

Programme Update



South Asia

Appeal No. MAA52001

27/08/2008

This report covers the period 01/01/08 to 30/06/08.



Participants of the cross-regional DRR lessons learned workshop interacting with community children during a field visit, Nepal, March 2008 (International Federation)

In brief

Programme purpose: As outlined in the 2008-09 Plan, the aim of the International Federation South Asia regional delegation (SARD) is to increase the capacity of South Asian national societies to provide services that improve the lives of vulnerable people.

Programme(s) summary: The key areas of support in the first half of 2008 were conducting a mid-term evaluation of the regional HIV/AIDS programme and final evaluation of the disaster risk reduction (DRR) DFID II programme; and constant promotion of a regional initiative on “Building Safer Communities” in South Asia through an integrated programming approach. Extensive support to countries in the region in their preparation of Federation Secretariat plans for 2009-10; organising of a Secretary Generals’ forum in Nepal in June 2008; initiating a consolidation process between SARD and the India office; and strengthening internal and external communications also featured heavily on SARD’s work load. To help us communicate more effectively, a monthly e-Newsletter from SARD and a South Asia site on Youtube were launched as well as the production of high quality visibility materials.

SARD’s funding situation remained quite bleak, especially for the region’s organisational development activities, which has a funding coverage of less than 15 per cent. Some areas under the regional health and care programme, such as public health in emergencies and community based health are also poorly covered at less than 20 per cent. The overall budget was revised slightly upwards from CHF 3,765,233 (approximately USD 3,429,800 or EUR 2,323,440) to CHF 3,826,176 (approximately USD 3,488,255 or EUR 2,360,555) due to various modifications of 2008 programme budgets. The major revisions are explained in the respective sections.

Financial situation: The total 2008 budget is CHF 3,765,233 (USD 3,59 million or EUR 2.3 million), of which 42 per cent covered. Expenditure overall was 23.7 per cent. Expenditure was low

due to the low funding for regional programme activities.

[Click here to go directly to the attached financial report.](#)

No. of people we help: The South Asia regional delegation (SARD) supports the six National Societies (NSs) and seven country offices of the International Federation in South Asia. This year we are also actively working with the authorities in Bhutan in providing disaster management and risk reduction training for their leadership. The region includes Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka out of which NSs exist in all except Bhutan and the Maldives where the process of establishing a NS is underway. Please refer to the country reports for the beneficiary numbers for these countries.

Our partners: The main partners supporting the regional programmes during the reporting period were the Swedish, Danish, Japanese, British, American and Finnish Red Cross Societies, along with the European Commission/ECHO and DFID. Technical partnerships/relations were also maintained with the Asian Disaster Preparedness Centre, the SAARC DM centre, UN/International Strategy for Disaster Response, World Bank (through the ProVention consortium), other UN organisations, governmental and non-governmental organisations under the regional DM programme; and with the World Health Organisation, networks of people living with HIV, government ministries and civil society organisations under the regional health and care programmes. SARD also maintained strong cooperation with the International Committee of the Red Cross and links with WFP, UNDP and USAID. Further, close cooperation was continued with international media agencies like Reuters, BBC and CNN, for efficient information flow especially during disasters.

Context

Security concerns continued to weigh heavily in most of the countries in the region during this period, hampering the ability of the national societies (NSs) to carry out their work smoothly and for the International Federation to support them. The period witnessed worsening instability, insurgency and violence in Afghanistan and Pakistan, continuation of political and social disturbances in Bangladesh and Nepal (where the monarchy was abolished during this period and the country declared a federal republic), and a number of bomb explosions and terrorist threats in Sri Lanka and India.

Afghanistan and India were also hit by extreme cold weather conditions throughout January, killing hundreds of people. In June, monsoon floods hit India and Sri Lanka, affecting thousands of people and resulting in loss of lives and property. An avian influenza outbreak was reported from Bangladesh and India, with the first human case of H5N1 virus infection reported from Bangladesh. The effects of these disasters were managed largely using existing resources of the NSs and International Federation present in the region, without the launch of any emergency appeal.

