

Programme Update

 International Federation
of Red Cross and Red Crescent Societies

Nepal

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This report covers the period of 1 July to 31
December 2008



An awareness raising poster on HIV/AIDS put up by the Nepal Red Cross Society in Doti District. Photo: Nepal Red Cross Society.

In brief

Programme purpose:

The four-pronged purpose of the International Federation's programme supporting the Nepal Red Cross Society (NRCS) in its four core areas of work, which are aligned with the International Federation's Global Agenda goals, is as follows:

1. Enhance the disaster management capacities of vulnerable communities and provide effective response to disasters, through the strengthening of the preparedness and response systems of the NRCS (Global Agenda goal 1).
2. Improve the health status of targeted communities and reduce their vulnerability through community-based health and care systems (Global Agenda goal 2).
3. Reduce the socio-economic vulnerability of communities, strengthen the capacity of the NRCS at all levels and increase self-reliance to better address needs in the communities (Global Agenda goal 3).
4. Increase awareness and understanding of the Fundamental Principles of the Red Cross Red Crescent Movement and humanitarian values, to promote respect for diversity and human dignity through service to vulnerable people (Global Agenda goal 4).

Programme summary:

The NRCS carried out its activities during the reporting period in line with its recently finalized fifth development plan (2008-10). The overall funding coverage of NRCS programmes during 2008 was adequate, most of it bilaterally rather than multilaterally through International Federation coordination.

During this period, the disaster management programme continued to focus on rendering effective response services to reduce the risk of disasters at the community level. The national society was heavily engaged in relief work in response to floods that hit the eastern and western parts of Nepal during the reporting period and for which an emergency appeal was launched by the International Federation in support of the NRCS. The health and care programme emphasized its community-based first aid, HIV/AIDS and NRCS health sector capacity building components, along with a new component on humanitarian pandemic preparedness (H2P). Under the organizational development/capacity building interventions, the NRCS's community development programme continued to be carried out through the Operational Alliance, for which an agreement was signed by the Secretary Generals of its partners. Further, progress was made in the areas of volunteer development,

junior/youth Red Cross development and gender development. On the promotion of the Fundamental Principles and humanitarian values, the NRCS continued its radio programme and dissemination on international humanitarian law, along with the development of a policy, leaflet, guidelines and documentaries on humanitarian values.

Financial situation

The initial total 2008 budget was CHF 2,605,585 (USD 2,468,808 or EUR 1,761,397). Though this programme update two, the budget has been revised to CHF 1,526,961 (USD 1,446,793 or EUR 1,032,763) of which 79 per cent was covered. Expenditure overall was 87 per cent.

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

No. of people we help: During this reporting period, the NRCS provided support to 240,869 people, of which 124,596 (51.7%) were women. A Global Agenda goal-wise breakdown of the total number of beneficiaries is as follows:

Global Agenda Goals/Core Areas	Number of beneficiaries		
	Male	Female	Total
Global Agenda goal 1: Disaster management	35,000	35,000	70,000
Global Agenda goal 2: Health and care	23,984	44,541	68,525
Global Agenda goal 3: Organizational development / capacity building	17,089	15,055	32,144
Global Agenda goal 4: Humanitarian values	40,200	30,000	70,200
Total	116,273	124,596	240,869

Our partners: The NRCS has a long experience of working with bilateral and multilateral partners. Including the International Committee of the Red Cross (ICRC) and the International Federation, the NRCS is currently working with more than 10 partner national societies bilaterally. The partners currently supporting the NRCS through the International Federation's 2008-09 plan are the American, Austrian, Belgium, British, Danish, Finnish, Hong Kong, Japanese, Netherlands, Norwegian, Swedish and Swiss Red Cross and USAID. Owing to improving capacity of the national society for programme implementation, there is an increasing shift within the national society towards bilateral rather than multilateral programmes through the International Federation, while the International Federation office has focused its support on support for strategic issues, coordination, international representation and the implementation of the emergency operations.

The NRCS also has partnerships with UN agencies, national/international non-governmental organizations, the Nepal government and community level organizations, based on its Fifth Development Plan (2008-2010) and cooperation agreement strategy (CAS). The NRCS has joined the Global Alliances on HIV and disaster risk reduction and is the only national society in Asia successfully working with partners in the form of an Operational Alliances. Altogether, the national society is working with more than 25 partners inside and outside of the Red Cross Red Crescent Movement.

Context

Following the recent peaceful transformation of power in Nepal and the declaration of the country as a federal democratic republic, the security situation in the country remained stable during this reporting period with security incidents mainly occurring in Southern Terai and occasional incidents in the Kathmandu valley in the form of strikes. After successful elections, a new prime minister, the Maoist leader "Prachanda", was elected with the support of the Communist Party and the Madhesi People's Rights Forum. The end of the long internal armed conflict and the improved political and security situation in the country removed some of the constraints that the NRCS had been facing in programme implementation during the past years. The national society, together with ICRC, has been continuing to provide support services to families affected by the conflict in the country over the past years. Economically, Nepal faced a setback with the fuel and food crisis in the country worsening and constituting a big burden for its people, especially those living below the poverty line (one third of the population). As a result, the World Food Programme increased its food support for Nepal.

On 18 August, an embankment of the Koshi river in the south-eastern part of the country broke and caused the displacement of approximately 65,000 people. The NRCS was requested by the district authorities to take the lead for relief distributions and for emergency shelter. Consequently, the national society mobilized its volunteers to respond with relief activities and put its first aid services and blood

transfusion services on an alert position. The International Federation launched an emergency appeal to support the relief efforts and activated the emergency shelter cluster. The eastern floods were followed by floods and landslides in the far and mid-west of the country, for which the response efforts were included in the emergency appeal.

