	1
FR DI Khan	0	0	0	1
FR Tank	0	1	0	1
North Waziristan	1	1	1	2
South Waziristan	1	0	0	5
Total	6	7	3	17
Grand Total	33			

The military operation and security situation hampered the supply of equipment as per the plan and the delivery of toolkits and equipment will be completed in 2015. The training was conducted in December 2014. Representatives of all the health facilities, except from Khyber Agency, participated in the training.

The water supply schemes were completed in December 2013 but delay in verification and payments made it difficult to make payments to the contractor. The following map shows the health facilities that were improved in terms of infrastructure and/or received equipment:



Risks, Issues and Challenges

The security situation has been an issue since the commencement of the project. Military operations in some of the agencies delayed the smooth running of the project. Various challenges including NOC approvals caused further delays due to which CAMP requested the donor for a no-cost extension from January 2014 until November 2014.

Collaboration and Support

In accordance with the project design, coordination meetings were conducted between CAMP and Health Sector Reform Unit (HSRU) to provide overall policy and programme guidance aimed at expanding coordination with HSRU. CAMP shared work plan and activities with HSRU. These meetings helped in integrating efforts by creating cohesion for achieving the project objectives as well as in improving the quality of activities.

STRATEGIC PLANNING WORKSHOP 2014

Over the course of the last three years, the senior management of CAMP felt the need to develop a strategic plan. This need became clearer after CAMP's formal and informal interaction with stakeholders across Pakistan, which highlighted that CAMP's successes and good practices may be replicable in other areas of the country where there were similar needs and problems. At the same time, the team remained cognisant of the need to strengthen internal capacities and systems. It



also became clearer that the emerging changes for civil society in Pakistan, in particular for NGOs, meant that there were challenging times ahead.

CAMP initially had a two-day internal discussion with its core team, including senior managers and project managers on 28-29 April 2014 at its Islamabad office. The discussion highlighted CAMP's strengths, weaknesses, and identified opportunities and threats, while it mapped certain geographic as well as thematic areas of work.

About two months later, CAMP set out to develop a formal plan that would guide its programmes and operations over the next few years. CAMP hired an independent consultant who would support the core team to develop a strategic plan. An intensive two-day workshop including discussions and group work, as well as a review of the workshop findings by the senior management team, was conducted in Nathiagali on 25-26 June 2014. An online survey was conducted prior to the workshop to set the pace for ensuing discussions.

A detailed report lays out the process as well as the outcome of the strategic planning workshop; including revised vision and mission statements; objectives, strategy and tactics; and an action plan that can be monitored. The strategic plan is for two years (2015-2016) keeping in mind the ever changing political context in the country. It is planned to conduct a review of the plan at the end of 2015.

INTERNAL AND EXTERNAL TRAININGS

CAMP believes that training is crucial for the development and success of an organization. It benefits both the employee and employer. CAMP has been organising structured internal training programs for its staff to enhance their skills and capacities in their relevant areas of work.

The following in-house trainings were held during the year 2014:

1. M&E Concepts (LFA, Evaluation Techniques, Methodologies and its Tools, Evaluation Reports) by Mr. Sohail Tajik – May 2014
2. Advocacy and Communication (verbal and written) Skills by Ms. Robina, Ms. Kokab and Mr. Imran Takkar – June 2014
3. Community Mobilisation and Coordination Skills by Ms. Robina, Ms. Kokab and Mr. Imran Takkar – June 2014
4. Conflict Resolution Skills, Multi-tasking and Task Delegation by Ms. Robina, Ms. Kokab and Mr. Imran Takkar – June 2014
5. First Aid, Search and Rescue Training by Mr. Asrar Ayub – September 2014

During the year 2014, CAMP also nominated relevant staff for the following external trainings:

1. Training on Reproductive Health and Family Planning Methods by Greenstar – February 2014
2. Training on Advocacy and Communication Skills by SDPI Islamabad – March 2014
3. Training on Conflict Sensitivity by Saferworld – May 2014
4. Training of Trainers (ToT) of the Small NGOs' Capacity Building Project by Greenacre Trainers – August 2014
5. Training of Trainers (ToT) on Women's Initiative for Leadership & Learning (WILL) by Search For Common Ground (SFCG) – December 2014

PUBLICATIONS

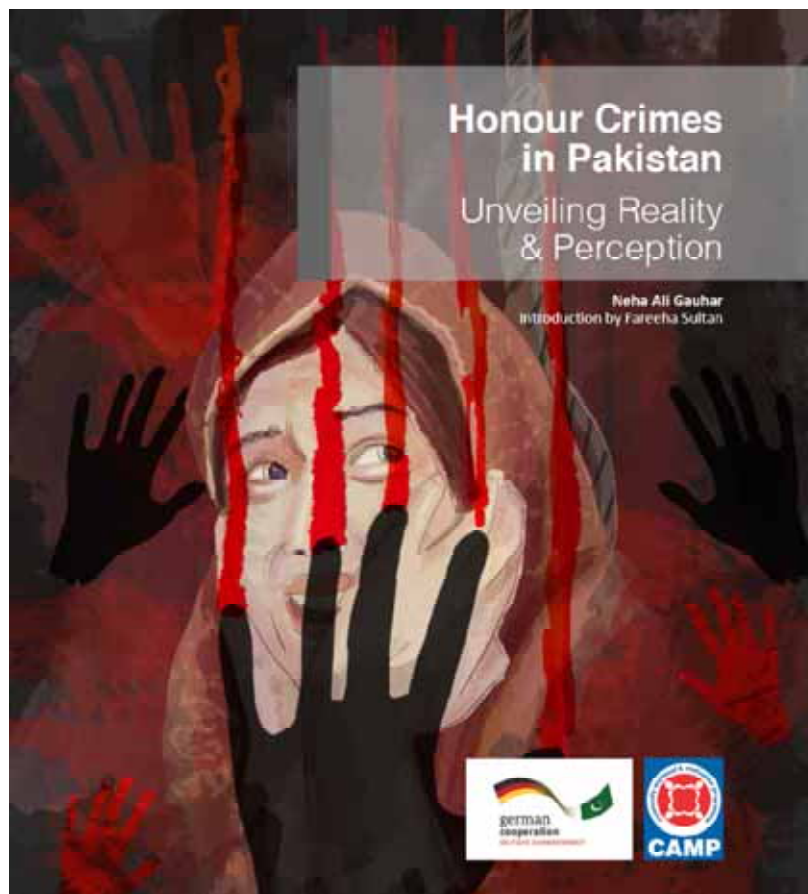
Honour Crimes in Pakistan – Unveiling Reality & Perception