Besides the increasing threat of emerging infectious diseases, like avian and human influenza, the region continued to suffer from poor health indicators. About 15% of the population in South Asia continues to not have access to safe water and only 37% have adequate sanitary facilities. According to the World Health Organization (WHO) and UNICEF, India has 665 million persons defecating in the open, the highest number in the world. Further, maternal and child mortality rates continue to be high with approximately 155,000 women dying from childbirth related complications¹ in a year, the under-five mortality rate being 82 deaths for 1,000 live births, and the infant mortality rate being 62 per 1000 live births².

During this reporting period, the South Asia regional delegation (SARD) experienced significant funding constraints which affected the implementation of some planned activities. In an effort to optimise financial and human resources, steps were taken towards a consolidation between SARD

¹ UNICEF: www.unicef.org/specialsession/about/sqreport-pdf/09_MaternalMortality_D7341Insert_English.pdf

² UNESCAP: Statistical yearbook for Asia and the Pacific 2007

and the India office into one office serving as both India country office and regional delegation. Despite some constraints and delays due to the security situation in most countries, and the strained funding coverage of some regional programmes, SARD's work to build the capacity of NSs and support the International Federation's country offices made progress during this period, the details of which are outlined in this report.

Progress towards outcomes

Global Agenda Goal 1: Disaster management

Purpose: National societies have strengthened capacity to implement disaster mitigation, preparedness, response and recovery programmes

Outcomes/Expected results

Programme Component	Outcomes
Community Preparedness and Mitigation	National society capacity to support community preparedness and mitigation is strengthened
Disaster response and preparedness for response	Regional capacity and systems are improved to respond effectively and efficiently in times of disasters.
Coordination and cross cutting issues	South Asia disaster management programme is made more effective through coordination, collaboration, and innovative cross-cutting initiatives.

Achievements

The regional disaster management (DM) programme focused on scaling-up the capacity of South Asian NSs, at local, national and regional levels, to respond to the increased vulnerability to disasters seen across the region. Guided by the International Federation's Global Agenda and committed to the new disaster risk reduction (DRR) approaches in line with the Hyogo Framework for Action, significant progress was made in strengthening community resilience, organizational preparedness for effective response, and knowledge sharing and networking, which enhanced the implementation of DRR initiatives.

The DRR DFID II programme in South Asia (2005-2008), which was being implemented in Bangladesh and Nepal, was completed in end-May 2008. A final evaluation was conducted, the findings of which were presented at a final workshop for the global DRR DFID II programme in Johannesburg, South Africa, in July. Overall, the programme in South Asia was seen to have had a positive outcome in terms of a reduced impact to disasters in the DRR programme areas and an improved understanding and quality of overall DM programming in the NSs covered under the DRR programme.

Building on the experience of the DRR DFID II programme, the regional DM programme promoted the "Building Safer Communities" approach³ across the region and carried out all its DM/DRR activities under this overall umbrella.

A regional vulnerability capacity assessment (VCA) "learning by doing" workshop was organized from 24 February-1 March in Bangladesh. Participants included 34 DM and health practitioners from the six South Asian NSs and seven country offices, including Maldives, one partner national society and one external organization. The NSs in the region have applied the VCA knowledge in the planning and implementation of their DM programmes. In addition, the standardisation of the community based DRR training curriculum was initiated and a regional consultative meeting on DRR curriculum development was held on 28-29 April in Delhi. A total of 20 DM practitioners from the countries in the region participated. As an outcome of the meeting, a technical team was set up to standardise the curriculum and work on this has begun.

³ Building Safer Communities is a South Asia regional initiative that promotes the DRR approach among all NSs in the region. It seeks to improve and standardize the training curriculum, systems and tools of these NSs in order to promote ongoing DM/DRR activities. It was endorsed at the fifth DM Working Group meeting in Sri Lanka in October 2007.

The development of a regional DM/DRR framework was started during the reporting period. All South Asian NSs and country offices provided inputs on this framework at the sixth regional disaster management working group (DMWG) meeting held on 26-30 May in Delhi, India. The meeting helped to analyze and identify priority areas of both country and regional level DM plans for 2008 as well as 2009-10.