Progress towards outcomes

The International Federation's programmes supporting the NRCS in its four core areas of work, aligned with the International Federation's Global Agenda goals, have been implemented in line with the following strategic directions set by the national society in its recently finalized fifth development plan (2008-10):

- Focus on quality programming while scaling up its activities;
- Building capacities at all levels to stay responsive; and
- Applying an integrated planning and programme approach, including the consolidation of current projects.

Reflections of these strategic directions can be seen in the detailed programme sections of this report. The funding coverage of the NRCS's 2008 plan has been adequate. However, there were a few programme components (such as public health in emergencies and maternal and child health care) under which activities could not be implemented due to lack of funds. Currently, most of the funds at the NRCS are received bilaterally rather than multilaterally through International Federation coordination.

Taking into account the lack of funding coverage for some programme components, along with the integrated planning and programme approach elucidated in the NRCS strategic development plan, the consolidation of programme components, wherever possible, has been reflected in the International Federation's support plan for 2009-10. The 2009-10 plan sets a clear focus on disaster risk reduction and HIV/AIDS, with the other programmes working around the focal programmes. For this, components under the previous annual appeals have been merged and stand-alone capacity building components have been incorporated into the relevant programmes.

Disaster Management

Programme component	Outcomes
1. NRCS disaster preparedness (DP) capacity strengthening	The NRCS capacity in disaster management is strengthened.
2. Community-based disaster management (CBDM)	The disaster management capacity of local communities is further strengthened.
3. Community-based disaster risk reduction (CBDRR)	Effective response services are rendered and disaster risk is reduced.

Achievements

Expected outcome 1: The NRCS finalized its updated disaster management policies during the reporting period, which will help to guide the NRCS disaster response and relief operations in the future. The national society continued to strengthen its capacity for the provision of effective and timely response services through its functioning disaster management centre at the NRCS national headquarters. The disaster management centre converts into an emergency operation centre as soon as a major disaster strikes. This was seen during the Koshi flood relief operation as well as the flood operation in the western part of the country, which were operated by the national society through the disaster management/emergency operation centre, and played a vital role in coordination and communication. Country-wide information related to these disasters was collected and was available at this centre. The national society also further strengthened its geographical information system (GIS), established under the disaster management department, through the collection of digital data of all 75 districts of the country, along topographical sheets of 57 districts, flood- and landslide-related information and interlinks with the CBDM and CBDRR project implemented districts' map. Further, the NRCS has regularly updated its earthquake contingency plan, which supports other emergency working procedures during disasters.

In an effort towards improved disaster preparedness, the NRCS disaster management department developed a roster of its human resources at different levels that had been trained in disaster response. The result of this showed that 23 staff and volunteers had been trained as regional disaster response team (RDRT) members, 57 had been trained as national disaster response team (NDRT) members and 1,343 had been trained as district disaster response team (DDRT) members. In addition, a NDRT refresher training (for 40 NRCS personnel) as well as 39 DDRT trainings (for 348 NRCS personnel) were conducted during this period. At the onset of the Koshi flood operation, approximately 2,811 trained NRCS

volunteers were involved in damage and needs assessments and five NDRT members were deployed in the operation.

Expected outcome 2: As this component was not funded, multilaterally or bilaterally, none of the planned activities could be implemented during this reporting period.



School children taking part in disaster mitigation activities. Photo: Nepal Red Cross Society

Expected outcome 3: The NRCS school-based disaster risk reduction initiative is being implemented as a second phase in Chitawan, Syangja, Bhaktapur and Palpa districts, and has covered 40 schools since January 2007. During the reporting period, 32 of the 40 schools completed small scale mitigation activities in their schools. In this connection, some of the school buildings were renovated and some schools constructed new classrooms.

Orientation on disaster risk reduction was provided to NRCS district chapters, volunteers, junior/youth Red Cross circles, communities and schools. This led to a keen enthusiasm to take up disaster risk reduction activities and students and community members collected CHF 2,723 as an emergency fund at the local level, to be used for

relief support to affected people during emergencies. Student core groups also continued to organize disaster management trainings and awareness raising activities like quiz competitions, street dramas, and art competitions. The skills and knowledge learnt by students through these activities are regularly shared by them with their peers (through regular peer learning classes in their schools), families and communities. Simulation drill exercises and 120 disaster preparedness competitions were conducted in all 40 schools in December 2008.

In addition to the above International Federation-funded school-based disaster risk reduction programme (with the Finnish Red Cross as a back donor), the Finnish Red Cross has started to fund a similar programme bilaterally with EuropeAid funds.

Plus, the NRCS is part of the regional disaster risk reduction programme, "Building Safer Communities", funded by DIPECHO, which aims at harmonizing disaster risk reduction approaches throughout the region. Within this programme, the NRCS is currently carrying out a painting competition at schools; plus the International Federation is supporting a best practices video on disaster risk reduction in Nepal.

Constraints or challenges

The monsoon floods in the eastern and western parts of the country slowed the implementation of some of the longer-term activities planned under the programme, as most of the trained staff was deployed to respond to the emergency situation.

Working in partnership

The NRCS closely coordinates with UN agencies, government organizations, the International Federation, partner national societies and national and international non-governmental organizations for effective disaster response and risk management activities. A major part of the NRCS's long-term disaster management projects is funded bilaterally rather than multilaterally through International Federation coordination. This is largely due to an increasing shift towards bilateralism within the national society due to its improving capacity for programme implementation. The main International Federation partner for the disaster management programme in 2008 has been the Finnish Red Cross and DIPECHO through the regional disaster risk reduction programme. The disaster management capacity building components are funded from the budgets of other programmes, especially the emergency appeals.