Neha Ali Gauhar

Introduction by Fareeha Sultan

The subject of honour crimes became part of CAMP's fourth phase of Rule of Law Programming in Pakistan (RLPP) in 2013 which was generously sponsored by the Foreign Office of the Federal Republic of Germany. The research report was launched in 2014. The research findings of this Report portray a grim state of affairs and aimed at drawing the attention of policy-makers, the judiciary and law enforcement agencies to bring drastic changes in the law and confront the crimes of honour heavy-handedly. On the other hand, this research provides very solid data for the UN, donors and civil society [including media] to design programmes and campaigns, which help empower women and eradicate the menace of honour crimes from the face of Pakistan. It also calls for changing of attitudes and mind sets, which is the responsibility of all stakeholders.

The report may be downloaded at: <http://www.camp.org.pk/publicationpdf/HC%20Report%20CAMP.pdf>



STATEMENT OF FINANCIAL AUDIT



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INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF BOARD OF COMMUNITY APPRAISAL AND MOTIVATION PROGRAMME

We have audited the accompanying financial statements of Community Appraisal and Motivation Programme ("the Society"), which comprise the balance sheet as at 31 December 2014, the income and expenditure statement and a summary of significant accounting policies and other explanatory notes.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with approved accounting standards as applicable in Pakistan. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards as applicable in Pakistan. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Society's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements give a true and fair view of the financial position of the Society as of 31 December 2014, and its deficit for the year then ended in accordance with the approved accounting standards as applicable in Pakistan.

ISLAMABAD

Date: 13/3/15

ZIA MASOOD KIANI & CO.,
Chartered Accountants

Engagement Partner
ZIA ULLAH - FCA



Targeting Success in audit and advisory | Consulting | Investment banking | Financial planning | Treasury | Valuation | Project financing

COMMUNITY APPRAISAL AND MOTIVATION PROGRAMME

BALANCE SHEET

AS AT 31 DECEMBER 2014

	Note	2014 Rupees	2013 Rupees
PROPERTY AND ASSETS			
Non-current assets			
Property and equipment	5	3,545,226	5,415,942
Intangible assets	6	50,000	60,000
		3,595,226	5,475,942
Current assets			
Advances, deposits, prepayments and other receivables	7	28,708,243	18,829,761
Cash and bank balances	8	60,242,543	95,223,444
		88,950,786	114,053,205
		<u>92,546,012</u>	<u>119,529,147</u>
Restricted fund and liabilities			
Accumulated surplus	9	(1,084,511)	(276,870)
Endowment Fund	10	17,913,053	13,879,932
Restricted funds	11	46,616,937	92,296,638
		63,445,479	105,899,700
Current liabilities			
Loan payable		-	743,051
Other payables	12	29,100,533	12,886,396
		29,100,533	13,629,447
		<u>92,546,012</u>	<u>119,529,147</u>

The annexed notes from (1 to 21) form an integral part of these financial statements.

Chief Executive



COMMUNITY APPRAISAL AND MOTIVATION PROGRAMME
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2014

	Note	2014 Rupees	2013 Rupees
Income/ Grant			
Grant received	13	162,120,756	212,496,965
Consultancy and management fee income		1,598,000	8,502,093
		163,718,756	220,999,058
Expenditures			
Personnel cost	14	(86,644,247)	(68,585,221)
Project cost	15	(84,547,822)	(81,316,447)
Operational cost	16	(17,747,530)	(24,569,745)
Consultancy expenses		(2,387,038)	(7,750,057)
Administration cost	17	(18,146,910)	(13,475,604)
		(209,473,547)	(195,697,154)
		(45,754,791)	25,301,904
Finance cost	18	(69,826)	-
Other income/(Loss)	19	751,448	(8,474,095)
Net surplus for the year		(45,073,169)	16,827,809
Transferred (to) / from restricted funds		43,142,430	(27,091,822)
Surplus / (deficit) for the year		(1,930,739)	(10,264,013)

The annexed notes from (1 to 21) form an integral part of these financial statements.

Chief Executive





Community Appraisal and Motivation Programme (CAMP) is a national, non-profit and non-governmental organisation established and registered in May 2002. It works with some of the most underprivileged communities in Pakistan, responding to emergencies, improving access to quality health and education, creating livelihood opportunities, and working closely with communities and government departments to promote human rights, peace and security.