Case studies on DRR interventions by a few NSs in the region were published to increase the profile of their programmes. A series of four case studies on DRR interventions by the Bangladesh Red Crescent Society (BDRCS) were prepared, in collaboration with the Asian Disaster Preparedness Centre. In addition, a Nepal case study on women and DRR was also produced, illustrating women's participation in the Nepal Red Cross Society's earthquake preparedness programme. This publication will be useful for other NSs in increasing the participation of women in their DM/DRR programmes.

Under the "Integrated Programming Approach" (IPA) initiative⁴ being implemented in South Asia, the regional DM and health programmes developed a joint plan for building safer communities in the region. This plan aims to provide better services in both DM and health to affected communities in times of emergencies, particularly by working closely in the area of community based DM, health and first aid. Both the regional DM and health and care programmes provided inputs for finalisation of a standard training curriculum for regional disaster response teams (RDRT) related to emergency health. The regional DM and health programmes focused on working out the modalities for conducting specialised RDRT trainings on emergency health and water and sanitation in the region, as well as for the standardization of first aid kits and search and rescue tools for the region.

A cross-regional DRR lessons learning joint field workshop was organized in Kathmandu, Nepal on 24-30 March. The workshop was attended by 40 Movement and non-Movement participants involved in the field of DRR, including staff from NSs and country offices in South Asia, South East Asia and Africa, as well as the SAARC DM centre, ECHO, UN/International Strategy for Disaster Response (UN/ISDR), UNDP, Asian Disaster Preparedness Centre, Handicap International, DP-Net Nepal and civil society organisations. The exercise provided an opportunity for sharing of good practices in DRR between different regions. The outcome of this workshop was presented at the annual ProVention forum held in April in Panama.

The regional DM coordinator participated in a three-week review conducted by the UN Disaster Assessment and Coordination (UNDAC) team in Bhutan in April 2008, to assess the country's disaster preparedness. Based on the outcomes of this visit, relevant civil and government authorities in Bhutan will be involved in regional DM and DRR activities during 2009-10.

As part of the regional DM programme component on strengthening the regional capacity for disaster response and preparedness for response, technical support was provided to NSs in the region in the development of national contingency plans for disaster response and contingency planning workshops and simulation exercises for this, held in India (in May), Bangladesh (in June), Nepal (in May) and Afghanistan (in June). While in India and Bangladesh, the contingency planning was for floods, in Nepal and Afghanistan, these were for earthquakes that would also support emergency working procedures during disasters like floods and landslides. In addition, contingency planning at the country and regional levels, in preparation for the monsoon season in South Asia, was discussed at the DMWG meeting in May.

In addition, support was provided to NSs in the region for the strengthening of their National Disaster Preparedness and Response Mechanism (NDPRM), including national and state/district disaster response teams, a pool of highly skilled and trained disaster management professionals ready for deployment in the immediate aftermath of disasters. During May/June NDPRM/National Disaster Response Team (NDRT) trainings were carried out in Pakistan, Sri Lanka and Afghanistan.

⁴ The regional IPA approach linking the DM, health and care, organisational development and principles and values programmes, was endorsed by the Secretary Generals' forum in Sri Lanka in October 2007.

The regional DM programme started a comprehensive project on “Strengthening disaster response capacity in South Asia” (May 2008-December 2009). The main focus of this project is to develop a standardised RDRT system, handbook, training curriculum, human resources and RDRT kits. Further, to develop the human resource capacity for disaster response in the region, six NS staff from Afghanistan, Bangladesh, Pakistan and Sri Lanka participated in a global relief training held in Geneva in April. The regional DM programme also developed a DM database software. All human resource related information from the region will be included in the database to ensure and promote mobilization of required human resources and technical expertise during emergencies.

The regional DM programme supported the BDRCS and the country office in Bangladesh to carry out a beneficiary communication/participation study following the Cyclone SIDR operation (November 2007-November 2009), in an effort towards improving the quality of the BDRCS’ recovery programme. A final report of the study has been prepared.