Contributing to the longer-term impact

The disaster management centre/emergency operation centre and contingency plan have significantly contributed in strengthening the NRCS disaster management capacity and facilitating a more effective

response by the national society in times of disasters, as was seen in the case of the monsoon flooding in different parts of the country during the reporting period. Similarly, the CBDRR interventions have increased the coping capacities and resilience of targeted communities, as was seen in the decreased casualties following the monsoon floods in the programme areas. Further, as a result of a strengthened coordination mechanism among community members and school students, local resource mobilization (emergency fund and food grain collection) has seen a significant increase and the dependency of communities on external relief support has reduced in comparison to the past years.

Looking ahead

Taking into consideration both the bilateral and multilateral funding for the NRCS disaster management programme, the programme was adequately funded during 2008. The CBDM component was taken out of the International Federation's 2009-10 plan, as this component is well funded through bilateral donations and can be implemented without external technical support.

During 2009-10, disaster risk reduction and disaster management capacity building will be the main priority areas. The NRCS has joined the Global Alliance on disaster risk reduction and will continue to contribute to the "Building Safer Communities" initiative created by the South Asia regional office. On the grass-root level, the focus will be on further strengthening community resilience through more CBDRR interventions, as well as continuing to ensure community participation, especially women's participation, in programme intervention for better programme success and sustainability.

As part of the NRCS disaster preparedness capacity strengthening, the contingency plan will be operationalized, taking up gaps from the earthquake simulation exercise, and the emergency operations centre will be further equipped. GIS will be further strengthened to ensure that information management can play a vital role in contributing to effective response. In order to develop more capacity in the area of recovery, a pilot project on recovery and capacity building for water and sanitation during emergencies will be implemented, with technical and financial support from the International Federation (it will be multilaterally funded project using extra funds available under the 2007 floods emergency appeal for Nepal, as a result of changes in currency exchange rates). As part of this project, recovery guidelines and a manual will be developed for future recovery programme implementation.

Health and Care

Programme component	Outcomes
1. Community-based first aid (CBFA)	Capacities of communities are built to manage injuries and illness during normal times and during disasters.
2. Drinking water and sanitation (water and sanitation)	Incidences of water borne diseases are reduced.
3. Maternal and child health care	Contribution to the reduction of maternal and child morbidity and mortality in targeted areas.
4. HIV/AIDS	Contribution to the reduction of new cases of HIV according to the Global Alliance Framework.
5. Public health in emergencies (PHiE)	Capacity of NRCS is enhanced to provide emergency health services to the people affected by disaster and conflict.
6. Health sector capacity building	Institutional and programme capacity of the NRCS health services is enhanced.
7. Humanitarian pandemic preparedness (H2P)	Capacity of NRCS to prepare for and to provide emergency assistance to people affected by human pandemics is enhanced.
8. Measles campaign	Contribution to the national measles follow-up campaign 2008 through implementation of social mobilization activities in municipalities of 17 districts of Nepal.

Achievements

Expected outcome 1: In Salyan and Jajarkot districts, 76 NRCS staff and volunteers, including CBFA committee members and community members, were oriented on the project, and 48 CBFA volunteers were trained on first aid, following which they are able to provide first aid services in the case of minor injuries and illnesses. In Manang, Udaypur, Dolakha and Ramechhap districts, 156 community members, including teachers, traditional healers, health volunteers, traditional birth attendants and junior/youth Red Cross circles, were given first aid training and provided with first aid kits. This improved the access to first aid services in these districts and the CBFA volunteers in all six districts provided first aid services to 835 people. In addition, 17 CBFA volunteers were updated through a refresher training.

The CBFA volunteers were also provided with information on safe health behaviours and sanitation, which they disseminated further to community members. The 22 people in Ramechap and Dolakha districts, who were provided training in street theatre, performed a show for more than 500 people in these districts on World First Aid Day, disseminating messages on healthy behaviours and first aid. In addition, during this reporting period, approximately 320 people participated in health and hygiene promotion activities and competitions. Further, 25 pit-latrines, 10 cemented toilets, 15 washing platforms and 12 utensil stand and garbage pits were constructed by community households during this period. As compared to the baseline situation, personal hygiene and sanitation was found to have improved.

The communities in Manang, Udaypur, Dolakha and Ramechap districts established disaster response mechanisms by regular contribution of cash and kind to the “first aid and disaster fund”. The community people contributed NPR 17,960 (CHF 273 or USD 226) to this fund. In addition, 24 trainers were trained on community-based disaster preparedness and CBFA volunteers provided disaster counselling to 290 people.

Expected outcome 2: The water and sanitation initiatives of the NRCS were completely funded bilaterally. This included six projects that were implemented by the national society and funded by the Japanese Red Cross, British Embassy, Austrian Red Cross, German Red Cross and UN Habitat/Government of Nepal/CIDA.

Expected outcome 3: As this component was not funded, multilaterally or bilaterally, most of the planned maternal and child health care activities could not be implemented during this reporting period. However, some activities planned for maternal and child health cares were incorporated under the health capacity building programme component (Outcome 5).

Expected outcome 4: As NRCS is one of the national societies participating in the Global Alliance on HIV, in keeping with this framework, the focus of NRCS HIV/AIDS project has been to prevent further HIV infections, expand care, treatment and support for people living with HIV (PLHIV) and affected communities, reduce HIV related stigma and discrimination, and strengthen the NRCS's capacity to deliver scaled-up HIV interventions.

So far this year, 1,109 new peer educators have been trained on life skills and have been mobilized in their communities as resource persons for information dissemination and referral services through participatory learning groups sessions (about 100 sessions were held during this period) and peer educators networks (35 networks were formed this year). Approximately 22,000 people benefitted from these sessions and networks during the reporting period. A number of PLHIV disclosed their positive status through the peer educators in their communities. Three district level peer educators' experience sharing conferences took place in December.