As South Asia is prone to disasters and based on the current activities and needs in the region, “recovery” will be included in the regional DM programme planning as a separate component as of 2009, to facilitate the building of NSs’ capacities to adapt and implement the recovery concept, guidelines and activities into their local contexts. This component will focus on promoting community participation in the recovery process; recovery policies, concept and guidelines; beneficiary communications; and conducting post-disaster reviews (which will also cover the link between relief, recovery and DRR).

The regional DM programme budget has been revised slightly upwards due to the inclusion of a DM review⁵ under the programme, as well as to accommodate additional funding received from the British Red Cross for the disaster response component of the programme (for the “Strengthening disaster response capacity in South Asia” project, including an additional human resource for this project).

Constraints or Challenges

In the early part of the year, funding limitations under the disaster response and preparedness component resulted in some delays in implementing activities. However, by the middle of the reporting period, adequate funding was received and all activities under this component were implemented as planned. Further, the hiring of a DM focal point for the India office took time and resulted in a delay in carrying out planned activities in India. Some activities planned under the regional DM programme, such as community based DRR training workshops, were also delayed due to a focus on supporting NSs in the region with ongoing response/recovery operations. Ongoing security issues in Afghanistan, Bangladesh, Nepal and Pakistan further hampered the implementation of planned activities by NSs in these countries.

Global Agenda Goal 2: Health and care

Purpose: National societies have increased capacity to reduce death from disease and public health emergencies

Outcomes/Expected results

Programme component	Outcome
Regional health capacity support	NS have improved HIV and AIDS and other public health programming
Regional health partnership and resource development project	NS have improved organisational capacity in mobilising resources, building partnership and in advocacy for health programmes

⁵ The DM review was developed through a consultative process with the countries at the regional DMWG meeting in May 2008 and was endorsed by the national societies’ Secretaries Generals in Nepal in June 2008.

Achievements

The highlights of the regional health and care programme during this reporting period were the mid-term evaluation of the regional HIV/AIDS programme, a HIV workplace programme, and the regional training of master trainers on HIV prevention, treatment, care and support for community volunteers. Further, in line with the Global Alliance on HIV⁶, progress was made towards further developing and finalising the Global Alliance documents (programme documents, workplans and logframes) for the NSs that are part of the Alliance, viz. in India, Bangladesh, Nepal and Sri Lanka.

A mid-term evaluation of the HIV/AIDS programme in South Asia (2005-2009) was conducted in February-March 2008 by an external public health consultant. The purpose of the evaluation was to assess the programme's progress (individual and collective achievements of the NSs across the region) and outline, issues, challenges, recommendations and the way forward for the programme. A detailed report of the evaluation has been disseminated to NSs and country offices in the region..

In line with the International Federation's HIV workplace directives, a HIV workplace programme was initiated at SARD, as part of which an awareness session on HIV was conducted at SARD for all delegation and India office staff. The session covered a wide range of topics including HIV prevention, treatment, care and support; employee rights and entitlements of the International Federation's directives; global, regional and local picture of the spread of HIV; the creation of a positive workplace free from stigma and discrimination; and communication with children about HIV. A comprehensive information kit was distributed to participants. External facilitators included representatives from the Indian Network of People living with HIV and MAMTA-Health Institute for Mother and Child, which served to strengthen the International Federation's mandate of closer cooperation with networks of people living with HIV. Refresher sessions are planned in the future. It is envisaged that the SARD workplace programme will serve as an example for and provide guidance to the NSs, supported by the country offices in the region, to develop workplace programmes in the future.

As part of its capacity building measures, a regional training of master trainers on HIV prevention, treatment, care and support for community volunteers, was held from 19-26 April in Dhaka, Bangladesh. A total of 18 participants from the NSs in the region, including HIV coordinators and regional HIV/AIDS programme staff participated in the training. The training was facilitated by a senior health officer from the health and care department at the International Federation's Geneva office and a master trainer from the Kenyan Red Cross Society, in addition to resource persons from the regional health unit. A training plan with a timeline was compiled by participants to enable them to follow up on their learnings from this training and conduct further trainings of trainers (ToT) in their respective NSs. As a follow-up of this training, IRCS conducted a ToT on HIV prevention, treatment, care and support in the state of Maharashtra in June.