The project outreach in the communities enabled school students to go to voluntary counselling and testing (VCT) centres and community women to advocate for condom use and their rights to be safe. Many women have been able to convince their migrant husbands to have their HIV test done. Among 413 persons referred to VCT centres, 142 were tested and 13 were found to be HIV positive. Those tested positive were financially supported and referred for testing of status of CD4 count and opportunistic infection management at health institutes. About 30,000 condoms were distributed to 1,077 people, mostly youth, in the project areas. Small livelihood promotion support (goat rearing) to PLHIV has helped them to support their children's education and their own treatment. The NRCS chapter in Doti district, in partnership with the district health office, established a nutrition support fund to provide PLHIV with supplementary nutrition during the first three months of anti-retroviral treatment, which encouraged PLHIV in

Success Story

For Bhim B.K., a peer educator under NRCS's HIV/AIDS project in Chatiwan VDC, of Doti district, in the beginning it was very difficult to talk about HIV and AIDS due to its social connotation of being considered a "dirty topic". After being trained by the national society, he gradually gained confidence and found it much easier to talk about this subject.

Though, even at home Bhim's parents were very angry and constantly told him not to get involved in “this type of work”, this did not discourage him and the motivation and support of other NRCS peer educators kept him going. In an effort to convince his friends about VCT, Bhim got himself tested first.

Upon seeing this, his friends followed his example. A while later he was even able to convince his parents to take the test. Thanks to his persistence and pro-activeness, now the attitude of his parents and friends has changed and they have realized the importance of the work the peer educators and the NRCS is doing in this field. His mother has even started going to the PLG sessions regularly and the family talks about HIV and AIDS openly at home.

continuing with their treatment.

Efforts were also made to motivate young people to donate blood through the Club-25¹ concept, which brought out an overwhelming response from the youths. Among 12 colleges trained on blood safety and HIV, six have already taken up the concept in their colleges through orientations, blood donation camps and youth activities like sports and interaction programmes. NRCS district and sub-chapters made strong efforts to coordinate with local stakeholders to find new resources and sustain the impacts of the project. The respective district chapters were supported partially to construct a blood bank in Doti and a canteen building in Surkhet, with a commitment to support PLHIV with the income from these, even when the project phases out.

The International Federation's global manual on HIV/AIDS treatment, prevention, care and support is in the process of being adapted for Nepal (and translated into Nepali) by the NRCS, together with the national centre for AIDS and STI control and the World Health Organization. This adapted manual will be used by the government on a national level.

Expected outcome 5: As this component was not funded, multilaterally or bilaterally, none of the planned public health in emergencies activities could be implemented during this reporting period.

Expected outcome 6: During this period, the main activities of the health capacity programme component were focused on training of volunteers. Project management and proposal writing training were conducted for 15 volunteers in the district and sub-chapters of Dailekh and Darchula districts. District chapters in close coordination with the district health office conducted orientations for 141 participants on mother and child health, nutritional value of locally available food, and basic first aid to mothers group, female community health volunteers, traditional healers, junior/youth Red Cross and local volunteers. Health volunteers were mobilized to support the national immunization campaign and condom day. A seven-day training on mother and child health was provided to 34 members (female community health volunteers, mothers groups and NRCS health volunteers) which has enabled them to disseminate information about maternal and child health and also refer women to health institutions for safe pregnancy, delivery and immunization. So far, 340 women have been referred for safe delivery. To facilitate the activities, information, education, communication material was distributed and 78 students from four schools participated in essays, oratories, folk songs and quiz competitions. In an effort to provide safe drinking water to school children, four schools of Dailekh and Darchula districts were provided with two water tanks each.

Expected outcome 7: Acknowledging the public health threats posed by the avian influenza pandemic, and in line with its strategic development plan, the NRCS, with the support of the International Federation, started a humanitarian pandemic preparedness (H2P) initiative in July 2008. The 20-month project will be integrated into and funded through the International Federation's wider global avian and human influenza initiative, which has received a three-year grant from USAID. It will be implemented in the four vulnerable districts of Ilam, Kathmandu, Nawalparasi and Bardiya, targeting about 95,000 direct beneficiaries. The main objective is to increase, at district and household levels, the preparation for and capacity to respond to a pandemic. This will involve the development of preparedness plans and protocols in the areas of health and food security, together with the development of livelihoods, strengthening of community, civil society and NRCS capacity, and establishment of functional coordination mechanisms. Through this programme update, this H2P initiative is being added as a seventh component under the health and care programme of the International Federation's 2008-09 plan.

Following a high level visit to Nepal by representatives from the International Federation's Secretariat in Geneva, concerned UN agencies and USAID to promote the H2P initiative to decision makers in the government and the humanitarian sector, as well as to formulate future steps in this direction, during this reporting period planning and budgeting for the project was completed and a project agreement signed between the NRCS and the International Federation. Orientation sessions were organized for NRCS national headquarters staff, central executive committee and departmental committee members. To ensure an appropriate level of coordination among partners and a consistency in implementation of activities, a working group of Nepal H2P implementing partners has been formed, with the NRCS taking the lead role in coordinating the group.

Expected outcome 8: Though not in the original 2008-09 plan, during this reporting period the NRCS, with funds of the International Federation (American and Swedish Red Cross), supported the Nepal

¹ 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.

government's national measles campaign, which started in September 2008 with Phase I in the west of the country and is currently continuing in the east with Phase II. The national society was part of the social mobilization process under this campaign and worked closely with the Government, World Health Organization and UNICEF.

Constraints or challenges

Retention of trained volunteers is seen as one of the biggest challenges faced by the programme, which hampers the implementation of planned activities in an effective and timely manner. During this period, sporadic political unrest at the local level in some programme areas and the large scale monsoon flooding in parts of the country affected the implementation of some planned activities, which could not be carried out and had to be postponed.