The regional health unit also provided routine technical support on HIV and AIDS and public health programming to the NSs in the region during the reporting period. Support was extended to the BDRCS in conducting a training of trainers for youth peer education and life skills education on HIV, from 7-10 January in Jessore district, Bangladesh, for 34 participants. Similarly, technical support was given to the Afghan Red Crescent Society (ARCS) in organising a workshop on voluntary non-remunerated blood donation to start the "club 25"⁷ initiative, as well as in conducting a baseline study on HIV knowledge and attitudes in 27 schools with 570 participants. The country offices in Sri Lanka, Pakistan and India were also supported in completing a baseline survey on knowledge, attitudes and practices (KAP) regarding HIV related stigma and discrimination. The survey results will be followed-up by implementing a HIV workplace programme in these countries.

⁶ The International Federation has committed to double by 2010 its contribution to the global response to HIV by further harnessing its prevention, treatment, care and support, and stigma and discrimination efforts through the Global Alliance on HIV

⁷ Club 25 aims to have voluntary and non-remunerated young people around the world donate blood 25 times before they turn 25 years of age.

As the reporting period witnessed a re-emergence of avian influenza in Bangladesh and India, preparedness in the region for a possible pandemic situation and pre-positioning of Tamiflu⁸ was explored. Further, details of the International Federation's H2P initiative⁹ were disseminated across the region. Nepal was selected as one of the pilot countries to implement this initiative and initial discussions were held on the modalities for this. Besides this initiative, the Nepal Red Cross Society (NRCS), along with the Indian Red Cross Society (IRCS), will also participate in a measles campaign during the last quarter of 2008. Planning for this was started with the World Health Organisation (WHO) under the South East Asia Measles Partnership. In India, planning, in coordination with concerned partner national societies, was also begun for the provision of capacity building support to the IRCS in the areas of water and sanitation and emergency health.

The regional health unit continued to serve as a growing platform for knowledge sharing, information dissemination, partnership development, resource mobilisation and advocacy, during the reporting period. A fourth issue of regional health unit's newsletter was disseminated across the region, serving as a useful information exchange mechanism. In addition, information on the 'International AIDS Conference 2008', along with the International Federation's 'Operational guidelines for involvement in tuberculosis control' and 'Software tools for long term water and sanitation programming', and the Global Alliance newsletter were also shared with all countries in the region.

Under the memorandum of understanding signed with the WHO South East Asia regional office, coordinated follow-up was done on the blood safety, youth peer education and advocacy components of the workplan, as well as on the joint observance of World Blood Donor Day 2008 on 14 June. In line with the International Federation's mandate of greater involvement of people living with HIV in HIV programming, the regional health unit collaborated with the Indian Network of People living with HIV/AIDS for the HIV workplace programme at SARD.

Constraints or Challenges

The instability of human resources and insecurity of funds at the country and regional levels were two major risks to long-term health programming during the reporting period. The lack of funding and staff, particularly under the emergency health area of the programme, caused delays in the implementation of activities which are essential in emergency health preparedness and response capacity building at country and regional levels. The regional health unit continued to monitor NS staff turnover patterns and reasons for lack of funding for health programme areas of strategic importance, and promoted sustained long-term programming in health. In an effort to reduce some of the funding gaps, especially in the area of emergency health, the unit promoted programme integration and resource sharing, activity based fund raising and diversification of funding sources.