Working in partnership

Programme activities were implemented in coordination and collaboration with stakeholders at local level (local clubs, village development committees, health posts, district hospitals, district health offices and district AIDS coordination committees), national level (ministry of health, national centre for AIDS and STD control, Youth Vision) and international level (Family Health International, Adventist Development and Relief Agency, USAID, World Health Organization, UNDP, UNICEF and Movement partners including the International Federation, ICRC and partner national societies).

The NRCS health and care programme is also funded both bilaterally as well as multilaterally through International Federation coordination. While HIV, H2P, the measles campaign and the health sector capacity building components are funded completely multilaterally (by the Swedish Red Cross/SIDA, USAID, American, and Japanese Red Cross respectively), the national society's water and sanitation initiatives are funded completely bilaterally. Following a good review of the NRCS HIV/AIDS project by a mid-term evaluation of the regional HIV/AIDS programme, some additional multilateral funding has been received by this project (from Finnish Red Cross). The Global Alliance on HIV will further strengthen partnerships as the framework highlights the role of partner national societies in providing resources, capacities and specific inputs to support products and services of the Global Alliance. The maternal and child health care and public health in emergencies programme components are not funded at all.

Contributing to longer-term impact

Field observation, records and focus group discussions suggest significant positive changes in the attitudes and behaviour of people in relation to HIV and AIDS and reproductive health. Increased involvement of women in HIV/AIDS-related initiatives has empowered them to make informed decisions on issues around their reproductive health and rights, which will contribute to HIV and AIDS prevention among women.

The community-based programme is mainly focused on addressing public health problems at the community level through mobilization of trained CBFA volunteers. There are visible positive impacts on minimizing the risks and hazards of minor injuries and illnesses in the community. Similarly, through interactions with the beneficiaries and observations, it can be seen that this programme is contributing to raise health awareness in rural low income group population. Building capacities of these volunteers in the long-term will contribute to the sustainability of the programme, especially in remote districts where the accessibility to health care services is limited and challenging. The contribution of NRCS in the measles campaign has strengthened coordination with the health sectors at the central and local levels. NRCS was found to be an active partner in the measles campaign. The capacity of NRCS was visible at the grass root level. This makes NRCS a committed and capable partner among the stakeholders and opens opportunities to work together again.

Health sector capacity building project has enhanced the capacities of the local chapters. The trainings provided to the community members (first aid, maternal and child health) will to some extent benefit the communities during emergencies.

Looking Ahead

Due to the fact that the maternal and child health care and public health in emergencies components were not funded in 2008, and the water and sanitation component was funded completely bilaterally, as well as to keep in line with the NRCS strategic plan, these components have been taken out of the health and care programme in the International Federation's 2009-10 plan. Further, in keeping with the national society's priority on, wherever possible, integration of health activities with disaster management, humanitarian values and community development programmes, the public health in emergencies component has been consolidated with the disaster preparedness capacity strengthening component under the disaster management programme. The national society has also prioritized a strengthening of

its capacity to deliver health services and, therefore, the health sector capacity building component has been integrated with the other components of the health and care programme, viz. CBFA and HIV/AIDS. Consequently, during 2009-10, the focus of the International Federation-funded health and care programme will be on HIV/AIDS, as well as CBFA and H2P.

Emphasis will be given to building partnerships (including with the Global Fund, World Bank and World Food Programme, as well as community-based organizations), tapping resources and diversifying funds, besides building the NRCS's capacity to efficiently deliver health and care services and monitor its activities. For sustainability and ownership of programmes at the local level, it is important to involve community-based organizations as partners.

Organizational Development/Capacity Building

Programme component	Outcomes
1. Community development	The basic health and livelihoods conditions of the most vulnerable communities are improved and the capacity of community organizations and NRCS at all levels is strengthened.
2. Volunteering promotion and development	The network of volunteers is systemized and improved at national and district levels.
3. Junior/youth Red Cross organization development and service	The capacity of junior/youth members is strengthened to effectively deliver humanitarian services of the Movement.
4. Resource mobilization	Dependable and regular financial resources are generated for sustainable service delivery.
5. Institutional communication system development	The communication work of the NRCS is strengthened.
6. Planning, monitoring and reporting system development	NRCS capacity on planning, monitoring and reporting is improved.
7. Gender and women development	Participation of women at all levels of the national society is increased.

Achievements

Expected outcome 1: The community development programme (CDP) continued to be carried out through the Operational Alliance. After a series of consultative meetings with partners, the CDP operational alliance manual was finalized and the operational alliance agreement was signed. From 2009, the community development programme will be working with a harmonized programme framework based on the "Seven Ones", which is applied for by the NRCS and its five partners (the Austrian, Belgian (Flanders), Danish, Finnish and Norwegian Red Cross).

The project continued in Dhankuta district during the reporting period, benefitting 1,844 people, including 1,465 women. The community groups formed and trained under the project continued their services in the project area. The trained traditional birth attendants provided their services (such as antenatal check-ups, referral of pregnant women to hospitals for child delivery and advice on tetanus vaccinations) to 306 women. Similarly, CBFA volunteers provided immediate first aid services to 216 injured persons. In an effort to refresh the knowledge and skills of CBFA volunteers, a refresher first aid training was organized for 24 such volunteers. The health volunteers organized 27 meetings to share the problems and constraints they faced during rendering their services to community people.

The construction of a gravity-fed drinking water scheme was completed during this period, benefitting 210 local people. NPR 3,200 (CHF 48 or USD 40) was collected from the beneficiaries towards a future maintenance fund to sustain this drinking water scheme. As a result of regular savings by the women enrolled in savings and credit groups formed in previous years, almost all the women members continued their income generation activities which helped them be financially independent in their households.