Global Agenda Goal 3: Organisational and capacity development

Purpose: South Asian NS have increased capacity to develop, manage and promote their programmes effectively

Outcomes/Expected results

Programme component	Outcomes
Strategic OD and CB support	NS have policies, systems and procedures that enable better programme implementation
Communications Development Project	Communications and advocacy for the most vulnerable at NS and regional level are more effective.
Finance development	NS capacity in financial accountability, reporting, management is strengthened
PMER development	The capacity of NS in planning, monitoring & evaluation and reporting is strengthened further

⁸ Treatment for avian influenza

⁹ Avian Influenza Humanitarian pandemic preparedness initiative supported by a grant from USAID

Achievements

Strategic OD and CB support

This component of the regional OD programme continued to provide support to the NSs in the region on the review of their legal base, encouraging them to review and if necessary revise their statutes to be in alignment with the International Federation's Guidance for NS' Statutes. Support was also extended to NSs in the implementation of their strategic plans (where these existed) through their operational plans and in the development of strategic plans where required, for instance in the case of the development of the IRCS' strategic plan for 2008-11 as their previous plan ended in 2007.

Further, support was extended to the process of formation of the new Maldivian Red Crescent (MRC). The MRC statutes was revised and is being discussed with the attorney general's office in the Maldives. A two-day volunteer management training workshop was conducted, in January, for 44 staff members of the American Red Cross working under the Tsunami programme in the Maldives, to integrate them into the new national society once it is established.

The regional OD delegate participated in a joint International Committee of the Red Cross (ICRC)/International Federation mission to Afghanistan to facilitate the process of developing a harmonised Movement support plan for the ARCS. The mission resulted in the development of an operational plan in line with the ARCS strategic plan, a strengthened and more transparent cooperation between Movement partners in Afghanistan and a strategy to optimise Movement support to the ARCS.

During the reporting period, all South Asian NSs were encouraged to implement the Integrated Programming Approach through country-specific models developed at the regional Joint Forum (comprising DM, health and OD programmes representatives) in Sri Lanka in October 2007. The development of practical frameworks for taking this approach forward was initiated.

Best practices (such as an Asia-Pacific OD toolbox, volunteer management tools from the Sri Lankan Red Cross, and NS strategic plans) have been shared across South Asia as well as cross-regionally, making it possible to build on knowledge and experiences from NSs across the Asia-Pacific Zone. Volunteer management tools were implemented during the reporting period and generated an increasing interest among NSs in addressing volunteer management. Together with the regional grants and relationship manager, work was started on developing a regional fundraising development project to support the South Asian NSs in developing their fundraising capacities.

The reporting period saw a reduction in human resources in the strategic OD and CB support programme component as the OD consultant who was working 50% for this component and 50% for the country office in Bangladesh took up a Federation mission in another region and this component has since been looked after by the regional OD delegate.

Communications development

This component focused on strengthening both internal and external communications, addressing not just staff and volunteers within the Movement but also external interlocutors such as partners and donors. 'South Asia Link', a monthly e-Newsletter from SARD, was started, together with a South Asia site on Youtube for posting videos on the work of NSs supported by the International Federation in the region. In order to improve external communications through a strong internal communications culture and network, some NSs in the region (in Bangladesh, India and Nepal) as well as the Maldives country office, were supported in developing short and long term communications plans, which will be adapted, improved and implemented, as required.

A number of communications and visibility material was produced during the reporting period, such as visibility material (including brochures, case studies, caps, t-shirts, pens, coffee mugs, pocket diaries, stickers and carry bags) for the DIPECHO and DFID projects under the regional DM programme, as well as for the HIV/AIDS component of the regional health and care programme. In addition, a variety of promotional material, such as brochures, posters and fact sheets, were prepared for the country

offices in Afghanistan and Maldives. A 2008 wall calendar was also prepared by SARD for the Asia-Pacific zone. All these materials were widely disseminated.

Finance systems development

During this reporting period, the regional finance development delegate provided technical support to the ARCS for working in the international standard financial system (double-entry system), which began from their new fiscal year in end-March 2008. Support was also provided to the new finance system department at the ARCS in developing their accounting and financial reporting skills (in this new finance system), to meet the requirements of donors and internal ARCS management. A new, qualified finance manager was recruited at the national society to develop and maintain the new financial system.

The regional finance development delegate also continued to support the process of installing a new Navision software in the Pakistan Red Crescent Society (PRCS), based on a need to replace the local software which lacked adequate capacity to meet donor and internal reporting requirements (following the enhanced workload after the Pakistan earthquake).