As this project, which has been funded by the Swedish Red Cross through the International Federation, is phasing out at the end of this year, after completing its five-year cycle, the Dhankuta district chapter, concerned sub-chapter, project beneficiaries and local and district level stakeholders together developed a separate project plan to continue activities after 2008 and identified financial as well as technical support within and outside the organizations for this.

Expected outcome 2: A volunteer management webpage was designed and software developed for a volunteer database (containing information on volunteers of 30 district chapters of the NRCS). This facilitated the systematic mobilization of volunteers from 15 district chapters during the floods response operations in the eastern and western parts of the country. Other programmes such as disaster management and components like CBFA and CDP included volunteer mobilization in their plans and are



Two members of the junior/youth Red Cross in front of food grain containers. Photo: Nepal Red Cross Society.

keeping accurate records of volunteer mobilization in the volunteer database. Thirty district chapters formed volunteers groups and registered the volunteers' data.

Further, a three-member team carried out a study on Volunteer Investment and Value Audit (VIVA) of the CDP in Khotang district, with the technical support of the International Federation. The contribution of the different volunteer group is 40,000 hours in 2008. The printing study report will be ready January 2009. A four-day volunteer management and gender policy workshop was organized and revised versions of NRCS policies on these are available in Nepali and English. Besides this, a volunteer management workshop was organized

in 16 district chapters, an orientation session on volunteer management was included in two regional seminars, a three-day leadership development training was organized for 30 volunteer focal persons at the district chapter level, and a five-day national workshop on gender development was organised for gender resource persons.

Expected outcome 3: Activities under this component continued to be implemented in a three-pronged manner, viz. junior/youth volunteer management in six districts (Panchthar, Ilam, Jhapa, Chitwan, Surkhet and Doti), junior/youth organization and programme in two districts (Achham and Baitadi) and support to remote districts (Darchula and Mustang) and youth volunteer involvement programme (Rasuwa, Nawalparasi, Palpa and Baglung). This as well contributed for the other components of the NRCS programme, primarily to the disaster management-related school-based disaster risk reduction programme such as motivating and providing the skills to students for services, mitigation and management. However, this component, if implemented through youth, could contribute more in future in school-related aspects.

During this period, five junior/youth camps, five competitions on Red Cross principles and leadership and management trainings were conducted in these district chapters. In the remote districts of Mustang and Darchula, more intensive orientations were conducted, including planning for strengthening the youth programme. Further, for the strengthening and effective involvement of junior/youth members, five junior/youth forums were formed in each of the districts, and provided orientation and support for coordination and management. In addition, some promotional material like junior/youth volunteer management manual, junior/youth policy and working directives, small pocket books about the Red Cross and junior/youth, as well as junior/youth badges were provided to motivate junior/youth circle members. A consultant was hired to develop a standardized and consolidated youth leadership and management training manual, together with a handbook on the same.

Expected outcomes 4, 5 and 6: As these components were not funded, multilaterally or bilaterally, none of the planned activities could be implemented during this reporting period. Balance of funds from the 2007 resource mobilization programme were used for the participation of one NRCS staff in the grant management training in Kuala Lumpur in November 2008.

Expected outcome 7: An evaluation of the gender project in six phased out districts was started in October 2008 and was completed in December 2008. Two proposals have been selected to implement the project in vulnerable areas in the mid-western and middle regions of the country. A baseline survey was done in the new project areas of Bhaktapur and Myagdi districts, identifying 63 and 50 vulnerable households in both districts respectively.

In both these districts, skilled based training on animal husbandry was organized for target women, following which the district chapters will provide financial support to the trained women for income generation activities. This activity is also continuing in the districts from where the project has phased out or is being followed-up. The targeted women have been regularly saving money in their savings groups and mobilizing it to support needy women for income generation purposes. Up to now, in all the project

districts and project areas, the women development committees have been formulated and they are engaged especially in increasing the women participation in Red Cross activities, women membership, gender awareness and empowering women. The gender resource persons produced by the project has also been conducting the gender workshops in their concerned districts for volunteers and community and increasing the gender advocates. During this period, three districts have conducted regional levels women empowerment training.

Challenges or constraints

Retention of a huge number of trained and motivated junior/youth members remained one of the primary challenges facing the programme. Due to the wide network throughout the country and lack of office equipment and financial resource in sub-chapters and a few district chapters, the maintenance of a proper database containing information on volunteers spread across the country was also a challenging task. It is also difficult to get volunteers' data on time and periodically. Though the database has been completed for 30 districts as planned during 2008, it still needs to be extended to cover another 45 districts during 2009-10, so that there is a complete database covering the whole country.

Working in partnership

The Operational Alliance on the community development programme has proved successful, as the manual for the programme was finalized and the Operational Alliance agreement signed. The partners of the programme have worked for the past one and a half years to harmonize the framework of the programme in order to use its resources more effectively. The NRCS was the first national society in Asia to test the new operating model and is now ready to share its experiences with other national societies and country offices.

In 2009, the NRCS with the support of the International Federation and its partners, will start an Operational Alliance "light" to develop an organizational development strategy and plan. Partners have also shown an interest to roll out the operational alliance model for other departments at the NRCS.

The NRCS organizational development/capacity building programme is funded both bilaterally as well as multilaterally through International Federation coordination. The CDP is funded both bilaterally and multilaterally (multilateral funding from the Swedish Red Cross). The volunteering development component is funded multilaterally by the Swedish Red Cross, with a specification from the donor to share the large amount of funds provided for this component with the junior/youth Red Cross and gender development components, as these two components are also priority areas for the donor and are underfunded (the junior/youth Red Cross component being multilaterally funded by the Finnish Red Cross and the gender development component being multilaterally funded by the British Red Cross and Finnish Red Cross). The three components of resource mobilization, institutional communication and planning, monitoring and reporting system development, are not funded at all.

Contributing to longer term impact

The programme mobilized diversified physical and human resources, including volunteers, and continued to use its networks at district chapters, sub-chapters, locally formed women committees, health committees and junior/youth Red Cross circles to deliver effective humanitarian services. The leadership capacity of junior and youth members, women and marginalized group members has also been developed. The NRCS has been developing better systems for the mobilization of new resources, mobilization of trained and professional volunteers and for fundraising activities. The inter-district chapter cooperation programme has been effective as resourceful/strong district chapters have been supporting weaker ones. CDP activities have also mainly focussed on capacity building of the target population to cope with vulnerability due to poor socio-economic, health and education conditions, as well as enhancing the organizational and institutional capacity of the national society at district and community levels for the sustainability and replication of services established during the reporting period.

Looking ahead

The junior/youth Red Cross and gender development components have been integrated with the volunteering development component in the International Federation's 2009-10 plan, in keeping with the NRCS strategic plan and the donor priority and requirement for sharing of funds between these three components. Similarly, the three components of resource mobilization, institutional communication and planning, monitoring and reporting system development have been combined into a single component covering "support service mechanisms" in line with national society priorities and taking into account the lack of funding for each of these separate components during 2008. Thus, during 2009-10, the focus of the organizational development programme will be CDP, volunteer management and strengthening support service mechanisms.

With the finalization of the CDP Operational Alliance manual and signing of the Operational Alliance agreement by all secretary generals of national societies partnering with CDP, greater impact will be seen in reducing the vulnerability of target communities. Focus will also be on completing the volunteer database by extending it to cover all districts of the country. In keeping with the NRCS strategic priorities, emphasis will be placed on increasing women's membership by 10 per cent and promoting gender sensitization at all levels of the national society through the development of at least two gender resource persons in each district and one advocate in each sub-chapter.

Humanitarian Values

Programme component	Outcome
Principles and humanitarian values promotion	Understanding of the Fundamental Principles and humanitarian values is improved (through integration in core programmes and community awareness)

Achievements

During this reporting period, 8,247 persons were provided orientation on Red Cross Fundamental Principles and international humanitarian law (IHL). Similarly, 43 NRCS volunteers at the regional and district levels were trained at two workshops held in Kavre and Chitwan districts, for the dissemination of Red Cross Fundamental Principles and IHL along with promotion of non-discrimination and inclusive behaviour among communities. These trained volunteers have been regularly disseminating this information in their respective communities. Further, information on Movement principles and activities was disseminated to 350 people in the CBFA programme areas and an increase in NRCS membership was seen in these areas. A youth camp on non-discrimination was organized to train 28 youth from four districts to fight against discrimination in their respective communities. Following this training, the participants have been working in their respective communities with action plans to promote human dignity and end all types of discrimination.

This period saw the airing of 25 radio programmes (on a weekly basis), covering humanitarian values and Red Cross services in the vulnerable communities, which reached out to approximately 60,000 people. Six issues of the monthly Nepali bulletin reached out to approximately 1,500 people and two issues of the quarterly English newsletter to about 1,000 people, including government ministries/departments, UN agencies and embassies in Kathmandu, which are regular beneficiaries of these publications. Besides this, seven web stories, news and updates also helped in the dissemination on humanitarian values and Red Cross services. Approximately 5,500 people visited the NRCS website and 250 people visited the NRCS library for research and study about the Red Cross.

A consultative meeting was organized in July 2008 to develop a leaflet and guidelines on humanitarian values and its integration with other programmes. Following this, an external consultant (who is producing a success story on the community development programme) was engaged to develop a documentary film on humanitarian values (in both Nepali and English languages) out of raw video footage of a youth camp in held in Dhankuta district in June-July 2008. This documentary is in the process of completion and should be finalized by the end of this year. In addition, another documentary (also in Nepali and English) is being prepared on the NRCS humanitarian values programme. In addition, a leaflet and guidelines have been drafted (in Nepali and English) to promote humanitarian values. A graduate level research on the communications and humanitarian values activities of the NRCS was completed during this period by a group of university students. Further, a humanitarian values policy was drafted for the first time and shared for feedback with the NRCS central communication and humanitarian values promotion committee.

Constraints or challenges

Though the humanitarian values programme has not been funded, efforts have been made to implement programme activities by integrating it into all the other programmes of the NRCS. This was seen particularly in the integration with the disaster management programme and the CDP component of the organizational development programme, which allocated a separate budget for humanitarian values promotion along with a budget for the radio programme and youth camp. This enabled a number of humanitarian values activities to be carried out during the reporting period. Shortage of human resources was another challenge faced by the humanitarian values programme.

Working in partnership

During 2008, the humanitarian values programme has not been funded multilaterally by partners. Therefore, as mentioned above, it was integrated into all other programmes to enable some humanitarian values activities to be carried out. In addition, the International Federation's office in Nepal supported the salary of the communications officer at the NRCS, along with the consultancy fee of the external

consultant engaged to produce the documentary film under the programme. The ICRC has also been bilaterally supporting the operation cost of the NRCS communications and humanitarian values department for implementation of its dissemination programme.

Contributing to longer-term impact

The programme worked in line with the NRCS's fifth development plan (2008-2010), which prioritizes national and international issues such as diversity and integration of humanitarian values in all programme areas. The integrated model of humanitarian values made some progress during this reporting period with disaster management, CDP, junior/youth Red Cross and health and care programmes integrating humanitarian values components into their programme activities. These programmes shared their resources to fund the NRCS radio programme which disseminates information on the Fundamental Principles and success stories of communities working together, their efforts towards reducing discrimination and changing the lives of the most vulnerable including minorities. In addition, the CDP offered to cover the cost of conducting a youth camp under the humanitarian values programme. Such integration showed a practical application of the *Integrated Programming Approach (IPA)*, an initiative of the International Federation's South Asia regional office, which had been endorsed by the South Asian Secretary General's forum in 2007.