Further, the process of upgrading the existing finance software at the IRCS was also extended support. During the reporting period, a tender was opened for implementing this and the process is expected to be completed by the end of the year.

PMER development

During the reporting period, the PMER programme component was largely occupied with coordinating and providing extensive support for the preparation of the Federation Secretariat's 2009-10 country and regional plans in line with the new Secretariat planning and resource mobilisation guidelines brought out in April 2008. Inputs on the planning process were provided and country-wise needs identified at the South Asia heads of offices meeting in April at SARD, based on which required technical support to the countries was provided in their planning process. The process was challenging due to revised planning guidelines, documentation and a time consuming process (including a series of planning meetings at different levels to obtain detailed feedback on draft plans from technical teams and senior management), coupled with a limited timeframe. One such planning meeting was held at the regional level on 11-12 June at SARD.

During this planning process, support was provided for a 2009-10 planning workshop held on 15-16 May in Kathmandu, Nepal. Further, training workshops around the International Federation's project planning process (PPP), and monitoring and evaluation (M&E) of plans, were conducted in Pakistan and India by a senior M&E officer from the Asia-Pacific Zone PMER unit in Kuala Lumpur. The regional PMER officer also supported the 2009-10 planning for the DM programme in the region by conducting a one-day planning session at the regional DMWG meeting in end-May in Delhi.

Besides the planning process, another key activity was a regional PMER development meeting organised from 17-19 March in Kathmandu. The meeting provided an opportunity to examine the progress made in PMER development across the region, review the existing regional PMER training package, and identify areas of support required by the countries in the context of the new Zonal PMER working modalities¹⁰ and capacity building plan for South Asia. As one of the outcomes of the meeting, all countries are in the process of carrying out a PMER assessment in their respective NSs.

Constraints or Challenges

The low funding of the different components of the regional OD programme hampered the implementation of some developmental activities, for instance the peer-to-peer exchange visit under strategic OD and CB support, an annual regional communications training and new direct PMER training initiatives. The programme will try to address this problem by seeking funding for specific interventions ('tailor-made support') and ensuring that the OD components are increasingly integrated and cut across all programmes.

¹⁰ As agreed upon by PMER focal points from the Asia Pacific Zone at a PMER meeting in Kuala Lumpur in mid-February 2008

Global Agenda Goal 4: Humanitarian values

Purpose: National societies have increased capacity to promote dignity and respect for diversity and to fight discrimination and intolerance in communities.

Outcomes/Expected results

Programme component	Component outcome
Understanding Humanitarian Values	National societies and Federation Country Delegations show an increased understanding of HV.
Promoting diversity and increasing dignity	National societies demonstrate an increased capacity to incorporate their understanding of HV in their ongoing work

Achievements

During the reporting period, support was provided for organising two induction courses on the Red Cross Red Crescent Movement (including sessions on the Movement's Fundamental Principles and Values), in March, for new staff under the Cyclone SIDR operation in Bangladesh. In addition, two workshops on the Humanitarian Charter and the Code of Conduct in Disaster Relief were conducted for staff and volunteers at the BDRCS' district branches in the nine districts affected by the cyclone. A training on Fundamental Principles was also organised for all staff of the country office in the Maldives in January. As a result of ongoing promotion and advocacy on the principles and values, NSs supported by country offices in the region show an increased capacity to incorporate these in their programme plans and activities.

Constraints or Challenges

The biggest constraint during the reporting period was the lack of funding for this programme, due to which a number of planned activities under this programme could not be carried out and the existing position of a regional humanitarian values coordinator was dissolved on contract completion at the end of March.

However, principles and values continues to be an important focus of the work in South Asia. There is a commitment to disseminate information on this to NSs in the region and to build their capacities to fight discrimination and promote dignity and a respect for diversity in their countries. Therefore, these interventions will be integrated in the other ongoing programmes in line with the regional integrated programming approach and the responsibility for principles and values has been shifted to the regional OD delegate.