Looking ahead

The programme will continue to work in line with the NRCS strategic priority on integration of humanitarian values with the other programme areas of the national society. This would also be in keeping with a humanitarian values policy that has been drafted for the first time and would guide how humanitarian values would be implemented sectorally and by integrating it with other programmes. This policy has been shared for feedback with the central communication and humanitarian values promotion committee. This policy, along with the leaflet, guidelines and the two documentaries on humanitarian values, mentioned above, will be released around the same time.

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.
Contact information	
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International Federation of Red Cross and Red Crescent Societies

MAANP001 - Nepal

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/1-2008/11
Budget Timeframe	2008/1-2008/12
Appeal	MAANP001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	372,793	661,142	351,809	0	141,217	1,526,961
B. Opening Balance	65,499	1,185	4,222	1	9,217	80,124
Income						
<u>Cash contributions</u>						
<i>Austrian Red Cross</i>					30,000	30,000
<i>British Red Cross</i>			18,270			18,270
<i>British Red Cross (from British Government)</i>	159,905					159,905
<i>Finnish Red Cross</i>	23,470	7,259	5,540			36,270
<i>Finnish Red Cross (from Finnish Government)</i>	132,996	41,137	31,395			205,528
<i>Japanese Red Cross</i>		50,000				50,000
<i>Netherlands Red Cross (from Netherlands - Private Donors)</i>	-9,168					-9,168
<i>New Zealand Red Cross</i>	29,076					29,076
<i>Swedish Red Cross</i>		23,838	45,109			68,947
<i>Swedish Red Cross (from Swedish Government)</i>		432,533	195,244			627,778
C1. Cash contributions	336,278	554,768	295,559		30,000	1,216,605
<u>Outstanding pledges (Revalued)</u>						
<i>British Red Cross (from British Government)</i>	-145,643					-145,643
<i>New Zealand Red Cross</i>	-34,193					-34,193
C2. Outstanding pledges (Revalued)	-179,836					-179,836
<u>Inkind Personnel</u>						
<i>Austrian Red Cross</i>					93,500	93,500
C4. Inkind Personnel					93,500	93,500
C. Total Income = SUM(C1..C5)	156,443	554,768	295,559	0	123,500	1,130,269
D. Total Funding = B + C	221,941	555,953	299,781	1	132,717	1,210,393
Appeal Coverage	60%	84%	85%	#DIV/0	94%	79%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	65,499	1,185	4,222	1	9,217	80,124
C. Income	156,443	554,768	295,559	0	123,500	1,130,269
E. Expenditure	-207,128	-458,570	-251,298		-135,575	-1,052,571
F. Closing Balance = (B + C + E)	14,813	97,382	48,483	1	-2,858	157,821

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MAANP001 - Nepal

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Reporting Timeframe	2008/1-2008/11
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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		372,793	661,142	351,809	0	141,217	1,526,961	
Supplies								
Shelter - Relief	5,074							5,074
Construction Materials	12,546							12,546
Medical & First Aid	24,170							24,170
Teaching Materials	34,378							34,378
Other Supplies & Services	1,667							1,667
Total Supplies	77,834							77,834
Land, vehicles & equipment								
Vehicles	16,697							16,697
Computers & Telecom	14,226					3,428	3,428	10,798
Office/Household Furniture & Equipm.	38,769							38,769
Others Machinery & Equipment	17,825	617	2,194	617		-3,428	0	17,825
Total Land, vehicles & equipment	87,518	617	2,194	617		-0	3,428	84,090
Transport & Storage								
Storage	2,998							2,998
Distribution & Monitoring	16,347							16,347
Transport & Vehicle Costs	14,020	1,194	4,245	1,194		1,151	7,784	6,236
Total Transport & Storage	33,365	1,194	4,245	1,194		1,151	7,784	25,582
Personnel								
International Staff	184,038					112,796	112,796	71,242
Regionally Deployed Staff	0							0
National Staff	100,249					7,390	7,390	92,859
National Society Staff	208,439					687	687	207,753
Consultants	10,555					14	14	10,541
Total Personnel	503,280					120,886	120,886	382,395
Workshops & Training								
Workshops & Training	401,137	1,064	3,784	1,064		0	5,912	395,225
Total Workshops & Training	401,137	1,064	3,784	1,064		0	5,912	395,225
General Expenditure								
Travel	48,084	941	3,347	941		960	6,189	41,895
Information & Public Relation	26,430					97	97	26,333
Office Costs	110,162					6,426	6,426	103,737
Communications	11,732					2,693	2,693	9,039
Professional Fees	2,768	0	-0	0		-907	-907	3,674
Financial Charges	1,255					1,626	1,626	-372
Other General Expenses	111,012	134	477	134		-189	556	110,456
Total General Expenditure	311,443	1,075	3,824	1,075		10,707	16,681	294,762
Contributions & Transfers								
Cash Transfers National Societies		188,247	412,204	230,612			831,063	-831,063
Total Contributions & Transfers		188,247	412,204	230,612			831,063	-831,063
Programme Support								
Program Support	112,383	14,931	32,319	16,736		2,735	66,721	45,662
Total Programme Support	112,383	14,931	32,319	16,736		2,735	66,721	45,662
Operational Provisions								
Operational Provisions						96	96	-96
Total Operational Provisions						96	96	-96
TOTAL EXPENDITURE (D)	1,526,961	207,128	458,570	251,298		135,575	1,052,571	474,389
VARIANCE (C - D)		165,665	202,572	100,511	0	5,642	474,389	