The reduced scope of this programme will result in missed opportunities to support youth camps, conduct principles and values workshops in NSs, engage with academics, civil society and the media to examine related issues and publish communication materials like case studies. Therefore, funding for principles and values activities will continue to be sought and the regional communications programme will give special attention to it in its work with the media.

Working in partnership

During the reporting period, the key partners supporting the regional programmes were the Swedish, Danish, Japanese, British, American and Finnish Red Cross Societies, along with the European Commission/ECHO and DFID.

The regional DM programme continued working in partnership with the Asian Disaster Preparedness Centre and strengthened relations with the SAARC DM centre, UN/International Strategy for Disaster Response, World Bank (through the ProVention consortium), and other UN institutions, government and non-governmental organisations. Further, regional cooperation and knowledge sharing amongst Movement partners in the region continued through the regional DMWG forum.

The regional health and care programme continued its partnership with the World Health

Organisation in the areas of HIV and emergency preparedness and response and strengthened links with networks of people living with HIV, government ministries and civil society organisations. Existing initiatives like the operational alliance in Nepal, HIV consortium in India and the Global Alliance on HIV, also formed the basis for partnership strengthening.

Strong cooperation with the ICRC for optimal use of Movement resources was seen as a result of promotion, by the regional OD programme, of a Movement harmonised approach to operational planning in Afghanistan by the ARCS, ICRC and the International Federation. The International Federation and ICRC also worked closely together for holding a partnership meeting for Afghanistan on 18-19 June. The communications development programme component maintained close cooperation with international media agencies like Reuters, BBC and CNN for efficient information flow especially during disasters.

The Secretary Generals (SGs) of all South Asian NSs met at the SG forum in Kathmandu, Nepal, in June, which provided an opportunity for information exchange and the presentation of regional initiatives for approval of the SGs. The regional grants and relationship manager, as the focal point, began work for organising a partnership meeting in India in November 2008.

Contributing to longer-term impact

The joint plan developed by the regional DM and health programmes, for building safer communities in South Asia following the integrated programming approach, will contribute towards more sustainable and effective programming. It aims to improve the quality of NS community based preparedness and mitigation programming by focusing on updating DRR methodologies, materials and tools, including issues of recovery and climate change which also include community health. The focus will be on strengthening the resilience of individuals and communities to reduce their vulnerabilities, thereby making them less susceptible to hazards and faster to recover. In this manner, it will promote practical examples of integrated and mutually supportive programming.

It is envisaged that the scaling-up and doubling of activities under the HIV programme in the region, in line with the Global Alliance on HIV, will contribute in mitigating the impact of HIV in the region. Further, under the Global Alliance, as reducing HIV related stigma and discrimination is one of the four programmatic outputs that need to be addressed in an effective HIV response, this forms an integral part of HIV programming in South Asia.

This is also in keeping with the increasing integration of principles and values with the core programmes in the region. Another key area of integration will be between DM and principles and values with regard to advocacy initiatives around the “Code of Conduct of the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief” and the “Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response”.

Looking ahead

Considering the funding constraints faced during the first half of the year, SARD and the India office are going through a consolidation process. The aim is to return to the pre-Gujarat earthquake model where one office serves as both India country office and regional delegation. This consolidation will optimise financial and human resources. The regional programmes will continue to support the six NSs and seven country offices in the region in the implementation of their programmes even after the consolidation.

Under the regional DM programme, an additional human resource will be engaged for the disaster response component of the programme to ensure the implementation of all planned activities. The programme is also planning to conduct a regional DM review to identify gaps and priorities for development of the regional DM/DRR framework.

The regional health programme will develop a workplan based on the suggested way forward and corrective measures recommended by the mid-term evaluation of the regional HIV/AIDS programme. The HIV workplace programme at SARD has also served as an example for the countries to work

towards a HIV workplace programme, leading to a focused response to reduce HIV related stigma and discrimination at the workplace. Further, the training of master trainers on HIV prevention, treatment, care and support for community volunteers has created a pool of resources in the region to carry forward their learning and scale-up the programme.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
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